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Acceptance-Based Behavioral Therapy: Treating Anxiety and Related Challenges by Lizabeth Roemer and Susan M. Orsillo.
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CHAPTER 1

Overview of an Acceptance-Based Behavioral Model of Clinical Problems

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Although acceptance-based behavioral approaches to treatment, like all cognitive-behavioral approaches, are grounded in an idiographic case conceptualization of the client, they draw from an overarching evidence-based model of common factors that underlie clinical problems. This model integrates many theoretical orientations and is firmly grounded in behavioral theory. As such, it is an easy model for clinicians to learn and incorporate into their clinical thinking.

What you will learn

- An evidence-based understanding of clinical problems that can guide flexible application of acceptance-based behavioral, and other, strategies in clinical practice.
- A flexible three-part, integrated model for understanding clinical problems that includes:
  - Why clients' ways of relating to their internal responses can become problematic.
  - How rigid efforts to feel or think differently can make clients' challenges worse.
  - Different ways clients can lose their connection to what matters to them.

Kamila is a second-generation Pakistani American, Muslim, heterosexual, cisgender woman who was referred to therapy by her primary care clinician to whom she had reported difficulty sleeping, stomach problems, distractibility, irritability, and muscle pain, particularly in her neck and shoulders. Although Kamila believed her difficulties were physical, her doctor had been unable to determine a physical cause. Because Kamila endorsed symptoms of both generalized anxiety and depressive disorders on a screening form, the primary care clinician suggested therapy. Kamila came to her

initial intake saying she was willing to try anything given how much symptoms were interfering in her life. Although she did not describe herself as "anxious," she acknowledged that she had always been "high strung." Kamila explained that her mind was constantly reviewing past events to try to sort them out or running through things she feared could happen in the future to her or members of her family, so that she could avoid problems or be better "prepared" to respond effectively. She emphasized that being a "planner" and a "problem solver" had served her well during school and made her an effective teacher, parent, and household manager. However, in recent years, she had found it harder to "turn off" her mind when she got into bed. Kamila had also started to notice she was often thinking through past or upcoming situations when she meant to be focused on something else, such as work or the person she was with. Kamila described several strategies she had tried to "clear" her mind but admitted they were never successful; in fact she felt her efforts left her more and more distracted, leading her to make mistakes or forget things. She also described snapping at people in her life more and more frequently, which led her to devote even more mental energy to trying to figure out why she was so irritable. Kamila identified a shift in her ability to "manage" her life, which had been precipitated by her husband getting injured at work and going out on disability for 6 months. The increased financial strain for their family was stressful, and she felt even more pressure about her own work (as a high school teacher), since it seemed essential to her family's well-being that she succeed. Kamila shared that she worried about the potentially negative impact that this change in their financial situation could have on their children and that worries and concerns about how to maximize their success and well-being often kept her up nights. She described trying to be cheerful and upbeat with her husband during this time, so that he wouldn't get discouraged. Unfortunately, Kamila's pattern of carrying the responsibility for her family's security and happiness continued even after her husband returned to work. When asked about what she enjoyed in life, Kamila hesitated and then began to cry. But after just a few minutes, she apologized for her "outburst," stopped crying, and shared that she enjoys keeping her family and life in order and on track because it makes her feel she is being a good mother, wife, daughter, and teacher. Kamila disagreed with her primary care physician's assessment of her as depressed, declaring she was much too busy to be depressed. Kamila pointed out that she had everything she needed to be happy, although she acknowledged that she didn't feel that she had the energy or mental capacity to really enjoy any aspect of her life currently, which is why she was seeking help. She admitted feeling hopeless and worn out at times and angry at herself for yelling at her children and not being more cheerful with her family. She worried that her current difficulties were "stressing out" her parents, who shared their concerns after Kamila missed several family gatherings due to her digestive difficulties. She also worried that she wasn't being a good Muslim because she frequently avoided going to activities at her mosque. Kamila hoped that therapy would help her to "get over it," as she saw her preoccupation and worry as signs of weakness. She had been trying everything she could think of to be more patient with her family and her students, to feel better physically, and "be happy," and she was confused as to why nothing seemed to help.

Our first step in therapy with Kamila would be to work with her to develop a shared understanding of how her experiences, reactions, and behaviors are linked together and understandable, even though they may seem confusing or disconnected to her. This individualized conceptualization would be grounded in an overarching acceptance-based behavioral conceptual model, which we describe in this chapter as a

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foundation for the work that follows. We describe the overall model here that informs ABBT, drawing some links to Kamila to illustrate concepts, and then, in Chapter 3, we explore how to develop an individualized case conceptualization.

OVERVIEW OF THE ACCEPTANCE-BASED BEHAVIORAL MODEL

In our clinical work, we use a three-part general model as a starting point for individualized case conceptualizations (see Figure 1.1). This model of proposed psychological mechanisms is grounded in behavioral theory and draws from the acceptance and commitment therapy (ACT) hexaflex (Hayes, Strosahl, & Wilson, 2012). Each part of the model relates to the others, leading to an escalating cycle of difficulty that can be hard to recognize and break out of on one's own. Biology and history also play a significant role in the development of these challenges, while ongoing environmental events and context influence and are in turn influenced by each element.

First, clinical difficulties stem from the problematic ways that clients (and humans in general) often learn to **relate to their internal experiences.** This relationship can be characterized as reactive and critical, in addition to "fused" (Hayes, Strosahl, & Wilson, 2012), entangled (Germer, 2005), or "hooked" (Chodron, 2007). This involves seeing our thoughts, feelings, sensations, or urges as negative and as self-defining rather than as phenomena that rise and fall. Although Kamila doesn't use the term *anxious* to describe herself, she does see her thoughts and feelings as signs of personal weakness. She also reacts to her thoughts and feelings as though they are accurate, and she assumes she must attend to and respond to each of them. This perspective leads her to become entangled with each worrisome thought and painful emotion that arises.

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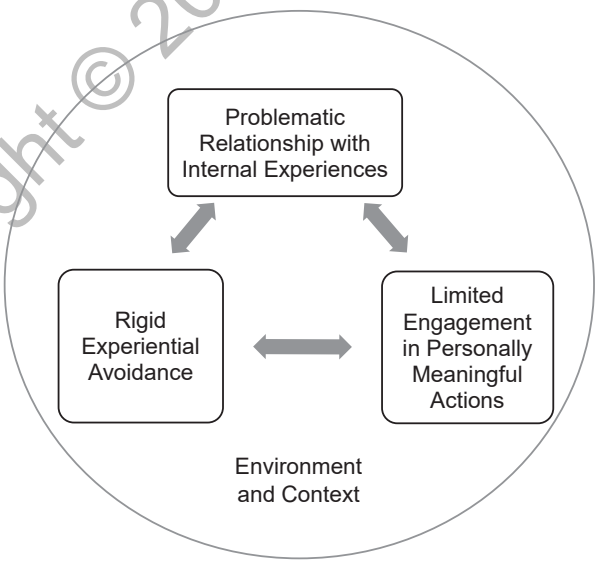

FIGURE 1.1. Acceptance-based behavioral conceptualization of the psychological processes that maintain clinical problems.

The second element of the model is **experiential avoidance,** or rigid emotional, cognitive, and behavioral efforts aimed at helping one to avoid or escape distressing thoughts, feelings, urges, memories, and sensations (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). Experiential avoidance is a natural consequence of fusion with and entanglement in internal experiences—if some thoughts and feelings are experienced as negative, self-defining, all-encompassing, and persistent, trying to push them away or change them makes a lot of sense. Unfortunately, as described later in this chapter, rigid efforts to get rid of internal experiences often exacerbate these difficulties. In Kamila's case, she tries to "clear her mind" as a way of removing her constant worries. In addition, the worry process itself likely serves an experientially avoidant function (as does her rumination): Kamila often brings her full attention to her worries about the future with the hope of trying to find ways to avoid potential problems and to reduce her fear over the uncertainty of future events. She also hopes that focusing on and working through memories of painful past experiences will reduce her regret over how things went. This habit of worry and rumination may sometimes reduce her arousal or distress in the moment; unfortunately, it also maintains her ongoing sense that she has to remain vigilant for potential threats. Kamila has devoted considerable time and effort toward trying to "fix" or control her thoughts and feelings. Although she notices the costs of this strategy, such as feeling distracted and irritable, she doesn't see any other options. Our assessment of Kamila (see Chapter 2) may help us identify other behaviors and habits that also serve an experientially avoidant function.

The final element of the model is **limited engagement in personally meaningful actions,** which refers to the ways that people who are struggling with their thoughts, feelings, and sensations often become disconnected from the things that matter most to them (i.e., valued action; Wilson & Murrell, 2004), which adds to their distress and dissatisfaction. The time one spends entangled with internal experiences and occupied with change and avoidance efforts is time that is not spent engaged in personally meaningful activities. Kamila feels like she is constantly consumed with activity aimed at keeping her family happy, safe, and secure. Yet, the strategy of trying to think through how to best manage her life actually leaves her less present with her family and less available to participate in events and activities she values. The sadness she expressed briefly in session may actually be an important signal that she is not living in a way that is meaningful and satisfying for her (i.e., values consistent), yet her desire to remain upbeat and cheerful prevents her from using the important information communicated by this emotion, perpetuating her sense of dissatisfaction with her life.

The model we present here draws on several specific acceptance-based behavioral (e.g., ACT [Hayes et al., 2011], dialectical behavior therapy [DBT; Linehan, 2015], and mindfulness-based cognitive therapy [MBCT; Segal, Williams, & Teasdale, 2012]), and general mindfulness (e.g., Germer, Segal, & Fulton, 2013) approaches and cognitive-behavioral models (e.g., Borkovec, Alcaine, & Behar, 2004) to focus on what we consider central, clinically useful elements. We hope this provides a useful framework that you can synthesize with other approaches you use in your clinical practice. We don't provide an in-depth review of the empirical basis for the model here (see Orsillo, Danitz, & Roemer, 2016, and Roemer & Orsillo, 2014, for more detailed reviews), but in Chapter 5 we do present some examples of research that we often share with clients as we introduce and explain the model and apply it to their specific experiences. In this chapter, we

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present the core elements of the model, with brief mentions of some complexities that we examine more fully later in the book.

A BEHAVIORAL UNDERSTANDING OF CLINICAL CHALLENGES[1]

We conceptualize clinical challenges using a behavioral lens (for more in-depth descriptions of behavioral theory and therapy, see Antony & Roemer, 2011; Tolin, 2016). That is, we see clinical problems as occurring because individuals naturally learn to respond in certain ways, and their responses are maintained by the consequences of these responses. For instance, if someone has had multiple experiences of being ignored when showing genuine sadness and asking for assistance, and being readily responded to when showing anger and demanding help, that person has likely learned that expressing anger is the effective way to get a need met and may continue to respond with anger habitually across situations. It may be that in the current context anger still garners attention, which brings some emotional relief, but it also causes distance and conflict in relationships. Unless the person has an acute awareness of the range of context-specific consequences that follow angry outbursts, they will likely continue to respond in a habitual way. Even if the person is aware of the costs associated with using anger to ask for help, if they have had limited opportunities to learn alternative, more relationally effective methods of effective communication, they may feel like they are stuck. When we can identify the conditions that maintain problematic ways of responding, we can more effectively and efficiently intervene to make changes. Sharing the idea that past learning influences current patterns also provides an opportunity for therapists to validate clients who believe (or who have been told) that their responses are "irrational," "self-defeating," or "pathological" and may help clients to cultivate self-compassion for their own responses. When we are able to see that even our most frustrating and life-interfering habits make "sense" or serve some function, it's much easier to be kind and compassionate to ourselves when we have them and to be open to trying to change them.

From a behavioral perspective, human difficulties arise from a combination of biological predispositions, environmental factors, and learned habits that result in a host of reactions and behaviors that occur automatically, without awareness or apparent choice. Human learning is complex and nuanced, and it occurs in several ways:

- **Direct experience.** For instance, someone who was sexually assaulted might learn to connect (i.e., associative learning) the smell of cologne with danger, which motivates them to avoid people wearing that same scent. We also learn through consequences (i.e., operant learning) that consistently follow particular behaviors and either reinforce (i.e., increase the frequency) or punish (i.e., reduce the frequency) of the behavior. So someone might continue to drink excessively

[1]Because we view the factors that create and maintain clinical problems as factors that influence all of us, and to recognize that clinicians also experience clinical problems, we switch between referring to clients and using the term *we* in this discussion. As we describe throughout, we often use *we* or *humans* in our psychoeducation with clients.

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because of the immediate reduction in stress they feel when they binge drink (i.e., drinking is negatively reinforced).
- **Modeling and observation.** For example, hearing a parent continually talk about all of the potential catastrophes that could result from one action might lead us to engage in the same process.
- **Instruction.** For instance, being warned about the consequences of showing certain emotions or being advised against "making waves" even when one is treated unfairly may lead one to habitually conceal emotional responses.

Learning how to respond and act from associations, consequences, modeling, and instruction is extremely beneficial and often serves us well—for instance, instruction allows us to learn about real dangers without ever encountering harm. However, learning is context specific; behavioral patterns that are adaptive in one context may be problematic in another. Learning to "put on a happy face" when distressed might keep a child from being physically abused for showing sadness or anger, but masking distress in a romantic relationship could reduce genuine intimacy and make it challenging to get one's needs met. Also, the consequences of behavior are often complex in that many responses have both benefits and costs. For example, although dismissing and pushing away the feelings of sadness that Kamila feels when she notices how little time she spends visiting her parents or being intimate with her husband temporarily relieves her pain, it also prevents her from recognizing that she could make different choices. Finally, we don't always have the sustained awareness of our experience to truly observe and notice our behaviors and their consequences. Often, the habitual responses we develop, like reacting to pain with efforts to suppress, are elicited so quickly, consistently, and automatically that we lose awareness of our full experience.

Clinical problems are often characterized by these kinds of habitual, insensitive (to context), and automatic responses. The three elements of the ABBT model described earlier can be conceptualized as three classes of learned responses that are clinically important targets for intervention:

1. Learned qualities of relating to internal experiences.
   - We can learn to associate our own emotions, thoughts, sensations, and memories with threat, danger, and negative outcomes, leading us to react with criticism and judgment to these natural, human experiences.
   - We can also learn to view our momentary internal experiences as indicators of reality, defining the qualities of who we are at our core and our enduring traits, which amplifies our reactive and critical response to them.
   - Our understanding of, and relationship with, our internal experiences, particularly our emotions, are influenced by our caregivers, the societal messages we receive, and the cultures with which we identify.
2. Learned responses that function to suppress, change, or avoid internal experiences (i.e., experiential avoidance).
   - Clinically relevant behaviors such as avoiding situations or activities that could elicit painful thoughts and emotions, alcohol or drug use, restricted or excessive eating, ruminating, and general inaction may be maintained specifically because they serve the function of temporarily reducing, eliminating, or avoiding distressing thoughts, feelings, or sensations.

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3. Learned habits of behavior that limit engagement in personally meaningful actions.
   - Experiential avoidance can lead us to intentionally avoid engaging in valued actions that have the potential to elicit painful internal experiences.
   - Sometimes we may impulsively and automatically take actions that are not particularly valued, due to their experientially avoidant function (e.g., spending hours on the Internet reading about whether a physical symptom we notice is actually a sign of a terminal illness).

We describe each of these in more detail below.

PROBLEMATIC RELATIONSHIP WITH INTERNAL EXPERIENCES

One important element of understanding clients' challenges is examining the way they respond to their internal experiences. Research, theory, and clinical experience highlight a number of ways we all may learn to respond to internal experiences through experiences, modeling, and instruction (from family members and also from broader cultural messages) that can lead to ongoing clinical problems.

Reactivity to and Judgment of Internal Experiences

A common emphasis in many models of clinical difficulties is that internal responses become problematic because of people's reactions to these responses rather than because of the responses themselves (e.g., Barlow, 1991; Borkovec & Sharpless, 2004). A whole range of internal responses may naturally come and go for all of us; however, we sometimes learn inflexible ways of reacting to these responses that may lead them to become more intense, long-lasting, or "sticky," leading to clinical problems. For instance, panic attacks themselves are common occurrences. People who develop panic disorder are those who have come to associate their bodily sensations with danger (interoceptive conditioning). They experience their sensations as a threat, which increases their distress about having sensations and, in turn, their bodily sensations, creating an escalating cycle.

A similar fear and distress can occur in response to a range of internal experiences—for instance, certain thoughts are reacted to as dangerous among individuals with obsessive–compulsive disorder; certain memories are threatening for individuals with posttraumatic stress disorder; and sensations of fullness can be distressing for people with bulimia. Broadly, through classical conditioning, modeling, and instruction, we can learn to experience distress (including fear, but also other emotions and physiological responses) as a reaction to a range of internal experiences. We can also learn these reactions through operant conditioning—for example, being punished for crying may teach us that it is dangerous to feel sad. Learning can lead us to react to naturally occurring distress with added distress and to react to our heightened distress with more distress, creating an escalating cycle that strengthens our reactivity.

Another element of these learned reactions is the critical thoughts and judgments that accompany a range of internal experiences. Clients often present to therapy with

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habitual judgments that certain emotions, thoughts, sensations, or images are "irrational," "stupid," and the like. In addition to the range of critical judgments that may arise, clients may also notice strong preferences about the types of internal experiences they have (i.e., wanting to feel calm or to have uplifting thought), which is connected to the perception that human/natural responses like anxiety and sadness are problematic, wrong, or bad. These critical judgments may stem from the learned associations, modeling, instruction, reinforcement, or punishment, as described above. For example, we may have been taught that certain responses are "bad" or signs of weakness (from significant caregivers and role models, as well as societal influences). Our inability to observe other people's internal experiences can also lead us to judge our own natural responses as unusual and therefore problematic. Kamila may not realize that her friends and family also worry about things that may go wrong, fret over events from the past, or feel irritated with their loved ones at times. She may view her colleagues as calm and confident because she can't see that they have fears and doubts about their teaching abilities. This may lead her to judge her own thoughts and feelings and motivate her to hide these internal experiences. Ironically, in doing so, she misses the opportunity to learn that others have similar reactions. Finally, some of us have been taught to believe that it is beneficial to respond to ourselves with self-criticism and that it might motivate us to be our best selves. Those beliefs can contribute to the establishment and maintenance of this habitual way of responding.

In Chapter 7, we provide psychoeducation on the positive effects of self-compassion, which counters these beliefs.

Fusion and Entanglement with Internal Experiences

Just as we often learn to criticize and judge our internal experiences, we can also learn to respond to them as if they are indicators of truth. If we experience fear, we may view our thoughts, feelings, and physical sensations as evidence that a threat must be present. If we feel anger, we may believe that our emotional response is proof that we have been wronged. Sometimes this way of responding to internal experiences leads us to view them as signs of who we truly are at our core. In other words, if we have the thought "I am worthless," we may assume the thought accurately reflects that fact we have a characterological flaw. Or if we notice fear arising, we make take it is a sign that we have an anxious personality. Relatedly, we often learn to react to these responses as though they are constant and unchanging, rather than transient, situationally specific responses.

This *fusion* between our experience and our perception of reality (and our sense of ourselves) makes internal experiences particularly powerful and feeds the escalating cycle by increasing our reactivity to and judgment of these experiences. If the thought that our partner does not really care about us were just a thought that would arise and fall naturally and did not necessarily reflect reality, it would not be so aversive and distressing.[2] Similarly, if we take our own transient experience of anger toward

[2]Thoughts do not have to be clearly false for this defusion or *decentering* to be beneficial. A fused relationship to a thought that accurately reflects a momentary reality would still be problematic in that it would diminish the chances of responding flexibly—choosing rather than reacting automatically.

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and absence of affection for our partner as a sign that we are no longer in love, that could lead to overpowering feelings that the relationship is over. If we are fused with our physiological arousal and thoughts about how others will judge us before a social engagement, it can seem like good evidence that we will be rejected if we go and we might end up avoiding the engagement.

Kamila's fusion with her thoughts motivates her to fully engage with every worry or ruminative thought that arises because she views each one of them as significant problems that must be solved. This leaves her feeling constantly on edge and exhausted as she tries to prepare for and respond to every thought that crosses her mind. Further assessment may also reveal that this fusion is affecting the way she views herself, leading to even more heightened distress. When the learned habit of judging internal experiences is paired with the learned sense that internal responses are accurate, self-defining, and enduring, it can lead to chronic self-criticism.

Mindfulness- and acceptance-based models, both within psychology and beyond, highlight the ways that suffering is associated with being "hooked" into our internal experiences, as a result of critical and judgmental reactions to these experiences and seeing responses as more indicative of reality, self-defining, and enduring than they are. Learned reactivity and judgment naturally leads to internal responses and associated reactions looming large in experience so that these internal experiences can become the lens through which we experience our lives, rather than reactions that rise and fall in the midst of other experiences. Phenomenologically, thoughts, emotions, sensations, judgments, and reactions can all weave together to become a net of experiences that become more intense and enveloping the more we react to them, feel defined by them, and wish they would go away. This leads many clients to experience constant distress and to have trouble distinguishing and recognizing specific aspects of their experience. In this way, rather than just experiencing anger, we may have anger, a dislike of anger, and a strong wish for anger to go away.[3] Rather than experiencing a fearful response, we may define ourselves as a fearful person with a fearful personality that we will never escape. Paradoxically, these secondary responses tie us more closely to the very emotions experienced as problematic.

The Role of Experiential Awareness

These natural, learned, problematic, entangled ways of relating to internal experiences affect our awareness of our internal experiences (and are likely also affected by deficits in internal awareness). Here we provide a brief overview of some of the qualities of experiential awareness that are relevant to understanding our clients; we explore these more fully in Chapters 5 and 6 as we describe how we help clients to expand their awareness of their experience as it unfolds.

[3]Many theorists have highlighted this type of reaction to responses that intensifies them and is an important target for intervention. Greenberg and Safran (1987) refer to secondary emotions, or emotions that occur in response to adaptive primary emotions. Hayes and colleagues (2012) describe "dirty" pain as the responses that emerge as part of efforts to control "clean" pain, the natural responses to events. We use the term *muddy* emotions to describe these secondary reactions to "clear" emotions, as we describe later.

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Narrowed, Selective Attention

Learning that internal responses are dangerous will naturally lead to a narrowed focus on those responses seen as threatening. As a result, clients will often present with an acute awareness of a variety of responses they view negatively (e.g., physical sensations, critical thoughts, feelings of fear), but little awareness of a broader set of responses, such as what leads to the thoughts, feelings, and sensations they are reacting to, or feelings of joy or satisfaction. This narrowed focus also perpetuates the sense that these responses are dangerous or problematic (as well as unchanging and defining), further feeding the cycle.[4] Fusion with these responses also contributes to this narrowed perception of emotional responses as indicators of truth.

Lack of Awareness

Clients may present with alexithymia and may report not really noticing the thoughts and feelings that arise. This lack of awareness or attention to internal experiences may be a consequence of rigidly learned experiential avoidance (described more fully below) that has become so automatic that it is no longer even perceptible. Lack of awareness may, in turn, interfere with an ability to respond to emotions in the moment, contributing to chronic dissatisfaction or unease.

Confusion or Misunderstanding

Learned reactivity and judgment of, fusion with, and entanglement with internal responses often leads clients to habitually have difficulty recognizing or understanding how they're feeling. Clients may mistake one personally threatening emotion (such as anxiety) for another, more personally acceptable one (like anger), or simply not be able to distinguish specific emotional responses among the cascade of distress they experience. If clients habitually try to ignore the subtle signs of emotions they view as dangerous or unacceptable, over time their automatic reactions of labeling and trying to suppress their emotions can create a more intense response that might seem surprising and out of context when it finally enters into awareness (described in more detail below). Two kinds of learned experiences can lead clients to distrust their emotional responses and to consequently miss the important information that these emotions convey. Clients may be repeatedly told by others that the emotions they express are wrong or unacceptable. Since critical judgments, fusion, entanglement, and experiential avoidance intensify natural distress, clients who habitually react to their internal experiences may in fact have strong responses that don't actually provide meaningful information. Kamila doesn't seem to recognize her feelings of sadness until they are strong, so she is surprised when she is moved to tears in session. Confusion or misunderstanding of internal responses can lead clients to be unaware of the impact events are having on them, and therefore interfere with their

See Chapter 5 for an explanation of the differences between emotional responses that do and do not provide useful information.

[4]A similar selective attention happens in attention to external cues, with hypervigilance to threat cues perpetuating a sense of ongoing danger and reducing attention to nonthreatening cues in the environment.

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BOX 1.1. A CLOSER LOOK:
The Importance of Considering Context

Psychological theories, such as the one informing ABBT, often focus on the contribution that internal, underlying psychological mechanisms play in the cause and maintenance of psychosocial problems and distress. However, it is also critically important to consider the impact of the historical and current external experiences and events clients encounter such as loss, illness, injury, discrimination, economic stress, and emotional and physical harm as they naturally lead to intense, understandable emotional responses. As we will discuss throughout the book, in both case conceptualization and treatment, although we emphasize the importance of focusing on the internal factors that can exacerbate these responses (such as judgment, fusion, and entanglement), we also recognize and communicate to our clients how understandable the responses are. As we discuss further, especially in Chapter 4 and throughout the book, validation of the reasonableness of initial responses to stressful, unjust circumstances will help to address some of the learned problematic reactions that we've been describing in this section. Keeping these external realities in mind, while also considering the learning processes and habitual responses that are contributing to our clients' current challenges, is an important aspect of being an effective ABBT therapist.

ability to make meaningful changes. For instance, Kamila can't make changes to increase her sense of satisfaction when she doesn't notice the moments that she feels sad or disappointed. This misunderstanding may stem from critical beliefs she holds about feeling sad, or from habits of attending more to thoughts and sensations than emotions, or from a host of other learning experiences.

In Chapter 5 we expand on the ways that reactivity and judgment can lead to "muddy" emotions, making it harder to notice and understand the "clear" emotions that arise in response to our lives.

EXPERIENTIAL AVOIDANCE

A habitual, critical, fused, entangled relationship with internal experiences can naturally lead to rigid attempts to alter or avoid internal experiences or *experiential avoidance.* Hayes and colleagues (2012) and others highlight the central role that the function of experiential avoidance plays in a wide range of clinical presentations. A host of clinical challenges can be understood as efforts (that inevitably fail in the long-term) to alter the form or frequency of thoughts, feelings, sensations, images, and/or memories. Studies have shown that rigid efforts to avoid internal experiences often have paradoxical effects in that they increase the frequency of targets of avoidance (e.g., unwanted thoughts, feelings, or sensations) and more general psychological distress (see Chapter 5 for a more in-depth discussion). Concealment of emotional expression has similar paradoxical effects (Gross & Levenson, 1997). Kamila seems to be trying to experientially avoid her fear of uncertainty by keeping her mind busy with rumination and worry. Kamila's attempts to push away and conceal her sadness may also reflect experiential avoidance. She also describes trying, unsuccessfully, to "clear" her mind. Unfortunately, these strategies may paradoxically be increasing her general arousal and distress.

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Many of the tactics we use to avoid our internal experiences (e.g., drinking alcohol or taking a sedative, shopping for things we don't need, mindlessly watching videos online) can themselves become clinically problematic behaviors that interfere with our quality of life. Sometimes the avoidant function of a behavior is intentional and conscious (e.g., using rituals to reduce obsessions in the moment; trying to avoid thoughts, feelings, and memories associated with traumatic experiences; repeatedly and intentional trying to ignore anger or disappointment that arises when one's partner acts inconsiderately). Other times avoidance strategies can be quite subtle and difficult to notice. For example, we may start an argument with a loved one about the distribution of chores to distract from painful emotions that arise due to the absence of intimacy in the relationship.

Behaviors initially enacted intentionally to reduce distress can sometimes become habitual and automatic; thus, experiential avoidance may evolve to happen outside of awareness and without intention. For example, when 34-year-old Lee first started therapy, he described his solitary lifestyle as a preference, noting that he enjoyed spending quiet nights at home on the weekend with a book and a glass of wine. Over time, it became clear that when Lee was in his 20s, he often turned down social invitations as a way to avoid possible rejection. Lee's habit of declining invitations to avoid potential evaluation by others had become so automatic he no longer considered his options or what mattered to him personally when planning his leisure time.

Behaviors enacted to reduce or avoid distress, like drinking too much, maxing out a credit card, spending all weekend watching videos, or turning down a social invitation, can obviously create life problems and general additional emotional distress. However, because immediate consequences are more powerful shapers of behavior than longer-term consequences, the long-term negative effects of these behaviors don't typically act as deterrents. Instead, they are actually more likely to trigger additional attempts at experiential avoidance, escalating this cycle.

Some common internal processes may also reflect efforts at experiential avoidance. Chronic excessive worry (repeatedly considering potential negative outcomes in the future) may function in part to reduce various types of distress (e.g., more upsetting topics, physiological arousal, uncertainty, or unpredictable, distressing contrasts in emotional experiences; see Borkovec et al., 2004; Mennin & Fresco, 2014; Newman & Llera, 2011, for reviews). Tom Borkovec proposed that worry may lead people to a sense of being braced, or feeling suspense, which is less unsettling than being surprised or caught off guard. Although the worries themselves also become an internal experience that people often find undesirable and want to get rid of (leading to a second layer of efforts at experiential avoidance), the habit of engaging in thinking to try to "prepare" (as Kamila describes) for the unknown and gain some sense of control can be very hard to change. Rather than exerting more effort to try to control these thoughts, meaningful change often involves recognizing these patterns and then letting go of these efforts to be prepared and "in control." Other types of rigid thinking, like rumination, may serve a similar avoidant function, with the constant rehearsal of past events reducing strong feelings of sadness, shame, or regret associated with them, while paradoxically maintaining focus on these events. Again, these strategies can be intentional, but they also can occur out of habit and outside of awareness; they often fall someplace in between,

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BOX 1.2. TO SUMMARIZE:
Consequences of Rigid Experiential Avoidance

- **Paradoxically increases distress/arousal/frequency of targeted thoughts.**
  - Trying to change or avoid the way we think or feel, our memories or imagined futures, as well as our bodily sensations, can lead these internal experiences to become more frequent and distressing.
- **Increases critical judgments of our internal experiences and triggers additional attempts at avoidance.**
  - When experiential avoidance efforts fail and paradoxically produce more frequent and intense distress, we can become even more critical and reactive toward our internal experiences because our heightened responses seem even more overwhelming, confusing, and aversive.
  - This increased distress and intensified reactivity triggers even more attempts at experiential avoidance, creating a cycle in which the more distressing or unwanted an experience is, the harder it is to suppress, and the more those efforts to suppress increase the distress associated with the experience.
- **Reduces awareness and clarity of internal experiences.**
  - When our emotions are intensified by critical reactions and attempts at experiential avoidance, and when we habitually try to avoid or suppress how we feel, we naturally become more unaware of and confused by our emotions.*
- **Interferes with functional value of emotional responses.**
  - Habitually avoiding emotional experiences, or frequently experiencing our emotions as intense and confusing, prevents us from hearing the "message" emotions convey and could cause us to miss an opportunity to take an action that could improve our lives.
  - Suppressing the expression of our emotions to others.
    - Inhibits our ability to receive validation and support from others.
    - Prevents us from learning that others struggle in similar ways (which intensifies our critical judgments about our experience).
    - Makes it harder for others to understand our wants and needs, which can reduce relationship satisfaction.
- **Interferes with new learning about internal responses.**
  - When we successfully avoid or suppress our emotions, memories, thoughts, or sensations, we miss an opportunity to learn that they may not be as dangerous, damaging, or long-lasting as we fear. Ironically, the more frequently and successfully we avoid internal experiences, the more we come to see them as things that must be avoided.
- **Interferes with broader functioning by influencing engagement in values-based actions.**
  - When we are entangled with our internal experiences and consumed with attempts to change or avoid them, it takes time and attention away from things that matter to us personally.
  - When our attempts to change, escape, or avoid internal distress aren't sufficient, we may start avoiding situations or activities that we value because they could trigger unwanted thoughts, emotions, and sensations. (This consequence is described in more detail below.)

*See Chapter 5 for an in-depth discussion of clear versus muddy emotions.

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with clients reporting beliefs that the strategies can be useful, but also finding them distressing and unwanted.[5]

We have described numerous negative consequences of rigid experiential avoidance throughout this chapter; we summarize these consequences in Box 1.2.

LIMITED ENGAGEMENT IN PERSONALLY MEANINGFUL ACTIONS

Although clients often come to treatment with complaints about their internal experiences—feeling anxious, depressed or irritable, consumed with thoughts, physically tense or aroused—their broader goals for therapy are usually to feel more satisfied in their lives. The common misconception that we need to feel differently to act differently leads to the desire to get rid of the internal experiences we perceive as affecting the way we live our lives. For example, a client may want to meet new people and believe that they need to feel more "self-confident" in order to do so. This leads to "increased self-confidence" as a common goal for treatment, when, in fact, a more attainable goal would be "meeting new people, and making new connections." This makes this final element of an acceptance-based behavioral model—limited engagement in what matters to the client—a particularly important part to explore with clients.

Obvious and Subtle Avoidance

The impact of having a problematic relationship with internal experiences and repeatedly engaging in experiential avoidance on behavioral engagement is often clear and obvious. For example, Jack, a veteran with posttraumatic stress disorder (PTSD), isolates himself in his home to avoid the anxiety he experiences in crowds or with other people, leading to disconnection from his family and other sources of support, and significantly limiting his ability to engage in work or other activities that used to be meaningful to him. Similarly, Kamila frequently misses family gatherings despite valuing these relationships because she doesn't want to leave her house when she is experiencing gastrointestinal distress (intensified by her worry and stress).

Like experiential avoidance, behavioral avoidance commonly protects against short-term risks but increases the risk of longer-term losses and disappointments. Clients may avoid situations, distract themselves, or hold back emotionally in certain contexts as a way of avoiding distress from potential rejection or hurt. Paradoxically, these protective actions often trigger more distress. For example, Edgar wants to be in an intimate relationship, but he feels that any sign of disinterest by others is an indication of his fundamental unworthiness and inability to be loved, so he refrains from taking

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[5]A common misconception about mindfulness- and acceptance-based behavioral approaches is that they suggest that individuals should never make a choice or take an action to try to improve their mood. We all regularly engage in efforts to alter our thoughts or feelings. Both research and personal experience show that efforts to regulate emotions can be beneficial rather than harmful. In Chapter 5, we explore the complexity of the distinction between beneficial emotion regulation and problematic experiential avoidance, identifying ways we help clients develop their ability to intentionally, flexibly, with self-compassion, modulate attention and internal experiences without attaching to any intended internal outcome, and instead focusing on choosing personally meaningful actions.

any actions that would put him in situations where he could be rejected by a potential partner. Although this choice immediately reduces his risk of rejection, it also increases the chance that he will never find an intimate partner.

The impact of experiential avoidance on engagement can also be much subtler. When restrictions in behavior are automatic and habitual, clients may not be aware of the role their own choices are playing in the long-term dissatisfaction they are experiencing. We may find, for instance, that Kamila has been unintentionally avoiding seeing her parents and attending her mosque because she doesn't want others to be worried about her. Yet that separation is removing meaningful familial, spiritual, and community sources of support from her life.

Behavioral excesses that function to reduce distress (i.e., attempts at experiential avoidance), like hair pulling or substance use, can also directly reduce engagement in valued action in ways that are not always obvious. Simply put, time spent engaging in these behaviors is time away from other meaningful activities. For example, a client might see no harm in spending the weekend binge watching a favorite series. What can be challenging to notice is that the time the client spends watching television over the weekend is time away from taking a walk in the park or socializing with others.

Another way avoidance of valued actions can be subtle is when we repeatedly engage in important, valued tasks at the expense of other equally valued tasks that are more anxiety-provoking or painful. For example, Wesley diligently worked on writing his column and responding to his emails every day, telling himself that it was important to him that he be a responsible correspondent. When he thought about spending time working on the book he was writing, he felt a rush of anxiety and a cascade of thoughts that he was an imposter and didn't have anything worthwhile to say. To escape those uncomfortable sensations, Wesley would immediately turn his attention back to writing his column or responding to emails and would feel a sense of relief. However, he grew increasingly sadder and more disappointed in himself as the book he cared about remained unwritten.

The Quality of Engagement in Valued Activities

Our struggle with emotions, thoughts, and sensations can also subtly impact the *quality* of our engagement in activities we care about and degrade our life satisfaction. This consequence is particularly frustrating because clients intentionally engage in valued actions, yet they don't feel fulfilled. One common form this takes is when we are distracted and disconnected while participating in valued activities. Leia devotes time and energy to her work, volunteers for numerous organizations, and has a broad social network, but she is rarely present in these activities, which leaves her with a general sense of dissatisfaction. Similarly, Kamila describes feeling like her limited mental capacity, likely a result of her entanglement with worries and rumination, keeps her from fully engaging in important aspects of her life.

The scope of our attention also affects the quality of our engagement. Cognitive theories of emotional disorders highlight the ways that people often attend to, interpret, and remember events in biased ways that feed a heightened sense of threat or harm. This narrowed attention can affect the experience of our involvement in valued activities. If Kamila notices any negative cues that arise while she's with her children, and

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fails to notice cues that they are safe, happy, or satisfied, she will be more worried and will enjoy her time with her children less.

Another quality we sometimes bring to valued activities that prevents us from truly experiencing them is a desire for experiences to unfold in a particular way. For example, Ellie spent much of her time during "date night" with Jade focused on how things were not going as planned. Ellie had a slight headache, Jade was a bit distracted with thoughts about work, and the bottle of wine they ordered was too expensive and not very tasty. Rather than acknowledge her judgments and disappointment while also bringing her attention to Jade and fully experiencing their time together, Ellie became hooked by her experience and grew more and more frustrated. This kind of rigid attachment to the way things or people should be can interfere with our ability to be fulfilled by engagement in valued activities.

A closely related phenomenon is when we hold values that require us to be able to control things out of our control. Clients may have a clear sense that their lives would be enriched if their boss took a different approach to management, or their partner was more demonstrative, or their aging parents more self-sufficient. Yet, actions they take aimed at changing others may not be effective. Cassandra struggled with the way her coworkers interacted on team projects. She wanted them to communicate clearly and promptly, and to express appreciation for the work of other team members. Her many attempts to encourage them to change their behavior were unsuccessful, and she gradually began to invest more time in getting them to change than she did carrying out her team activities in a way that was consistent with her own values. Her very understandable focus on other people's actions became such a central focus that her own actions became less satisfying to her, further perpetuating her distress and interfering with shared goals.

Sometimes it is the specific actions we take in valued domains that minimizes our ability to gain satisfaction and meaning from our behavior. Although Kamila devotes significant time and energy to parenting and teaching, her actions often take the form of worrying about her children and ruminating over her performance at work. Not surprisingly, she does not find these actions fulfilling. Other times conflicting actions undermine our satisfaction. For instance, Jorge, who both values relationships and fears abandonment, went through the motions of initiating a new relationship, but he keeps himself distant emotionally when he is with his partner as a way of avoiding this feared outcome. Paradoxically, this distancing (an attempt to avoid abandonment) leads Jorge's partner to distance in return, which Jorge experiences as abandonment, confirming his fear and reinforcing his distancing behavior.

Disconnection with Values

Finally, our struggle with internal experiences can sometimes make it challenging for us to even identify what matter most to us personally. The option of reflecting on what we value and making choices accordingly can easily become overshadowed by our attempts to identify potential threats and avoid dreaded outcomes. Because Kamila's energy and focus are aimed at preventing her family from pain and harm, she no longer pursues activities simply because they matter to her.

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External Barriers to Valued Actions

In the ABBT model, we focus on the ways in which a problematic relationship with internal experience and experiential avoidance limit us from fully engaging in valued activities. However, an important part of treatment involves identifying external barriers, validating their considerable impact, and helping clients to find ways to live consistently with values even when they face barriers that are real, unfair, unjust, and problematic. Clients may reasonably be frustrated by external constraints on their life—a type of discrimination they face in their workplace, economic constraints that make it harder for them to meet the needs of their children, physical limitations that make it more difficult for them to contribute to community efforts that matter to them; our conceptualization needs to incorporate, recognize, and validate these barriers. Then we can work together to find ways to engage in meaningful actions despite these unjust constraints.

We explore these important considerations in depth in Chapter 10.

We summarize the ways in which clients may limit their engagement in valued actions in Box 1.3.

BOX 1.3. TO SUMMARIZE:
The Ways Clients May Limit Their Engagement in Valued Actions

- Clients may actively and intentionally avoid activities and situations they find personally meaningful.
  - Like experiential avoidance, behavioral avoidance commonly protects against short-term risks but increases the risk of longer-term losses and disappointments.
  - Over time, these patterns can become more automatic and happen out of awareness.
- Behaviors like substance abuse and mindless Internet surfing that serve an experiential avoidance function can take time away from engagement in valued activities.
  - They can cause problems in valued domains of living.
- Clients sometimes avoid valued actions or domains by focusing excessively on values in one specific area.
- The quality of engagement in valued actions can interfere with clients' sense of fulfillment.
  - Clients may be distracted and disconnected during valued activities.
  - Clients may focus narrowly on threat.
  - Clients may be preoccupied with a desire for things to be different than they are.
  - Clients may be focused on changing things that are out of their control.
  - Clients may equate worrying about something they care about with taking action in that domain.
- We may lose touch with what matters most to us.

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CULTURALLY INFORMED CONCEPTUALIZATION

So far, we have focused on the general ABBT model. In Chapters 2 and 3, we describe how to design and conduct an assessment that will allow for the development of a tailored case conceptualization to guide individualized treatment. As with all approaches to case conceptualization, consideration of aspects of identity, culture, and context should be integrated throughout our application of an acceptance-based behavioral model to an individual client (see Hays, 2016; Okun & Suyemoto, 2013; Sue & Sue, 2016) for more in-depth discussions of this important component of case conceptualization). As Okun and Suyemoto (2013) describe, drawing in part from Bronfenbrenner (1979), this includes understanding clients within their family/intimate relationships, extrafamilial relationships, neighborhood and community contexts, and sociocultural and sociostructural systems, as well as universal contexts. It also includes attending to a range of influences, including relationships, environmental factors, ideology and practices, and identities. Kamila's identity as a second-generation Pakistani American, Muslim, heterosexual, cisgender woman who has current educational and economic privilege, but a family history of economic struggle and educational marginalization, who lives in a predominantly white suburb of a Midwestern city, likely shapes all aspects of her experience and may influence her judgments of her own responses, her strategies for managing her distress, and her behavioral choices in response to this distress. For example, in our interview, we may discover that her anxiety in response to her husband's job loss and their altered economic status was tied to her own experiences growing up under constant economic strain. Understanding and exploring this background will help us to develop a strong therapeutic alliance with Kamila and help her to cultivate compassion for her very reasonable reactions, while also potentially decentering from those reactions as she is able to see their source more clearly and recognize some of the contextual differences between her upbringing and her children's context, which may reduce the sense of threat that stems from these learned associations. Similarly, we may learn that her sense of needing to be in control and "on top of" everything is tied to her experience as a woman of color, receiving both explicit and implicit messages throughout her life that she is seen as less competent and so has to strive even harder. Explicitly identifying this context and lived experience again provides validation, understanding, and compassion for the specifically charged context of these natural reactions that can help with cultivating self-compassion, and disentangling from the automatic, habitual responding. We may also learn that her exposure to anti-Muslim rhetoric and actions has contributed to her heightened general sense of threat and danger for herself and her family, providing a learning-based explanation of her sense of apprehension and concern that can also enhance her self-compassion and the working alliance.[6]

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[6] Although this specific case example highlights how marginalized identities may shape a case conceptualization, in part because these influences are often underemphasized, so that their recognition in therapy is particularly important, contextual and developmental factors can help to make sense of all clients' clinical presentations. These factors should always be incorporated in the conceptualization of a clinical case.

GOALS AND METHODS OF INTERVENTION

Drawing from the integrated model presented above, the overarching aims of ABBT are to (1) alter individuals' relationships with their internal experiences by cultivating an expanded awareness and a compassionate, decentered stance toward internal experiences; (2) reduce rigid experiential avoidance by increasing acceptance of/willingness to have internal experiences; and (3) increase mindful engagement in personally meaningful behaviors (see Figure 1.2). The methods used to achieve each of these goals are described in detail throughout the book. Below, we provide a brief overview.

ALTERING INDIVIDUALS' RELATIONSHIPS WITH THEIR INTERNAL EXPERIENCES

We work to alter clients' relationships with their internal experiences by helping clients to **expand** and **clarify** their awareness of their thoughts, feelings, and sensations so that they have a broader, more attuned awareness of responses as they arise. A central focus is on cultivating a **compassionate** (nonjudgmental) response to these experiences as they arise, in order to reduce reactivity, fear, and judgment that have been found to increase distress, motivate experiential avoidance, and interfere with functioning. Relatedly, we help clients to cultivate a **decentered** relationship to thoughts, feelings, and sensations, so that these are seen as naturally occurring and transient experiences rather than as indicators of a permanent, unchanging truth.

For instance, Kamila, who habitually experiences worrisome and ruminative thoughts, as well as physical symptoms of anxiety, and experiences these as evidence of her inability to cope, would engage in a range of practices designed to help her notice the thoughts and sensations as they arise, bring compassion to herself for experiencing them, see them as overlearned reactions that elicit a range of reactions and judgments

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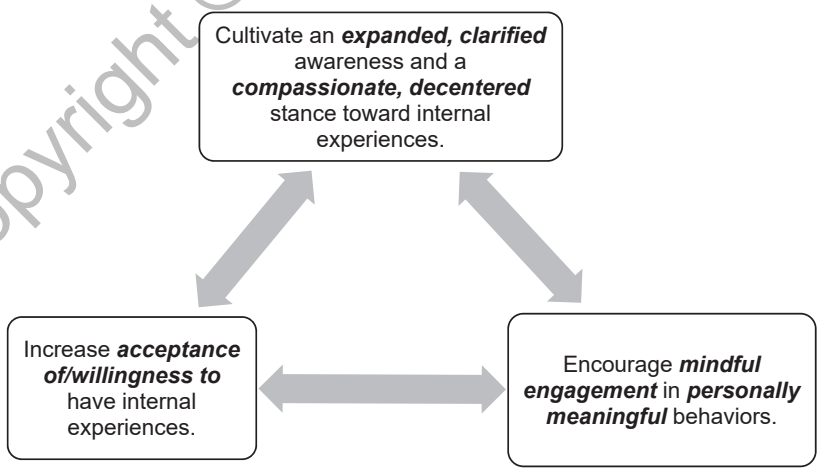

FIGURE 1.2. Goals for ABBTs.

but that do not in and of themselves define her, and expand her awareness such that she could notice other experiences and sensations, such as feelings of sadness, as well as moments of joy or satisfaction, as well as the way these reactions rise and fall.

Several types of interventions can be used to assist in meeting this goal. The **therapeutic relationship** will provide a vital context for enhancing understanding, providing validation, and modeling compassion and decentering to promote this new way of responding (Chapter 4). **Psychoeducation** helps clients understand the nature of internal experiences (and specifically the function of emotions) and the role that these types of relationships to internal events can play in sustained distress and restrictions in our lives (Chapter 5). **Self-monitoring** can also help to enhance clients' awareness of the range and unfolding of their internal experiences, the way these experiences rise and fall, and how they are connected to contexts and behaviors (Chapters 5 and 6). **Experiential practices** help cultivate these ways of relating to internal experiences. A range of mindfulness (commonly defined as "paying attention in [a] particular way, on purpose, in the present moment, and nonjudgmentally" [Kabat-Zinn, 1994, p. 4]) practices can be used. We combine formal (i.e., specific, planned practice of a particular technique to develop the skill) and informal (applying skills to daily living) mindfulness practices, both within and between sessions (Chapters 6 and 7). We also use defusion strategies from ACT, such as labeling thoughts and feelings, to bring awareness to them as separate rather than fused experiences (Chapter 4).

Reducing Rigid Experiential Avoidance by Increasing Acceptance of/Willingness to Have Internal Experiences

The second goal of treatment is to **increase acceptance of/willingness to have internal experiences.** We help clients bring awareness to the range of obvious and subtle behaviors and symptoms that may function as efforts to escape or avoid internal distress. We distinguish between acceptance and resignation, with acceptance referring to not fighting against a reaction that is already present and resignation suggesting that that one should give in to the idea that nothing will ever change. We encourage clients to expand their repertoires by practicing and learning how to choose, rather than react, in a potentially evocative situation. This goal relates closely to the previous goal in that developing a new, disentangled, relationship with internal experiences will naturally decrease the habitual pull to rigidly avoid or escape distressing experiences. Cultivating a curious, inviting stance toward internal experience will help to reduce experientially avoidant tendencies and enhance acceptance. Conversely, reducing experiential avoidance will also reduce judgment and entanglement with internal experiences. Many of the methods described above also target this goal of treatment.

Psychoeducation presents examples of ways that trying to control internal experiences can increase rather than decrease difficulties. We encourage clients to look to their own experience to see whether this is true for them. We help clients to increase flexibility by noticing how internal experiences pull for particular actions, yet we can separate from these action tendencies and choose responses rather than reacting (Chapters 5 and 8). Monitoring helps clients to observe how experiential avoidance affects their lives and to identify early cues to opportunities to practice an accepting, rather than avoidant, response (Chapters 5 and 6). Mindfulness- and acceptance-based experiential

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practices help to develop the skill of acceptance, increasing clients' flexibility in the ways they respond to contexts that elicit intense reactions (Chapters 6 and 7).

Increase Mindful Engagement in Personally Meaningful Behaviors

Finally, we **encourage mindful engagement in personally meaningful behaviors.** This goal involves helping the client identify and clarify what matters to them, bringing their awareness to moments when choices could be made based on these values and encouraging action in desired directions. All the methods that promote the first two goals also serve this goal in that engaging in chosen action is facilitated by a disentangled, defused relationship to one's experience and an ability to choose a nonexperientially avoidant response. Nonreactive, decentered awareness can allow one to *reflectively* see what matters, rather than *reflexively* endorsing values based on societal pressure or fears (Shapiro, Carlson, Astin, & Freedman, 2006).

In addition, **psychoeducation and monitoring** (described in Chapter 8) help bring a client's attention to what is important to them, setting the stage for chosen action. **Writing exercises** (also described in Chapter 8) serve to clarify values. **Between-session behavioral exercises** (described in Chapter 9), in which actions are chosen and planned for, engaged in, and reviewed, allow clients to expand their behavioral repertoire and engage more fully in their lives. These behavioral changes often elicit new types of problematic relationships with internal experiences and impulses to experientially avoid, feeding back into the previous two goals. Chapter 10 explores how to address barriers to making meaningful changes that often arise.

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