

TABLE OF CONTENTS

Introduction	3
Session One Group	8
Session Two Group	15
Session Three Group.....	21
Appendix A: Metaphors and Exercises	25
Appendix B: Writing About Past Shame or Failure.....	33
Appendix C: The Life Question Sheet	35

Data supporting the use of this treatment manual

This treatment manual was originally developed through an iterative process as described in:

Luoma, J.B., Kohlenberg, B. S., Hayes, S. C., Bunting, K., & Rye, A.K., (2008). Reducing the Self Stigma of Substance Abuse through Acceptance and Commitment Therapy: Model, Manual Development, and Pilot Outcomes. *Addiction Research and Theory*, 16(2), 149-165.

The intervention was then tested in a randomized clinical trial, the results of which are published here:

Luoma, J. B., & Kohlenberg, B.S., Hayes, S. C., & Fletcher, L. (2012). Slow and Steady Wins the Race: A Randomized Clinical Trial of Acceptance and Commitment Therapy Targeting Shame in Substance Use Disorders. *Journal of Consulting and Clinical Psychology*.

Abstract

Objective: Shame has long been seen as relevant to substance use disorders, but interventions have not been tested in randomized trials. This study examined a group-based intervention for shame based on the principles of Acceptance and Commitment Therapy (ACT) in patients (N = 133; 61% female; M = 34 years old; 86% Caucasian) in a 28-day residential addictions treatment program. Method: Consecutive cohort pairs were assigned in a pair-wise random fashion to receive treatment as usual (TAU) or the ACT intervention in place of six hours of treatment that would have occurred at that same time. The ACT intervention consisted of three, two-hour group sessions scheduled during a single week. Results: Intent-to-treat analyses demonstrated that the ACT intervention resulted in smaller immediate gains in shame, but larger reductions at four month follow up. Those attending the ACT group also evidenced fewer days of substance use and higher treatment attendance at follow up. Effects of the ACT intervention on treatment utilization at follow up were statistically mediated by post treatment levels of shame, in that those evidencing higher levels of shame at post treatment were more likely to be attending treatment at follow up. Intervention effects on substance use at follow up were mediated by treatment utilization at follow up, suggesting that the intervention may have had its effects, at least in part, through improving treatment attendance. Conclusions: These results demonstrate that an approach to shame based on mindfulness and acceptance appears to produce better treatment attendance and reduced substance use.

This manual is available for download to members of the Association for Contextual Behavioral Science at: http://contextualpsychology.org/selfstigma_and_shame_in_substance_addiction. There is also a manual describing the **fidelity coding system** at that same URL.

I. Introduction

A. Substance use disorders and the reduced opportunity live a vital, productive life.

An individual with a substance use disorder suffers immense disadvantages in our culture. First, the deleterious effects of substance use and its sequelae on effective functioning are widely known. Second, the opportunities available to people with a history of substance use disorder, even when in recovery, can be sharply reduced. Third, the individual with substance use disorder can curtail their own growth and development by applying a punitive, shame based, and defeatist perspective to their own goals and values in life.

B. Stigma and Substance Use Disorders

Some of the problems experienced by those with current or past substance use disorders can be understood as related to stigma. People who misuse substances are a heavily stigmatized group (Crisp, Gelder, Nix, Meltzer & Rowlands, 2000). Individuals with substance use disorders are in a particularly disadvantaged position because these disorders are often believed to be self-inflicted, and thus generate highly pejorative cultural sentiment. Direct acts of discrimination, as well as diminished opportunities offered to people with substance use disorder, can be understood as a manifestation of *enacted stigma*. Labeling someone as a "substance abuser" or "addict" tends to activate common stereotypes such as thinking that the person is likely to be unreliable, deceitful, or weak, among other stereotypes. This often leads to some sort of social sanction or devaluation, reducing the probability of the person being hired, or being trusted as a parent, friend, or lover.

People who identify with a stigmatized group often internalize the stereotypes associated with that group. In addition the effects of enacted stigma, the emotional and cognitive barriers erected by the individual with substance use disorder in response to perceived or experienced stigma can also serve to obstruct access to opportunities. The person may self-identify as a loser, being damaged goods, or always hurting others. Attachment to these self-conceptions entails giving up on important and valued life directions. These are manifestations of *self-stigma*.

Accordingly, pejorative cultural beliefs have shaped public policy about substance use disorders, and the treatments that have arisen have been based on stigmatizing drug use and the drug user (Des Jarlais, 1995). Zero tolerance, the war on drugs, Project DARE and other policy initiatives of this kind seem to support stigmatizing attitudes toward substance abusers in the sense that negative judgments toward substance abusers are emphasized.

It is also the case that people with substance use disorders may feel shame about their substance use. Shame and self-stigma are similar in that they point to indictments of one's character, rather than problem-based descriptions of behavior. Rather than describe a history of problematic parenting behaviors that can be changed with effort and skill, eg. "I really screwed up by being hung over at my kids party...", shame-based thinking would take the form of "I am a parent who hurts my kids, I am a bad mom...I am a screw up."

II. Acceptance and Commitment Training for self-stigma and substance use disorders

Overview

The present manual presents, in group format, a mixture of instruction, discussion, and the use of metaphor and experiential activities designed to sensitize participants to the effects of self-stigma and shame on how they live their lives. This training condition provides instruction and experiences that train participants to notice, and then to override, the very human tendency to categorize and then avoid aversive thoughts and feelings and the people and situations that evoke them. The acceptance and commitment training condition will cover the following topics: (a) introduction to enacted and self-stigma (b) cognitive defusion/behavioral flexibility (c) acceptance vs. avoidance and control of emotions and thoughts and (d) values.

Sessions include discussion and experiential exercises designed to help our clients see how natural it is to both have stigmatizing thoughts and to try to control, avoid, or get rid of these thoughts. We consider the possibility that thoughts and feelings themselves are not the problem, and that attempts to control or get rid of them are at the heart of how people get stuck. Group leaders introduce metaphors and experiential exercises aimed at helping clients learn to react differently (with more acceptance and compassion) to their aversive, stigmatizing thoughts and

feelings of shame. We will help clients learn, via experiential exercises, how to let go of attachment to the literal content of stigmatizing thoughts and feelings. We will focus on using these skills in order to facilitate movement in the direction of one's most cherished values, while helping to shape a repertoire of acceptance skills such that one's aversive thoughts and feelings no longer function as obstacles.

Specifically, the objectives are as follows:

Primary Objectives:

- ❑ Increase intellectual and experiential awareness of stigma, self-stigma, shame, and their effects.
- ❑ Increase experiential awareness of the paradox of thought suppression.
- ❑ Introduce cognitive defusion, as a strategy designed to help relax the struggle to correct, avoid, or suppress unwanted feelings and thoughts.
- ❑ Introduce the concept that control is the problem, and that to struggle with trying to control and avoid our own aversive feelings and thoughts, is ultimately self-defeating.
- ❑ Create behavioral flexibility, empathy and self-acceptance by introducing the experience of sharing an uncomfortable thought or feelings with the group.
- ❑ Through the use of experiences and metaphor, help participants define their cherished values and goals and commit to workable behavior change.

Recommendations on therapist background and training before using this manual

Before we lay out the treatment protocol, there are some basic therapeutic elements that we wish to discuss. First, to do this work effectively, it is important for the therapists to have their own way of building a bridge between themselves and the suffering of the individuals receiving treatment. While this treatment is only six hours long, the ability of the therapist to resonate with the human struggles that emerge during the treatment is an aspect of care that potentiates all of the techniques and procedures that follow.

We also feel that a requirement for the effective delivery of this treatment, each therapist should have their own unique connection to the kind of work that we ask the clients to do. The kinds of behaviors that we ask our clients to do are quite complex, and in order to be effective shapers of the successive approximations that emerge during the six hour period, the therapist must be well versed in the general targeted classes of responses to be shaped, as well as the very specific instances that are pointed to in the treatment protocol. We feel that these skills are best acquired through experiential as well as intellectual knowledge of ACT.

We also believe that this work is enhanced when therapists have skills in functional analysis, or other contextual variants of psychology. As with all therapies, an awareness of process vs. content can enhance therapist skill. So for example, a client who says "you are not in recovery and so can't help me" could be manifesting a perfect example of stigma related to the principles delineated in this manual. However, they could be also using the recovery issue as a proxy variable and instead are saying "you just ignored my hand being up for the second time and I think you don't like me." Treating such a comment as an example of infective categorization could miss an opportunity for the therapist to explore their own barriers toward behaving in a validating, compassionate way to such an individual, as well as missing an opportunity to help the client state their feelings more directly, which could lead to a more meaningful treatment episode and thus a better chance at doing well in recovery.

We also feel that it is important for therapists to have supervision communities that include training on

specific ACT procedures, as these procedures can run counter to traditional therapeutic sensibilities. Supervision is also an essential place for therapists to develop repertoires of self reflection and self-awareness of their personal emotional and cognitive obstacles which can impede effective delivery of the treatment. This is not only useful in a pragmatic sense, but it is also an essential aspect of team building and intimacy building. The ability to voice one's fears, insecurities, doubts, etc., AND to continue doing the work is exactly what we ask our clients to do.

Finally, it is essential that therapists have the flexibility to not only impart the treatment that is indicated in the following protocol, but also to apply it flexibly, as indicated in the group process.

ACT in-the-moment: General recommendations on group process

Essential to the conduct of this treatment is for the group leaders be vigilant to the moment-by-moment teaching/experiential opportunities that occur naturalistically during the course of treatment. Discriminating instances where stigma, stereotyping, and shame occur during the group process provide opportunities to deepen the principles and effectiveness of the treatment vs. opportunities that derail/collude with avoidance of treatment principles and effectiveness.

There is no such thing as a perfect treatment, we hope that this treatment manual will assist therapists in conducting treatment sessions that head toward valued treatment dimensions, and that ultimately our clients are provided with tools and experiences that will assist them in living a valued, vital life.

We think it is also the case that this treatment needs to remain vital and interesting to the therapists who deliver it. While the bottom line is of course making a difference in the lives of our clients, it is also the case that therapists are more likely to continue to do work that they are interested in and are intrigued with what they are doing. We think that this treatment works best when there is a vital, intense, lively relationship between the treatment providers and the clients. If treatment feels overly flat it may behoove the therapist to consider what obstacles they or their clients are struggling with.

1. Using assumptions and evaluations of the therapists as an opportunity for learning.

- In our experience, clients often make private and sometimes public conclusions about whether the group leaders have a personal history with substance misuse. This can feel like a very important label, which is tied to their evaluation of whether we can understand them and can help them. Therapists should pay careful attention to these sorts of us vs. them frames, reflecting in/out-group effects showing up in session.
- In most cases, given the limited contact opportunities for the therapist to have misunderstood the client, it is likely that these kinds of statements can best be understood as a labeling and judging process that serves to limit opportunities for fullness and growth.
- This issue can be used to therapeutic effect through different routes. This occurrence can provide an opportunity to see the process of labeling and judging action in the group. Through highlighting by the therapist, clients can see how this process might interfere with moving forward in the group, if these thoughts are acted on. Possible questions might be, “can you have that thought, that I am not in recovery and cannot therefore help you, can you have that thought and also be open to the possibility that I might be able to help you? Or,” if you listened to these thoughts, where would that take you...When you have listened to thoughts in the past like this, where has that taken you...what about allowing the thought to happen and also stay in the room and be open to something new happening?”

- Other content areas that have emerged include: are leaders for or against AA, leaders are "too intellectual," "in it for the research," assumptions related to clothing ("one of you is in red, the other in flowers, this means one is in charge and the other is warmer...").

2. Noticing judgment and stereotyping between group members.

- Clients will often label each other, e.g., "...she has a hard time expressing herself, and needs help saying what she needs...he is always in his head...she can't help it, she has ADD...She can't help it, she is a meth addict..., etc."
- Therapists should stay vigilant to this process as it occurs between group members, as unaddressed, it can quickly derail the group process. In addition, these sorts of statements can also provide powerful learning opportunities.
- One possible set of therapist responses includes noting the occurrence, welcoming it ("that you feel that way is great...our minds just go and go, don't they, evaluating, assessing, judging, and here you are brave enough to let us see it right here!) And relate it to the topic of the groups, "we will be exploring this very human process and tendency to label for the rest of the sessions."
- Sometimes these sorts of statements can be directly rolled into various experiential exercises in the groups.

3. Shame and judgment between group leaders.

We have found that the very same stigmatizing private talk can also occur between group leaders, as well as intra-therapist, and can serve to greatly limit therapeutic opportunities that exist for each therapist. Evaluating one's co-therapist as bad or as good can ultimately disrupt the ability to be attentive and involved with the clients in the group and the material to be presented. For example, a therapist might think "she did that metaphor wrong, it was too fast, used too many technical terms...", and communicate displeasure through body language. Or, one member of the therapy pair may feel evaluated whether they are or not being evaluated. In addition, we can also evaluate ourselves, such as "I am good at this part, bad at this other part..." We suggest several approaches when this occurs.

First of all, that these private utterances may occur is not problematic, the problem emerges when these kinds of thoughts and feelings interfere with effectively attending to the group process and to effectively delivering the treatment.

It is also possible that barriers such as these serve to protect the therapist from doing something even more difficult, such as learning the material in the treatment manual or listening closely to the emotions expressed in the group. If emotional discomfort arises related to discomfort with the group process and the co-therapist is blamed, that is a process that should be noted and addressed with the therapist in order to improve his or her psychological flexibility.

There are times when co-therapist discord itself can be the barrier. If this is so, we offer the following thoughts.

1. **Address this outside the treatment group.** The same principles of treatment apply to this relationship. That is, our minds may be full of stigmatizing verbalizations that obstruct our ability to be mindful of the privilege of being a therapist and learning about the values, aspirations, and suffering of the human beings in the group. Know that the groups will never been run perfectly, that important metaphors will be left out, therapeutic opportunities will be missed, errors will be made. Approaching one another with respectful compassion and keeping in mind the value of

making a difference for our clients is certainly something to aspire to.

2. **There are times when addressing co-therapist conflict in the group can also be very helpful.** For example saying something like “The way I am, I am very organized and like things done just so...when x jumps around it gets confusing and irritating to me, and I tend to get judgmental. I have also found that if I stop there, I end up losing the ability to appreciate the possibilities in this group. So if you see me looking irritated, I want to say to you my cotherapist, in front of the group, that my irritation is one of my passengers and we are all going to travel together toward meaning and making a difference.”

Of course, these suggestions suppose that while therapists may have serious conflicts, that they are in general agreement about valuing the work, valuing the opportunity to spend time with these clients, and that they value watching the beauty of the moment unfold, in the service of standing with clients as they move ahead in life.

General Therapist Issues

Not every group run will be a “home run”. That is, there will be groups that feel out of control, groups that rate the therapists poorly, and clients that complain that they have not been helped. There will absolutely be ups and downs in the delivery of this treatment protocol; we feel that therapists must be open to learn from all feedback. If negative feedback begins to accrue, it is essential to seek supervision in order to address the issue of whether the negative feedback reflects natural variability or suggests that treatment must be examined and modified.

Session outlines

Session 1

Supplies needed:

Handouts for writing exercise (see Appendix B), Finger traps, legal pads, Pens/pencils, white board markers, audio equipment

Goals for session 1:

- 1) Orient group to treatment: establish working atmosphere, and raise expectations/set an intention
- 2) Introduce concept of stigma and self-stigma as focus of groups and why it's an important topic
- 3) Teach conditioning model of language and ubiquity of evaluation.
- 4) Teach control as the problem

1. Orientation to Treatment:

General Principles: Promote group cohesion. Very important to get group buy-in, as a whole, to group rules as outlined below. The idea is to try to get people to have some sense of ownership of and investment in the group. This is very important in this group as they are coming to us after hours of paperwork in which they are doing work strictly for US. This is our first chance to find out who they are and to truly invite their participation in what we hope will be an extremely significant six hours.

A. Introduce the group leaders.

Consider including:

- Name/Job/role
- Personal history or value as to why this issue is important. **Describe briefly how this work has been important in your life, and how this fits with your values.**
 - Therapists will vary on how personal they get. What is important is to impart the message that this work has made a difference to you in a deep sense, not just a “work” sense. For example, “...In my own development and struggles with the pain of life, I have found that this work has helped me move ahead in surprising and meaningful ways...I try in my professional life to fill it with work that really matters to me on a personal level, and this is that.”

B. Introduce the nature of the work, our justification, our passion, our boundaries and regulations.

- **Mention that this work has been empirically supported with a variety of addictive disorders** and many other kinds of problems. Describe how we have seen this work be very meaningful and important in recovery with people struggling with addiction, much like each of them.
- State that this is **first and foremost about helping clients make a difference in their own lives**
 - Clients often come into the group thinking that we are here to study them, to see what makes them tick. In contrast, we want to make it clear that this is a therapy group, this is about improving the quality of their lives.
 - Note that the study part is **important and secondary**, just there to try to see if this group is really making a difference. Note that in research, we want to know if things *really* help people, not just whether we *think* it helps. This is why we are trying to measure if we are making a difference or not. Because helping them is that important. We want to be sure, no guess work.
 - It may be useful to note here (or possibly later in tx) that while the six hour therapy limit in our groups may seem unduly restrictive, we like to see this boundary as a beginning, not an ending. Although it may be more comfortable to pretend that we have a lot of time together,

it is apparent that we do not. So given our time limit, we have a lot of work to do and don't have the luxury of pretending we have forever to do it. In some ways this is like life...how do we go about maximizing our limited time here...

- Confidentiality – can weave in ethical/legal confidentiality issues
 - Discuss that just as in their other groups, what goes on in here stays in here, that they can discuss their experience if they want to, but to not bring in other group members. Note that we as therapists are bound by confidentiality as well, except for child abuse/elder abuse/neglect, danger to self/others, subpoena, and that we have an agreement with the treatment staff that we will communicate to them any issues that involve your safety and continued care.

C. Agreement on ground rules (try to limit to 20 minutes)

- The idea here is to get the group to participate and have some input into the group structure. This is a very important segment, as it sets the pattern for *limited yet meaningful disclosure*, therapist attentiveness and acceptance, and therapist skill at moving things along and getting to the heart of the matter.
 - Example Intro: “One of the things that I’ve learned that have been useful in groups is that we set guidelines, so that whatever’s important to you while you are sitting in a group, you get to be heard about what that is. My experience is that people have not had a lot of opportunities to just be listened to. And oftentimes there are things that are important to people so that they can feel safe enough to do whatever work shops up here for us to do.”
 - Suggest that we will go around the room and each person can introduce himself or herself and suggest one guideline for the group, something that would be important for them in this group.
 - Suggest that “Just like the twelve traditions guide the groups recovery and the 12 steps guide the individuals recovery, were going to do our own traditions for this group, our own guidelines. So that when one of us starts to stray we have a plan for how to help them to get back going in a useful direction.” Its like the principles of HOW:
 - At this point, go around and collect the guidelines. - (Be sure to write these down on a piece of paper so that you can refer to them throughout treatment—writing them down also encourages brief statements as well as allowing for opportunities to point out common kinds of responses).
 - Clarify ground rules that are suggested, so that everyone can understand. Repeat what you thought you heard, possibly ask for examples of what they are talking about, times they saw violations of this rule in other groups.
 - Weave in the **HOW of recovery** – this acronym is one that is used in many recovery communities and is often familiar to more experienced clients. However, you may want to put it on the board if group is unfamiliar with the idea.
 - H-the practice of Honesty to the best of one’s ability
 - O-open mindedness to challenge oneself and be open to constructive feedback
 - W-willingness to be flexible and look at things in a different light.
 - Could invite them to be willing to practice being with anything that shows up, even discomfort?
 - Therapists should suggest their own guidelines that might be important that the group didn’t bring up:
 - Leaving the room unexpectedly and how it can be an old self-defeating behavior that sneaks in as a way to care for self but no longer works
 - Can ask if anyone has witnessed this in other groups and ask how it impacted group members when someone left.... Could we all possibly agree to stay....and perhaps honor the need to just be present without being pressed for information but agree we will check back in.
 - That we can give others feedback, but commit to not being harshly critical or judgmental, etc.

Can we agree on that?

- Being heard - these folks have experience with not being heard - could say, simply that this may be one of a few times everyone gets to get listened to. Can we honor that?
- Mention the rules that bind the therapists again, confidentiality.
- Mention that rules can serve as an opening, as a way to create a safe, somewhat predictable place.
- **Weave in how we might address violations of the guidelines:**
People often have old behaviors that may show up in this group. Give examples of how someone might violate one of the guidelines and ask for permission to address the issue. Such as, "What if we agree on not interrupting as a guideline, and, of course, someone will interrupt. We would like permission to remind the person that we are trying to really listen in here, which means working on not interrupting...we are not about making people "obey", but rather all of us working on respecting the guidelines that as a group we have developed."
- Suggest that each person is going to be good at picking up violations of the guidelines that they suggested. We're all in this together and here to help each other.
- (Optional) Recovery is like building a muscle - You have lots of practice in working this one muscle. What we are doing here is working on this other muscle. My guess is that some of these things (the violations) are working that old muscle and you are working on in other groups. So is it OK if when we see this old muscle working, that we point it out? We will be helping you see these old patterns, and will be offering ideas and experiences about how to develop new patterns.

2. Define Enacted and Self-Stigma

General Principle: This section is about getting a common definition of what stigma is and clarifying what the group is focused on. This section also begins to highlight the ubiquity of the process of stereotyping, classification, and judgment. Another focus is trying to universalize the dilemma of stigma by pointing out its appearance for everyone, including the therapists. In this section, one should be especially alert for signs of stigma directed at the therapists, which can be used to therapeutic effect. Examples of these signs may be whether therapists are in recovery, wondering whether they can really understand, etc.

A: Define Enacted Stigma

One of the therapists should go up to the board and ask the participants, "What comes to mind when you think of the word stigma? What do you think it means?"

- Make a list of words that the participants provide and highlight common themes. Often the following ideas come up: Labeling, discriminating against, stigmata, astigmatism, being afraid of, judging, and criticizing. For example, one might say, "all of these things can be understood as a way of seeing, being marked, being judged..." To cue discussion you could also ask, "What are common stereotypes that people believe about addicts or alcoholics?"
- Attempt to shape the discussion to highlight "enacted stigma." Develop a consensus that enacted stigma refers to something like "*Any way, throughout your life, that you have been judged, condemned, oppressed, devalued, shoved aside, not considered, because of your substance use or even maybe not because of your substance use, can be thought of as you having been stigmatized. Stigma involves dehumanizing a person because they have been placed into a certain group.*" Could mention that in ancient times, slaves were stigmatized with an actual mark on them. Today, we stigmatize people by what we think and say about them.
- *Possible pitfall: Blaming stories.* Sometimes clients will begin to relate stories of times that they were discriminated against or stigmatized. When clients begin to tell stories about their experiences of stigma (this seems to occur less frequently if the therapist is standing up writing on a board), they commonly begin to focus on the wrongness of the situation and how unfair it is that they have been

stigmatized. The danger in these stories is that the group could get hooked into talking about how others are to blame, which is likely to pull them away from the personal responsibility that we are working on developing in the group. Rather, the leader would ideally guide clients to focus on their own experience of being stigmatized or stigmatizing themselves. Often there is either a value or vulnerability that lies behind the story the person is telling. What we would recommend is that before the story gets to much momentum, the therapist could highlight the hurt, anger, frustration, or feelings of defeat that are connected to such stories. Alternatively, the therapist could highlight the value that the person is implicitly expressing in their story, and how this experience makes it feel more difficult to achieve this value.

- For example, a client might say, “I remember this one place I worked where they didn’t pay me as much because they knew I was an addict. It just wasn’t fair because I worked harder than any of the other people there.” Therapist, “I can see you want so badly to do something more with your life and you just feel that people won’t let you get ahead because of your substance abuse history.”

B. Move from talking about enacted stigma to outlining forms of self-stigma.

- Suggest that often people begin to internalize some of these thoughts and might start to believe them about themselves. “Have you ever thought any of these things about yourself? How do you judge yourself? Which ones?” Start a new list consisting of self-stigma statements and/or begin to circle the statements that clients say they have thought about themselves in the past.
- Focus on weaving from stigma or being “judged”, which serves as a barrier in life, to self-stigma, or “self-judgment”, which serves as a barrier as well. Add how each source of stigma can feel so real, so firm, so hard to ignore. Use examples generated by the clients here. For example, being stigmatized as being stupid can certainly give you feelings of sadness and pain. It can also limit what you reach for in life. Saying “I’m stupid” can also be incredibly painful and limiting, and can result in avoiding experiences where “I’m stupid” might emerge. Other examples include, “I’m a loser...I can’t have relationships because of the shit that has happened to me...I am not reliable, I am an addict and can’t be trusted....”

C. Note the ubiquity of this judgment process

- **If examples of stereotyping have already emerged, such as judgments about each other or about the therapists, raise them as examples of the tendency to stigmatize.**
- This therapy is about how stigma can be so sticky that not only do you receive it and dispense it (more on that later), you also apply it to yourself. We take this process of labeling and judging that our minds do all the time, and we turn it back on ourselves, labeling and judging ourselves. This is what we mean by self-stigma and that this can get in the way of moving forward in life. That is, any time you say to yourself “I can’t do it”, “I am a loser”, “I am a junkie”, “no one with my past can have a good life”, “I deserve nothing because of what has been done to me...”, “I deserve nothing because of what I have done...” “I have had enough chances”, “I have hurt too many people that I love” “my abuse hurt me too deeply for me to not use...”, you are self-stigmatizing. We want to work with you on that.

D. Discuss Serenity Prayer: “Grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.” We want to help you change the things you can and accept the things you can’t change, such as outside stigma. This outside stigma is going to go on, no matter what we do about it. We may be able to work against it at some level, but the thing you really can be able to respond to is yourself, to your own self-stigma that you have internalized. We want to work with you to stand beside yourself, just as so many of you know how to stand behind others and protect/support them. This is about being your own source of support and compassion.

3. The Role of Values

General Principles: Introduce the concept of values as something important. Introduce how self-stigma and self-limiting beliefs can stand in the way of moving forward in one's life. Use bus metaphor to show how these difficult thoughts and feelings can pull someone off of the direction they would choose for themselves in life.

- **Why work on self-stigma?**
 - We want to help you ask the question “what matters to you in your life...what do you value and cherish above all else? And what gets in the way of you heading in that direction?”
 - “You might ask, why look at or work on my self-stigma at all? Well, that's one question that we will spend considerable time focusing on. We will ask you to look deeply into your life and get clarity on what you value and cherish the most. We will also ask you to take a look at some painful thoughts, feelings, or memories that might get in the way of living the kind of life that you would most hope to live.”

4. The Bus Metaphor

General Principles: *This metaphor is the core metaphor in this protocol and is ideally referenced repeatedly throughout the therapy. We recommend casting difficult thoughts, feelings, and memories that show up throughout the group as “passengers” on that person's bus.*

- State the metaphor to the group (see appendix). Add a part about how this metaphor fits with this treatment. “In this treatment, we will give you time to really focus on your values, what is on the front of your bus. We will also focus on the passengers...your whole history, everything that you have ever done/thought/heard/experienced.”
- After the metaphor, try to get them to identify some of their passengers (e.g., loser, you will always fail, you will never be loved, you are a commodity, your own parents sold you to strangers...). Ask them to identify the passenger that is “so far back, in the bathroom, or behind a curtain, a passenger that has so much control that if you only get the feeling they may show up you turn in another direction. What is that thought?” Let them know that we are about helping you experience a different relationship between you and your passengers, so that your bus, with all of you coming along, can go where you value going in life.

5. Clarify therapists' commitment to the group

General Principles: The function of this part is to model for clients making values/commitments explicit and public.

- Therapists at this stage are asked to make a personal commitment to the group. For example “My commitment is to stand with you, to help you make a difference in your own life. I want to help make possible something new in your life. I wonder you move in the direction of what hold very dear, possible.” Or “My commitment is to be fully present in this group for the full time that I am here, so that I can make a difference in the lives of these human beings in this room.” Or “My commitment to you is to do whatever it takes during these six hours to make a difference in your lives.”
- *Optional:* Ask them to consider the *possibility* that this could make a difference in their lives. “While there may be a number of reasons to believe that six hours is not enough time to make a difference, sometimes things can change in a short period of time. What if it were actually possible, that even though it may not seem very likely, that we could actually do something in six hours that would make a permanent difference in your life? Might it not be worth it to risk something here, if this could make a big difference in your life? Just hold that as a question, you don't have to answer it, but just hold that as a question and see...and if the answer is yes, I encourage you to just sort of stay open to that.”

6. Teach conditioning model of language and ubiquity of evaluation

General Principles: This section highlights the ubiquity of the mind and its constant judgment, prediction, and evaluation.

- Note to therapist: this can be an abrupt transition. Just say something like..."o.k., now I am going to turn to some other interesting parts of this treatment..."
- A. Minds are danger detectors**, designed to predict and evaluate. Go into the story here of the early proto-human on the savannah (see *Mindfulness for Two*)
- B. We cannot safely shut them up and they are constantly going.**
 - Look around the room and find something you cannot evaluate.
 - Mary had a little..., Blondes have more..., The biggest little city in the ...
 - Do eyes closed "I am whole; complete; perfect" – watch what your mind does
 - Do saliva in the glass, minds are not your friends, yet you cannot do without them
- C. (Optional) Cross cutting categories: (an alternate version is in the appendix)**
 - This is used as an example of fusion right here in the room and presence of verbal evaluative categories and how they are functioning
 - Can be done using the therapists if the clients are already too familiar with each other. If clients are less familiar with each other, the version using the clients is recommended and included in the appendix.
 - Try to do this organically, by disclosing some passengers that the therapist has or fears that the therapist has, in order to increasingly humanize the therapist, hopefully allowing them to begin to emerge as a human from behind the verbal box that clients have placed them in.
 - For example, a therapist might share the "passengers on the bus" that came up as he/she dove to the group today.
 - E.G., "fear, excitement, I'm boring, they will hate me, I should go home, let someone else do this...."
 - ...and the sign on the front of my bus, which is the importance to me of having this treatment matter for them, and to be useful and meaningful for them....
 - Check with the clients on how the therapist became more human, how their judgments of the therapist didn't leave and that new understandings came through.
 - Where there was a cartoon full of evaluations, now there is a human being showing up. Discuss.
- D. Introduce how easy it is to be programmed and how we don't know where our programming came from:**
 - Tie to cross cutting categories, and to judgments/stigma having already occurred in the session.
 - What are the numbers?
 - We work by addition, not subtraction, fly paper, May had a little...

7. Introduce Control as the problem

- Dirt on the floor can be swept up
- The Polygraph Metaphor – use the passenger in the bathroom to make this point
- Falling in love metaphor
- Chocolate cake metaphor:
- (Optional) Person in the hole, quicksand, feedback screech, feed the tiger metaphor
- **(Optional) Writing disclosure exercise**
 - Debrief without revealing content of the writings.
 - Do something new, something you haven't discussed at length before, something like a past experience that you have not been able to forgive yourself for...a passenger perhaps in the bathroom??

- Something they have not spent a lot of time on before
- Why do this? It is about increasing the presence of your passengers, which we will not ask you to come forth with, yet we want them present for you so that this treatment can matter to you in a real, complete way. We know that unlike therapies where there is more time, you get to say these things to your therapist. Here, we will be offering you insights and experiences, and we want it to matter to you in a big, real way. So we are asking that those things most difficult for you be a bit closer than usual.

8. Homework

- "We identified the problem today, tomorrow we will begin to look at what to do with the mind. Over this first night, your task is to watch how your mind works, to see what you do when your own difficult thoughts and feelings show up. Just try to pay attention to what you naturally do with difficult things that show up. What is your relationship to them? I don't want you to do anything different with it, just to watch it and note what happens. "

Session 2

Supplies needed:

Chinese finger traps, Name tags, Pens/pencils, white board markers, audio equipment

Goals for session 2:

- 1) Check in with reactions and prepare for work in this group
- 2) Undermine fusion of self and language
- 3) Teach healthy distance and nonjudgmental awareness

Preparation for group

Try to keep linking back these exercises to stigma and bus passengers.

Put the following quote on the white board: “There is a field beyond right thinking and wrong thinking. I’ll meet you there.” –Jallaludin Rumi

1. Reorientation to group

General Principles: Reorient participants to what we are doing in this group and reconnect with the group and what we are doing in these sessions. Help them to get present and ready to work.

- A. Welcome participants back. Thank them for their hard work,** their willingness to get in touch with painful stuff in the previous group. Be specific, when possible. Note, for example, how important it felt when so and so discussed their feelings that they had no worth, and how that made a difference in their parenting....how someone else felt that they were worthless, and how that impacted them, etc....
- Review the group **guidelines** (read them out loud) and get the groups buy in again.
 - Tell them that our interest in having them contact painful material is about stigma and our “danger detecting minds”, and our tendency to note our own painful material, identify it as dangerous, and then pull away/avoid it. We spend a lot of time in life trying to engage in efforts to make sure that these things keep hidden or quiet.
 - Use examples from your group here. For example, if humor was noticed as an avoidance move in the previous group, note this. Or notice how uncomfortable it is to not fully understand what is happening.
 - **Invite participants to share some reactions from last group and this exercise** (try to keep to 15 min.)
 - Try to bring out that the group is strengthened by awareness of one another’s pain, that we would not be “stronger” if these things were not here. So true with ourselves. Having our own difficulties be next to us rather than suppressed may be powerful in surprising ways...

B. Meditative exercise,

- Start off by putting both your feet on the floor and getting in a comfortable position. (pause) Now you can close your eyes if you feel comfortable doing that or put your hand over your eyes if you don’t.
- Become aware of how it actually feels to be sitting in this chair. Feel exactly where the chair touches you and you touch it. See if you can sort of color in the shape of where your body contacts the chair, as you might with a crayon. Mentally review how your body feels, your ankles, (pause) legs, (pause) shoulders, (pause) arms, (pause) hands, (pause) neck (pause).
- Imagine that there is a bubble around your body. Inside that in that bubble are all your thoughts, sensations, feelings, and memories. Take a moment to be aware of everything going on inside that bubble. Recall the bus metaphor we talked about last time. Notice that you have many passengers on your bus, you have many thoughts and feelings. Even right now you are having thoughts and feelings.
- See if you can take a second to see what passengers are there. What feelings are you having right

now? (pause) See if you can acknowledge whatever feelings are there right now. What thoughts are you having? Just notice each one, and move on to the next one. (pause)

- Now expand this bubble like a balloon till it covers entire room. Notice that in addition to your all your thoughts and feelings, your passengers, we have XX people with all their stuff as well. See if it might be OK to spend the rest of this treatment with everyone and their passengers, and the fact that you don't even know what they all are. They are just like you, they have private passengers, and vice versa.
- Now, notice that all of us have our feet in same floor. There are XX people sharing the same space. As a metaphor, let the floor be a symbol of what we share, of how hard it is to be in this human situation. We are sharing this space and we are connected.
- OK, so when we come back, notice the tendency to assume a mask and pretend, as we often do. But also remember that each is also a human with deeply cherished values and wanted and unwanted passengers.
- And with that image of what it will be like to share a common space, let us move with a sense of connection and the common intention to make it something new possible here.

(Optional) This is a possible place to do the writing exercise, if not completed in first group

2. Introduction to defusion

General Principles: Use common sense language and metaphor to introduce the concept of defusion and provide initial experiences with letting go of attachment to literal language.

A) Remind participants of the bus metaphor.

- We want to look at your relationship with these passengers on the bus and see if there isn't some other way to be with them.
- Tell members that the rest of the group is going to be about identifying what is on the front of your life bus and what gets in the way of you heading in that direction.
- Bring in various examples of self-stigma and shame from the stigma listing exercises from the first group. Identify these as passengers on the life bus.

B. Introduce bubble over the head metaphor - when you see the world through these thoughts, the world is defined by them.

C. Milk, Milk, Milk exercise

- Say "Milk." Ask participants what came to mind when you said that? (explore various functions)
- "OK, so let's see if this fits. What shot through your mind was things about actual milk and your experience with it. All that happened is that we made a strange sound --milk-- and lots of these things showed up. Notice that there isn't any milk in this room. None at all. But milk was in the room psychologically. You and I were seeing it, tasting it, feeling it--yet only the word was actually here. Now, here is the little exercise, if you're willing to try it. The exercise is a little silly, and so you might feel a little embarrassed doing it, but I am going to do the exercise with you so we can be silly together. What I am going to ask you to do is to say the word "milk", out loud, rapidly, over-and-over again and then notice what happens. Are you willing to try it?"
- [Say "milk" over and over again for one-two minutes, with the therapist periodically encouraging the client to keep it going, keep saying it out loud or to go faster]
- Debrief what happened as the functions disappeared and only a sound remained
- "So words are also just sounds"
- **Repeat exercise with a stigmatizing thought**
 - Ask a client who is willing to express a self-stigmatizing thought – Reduce it to a word. - say out

loud all at once for 3 minutes.

- Debrief what happened as the functions disappeared and only a sound remained
- "Are you going to let your life be pushed down because of THIS?"

Optional exercises to foster additional defusion

- Chessboard
- Computer metaphor

3. The cultural assumption of control versus the alternative of acceptance

General Principles: *Help participants differentiate between the use of control outside the skin (the world) vs inside the skin (thoughts, feelings, sensations, etc).*

- Discuss the difference between controlling our insides versus controlling what goes on outside. Focusing on cleaning up spilled work really works, increases the chance you will do it. Focusing on controlling your fear/sadness, etc...anything inside of your skin, is problematic.\
- We are presenting an alternative to suppressing your thoughts, feelings, and emotions: develop awareness of own unpleasant reactions and learn to make room for them. What about being more willing to feel your feelings about your situation and making choices in your life based on what works, not just what your head tells you. I wonder if rather than pushing down by sheer will power and determination the very most painful parts of your life, it might not work better to hold those parts of your life in the daylight, so that they are familiar, and will have a different kind of power than in the past.
- (optional): Mountain Climber metaphor:
- Refer back to first session when it was demonstrated how easy it is to add new mental content and how difficult to remove it once its added.
 - What are the numbers exercise.
 - Mary had a little...
- **Tug of war with a monster metaphor**
 - ACT this metaphor out with one of the participants in relation to a shame-inducing or self-stigmatizing thought or emotion. The purpose of this metaphor is to present another way to interact with private experiences/passengers. This is used as the set up to the next role play to give the bus driver and passengers an idea of what to do in the third step in the role play where they let go of struggling with the passengers.

4. Experiential Practice with Defusion and Acceptance

General principles: Use active and experiential learning methods to give participants an opportunity to practice acceptance and defusion in-the-moment. Therapists can choose among several different potential exercises outlined below. Try to utilize content relating to self-stigma and shame when conducting the exercises.

A) Bus Metaphor Roleplay

- This metaphor is acted out using one group member as the driver and the others as that person's passengers. The therapists are there to facilitate the role play.
- 1) **Get a volunteer** and have them stand up in the group. Have on therapist stand with them. The co-therapist facilitates the passengers. Get the volunteer to say where they are going (what is on the front of their bus). Suggestion: "what is it that you want to do in your life that you haven't been doing?" Ask them why this is

important, "Why do that?" Repeat the value and write this down on the whiteboard or on a piece of paper that is attached to the wall. Face the driver towards it.

2) **Identify the passengers:** Ask the person "So what is it that comes up that tries to stop you?" (Help the person to clarify the barrier, reiterate what passengers are already there if they get stuck). Select a group member to play each passenger that the driver identifies.

3) **Ask for permission to make the role play "real."** Ask the driver whether it is okay for the other participants to really play the passengers and not "take it easy" on the driver. Tell the participants that we don't want to "sell the driver short." Remind them that none of these passengers are new to the driver and that he/she has dealt with these passengers many times in the past. This is just one of many times.

4) **Conduct the role play in four rounds.** One therapist coaches the passengers and the other coaches the driver throughout the role play. The therapist near the driver should stand close to the driver and help the driver through the role play.

a) Round One – role play of fighting the passengers

- Passengers get the general instruction that they are to play the particular passenger they have been assigned and try to draw the driver off course and to keep arguing with the driver until the therapist tells them to sit down.
- The therapist talks to the driver: "This time each one of the passengers is going to come up you. Let them say what they want to say and acknowledge them. Who are these people on the bus? They are your thought and feelings? They are your history? What do you want to say to them? Have a look at them, they are not very beautiful. They are pretty ridiculing and mean. What do you want to do with them?" Usually the client says something like I want them off the bus.
- Therapist: "Have you ever tried to throw them off the bus? Why don't you try."
- The passengers then are directed to take turns standing in front of the driver. Each passenger asks "where are you going?" The driver is coached to state their value, for example, "to be a father for my children." The passenger says, for example, "you can't, you are an addict..." The therapist allows them to argue for a bit and then brings up the next passenger until the driver has argued with all the passengers. After all the passengers have been argued with, ask the driver, "How did that work? How is that for you." Move on quickly to next round.

b) Round Two – driver compromises with the passengers

- Passengers are told to continue to try to draw the driver off course.
- Each passengers in turn presents their arguments. The driver is told that the passenger won't sit down until they compromise with the passenger. "They won't sit down is if you compromise with them. If you compromise, I'm going to turn you off your course." The therapist coaches the driver in making compromises if the driver is taking too long. Each time the driver compromises the therapist turns them slightly, until they are facing the opposite direction from their value. Each time the therapist compromises, the passenger sits down. Ask the driver, "what happened." Move quickly on to next round.

c) Round Three – Letting go of the struggle

- Passengers are given the same instructions.
- The driver is coached to answer the question about where they are going, but not to engage in the argument. Instead the driver is coached to just gently look each passenger in the eye and touch each passenger on the shoulder. The passenger then sits down.

d) Round Four – driving the bus

- The passengers are assembled behind the driver and coached that they will put their hands on the drivers back and yell their arguments at him/her.
- Therapist asks the driver "Are you still interested in taking this step forward? Would you be willing to do this with all the passengers with you?" The driver is coached to slowly walk toward their value with all the hands on their back.

5) Debrief with the bus driver - "what was that like?" "What was the difference between the fighting and accepting part?" " It's hard to hear these thought ridiculing you. But in many ways, its just the same as what is already there."

6) Debrief the bus passengers - while doing this, see if you can draw out themes of commonality. For example, through asking, why is that you knew what to say?" How was is to be the bus passengers?

(Optional) Joe the Bum, Ring of Keys

B) Negative self evaluated domain Name Tags

- o Pass out blank name tags and writing implements
- Say: "This exercise is letting go of the attachment at least a little bit to the power of our thoughts. It's about getting familiar with, making room for the discomfort that is part of having judgments and evaluations, letting go a little bit of our attachment to our ideas about ourselves."
- Now we would like you to put something that you don't typically say to people about yourself on a card. *Something that if you could change, you would.* But you have been unable to and it is a difficult, rarely spoken of, part of you.
- Don't put anything you have said here already. Something you have rarely disclosed, something others don't know about you. Use something that you think you might be willing to let go of some attachment to, something that you might be willing to put out there, that you have been struggling with at some level.
- Ask them to affix the name badge to their chest
- Don't talk about it for 20-30 minutes
- "Let go of being right" "Just sit there and notice how it feels to be wearing that badge"
- Acknowledge that this is a risky exercise in a group and allow them to relate any reaction to the exercise, not talk about the content of what's on their name tag.
- Read others tags, but don't talk about them.
- Encourage them to not explain what's on their name tag, to not justify it, not tell any stories about it.

(Optional) Pavarotti story.

C) Chinese handcuffs - have participants give examples of times that "pulling out" has not worked in their own lives

D) Eyes On.

a) **Step 1** - Tell them you are going to ask them to break up into pairs, but not to do this until you tell them to. Then explain what you are going to do what we are going to do, but ask them not to get in pairs yet. Show them what they are going to do without having them break up yet. Show them how close you will be. What we are breaking a rule that will make you intentionally uncomfortable. It will be more of a challenge for some than others. What we are trying to do is not about being comfortable, but its about being comfortable with our discomfort. Superficially the purpose of this exercise is to look at another person. At a deeper level, this is about noticing noticing the things that come up that stand between you and another person. You're gonna have thoughts, feelings, bodily sensations, and its your job to let em come up and let em go, like the leaves onteh stream exercise. And simply look at the person in front of you, without communication, without talk. This si one where the no rescuring rule applies. If you think the other person isn't doing it right and you are. Just do your work, and they willdo theirs. And I'll be talking during it and we'll just go in silence through this process for about five minutes. As much as is possible without adding or subtracting to a very simple action, which is to look another person in the eye. But really the deeper meaning is to watch all the things that you put in between and see if you can let go and it sort of comes and goes.

- b) **Step 2** - Ask them not to start until everyone is organized. Put them in pairs, facing each other, with one person's knees between the others, touching their chair. Mention that it is likely to make some participants uncomfortable as it is closer than our usual social distance.
- c) **Step 3** -When everyone is seated and quiet, ask them to just look into the other person's eyes. Say: "When you look at each other's eyes, just notice your own mind and what it is doing. Let go of what your mind is doing, and see if you can just be present with this other human being across from you for a few minutes."
- d) Step 4 - After about a minute has gone by, say:
- o "Also, at some point in the next minute or so, take a look at the nametag that the person sitting across from you has on their chest. Watch what comes up for you as you notice what they wrote. Also notice that they are also reading your nametag. Notice what mind chatter comes up for you around that."
 - o "As you look at this person, also notice that there is a person who is looking at you."
 - o This person has struggles, ways in which they judge themselves and find themselves lacking. See if you can let yourself be with this fact. Is there anything this person needs to do to be a whole, valid human being in your eyes?
 - o See if you can take this as an opportunity to let go, even if its for just a second, the barriers that stand between you and other people. See if this isn't a safe place where you can experience that. Can you let this person see you, simply, witness you.
- e) Step 5 - After about another two or so minutes, ask the participants to stop the exercise, and come back to the circle.
- f) Step 6 - Debrief - Possible questions include:
- How many people had an urge to talk, or reassure?
 - If something came up that you started struggling with? What did you do? What happened? Did the person disappear?
 - This only makes sense in the context of values, of caring about connecting with people. The thing that dignified this exercise is that it is beyond something more than a simple exercise. It was about human connection.
 - *Note:* Usually some participants will notice that the label didn't seem very important to them, particularly when they were more in contact with the person as person. Ask whether this couldn't also be the case with our clients. Say something like: "Notice that we are evaluating them, metaphorically putting nametags on them, and missing their humanity."

5. Closing instructions

- 1 You may feel somewhat off-kilter after this group, somewhat confused or dazed, this is normal, just notice it and be with it.
- 2 Homework is to watch for places you turn the driving over to your thoughts or thoughts that typically hook you.

Group 3

General Principles: Try to weave in some content about treatment engagement and what could interfere with their using treatment to maximally help them to achieve their goals. Do they want to protect themselves from the therapists? Do they let other group members who are not as invested stand between them and full participation? Do they get caught up in comparing themselves to the other members, and hold back because they are “farther along in recovery” or not as far along? A main theme could be what would stand between you and getting the most out of your time here, in the service of your values.

Supplies needed:

Name tags, Pens/pencils, white board markers, life question sheets (see Appendix C), audio equipment

Goals of Group 3:

- 1) Check in with reactions from previous group and prepare for work in this group
- 2) Discuss what values are
- 3) Help participants clarify values, specifically in relation to treatment
- 4) Give participants an opportunity to acknowledge their past avoidance, identify goals and intentions, and make a public commitment to a new direction

Preparation for group

Put the following quote on the white board: “Courage is only the accumulation of many small steps.” George Konrad

1. Reorientation to group

A) Meditation exercise

Do some sort of centering exercise including the following elements:

- Tie to passengers on the bus metaphor. Try to include pieces of what some of them might have felt from last group, we’re going look at what’s on the front of the bus today
- Ask participants to intend for this last group to make a real difference
- At end, include the line “Today is another chance for a new beginning, a fresh start, a great awakening. Today is another time to become more entrenched, trapped by hopelessness, to be angry or afraid. In this group, we recognize that both progress and regress are part of the human condition. In either state of being, it is often better to be together than alone.”

B) Review what came up since last group, anything hooked them. Try to roll this into a discussion of how when this hooks them, it pulls them away from doing what is most important to them.

- Have they noticed things their mind says that hooks them and pulls them out of getting the most from their treatment?
- (optional) **Pascal’s wager.** Would you want to bet that something extraordinary is possible here in treatment? Or would you want to bet the other way?

(optional) (Optional) This is a possible place to do name tags, or eyes on, if skipped before.

2. Introduce values and help participants contact core values

General Principles: The focus of this section is to further specify what values are and then help participants identify and connect with their most central values. Therapists should also try to include a focus on treatment

and recovery related values.

A) Orient participants to topic of values "We want to spend time today helping you to think about what really matters to you. What you really care about." Remind them that values make sense of why we might be willing to be in contact with feelings, thoughts, sensations that are difficult.

B) Distinguish values as a direction vs. a goal

- define direction versus goals. Values you cannot own as an object, values are a quality of an unfolding action.
- In this two hours we want to **find out what "west"** is for us. So that we can go out of the room a little bit different than how we came into it
- "Have you ever wondered what your life would be like if your addiction and fears did not rule you? What would life be like? What would you be doing? That's what we want to focus on today."

C) (optional - choose either C or D) Tombstone metaphor

- Draw a large tombstone on the board.
- Ask people to think about what they would want on their tombstone. Adapted from Eifert and Forsyth (2005): Notice your epitaph has not been written yet. What inscription would you like to see written on it that captures the essence of your life. This is not really a hypothetical exercise. What you will be remembered for, what defines your life is up to what you do now, from this day forward. You may never get a monument built in your name, but chances are if you consistently move forward in your valued direction, you'll probably have more than you are remembered for than, xxx finally stopped using drugs. Or Here lies xxx, he conquered alcohol."
- What does it mean that people don't mention these types of things on their tombstones? You also don't see things like "xx had a really fast car" or "xx died worth over a million dollars." Could it be that there is something larger than these goals that is more important. Perhaps we need to look at what your sobriety is for, what would you do with it, if you could maintain it?
- Each day is a day to move in your valued direction and take your painful thoughts and feelings with you. In a way, we write our own epitaph by the choices we make every day and the actions we take. So, what do you want on your epitaph?
- Prompt them if needed: on a daily basis you might want to achieve being pain free, or stress free, or to get a job, get promoted, buy something...but on your stone would you want "he lived stress free?" "She got her boyfriend not to leave her?" Or would you want... "loved life", "loved her family", "helped others", etc.

D (optional - choose either C, D) You Are at Your Own Funeral Role Play (Adapted from work by Joanne Dahl). General overview. - This metaphor is acted out using one group member as the deceased and the others as that person's relatives and love ones. The therapists are there to facilitate the role play.

a) **Introduce it the exercise** - This is an exercise intended to make you more aware of your values. It may sound strange but can really help you get in touch with what matters tremendously to you in your life.

b) **Lead them in an imaginal exercise** where they image they are present at their own funeral. At your funeral you are invisible, just floating around observing everything that happens. I want you to invite the most important people in your life to come forward. Pick a few loved one's (3-4) who are most important to you and place them around your casket. You have probably experienced how people behave at funerals. They usually say nice things about the deceased even though they also may have some pretty negative, upsetting thoughts.

c) **Ask them to imagine what they are most afraid their loved ones might say about them.** "Get in touch with how your addiction and your life-style has resulted in pain for you over your lifetime. Think about the shame and self-stigma that we have gone over. What are you most afraid they would say or think? How have you disappointed them?"

D) Act out the funeral.

Step 1: Get a volunteer who will play the deceased person. Put two chairs together and have everyone gather around, imagining that the two chairs hold the body of the "deceased." While standing next to the "deceased" have the volunteer name each of the people important to them that would be at the funeral. Have the volunteer describe how they have disappointed each person, how they have let each person down. They can also describe what they fear the person would be thinking were they to die now.

Step 2: Have the volunteer how they would want their relationship to be with each person and what they are willing to do in the present to work on creating that relationship. Help them to commit to doing whatever needs to be done to be the kind of person you want to be in that relationship. Use the bus metaphor, in the sense of the values being in the front of the bus along with specific action. Have them discuss their passengers, how they will respond differently to them as they head in their valued direction.

Step 3: Ask for volunteers to play the "attendees" at the funeral. Have the "attendees" come up to the side of the "deceased" and give a eulogy. The eulogies include the hurt that has occurred, but also the repair that the person hopes will occur in their life. For example: "You, my son, hurt me a lot as you were growing up. I pretty much gave up on you. Now my heart is so peaceful and proud because of your efforts over the last few years. The weekly calls, coming to see me for the holidays even though I know how difficult that was for you, all reinforce for me how proud of you I am and how much I love you..."

Step 4: Debrief the exercise: Consider discussing the following topics

- "It is common that people experience that they get a second chance after an accident or a threatening illness. After a life event that is life threatening they go back to what they think is really important in life. Painful experiences in life could be our best teachers. Suffering from losses teaches us humility, compassion and helps us clearly see what is important in life. Surprisingly, despite the culture, or condition people live in, most describe values in very similar ways. In this exercise most people have been afraid that loved ones have felt deserted because pain has taken up so much time and energy. By doing this exercise most people realize that relationships with their loved ones and making meaningful contributions in life is far more important than being pain free."
- **Discrepancy Between Life As I Want It And Life As It Is** - "One important step you have taken by doing this exercise is to explore the discrepancy between the life you want to live and life as it is today. The gap between these two conditions creates a space and room for changes to occur. It creates a space where both pain and values can be a part of your life. In that space, where you are big enough to have pain and your struggle with pain you give yourself a chance to be the driver and your pain can be the passenger in your life. YOU can have all the feelings, pain and thoughts in your life and do the things that give you energy and take you in the direction of what you value. You might feel confused right now and wonder what this mean. Some have thoughts and feelings like that and some don't. The space we are talking about were you can grow and heal is nothing you can read and then understand, it is something you have to experience in the present moment. YOU have to get out there and experience what that space is."
- Tie this back to engagement with treatment. Ask questions like, "What does this mean for how you will engage with treatment during your time here? "

IV. Help participants identify actions that align with their values, set intentions for future actions, and make commitments

General Principles: The focus of this section is twofold: 1) help participants translate their more general valued directions into concrete goals and actions. 2) make a commitment to action that aligns with their most central values. Therapists should also try to include a focus on treatment and recovery related values.

A) Complete the Values sheets (see Appendix)

- Review the questions and work thru them a with one volunteer

- Then ask other volunteers to work through the sheets on their own, using pen and paper.
- Coach them not to use drinking or using as their sole thing they have been doing that gets in their own way
- If there is not enough time for the Stand up and declare exercise, you can have them more informally state the values and actions that they are intending to act on.

B) Stand up and declare exercise

General principles in exercise: Our experience has suggested that this exercise works well when one leader goes first as a model and one goes last to close out the exercise. The exercise can be done in subgroups if there is not enough time to complete it with the whole group.

a) Step 1 - While the participants are filling out the value sheets, write the following stems for what they are to say on the board.

- What I have been doing is...(that has not been working in terms of my values, don't say drinking or using)
- What that's cost me is...
- What I will do from here is...

b) Step 2 - Tell them that in this last exercise, we will be asking them to stand up in front of the group and stating their responses to each of these three stems on the board, based on what they wrote on their value sheets. Tell them they can use a different value if they wish. "Don't pick an area where you are not willing to do something different."

c) Step 3 - arrange the chairs so that they all face away from the whiteboard where the stems are written. Have one of the group leaders go first and stand facing the other participants.

d) Step 4 - The other group leader describes what to do as the speaker. "Do not provide explanations, rationalizations, justifications, or explain why you are saying what you are saying." "This is not a performance."

e) Step 5 - explain the role of the listeners - "Those of you who are listening, there will be a powerful pull to reassure, to comfort, to give attaboys, hugs, etc. While we are doing the exercise, your job is to be like a cup with water being poured into it. Your job is to be conscious and here and a witness. This is something only a human being can do."

f) Step 6 - have each person go in turn, coaching them to pause before speaking and make eye contact with the rest of the participants. Each person is coached to start their statements using the three stems on the board.

V. Group Wrap up

Provide a few minutes to share closing reactions to the whole treatment. Usually the debrief will not include people giving their reactions to the last exercise, but rather saying any closing comments they have. Consider as the group leaders thanking the participants for showing up in the group and doing some great work.

APPENDIX A: ACT METAPHORS/EXERCISES USED IN MANUAL

Cross Cutting Categories Exercise

- Used as an example of this fusion right here in the room and presence of verbal evaluative categories and how they are functioning

1) Can be done with either therapist or a client:

2) If therapist:

Focus on therapeutically related issues

- What are your worries about how this group could go?
- What are your hopes about how this group could go?
- Can you tell us a little about what concerns you have about how this group might perceive you?

If a Client:

1) Get a volunteer who revealed very little about themselves in the initial go around. Alternately, get someone who's outside don't necessarily line up with their insides.

2) Remind group of what they said in their first couple sentences

"Reconnect with what your mind gave u when xx gave u his introduction." Some of u might have thought things that U might not be happy to say to the group. Your mind will give you something. Any hesitation, emotion, content. It is not just what is about us but what we do about and with others.

3) Who did not have any evaluative thoughts at all?

4) Now watch what happens

5) Ask volunteer to share with the group:

a) When was the last time you cried? Can you tell us about that?

Notice what happened

b) Would u be willing to share something you are concerned about that has to do with a member of your extended family?

Notice what happened.

c) Would you be willing to tell us about a time when you let somebody down? Even trivial would be fine.

Notice what is happening.

d) Would you share what is difficult fearful for you in relationships

6) Notice: What is happening, where there was a cartoon full of evaluations, now there is a human being showing up.

7) What an illusion the earlier introduction was? Is that not what we are doing most of the day?

8) The word machine is doing this to us. Very hard to find a human. We are dealing with word products.

9) Yet with words we cannot avoid it.

10) Round one it was not the human. Round 2 the human showed up

Jelly Donut Metaphor (why willpower is not enough)

Don't think of... warm jelly donuts. Don't think of them. Don't think of how they smell when they first come out of the oven. Don't think of that! The taste of the jelly when you bite into the donut as the jelly squishes out the opposite side into your lap through the wax paper. Don't think of that! And the white flaky frosting on the top on the round, soft shape? DON'T THINK ABOUT ANY OF THIS!

Mountain Climber Metaphor

Those who are successful in life actually have a lot of self-defeating thoughts and feelings (75-80% of

thoughts are negative, for normal, healthy people). We think of it in this way:

- If you are a successful mountain/rock climber, the best in the world, you prepare, with every step, to fall. If you feel that you are so good that you won't fall, and thus are unprepared, you die. We feel that this applies to SUD in that those who do the best in recovery, and who really have meaningful lives, keep the downside, the fears, the history with respect to failure, close to them. They are part of you that can lend richness to life, not parts of you that must be struggled with and avoided, or beaten down.
- In fact, it is so that attempts to avoid or increase one's thoughts and feelings actually backfire.

Quicksand Metaphor (there is an alternative to struggle)

We have a problem here - your mind tells you to do what doesn't work, because it can't see anything else to do. It would be like if you were caught in quicksand. Naturally, you'd try to get out. But almost everything you've learned about how to get out will cause problems in quicksand. If you try to walk, jump, climb, or run, you just sink in deeper because you end up trying to push down on the sand. If you struggle, wiggle, push with your hands, or crawl, you sink in deeper. Often, as people sink, they get panicky and start flailing about, and down they go. In quicksand, the only thing to do is to create as much surface area as possible, to lay out on the quicksand, and get everything you have in full contact with it. It's like that. We need to get everything you have in full contact with what you've been struggling with, but without more struggle.

Chinese Handcuffs Metaphor (there is an alternative to struggle)

The situation here is something like those Chinese handcuffs you might have played with as a kid. It is a tube of woven straw about as big as your index finger. You push both index fingers in, one into each end, and as you pull them back out, the straw catches and tightens. The harder you pull, the smaller the tube gets and the stronger it holds your fingers. You'd have to pull your fingers out of their sockets to get them out by pulling them out once they've been caught. But what if this tube represents life? As long as you're alive, you're caught in this tube. So the choice you're faced with is how much room you want to move in life. The more you struggle, the more constricted your life will be. If you push into it, on the other hand, you're still in the tube, but at least you have enough room to move around and live your life.

Two Mountains Metaphor (non-judgmental approach to treatment)

It's like you're in the process of climbing up a big mountain that has lots of dangerous places on it. My job is to watch out for you and shout out directions if I can see places you might slip or hurt yourself. But I'm not able to do this because I'm standing at the top of your mountain, looking down at you. If I'm able to help you climb your mountain, it's because I'm on my own mountain, just across a valley. I don't have to know anything about exactly what it feels like to climb your mountain to see where you are about to step, and what might be a better path for you to take.

Polygraph Metaphor (Control is the Problem)

"Suppose I had you hooked up to the best polygraph machine that's ever been built. This is a perfect machine, the most sensitive ever made. When you are all wired up to it, there is no way you can be aroused or anxious without the machine knowing it. So I tell you that you have a very simple task here: all you have to do is stay relaxed. If you get the least bit anxious, however, I will know it. I know you want to try hard, but I want to give you an extra incentive, so I also have a .44 Magnum which I'll hold to your head. If you just stay relaxed, I won't blow your brains out, but if you get nervous (and I'll know it because you're wired up to this perfect machine),

I'm going to have to kill you. Your brains will be all over the walls. So, just relax! ... What do you think would happen? Guess what you'd get? Bam! How could it work otherwise? The tiniest bit of anxiety would be terrifying. You'd be going "Oh, my God! I'm getting anxious! Here it comes!" BAM! You're dead meat. How could it work otherwise?"

This metaphor can be used to draw out several paradoxical aspects of the control and avoidance system as it applies to negative emotions. As the following scripts suggest, modifying the language within the metaphor keeps the impact of the exercise intact while allowing the client's different issues to be addressed.

1. The contrast between behavior that can be controlled and behavior that is not regulated very successfully by verbal rules. Think about this. If I told you, "vacuum up the floor or I'll shoot you," you'd vacuum the floor. If I said "paint the house or I'll shoot" you'd be painting. That's how the world outside the skin works. But if I simply say, "Relax, or I'll shoot you" not only will it not work, but it's the other way around. the very fact that I would ask you to do this would make you damn nervous.
2. How this metaphor maps on to the client's situation. Now, you have the perfect polygraph machine already hooked up to you: it's your own nervous system. It is better than any machine humans have ever made. You can't really feel something and not have your nervous system in contact with it, almost by definition. And you've got something pointed at you that is more powerful and more threatening than any gun--your own self-esteem, self-worth, the workability of your life. So you actually are in a situation very much like this. You're holding the gun to your head and saying, "Relax!" So guess what you get? BAM!

Other metaphors are also useful to deal with positive emotions. These need to be dealt with because often the client has the idea that even if negative emotions can't be controlled, it is quite possible to control positive emotions, and thus maybe by putting positive emotions into the situation, the negative emotions will disappear.

Fall in Love Metaphor (Control is the Problem)

"But it's not just negative emotions. Here's a test. I come to you and say, 'See that person? If you fall in love with that person in 2 days, I'll give you 10 million dollars.' Could you do it? What if you came back to me in 2 days and said, 'I did it.' And then I said, 'Sorry, it was just a trick. I don't have 10 million dollars.' What are you going to do next? In other words, it's not just getting rid of negative emotions that is difficult, but it is equally difficult to create them, even ones you like, in any kind of predictable, systematic, controllable ways.

Feeding the Tiger Metaphor

It's like living with a small tiger who looks very hungry. It looks like he is going to eat you. Or so you think. It's a small tiger, but scary. So you throw him some meat so he doesn't eat you, and, sure enough, it shuts him up while he's eating the meat. For a while he leaves you alone. For a while. But he also grows a little bigger. So the next time he's hungry, he's a little bigger and more dangerous. Or so it seems. And you throw him more meat. That little tiger is getting bigger and bigger. And pretty soon it's a big tiger. A really big tiger. You've got anxiety (or urge, etc.) tigers out there that could seemingly swallow you whole, and you keep hoping that if you just keep feeding them, keep trading in your life flexibility just a little bit more, eventually they'll leave you alone.

Tug of War With a Monster Metaphor

This situation is like being in a tug-of-war with a monster. It is big, ugly, and very strong. In between you and the monster is a pit, and as far as you can tell, it is bottomless. If you lose this tug-of-war, you will fall into this pit and will be destroyed. So you pull and pull, but the harder you pull, it seems the harder the monster pulls, and it appears that you are edging closer and closer to the pit. The hardest thing to see is that your job here is not to win the tug-of-war. Your job is to drop the rope.

Sometimes clients ask, "How do I do that?" after this metaphor. It is best not to answer firmly at this point. The therapist can say something like: "Well, I don't know. But the first step is really to see that the tug-of-war can't be won... and that it doesn't need to be."

Funeral Metaphor

This is what I call the "What do you want your life to stand for exercise". I want you to close your eyes and relax for a few minutes and put all the other stuff we've been talking about out of your mind [Therapist assists client with relaxation for 2-3 minutes]. Now I want you to imagine that through some twist of fate you have died but you are able to attend your funeral in spirit. You are watching and listening to the eulogies offered by your wife, your children, your friends, people you have worked with and so on. Imagine just being in that situation and get yourself into the room emotionally. [pause] OK, now I want you to visualize what you would like these people who were part of your life to remember you for. What would you like your wife to say about you, as a husband? Have her say that. Really be bold here. Let her say exactly what you would most want her to say if you had a totally free choice about what that would be. [pause] Now what would you like your children to remember you for, as a father? Again, don't hold back. If you could have them say anything, what would it be? Even if you have not actually lived up to what you would want, let them say it as you would most want it to be [pause]. Now what would you like your friends to say about you, as a friend? What would you like to be remembered for by your friends? Let them say all these things -- and don't withhold anything. Have it be said as you would most want it. And just make a mental note of these things as you hear them spoken. [The therapist may continue with this until it is quite clear the client has entered into the exercise. Then the therapist helps the client to reorient back to the session, e.g., "just picture what the room will look like when you come back and when you are ready just open your eyes"].

Tombstone Metaphor

In a variant of the funeral exercise, clients can be asked to write a short statement on their own tombstone. Often, this will demonstrate that how the client is living is at variance with the client's values.

- Therapist: When people die what is left behind is not so much what they had as what they stood for. For example, have you ever heard of Albert Schweitzer?
- Client: Sure. A doctor in Africa, right?
- Therapist: Right. Now why should you know about this guy? He's dead. Probably most of the people he treated are dead. But he stood for something. So in that same way, imagine that you can write anything you want on your tombstone that says what you stood for in your life. What would you want to be able to write, if it could be absolutely anything. Think about it for a minute.
- Client: He participated in life and helped his fellow human beings.
- Therapist: Cool, now let me ask you, when you look at what your life is currently standing for, is it standing for that? Are you doing participation in life and helping your fellow humans?
- Client: No and I'm not sure I can.

Therapist: I hear you. So you're on the way to an epitaph like, "Spent his entire life wondering whether he had what it took to live it . . .and died unsure."

Two Computers Metaphor (defuse thinker and thought, feeler and feeling)

"Imagine two computers, sitting side by side, each with an operator in front of them. These are identical machines, and they have the same programs and the same data in them. Now, the way computers work is that if you given them a particular input, they are highly likely, given particular software and data, to give a particular output. So suppose we push a key on these two machines and some read-out shows up on both screens. Suppose what comes up is, "Deep down, there's something wrong with me." Now imagine two different situations. In situation #1, the operator is totally lost in the operation of the computer. It's like being lost in a movie; you're not watching, you are in that movie, so when someone jumps out from behind a door, you jump. It is like that. The operator is sitting right in front of the monitor, nose touching the screen, lost in the read out and unable to distinguish between the machine and the person operating the machine. The operator has forgotten that there's any distinction. So the screen shows "Deep down there's something wrong with me." Now, from that place--with the operator in the machine--the operator's only choice is to try to reprogram the machine. Who's going to accept that deep down inside there's something wrong with them? That's like saying it would be OK to be eaten by the tiger. Situation #2: Same computer, same programming, everything is the same. The same readout comes up, "Deep down there's something wrong with me." But this person is sitting back a little, and is real clear that there is a distinction between the machine and the person. He's the operator of the machine, he's working on the machine, but he is not the machine. The operator can still see the read out very clearly, but because there's a distinction between himself and the machine, the read-out doesn't necessarily have to change. He could call over his friends and say "Look at this thing. I type in x and looks what comes out on the screen. Interesting, huh." It's like that. You mind has been programmed by all kinds of people. So at one point, Mom comes over and works on the keyboard for a while; a little later Dad comes over. At various times, your husband (or wife), your teachers, your kids, your friends, your coworkers--they all spend a little time at the computer. And in certain situations--given the right input--you'll get a certain readout. You might even believe it to be true. For example, it says on the screen, "Boy, I really need to smoke!" It may or may not be accurate. The issue isn't whether the readout is true or false. The issue is whether there is any distinction between the person and the mental machinery. Is there any distinction between you and the stuff that is in your life?"

Chessboard Metaphor (defuse content and the observing self)

"It's as if there is a chess board that goes out infinitely in all directions. It's covered with different colored pieces, black pieces and white pieces. They work together in teams, like in chess--the white pieces fight against the black pieces. You can think of your thoughts and feelings and beliefs as these pieces; they sort of hang out together in teams, too. For example, "bad" feelings (like anxiety, depression, resentment) hang out with "bad" thoughts and "bad" memories. Same thing with the "good" ones. So it seems that the way the game is played is that we select which side we want to win. We put the "good" pieces (like thoughts that are self-confident, feelings of being in control, etc.) on one side, and the "bad" pieces on the other. Then we get up on the back of the white queen and ride to battle, fighting to win the war against anxiety, depression, thoughts about using drugs, whatever. It's a war game. But there's a logical problem here, and that is that from this posture, huge portions of yourself are your own enemy. In other words, if you need to be in this war, there is something wrong with you. And since it appears that you're on the same level as these pieces, they can be as big or even bigger than you are, even though these pieces are in you. So somehow, even though it is not logical, the more you fight the bigger they get. If it is true that "if you are not willing to have it, you've got it," then as you fight them they get more central to your life, more habitual, more dominating, and more linked to every area of living. The logical idea is that you will knock enough of them off the board so that you eventually dominate

them--except your experience tells you that the exact opposite happens. Apparently, the black pieces can't be deliberately knocked off the board. So the battle goes on. You feel hopeless, you have a sense that you can't win, and yet you can't stop fighting. If you're on the back of that white horse, fighting is the only choice you have because the black pieces seem life threatening. Yet living in a war zone is a miserable way to live.

As the client connects to this metaphor, it can be turned to the issue of the self.

- Therapist: Now, let me ask you to think about this carefully. In this metaphor, suppose you aren't the chess pieces. Who are you?
- Client: Am I the player?
- Therapist: That's exactly what you've been trying to be, so that is an old idea. The player has a big investment in how this war turns out. Besides, who are you playing against? Some other player? So suppose you're not that either.
- Client: Am I the board?
- Therapist: It's useful to look at it that way. Without a board, these pieces have no place to be. The board holds them. Like what would happen to your thoughts if you weren't there to be aware that you thought them? The pieces need you. They cannot exist without you, but you contain them, they don't contain you. Notice that if you're the pieces, the game is very important; you've got to win, your life depends on it. But if you're the board, it doesn't matter if the war stops or not. The game may go on, but it doesn't make any difference to the board. As the board, you can see all the pieces, you can hold them, you are in intimate contact with them and you can watch the war being played out on your consciousness, but it doesn't matter. It takes no effort.

The chessboard metaphor is often physically acted out in therapy. For example, a piece of cardboard is placed on the floor and various attractive and ugly things are put on top (e.g., cigarette butts, pictures). The client may be asked to notice that the board exerts no effort to hold the pieces (a metaphor for the lack of effort that is needed in willingness, with the physical act of the board holding things as a metaphor for willingness). The client may be asked to notice that at board level only two things can be done: hold the pieces and move them all in a direction. We cannot move specific pieces without abandoning board-level. Notice also that the board is in more direct contact with the pieces than the pieces are to each other--so willingness is not about detachment or dissociation. Rather, when we "buy" a thought or struggle with an emotion we go up to piece level and at that level, other pieces, while scary, are not genuinely being touched at all.

Once the client has been introduced to the metaphor, it is useful to reinvigorate it periodically by simply asking the client, "are you at the piece level or at the board level right now"? All the arguments, reasons, and so on that the client brings in are all examples of "pieces" and thus this metaphor can help defuse the client from such reactions. The concept of "board level" can be used frequently to connote a stance in which the client is looking at psychological content, rather than looking from psychological content. The point is that thoughts, feelings, sensations, emotions, memories and so on are pieces: they are not you. This is immediately experientially available, but the fusion with psychological content can overwhelm this awareness. Metaphors such as the chessboard metaphor help make the issue concrete.

Passengers on the Bus Metaphor (Deliteralization)

"It's as if there is a bus and you're the driver. You know how on the front of the bus there is a sign that says where the bus is heading? Well, on this sign are your values, where you want the best to go in the best of all worlds.

The passengers are thoughts, feelings, bodily states, memories, and other aspects of experience. As you have

travelled through life, you have picked up passengers. Some of them are like friendly old ladies that you like and what to sit close to you. Maybe this is the thought, "I'm a good person," or the feeling of contentment. Some of them are scary, they're dressed up in black leather jackets and they've got switchblade knives. (At this point, highlight some of the passengers that have already been mentioned in the room, particularly self-stigma). What happens is, you're driving along and the passengers start threatening you, telling you what you have to do, where you have to go. "You've got to turn left," "you've got to go right," etc. The threat that they have over you is that, if you don't do what they say, they're going to come up from the back of the bus.

So you make deals with these passengers, and the deal is, "You sit in the back of the bus and scrunch down so that I can't see you very often, and I'll do what you say, pretty much." There's even some passengers way in the back, locked into the bathroom, the one's that are so dark and scary that you barely even know their names, but merely the threat that they may emerge controls the bus.

Now what if one day you get tired of that and say, "I don't like this! I'm going to throw those people off the bus!" You stop the bus, and you go back to deal with the mean-looking passengers. Except you notice that the very first thing you had to do was stop. Notice now, you're not driving anywhere, you're just dealing with these passengers. And plus, they're real strong. They don't intend to leave, and you wrestle with them, but they just don't leave.

Eventually you go back to placating the passengers, to try to get them to sit way in the back again where you can't see them. The problem with that deal is that, in exchange, you do what they ask in exchange for getting them out of your life. Pretty soon, they don't even have to tell you, "Turn left"--you know as soon as you get near a left-turn that the passengers are going to crawl all over you. Eventually you may get good enough that you can almost pretend that they're not on the bus at all, you just tell yourself that left is the only direction you want to turn. However, when they eventually do show up, it's with the added power of the deals that you've made with them in the past.

Now the trick about the whole thing is this: The power that the passengers have over you is 100% based on this: "If you don't do what we say, we're coming up and we're making you look at us." That's it. It's true that when they come up they look like they could do a whole lot more. They've got knives, chains, etc. It looks like you could be destroyed. The deal you make is to do what they say so they won't come up and stand next to you and make you look at them. The driver (you) has control of the bus, but you trade off the control in these secret deals with the passengers. In other words, by trying to get control, you've actually given up control! Now notice that, even though your passengers claim they can destroy you if you don't turn left, it has never actually happened. These passengers can't make you do something against your will.

The therapist can continue to allude to the bus metaphor throughout deliteralization work. Questions such as, "Which passenger is threatening you now?" can help re-orient the client who is practicing emotional avoidance in session.

The Sign At The Mountain – Distinguishing Description from the Object Described

Say you were looking at a mountain and there is a signpost pointing to it that reads, "Bad Mountain." If you're over at the signpost, looking at the mountain from the point of view of "Bad Mountain," that appears to be what the mountain actually is. However, if you stand back and look at both the mountain and the signpost, you can see that they are two different things. One is the mountain and one is the evaluation of it. The thing that says "bad" is not the mountain, but a sign pointing to it. If you see this, it's not necessary to tear all the signs down. The problem is if you take the signs to be the things that they point out.

The Colored Bubble Over The Head

Thoughts are like plastic bubbles on your head. When you have a blue plastic bubble, you can't see it. You can only see through it. And when it's blue, things look a particular way. Blue and white look the same, for example. The point here is not to get rid of the plastic bubbles. The point is to take them off your head so that you can see them clearly.

Keep Moving in the Direction of Your Values

"It's like you are standing at the edge of the ocean. The tide sometimes moves in and the water is almost over your head. At other times, the tide is low, and your feet barely get wet. You don't have any control over how high or low the water is at any point in time. What you can do, however, is mark a point on the horizon and head that way. It may be, that, in places, the water will get very deep, and at those times, it would be easy to lose your way if you were only paying attention to your immediate surroundings. But as long as you keep your eyes on that spot on the horizon, you can keep moving in the chosen direction, no matter how deep the water gets."

Jumping Exercise (Willingness)

"Willingness is like jumping. You can jump off lots of things. [Therapist takes a piece of paper or a book and places it on the floor and stands on it, then jumps off]. Notice that the quality of jumping is to put yourself in space and then let gravity do the rest. You don't jump in two steps. You can put your toe over the edge and touch the floor but that's not jumping. [Therapist puts one toes on the floor while standing on the book]. So jumping from this little book is still jumping. And it is the same action as jumping from higher places. [Therapist gets up on the chair and jumps off]. Now this is jumping too, right? Same quality? I put myself out into space and gravity does the rest. But notice from here I can't really put my toe down very well. [Therapist tries awkwardly to touch ground with toe after getting back up on the chair]. Now if I jumped off the top of this building it would be the same thing. The jump would be identical. Only the context would have changed. But from there it would be impossible to try to step down. There is a Zen saying, "You can't cross a canyon in two steps." Willingness is like that. You can limit willingness by limiting context or situation. You get to choose the magnitude of your jump. What you can't do is limit the nature of your action and still have it work."

You have been practicing jumping, all of you, and it is always the same choice, no matter how big or small it may feel. One problem is if you let your thoughts tell you that not smoking at all is different from smoking sometimes...or whatever your resumption thoughts might be (elicit from group).

Appendix B: Writing about Past Shame or Failure

Writing about past failures

This task involves writing about past events in which you felt like you failed or were ashamed, and what these events mean to you. In your writing, we want you to really let go and explore your very deepest emotions and thoughts. Ideally, we would also like you to write about significant experiences, emotions, and thoughts that you have **not** discussed in great detail with others. You might tie your personal experiences to other parts of your life. How is it related to your childhood, your parents, people you love, who you are, or who you want to be? Again, in your writing, examine your deepest thoughts, fears, and worries.

As you write, **try to allow yourself to experience your thoughts and feelings as completely as you are able.** This work is based on the evidence that pushing these disturbing thoughts away can actually make them worse, so try to really let yourself go. No one will look at what you have written. You may take what you have written with you after the session or throw it away.

Be sure to write for the entire time. If you cannot think what to write, just write the same thing over and over until something new emerges.

Please do not spend any time worrying about spelling, punctuation or grammar—this writing is intended to be “stream of consciousness”— that is you may write whatever comes to mind. Try to write as if no one else would ever read or hear about what you are writing.

Write about any or all of the following topics. If you choose to write on only one of the topics for the entire time, that would be fine. You may write about them in any order you wish. If you cannot think about what to write next, just write the same thing over and over until something new comes to you.

- Remember past failures or times when you felt ashamed of your actions. What memories come to mind?
- What was it like to experience this failure or shame?
- What is it like to remember this failure or shame right now?

Remember, write your deepest thoughts and feelings.

Appendix C: The Life Question Sheet

Am I willing to have my thoughts, feelings, memories, and sensations, fully and without defense – as they are and not as what they say they are – AND do what takes me in the direction of what I really value in this area of my life?

AREA 1: RELATIONSHIPS OR WORK (pick the one that seems the most important)

In this area what I most want to be about is (*i.e., where I want the bus to go*):

The barriers inside myself to moving ahead in that direction (*i.e., the difficult passengers*) are:

What I've been doing with these barriers is (*that's not working in terms of my values*):

What that has cost me is:

What I will do from here is:

(turn over for more)

AREA 2: TREATMENT ENGAGEMENT

In my treatment here what I want to be about is (*i.e., where I want the bus to go is*):

The barriers inside myself to moving ahead in that direction (*i.e., the difficult passengers*) are:

What I've been doing with these barriers is (*that's not working in terms of my values*):

What that has cost me is:

What I will do from here is:

If you found this helpful, you may want to answer these same questions later in relation to other areas of your life such as: Health, parenting, spirituality, intimate relationships, friends, family, community involvement, play, education, employment