COMMITTED ACTION

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Definition: Guide clients to set committed-action goals which accord with their values, are meaningful and feasible, and can lead to healthy actions that enrich their life.

Elements: The therapist helps clients to flexibly:
1. Choose a value from one or more life areas they find important (e.g. marriage / couple / intimate relations; parenting / other family relations; friendship / social relations; career / employment; education / training / personal development; recreation / leisure; spirituality; citizenship; health / physical well-being), and say what is meaningful about their choice.
2. List behaviours consistent with their chosen value e.g. 'friendship / social relations', identify feasible life goals e.g. 'show friends I care about them', and define specific actions linked to that value e.g. 'phone friend XX'.
3. Choose one or more actions as homework tasks e.g. a) `phone friend XX tomorrow'; b) `enter and remain in nearby shops to overcome my phobia of going out alone'; c) `physical activity (walking, jogging etc.)'.
4. Agree when and where they'll complete each task, e.g. `on Saturday I'll walk in the city centre from 10-10.30a.m'.
5. Keep a diary of tasks completed, how consistent those were with each value, and related experiences.
6. In the next session, discuss further committed actions they'll complete and experiences during those.
7. Consider barriers to actions and how to overcome these by acceptance, cognitive defusion, and mindfulness, e.g. worries about healthy walking, jogging or going to a health club like 'what will my neighbours think about me' or 'I'll be too anxious'. The therapist helps clients deal with these thoughts by in-session and home exercises of acceptance training, for example:
i) 'what-you're-thinking-now' exercises: the therapist hands the client a pad saying `over the next few minutes, write down thoughts that run through your mind right now, as many thoughts as you can while they're occurring';
ii) cognitive-defusion exercises: `think of "the mind" (thoughts) as being external - `when noticing worries, say to yourself "The mind is worrying again" or "There goes the mind again", and `write worrying thoughts on a card, carry it with you, and read and think those several times a day;
iii) mindfulness exercises e.g. 'do and attend to your deep, slow, regular breathing for 3 minutes at a time 3 times a day '.

Related procedures: Acceptance; cognitive defusion; goal setting; mindfulness; problem solving; self as context; values exploration and construction.

Application: In individual, couple or group therapy, plus other acceptance and commitment therapy (ACT) procedures such as being present, acceptance, cognitive defusion, self as context, values exploration and construction.

1st Use? Hayes's (1987) `comprehensive distancing' (ACT's 5th goal), and Strosahl et al's (1998) `committed action'.

References:

1. Dahl JC, Plumb JC, Steward I, Lundgren T (2009). The art & science of valuing in psychotherapy: Helping clients discover, explore, and commit to valued action using acceptance and commitment therapy. Oakland, California: New Harbinger.
2. Hayes SC (1987). A contextual approach to therapeutic change. In Jacobson NS (Ed.), Psychotherapists in clinical practice: Cognitive and behavioral perspectives (p327-387). New York: Guilford.
3. Hayes SC (2004). Acceptance and commitment therapy, relational frame theory, and the third wave of behavioral and cognitive therapies. Behavior Therapy, 35, 639-665.
4. Strosahl KD, Hayes SC, Bergan J, Romano P (1998). Assessing the field effectiveness of acceptance and commitment therapy: example of the manipulated training research method. Behavior Therapy, 29, 35-64.

Case illustration: (Dahl et al. 2009)

Anna had been depressed for a year and lay most of the day and night in bed despite knowing that depressed her still more and she wouldn't get her life back as long as she lay there. While in bed she believed she couldn't get up and so simply stayed there. In sessions 2-3 Anna's therapist encouraged her to act, despite her discouraging thoughts, by using exercises in `Elements' above. Anna chose:

-Choose a value: `I want to take care of my health and do things with friends'

-List behaviours consistent with that value: `Get out of bed every morning and take a shower. Text my friend Patty and ask her to grab a coffee with me at the coffee shop nearby. Get a haircut'

-Choose one or more behaviours: `I'll wait on the haircut but will do all the rest'

-Agree an action plan: `I'll text Patty tomorrow at 10a.m. from my kitchen table, so I'll have to get up and put coffee on around 9 a.m. I'll get up and shower every morning until my next session'

The therapist asked Anna to keep a daily diary of her committed actions. In the next session they discussed her actions and experiences during those, and worked through possible barriers to Anna*s completing further committed actions. `Last time we planned actions you could take which matter to you. Which of those actions did you complete and what did you observe during them?' Anna said she woke up and showered on 5 days after the last session but was too tired on 2 mornings - they discussed what happened on those 2 mornings. Anna said thoughts like "I'm too tired" and "I'm depressed" were associated with not getting up. The therapist asked Anna to think these thoughts during the session, watch herself having these thoughts, and when having them to say "The mind is worrying again" or "There goes the mind again"; she was advised to practise doing this at home every time she noticed such thoughts. She was also advised to deliberately say to herself "I'm too tired", "I'm depressed" during different activities during the day and see what happened, and to write the thoughts on a card during the session and carry it with her for the rest of the day. Anna had a total of 10 therapy sessions and 2 follow-up sessions over 12 months.