

Chapter 15: Depression

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Acceptance and commitment therapy (ACT; Hayes, Strosahl, & Wilson, 2012) has a long and well-documented history as a beneficial treatment of depression. The first randomized clinical trial of ACT (Zettle & Hayes, 1986) favorably compared an early version of it to cognitive therapy of depression (Beck, Rush, Shaw, & Emery, 1979), and ACT is recognized by Division 12 of the American Psychological Association as an empirically-supported/evidence-based intervention for depression (Society of Clinical Psychology, n.d.). Recent meta-analyses found medium to large effect sizes for ACT in pre to posttreatment reductions in depression and that ACT was comparable in efficacy to a range of other active treatments, including but not limited to other types of cognitive-behavioral interventions (Hacker, Stone, & MacBeth, 2016). Process research, however, suggests that similar therapeutic outcomes for ACT and other approaches are attributable to differing mechanisms of change. In particular, therapeutic improvement in ACT for depression appears to be mediated through processes that differ from those associated with more traditional forms of cognitive behavior therapy, but which are consistent with the transdiagnostic model of psychological flexibility on which ACT is based (Ruiz, 2012).

An overview of how the broader model on which ACT is based can be extended specifically to account for the development and maintenance of depression will be presented next. This will be followed by coverage of practical suggestions and guidelines in implementing ACT with clients who struggle with depression. Because of space limitations, both issues can

only be addressed here in a somewhat abbreviated fashion. Interested readers are encouraged to consult other sources for a more detailed presentation of an ACT-consistent model of depression (Zettle, 2016), as well as a comprehensive set of clinical guidelines (Zettle, 2007) and complementary workbook (Strosahl & Robinson, 2008) in using ACT as an intervention for depression.

- ACT is an empirically-supported treatment for depression that compares favorably to cognitive therapy and other active interventions.
- Process research suggests ACT's mechanisms of change are specific to and consistent with the model of human functioning on which it is based.

Model of Depression

Stated simply, depression, like most forms of clinical suffering, is usefully viewed from an ACT-perspective as a consequence of failed and counterproductive efforts to manage unwanted psychological experiences. Although such aversive experiences may include unpleasant memories, thoughts, and urges; efforts to avoid and eliminate unwelcomed mood and affective states, such as sadness, sorrow, and dysphoria in particular; are viewed as playing a predominant role within a common pathway that leads to clinical depression.

The Example of Complicated Bereavement

The process whereby efforts to experientially control sadness or sorrow may result in depression has perhaps been most clearly documented in instances of complicated bereavement. Grief that is experienced following the death of a loved one, close friend, or even a cherished pet, is not seen as being psychologically unhealthy. Rather, dysphoria under such circumstances would be regarded as “clean pain” and as an adaptive, albeit unpleasant, and affirmative reaction

to a meaningful loss (Zettle, 2007). As will be discussed in greater detail later, such sorrow validates and reflects our values and what matters to us in addition to dignifying our loss and suffering. Dysphoria, sadness, and sorrow, moreover, may not only be conveying something personally useful (Masman, 2009) and informative, but may have also served an adaptive function from an evolutionary perspective during “unpropitious situations in which efforts to pursue a major goal will likely result in danger, loss, bodily damage, or wasted effort” (Neese, 2000, p. 14).

In contrast to the clean pain of sorrowful grief, clinical depression that unfortunately sometimes develops as part of the bereavement process from unsuccessful efforts to control dysphoria, can be usefully regarded as “dirty pain”. While such complicated bereavement is undoubtedly multidetermined, research has identified rumination, especially of a brooding nature (Treyner, Gonzalez, & Nolen-Hoeksema, 2003), as a primary risk factor for it in particular, and for depression more broadly (Nolen-Hoeksema, Parker, & Larson, 1994; Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008; Spasojevic & Alloy, 2001). For example, bereaved adults with a ruminative coping style were more likely to display higher levels of depression 6 months later even after controlling for initial depression levels (Nolen-Hoeksema et al., 1994). and among college students who survived an earthquake, those with a ruminative style were more likely than their nonruminative peers to be depressed 7 weeks later (Nolen-Hoeksema & Morrow, 1991). Relative to reflective rumination that is more characterized by neutral contemplation (e.g., analyzing external events), that which is more brooding in nature is more negative in tone and self-focused (e.g., wondering what I did to deserve this) (Treyner et al., 2003).

- From an ACT perspective, depression is a secondary and reactive emotion as illustrated by complicated bereavement.
- Grief is not unhealthy and can be regarded as “clean pain.”
- Efforts to control or minimize such sorrow can eventuate in depression and the “dirty pain” of complicated bereavement.
- Ruminative brooding as a means of managing sorrow is a primary risk factor for depression.

The Role of Rumination

When sorrow is seen as a problem to be solved rather than as an experience to be merely acknowledged accepted, rumination often emerges as a popular means of attempting to do so. Under such circumstances, rumination refers to the process of seeking answers to self-imposed questions about the meaning, causes, and consequences of such unwanted affective experiences (e.g., “Why am I feeling this way and what does it mean?”). While rumination is certainly not the only experiential control strategy for seeking to at least attenuate, if not eliminate grief and sadness, it is especially problematic in the initiation, exacerbation, and maintenance of depression for several reasons. For one, rumination is widely used. A community sample identified “think of the reason for it” as their second most common way of managing feelings of depression (Rippere, 1977). An important objective in practicing ACT with clients who struggle with depression is in supporting them in switching to more adaptive ways of responding to dysphoria and other unwanted moods and emotions.

A second reason why rumination is particularly challenging is because it is seen as effective, even in the absence of contradictory empirical evidence. Those whose preferred coping style is rumination believe they gain valuable insights by engaging in it (Lyubomirsky & Nolen-Hoeksema, 1993), even if they are less likely to actually implement any solutions that are

generated through the process (Lyubomirsky, Tucker, Caldwell, & Berg, 1999). Thus, rumination not only indirectly contributes to psychological inflexibility by exacerbating the clean pain of sadness into the reactive and dirty pain of depression, but also does so more directly by restricting the range of behavioral options that are pursued. If nothing else, time and energy that could be expended in activities that are more productive and possibly linked with values are instead allocated to brooding.

A third pernicious contribution of rumination to depression is through reason-giving and the construction of dysfunctional life-stories. In large measure, rumination is a search for reasons to account for why we are not feeling the way we should or would like, under the misguided belief that any such explanations will be instrumental in being able to control undesirable affective experiences. Not surprisingly, those who favor ruminating in managing dysphoric mood generate more reasons for depression (Addis & Carpenter, 1999). Additionally, clients who can offer more “good reasons” for their depression are not only more depressed, but also more difficult to successfully treat with more traditional forms of cognitive behavior therapy (Addis & Jacobson, 1996).

Of particular relevance to ACT and the model of psychological flexibility/inflexibility on which it is based, is that individual reasons for feeling sad or dysphoric that emerge through rumination can then be woven into a narrative providing a coherent account of how clients came to be depressed in the first place and, unfortunately in too many cases, why they must remain there (Zettle, 2007, pp. 45-46). Life-stories characterized by victimization, silent martyrdom, self-imposed exile, and righteous indignation appear to be particularly insidious when embraced by those who struggle with depression (Strosahl & Robinson, 2008, pp. 203-205). Fusing with such narratives to the point that they are held tightly as factual accounts locks depression in

place. Because historical facts can't be changed, the depression that they account for can't be altered either. In extreme cases, clients may be left with the choice of continuing to be "right" about their narrative and remaining depressed, or with the option of seeing it as a constructed story, and that if held lightly, creates enough space for them to participate in a more engaging and meaningful life.

- Rumination is a widely used emotion regulation strategy that is seen as valuable even though it does not lead to effective problem solving.
- Rumination supports reason-giving which has been shown to maintain depression.
- Rumination contributes to psychological inflexibility through the construction of life-stories that also help maintain depression.

Three Types Of Sorrow

Thus far, how ruminating about a loss and related sorrow may lead to depression has been most clearly illustrated with complicated bereavement – what might be regarded as an experienced loss. It seems useful, however, to also consider how two other forms of sorrow may additionally contribute to depression.

The sorrow of experienced loss. The same process that accounts for complicated bereavement may also account for depression that follows other types and kinds of experienced losses, such as a divorce or marital separation, job termination, or business failure. Because personally-relevant losses in one way or another are inevitable, the resulting sorrow is an inescapable and unavoidable part of the human condition. Of greater relevance than the specific type or loss is how the sadness and grief that follows is dealt with. The risk of clinical depression is increased if brooding occurs, but minimized if peace can be made with the sorrow of experienced loss.

The sorrow of constructed loss. It is not unusual for some of the life-stories that help maintain depression to include references to events that both occurred and did not occur. Experienced losses represent the removal of something or someone of importance – the loss of “what once was.” Constructed losses represent the removal of possibilities of “what might or could have been.” We can always imagine a more pleasant here-and-now that we would be experiencing if events that did not occur (choosing a different life partner, opting to accept another job offer among several, etc.), had instead broken our way. The regret of “the one that got away” and the associated sorrow of unfulfilled promises and losing what we never had to begin with, also seems rather inevitable.

By itself, such constructed sorrow, would not appear to be particularly problematic. The sorrow of missed opportunities, however, could represent a major theme within one or more of the dysfunctional life-stories described earlier. For example, a narrative of being denied or otherwise missing out on promotions, opportunities, or “breaks” to which we feel entitled and deserving would be supportive of righteous indignation. As Marlon Brando’s character (Terry Malloy) lamented over the promise of a lost career in “On the Waterfront”: “I coulda been a contender. I coulda been somebody, instead of a bum, which is what I am, let’s face it” (Spiegel & Kazan, 1954).

The sorrow of projected loss. Not only are we able to construct an imagined present that is far preferable to what is actually experienced, but we are also quite capable of becoming preoccupied with a dreaded and bereft future that is more barren than what is here-now. That is, we can fuse with a projected future in which we are now deprived of something or someone that we currently cherish -- the loss of “what’s to come.” Primary examples involve the projected losses of loved ones, physical health, and perhaps even cognitive abilities. Even the lyrics of an

otherwise lilting song may take on new meaning (i.e., their stimulus functions are transformed), especially as one ages: “Will you still need me, will you still feed me, when I’m 64?” (Lennon & McCartney, 1967). Subplots of projected loss can also be an integral part of certain life-stories that serve to perpetuate depression – as bad as things are now, they are only bound to get worse – and thereby fuel hopelessness.

- Rumination and other strategies may contribute to depression when used to experientially three different types of sorrow.
- The sorrow of experienced loss is illustrated by bereavement and occurs in response to the meaningful, personal loss someone or something.
- The sorrow of constructed loss is over the loss of “what might have been,” missed opportunities, and unrealized promises.
- The sorrow of projected loss is anticipatory of the loss of “what’s to come.”

Behavioral Deficits

Many clinical syndromes or disorders, such as those recognized by formal diagnostic systems (American Psychiatric Association, 2013), are defined by both behavioral deficits as well as behavioral excesses. From the perspective of ACT, deliberate efforts to minimize and control the three types of sorrow and other unwanted psychological experiences constitute behavioral excesses among those who struggle with depression. Such excessive means of experiential avoidance are not limited to ruminative brooding, but often also include suppression (Liverant, Brown, Barlow, & Roemer, 2008), substance abuse (Petersen & Zettle, 2009), and even suicidal plans as the ultimate form of escape (Chiles & Strosahl, 2005).

Not to be overlooked are also behavioral deficits that characterize and contribute to depression. Those who struggle with depression may socialize less, and reduce, if not even eliminate, their engagement in hobbies and leisure time activities. ACT is certainly not the only

cognitive-behavioral approach that specifically seeks to address such behavioral deficits in depression, with behavioral activation (BA; Martell, Addis, & Jacobson, 2001) being the most prominent other intervention. However, while BA primarily seeks to increase activities that are mood-elevating, ACT is focused more explicitly on deficits in value-congruent behavior. The two types of behavioral targets often overlap, but not always. Acting true to one's values may not be that immediately pleasant, particularly if it increases contact with unwanted experiences, such as sadness. As will be detailed in the remainder of this chapter, the superordinate goal in ACT with those who struggles with depression is to increase their psychological flexibility. In order to do so, value-congruent behavioral deficits and related experiential barriers are identified and targeted.

- Depression can be characterized by behavioral excesses, such as rumination and other efforts to control sorrow, as well as behavioral deficits.
- The behavioral deficits of greatest relevance from an ACT perspective are those involving value-congruent activities.

Practical Guidelines

For ease of discussion, guidelines in addressing the two subordinate goals of (a) identifying and minimizing experiential barriers to valued behavior (i.e., acceptance), and (b) instigating an increase in such actions (i.e., commitment) will largely be presented separately and sequentially. It should be emphasized though that the two goals are often either approached simultaneously in conducting ACT, or in a back-and-forth and iterative process, whereby feedback in addressing one of the goals informs efforts involving the other. To realize both goals, it is essential to identify and clarify client values.

Follow the Sorrow

Sorrow does not occur surrounding losses that are meaningless and insignificant. Because sorrow and valuing go hand-in-hand, asking clients about the three types of loss reviewed earlier can be an especially useful way of clarifying who or what is most important to them.

Experienced losses. Often it is not necessary to inquire about the sorrow of experienced loss as clients will cite such events as part of why they are seeking services for depression. Should this not be the case, clients can be gently asked, “What is the one loss that you’ve experienced that has been the greatest source of emotional pain for you?” Most often interpersonal losses, like death of a loved one, are cited. However, regardless of what answer is offered, a rich opportunity to validate, normalize, and dignify client suffering is provided (e.g., “It’s been very painful for you to lose your partner; you must have loved him very much”). The aggrieved loss also provides at least an initial hint of important client values (involving relationships, in this example) that can be further corroborated and clarified through other means.

Constructed losses. References to lost opportunities and regretted choices may also be evident in the histories that clients relate about their struggles with depression. Paying close attention to such narratives provides a further opportunity to validate client experiences, but can also serve two assessment purposes. One, life-stories in which constructed losses play a leading role (e.g., “When I think about what my life could have been . . .”), suggest the need for subsequent work in deconstructing and rewriting them. Second, predominant constructed losses also further reflect client values and can be compared with those on the other side of experienced losses. Quite often following both types of sorrow provide convergence in uncovering the same

values. If necessary, clients can be asked, “What’s the one missed opportunity in life that has caused you the greatest regret and pain?”

Projected losses. Much of what has just been said about the sorrow of constructed losses applies similarly to projected losses. Such losses can also be featured within narratives about depression, although at least in my experience, somewhat less often than the other two types. For this reason, it is more likely that clients will need to be directly asked about future losses (e.g., “What is the one thing that worries you the most about your future?”). The response to the question should help further clarify values, particularly if it points to the same one(s) revealed by following the two other types of sorrow, but asking it does come with some risk. In particular, be mindful of you and/or the client getting caught up in and being overly preoccupied with the content of the client’s answer. The content may say something useful about values, but should not overshadow also assessing the role that projected losses may play within a life-story that limits psychological flexibility.

- Following the three types of sorrow is a useful way of identifying and clarifying client values.
- Doing so provides further opportunities to validate and dignify client suffering and further assess how the life-story may maintain psychological rigidity.
- Look for convergence in values linked to the three types of sorrow.

The Sweet Spot Exercise

An exercise that nicely complements following the sorrow is that involving the “sweet spot.” Values are the source of both our greatest sorrow and our greatest joy. This exercise, which can be presented in either a more prolonged (Wilson, 2008, pp. 200-210) or brief manner

(e.g., “Revisit a point in time when everything seemed to be right with the world and that life just doesn’t get much better than at that moment”), is a way of following the joy. It is not unusual for “big events” within the fabric of life (e.g., birth of a first child, getting married, etc.) to be recalled, but more common are life’s smaller moments, especially those involving other people. For example, the first time I participated in the exercise, I tearfully remembered my father taking me fishing when I was 6 or 7 years old. I’m not sure it was a sweet spot for him, but it remains one for me, even now over 50 years later.

The sweet spot exercise is recommended for at least four reasons. One, it usually provides a more uplifting and light-hearted break from a focus on sadness and loss. Occasionally, clients will, however, resist the exercise or report that no joyful event or circumstance comes to mind. This is revealing and diagnostic in suggesting that what could be recalled is too painful to revisit, quite possibly because it is a reminder of something quite precious that has been lost. If so, it provides another opportunity for validation.

A second purpose of the exercise is in further confirming values that have been identified through following the sorrow. More often than not, following joy illuminates the same values that are related to sorrow. Our greatest wellsprings of joy in life are also our greatest sources of sorrow. Contacting the same value(s) in following both sorrow and joy can be an insightful moment for clients. The experience highlights how sorrow and joy are inseparable, and that the only way sorrow could be eliminated would be to erase any memory of who or what was lost [ala “The Eternal Sunshine of the Spotless Mind” (Golin & Gondry, 2004)], but at the high cost of removing any sweet spots in the process.

A third advantage of the sweet spot exercise is that it can underscore how seemingly trivial and mundane acts and events within the greater stream of life nonetheless powerfully contribute to its meaning and vitality. As will be discussed further, this realization can pay dividends later in targeting smaller rather than larger value-congruent actions (e.g., reading your child a bedtime story versus buying a pony). There is something to be said for “thinking small.”

A fourth and final reason to recommend the sweet spot exercise is that it can serve a potent motivating function. Revisiting previous joyful moments can be likened to reinforcer sampling (Ayllon & Azrin, 1968) in which the capacity of certain consequences to strengthen behavior is increased once clients are either reminded of previous experiences with them or given “a taste of them” for the first time. With their appetites now whetted, clients can be asked if they would like their therapy to be about the possibility of having more sweet spots emerge in their lives. This conversation provides a segue into a subsequent one about committed action, especially if accompanied by the presentation of the “butterfly garden metaphor” (Swails, Zettle, Burdsal, & Snyder, 2016, p. 530).

- The sweet spot exercise complements following the sorrow and efforts to activate value-congruent behavior.
- The exercise can help further confirm values identified through other means.
- It helps highlight how some of life’s most meaningful experiences come from seemingly small actions.
- Revisiting the sweet spot can increase and sustain client motivation.

Butterfly Garden Metaphor

Sweet spots are like butterflies that may grace us by landing in our open palm within the garden. They may not stay long, but any effort on our part to retain them by making a fist and

closing our palm around them, only crushes them. For butterflies to visit us, we must go to where they are found (committed action) and also be open to receiving them. The contact we desire with the butterflies is not achieved by chasing them about the garden. Rather, it is necessary, but not sufficient to stand still or move slowly with upraised palms. There is no guarantee that sweet spots will pay us a visit, but showing up and opening up to receive them at least creates the possibility.

- Presentation of the butterfly garden metaphor can supplement the sweet spot exercise.
- It underscores the importance of committed action and clients being engaged, open, and centered (Hayes et al., 2012, pp. 67-96).

Rewriting Life-Stories

As previously suggested, presenting the sweet spot exercise and tracking what clients say about various types of losses are useful in determining how much their life-stories may be contributing to the maintenance of their depression. The degree to which these narratives are problematic varies considerably across clients and consequently should be assessed and addressed on a case-by-case basis. In extreme instances, buying into the life-story and following its script occurs so rigidly that it serves as a major barrier to therapeutic progress. For example, one client insisted that she deserved to be chronically depressed because she was responsible for two failed marriages – “I made my bed and now I have to sleep in it.”

Perhaps not surprisingly, clients who could benefit the most from holding their life-stories less tightly, are those who are also most likely to protest rewriting them. It is not useful to argue the point, but to instead approach it in a gentle and somewhat playful, yet persistent,

manner. If necessary, clients can be asked to imagine that they are a creative writer tasked with composing a nondepressive script about a character with life events identical to their own (Zettle, 2007, p. 104). Strosahl and Robinson (2008, pp. 194-195) suggest that rewriting the narrative be presented as a game.

Regardless of how clients become engaged in rewriting their life-stories, the process consists of three steps. The first is to get a clear accounting of the salient life events (such as the two divorces of the client mentioned earlier) that are included within the narrative. The second step is to deconstruct the existing life-story by distinguishing these events, facts, or “descriptions,” as Strosahl and Robinson (2008) refer to them, from their attributed impact on the client’s experience with depression. During the third and final step, clients are asked to reconstruct or rewrite the narrative that has kept them stuck in depression. The same salient life events and facts are woven into a new story with a different ending. For example, with considerable reluctance, the client described earlier produced three drafts of a revised narrative. Interestingly enough, new and additional facts emerged about her second husband’s infidelities and secretive gambling habits to support her overcoming her struggles with depression as an alternative ending. By the final iteration of her life-story, the client creatively had also woven into it world-events that were unfolding at the same time.

More than one alternative narrative can be constructed and considered, including ones that would support a less favorable outcome. This is not problematic and may even be advantageous as long as the array of life-stories includes at least one that has a desirable ending. Multiple narratives underscore their arbitrary nature and create space in which clients can be asked to choose the script that is most useful in supporting increased psychological flexibility and living in accordance with who or what is most important to them.

- Clients who rigidly adhere to narratives that account of their depression can benefit from rewrites of their life-stories
- The same life events salient in the existing narrative are reconstructed into a number of different endings.
- The implications of considering an alternative life script can be processed with clients.

Accepting and Carrying Sorrow

Not all clients who struggle with depression are adversely impacted by a rigid life-story. More common are experiential barriers to valued behavior that are related to how clients respond to sorrow. Clients, as discussed earlier, may invest a great deal of time and energy engaged in rumination and other ways of seeking to reduce sorrow to at least tolerable levels. Not only is this counterproductive, but many clients hold that at least reducing, if not eliminating, sorrow must be accomplished before they can move on in life. As a result, clients can end up mired in sorrow. The therapeutic challenge in such circumstances is to help clients acquire two alternative ways of responding to sorrow. The first involves making peace with sorrow, rather than fighting against it, while the second involves carrying sorrow through life in a more compassionate way. Both can be addressed within the same extension of the classic tug-of-war with a monster metaphor (Hayes, Strosahl, & Wilson, 1999, p. 109; Hayes et al., 2012, p. 276; Zettle, 2007, pp. 105-106).

The metaphor and associated exercise is best presented with a least three props: (a) a rope, (b) a sign or sheet of paper on which a value-congruent activity can be written (e.g., “take the kids to the zoo”), and (c) a fairly heavy and bulky object (e.g., a large metal trash can is ideal). Place the sign indicating the valued activity within sight, but at least minimal walking

distance from where the tug-of-war will occur and the trash can is also positioned. Begin the tug-of-war with the sorrow monster ,while pointing out that the opportunity to engage in the valued activity is waiting in the distance, but cannot be accessed as long as the client continues the struggle by pulling on the rope. Either on their own or by suggestion, clients will eventually drop the rope and move in the direction of the valued activity. At this point, the client is stopped and reminded that the tug-of-war has not been won and that sadness and sorrow have not been eliminated. As a result, sorrow in the form of the trash can is not left behind, but will accompany the client during the valued activity.

The rope has been dropped, but the client is now faced with another set of choices. One is to forego the activity and opt to feel sad and stay home over feeling sad and going to the zoo. If the choice is made to engage in the valued activity, the client is then presented with options of how to carry the sorrow (Zettle, 2012). One choice is illustrated by having the client carry the trash can as far away as possible, such as holding it extended with one hand behind the back so it cannot even be seen, while moving in the direction of the valued activity. This choice is contrasted with that of cuddling the trash can to the client's chest as one might gently hold and carry a baby. Because sorrow is born from our values, leaving it behind is not a choice. How we carry it as we move forward in life is however.

- The tug-of-war exercise can be adapted to simultaneously support acceptance, self-compassion, and committed action.
- Alternative ways of responding to sorrow by making peace with it and adjusting how it can be carried are experientially introduced to clients.

Value-Congruent Behavioral Activation

With the lowering of some of the more common barriers to value-congruent behavior, attention can be shifted to two ways of increasing such activities among those who struggle with depression. One of these strategies depends on reframing existing behavior, while the other relies on instigating new actions.

Reframing existing behavior. Because it is defined functionally, the repertoire of value-congruent behavior can be expanded by simply recognizing instances of such actions that have been overlooked. For example, the value of being a loving parent can be enacted in an infinite number of ways. More obvious members of this response class may be buying ones children a lavish gift or financing their college education. Unfortunately, such actions may not be attainable, contributing to the sorrow of constructed losses and a feeling of failure as a parent. Moreover, a focus on such big actions obscures being able to recognize the smaller ones, which as suggested by the sweet spot exercise, may actually be cherished to even greater degree. In the context of the example offered here, clients could be asked to reflect on all of the things they are already doing – rather than what they have not done – that reflect their parenting values. Note that reframing the behaviors of telling your children bedtime stories and giving them a hug may not result in an absolute increase in the frequency of such actions, although often times this does occur. However, even if there is no increase in these actions, the relative density of value-congruent behavior has been increased and life is made more meaningful as a result.

Instigating new behavior. Just as existing actions can be reframed as value-congruent behavior, it is also possible to relate new actions to values in a hierarchical manner. Clients can be asked to identify both new as well as existing activities that represent an enactment of their

values. Some of these actions that have not been engaged in previously may even be ones whose direct and immediate consequences are hardly reinforcing. Changing an infant's dirty diaper is illustrative. The direct sensory consequences (i.e., smell, sight) of doing so may be quite aversive. However, once this behavior has been framed as something that a loving parent does, changing the diaper may become more inherently reinforcing to the point where a parent who has always refused to do it, now will.

It may be relevant to point out that relational frame theory would explain this as an example of formative augmenting (Hayes, Barnes-Holmes, & Roche, 2001, pp. 109-110; Torneke, 2010, p. 122). The dominant reinforcer for value-congruent behavior is intrinsic within engagement of the activity itself (Wilson, 2008). Once changing the dirty diaper is framed and recognized as an instance of acting like a loving parent, a transformation of stimulus functions can occur. The derived intrinsic reinforcing quality of the valued activity may now be more powerful than the direct and aversive sensory consequences that are also part of changing the diaper.

It is unlikely that changing the dirty diaper of a son or daughter will be a common example of committed action and a behavioral homework assignment in conducting ACT with clients who struggle with depression. It does however, offer an illustration of how small and sometimes even previously avoided activities can be instigated. Given the relative importance of interpersonal relationships, extending simple acts of kindness and expressions of appreciation to loved ones, family members, and best friends are more common examples of "thinking small" in instigating value-congruent behavior. For instance, a recent depressed client during her sweet spot exercise recalled taking an evening walk several years ago with a boyfriend who was now her husband. When asked what was one the smallest things she could do for homework that

would be in the service of the kind of partner she would like to be, she offered resuming evening walks with him. She did and reported back that both of them were pleasantly surprised how much something so small had adding meaning to their relationship. Bigger activities eventually followed, including their decision to buy and remodel a house and adopt a child.

- There are two strategies for activating value-congruent behavior with clients who struggle with depression.
- Value-congruent behavior can be functionally increased by reframing existing actions as reflections of who or what is of importance to clients.
- Value-congruent behavior can be absolutely increased by identifying and instigating new actions that represent enactments of client values.
- “Think small” is recommended in implementing both strategies.

Summary and Conclusions

ACT is an empirically-supported and evidenced-based treatment option for clients who struggle with depression. It appears to work through mechanisms of change that are consistent with the model of psychological flexibility upon which ACT is based and treatment guidelines that target these mechanisms can be offered. To the extent that the investigation and practice of ACT with clients who struggle with depression are ongoing processes, this chapter is a summary of where both stand here and now. It can be likened to a still frame that is part of a moving picture. Hopefully, as our scientific understanding of ACT and ability to effectively deliver it in ways to alleviate and prevent human suffering continue to progress, the snap shot that is offered here is not the end of the story and indeed may soon be obsolete.

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