ACT in Practice

THE TALKING THERAPIES UK PRACTITIONER SERIES



ACT in Practice

Moving around the hexaflex in session: experiential work, metaphor, and functional analysis in the room.

Practitioner level · 10 hours of continuing professional development

TALKING THERAPIES UK

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First edition, 2026.

This manual accompanies the ACT in Practice course in the Talking Therapies UK Digital Classroom, from which its content is drawn and against which it is kept current.

Revision 4. This printing was set on 10 November 2026 from the course as it stood that day.

A note on the clinical material. Every case in this book is a fictional composite written for teaching. No real person appears in it, however disguised. Nothing here constitutes clinical supervision, and nothing in it replaces the judgement of a qualified practitioner working within their competence, their professional body's code and their local governance. Where guidance is cited it was current at the date of this edition; readers must check the standing of any guidance before relying on it.

Set in Poppins and Roboto, the Talking Therapies UK typefaces. Figures drawn by the Talking Therapies UK teaching-diagram engine.

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How to use this manual

ACT read from a book and ACT delivered in session are different skills. This course teaches the second one: for practitioners who know the hexaflex and now want to move around it fluently with real clients, choosing processes by function rather than following a sequence by habit.

The first module puts the engine on the bench. You will learn functional analysis as ACT practises it, asking what a behaviour does rather than what it looks like, and use it to choose which process to work at any given moment. You will then study the craft of experiential work: delivering metaphor so it lands as discovery rather than decoration, and running in-session exercises with precision and consent. The second module addresses willingness, graded exposure ACT-style with the dial always in the client's hand, and then turns the model on its deliverer: the therapist's own hooks, fusions and avoidances, and how they shape what happens in the room.

Substantial written lessons with key points and practice tasks that build in-session skill, with a study tutor throughout. Ten hours of CPD with around nine months of access, a final assessment, and a personalised certificate on passing. For clinicians who want their ACT to feel like ACT.

This manual is the written form of a course taught in the Talking Therapies UK Digital Classroom. It is set at practitioner level and carries 10 hours of continuing professional development for practitioners who complete the accompanying course and its assessment.

It is written to be read in order. Each part opens with what it is for; each chapter teaches one idea to a working depth and closes with the points worth keeping and a practice task that converts reading into something you do. The tasks are the part most often skipped and the part that most reliably changes practice, and several of them are designed to be taken to supervision rather than completed alone.

The figures are teaching diagrams rather than decoration. Each is the conventional form of a model you will meet in the literature and in

supervision, drawn in one visual language across the whole series so that the shape of an idea is recognisable wherever it reappears.

Where a chapter draws on published work, the reference is named in the text and gathered in the further reading at the back. Terms of art are defined in the glossary, which is worth reading straight through once before you begin.

What this manual will leave you able to do

- Assess clients in ACT terms, mapping each hexaflex process and where flexibility breaks down
- Select and sequence defusion, acceptance, present-moment, self-as-context, values and committed-action work within sessions
- Use metaphor and experiential exercise skilfully, and recover when an exercise falls flat
- Build values-based behavioural commitments with workable scope and follow-through
- Apply ACT to anxiety, low mood and chronic pain presentations with fidelity to process, not script
- Track process change in session and let workability, not ideology, decide what happens next

PART 1

Foundations and Functional Analysis in ACT

This module explores the core ACT engine, functional analysis, and the art of experiential tracking and metaphor.

CHAPTER 1

Function over form: the ACT engine

ACT is, at its core, a functional-contextual analysis of human behaviour clothed in the language of mindfulness and acceptance. When the soft clothing of metaphor and metaphorical language stops obscuring the engine that drives the model, the practitioner can attend to the single, relentless question that underpins every intervention: what does this behaviour do in this context? The answer is never about the outward shape or form of the action, but about its function – the way it alters the client's present experience and the future possibilities that follow. Function, not form, is the compass that guides the ACT therapist through the maze of inner and outer behaviour, and the yardstick by which the therapist judges the success of any move is workability, defined not by abstract standards of rationality or normality, but by the client's own lived experience of whether the move brings them closer to what matters.

The theoretical lineage of this functional stance reaches back to the radical behaviourism of B.F. Skinner, whose emphasis on observable contingencies was reframed by the contextualism of Steven Hayes, Kelly, and their collaborators. Hayes, Strosahl and Wilson (1999) articulated the ACT engine as a set of six interlocking processes – acceptance, cognitive defusion, contact with the present moment, self-as-context, values, and committed action – each of which is understood through the lens of functional analysis. The engine does not operate on the assumption that thoughts are merely internal representations; rather, it treats thinking, worrying, ruminating and self-attacking as overt behaviours that have antecedents, discriminative stimuli, and consequences, just as any overt action does. In this way, the ACT therapist adopts a stance that is simultaneously compassionate and analytically rigorous, inviting the client to become a co-investigator of their own behavioural contingencies.

The practical work of the engine begins with the systematic tracking of the ABCs of both inner and outer behaviour. The antecedent (A) is the contextual cue that signals the availability of a particular behavioural repertoire – for example, a quiet evening at home after a day of criticism, a looming deadline, or a memory of past failure. The behaviour (B) is the observable

response, which may be an outward act such as scrolling through social media for three hours, or an inner act such as a cascade of self-critical thoughts that the client labels as “I am a failure”. The consequences (C) are split into short-term and long-term horizons. Short-term consequences are often immediate relief, distraction, a sense of safety, or the temporary reduction of distress; long-term consequences, by contrast, tend to be the narrowing of life, the erosion of valued direction, and the entrenchment of experiential avoidance. The short-term payoff is real and powerful, which explains why the behaviour persists despite its long-term cost.

Experiential avoidance, a term coined by Hayes and his colleagues, is the master pattern that emerges when the short-term regulation of inner states repeatedly wins out over the pursuit of valued living. When a client habitually reaches for avoidance – whether through substance use, compulsive checking, or mental rumination – they are, in functional terms, reinforcing a contingency that yields immediate reduction in aversive private events at the expense of future flourishing. The therapist’s role is not to argue that avoidance is “bad” in a moral sense, but to expose the functional trade-off and invite the client to test whether the pattern is still workable in the service of their chosen life direction.

In session, this functional stance becomes a distinctive conversational discipline. The therapist asks, with gentle curiosity, questions that foreground workability: “When you scroll for hours, what does that do for you right now?” and “What does that mean for the life you said you wanted to lead?” The tone of the inquiry matters as much as the content; a critical, judgmental stance will trigger defensive fusion, reinforcing the client’s attachment to the behaviour. By contrast, a stance of creative hopelessness – a term introduced by Hayes to describe the therapist’s willingness to persistently ask what the behaviour accomplishes, without offering premature solutions – invites the client to become a co-analyst. The client’s own experience, not the therapist’s appraisal, supplies the verdict on workability.

The criterion of workability is therefore a lived, experiential measure. It is assessed by asking the client to compare the short-term relief they obtain with the long-term cost to their values. If the relief is outweighed by the erosion of valued direction, the pattern is deemed unworkable. If, however, the behaviour serves a valued purpose – for instance, a client who chooses

to stay home on a Saturday to recover after a week of intense caregiving – the same form may be perfectly functional. The engine therefore requires the therapist to hold the form of the behaviour in abeyance while probing its function in the specific context of the client's life.

A concrete worked example illustrates how the engine operates in practice. Consider Maya, a 34-year-old solicitor who presents with chronic anxiety, scoring 15 on the GAD-7, and reports that she spends most evenings scrolling through news feeds, feeling a vague sense of dread that never dissipates. In the initial session, the therapist begins by mapping the ABCs of Maya's scrolling. The antecedent is identified as the end of the workday, a feeling of mental fatigue, and a mental note that "I need to stay informed for my job". The behaviour is the scrolling itself, lasting on average three hours, during which Maya reports a series of thoughts such as "If I don't know what's happening, I'll be caught off guard" and "I must be prepared for any crisis". The short-term consequence is a palpable reduction in anxiety – Maya describes a feeling of "calm" that settles over her shoulders – while the long-term consequence is a deepening of avoidance, reduced sleep, and a sense that she is missing out on family time, which she values highly.

When the therapist asks, "When the scrolling stops, what does that do for you in the moment?" Maya answers that it "takes the edge off" and "gives me a sense of control". The therapist then follows with, "And how does that fit with the life you said you wanted – more time with your partner and children?" Maya pauses, then acknowledges that the scrolling leaves her feeling "detached" from her family and that she often wakes up feeling "tired" and "guilty". The therapist reframes this as a functional analysis: the scrolling is serving the short-term function of anxiety reduction, but it is unworkable in the service of her broader values of family connection and wellbeing. The therapist then invites Maya to experiment with a small, values-aligned alternative – for example, committing to a ten-minute mindfulness practice followed by a brief phone call to her partner, observing the anxiety that arises, and noting the consequences. Over the next week, Maya reports that the brief mindfulness practice reduces her anxiety less dramatically than scrolling, but the subsequent call leaves her feeling more connected and less guilty. The short-term discomfort is tolerable, and the long-term benefit aligns with her values, indicating a more workable pattern.

The engine's decision-making process is thus guided by the functional

analysis of each behavioural option. In Maya's case, the therapist does not prescribe mindfulness as a blanket solution; rather, mindfulness is offered as a tool that may alter the contingency map, providing a different route to anxiety regulation that is compatible with her values. The therapist's role is to keep the functional question alive: "Does this move work for you, given what you want?" By repeatedly returning to this question, the therapist maintains fidelity to the ACT engine and avoids the trap of re-introducing content-level debates that would merely reinforce the client's fusion with the problematic behaviour.

The ACT engine also demands that the therapist attend to the client's private events with the same analytical rigour as overt actions. When a client reports a self-critical inner dialogue, the therapist treats that dialogue as a behaviour with antecedents, discriminative stimuli, and consequences. For instance, a client who says, "I am a failure because I couldn't finish the report", is engaging in a self-attacking behaviour that may be serving the function of pre-emptively protecting the self from external criticism. The antecedent may be a perceived expectation of perfection, the behaviour is the self-criticism, and the short-term consequence is a sense of having taken control over the narrative, while the long-term consequence is diminished self-esteem and avoidance of challenging tasks. By exposing this functional pattern, the therapist can invite the client to experiment with defusion techniques – such as labelling the thought as "just a story" – and with willingness exercises that allow the client to sit with the discomfort of potential failure without resorting to self-attack.

The engine's emphasis on workability also aligns with the empirical evidence base for ACT. Meta-analyses (e.g., A-Tjak et al., 2015) have found that ACT outperforms waiting-list, placebo and usual-care conditions across a range of problems, including anxiety, depression, addiction and somatic health problems such as chronic pain. The focus on functional outcomes rather than symptom reduction per se is reflected in the use of measures such as the Acceptance and Action Questionnaire (AAQ-II) and the Valued Living Questionnaire (VLQ), which assess psychological flexibility and alignment with values – the very constructs that the ACT engine seeks to enhance.

In practice, the therapist's conversational style must embody the principles of the engine. The language is precise yet compassionate, always returning to the functional question. The therapist avoids statements that imply moral

judgement – “That’s a bad habit” – and instead asks, “What does that habit do for you?” The therapist also models creative hopelessness by persisting with the functional inquiry even when the client resists, thereby preventing the therapeutic interaction from devolving into a debate over the truth of the client’s thoughts. This stance preserves the client’s agency, as the client’s own experience becomes the arbiter of whether a pattern is workable.

The ACT engine, therefore, is not a set of techniques to be applied in isolation, but a dynamic, context-sensitive decision-making system that integrates functional analysis, values clarification, and committed action. It requires the therapist to hold the client’s behaviour – whether overt or covert – in a state of analytic suspension, to explore its function, to evaluate its workability against the client’s own values, and to co-create experiments that test alternative, more flexible patterns. The engine’s power lies in its capacity to translate the abstract principles of functional contextualism into concrete, lived change for clients, guiding them from a life dominated by short-term avoidance to one that is richer, more authentic, and aligned with what truly matters to them.

In summary, the ACT engine operates on the premise that every behaviour, every thought, every emotion is a functional act within a specific context. By tracking the antecedents, behaviours, and consequences of both inner and outer actions, the therapist uncovers the hidden contingencies that maintain suffering. The criterion of workability, judged by the client’s own experience of whether a pattern serves their valued direction, replaces normative judgments about correctness or normality. Through a disciplined, compassionate conversational style that embodies creative hopelessness, the therapist invites the client to become a co-analyst, testing new patterns that are more aligned with their values. This functional, workability-focused approach is the heart of ACT in practice, and it is the engine that drives therapeutic change for clients across a wide spectrum of presenting problems.

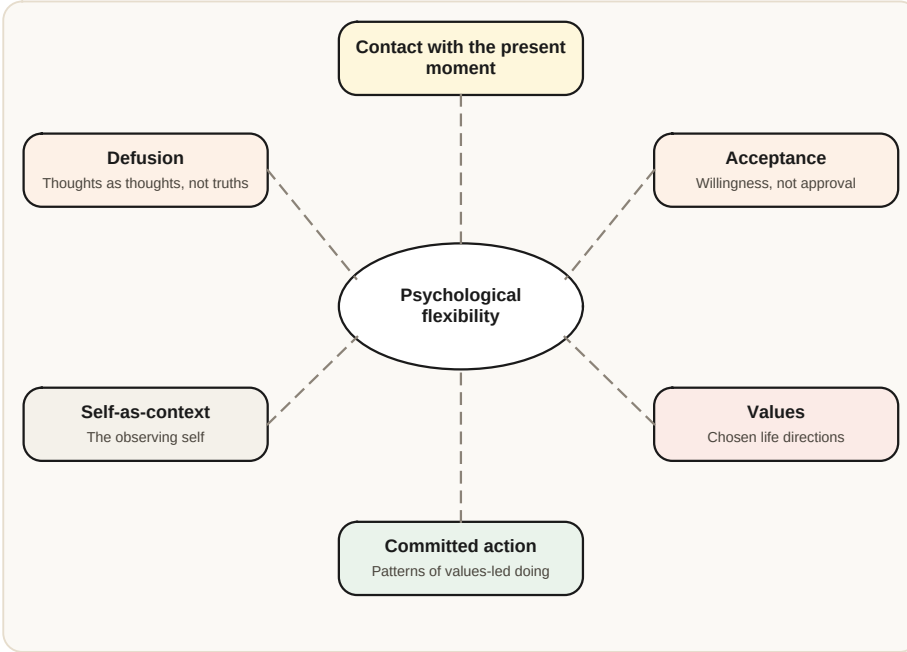


FIGURE 1.1 The ACT hexaflex

Six interlocking processes make up psychological flexibility, the capacity to stay in contact with the present moment and act by one's values even in the presence of difficult private experience. Each process is trainable, and each has a pathological opposite that maintains suffering.

Points worth keeping

- Function, not form: what the behaviour does in context
- Workability is the criterion, judged by the client's experience
- Track ABCs of inner and outer behaviour in session

PRACTICE TASK

Take one client behaviour and write two different functions it could serve, with the question that would distinguish them.

CHAPTER 2

Metaphor and experiential exercise, done well

ACT's metaphors are not ornamental flourishes; they are functional analyses cast in story form, and delivering them well is a distinct clinical skill that rests on the same functional contextualist foundations that undergird the entire model. The strategic reliance on metaphor stems from the observation that direct verbal instruction invites the client's habitual arguing and justifying machinery, whereas a story can bypass those defences and allow the client's own lived experience to generate insight. This principle is articulated in the seminal work of Hayes, Strosahl and Wilson (1999) and is reflected in later ACT research, although the specific contribution of metaphor to experiential change has rarely been tested. In practice, a metaphor functions as a compact, shared language that encodes the core Hexaflex processes—cognitive defusion, acceptance, contact with the present moment, self-as-context, values, and committed action—into a vivid image that the client can inhabit and return to across sessions.

A useful guideline is to select a single metaphor and inhabit it fully, rather than scattering several thinly, although clinicians may introduce additional metaphors when appropriate. By committing to one story, the therapist creates a shorthand that can convey in a handful of words what a paragraph of psycho-education cannot. For example, the classic "Passengers on the Bus" metaphor compresses the Hexaflex into a driver (the client) navigating towards valued destinations while a noisy crowd of inner critics, fears and judgments shout directions and threats. The discovery that the bus can continue moving even while the passengers shout is the experiential analogue of the acceptance process. The therapist's role is to become the driver, narrating the scene with vivid detail, and then to invite the client to complete the story: "And what happens if the driver decides to stop and argue with the passengers?" The client's response is the moment of insight, because it is phrased in the client's own language and therefore binds more tightly to their behavioural repertoire.

A metaphor must be tailored to the client's world. The metaphor that

resonates with a mechanic will differ from that which clicks for a schoolteacher, and the most effective metaphors are often co-constructed in the moment from the client's material. If a client describes their mind as a "stormy sea", the therapist might extend this image into a sailing metaphor, linking the act of adjusting the sails to the process of defusion. The therapist should ask permission, check for relevance, and then weave the client's own words into the narrative, ensuring that the story feels authentic rather than imposed. Once the metaphor has been introduced, it should be revisited regularly, each reference acting as a reminder of the functional analysis that underlies the client's change work. A brief comment such as "the passengers were especially loud on Tuesday" can encapsulate a whole session's learning in a single sentence.

Experiential exercises follow the same logic, but they generate the learning in the room rather than describing it. The discipline of running an exercise consists of three phases: set-up, execution without rescue, and functional debrief. In the set-up phase the therapist offers a concise rationale, seeks the client's permission, and frames the purpose without over-explaining the punchline, because the moment of discovery is lost if the outcome is pre-told. The therapist might say, "I'm going to invite you to notice what happens when you try to hold your breath while thinking about that anxiety-filled thought. You don't need to know why we're doing this; just notice what comes up." The brevity of the explanation preserves the experiential impact.

During execution the therapist must resist the instinct to rescue the client when discomfort arises. This is the crucible that separates competent practitioners from novices. When a client's face tightens, eyes flutter, or a sigh escapes, the therapist's own internal alarm system may urge soothing words, but intervening at that moment reinforces the client's belief that discomfort is intolerable. The therapist's role is to model willingness, staying present, warm, and unhurried while the client remains in the experience. A gentle, non-directive presence—"I'm here with you"—is sufficient; the therapist generally refrains from problem-solving or reassurance, because the exercise itself is the lesson that discomfort can be tolerated, but may intervene with brief reassurance or safety-oriented support when clinically indicated.

The debrief phase is not a performance review but a functional inquiry.

Rather than asking, “Did you do it right?”, the therapist asks, “What showed up for you in the moment?” followed by, “What did you do with what showed up?” These two questions transform any outcome, even what appears to be failure, into material for change. If a client could not keep their eyes closed, the therapist reframes this as evidence that avoidance is still active, and that the exercise has brought the avoidance into the therapeutic arena where it can be observed and worked with. The debrief should also link the experience to the client’s everyday life, asking, “Where this week do you anticipate the passengers will be loudest, and how might you keep the bus moving in that situation?” This step ensures that the exercise does not remain theatre but becomes actionable therapy.

To illustrate the full process, consider the case of Mia, a 34-year-old accountant who presented with generalised anxiety, a GAD-7 score of 14 and a PHQ-9 score of 12. Mia described her mind as a “crowded train station” where every thought shouted for attention, and she felt paralysed by the noise. The therapist selected the “Passengers on the Bus” metaphor, noting the similarity to a station where commuters crowd around a platform. In the set-up, the therapist said, “I’m going to ask you to imagine you are the driver of a bus that is heading towards a place that matters to you, perhaps a weekend with friends. The passengers are the thoughts that keep shouting. Let’s see what happens when the bus keeps moving despite the shouting.”

Mia was invited to close her eyes and visualise the bus. When the imagined passengers began to shout, the therapist asked, “And what happens if the driver decides to stop and argue with them?” Mia responded, “I would feel overwhelmed, and the bus would stop, and I’d have to get off and wait for the noise to settle.” The therapist noted the insight that stopping to argue creates a halt in movement, mirroring Mia’s real-world pattern of avoidance. The therapist then guided Mia through a brief experiential exercise: she was asked to hold a small stone (representing a distressing thought) while recalling a recent anxiety-provoking situation. As the stone grew heavier in her hand, the therapist refrained from offering reassurance, instead maintaining a calm, present stance. When Mia’s hand trembled, she expressed a desire to drop the stone. The therapist responded, “You’re feeling the urge to drop it—what would happen if you kept holding it for a moment longer?” Mia chose to keep the stone, noticing a slight reduction in tension, and reported that the feeling of being trapped began to shift.

In the debrief, the therapist asked, “What showed up for you while you held the stone?” Mia described a surge of fear and a mental narrative about being unable to cope. When asked, “What did you do with that?”, Mia said, “I noticed the fear, named it, and kept the stone in my hand a little longer.” The therapist linked this to Mia’s daily life, asking, “When during the week do you expect the train station to feel most crowded, and how might you keep driving forward rather than stepping off the platform?” Mia identified Monday morning meetings as a high-risk time and committed to a brief mindfulness check-in before each meeting, a concrete act of committed action.

The therapeutic standard set by this lesson is clear: choose one metaphor, inhabit it, and let the client complete it; run experiential exercises with a stance of non-rescue, modelling willingness; debrief functionally, not perfunctorily; and always tether the insight to a specific, observable behaviour in the client’s life. By adhering to these principles, the therapist transforms metaphor and exercise from mere didactic tools into lived experiences that embody the Hexaflex, thereby facilitating the kind of deep, durable change that ACT promises. The cumulative effect of a shared metaphor, a well-run exercise, and a concrete behavioural commitment is greater than the sum of its parts, echoing the functional contextualist premise that the value of an intervention lies in its observable impact on the client’s actions, not in the elegance of its description. This approach, grounded in the evidence base of Hayes et al. (2006) and supported by ongoing research into the mechanisms of change in ACT, equips the intermediate practitioner with a robust, replicable toolkit for guiding clients toward psychological flexibility in the messy reality of everyday life.

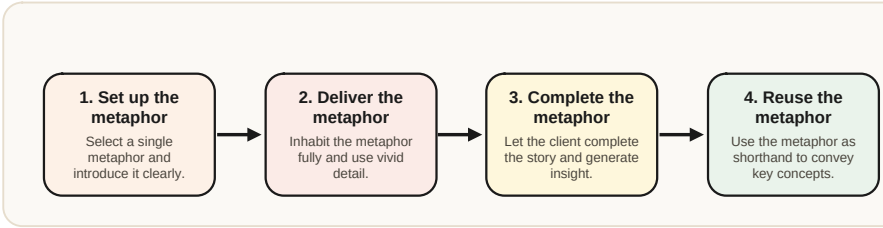


FIGURE 2.1 Delivering a Metaphor
Effective delivery and use of metaphors in ACT

Points worth keeping

- Metaphors are functional analyses in story form
- Deliver one well, let the client complete it, reuse it as shorthand
- Exercises: set up, do not rescue, debrief function, link to life

PRACTICE TASK

Script your own two-minute delivery of the passengers-on-the-bus metaphor for a client dominated by self-critical thoughts.