

Moving From Control and Avoidance Toward Willingness



Sonja Batten, Ph.D.

Hello. In this session, I'm going to talk to you about the process of preparing the client to move from a focus on control and avoidance toward willingness.

Problems in Living That Bring Clients to Therapy



Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



From an ACT perspective, many of the problems in living that bring clients to therapy are related to an unwillingness to experience their own thoughts, feelings, memories, and other private experiences.

And for trauma survivors, that refers specifically to an unwillingness to experience those private events that are related to the client's traumatic event history.

And although it's totally natural to avoid things that are experienced as unpleasant or painful, and this tendency is even more heightened when you've experienced a traumatic event, difficult experiences are a natural part of life and can't be fully avoided.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

Move Toward Psychological Flexibility



Focus on internal control
may be part of the
problem



Let go of efforts at controlling
thoughts, feelings, and
memories

Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



So, one of the ways that an ACT therapist helps clients to move toward psychological flexibility is by introducing the possibility that this focus on internal control may itself be part of the problem that has led the person to seek treatment.

The idea is that by letting go of so much effort at controlling thoughts, feelings, memories, and other private events, the person is freed up to actually exert more control over their actual lives.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

Provide Informed Consent about ACT Treatment



Explain what's different

Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



So, when introducing this concept, it can be especially useful to provide informed consent about the regular course of ACT treatment. And I'm not just talking about standard information about limits of confidentiality or the research support behind the approach or potential alternative treatments.

In addition to those things, the ACT therapist tries to explain what's different about this treatment so that the client better understands what this approach entails.

So, here's a sample of how I might introduce ACT to a client at this phase of treatment. I might say something like this:

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

“The focus isn’t on helping you to feel better, but instead to feel better”

Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

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Before we really begin with the main work of this treatment, I’d like to tell you a little bit more about it.

You’ve said you’ve been in therapy before and so I need to let you know that this approach is somewhat different from what you may have encountered with other therapists. In the type of therapy that I do, the focus is not on helping you to feel better, but instead to feel better.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



Finding a different way of responding when difficult thoughts and feelings show up may be more effective to move forward with your life”

Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

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I propose that if we can work on helping you to find a different way of responding when difficult thoughts and feelings show up, this may be more effective in helping you to move forward with your life than if we just focus on helping you to feel less sadness or less anxiety.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

“We commit to a piece of work together for however long seems okay to you at first”

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In fact, I think it’s likely that here, at first, those symptoms of sadness and anxiety may sometimes go up and sometimes go down, like waves in the ocean. What I’m suggesting is that we commit to a piece of work together for however long seems okay to you at first. Three sessions, 6 sessions, 10 session, whatever. And then, at that time, we take a look to see how things are going.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



"Then, we take a look and assess whether we're making progress"

Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



My request at that point will be that we take a look and assess whether we're making progress, not by how you happen to be feeling in that moment—because we know those waves of feelings will vary from day to day and moment to moment—but by whether you have the sense that things are moving forward and that what we're working on together has the potential to make a difference in how you live your life. So, I would say something like that.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

Clients



May be ready to try something new



May be aware that pain is part of life



May feel validated by the therapist

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And some clients may have had enough experience with other modes of therapy to be ready to try something new. Others may have had the types of life experiences or exposure to spiritual traditions that have opened them already to an awareness that pain is part of life. For those individuals, they may actually feel immediately validated by a therapist who does not suggest that removing psychological distress is the ideal end state.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

Clients



Caught up in the
struggle



Not changing unpleasant
private events may seem
misguided

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On the other hand, for other clients who are more caught up in the struggle with their own private experiences, the idea that someone may not need to change or reduce unpleasant private events in order to move forward with life may seem like it doesn't make sense or may seem misguided. Either way, it's okay.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

Clients



Begin to open up their way of thinking about how to approach trauma



Open up to their trauma history in a way that isn't based on avoidance

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The goal of introducing this topic is to begin to open up their way of thinking about how we might approach this work on trauma and to start to pique their interest.

By opening up through curiosity, the client can begin the process of opening up to their trauma history in a new way that isn't based on avoidance.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd

Key Points

- Avoidance is a common way of responding to painful thoughts, feelings, and memories.
- Toward the beginning of treatment, introduce the concept that trying to control these experiences related to the trauma is part of the problem.



So, to review the key points, avoidance is a common way of responding to painful thoughts, feelings, and memories. And this is often even more the case with people who have experienced a traumatic event.

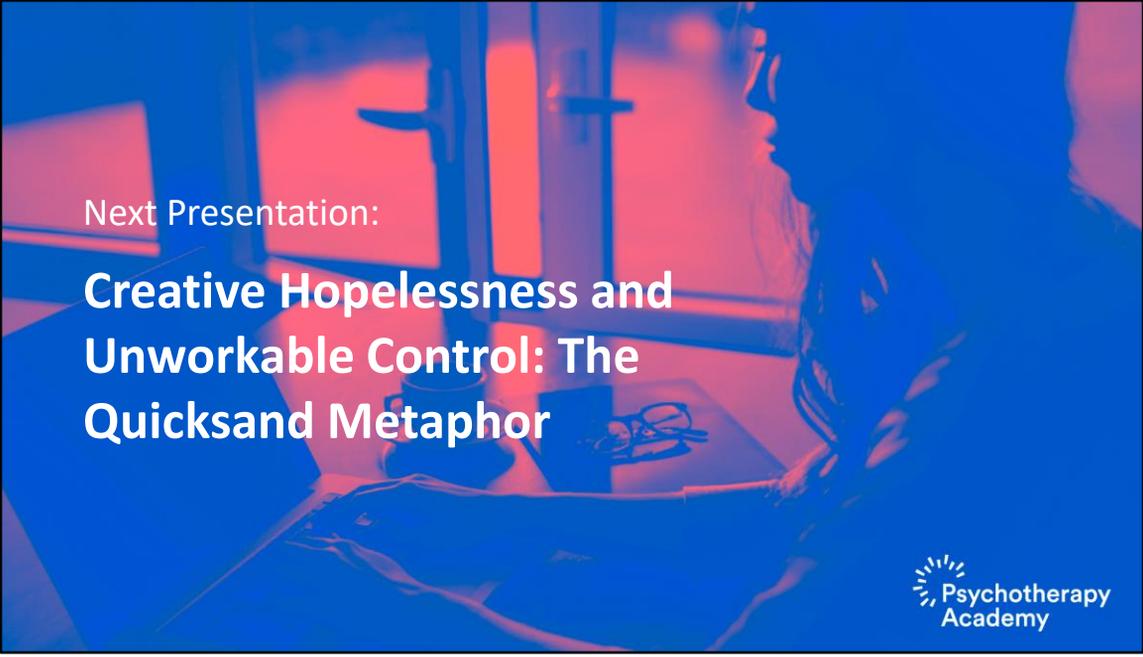
Toward the beginning of treatment, it can be useful to introduce the concept that trying to control these private experiences related to the trauma is actually a core part of the problem of what is keeping them stuck.

Key Points

- The ACT therapist informs the client about how this approach to treatment is different.
- Ask the client to commit to a specific number of sessions and then to judge whether their life is becoming more workable



And the ACT therapist works to inform the client about how this approach to treatment is different and asks the client to commit to a specific, predetermined number of sessions and then to judge whether their life is becoming more workable, rather than judging the progress of therapy by how the client may be feeling on a moment-to-moment basis.



Next Presentation:

**Creative Hopelessness and
Unworkable Control: The
Quicksand Metaphor**

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Creative Hopelessness and Unworkable Control: The Quicksand Metaphor

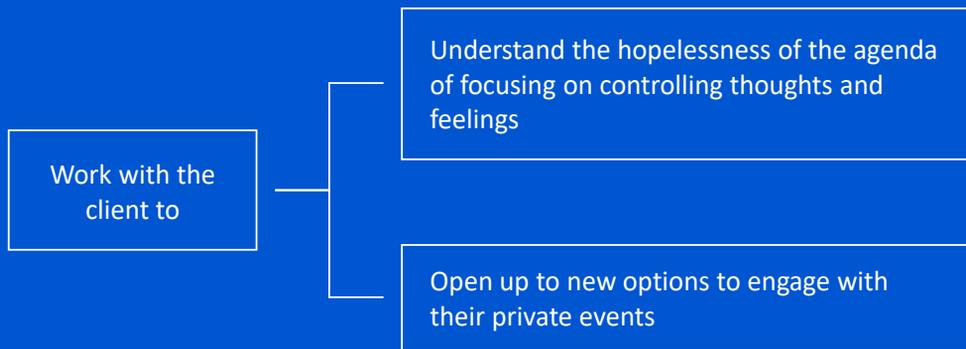


Sonja Batten, Ph.D.

For clients who indicate an openness to learning more about what the therapist means by the idea that the effort to move away from pain might itself be part of the problem, it can be useful to start therapy with a stage that's called creative hopelessness.

Now, please note that the term creative hopelessness is just a term I might use when I'm referring to this phase of treatment with another therapist. I honestly would never use this term in the room with the client.

Creative Hopelessness



Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



But, in case you're curious where the term comes from and what it refers to, the idea is that as you work with the client to potentially understand the hopelessness of the agenda of focusing on controlling thoughts and feelings. It allows the client to open up to new options, even creative options, about other ways to engage with their private events, even ones related to a traumatic experience. That's just how I might describe this component of ACT to you, as you're learning it, and not a phrase I would use with the client.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

What to Do in the Initial Phase



- Start with a mindfulness exercise
- Pick mindfulness exercises that are less likely to serve as trauma triggers

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So now, I'll launch into examples of what we might do in this initial phase of therapy in a moment.

I would usually recommend that you start with a brief mindfulness exercise at the beginning of the session to help ground and focus the client for work ahead.

Early in treatment, it can be helpful to pick relatively innocuous mindfulness exercises that are less likely to serve as trauma triggers. So, you might pick something like focusing for 60 seconds on what the person can hear, or you can even play a piece of music and have the person focus on the various sounds that comprise that piece of music.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

What to Do in the Initial Phase



What if it's not that the client hasn't tried hard enough?



That strategy can't work to solve that problem

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As I work on introducing this piece of work that we're going to do, I might start suggesting things like, what if it's the case that it's not that the client hasn't tried hard enough or hasn't worked hard enough or been smart enough or demonstrated enough willpower to change? I'd suggest to the client that, if they think about how hard they've worked to deal with or try to change their memories and reactions to what happened to them, if they had put that much effort into anything else in their lives, think of how far they would've gotten. So, what I'm suggesting is that maybe there's another explanation. Perhaps the client has simply been applying a strategy to solve a problem that cannot work for that purpose.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

“What if these strategies can’t work to solve the problem of dealing with your trauma history?”

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So, here’s something that I might say to the client: It seems to me that you’ve been working very hard at trying to solve this situation and change the way things are for quite some time now. And what if it’s not the case that these strategies just haven’t worked yet? What if it’s more like these strategies actually can’t work to solve the particular problem of dealing with your trauma history?

References

Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

The Quicksand Metaphor



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Sometimes, I think it's helpful to have an image to capture what I'm trying to say. So, I'd like you to imagine that there's a patch of quicksand in the woods.

And some sort of animal, I don't know, maybe a deer or something lopes along and falls into the quicksand. What is that deer's first instinct going to be?

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

The Quicksand Metaphor



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To struggle like mad to try to climb its way out. And I would actually be miming, in sort of a grand way, struggling with arms and legs flailing around. And we all know from watching movies or cartoons what happens when you try to struggle your way out of quicksand, right? Usually, the client will say something like, “Well, you go deeper and deeper down in the sand.” Right.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

The Quicksand Metaphor



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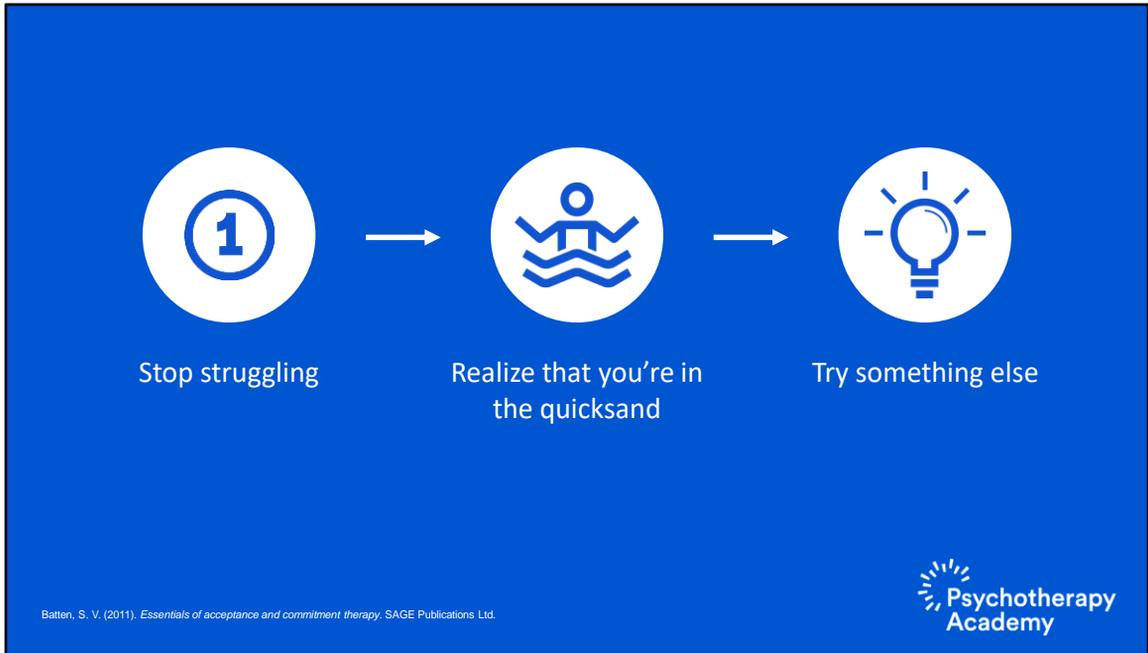


So instead, what do we know from watching those same movies that we're supposed to do? We're supposed to do something counterintuitive, right, if we have the unlucky circumstance of falling into quicksand. And if the client has seen something like that, they might answer, "Lie flat and stay still." Exactly.

You're supposed to stop struggling, spread yourself out, and try to get in as much surface area contact with the quicksand as possible, at least as an initial step until you figure out what else to do.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



But the first thing is to stop struggling and just get in contact with the stuff that you're struggling with. It's not that you haven't been trying hard enough to deal with your current situation, to deal with those traumatic memories and the feelings that you have.

It's just that sometimes we have to realize that we're in the quicksand so that we can stop struggling long enough to try something else.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

Clinical Goal at This Stage



Be aware that current strategies haven't worked



Open up other strategies to try

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So, the clinical goal at this stage of treatment is to work with the client to get into experiential contact with the awareness that the current tools or strategies have not worked and likely will not work.

If the client can recognize, for example, that struggling to try to get out of quicksand only gets the person more and more stuck, then this opens up all sorts of other creative strategies that you can try instead once the client stops trying to climb out of the bog. The ACT perspective maintains that it's not that the client hasn't worked hard enough, tried hard enough, or had enough willpower.

It's that purposeful control of thoughts and feelings is a pretty problematic strategy for effective living.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



So, for clients to move toward psychological flexibility and workable life choices, they may instead need to work on increasing willingness to experience the full range of private events in the service of their own valued life directions.

We're focusing on giving up the agenda of controlling thoughts, feelings, and other reactions to their stories, not giving up on controlling their lives.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

Four Reasons to Engage in Experiential Control



It's modeled

Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



So if control is such a problem, then why do we all engage in it?

Well, there are 4 main reasons why a person would engage in experiential control or avoidance strategies.

First of all, modeling. We learn to control our private experiences, or at least how they're expressed, first by watching parents and other influential people in our lives model emotional control as we're growing up. From the outside, it often looks like it works.

Adults don't go around crying as much as little children do. It's only later that maybe we realize how much mom or dad had to drink every night to be able to deal with their anxiety or their depression or whatever. So it's modeled for us, that experience of emotional control.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

Four Reasons to Engage in Experiential Control



It's modeled



It's directly instructed to us



Control strategies work well in the external world

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It's also directly instructed to us, things like "Stop crying or I'll give you something to cry about" or "Be a big boy," "Be a big girl," you know, like "Just move on." It's instructed to us.

The third thing is that control strategies generally work really well in the external world, so it seems natural to apply those same strategies to your private events. For example, if you have a rotten piece of food in the refrigerator and it stinks, you can throw it away and solve the problem. But the same strategy doesn't apply to unwanted or rotten memories.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

Four Reasons to Engage in Experiential Control

- 1 It's modeled
- 2 It's directly instructed to us
- 3 Control strategies work well in the external world
- 4 Control seems to work sometimes in the internal world

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And fourth, control even seems to work sometimes in the internal world with thoughts and feelings, at least in the short term, like using things to distract you or having a drink every night to relieve stress after work. And because we respond really strongly to short-term contingencies, it makes perfect sense that experiential control strategies would be so common.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

Key Points

- Creative hopelessness is focused on helping the person to identify the strategies that don't work.
- The problem is that the strategies that they've been using aren't workable.



So, to review the key points.

The stage of ACT treatment called creative hopelessness is focused on helping the person to identify the strategies that he or she has been using that don't work so that the person's energy can be freed up to find alternative ways of dealing with difficult thoughts, feelings, and other private events.

It's important to help make clear during this phase of treatment that the problem isn't that the person hasn't tried hard enough or worked hard enough but that the strategies that they've been using to try to deal with their pain are not workable and may even be making things worse.

Key Points

- We default to control strategies, which may work in the short term.



And it makes perfect sense why we default to control strategies. They may even work in the short term. But if they truly work to help the person have a life worth living, then the person wouldn't be presenting for treatment right now.



Next Presentation:

Metaphor: The Person in the Hole

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Metaphor: The Person in the Hole



Sonja Batten, Ph.D.

Another classic metaphor that's frequently used to point out the potential that the struggle is actually part of the problem is called the "person in the hole" metaphor.



Imagine that you are placed in the middle of a field with a blindfold on and you're given a bag of tools to carry. You're told that your job is to run around this field blindfolded. That's how you're supposed to live life and that's all the instruction that you're given.

And so you do what you're told. Now, unbeknownst to you, in this field, there are a number of widely spaced fairly deep holes. You don't know that at first but they're in every direction. So, it's inevitable that at some point you will eventually fall into one. But you're just following the rules. Running around the field blindfolded with this bag of tools.

References

- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change* (pp.101–102). Guilford Press.



So, maybe first you go 4 steps to the left, you go 2 steps to the right, and you run 50 yards. But sooner or later, you fall into a large hole. So, what's the first thing that you might do if you fall into a hole, a really big hole that you can't just crawl out of?

Well, you might start by trying to investigate the size and the characteristics of your hole. You're blindfolded, so you can't really see anything, but you feel around to see the size and the shape of the hole, maybe sort of get a sense of what type of dirt it's made of, and so on.

And sure enough, you feel all the edges that you can feel, that you can't climb out, and there are no escape routes that you can find.

References

- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change* (pp.101–102). Guilford Press.



So, you might start by trying to figure out exactly how you got into the hole. You know, it might seem important to analyze exactly what brought you to this point. You might think, “Okay. First, I went 4 steps to the left, then I went 2 steps to the right, and then I ran 50 yards.” But even if you know precisely how you got there, does that help you get out of the hole? I mean, it might help you not fall into holes in the future. But analyzing and knowing exactly how you got there in excruciating detail doesn’t really help you get out in the moment.

References

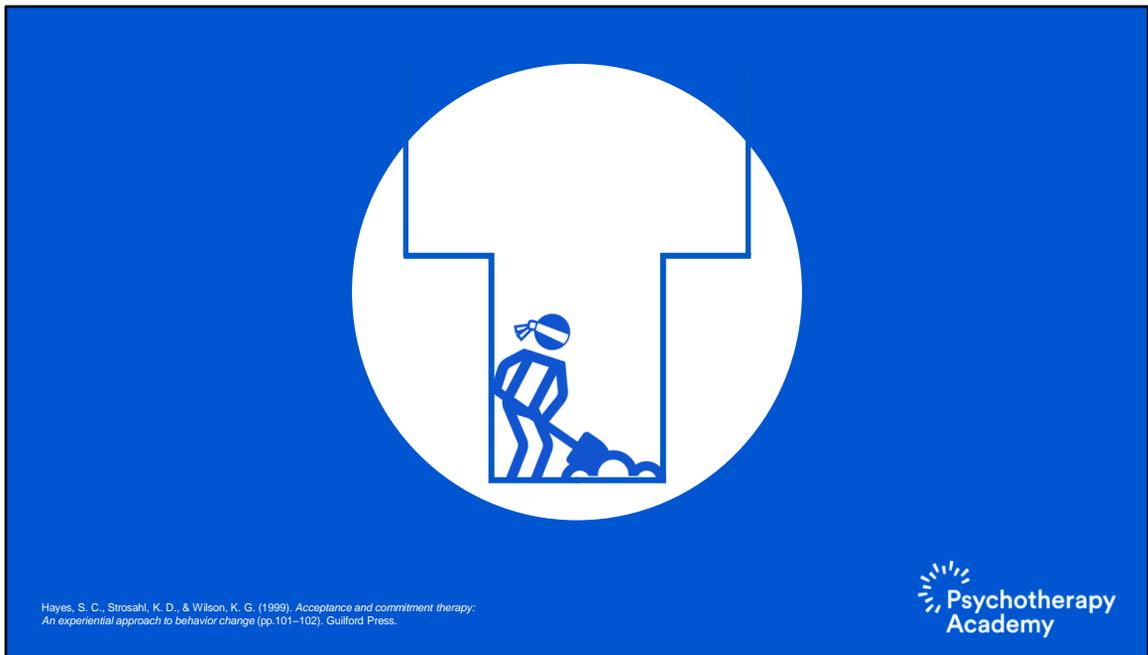
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change* (pp.101–102). Guilford Press.



So eventually, you might remember that you have that tool bag over your shoulder. You might take that tool bag you were given and see what's in there. Maybe there's something that you can use to get out of the hole. So, you open up the bag and suppose the only tool in the bag is a shovel. So, you get a sense that this is a shovel. And well, it's the only tool you have. So, you dutifully start digging.

References

- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change* (pp.101–102). Guilford Press.



But pretty soon, you notice that you're not out of the hole. So, you maybe tried digging faster and faster. But you're still in the hole. Or maybe you tried big shovel holes or little shovel holes or throwing the dirt far away. But you're still in the hole. All of this effort and all of this work and oddly enough, the hole has just gotten bigger and bigger and bigger.

References

- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change* (pp.101–102). Guilford Press.

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change* (pp.101–102). Guilford Press.

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And is that maybe like your experience with these problems we've been talking about?

You worked so hard. You tried to understand how you got there. You used the tools that you've been given. You followed the instruction that you've learned over the years. And yet everything you do seems to just get you deeper in the hole.

And so maybe, even now, you come to me thinking, "Well, maybe she has a really huge shovel. Maybe a gold-plated steam shovel."

References

- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change* (pp.101–102). Guilford Press.

Realize digging isn't a way out

Figure out all of the ways that you've been digging

Halt the process of making the hole bigger

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change* (pp.101–102). Guilford Press.

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Well, I'm sorry, but I don't. And even if I did, I wouldn't use it because digging is not a way out of the hole. Digging is what makes holes. And right now, you're so trained and practiced at that motion of digging that probably, even if I gave you a ladder, you might just start trying to dig with it.

So, what I'm suggesting is that maybe the whole agenda here is hopeless, the agenda of digging. You can't dig your way out. That just digs you in. And the first thing we need to do is to figure out all of the ways that you've been digging so that before you move on to doing something new, at least you can stop those and can halt the process of making the hole bigger.

References

- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change* (pp.101–102). Guilford Press.

Key Points

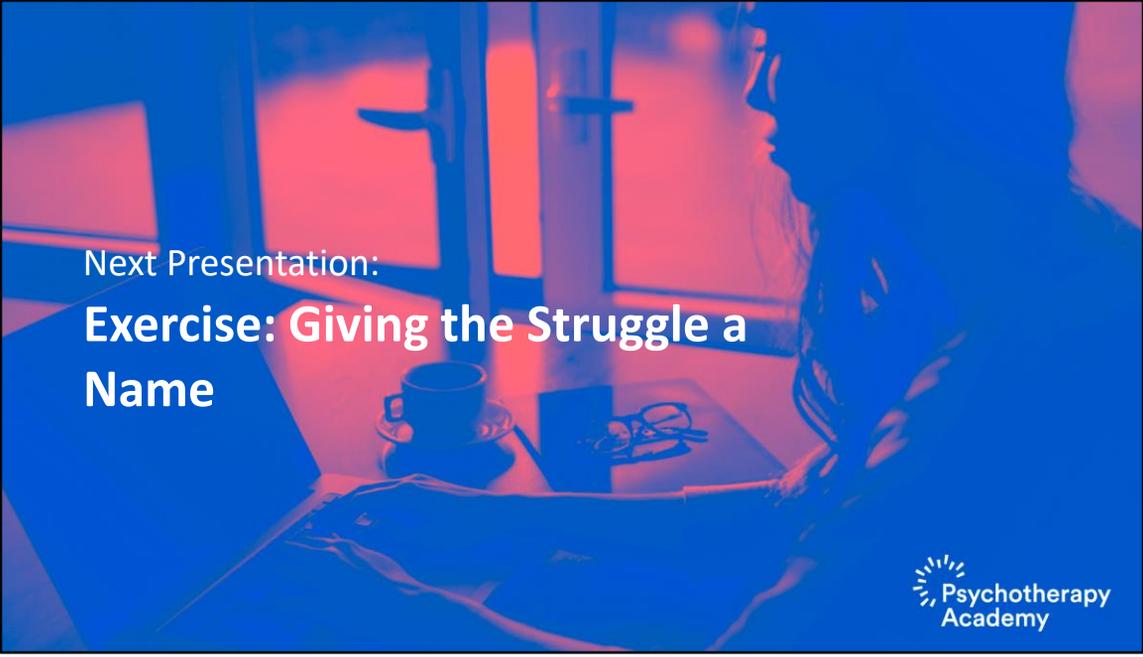
- Metaphors can be a powerful way of communicating points.
- The “person in the hole” metaphor can help clients understand the ways they’ve paradoxically been making things worse.



So some key points.

Metaphors can be a very powerful way of communicating points in an experiential way that leads to less analytical and verbal pushback.

And the “person in the hole” metaphor can provide another type of imagery to help the client understand the ways that he or she has paradoxically been making things worse as they try to deal with the problem.



Next Presentation:

Exercise: Giving the Struggle a Name

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Exercise: Giving the Struggle a Name



Sonja Batten, Ph.D.

So, if the client is willing to consider that the struggle itself may be part of the problem, then it becomes important to move the discussion from the metaphorical into the personal.

Goal: Identify a Theme Among the Strategies



Ask the client to identify all the things they've been struggling with

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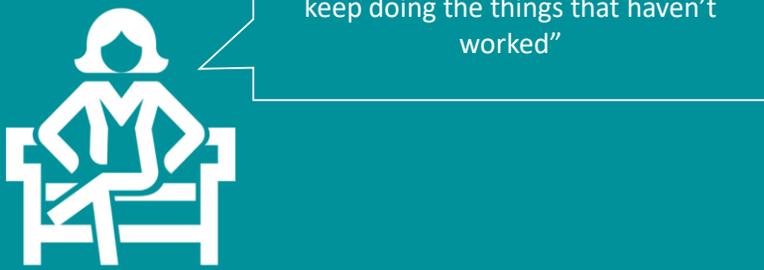


The goal, at this point, is to have enough information to be able to identify a theme or a similarity among the majority of the strategies that the person has tried so far—that the therapist and client have now a shared understanding of what has been tried and what hasn't worked.

So, you might start this process by first asking the client to identify what are all the things they've been struggling with, just come up with a list. So it may be, you know, depression, problems in relationships, anxiety, traumatic memories, hypervigilance, things like that.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



"What I don't want us to do is to keep doing the things that haven't worked"

Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd



And once you have that list, then the next step is to say something like, “Well, it sounds like you’ve been struggling with these issues for a really long time and you’ve tried a variety of things to get them to change. So, what I don’t want us to do is to keep doing the things that haven’t worked.

So I wonder if we can brainstorm a little bit and see if we can identify all the strategies that you’ve tried over the years to deal with these things that you’ve been struggling with.” And then you want to brainstorm with the client all the things they might try.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

A Sample List



Medications



Alcohol



Isolation



Sex



Staying busy



Overeating



Stuffing emotions



Overworking

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And so here's an example of a list that I came up with, with a 30-year-old client who had a history of trauma and alcohol and heroin use.

And he came up with the following list, that he had tried medications and methadone. He had tried drugs, alcohol, isolation, sleep, sex, reading, staying busy with activities, pushing people away with anger, therapy, overeating, just toughing it out, stuffing emotions, distancing himself from people and situations, what he called geographical solutions or moving away, and overworking. And so we generated this list over the course of only about 5 or 10 minutes.

And every client is going to come up with a different list. You can even do this in group therapy and come up with a list together with the group and it can actually be sort of fun and, you know, sort of create a sense of curiosity and camaraderie among the group.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

After the List: The Next Step



Identify the common theme
in the strategies

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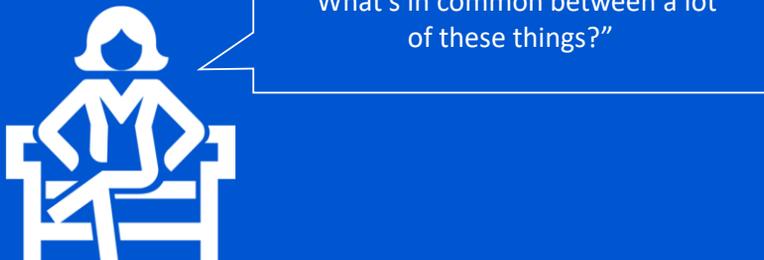


But once you have a list—hopefully, of at least 5 things, but it can be way more than that—the next step is working with the client or the group to identify the theme or the similarity that ties the strategies together.

So, you can say something like: I want to make sure that, as we move forward, that we're not just doing the same things you've already tried. Because if those things were going to work, they would've worked already.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



"What's in common between a lot of these things?"

Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd

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But as I look at this list, it's pretty long and it would be hard to keep track of each one of these things separately. So, I wonder if we can take a look at the list again and see if there's something that ties them together, like maybe a theme.

Because if we can identify what they have in common, then that will give us a really solid place to start. So, when you look at this list, what do you notice? What's in common between a lot of these things?

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



“A series of things that worked in the short term, but not in the long run”

Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd



And so the client might say like, “Well, it’s a series of things that haven’t worked. Or I guess, maybe they worked in the short term, but they haven’t done me any good in the long run.”

Or they might say, “It’s a bunch of things that I’ve tried just to get by, but they haven’t really addressed the actual problem and they’ve probably made things worse.”

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

The Therapist Can Provide Other Inputs



“They could be attempts at control or avoidance”



The client needs to understand the futility of these strategies



The client needs a sense of what hasn't worked

Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd



So, depending on whatever the client brings up, the therapist can provide some other inputs. And using language that you think that the client will resonate with, you might suggest that they could be seen as attempts at control, avoidance, or trying to get away from pain and difficult experiences.

It's not really important what specific word or phrase you use, but just to find something that resonates with the client so that he can understand the futility of these strategies and have some way of categorizing them that works for him.

It's really important to come away with some sort of sense of what it is that hasn't worked, at this point.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

Examine the Cost of These Strategies



Understand what doing those things has cost the client



Is controlling those unwanted internal trauma-related experiences workable?

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And then one thing that you can do is work on examining the cost of these strategies.

So, as you have all of those strategies listed on a piece of paper or on a white board in front of the client, it can be useful to take a few minutes and understand, from the client, what doing all of those things has cost him over time.

And so that helps the client really get in contact with whether or not it's workable to try to continue to control or avoid those unwanted internal experiences related to the trauma.

Doing this helps set up the often hard work of acceptance and willingness.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.

Key Points

- Explore the extent to which the client can identify control as being part of the problem.
- Identify a list of the things the client has tried to deal with their trauma history.



So, to review the key points.

Now that the topic of control being part of the problem has been introduced, it becomes time to explore the extent to which the client can identify this as being true in his or her own life.

One place to start is by identifying a long list of all the things the person has already tried to do in order to deal with his or her own trauma history, again, pointing out that it's not that the person hasn't been trying to do something about the problem. In fact, they've tried a lot of things, but suggesting that it's the thing the person has been trying to do that is the problem.

Key Points

- Ineffective short-term control strategies are a common element.



And given the key role that avoidance plays in the development and maintenance of posttraumatic problems in living, the therapist will frequently be able to work with the client to identify that it's ineffective short-term control strategies that is a common element in the strategies that the client has tried so far.



Next Presentation:

**Difficulties When Working with
Creative Hopelessness and Unworkable
Control in PTSD**

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Difficulties When Working with Creative Hopelessness and Unworkable Control in PTSD



Sonja Batten, Ph.D.

In this video, I'm going to talk about some common difficulties that therapists can encounter when working with creative hopelessness and addressing workable vs unworkable control in PTSD.

Mindfulness and Acceptance as a Way of Dealing With Trauma



Acceptance may not work



Mindfulness and acceptance could be used as control strategies

Walser, R. D., & Westrup, D. (2007). *Acceptance and commitment therapy for the treatment of post-traumatic stress disorder and trauma-related problems: A practitioner's guide to using mindfulness and acceptance strategies*. New Harbinger Publications.



So, here's one thing that can happen. What if when you're generating that list that I just talked about, the client suggests that they've tried mindfulness or meditation or they've tried acceptance already as ways of dealing with the trauma? What do you do then? Aren't we trying to, you know, get them toward mindfulness or acceptance?

Well, the therapist should always remain open to the possibility that acceptance may not work. But oftentimes, when you explore further with the client what it is that they're saying, it turns out that they've been using mindfulness or acceptance as control strategies.

References

- Walser, R. D., & Westrup, D. (2007). *Acceptance and commitment therapy for the treatment of post-traumatic stress disorder and trauma-related problems: A practitioner's guide to using mindfulness and acceptance strategies*. New Harbinger Publications.

“I Already Tried Meditation”



Have an initial response where mindfulness was relaxing



Apply it as a way of reducing anxiety

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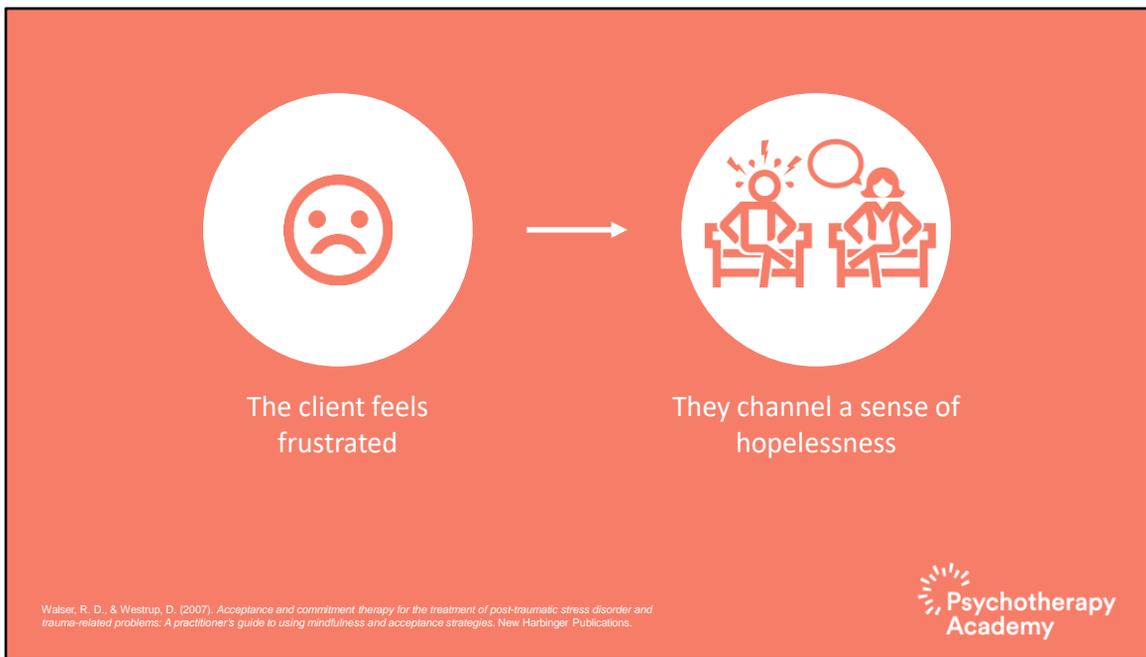
So, an example is somebody says like, “Well, I already tried meditation. I did it and the first few times I did it I actually felt relieved and afterward, I fell right asleep. But after that, like every time I would start doing mindfulness, I would just notice all the things I felt anxious about and I never felt relaxed again.”

So, what you hear when you listen to that story is that the person had sort of an initial response where mindfulness was maybe relaxing or helped reduce anxiety, but that then they started trying to apply it as a way of reducing anxiety, which, as we’re suggesting, is part of the problem.

So, you have to listen closely to what people are talking about. Often, if they talk about meditation, mindfulness, acceptance not having worked, it’s because they were using those things as another method of control. So again, ~~that’s~~ what we’re suggesting is that when you’re trying that control agenda, that’s what leads to problems.

References

- Walser, R. D., & Westrup, D. (2007). *Acceptance and commitment therapy for the treatment of post-traumatic stress disorder and trauma-related problems: A practitioner's guide to using mindfulness and acceptance strategies*. New Harbinger Publications.



If the client, in another way, starts to feel frustrated during this stage of therapy, it's important to help the person channel their sense of hopelessness in a productive direction.

So, what we're not saying is that it's a hopeless endeavor to try to recover from a traumatic past. We're not saying that the person themselves is a hopeless case.

References

- Walser, R. D., & Westrup, D. (2007). *Acceptance and commitment therapy for the treatment of post-traumatic stress disorder and trauma-related problems: A practitioner's guide to using mindfulness and acceptance strategies*. New Harbinger Publications.



The situation is hopeless if the client
tries to make the negative content go
away

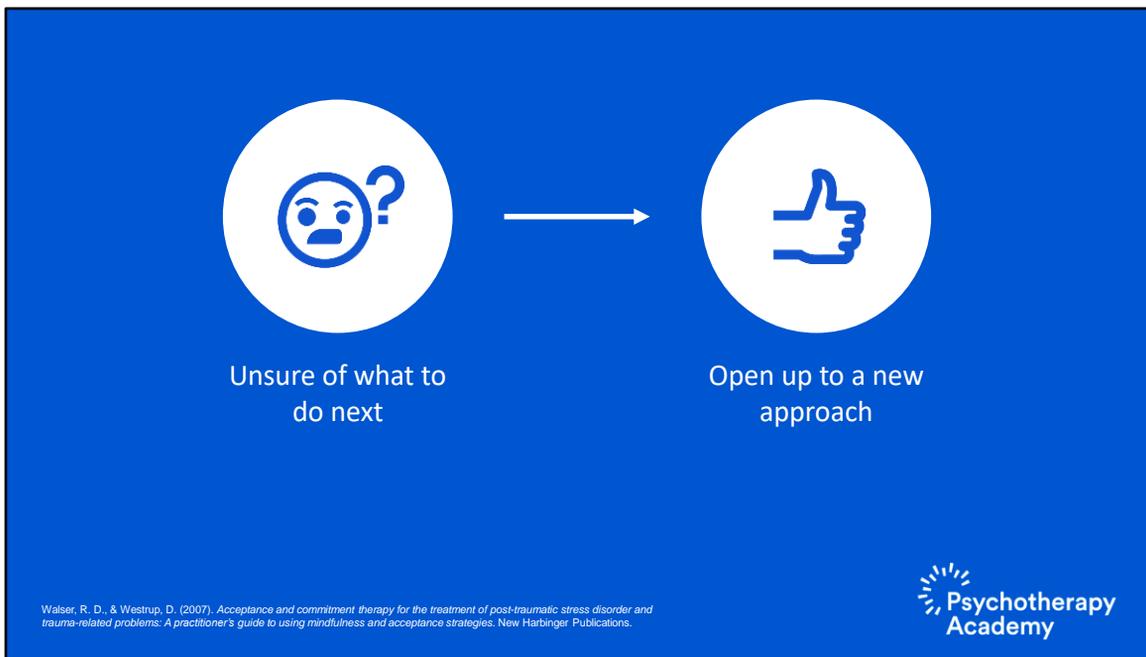
Walser, R. D., & Westrup, D. (2007). *Acceptance and commitment therapy for the treatment of post-traumatic stress disorder and trauma-related problems: A practitioner's guide to using mindfulness and acceptance strategies*. New Harbinger Publications.



The issue is that the situation is hopeless if the client continues to try to make the negative content related to the trauma go away. We can't solve those negative thoughts, feelings, and memories. We can't make them go away.

References

- Walser, R. D., & Westrup, D. (2007). *Acceptance and commitment therapy for the treatment of post-traumatic stress disorder and trauma-related problems: A practitioner's guide to using mindfulness and acceptance strategies*. New Harbinger Publications.



But if we can notice that sense of being unsure of what to do next, that's actually a really positive and generative place to be because it can mean that the person may be ready to open up to an entirely new approach.

References

- Walser, R. D., & Westrup, D. (2007). *Acceptance and commitment therapy for the treatment of post-traumatic stress disorder and trauma-related problems: A practitioner's guide to using mindfulness and acceptance strategies*. New Harbinger Publications.

Clients: Frustrated or Validated



They've thought there was something wrong with them



This is a culturally driven process

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And although some clients will feel frustrated or confused as we point out that their regular strategies are part of the problem, you know, other clients will actually feel validated.

They've thought that there was something wrong with them for a long time, that they weren't able to just get over what they've been through, that they just weren't trying hard enough to move on.

But as we start to point out that this is a culturally-driven process that we're taught by many forces to do, it can begin to make sense why we try and try to use strategies that not only haven't worked but likely will never work. And the reason that they haven't worked isn't because there's something wrong or broken about the client.

References

- Walser, R. D., & Westrup, D. (2007). *Acceptance and commitment therapy for the treatment of post-traumatic stress disorder and trauma-related problems: A practitioner's guide to using mindfulness and acceptance strategies*. New Harbinger Publications.

Clients: “Control Works”



Explore what it is the client means



Remember that the client is the expert in what their experience is

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And although it doesn't happen very frequently in my experience, it's important to note that some clients will respond very strongly to the points raised in this session and may even argue with the therapist that control works.

If that's happening, you may want to gently explore what it is the client means by that.

But it's important not to get into a push-pull or an argument about semantics. The client is the expert in what his or her experience is, not you.

References

- Walser, R. D., & Westrup, D. (2007). *Acceptance and commitment therapy for the treatment of post-traumatic stress disorder and trauma-related problems: A practitioner's guide to using mindfulness and acceptance strategies*. New Harbinger Publications.

Clients: “Control Works”



Ask, in a non-defensive way, if you can return to this topic



Approach the situation with curiosity

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So, in that situation, I might just ask, in a non-defensive way, if we can return to this topic from time to time and continue to explore the situations where internal control does and doesn't seem to work.

So, by approaching the situation with curiosity rather than from a need to be right, the therapist can help to defuse the conversation rather than getting into an unnecessary intellectual argument.

References

- Walser, R. D., & Westrup, D. (2007). *Acceptance and commitment therapy for the treatment of post-traumatic stress disorder and trauma-related problems: A practitioner's guide to using mindfulness and acceptance strategies*. New Harbinger Publications.



Highly Verbal Clients

- Be mindful about getting hooked on content or on being right
- Bring the conversations back to the client's direct experience

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Introducing concepts of creative hopelessness can lean toward the intellectual or conceptual at times, and especially with highly verbal clients. Therapists should make sure that they are themselves mindful and on the lookout for times when they may be getting hooked on content or on being right, and catch themselves in those moments to bring the conversations back to the client's direct experience.

References

- Walser, R. D., & Westrup, D. (2007). *Acceptance and commitment therapy for the treatment of post-traumatic stress disorder and trauma-related problems: A practitioner's guide to using mindfulness and acceptance strategies*. New Harbinger Publications.

Some Survivors Have a Strong Reaction to Control as the Problem



Letting go of control may feel dangerous



Clarify that we're not talking about letting go of control in the external world



Trying to control the internal world isn't effective

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And finally, some trauma survivors may have a strong reaction to your words when you suggest that control may be part of the problem.

For many individuals, the experience of a trauma was itself a literal loss of control. And so the suggestion that they should let go of control may feel dangerous and terrifying.

If this comes up, the therapist can clarify we're not talking about letting go of control in the external world. If there are things you can effectively control and manage, then there's no reason not to do that.

What we're suggesting here is that trying to control things in the internal world—your thoughts, your feelings, your memories—that that's probably not very effective and may even be harmful to recovery in the long term.

References

- Walser, R. D., & Westrup, D. (2007). *Acceptance and commitment therapy for the treatment of post-traumatic stress disorder and trauma-related problems: A practitioner's guide to using mindfulness and acceptance strategies*. New Harbinger Publications.

Key Points

- The work of creative hopelessness doesn't always proceed in a linear fashion.
- The therapist should approach this work with curiosity and openness.



So, to summarize the key points.

The work of creative hopelessness doesn't always proceed in an entirely linear fashion.

The therapist should approach this work with curiosity and openness to whatever the client's experience has been.

Key Points

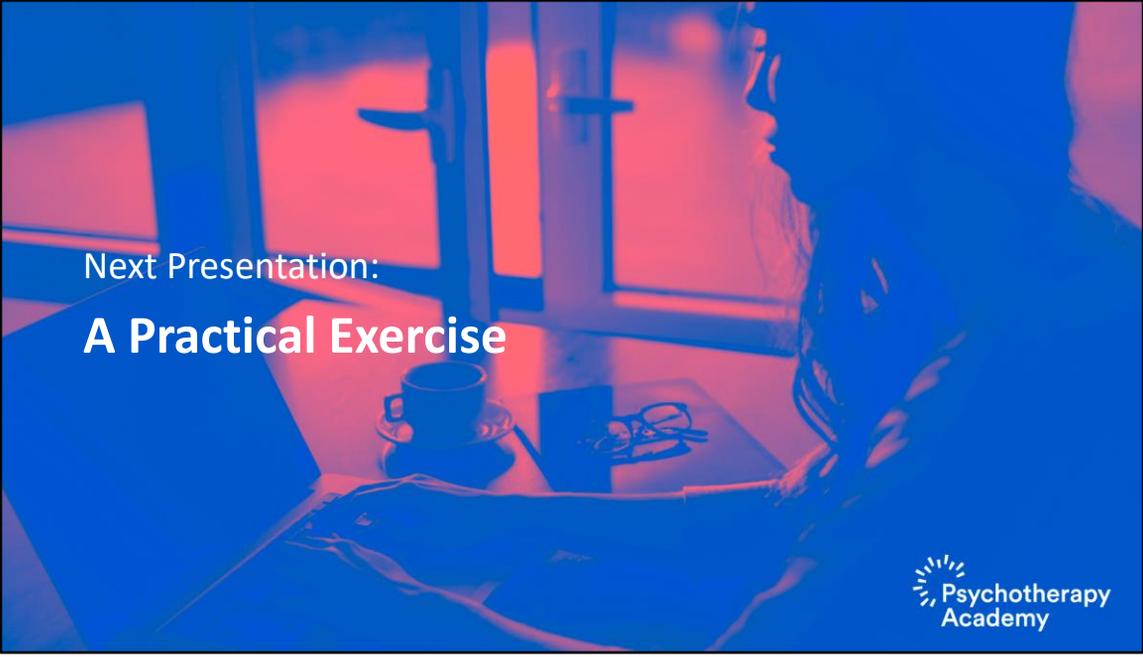
- Some clients may feel frustrated while others may feel validated.
- The important thing isn't convincing the client that control is the problem but instead, introducing the topic to be referred to in future sessions.



Some clients may feel frustrated by this part of therapy while others may feel validated that someone finally understands just how hard they actually have been working to try to deal with their trauma history.

Any client response is okay at this point.

The important thing is not convincing the client that control is the problem but instead, introducing the topic so that it can be referred to as it comes up in future sessions.



Next Presentation:

A Practical Exercise



A Practical Exercise



Sonja Batten, Ph.D.

So, let's get practical. Here's a common exercise that we use in ACT when we're trying to point out the futility of trying to control what you think and feel.



- Clear your mind
- Take a couple of deep breaths

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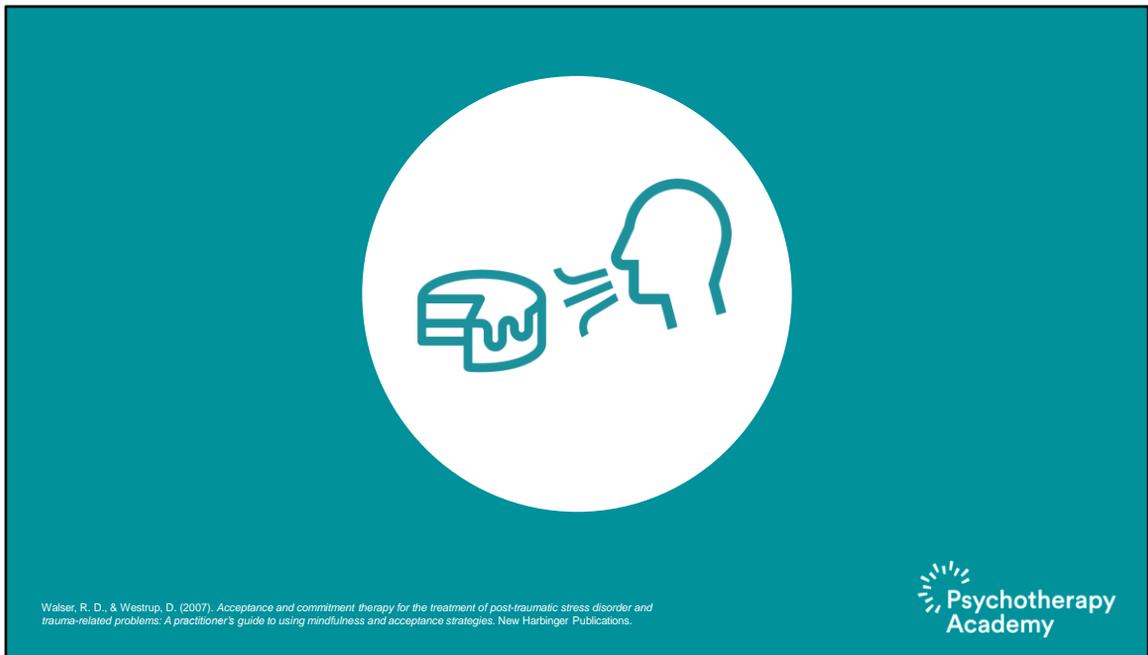


I'm going to do the exercise here with you using the example of chocolate cake, but you can substitute anything else that you'd like—whether it's a word or object that has a lot of associations, like chocolate cake or vanilla ice cream, or something that's like totally novel and absurd that you want to make up, like, I don't know, a camel that's wearing a cowboy hat. Anyway, I'm going to use chocolate cake here.

So, I'm going to ask you to clear your mind right now. Take a couple of deep breaths. And then I'm going to say 2 words. Once I say those 2 words, your only job is not to think of the object that I've just said.

References

- Walser, R. D., & Westrup, D. (2007). *Acceptance and commitment therapy for the treatment of post-traumatic stress disorder and trauma-related problems: A practitioner's guide to using mindfulness and acceptance strategies*. New Harbinger Publications.



Ready, set, chocolate cake. Don't think about chocolate cake. Don't think about it being warm and moist when it comes out of the oven. Don't think of it crumbling and smushing in your mouth. Don't think of a chocolate cake with extra fudge frosting. And don't think about what it would be like, after having half a piece of cake, to take a big sip of milk after eating that really rich piece of chocolate cake. And if you don't like chocolate cake, that's okay, too. Don't think about how much you dislike that taste. And so I'm now going to be quiet for a few seconds and your only job is to not think of chocolate cake. Ready, go.

References

- Walser, R. D., & Westrup, D. (2007). *Acceptance and commitment therapy for the treatment of post-traumatic stress disorder and trauma-related problems: A practitioner's guide to using mindfulness and acceptance strategies*. New Harbinger Publications.

Debriefing the Exercise



Some people will say that they were able to put that thought out of their mind



How did you know you were doing the exercise correctly?

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So, how did you do? Were you able to not think about chocolate cake?

When you debrief this exercise, most people will say that they were not able to put that thought out of their mind during the time of the exercise, that it just kept showing up there.

But there may be some people who say that they were. If you're one of those people, then tell me this. How did you know you were doing the exercise correctly?

Usually, in order to know you're not thinking of chocolate cake, you still have to bring to mind the chocolate cake to make sure that's not what you're thinking of.

References

- Walser, R. D., & Westrup, D. (2007). *Acceptance and commitment therapy for the treatment of post-traumatic stress disorder and trauma-related problems: A practitioner's guide to using mindfulness and acceptance strategies*. New Harbinger Publications.



Notice how much purposeful effort
that took

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And even if you were truly able to do the exercise for 30 or 60 seconds, as I might've done it in real time, notice how much purposeful effort that took.

If you're having to focus all of your effort on not thinking about chocolate cake, it would be really hard to go about the business of living your life and focusing on doing your work or having a meaningful conversation with your loved one or just enjoying yourself.

And so the point of this exercise is not to prove whether or not a person can avoid thinking of a chocolate cake.

References

- Walser, R. D., & Westrup, D. (2007). *Acceptance and commitment therapy for the treatment of post-traumatic stress disorder and trauma-related problems: A practitioner's guide to using mindfulness and acceptance strategies*. New Harbinger Publications.

Purposeful Internal Control Takes a Large Amount of Effort



Suppression efforts are unlikely to be effective in the long term



It may lead to a paradoxical increase in whatever the person was trying to avoid

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Instead, the point is to demonstrate that purposeful internal control takes a large amount of effort and is unlikely to be effective.

And now, think about how much harder this would be if the thing that the person was trying not to think about was being the victim of violence or a traumatic loss of some sort. We might be able to try to suppress those sorts of thoughts and feelings, memories in the short term, but research shows that such suppression efforts are unlikely to be effective in the long term, and may even lead to a paradoxical increase in whatever the person was trying to avoid.

References

- Walser, R. D., & Westrup, D. (2007). *Acceptance and commitment therapy for the treatment of post-traumatic stress disorder and trauma-related problems: A practitioner's guide to using mindfulness and acceptance strategies*. New Harbinger Publications.

Key Points

- Thought and emotion suppression efforts are largely ineffective.
- This problem is further heightened when the content to be avoided is related to a traumatic event.



So, to review the key points.

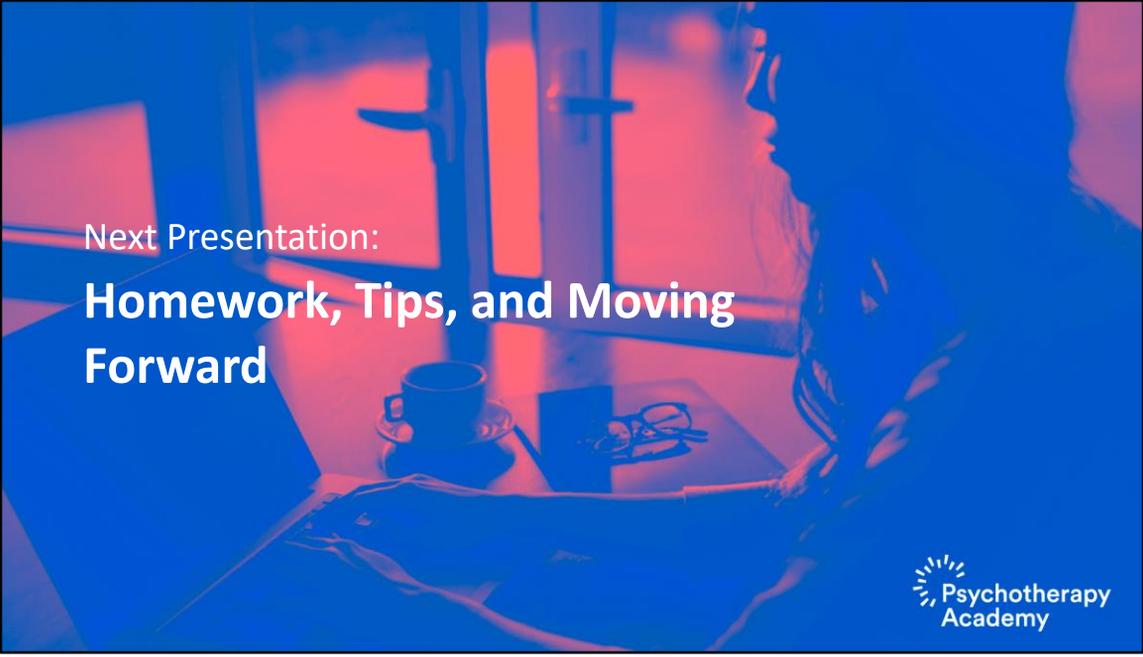
Although thought and emotion suppression efforts may appear to be effective in the short term, they are largely ineffective and sometimes even lead to a rebound effect. This problem is further heightened when the content to be avoided is related to an especially painful or traumatic event.

Key Points

- Using an experiential exercise can bring the futility of this effort to light in a nonthreatening way.



Using an experiential exercise, like “Don’t think about chocolate cake,” can bring the futility of this effort to light in a way that is nonthreatening and easy to refer back to later on.



Next Presentation:

Homework, Tips, and Moving Forward

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Homework, Tips, and Moving Forward



Sonja Batten, Ph.D.

So, there are several different tasks that you can provide to your client for homework while working on identifying the problem of internal control depending either on what resonated the most with your client or where you think that having them place additional awareness after the session might be the most productive.

After-Session Reflection



Write down thoughts in response to 3 questions

Follette, V. M., & Pistorello, J. (2007). *Finding life beyond trauma: Using acceptance and commitment therapy to heal from post-traumatic stress and trauma-related problems*. New Harbinger Publications.



One possibility for after-session reflection is to ask the person to write down their thoughts in response to the following 3 questions, preferably giving 2 or 3 answers to each of these questions related to messages received throughout their life that may have taught the client that negative emotions were problematic and shouldn't be expressed.

These messages may have come from adults in the client's life, or from siblings or schoolmates, teachers, religious leaders, or TV, movies, or even other sources of popular culture influence.

References

- Follette, V. M., & Pistorello, J. (2007). *Finding life beyond trauma: Using acceptance and commitment therapy to heal from post-traumatic stress and trauma-related problems*. New Harbinger Publications.

The 3 Prompts (Questions)



Messages that imply that negative emotions and thoughts are bad



Messages that imply that others don't feel these emotions and thoughts



Where have you received these messages as an adult?

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So, you could have a piece of paper prepopulated with the following 3 prompts and then space to write under each one.

1. Messages that imply that negative emotions and thoughts are bad.
2. Messages that imply that others either don't feel these emotions and thoughts, or if they do, that they can get rid of them.
3. Where have you received these messages as an adult?

References

- Follette, V. M., & Pistorello, J. (2007). *Finding life beyond trauma: Using acceptance and commitment therapy to heal from post-traumatic stress and trauma-related problems*. New Harbinger Publications.

Keep Track of Efforts at Internal Control



List things they've done in the past to try to deal with the problems



Notice new strategies

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Another possible homework assignment is to ask the person to keep track, over the coming week, of their own efforts at internal control or what are the things that they find themselves doing that are like struggling in quicksand.

And these may be the efforts that you identified together in that long list of things they've done in the past to try to deal with the problems that have led them to treatment and/or they can also be encouraged to keep an open and aware mind over the coming week and notice new strategies that they find themselves employing in an effort to control private events.

References

- Follette, V. M., & Pistorello, J. (2007). *Finding life beyond trauma: Using acceptance and commitment therapy to heal from post-traumatic stress and trauma-related problems*. New Harbinger Publications.

Keep Track of Efforts at Internal Control



Diary card, smartphone, or
notes app



Real-time monitoring
throughout the day

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This type of reflection is often made easier to track if the therapist provides an empty daily diary card where the client can easily record what they notice on a daily basis. Or a smartphone or a notes app can also be used for real-time monitoring throughout the day, depending on which the client might prefer. I'm kind of old school and I like the piece of paper because also then when the person comes in, you can look at what's been written on that piece of paper together. But for many clients in this day and age, just keeping track of things on their phone may be how they prefer to do that.

References

- Follette, V. M., & Pistorello, J. (2007). *Finding life beyond trauma: Using acceptance and commitment therapy to heal from post-traumatic stress and trauma-related problems*. New Harbinger Publications.

Between-Session Homework Assignments



Make sure the client has clear instructions



Follow up on the assignment at the beginning of the next session

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So, it's important as with all between-session homework assignments to make sure the client has clear instructions when they leave the session—preferably written or electronic—and that the therapist remembers to follow up on the assignment at the beginning of the next session, either to reinforce the client for taking the time to notice whatever they took the time to notice and actually complete the homework or to identify whatever barriers got in the way of the client following through with the assignment in order to increase the likelihood of following through with future assignments. But don't forget to bring it up. You have to remember to follow through with these assignments yourself as well.

References

Follette, V. M., & Pistorello, J. (2007). *Finding life beyond trauma: Using acceptance and commitment therapy to heal from post-traumatic stress and trauma-related problems*. New Harbinger Publications.

Key Points

- There are a wide variety of between-session assignments for recognizing the role of internal control as the problem.
- The therapist may focus on an exercise that facilitates mindful awareness of control strategies without asking the client to change any behavior.
- The therapist could invite the client to reflect on places where they received messages about the need for emotional control.

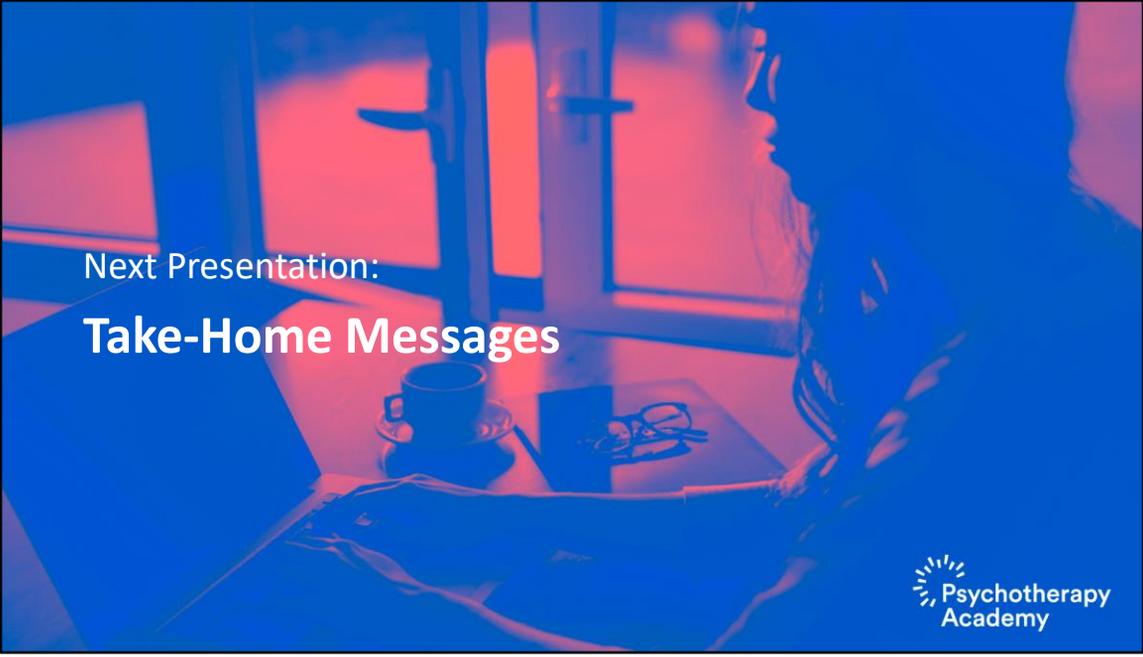


So, to review the key points.

There are a wide variety of between-session assignments that can be created during the phase of ACT that's focused on recognizing the role of internal control as the problem.

The therapist may choose to focus on an exercise that facilitates mindful awareness of control strategies that the client uses throughout the next week without asking the client to change any behavior, just to notice it and record it.

Or the therapist could choose another topic to expand on over the course of the following week, such as inviting the client to reflect on places where he or she received messages about the need for emotional control throughout life.



Next Presentation:

Take-Home Messages

 Psychotherapy
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Take-Home Messages



Sonja Batten, Ph.D.

Experiential Avoidance



Unwillingness to
experience thoughts and
feelings



A key role in PTSD

As I've pointed out throughout this course, experiential avoidance or unwillingness to experience thoughts, feelings, memories, urges, whatever related to the traumatic event play a key role in the development of PTSD and other long-term posttraumatic problems in living.



Experiential Avoidance

Help the client contact the ways that control has gotten in the way of their recovery



For this reason, it's often important early on to help the client contact for themselves the ways that control and avoidance have gotten in the way of their recovery and may have even caused more problems in their life.

It's one thing for you to explain this concept to them. It's another thing entirely for them to be able to connect and resonate and understand in their own experience how these concepts apply.



Identify the strategies the client's already tried



ACT therapists work with clients to identify strategies that the client has already tried in order to deal with his or her presenting problems related to the history of trauma.

And the more exhaustively that you can identify all of those strategies that the person has employed, the better that you'll be able to refer back to them, that you'll be able to notice those problematic strategies when they show up, and over time, also that your client will be able to understand which of the strategies that they used may, in fact, be part of the problem.



Assess the workability of each of these strategies



Understand the costs and the benefits of using these strategies



Then the workability of each of these strategies is assessed. You want to work with the client to truly understand what have been the costs and the benefits of using these strategies to try to deal with trauma. And truly understanding that provides you and the client with the information about whether or not those strategies have been workable. If a particular strategy hasn't been successful, then it goes without saying that the therapist and client should reasonably focus their efforts elsewhere.

Unsuccessful Strategies: Control or Avoidance Function



They may provide relief in the short term



They cause the symptoms to get worse over time



It can be useful to have a visual way of understanding the unworkability of struggle and control



From an ACT perspective, we propose and often we find that these unsuccessful strategies can often be conceptualized as serving a control or avoidance function. Something that ties them together is that they may provide relief in the short term through control or avoidance, but over time, they actually cause the symptoms to get worse and the problems to compound. Having a visual way of understanding the unworkability of struggle and control, like the quicksand metaphor, can be a useful way of conveying these points to the client rather than getting stuck in an intellectual exercise of trying to convince the client that control is the problem. That's really never going to go well.

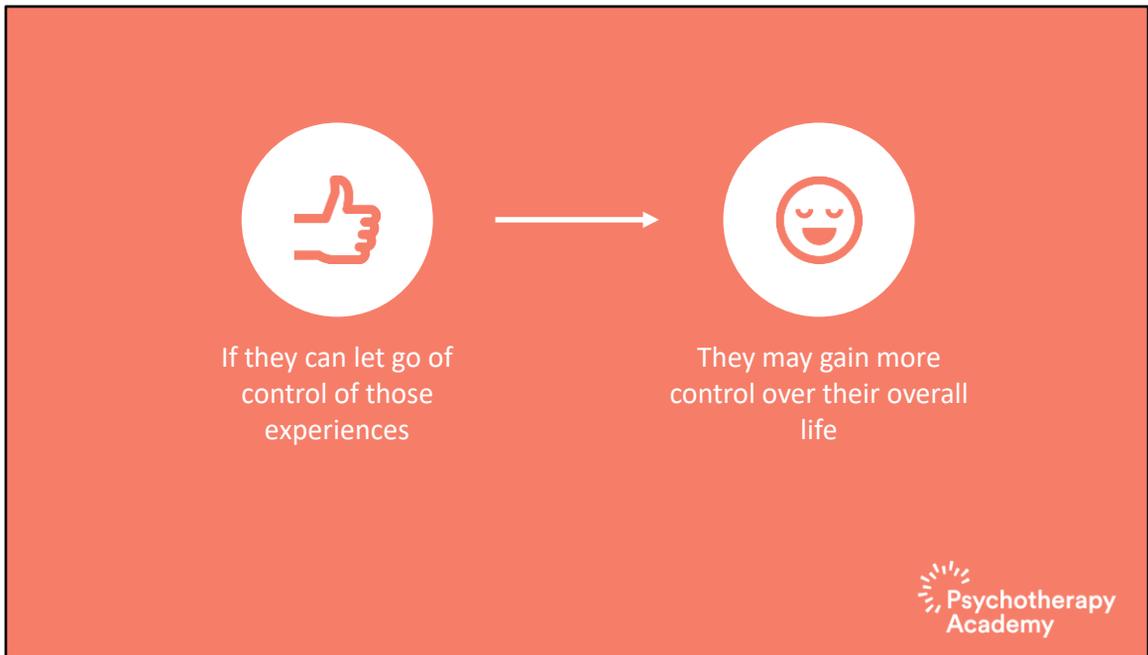


The message of letting go of control can be challenging for clients with a difficult history



The message of letting go of trying to control thoughts and feelings—especially those that are related to the trauma that the person has experienced—can be very scary or challenging to contemplate, especially for clients who have had a very difficult history.

And so again, we're focusing on working with them to let go of trying to control the experience of those thoughts and feelings because we believe they're going to come and go naturally, and the client doesn't really have control over that.



Instead, what we're suggesting is that if they can let go of control of trying to manage those experiences, they may, in fact, gain more control over their overall life.

And over time, the client's own life will provide the data to indicate whether an alternative to control is more or less effective in helping the client create and build a life worth living.