

## Revisiting Values, Committed Action: An Introduction



Sonja Batten, Ph.D.

In this module, we're going to talk again about values, but mostly in the context of committed action.



## What's committed action?

Engaging in behavior guided by personal values

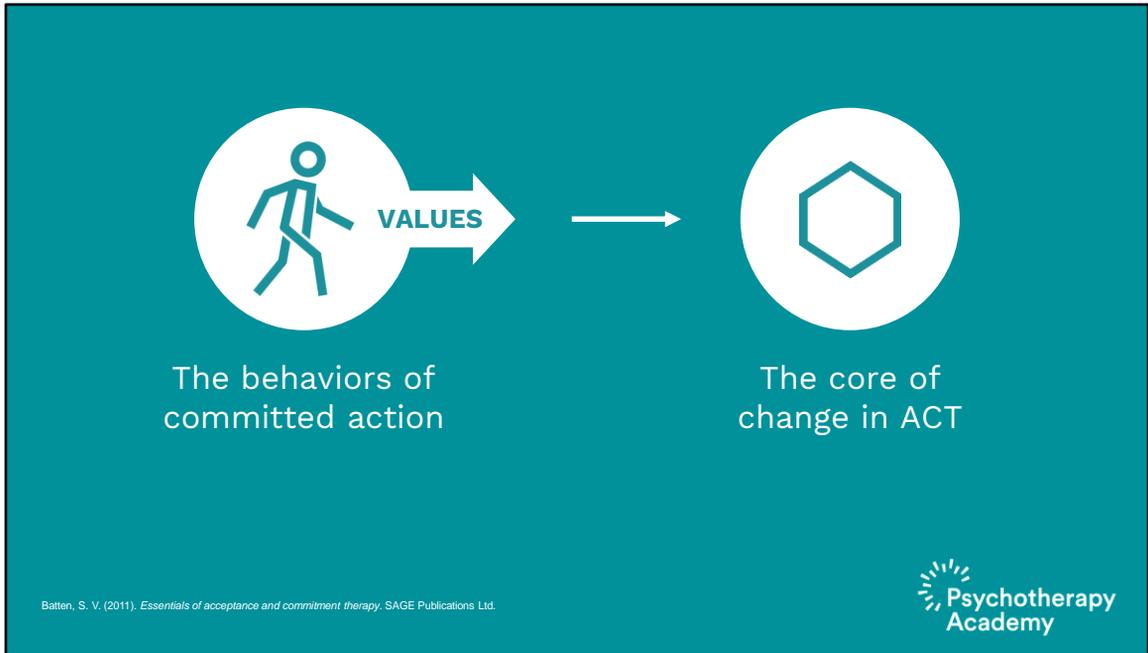
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What is committed action exactly? You might be wondering what I mean by that term in this context. Well, in short, within ACT, committed action is engaging in behavior that is guided by personal values, even in the presence of unwanted thoughts or feelings or external hindrances that can impede such behaviors. Committed action is both a process and an outcome.

### \*References\*

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



And although it's something that's important in most any theoretical orientation, as ACT is at its core a behavioral treatment, the behaviors of committed action are truly at the core of change in ACT.

**\*References\***

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



## What's the main work of therapy?

Keeping commitments in the service of values

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Once the ACT therapist has introduced those things we've already talked about—willingness, defusion, contact with the present, self-as-context, and values—the main work of therapy is focused on working with clients as they're making, breaking, and ultimately keeping commitments that lead to larger and larger patterns of committed actions in the service of those values.

### \*References\*

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

## Difficulties With Commitments



Get stuck on following through



Want their lives to be different but don't know how



Think they have to feel better before taking action

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But following through with commitments is easier said than done, both for us and for our clients. Think about an area that you've been struggling with and wanting to change for some time. For many people, there may be a commitment related to fitness or health that falls in this category. You know what it is that you need to do to change. It's not a knowledge deficit, but you get stuck on actually following through on the commitments that you repeatedly set.

Other times, people may want their lives to be different but don't know exactly how, so they take no action. Or often, people may think they have to feel better before taking effective action and they end up waiting a long time.

### \*References\*

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

## Trauma Survivors: Barriers to Commitments



Trauma triggers



Taking responsibility  
for change

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In the case of trauma survivors, there may be other barriers either related to trauma triggers or related to taking responsibility for change that might appear to let the perpetrator of the trauma off the hook.

### \*References\*

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

## The Work of ACT: Moving in the Direction of Values



**Barriers:**  
Avoidance  
and fusion



**Skills:**  
Defusion and  
willingness

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So after working through the primary ACT processes and further clarifying the client's values, the majority of the work of ACT will focus on moving actively in the direction of those values by increasing psychological flexibility using the skills targeted in each of the other processes in ACT.

For example, avoidance and fusion are frequent barriers to moving forward on commitments in valued directions. And thus, defusion and willingness are essential skills to breaking through these barriers.

### \*References\*

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

## Future-Oriented Commitments: Skills



Present moment  
awareness



A self-perspective not defined  
by thoughts or feelings

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Similarly, future-oriented commitments are best approached using present moment awareness with a consistent self-perspective that is not defined or challenged by thoughts, feelings, and other reactions that are likely to arise as committed actions are targeted.

### \*References\*

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



**They facilitate the psychological flexibility  
required for committed action**

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All of these skills facilitate the psychological flexibility required for effective committed action.

**\*References\***

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

## Key Points

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- Committed action refers to making and keeping commitments to valued behaviors.
- This work is guided by the client's chosen values and requires skills from all of the core processes of ACT.



So, some key points. Within ACT, the term committed action refers to making and keeping commitments to valued behaviors, even in the presence of obstacles.

This work is guided by the client's individually chosen values and requires skills from all of the core processes of ACT in order to be able to make progress in life through the activation of psychological flexibility.



Next Presentation:

## **Revisiting Values Clarification: An Exercise**

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## **Revisiting Values Clarification: An Exercise**



Sonja Batten, Ph.D.

In this video, we're going to revisit the topic of values clarification. We're going to go through a values clarification exercise.

## Values Clarification and Assessment



Are useful early  
in treatment



Aid in identifying appropriate  
committed actions



Help build motivation  
for change



Are expressed and  
lived in actions

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Values clarification is an ongoing part of treatment. And a thorough values assessment can be useful early in treatment to aid in identifying appropriate committed actions with the client and to help build motivation for change. We can talk about values, but ultimately they're expressed and lived in actions, not words.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## An Important Goal in ACT



Identify clients' values



Identify how behavior is consistent with values

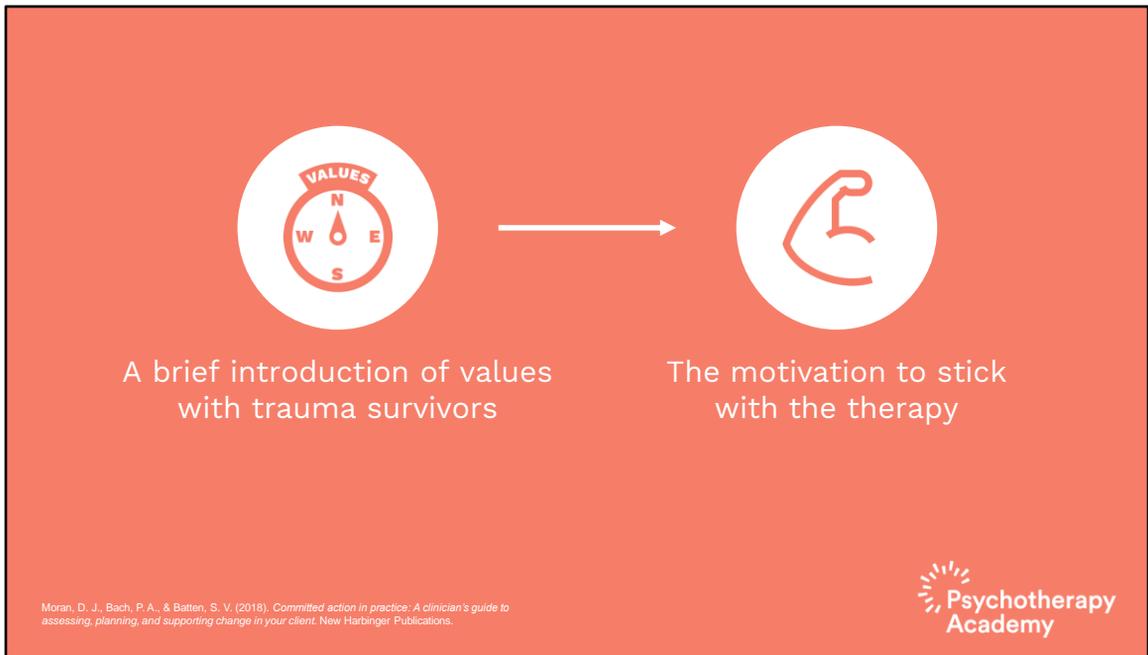
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An important goal in ACT is to use values clarification exercises to help clients identify their values and also identify how their behavior is values consistent or how it can become more values consistent.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.



I suggested that often with trauma survivors, it's helpful to initially do a brief introduction of values to help the person connect with motivation to stick with the hard work of therapy. So hopefully, you've already introduced an initial sweep of information related to values.

**\*References\***

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.



## Go deeper into values

- Flesh out their values
- Set behavioral commitments

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Now is the time to go deeper into that topic with your clients in order to really flesh out their values and set new behavioral commitments.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Values Clarification Exercise



In-session  
work



A take-home  
exercise

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So here is a brief values clarification exercise that you can have preprinted on a piece of paper. You can do this either as in-session work or as a take-home exercise to bring back the next week.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Values Clarification Exercise: Instructions



Choose 4 domains



Write out your values in each of the 4 areas



Focus on how you choose to be in each area

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The instructions would read something like this:

First, choose 4 of the following domains and write out your values in each of the 4 areas, focusing on how you choose to be in each of those areas rather than on how you expect things to turn out or what you are looking for in other people.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Values Clarification Exercise: Domains



Family relationships



Romantic relationships



Friendships



Work



Lifelong learning



Health



Community



Environment

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And here are some domains that could fall under that: family relationships, romantic relationships, friendships, work or career, school or lifelong learning, physical health, mental health, spirituality or religion, community, environment, financial wellness, recreation, or any other area of personal importance that the person would like to add.

And note that in this exercise, I'm suggesting 4 domains to make it more likely that the person can actually complete the exercise. But if somebody wanted to do a thorough values clarification, they could actually do this with all of those categories that were important to them.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Values Clarification Exercise: Example

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### Family relationships

- Be a parent who listens
- Be a parent who spends unstructured time with their children
- Be a child who does caring actions for their elderly parents

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First, they would write and usually, it's 2 sentences or 3 sentence fragments. Here's an example. So for family relationships, it might be something like "To be the kind of parent who listens to my children and spends unstructured time with them" and "To be the type of child who makes sure to do actions so that my elderly parents feel like I care about them." So, that might be an example.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Values Clarification Exercise: Goals and Rating



Focus on the overarching direction



Develop smaller goals



Rate each area

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So first, you're focusing on the overarching direction that you want to head in. And then you can always develop smaller goals beneath each of those.

For this values clarification exercise, once they've written out the specific valued direction, then you're going to ask them to do some ratings for each of those areas.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Values Clarification Exercise: Example

**For each of the 4 dimensions identified, please rate on a scale of 1 to 10:**

- How possible is it that something meaningful could happen in that domain?
- How important to you is each domain?
- How consistent is your level of action with your values in each domain?

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So then the instructions might read:

For each of the 4 dimensions identified in the first part of the exercise, please rate. First, how possible is it that something meaningful could happen for you in that domain on a scale of 1 to 10? How important to you is each domain on a scale of 1 to 10? And how consistent is your level of action with your values in each domain on a scale from 1 to 10? And then write a few notes about what you observed as you completed those ratings.

\*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Reflect on the Potential for Each Area



Differences between the different values



The discrepancy between what their value is and how they've been living their life

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So the idea is to get the person to reflect on the potential for each of those areas, trying to get a sense of—All of the areas may be equally important and it can be interesting as an awareness exercise to try to rate them so that you see if there are differences between the different values, and then getting a sense of which ones is there perhaps more of a struggle with. So there's more of a discrepancy between what their value is and how they've been living their life.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Key Points

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- Introduce the concept of values to guide behavioral choices early in therapy.
- Revisit that topic later in therapy once the client is ready to begin working on more focused committed actions.



So, some key points. It can be very useful to initially introduce the concept of values to guide and dignify behavioral choices early in therapy with trauma survivors. It's also very important to revisit that topic later in therapy once the client is ready to begin working on more focused committed actions.

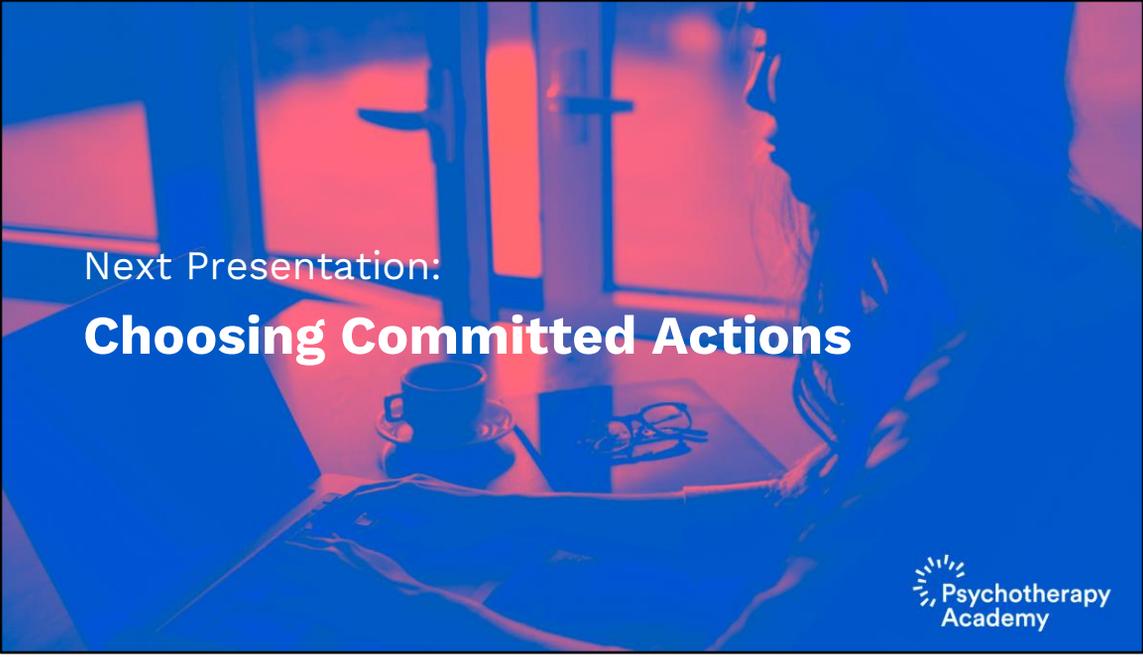
## Key Points

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- To identify targets for action, put into words what the client's values are in a variety of areas.
- Identify how important each one is to the client and how consistent their recent actions have been with their values.



In order to begin to identify targets for action, it can be useful to put into words what the client's values are in a variety of areas as well as to identify how important each one is to the client and how consistent their recent actions have been with their values in each domain.



Next Presentation:

## **Choosing Committed Actions**

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## Choosing Committed Actions



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So now, you've revisited values clarification perhaps in a more concrete way than you did earlier in therapy. And so we're going to talk now about choosing committed actions to flow from those values.

## ACT Therapists and Committed Action

Domain	Change after ACT
Committed action	50%
Self-as-context	16%
Acceptance	13%
Defusion	8%
Contact with the present moment	8%
Values	4%

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.  
- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.



In general, ACT therapists rate committed action as a very important component of therapy. In fact, Dr. DJ Moran did a survey of ACT therapists several years ago asking, “In your opinion and in general, which of these 6 domains would you most want to see change after delivering ACT?” and then listed the 6 major processes of ACT. And the response was that 50% of ACT therapists said that they would rate committed action most highly in terms of what they would want to see after delivering ACT. Next was self-as-context at 16%, acceptance at 13%, defusion and contact with the present moment at 8%, and values at 4%. And that may be because of the way the question was worded that they were not looking for values to change after delivering ACT.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## ACT Therapists Are About Action



Committed action most shows progress after a successful course of ACT



Commitment was rated as the most objectively measured domain

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- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.



But really, ACT therapists are about action. We're about changing things, moving the person's life forward in ways that are important to them.

And so it is not surprising that 50% of ACT therapists thought that committed action was the thing that would most show progress after a successful course of ACT. And in that survey, commitment was also rated as the most objectively measured domain.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.



Thus, after an individual's values have been clarified and identified, commitment exercises, both in session and as out-of-session homework, are the central focus of the rest of therapy.

However, even if all of the domains of valued living were rated as highly important, one can't begin working on everything all at once.

**\*References\***

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Choosing Committed Actions

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Choose 2 or 3 high-priority areas and identify goals:

- Behaviors the person most wants to change
- Changes that will lead to the most changes in other areas

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So the therapist and client can work together to choose 2 or 3 high-priority areas to start with and begin to identify goals there.

So, here are some ways that you can think about choosing committed actions. You could start with which behaviors the person most wants to change. You could start with which changes will lead to the most changes in other areas.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Choosing Committed Actions

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- The most important domain
- The domain with the largest discrepancy between importance and effectiveness

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- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.



You could start with which domain is the most important. You could start with the domain that has the largest discrepancy between importance and current effectiveness.

So, there's not a right answer. Any of those places can be a good place to start. You just got to pick somewhere to start and so you can choose any of those rationales.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Committed Action: Tips



Target behaviors that are related to increasing or adding valued behaviors

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- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.



And here's a tip. Try to target behaviors that are related to increasing or adding valued behaviors, not decreasing or stopping unwanted behaviors.

It's much easier to focus on having the person do something than it is to focus on having the person not do something.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.



## Avoiding undesirable behaviors doesn't contribute to creating a life worth living

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- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.



And really, simply avoiding doing undesirable behaviors from an ACT philosophy doesn't really contribute to creating a life worth living. It may help sort of not make things worse, but what we're trying to be about in ACT is generating, creating, moving forward, making a life bigger and stronger.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

What would you do with your time and energy if you weren't doing what you want to decrease?

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- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

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And so a question that you might want to ask if somebody is having a hard time identifying something they'd like to do more of and is instead focusing on the thing they want to do less of, you could ask, "What would you be able to do with your time and energy if you weren't doing that thing that you want to decrease?"

**\*References\***

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Example: “I Want to Stop Smoking”



Make sure that that’s not the only goal



Ask what they’d be able to do more of if they weren’t smoking

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- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician’s guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.



And I’m not saying that you can’t set a goal like “I want to stop smoking” or “I want to reduce smoking by 50%.” You can set these goals. I would just try to make sure that that’s not the only kind of goal that you’re setting.

So if the person wants to stop smoking, then you could go ahead and set that as a goal. But let’s think about also what it is that they would like to be doing more of. Would they like to be reading more or going for more walks? Or if they weren’t smoking, what would they be able to do more of? Like would they be able to exercise? Would they be able to spend more time with family?

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician’s guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.



## The size of the chosen behavior doesn't matter

The execution of a committed action is a marker of success

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.  
- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.



And as you're choosing committed actions, the size of the chosen behavior doesn't matter. The execution of a committed action of any magnitude is a marker of success. Not every commitment needs to be a grand proclamation of ultimate progress.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Small Committed Actions



Become part of larger patterns of committed actions



Help prepare the person for larger committed actions



Ask, “What is the absolute smallest thing that you could do?”

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- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.



Small committed actions can become part of larger patterns of committed actions. And small actions may also help prepare the person for larger committed actions.

And sometimes when I have somebody who's really stuck and is feeling a lot of anxiety about whether they're going to be able to change, I ask them to think about, “What is the absolute smallest thing that you could do? Like the absolute smallest thing?”

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Example: “I Want to Exercise More”



They can walk up and down the stairs 1 extra time a day



It's therapeutic to choose a commitment and follow through with it

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- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.



And so if somebody were focusing on that they wanted to exercise more, maybe the absolute smallest thing they could do is walk up and down the stairs 1 extra time a day. So it's something we know that just walking up and down the stairs 1 extra time a day is not going to change that person's overall level of fitness.

And there is something therapeutic about choosing a commitment and following through with it.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Focusing on Something Bite-Size



Builds success



Moves the person toward their values



Helps them understand the process of moving in the direction of values

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- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.



And so if we can focus on something that is actually bite-size, that the person actually can bite off, chew, and do that week, then that helps build success. It helps move the person toward their values. It helps them understand that process of doing things that are in the direction of their values. And it's something they can actually do and they can build as a success.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Growing the Muscle of Commitment



Do the things that you say you're going to do



Choose the smallest thing you can do in the service of a value

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.  
- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.



I talked earlier about growing the muscle of commitment and doing the things that you say you're going to do. And so choosing the absolute smallest thing you can do in the service of a value can be really interesting and sort of takes some of the weight off of that heavy feeling for people who are really struggling. Perhaps, they haven't followed through on commitments before.

### \*References\*

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Key Points

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- Once values have been reintroduced, make new commitments to moving the person's life forward.
- There's no one right place to start with focused committed action work.



So, some key points. Once values have been reintroduced, then it's time to begin making new commitments to moving the person's life forward. There is no one right place to start with focused committed action work. The therapist and client can work together to identify a few different options.

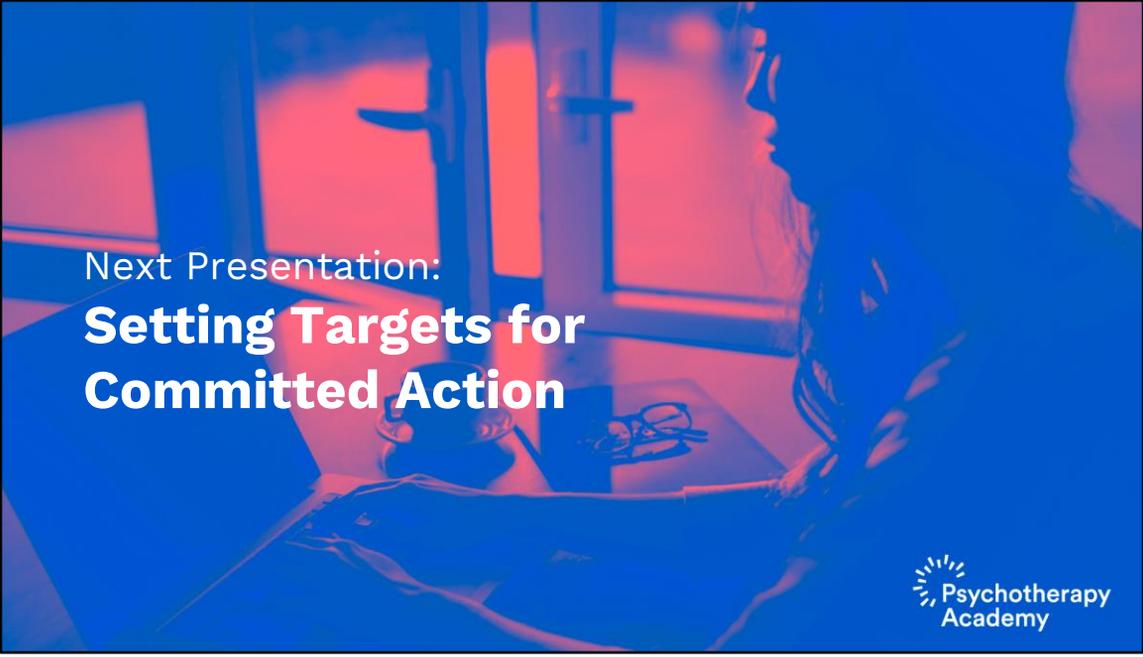
## Key Points

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- It's up to the client to choose where they'll expend their effort.
- The client can identify the areas that are most important.



And then eventually, it's up to the client to choose where he or she wishes to expend their effort. This may be on commitments relevant to healing and rebuilding following a trauma or it can be focused on actions that have absolutely nothing to do with trauma recovery. It's up to the client to identify the areas that are most important or perhaps most likely to build initial success.



Next Presentation:

## **Setting Targets for Committed Action**

 Psychotherapy  
Academy

## Setting Targets for Committed Action



Sonja Batten, Ph.D.

So hopefully, the client has now clarified values and a few domains, has identified broad valued areas where they'd like to make an effort to change. And so now, we're at the point of setting targets for committed action.

## Committed Actions



Are clinically relevant behaviors that demonstrate improvement



Are tied to the person's values

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So, in psychological treatment, committed actions occur when clients engage in clinically relevant behaviors that demonstrate improvement. And within ACT, something is clinically relevant if it's tied to the person's values.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Values: Selected by the Client



The therapist needs to resist the urge to make those suggestions



The client should come up with committed actions



They will be more likely to follow through



The size of the commitment doesn't matter

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Because committed actions are always tied to individual values, they should always be selected by the client. Resist the urge to make those suggestions yourself. You can help shape them, but really you should try, at least, to let the client come up with the first round of potential committed actions. They will be much more likely to follow through on them than if you're the one suggesting them.

And as I mentioned before, the size of the commitment doesn't matter, only the direction.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Ways to Make Targets More Specific



Make sure the commitment  
is measurable



Know whether the person  
has followed through

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So as we think about setting specific targets, I'm going to talk about some ways to make them more specific. One thing is making sure that the commitment is measurable in some way.

You want to be able to objectively know afterward whether or not the person has been able to follow through on it. So you don't want to set a target that is sort of obscure and abstract or theoretical.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## An Operational Definition of the Commitment



It identifies the client's behaviors related to the problem



It should be measurable and specific



Committed action is the most measurable of ACT processes

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So, an operational definition of the commitment precisely identifies the client's specific measurable behaviors related to the presenting problem. It doesn't need to be publicly observable. It can be that the client is the only one who will know whether or not it's done, but it should be something that is measurable and specific so that they truly know if they've followed through on it or not.

Committed action is the most measurable of ACT processes.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Committed Action: Potential Dimensions to Measure

- ✓ Rate: “Call once per week”
- ✓ Duration: “Go for a walk for 10 minutes”
- ✓ Latency: “Wait 5 minutes before checking my phone”

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And here are some potential dimensions that you could measure or specify a committed action on.

The first one is rate. So, that is how often or how quickly something is going to happen within a specific period of time. So, “I will call my parents once per week.” Once per week is the rate.

Or duration. That might be “I’m going to go for a walk for 10 minutes each day.” So the 10 minutes is the duration.

Or latency. That’s how long perhaps you’re going to wait before doing the behavior. So, “I will wait 5 minutes before checking my smartphone from the time I’m feeling like I want to check Facebook,” or something like that. “I’m going to wait 5 minutes before I actually pick up the phone.”

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Committed Action: Potential Dimensions to Measure

- ✓ Intensity: “Run at 4 mph”
- ✓ Perseverance: “Continue for 3 more minutes when I want to stop”

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Or intensity. That could be somebody is on a treadmill and they want to run at a speed of 4 miles per hour on the treadmill.

Or perseverance. That is how much the person actually follows through, even in the face of obstacles. Maybe the person has an exercise video that they want to be doing. And what they've noticed is that when it gets to a really hard part, they just turn off the video or they sit down. So perseverance would be, “When I get to that point that I want to turn off the video, I continue for 3 more minutes.” So that's persevering even in the face of an obstacle.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.



## SMART Goals

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And so as you and the client are assessing and planning goals for committed action, you can also use the framework of what are called SMART goals.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.



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And so that means specific. And so those examples I was just giving, those give you ways of making a goal more specific. So, not just “I want to get more exercise,” but “I will walk for 10 minutes a day, 6 days a week.”

The M stands for measurable, which that example that I just gave also very much is.

Attainable. Again, that goes back to what I was talking about in the last video about making the smallest possible commitment, for example. Now, it doesn't have to be the smallest possible commitment, but making a commitment that the person can actually attain so that you can build success of approximations of moving forward.

Relevant. In ACT, relevant means that it's related to the person's values.

And time-bound. Again, as I've talked about the examples, “I want to run 10 minutes a day for 5 days.” So, it's time-bound and the 10 minutes is time-bound. Or “I want to call my parents once per week.” Or “I want to do any other thing once per day.” So again, giving it a time-bounding helps make it specific so that the person can plan and follow through on the commitment.

#### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Committed Actions Are Intentions in the Service of Values



Values are desired life consequences



It isn't enough to simply have a measurable goal



Context and function also influence the understanding of committed actions

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And committed actions are intentions in the service of values. Values can be thought of as those verbally construed, global, desired life consequences.

But it's not enough to simply have a measurable goal in order to be targeting what is the most appropriate next step for the client. Context and function also influence the understanding of committed actions.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Example: “I Want to Run 30 Minutes a Day”



It's values driven



It's easily measurable



Measurement doesn't tell the whole story

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So, for example, imagine that your client, Anna, has committed to run an average of 30 minutes per day in the service of her value of improving and maintaining her health.

So it's values driven. It's very easily measurable. But measurement doesn't tell the whole story. I'd like you to imagine that she's saying that she wants to run 30 minutes a day, an average of 30 minutes a day. And she's talking to you about that in session.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## How Workable Is the Commitment in These Scenarios?



She's overweight, abuses alcohol, and smokes 10 cigarettes a day



She's 75 pounds overweight with knee pain



Her primary goal is to improve anxiety management skills

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But think about how workable or effective that commitment is in each of the following scenarios.

She often reports that she wants to improve her health and she is overweight, abuses alcohol, and smokes 10 cigarettes a day. So, how workable or effective do you think that particular commitment of running 30 minutes a day is?

Or what about she's 75 pounds overweight with significant knee pain?

Or she's in treatment for panic attacks and her primary treatment goals are to improve anxiety management skills and find a new job.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## How Workable Is the Commitment in These Scenarios?



She's a triathlete



She hasn't walked more than a mile in 5 years



She made the commitment because of her rival

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Or she's a triathlete and typically runs 50 miles a week.

Or she's 72 years old and hasn't walked more than a mile at a time in over 5 years.

Or she made the commitment a few days after her sister, who is her chief rival, made the same commitment.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.



## Context matters

The person's context will also define whether or not this is relevant to treatment

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So that points out that the context matters. You can follow all of the guidelines I just gave about SMART goals, and measurable, and all of those things, and the person's context will also define whether or not this is relevant to treatment, whether or not this is a meaningful goal, whether or not this is an attainable goal, and whether or not this is actually in the service of moving forward or it's functioning in some other way.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Committed Action in the Context of History, Presenting Complaint, Goals, and Values



Her goal was to run 30 minutes a day for the next week



She didn't run because her physician advised her to have a physical first



What do you think of that?

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You also have to understand committed action in the context of history, presenting complaint, goals, and values. And so now, I want you to imagine that she's set that goal of running 30 minutes a day, on average, for the next week and she truly saw that as a relevant goal.

But what if she returns the next week and she tells you the following. She didn't run because her physician advised her she should have a complete physical first. So, she didn't follow through and that's the reason. What do you think of that?

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Context: Other Scenarios



She ran 30 minutes 1 day, then skipped the next 5 days



She usually runs 60 minutes a day



She didn't run the day after she came down with the flu

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Or she ran 30 minutes 1 day, skipped the next 5 days, and then ran for 3 hours on the seventh day. So, she met her target of an average of 30 minutes. But what's that going to cause you to think about?

Or she reports that meeting her goal was easy because she usually runs 60 minutes a day.

Or she tells you she didn't run 30 minutes the day after she came down with the flu.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Context: Other Scenarios



She didn't run because she felt too depressed



She was late to work, but she kept her commitment

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Or she tells you she didn't run 30 minutes per day because she felt too depressed.

Or she tells you that even though she was late to work 3 times because of her early morning running, that she did keep her commitment. And this is in the context of her demonstrating her competence at work that's important to her because she has a goal of being promoted in the coming year.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.



Each scenario might lead you to respond in a different way



Context, function, and history help you understand the progress on those goals

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Think about how each of those scenarios might lead you to respond in a different way in that following session. So it's again not just about whether the goal is the right type of goal and it's not just about whether they met it or not.

But context, function, history, all of those things feed into understanding the progress on those goals. Never forget that context is important.

**\*References\***

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Key Points

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- The target committed action should be measurable and specific enough.
- The SMART framework is one way of thinking through the types of actions that are chosen.



So, some key points. When the client is ready to begin selecting and committing to values-based actions for change, there are several points to keep in mind to increase the likelihood of setting a goal that can actually be followed through on.

The target committed action should be measurable and specific enough so that it will be clear whether the commitment was met or not.

The SMART framework is one way of thinking through the types of actions that are chosen, picking commitment targets that are specific, measurable, attainable, relevant, and time-bound.

## Key Points

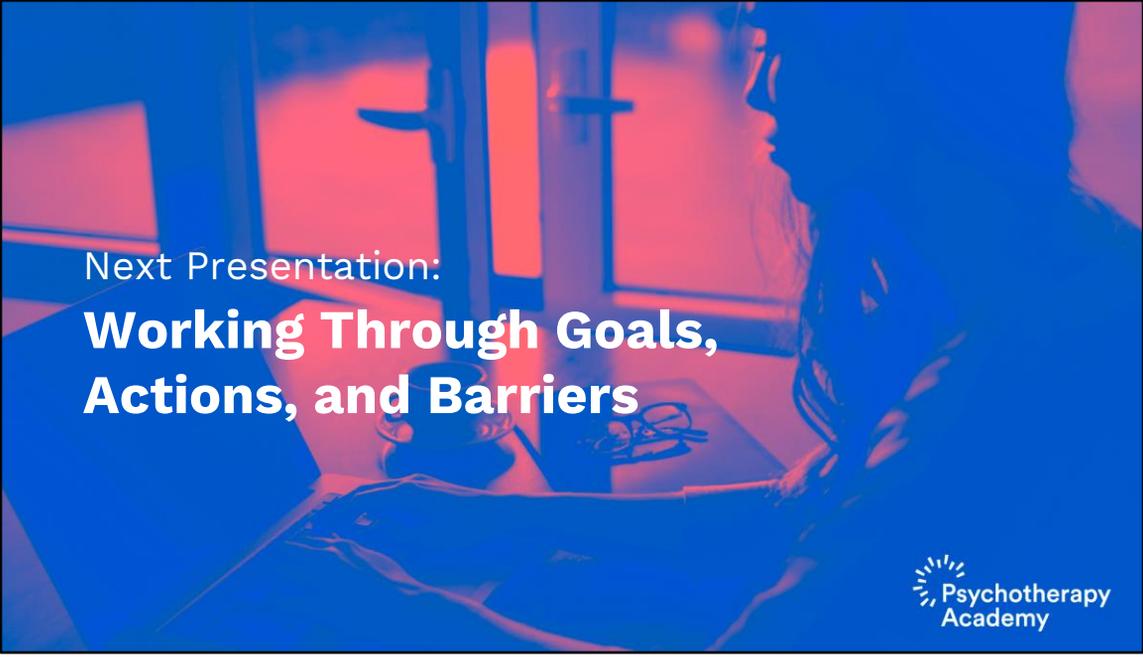
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- The function of committed action should be understood through the lens of the client's context.
- The same behavior can function differently across clients or for the same client at different times.



However, it is also important to make sure that the function of any given committed action is understood through the lens of the client's current and historical context.

The same behavior can function very differently across clients or for the same client at different times.



Next Presentation:

## **Working Through Goals, Actions, and Barriers**

 Psychotherapy  
Academy

## **Working Through Goals, Actions, and Barriers**



Sonja Batten, Ph.D.

Once the work of clarifying values in multiple domains has been accomplished, then the therapist and client can turn toward specific steps that can be taken to begin to bring the client's life more into alignment with those values.

One framework for understanding how to take those next concrete steps can be described as working on goals, actions, and barriers.

**Goals:**  
Specific achievable outcomes

**Actions:**  
Smaller steps to accomplish goals

**Barriers:**  
Make accomplishing actions challenging

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.  
- Luoma, J. B., Hayes, S. C., & Walser, R. D. (2007). *Learning ACT: An acceptance and commitment therapy skills-training manual for therapists*. New Harbinger Publications.

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Goals are specific achievable outcomes that a person can set forward to attain in the service of a valued direction for the person’s life. Actions are then the smaller steps that a person would have to take in order to accomplish those goals. And finally, as the person works toward taking actions and achieving specific goals, it’s inevitable that barriers will be presented that make the accomplishment of those actions challenging.

So, the process that I’ll describe in this video will lay out a practical outline for working through both the internal and external barriers to effective action.

**\*References\***

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician’s guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Luoma, J. B., Hayes, S. C., & Walser, R. D. (2007). *Learning ACT: An acceptance and commitment therapy skills-training manual for therapists*. New Harbinger Publications.

## Goals, Actions, and Barriers: An Example



She's a 42-year-old woman



She's completed a full values assessment



She's identified her values in 10 different domains



They'll target 3 areas in which to identify specific goals

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As a specific example, let's say that a 42-year-old woman, Clara, who's a professional writer and is in a committed relationship, has completed a full values assessment as was presented earlier in the module. In addition to identifying her values in 10 different domains, she has also rated each of those domains in terms of importance and with respect to how consistently she has lived her life in accordance with those values over the past 3 months. Upon reviewing her values clarification worksheets, the therapist suggests to Clara that they begin by targeting 3 areas in which to begin identifying specific goals.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Luoma, J. B., Hayes, S. C., & Walser, R. D. (2007). *Learning ACT: An acceptance and commitment therapy skills-training manual for therapists*. New Harbinger Publications.

## Goals, Actions, and Barriers: An Example



Her target areas are physical health, career, and romantic relationship



Her trust issues due to a history of interpersonal trauma are impacting her relationship

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The first one is physical health and the second is career. And those 2 are chosen because they both have very high ratings on importance. And the third one is her romantic relationship because this area has the largest discrepancy between how important it is and the level of consistency with that value in the last 3 months.

The areas of physical health and career don't have anything overtly to do with her trauma history or posttraumatic symptoms. However, as the two of you have been working together, she has identified that her trust issues due to a history of interpersonal trauma are impacting her relationship with her partner, which is why she currently has such a high reported discrepancy in that domain.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Luoma, J. B., Hayes, S. C., & Walser, R. D. (2007). *Learning ACT: An acceptance and commitment therapy skills-training manual for therapists*. New Harbinger Publications.

## Goals, Actions, and Barriers



Identify the set of values to be addressed



Specify goals and actions

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- Luoma, J. B., Hayes, S. C., & Walser, R. D. (2007). *Learning ACT: An acceptance and commitment therapy skills-training manual for therapists*. New Harbinger Publications.



Once the set of values that will be addressed first has been identified, the next step is to begin to specify goals and actions that the individual can take in order to move forward in those areas.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Luoma, J. B., Hayes, S. C., & Walser, R. D. (2007). *Learning ACT: An acceptance and commitment therapy skills-training manual for therapists*. New Harbinger Publications.

## Identify Workable Goals



Specific and measurable



Practical and within the client's ability to accomplish



More than what a dead man can do

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- Lindsley, O. R. (1968). *Training parents and teachers to precisely manage children's behavior*.  
- Luoma, J. B., Hayes, S. C., & Walser, R. D. (2007). *Learning ACT: An acceptance and commitment therapy skills-training manual for therapists*. New Harbinger Publications.



Another way to determine specific goals to set is provided by Luoma and colleagues to identify several characteristics of goals that are likely to be workable.

First, they should be specific and measurable. Second, they should be practical and within the client's ability to accomplish. Third, they should involve something more than what a dead man can do. And let me talk a little bit about that.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Lindsley, O. R. (1968). *Training parents and teachers to precisely manage children's behavior*.
- Luoma, J. B., Hayes, S. C., & Walser, R. D. (2007). *Learning ACT: An acceptance and commitment therapy skills-training manual for therapists*. New Harbinger Publications.



## Set goals that are about how the person wants to be in the world

Not just something a dead man can do

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- Lindsley, O. R. (1968). *Training parents and teachers to precisely manage children's behavior*.
- Luoma, J. B., Hayes, S. C., & Walser, R. D. (2007). *Learning ACT: An acceptance and commitment therapy skills-training manual for therapists*. New Harbinger Publications.



We're trying to set goals that are generative, that are about positive movement forward, that are about how the person wants to be in the world. There are several goals that we might set that are things that maybe don't fit in that category because as just a quick way of checking, they're something a dead man can do.

So if you said, "I want to not smoke any cigarettes tomorrow." Okay. Well, a dead person can not smoke any cigarettes tomorrow. If you said, "I want to not drink any more alcohol." "I want to not fight with my kids." Those are all things that a dead person can do.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Lindsley, O. R. (1968). *Training parents and teachers to precisely manage children's behavior*.
- Luoma, J. B., Hayes, S. C., & Walser, R. D. (2007). *Learning ACT: An acceptance and commitment therapy skills-training manual for therapists*. New Harbinger Publications.

## What Could You Do Instead?

I want to not smoke any cigarettes



I'll take a hot shower

I want to not drink alcohol



I'll call a friend

I want to not fight with my children



I'll take a moment to breathe

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- Lindsley, O. R. (1968). *Training parents and teachers to precisely manage children's behavior*.  
- Luoma, J. B., Hayes, S. C., & Walser, R. D. (2007). *Learning ACT: An acceptance and commitment therapy skills-training manual for therapists*. New Harbinger Publications.



What could you do instead? So instead of saying, “I want to not smoke any cigarettes,” could we say that “I want to wake up in the morning and when I have an urge to smoke that first cigarette instead what I will do is take a hot shower”?

Or instead of drinking alcohol, “I want to notice when I have that urge to drink and pick up the phone and call a friend.”

Or instead of “I want to not fight with my children,” “I want to notice when I’m frustrated, take a moment to breathe, and then remember how important my children are to me before I engage with them.”

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Lindsley, O. R. (1968). *Training parents and teachers to precisely manage children's behavior*.
- Luoma, J. B., Hayes, S. C., & Walser, R. D. (2007). *Learning ACT: An acceptance and commitment therapy skills-training manual for therapists*. New Harbinger Publications.



**Reformulate the dead man's goal  
into something the person can do**

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.  
- Lindsley, O. R. (1968). *Training parents and teachers to precisely manage children's behavior*.  
- Luoma, J. B., Hayes, S. C., & Walser, R. D. (2007). *Learning ACT: An acceptance and commitment therapy skills-training manual for therapists*. New Harbinger Publications.



So, you can take the same idea that's behind the dead man's goal and reformulate it into something that is something the person can actually do. So try to avoid a dead man's goal and instead focus on a goal that only a living, breathing human being can do.

#### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Lindsley, O. R. (1968). *Training parents and teachers to precisely manage children's behavior*.
- Luoma, J. B., Hayes, S. C., & Walser, R. D. (2007). *Learning ACT: An acceptance and commitment therapy skills-training manual for therapists*. New Harbinger Publications.

## Identify Workable Goals



Committed to publicly,  
at least in the presence  
of the therapist



On target with the  
client's values



Linked to the client's  
functional needs

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- Luoma, J. B., Hayes, S. C., & Walser, R. D. (2007). *Learning ACT: An acceptance and commitment therapy skills-training manual for therapists*. New Harbinger Publications.



Fourth, they should be committed to publicly, at least in the presence of the therapist. And I would add that writing them down also helps. Fifth, they should be on target with the values of the client. And sixth, they should be linked to the functional needs of the client.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Luoma, J. B., Hayes, S. C., & Walser, R. D. (2007). *Learning ACT: An acceptance and commitment therapy skills-training manual for therapists*. New Harbinger Publications.

## The Goals Can Be of Any Magnitude



Plant seeds of committed action with small successes



Build effective patterns of action consistent with values

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The goals can be of any magnitude. Even tiny goals are meaningful as long as they're in the direction of the individual's values. Small success of approximations can be seen as planting the seeds of committed action. And the fruits of these actions may not be immediately visible. But just like with a real garden, the payoff for the hard work in committing and tending to the small seeds is only apparent over time.

The most important factor is to build effective patterns of action over time that are consistent with the person's values.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Luoma, J. B., Hayes, S. C., & Walser, R. D. (2007). *Learning ACT: An acceptance and commitment therapy skills-training manual for therapists*. New Harbinger Publications.

## Specific Actions to Achieve Goals



Wanting to act in a more trusting way with her partner



Committing to turning off the tracking function

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- Luoma, J. B., Hayes, S. C., & Walser, R. D. (2007). *Learning ACT: An acceptance and commitment therapy skills-training manual for therapists*. New Harbinger Publications.

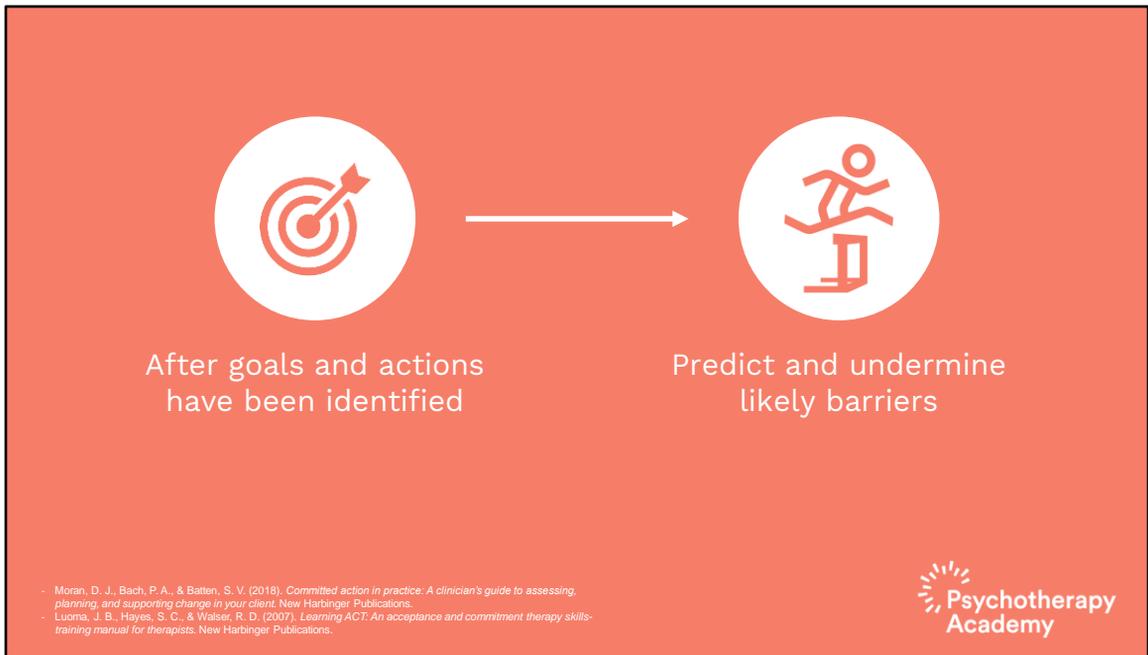


Within each of those goals, there are specific actions that follow that would need to be taken in order for the goal to be achieved.

For example, if Clara is wanting to work on acting in a more trusting way with her partner, she may commit to turning off the tracking function on her partner's contact in her phone and only texting her partner when she has something to say rather than just texting to check up on their current activities.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Luoma, J. B., Hayes, S. C., & Walser, R. D. (2007). *Learning ACT: An acceptance and commitment therapy skills-training manual for therapists*. New Harbinger Publications.



After goals and actions have been identified, the final step in planning is to try to predict and undermine the likely barriers that could potentially get in the way of following through with the identified actions.

**\*References\***

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Luoma, J. B., Hayes, S. C., & Walser, R. D. (2007). *Learning ACT: An acceptance and commitment therapy skills-training manual for therapists*. New Harbinger Publications.



## Clients Are the Experts in Recognizing Potential Barriers

### External

- Identify additional actions needed

### Internal

- Revisit willingness, defusion, and mindfulness skills

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- Luoma, J. B., Hayes, S. C., & Walser, R. D. (2007). *Learning ACT: An acceptance and commitment therapy skills-training manual for therapists*. New Harbinger Publications.



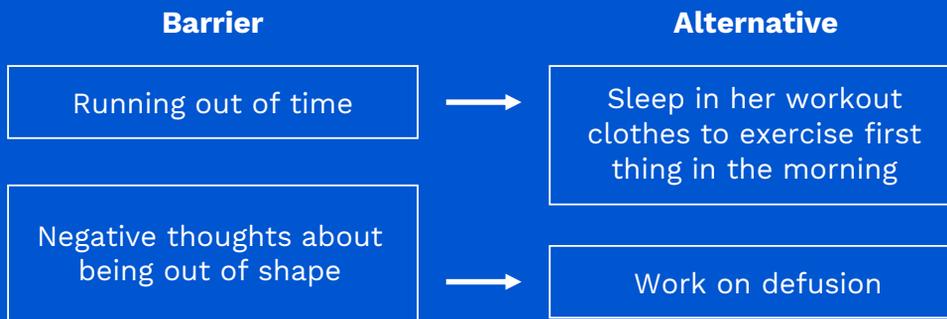
These barriers are generally the same types of things that have gotten in the way of actions in the past. And so clients are generally the experts in recognizing those potential barriers.

These barriers can be categorized in a practical manner as either being external or internal. If the barrier is external, then this leads to the identification of additional actions that can be taken to contribute to the success of the commitment whereas if the barrier is internal, like responses to thoughts, feelings, or urges that will serve as barriers, then this points to the need to revisit willingness, defusion, and mindfulness skills.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Luoma, J. B., Hayes, S. C., & Walser, R. D. (2007). *Learning ACT: An acceptance and commitment therapy skills-training manual for therapists*. New Harbinger Publications.

## Example: Commit to Exercising 4 Times a Week



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- Luoma, J. B., Hayes, S. C., & Walser, R. D. (2007). *Learning ACT: An acceptance and commitment therapy skills-training manual for therapists*. New Harbinger Publications.



So, for example, if Clara wants to commit to exercising 4 times in a week, she might note that 1 external barrier is running out of time at the end of the day. So in order to mitigate this barrier, she may choose to sleep in some of her workout clothes so that she can pop out of bed and exercise easily first thing in the morning.

Or if she identifies that she frequently fuses with negative thoughts about having let herself get so far out of shape, then working on defusion can be an important way of countering that internal barrier.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Luoma, J. B., Hayes, S. C., & Walser, R. D. (2007). *Learning ACT: An acceptance and commitment therapy skills-training manual for therapists*. New Harbinger Publications.

## Key Points

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- Deconstruct the commitment process into components of goals, actions, and barriers.
- Goals are the overarching targets to move toward.
- Break goals into smaller, more manageable component actions.
- Barriers should be identified proactively to plan actions to overcome them.



So, some key points. When beginning work on setting committed actions, after completing a values clarification exercise, it can be useful to deconstruct the commitment process into components of goals, actions, and barriers.

Goals are the overarching targets that the client wants to move toward, which can then be broken into smaller, more manageable component actions. External and internal barriers should be identified proactively so that the client can identify planned actions to overcome the barriers.

## Key Points

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- Some trauma survivors will choose goals to overcome the effects of trauma.
- Some survivors choose to focus on moving their lives forward more generally.
- Either option is workable within the client's context.



When working with trauma survivors, some will choose goals that are related to overcoming the effects of their trauma history while others may choose to focus on moving their lives forward without a connection to the trauma. Either option is workable within an individual client's context.



Next Presentation:

## **Obstacles to Committed Action on the Part of the Client**

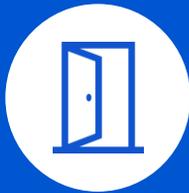
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## **Obstacles to Committed Action on the Part of the Client**



Sonja Batten, Ph.D.

There's no perfect world where everything falls into place as soon as the client makes a series of commitments. In fact, rarely is an initial commitment made and completed without some sort of struggle, barrier, or delay arising. This is a natural part of the process and the therapist should expect barriers and obstacles to arise.



## Proactively bring up the topic of barriers

Open the door to addressing any obstacles

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It can be useful to inoculate the client from this experience by proactively bringing up the topic of barriers and obstacles as soon as commitments are made. This will open the door for the therapist to be able to work on addressing any obstacles that arose when the client returns to session and reports that they were unsuccessful with completing their commitment.

These barriers can arise in response to any of the processes that we've discussed previously that lead to psychological inflexibility.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Obstacles to Committed Action: Avoidance



They knew they were supposed to do that



They didn't feel like it and thought they should have

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So here are some sample obstacles to committed action on the part of the client.

They may come back and say, “Well, I know I committed to that, but I didn’t feel like it.” So that’s experiential avoidance. They had the thought that they knew they were supposed to do that. They checked their feelings and didn’t feel like it. They didn’t have the feeling that they wanted, that they thought they should have, that would need to be there in order to do what they needed to do.

And they didn’t want to feel the way they would feel when they did the action. “So, I didn’t feel like it.” So, that’s avoidance.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Obstacles to Committed Action: Cognitive Fusion and Mindlessness



### Cognitive fusion:

They felt a certain way so they couldn't do it



### Mindlessness:

They weren't in contact with their commitment

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Or “I just thought about it and I was too anxious,” or depressed, or angry, or whatever the reason is. So, they had a thought that they felt a certain way and because they felt that certain way, they couldn't do it. So, that would be cognitive fusion.

Or they might say “Oh, yeah. I totally forgot.” And that's again the opposite of mindfulness. It's sort of mindlessness. They were not in contact with that thing they had committed to.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Obstacles to Committed Action: Unclear Values



### Unclear values:

“It just didn’t seem important”

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Or, “I know I said that last week, but once I got into the week, it just didn’t seem important.” So, that may mean that there are unclear values.

It may have been that they sort of worked on the values clarification exercise with you, but it turned out that that wasn’t really the thing that was important to them.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician’s guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Obstacles to Committed Action: Impulsivity and Attachment to the Conceptualized Self



### Impulsivity:

“Too many things seemed more important”



### The conceptualized self:

“I wanted to, but it’s just not for me”

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Or, “Too many other things seemed more important for me to do.” And that might be a result of inactivity or behavioral avoidance or impulsivity. So they were focused on impulsively doing other things rather than mindfully choosing this thing in the service of their values.

Or they might say “I wanted to, but I decided really it’s just not for me.” And that may point to attachment to the conceptualized self.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.



## Identify what processes need to be worked on

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So again, you can see how it's actually okay if the person comes back and they either have or haven't done the target behavior because it will help identify in pretty stark relief what are the processes that need to be worked on.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Additional Obstacles to Committed Action



A lack of environmental support



Skills deficits

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There are some additional obstacles to committed action. So there may be a lack of environmental support. Maybe they were relying on somebody to drive them to the gym and it's just that support wasn't there this week.

Or the person may have skills deficits. So they may have said, "I want to work on making some new friends this week." But maybe they don't actually have the social skills and place to meet new people or follow up on those contacts. So you do also want to look for environmental obstacles or skills deficits.

So, let's now talk about some ways of addressing obstacles to committed action on the part of the client, depending on which type of barrier arises.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.



## Addressing Avoidance

### Clients

- Want to change their private events
- Want to change behavior without experiencing discomfort
- Don't accept the circumstances

### Therapists

- Work on the control agenda
- Work on small acts of acceptance

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So you identified that the challenge, the barrier, was a challenge that was related to acceptance and avoidance, so clients may want to change their private events, like their pain or their mood, without changing behavior.

Or they may want to change behavior without experiencing discomfort. So, for example, they may want to lose weight but not want to experience the discomfort of feeling slightly hungry, or stop substance use without wanting to experience the feeling that comes with an urge to use.

Or maybe they don't accept the circumstances that brought them to where they are.

In those examples, you would work on addressing avoidance and that control agenda that we've discussed and you could work on small acts of acceptance to help them start to move in that direction.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.



## Obstacles Related to Defusion

### Clients

- Decide they're doomed to fail
- Focus on changing other people's behavior

### Therapists

- Use classic defusion exercises
- Demonstrate the lack of power of thoughts on behaviors

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Or you may find obstacles that lead you to focus on defusion. So, you may have clients who convince themselves they can't act just yet. Or they decide they're doomed to fail. Or they miss opportunities for committed action if the opportunities don't fit with the stories they've told themselves. Or they might focus on changing other people's behavior instead of their own.

In those examples, you could use some of the classic defusion exercises that we've talked about earlier on and demonstrate the disconnect and lack of power of thoughts on behaviors in session. So, recognizing that just because you have a thought, that doesn't have to be the thing that directs your behavior.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.



## Obstacles Related to Contact With the Present Moment

### Clients

- Focus excessively on the future or past
- Go through the day in a mindless state

### Therapists

- Work on mindfulness

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You can also find obstacles related to contact with the present moment or lack thereof. So, you may have clients who focus inordinately on the future instead of the present or focus excessively on the past. Or in the case of depression and worry, they may focus on both past and future rather than the present. Or they may go through the day in sort of a mindless state.

So, with all of those examples, working with a client again to recognize that committed action can only take place in the present, mindfulness can help. And it's important to be mindful both of the process of committed action and the opportunities to practice it throughout the day.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.



## Obstacles Related to the Conceptualized Self

### Clients

- Get caught up in their stories about who they are
- Believe they can't act because of their thoughts or feelings

### Therapists

- Revisit self-as-concept exercises
- Help the person recognize that there's a consistent self-perspective

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Or there may be obstacles to committed action with respect to that conceptualized self. So clients may get caught up in their stories about who they are or they may feel defined by their thoughts, or feelings, or sensations, or history. They may believe they can't act because of their thoughts, feelings, sensations, and history.

And so in those cases, you would want to revisit some of the self-as-concept exercises to provide space for new actions. So some of the exercises where you help the person recognize that there's a consistent self-perspective regardless of what's going on with thoughts, feelings, bodily sensations, and that that's the perspective from which one can take committed action.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Obstacles Related to the Conceptualized Self



Revisit the sky with  
clouds exercise



Do an imagery exercise:  
a tree in a storm

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Or revisiting that sky with clouds and who is watching that sky with clouds.

Or you could do an imagery exercise where the person imagines that they're a tree. And they can take the perspective in a storm of being the roots that are under the ground and not in contact with anything, the branches that are blowing around in the storm and moving from side to side.

Or they can be in the trunk. They can be in that solid part that is in contact with the storm that is raging around and has the roots that ground them and yet can stay present and stay strong and safe even as all of that is going on.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.



## Address Obstacles Related to Values

### Clients

- Choose behaviors based on what feels good
- Set goals based on what other people want
- Fail to keep values in mind

### Therapists

- Do values clarification or visualization exercises

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You can address obstacles to committed action on the part of the client as it relates to values. So clients may choose behaviors based on what feels good or avoiding what feels bad. They may set goals based on what other people want. For example, they may worry about what the therapist thinks or they think the therapist wants them to do. They may fail to keep values in mind as they have opportunities to choose effective action.

And so then you can do values clarification to identify domains that are personally meaningful and visualization exercises related to values to charge and inspire those actions. So it's not just something they have to do or they said they were going to do, but something that's meaningful to them.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Challenges With Committed Action Itself

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- Become overwhelmed by large goals
- Become stuck in longstanding patterns
- Choose dead man goals

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And then there can also be just challenges with the act of committed action itself. So people may become overwhelmed by large goals that seem impossible. They may become stuck when trying to change longstanding patterns. Or they may, as I talked about in the last video, choose dead man goals.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.



## Start with small committed actions

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So again, starting with small committed actions to build larger patterns of committed action and engaging in many new interconnected behaviors to build new patterns of behavior.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Key Points

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- Client barriers to following through with committed action are inevitable.
- There are external environmental barriers and internal barriers.
- Conduct a functional analysis of the barriers to help break them down and move forward.



So, some key points. Client barriers to following through with committed actions are inevitable and can be related to any of the processes that ACT suggests can lead to psychological inflexibility.

For example, in addition to external environmental barriers, internal barriers can arise as a result of experiential avoidance, cognitive fusion, mindlessness, inactivity and impulsivity, unclear values, or attachment to the conceptualized self.

Conducting a focused functional analysis of the barriers that are present is important so that the therapist can design interventions to help break down these barriers moving forward.



Next Presentation:

## **Therapist Obstacles to Facilitating Committed Action**

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# **Therapist Obstacles to Facilitating Committed Action**



Sonja Batten, Ph.D.

In addition to client obstacles to working effectively on committed action, therapist barriers can also get in the way of a focused effort at commitment.



## Sticky Thoughts

Explore how your own fusion may be contributing to obstacles

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In this video, I'll explore several potential therapist barriers starting with what I'll call sticky thoughts. If you, as the therapist, find yourself having any of these types of thinking, I recommend that you use that as an opportunity to explore how your own fusion may be contributing to obstacles to the client moving forward. For example, have you ever found yourself having some of these thoughts at a time where you know it would probably be useful to be challenging the person in some way to continue moving forward?

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.



- “She’s already dealing with enough right now”
- “He probably wouldn’t follow through anyway”
- “This is so uncomfortable”
- “We talk about the same thing every week”

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For example, “She’s already dealing with enough right now without me adding more for her to work on.” Or, “I know he probably wouldn’t follow through anyway.” Or, “This is so uncomfortable.” Or, “We talk about the same thing every week, and she just refuses to do anything about it.”

#### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.



- “It’s not fair to ask him to do this”
- “She wouldn’t be successful even if she tries”
- “I can’t figure out how to get him unstuck”

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Or, “It’s not fair to ask him to do this.” Or, “She probably wouldn’t be successful in this situation even if she tries. The circumstances are just too complicated and out of her control.” Or, “I can’t figure out how to get him unstuck so that he’ll listen to my suggestions.”

#### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.



## Sticky Thoughts Can Serve As a Signal

The therapist may be fused with thoughts about the client

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Sticky thoughts are normal and can serve as a signal that the therapist is fused with thoughts about the client or the process rather than simply tracking what's likely to be effective and being willing to experiment to find what works.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Other Signs to Look For

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- The client seems frustrated with the therapist
- The client demonstrates counterpliance
- Counterpliance may signal a disconnect

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Other signs to look for are if the client seems to be frustrated with the therapist for pushing toward commitment. Or more subtly, if the client demonstrates counterpliance.

Remember: I talked about counterpliance as being a situation where the individual is inclined to try to go against rules or expectations. That may be a sign that the client is not where the therapist thinks the client is with things, and perhaps there's a disconnect.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Another Potential Signal



The therapist repeatedly comes up with committed actions to work on



The therapist may be gaining agreement through pliance

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Another potential signal that committed action is not being approached with the right style or timing is when the therapist is the one repeatedly coming up with the committed actions to work on—especially when the client is not following through.

The therapist may be gaining agreement through pliance or a person who's willing to follow expectations rather than through the client's values if there's not really follow-through on a consistent basis.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Interference With the Therapist Facilitating Committed Action

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Therapists are less comfortable with an approach directed toward committed action due to:

- Style or personality
- Training within a traditional humanistic model

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So let's look more deeply at some of these issues that can interfere with the therapist effectively facilitating committed action. First of all, at a fundamental level, some therapists may be less comfortable with an approach to therapy that's explicitly directed toward committed action in an ongoing way, perhaps because of their style or their personality. This can be the case for therapists whose training and supervision were within a traditional humanistic person-centered model, or relational model, or a psychodynamic or psychoanalytic model.

Such therapists may be less inclined to be directive in guiding clients toward committed action or may feel that they're pushing clients too much by bringing a consistent explicit focus on orienting clients toward explicit future actions.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Interference With the Therapist Facilitating Committed Action

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When therapists are uncomfortable



They create an inconsistent experience for clients

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When therapists are uncomfortable with a new approach for any reason, including not being sure how to apply it, they may return to using previous therapy approaches, which can create an inconsistent experience for clients.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## ACT Creates Space for Sitting With Difficult Emotions



Mindfulness



Self-as-context



Acceptance



Defusion

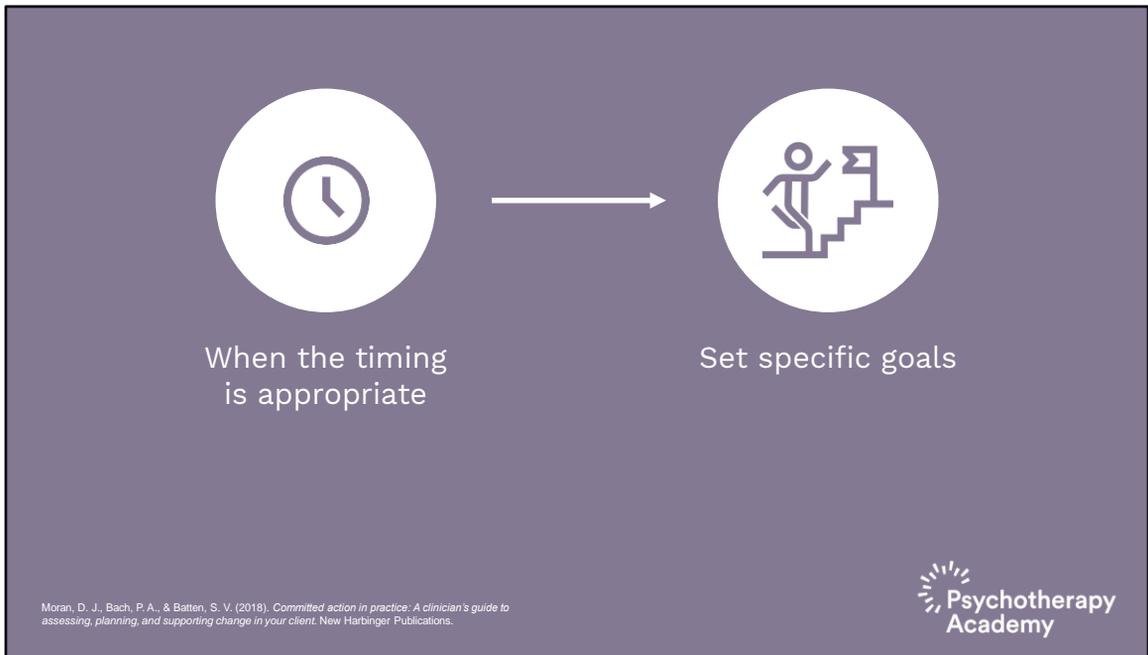
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Furthermore, the ACT approach inherently includes creating space for sitting with difficult emotions through mindfulness and self-as-context and not rushing to help clients change how they're feeling, instead using acceptance and defusion.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.



However, when the timing is appropriate, ACT therapists work with clients to help them set specific goals and behavioral targets. It's a both/and approach, not an either/or approach.

**\*References\***

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Interference With the Therapist Facilitating Committed Action



“Focusing on committed action isn’t compassionate”



E.g., Clients are going through a difficult time

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In some circumstances, therapists may feel that focusing on committed action isn't the compassionate thing to do in the moment. For example, this can happen when clients are going through a difficult time and already seem to be facing too many challenges in life.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Interference With the Therapist Facilitating Committed Action



“Committed action goals  
have to be huge”



Don't assume the client  
can't take on an additional  
responsibility

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Misinterpretation by the therapist of the committed action process can add to this problem if therapists think committed action goals have to be really huge in order to be meaningful.

But even in times of great stress and difficulty, clients can still engage in small committed action. It isn't the therapist's job to assume that the client can't take on an additional responsibility or a new opportunity for growth.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.



## The Goal of Therapy

Build larger patterns of effective behavior aligned with their values

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It's also important for therapists to remember that the goal of therapy is not to reach a specific outcome as quickly as possible, but to help clients build larger and larger patterns of effective behavior that are in alignment with their values.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## If Committed Action Plans Haven't Been Successful



The chosen goals have been too large



The therapist breaks the commitments down into smaller actions



Larger committed actions aren't more meaningful than modest actions

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If committed action plans haven't been successful, perhaps the chosen goals have been too large or, otherwise, not immediately attainable. In the same way, lack of apparent success in attaining specific goals can also be a signal that it might be helpful to break those commitments down into smaller actions that will still move the client in valued directions.

Larger committed actions aren't inherently more meaningful than modest actions. This is a reminder that it's important not just for the client but also for the therapist.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Other Obstacles: A Lack of Mindful Therapeutic Timing



Exercise willingness and defusion skills first



Fully explore their values before committing to action

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Other obstacles can arise due to a lack of mindful therapeutic timing. If clients take on committed action work before they can reliably exercise significant willingness and defusion skills, or before their values have been fully explored, or primarily they're doing it just as a result of pliance or wanting to please you, those efforts have a high probability of failing.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.



## **Therapists need to be in tune with the client's capacities and internal values**

Explore the client's emotional and cognitive barriers to following through

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So in order to undertake committed action work effectively, therapists need to be in tune with the client's current capacities and internal values. Then, when working toward committed action, it can also be just as important to preemptively explore the client's likely emotional and cognitive barriers to following through as it is to choose the desired target behaviors.

### **\*References\***

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.



The choice not to spend time addressing potential barriers leaves clients unprepared and at a disadvantage when those barriers show up.

**\*References\***

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Therapists May Avoid Bringing Up the Topic of Barriers



They don't want to suggest a lack of confidence in the client



Don't fall into this trap

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Sometimes, therapists avoid bringing up the topic of barriers because they don't want to suggest a lack of confidence in the client or give them an easy out. So I want to strongly recommend that you not fall into this trap.

In my experience, the likelihood of you identifying and overcoming barriers proactively well outweighs any potential negativity you might be introducing by suggesting that barriers are likely to arise.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## The Process of Committed Action Can Be Misused

The therapist feels frustrated with a client's fused story



The therapist pushes committed action prematurely

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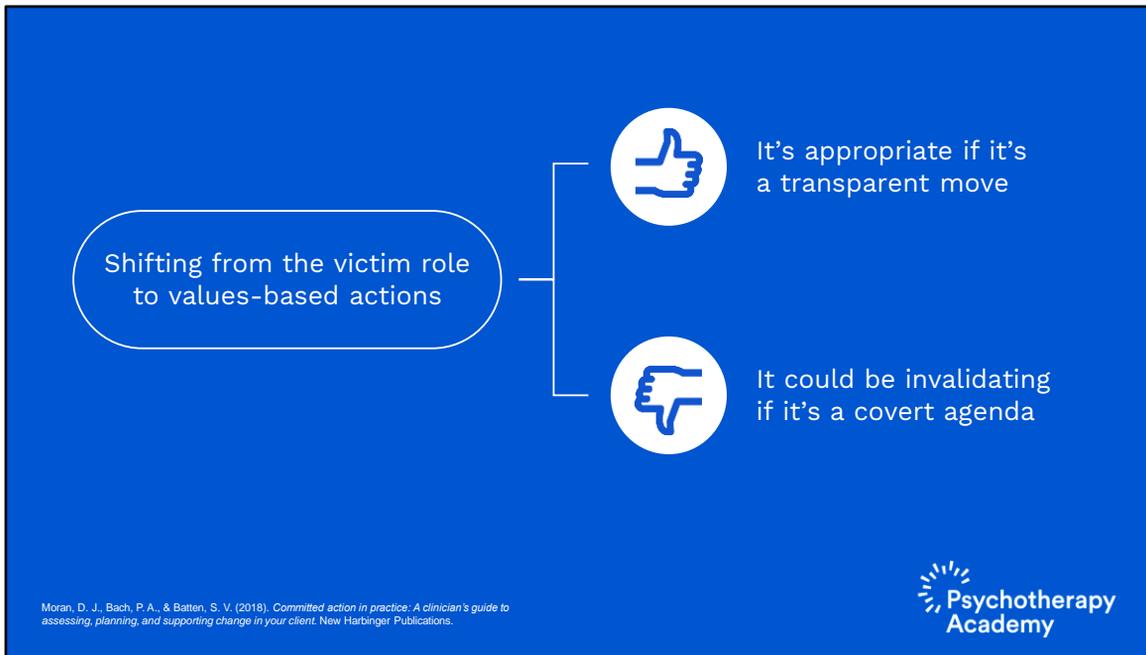


Finally, the process of committed action can be actively misused if the therapist is feeling increasingly frustrated in listening to a client's fused story about current circumstances and how there's nothing the client can do to change things.

The therapist may then push committed action prematurely in an attempt to shift the client from fusion with a victim role to becoming more active in pursuing values-based actions.

### \*References\*

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.



Such a shift in focus can be an appropriate direction if it's a transparent move that the therapist does alongside the client and with the client's engagement and permission.

However, if it's done as part of a covert agenda to change the subject or transform the story for the client, it may come across as invalidating or disingenuous, or as the therapist not hearing or recognizing what the client needs.

**\*References\***

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.

## Key Points

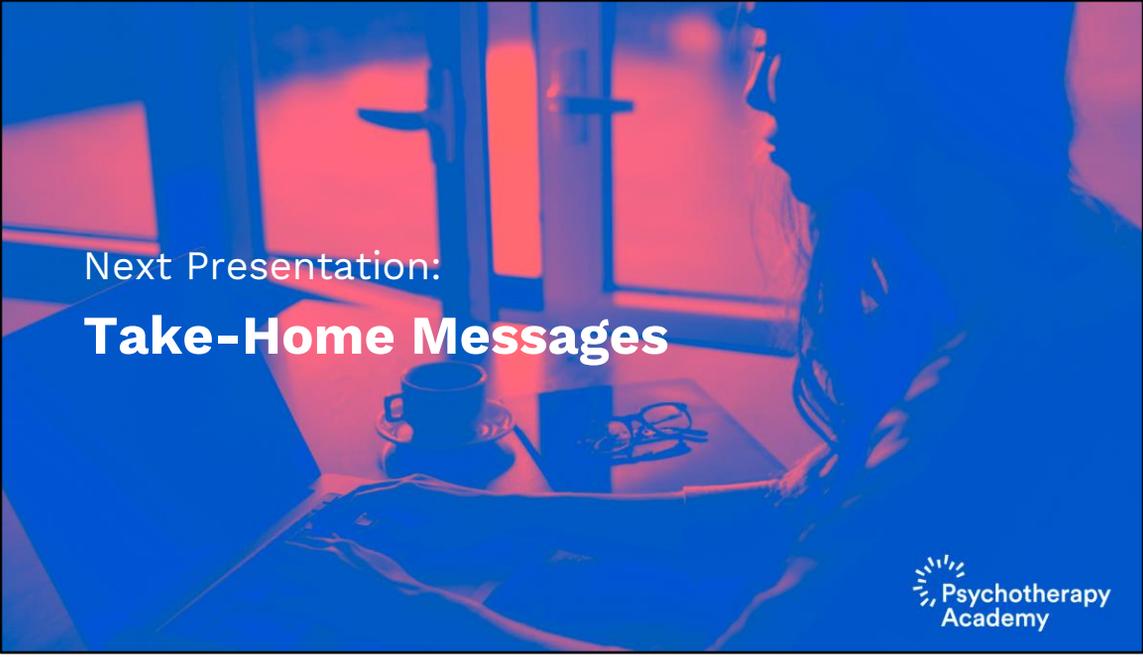
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- Therapists can get in the way of progress with committed actions.
- The therapist should practice their own self-awareness.
- The therapist should consider that there are variables on the therapist's side that contribute to obstacles.



So, some key points. It's important to remember that therapists are human, too. And it's not just obstacles on the part of the client that can get in the way of progress with committed actions.

The therapist should practice his or her own self-awareness and be willing to consider that if the focus on committed action is not currently effective, there may also be variables on the therapist's side of the equation that are contributing to obstacles that have been arising.



Next Presentation:

## **Take-Home Messages**

 Psychotherapy  
Academy

## Take-Home Messages



Sonja Batten, Ph.D.

So, here are some take-home messages related to committed action.

## Committed Action



Engaging in behavior that's guided by personal values



Choosing targets with client awareness of their own values



Working on values clarification first



Committed action is engaging in behavior that is guided by personal values, even in the face of internal or external obstacles. Committed action, therefore, requires client awareness of his or her own values in order to choose targets for moving forward in life. So, before diving into heavy work on committed action, a more thorough values clarification process can be very helpful.

## Committed Action: The Work of Therapy



Follow through with larger patterns of committed action



May associate some actions with the aftereffects of the traumatic event



May focus on actions that are rooted in the here and now



Following through with larger and larger patterns of committed action in a variety of domains will direct much of the work of therapy, both in session and out of session. With the trauma survivor, the content of some of these committed actions will be directly associated with the aftereffects of the traumatic event and its aftermath. And at the same time, significant progress in life can be made by focusing entirely on actions that are rooted in the here and now.



**There is no one-size-fits-all approach to posttraumatic committed action**



There is no one-size-fits-all approach to posttraumatic committed action. There are many different places that committed action work can start.

## Committed Action: Where to Start

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The most important areas



Areas where they could easily get an initial success



Areas with the biggest discrepancy between their importance and extent of recent values-consistent behavior



It can start with areas that the client feels are the most important. It can start with areas where the client feels like they could most easily get an initial success or conversely, areas where there's the biggest discrepancy between how important a given domain is to the client vs how consistently he or she has been behaving with his or her values in that domain.

## SMART Goals



Specific



Measurable



Attainable



Relevant



Time-bound



It can be useful to choose SMART goals to start off with: specific, measurable, attainable, relevant, and time-bound.



## **Understand the proposed behavior in context**



However, even with a commitment that has been constructed with technical specificity, it's also important to understand the proposed behavior in context in order to determine the potential function of a given committed action.

## How to Maximize the Success of Commitment



Break down the committed action into specific goals, actions, and barriers



Raise potential barriers ahead of time



Determine mitigation plans for barriers



The therapist can help maximize the success of the commitment by working with the client to break down the committed action into specific goals, actions, and barriers. By raising potential barriers ahead of time, the therapist can work with the client to determine mitigation plans for both internal and external barriers that may arise.



## Barriers

### Internal

- Acceptance
- Defusion
- Mindfulness
- Self-as-context

### External

- Problem-solving
- Breaking the goal down into smaller components

Internal barriers may require acceptance, defusion, mindfulness, or self-as-context work.

External barriers generally require problem-solving and potentially breaking the goal down into smaller component goals.



## **Barriers on the part of the client and therapist**

Identify obstacles early on



There are an infinite number of barriers that can arise on the part of the client—and also even on the part of the therapist—that can hinder forward progress in line with those commitments.

There are also many signals that the therapist can be attune to so that those obstacles can be identified early on and addressed.