

Session Overview



Sonja Batten, Ph.D.

Welcome to Module 7, where we'll go over special topics and tips for working with trauma survivors using ACT. Regardless of the specific presenting problem, there are many components of ACT that are rolled out and applied similarly across patient populations. Throughout this course, I have provided examples of how to execute the core ACT components in a nuanced way for survivors of various types of trauma.

ACT Components for Trauma Survivors: Types of Trauma



Childhood
sexual abuse



Being a combatant
in a war zone

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.



There are also though some very specific topics that I'd like to go over with you that are more unique to the presenting problems of trauma survivors, including characteristics that are particular to specific types of trauma, such as childhood sexual abuse or the experience of being a combatant in a war zone.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.

ACT Components for Trauma Survivors: Related Issues



Guilt



Shame



Self-identity



Anger



Depression



Suicidality

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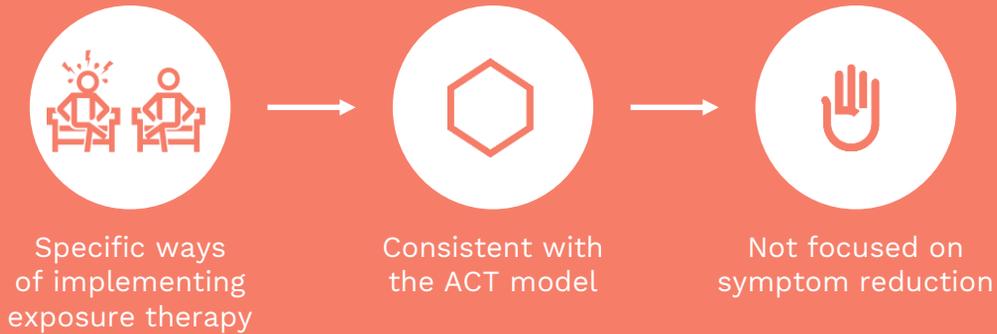


These issues relate to topics such as guilt, shame, and self-identity as well as particular types of symptomatology, including anger, depression, and suicidality.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.

The ACT Perspective



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Experienced trauma therapists will already be very familiar with working with these topics and presentations. And there are some very specific ways of conceptualizing and working with these issues from an ACT perspective. For example, although a trained cognitive behavioral therapist will likely already be familiar and practiced with using exposure-based treatments for PTSD, there are some specific ways of implementing exposure therapy that make it ACT consistent rather than a jarring piece of work focused on symptom reduction that doesn't fit within an ACT model.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.

The Goal of ACT for Trauma: Psychological Flexibility



Keeping the goal of termination in focus



Generalizing skills beyond the therapy room

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In the end, as I've discussed throughout this course, ACT for trauma is always focused on the goal of increasing psychological flexibility so that the person can move forward with the life that is full of the things that he or she values. And the competent ACT therapist keeps the goal of termination and successful transition to a life beyond therapy in focus throughout the course of treatment so that the client can constantly be working on generalizing skills beyond the therapy room and not becoming unduly reliant on the therapist.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.

Key Points

- There are specific nuances to the treatment when it's provided to trauma survivors.
- ACT has its own unique applications to shame, guilt, grief, and exposure-based treatments.
- Learning the principles of successful committed action is useful for preparing clients to maintain and continue progress after leaving therapy.



So, some key points. Although there are many aspects of ACT that are applied in a very similar way across clinical presentations, there are also some very specific nuances to the treatment when it is provided to trauma survivors. Experienced trauma clinicians will already be familiar with working with concepts such as shame, guilt, grief, and exposure-based treatments. And ACT has its own unique applications to this work.

The focus of ACT on learning the principles of successful committed action is especially useful for preparing clients well in advance of termination to be able to maintain and continue progress after leaving therapy.



Next Presentation:

More on Exposure Treatment

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More on Exposure Treatment



Sonja Batten, Ph.D.

Exposure: An Effective Component of PTSD Treatment



Consistent with an acceptance-based approach



Conducted as in other cognitive behavioral treatments



E.g., imaginal exposure exercises

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The empirical evidence for the treatment of PTSD indicates that one of the most effective components of treatment for PTSD and other related anxiety disorders is exposure, whether in vivo or imaginal. The use of exposure therapy is in many ways consistent with an acceptance-based approach to treatment. And we will frequently use exposure exercises when working with traumatized clients.

Many of the methods of exposure used in acceptance-based approaches are conducted exactly as they are in other cognitive behavioral treatment packages, such as imaginal exposure exercises in which the client is asked to write about a memory of a specific traumatic event, repeating the description of this memory over and over, and even listening repeatedly to recordings of verbal accounts of the traumatic events.

References

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

The Rationale From an Acceptance Standpoint Is Different



ACT doesn't suggest that recounting the trauma will result in habituation

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



However, the rationale used to describe exposure exercises from an acceptance standpoint differs significantly from the traditional rationale. Most importantly, we do not suggest that recounting the trauma multiple times will result in habituation or reduction of difficult private events as this rationale highlights exposure as another method aimed at experiential control.

References

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

Approaching Traumatic Memories



Changes the content in which private events are experienced



Allows for more behavioral flexibility



Increases their ability to take steps in valued directions

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Rather, we discuss the possibility that approaching instead of avoiding these traumatic memories and the associated thoughts and effects will change the content in which these private events are experienced and the nature of the relationship that the client has with these experiences.

Consequently, this change in context then allows for more behavioral flexibility and increased ability to make steps forward in valued directions.

References

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

In Vivo Exposure



E.g., attend a party



The goal: Engage in a behavior that's consistent with the client's value

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Additionally, in vivo exposure is also conducted regularly as an integral part of acceptance-based therapy for PTSD, although the form of the exposure and the rationale may differ. For instance, a client may be encouraged to attend a party, which could be a previously avoided activity for that person, not with the purpose of habituating to anxiety in that situation, but with the explicit goal of engaging in a behavior that is consistent with the client's value of developing and maintaining relationships.

References

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

Interoceptive Exposure for Panic-Type Symptoms



Elicit panicky feelings through traditional triggers



Work on more flexible behaviors



Show them they can do other activities while having panicky feelings

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You might also do interoceptive exposure for a trauma client who has panic-type symptoms when they are triggered by trauma reminders where the focus is on eliciting panicky feelings through traditional interoceptive triggers like spinning in a chair or hyperventilating, and then working on more flexible behaviors, even in the presence of feelings of panic.

Showing the person that they can do anything other than what they would normally do while having those sensations is progress. It could be reading a magazine article, carrying on an unrelated conversation with the therapist, or counting to 100 on their fingers.

References

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

The Goal of Exposure: Psychological Flexibility



ACT-inspired
exposure



A broadened
repertoire

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In the end, the goal of exposure is the same as the overall goal of ACT: to increase psychological flexibility. ACT-inspired exposure aims to broaden the individual's repertoire so that he can move forward in a variety of ways that may be more functional in any given situation than avoidance or freezing would be. In fact, for many individuals, each step forward can be seen as its own type of exposure exercise.

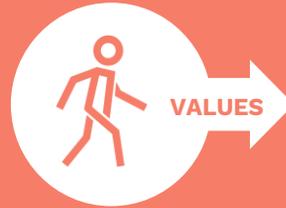
References

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

ACT Can Serve an Exposure Function



It undermines avoidance across a variety of situations



This is why commitment exercises are the central focus of therapy

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And in a broad sense, all of ACT can be conceptualized as serving an exposure function as it works to undermine avoidance across a variety of situations and experiences, not just those that are related to the traumatic event. This is one of the reasons that after an individual's values have been clarified and identified, commitment exercises, both in session and out of session, are the central focus of much of therapy.

References

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

ACT Exposure Exercises



The therapist may ask the client to rate SUDs



The focus is on mindful awareness of symptoms

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Some small changes may be made when doing formal ACT exposure exercises as compared to traditional exposure. For example, the therapist may ask the client to rate S-U-D-S, SUDs, subjective units of distress, throughout the exposure exercise, but it's not for the purpose of seeing if the distress goes down over time. Instead, the focus is on mindful awareness of those symptoms throughout the process.

References

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

ACT Exposure Exercises



Add self-monitoring
to exposure



Ask them to give ratings
of levels of willingness

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In addition, a more ACT-ified example of self-monitoring may be added to exposure in which a person is asked to give repeated ratings of levels of willingness to experience whatever happens to be present, either on a scale of 0 to 10, or 0 to 100, or whatever works for the person.

References

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



Exposure can be done either concurrently or sequentially

- There's no 1 right sequence
- Determine it through case conceptualization

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On a final note about application, exposure in ACT can be done either concurrently or sequentially. Exposure can be integrated throughout the course of treatment as long as values, willingness, and defusion have been introduced. Or a therapist could go through a general introduction to ACT all the way through, without much of a focus on the trauma, per se, and then move to a more formal exposure portion of treatment afterward.

There is no 1 right sequence. Again, this is one of those things that should be determined through the case conceptualization process, understanding the most pressing needs for that individual.

References

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

Key Points

- ACT incorporates exposure exercises with a focus on increasing psychological flexibility and valued living.
- Private experiences and bodily sensations can be approached with willingness rather than avoidance.



So, some key points. As with most effective treatments for PTSD and other anxiety disorders, ACT incorporates exposure exercises, but with a focus on increasing psychological flexibility and valued living rather than decreasing anxiety. In this ACT-based approach, individuals are shown that private experiences and bodily sensations can be approached with willingness rather than avoidance.

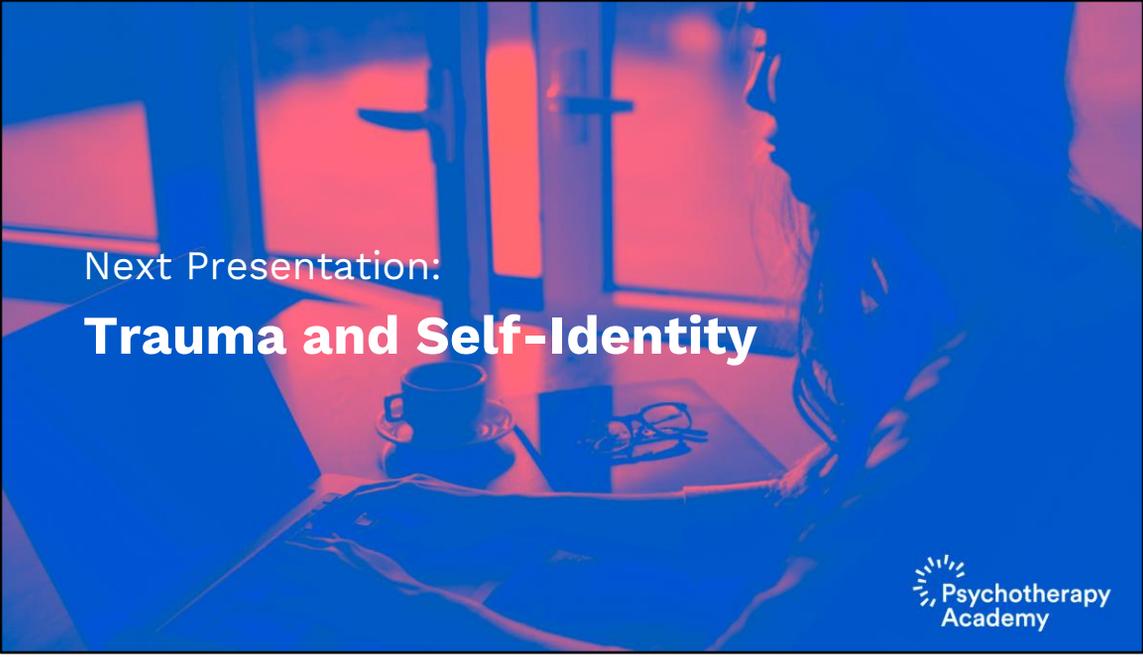
Key Points

- Defusion methods change the response to troubling thoughts, and exposure practices help them move forward.
- Exposure exercises can be any opportunity to practice approaching a situation that's usually avoided.
- Practicing willingness and defusion broadens the behavioral repertoire.



Defusion methods are used to change the characteristic response to troubling thoughts and exposure practices in and out of session. Help the individual with moving forward with a valued life, whether or not posttraumatic symptoms are present.

In ACT, exposure exercises can be any opportunity for an individual to practice approaching a situation or sensation that she characteristically attempts to avoid, control, or escape, instead practicing willingness and defusion in the service of broadening her behavioral repertoire in the presence of the avoided stimulus.



Next Presentation:

Trauma and Self-Identity

 Psychotherapy
Academy

Trauma and Self-Identity



Sonja Batten, Ph.D.

Self-as-Context and PTSD



Chronically sexually
abused and neglected
as children



Difficulties locating a
transcendent constant
observer self

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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Working on self-as-context is an important aspect of therapy with individuals diagnosed with PTSD. For instance, individuals who are chronically sexually abused and neglected as children and often repeatedly revictimized thereafter can have a difficult time locating a transcendent constant observer self that experiences emotions and thoughts.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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Being sexually victimized invalidates one's internal experiences

- Forced against their will
- False statements about thoughts and feelings

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An inherent aspect of being sexually victimized is the invalidation of one's internal experiences. For instance, the perpetrator may force the client to engage in activities against her will, sometimes making false declarations about her thoughts and feelings at the same time like, "You really wanted to have sex," or "You're enjoying this."

References

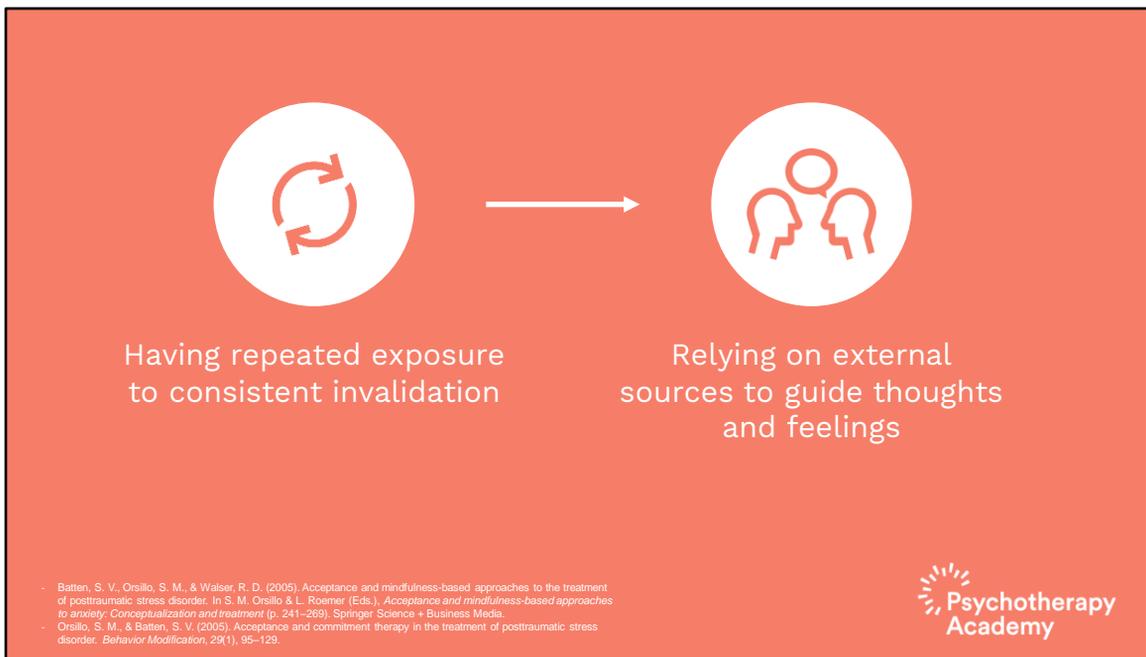
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In the chaotic family environments that often accompany sexual assault, children are often told what they should think and feel, and little opportunity exists for the development and nurturing of self-observational skills.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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Repeated exposure to people and situations that consistently invalidate a person’s internal experience may lead him or her to rely on external sources to guide thoughts, feelings, and values.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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A Goal of Therapy

Reestablishing the ability to observe
their behavior, thoughts, and feelings

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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So one goal of therapy for these folks is to then work with the client to reestablish his or her ability to observe their own personal behavior, including those internal things like thoughts and feelings. In and outside of session, clients are asked to notice what they're experiencing and to notice the constant observer who can engage in this task.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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Strengthen the Client's Awareness of the Observer Self



Localize past memories
and events



Connect with the constant
observer present across
different contexts

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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A number of exercises can be used to strengthen a client's awareness of the observer self, including an imagery task that involves having the client localize past memories and events and connect with the constant observer who is present across those different contexts and situations and who's remembering those memories now.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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Self-as-Context



A stable sense of self remains constant and unthreatened

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The establishment of a sense of self-as-context is critical in that this stance allows clients to experience difficult memories or emotional pain as content that may come and go while a stable sense of self remains constant and unthreatened.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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Self-as-Context Exercises



Meditating while picturing themselves as a tree or a mountain



Experiencing a variety of weather conditions



Facilitating the client's connection with what remains stable

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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Meditations where the person pictures themselves as a tree or a mountain that experiences a variety of weather, but also has deep roots into the ground, can be useful exercises that facilitate the client's connection with the core mountain or the strong base of the tree that remains stable despite the changing seasons and sometimes turbulent conditions.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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Another Obstacle to Establishing an Observer Self



Overidentification with
a conceptualized self



E.g., “I’m a mother” or “I have
an anxious personality”

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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Another obstacle to the establishment of an observer self that is sometimes encountered in work with clients with PTSD is an overidentification with a conceptualized self or the content by which we identify ourselves and explain our behavior. It is a universal human experience to describe and define ourselves using particular content, like “I am a mother,” “I have an anxious personality.”

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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Overidentification can limit our willingness to experience content incompatible with our conceptualized self

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However, in overidentification with particular content can limit our willingness to experience content that's incompatible with our conceptualized self and restrict our behavior to actions that are consistent only with that sense of self that we're sort of overly connected to.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

Example: Veterans With Chronic PTSD



“I am a war veteran”



It can seem positive because they feel connected with others

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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For instance, many veterans from a particular era who have chronic PTSD strongly identify themselves as Vietnam veterans, World War II veterans, Iraq and Afghanistan veterans, etc. along with all of the cultural characteristics that accompany that identity. On the surface, this identification with content can seem positive in that it can allow veterans to feel connected with others who share similar experiences and struggles.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



Overidentification can limit their freedom to experience the full range of emotions, thoughts, and actions available

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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However, an overidentification with any particular content can severely limit an individual's freedom to experience the full range of emotions, thoughts, and actions available. Someone who defines himself as a veteran who has been permanently altered because of his history may find himself stuck and unable to move forward with different life choices that aren't defined by that experience.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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Overidentification



Do mindfulness and
defusion exercises



Strengthen the sense
of self-as-context

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Once again, mindfulness and defusion exercises can be used to strengthen the sense of self-as-context or the observer of content and to loosen the ties a conceptualized self may have on the client's behavior.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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Key Points

- One's own self-identity can be shaped by an experience of trauma.
- Self-as-context work is key to finding a more workable, authentic sense of self.
- Survivors of sexual trauma or repeated childhood abuse can have their sense of self completely invalidated over time.



So, some key points. One's own self-identity can be significantly shaped by an experience of trauma. And self-as-context work is key to finding a more workable, authentic sense of self. On the one hand, survivors of sexual trauma or repeated childhood abuse can have their sense of self completely invalidated over time.

Key Points

- Help them develop a sense of self that is transcendent and shaped by awareness of individual values and experiences.
- Some trauma survivors may overidentify with their trauma history status.
- Developing awareness of a transcendent sense of self can be key to moving forward.



Work to repair this involves helping the person develop more of a sense of self that is transcendent over time and shaped by awareness of individual values and experiences. On the other hand, some trauma survivors may overidentify with their trauma history status in a way that leads to rigid responding and keeps them stuck. For these clients, developing awareness of a transcendent sense of self can be key to being able to move forward without being primarily defined by the history of trauma.



Next Presentation:

Guilt and Shame

 Psychotherapy
Academy

Guilt and Shame



Sonja Batten, Ph.D.

A Consequence of Trauma: Shame



A sense that there's something wrong with the person



A feeling that the horrifying event defines a person



Things communicated in conjunction with the trauma

- Batten, S. V., Orsillo, S. M., & Walsler, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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One of the consequences that can arise from the experience of trauma is a feeling of shame or the sense that deep down there is something wrong or defective with the person who has survived either a single traumatic event or a series of repeated traumas, perhaps in childhood.

Shame can arise through a combination of simply feeling that the horrifying event defines a person or because of things that were directly communicated to the individual in conjunction with the trauma.

For example, a child sexual abuse survivor may have been told repeatedly that they were responsible for the abuse or may have fused with other negative evaluations of themselves that were conveyed by the perpetrator.

References

- Batten, S. V., Orsillo, S. M., & Walsler, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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The Experience of Shame



Is aversive



Has a cognitive and an emotional component



Has negative evaluations

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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This experience of shame can be very aversive and has both a cognitive and an emotional component. There may be specific negative evaluations around being bad, dirty, or broken that may need to be identified and then addressed through defusion.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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Shameful Content in Therapy



Identifying it and saying it out loud can be freeing



The therapeutic relationship can be used to model the defused and nonreactive stance

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Even the process of just identifying the shameful content and saying it out loud in the presence of the therapist can be freeing because those evaluations have felt so fundamentally bad that the person may have done whatever they could do to hide the possibility that they were true from others, sometimes for years and years.

When this type of content is shared in session, it provides an opportunity to use the therapeutic relationship to model the defused and nonreactive stance that we hope the client can eventually achieve in response to their own content.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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Long-Standing Shame



Employ a repertoire of avoidance behaviors



Increase awareness of the interplay between shame and avoidance

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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If the person has experienced shame for a long period of time, then there may be quite a repertoire of characteristic avoidance behaviors that the person employs when shame shows up.

If shame is a primary presenting problem, then going through a structured process of identifying all of the ways that you are digging can be of help in order to increase awareness of the interplay between shame and avoidance.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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Guilt



A common occurrence in trauma survivors



The belief that they did or didn't do something that caused the traumatic event



Feelings of guilt or guilty cognitions don't have to be true or rational

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Now, guilt can also be a common occurrence in trauma survivors because the person may believe that they did something that caused the traumatic event to happen, or because they believe they did, or even didn't do, something that caused someone else to be hurt or negatively affected in some way.

And to be clear, it actually doesn't matter if the feelings of guilt or those guilty cognitions are objectively true or rational. A person's thoughts and feelings don't have to be true or logical as anyone else would see them in order for them to have an impact on the person.

References

- Batten, S. V., Orsillo, S. M., & Walsler, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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Survivor Guilt

The individual survived and others didn't

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And then there's also the specific case of survivor guilt. And survivor guilt can arise either due to decisions or actions that you made where you ended up surviving and others didn't, or simply because you had a less awful experience than someone else did.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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Survivor Guilt



They survived and
“shouldn’t have”



They punish
themselves

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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And so what can happen is if somebody feels like they survived in a way that they shouldn't or because somebody else had a worse experience than they did, sometimes people will feel like they need to use themselves as an example of how bad they are, of how what they did was so wrong, and end up punishing themselves to prove that they understand that they're not worthy.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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Don't unravel survivor guilt too quickly

The person is hanging on because something was important

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And so when we work on survivor guilt, it's very important—even if you can really see that the person is struggling and you really want them not to be in this pain—that you not try to unravel this too quickly.

The person is hanging on to the survivor guilt because there's something that was very important to them, a person that's important to them. They care about other people.

References

- Batten, S. V., Orsillo, S. M., & Walsler, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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Survivor Guilt



Take a more compassion-focused approach



Understand acts, choices, and contexts



Don't push them to feel something different

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And so instead of trying to undo the survivor guilt, often we'll take a more compassion-focused approach, working on having the client learn to treat themselves with compassion for what happened or maybe choices that they made or didn't make, understanding those acts and choices and contexts, either because they were a child and were doing the best they can or they were in a situation where they were themselves under duress or following orders, without trying to do that in a way to invalidate or get them to feel something different, just helping them to understand the choices and contexts.

References

- Batten, S. V., Orsillo, S. M., & Walsler, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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Survivor Guilt Related to Somebody They Knew



“What would that person want for you?”



Explore over time what that person would've wanted for the client

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And if they're truly having survivor guilt related to somebody that they knew and had a relationship with, an important question can be, “What would that person want for you, that person that cared about you and that you had a relationship with?”

And you can explore over time whether that person would've wanted the client to continue punishing themselves, or if they perhaps would've wanted them to go forward, and thrive, and have experiences in a way that the person who didn't survive is no longer able to.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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Survivor guilt may be camouflaging grief

Explore what lies beneath the guilt

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And it's important to realize that survivor guilt may also be camouflaging grief that needs to be dealt with. So it can often be useful to explore what lies metaphorically beneath the guilt.

All of that said, I think that guilt is a specific issue where taking actions that are in direct response to the experience of guilt can be useful in many cases.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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Guilt: A Good Source of Information



It can help the person identify their values



The goal is to take valued actions that the guilt is pointing to

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Guilt can actually be a good source of information, in some cases, because it can help the person identify their values. And so oftentimes, there may be something that a person can do in response to whatever the source of their guilt is, whether directly or symbolically.

And the goal is not to reduce or get rid of the guilt. The goal is to take valued actions that the guilt is pointing to.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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An Example of Valued Action: Apologizing



If appropriate, they can give a verbal apology



If not, the client can write a letter and then destroy it

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So, for example, if there's something where a person can give an apology—where that would be appropriate and when doing so wouldn't cause harm or distress to the other person—they can give a verbal apology or write a letter.

If it's not appropriate to apologize directly, it would bring something up to the person that really maybe they've moved on from or the person is no longer alive, the client can write a letter and then bury it or burn it.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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A Symbolic Example of Valued Action



Feels guilty about children killed by a bomb



Supports a charity focused on children



Makes the world a safer place for children

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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Or sometimes, you can actually do something that's even more symbolic. So, for example, with a war veteran who feels guilty about children who are killed by a bomb that fell in the wrong place in a village, I once worked with a veteran who was in a situation like that. And we worked on identifying a charity that was focused on children that he could support.

Nothing was ever going to bring those children from his past, from 30 years before, back, but that didn't mean that there was nothing he could do to make the world a safer place for children, which was his underlying value.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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Key Points

- The experience of shame is common among trauma survivors.
- It can be experienced as visceral sensations, emotions, or negative evaluations.
- These suggest there's something wrong with the person.



So, some key points. The experience of shame is common among trauma survivors and can be experienced as a visceral sensation or emotion as well as being accompanied by significant negative evaluations that suggest that there is something fundamentally wrong or defective with the person.

Key Points

- Addressing avoidance behaviors is key.
- Direct guilt and survivor guilt are common responses.



Addressing the avoidance behaviors that have developed as a way for the person not to experience the shame temporarily is key. Direct guilt and survivor guilt are also common responses.

Key Points

- Work on defusion and acceptance.
- Approach guilt as an important source of values information.
- Work with the client to commit to actions that are in line with the values that underlie their guilt.



In addition to working on defusion and acceptance as one would routinely in ACT, it can be useful to approach guilt as an important source of values information and potentially work with the client to commit to actions that are in line with those values that underlie the person's guilt.



Next Presentation:

Working With Anger in ACT

 Psychotherapy
Academy

Working With Anger in ACT



Sonja Batten, Ph.D.

Anger



A co-occurring emotional response with PTSD



Often only indirectly addressed in trauma-focused treatments

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
- Eifert, G. H., McKay, M., & Forsyth, J. P. (2006). *ACT on life not on anger: The new acceptance and commitment therapy guide to problem anger*. New Harbinger Publications.
- Toohey, M., Santanello, A., Van Orden, O., Soll, M., & Batten, S. (2017). Dispositional anger and experiential avoidance in veterans with PTSD. *Journal of Military and Veterans Health, 25*(3), 11–18.



Anger is another frequently co-occurring emotional response for individuals with PTSD. And even when someone has had a successful course of trauma-focused treatment, they may continue to have problems with angry behaviors. However, anger is often only indirectly addressed in a number of trauma-focused treatments.

The feeling of anger and the actions associated with anger are closely linked.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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Angry Outbursts



“The emotion and reaction
are simultaneous”



“They can’t be helped”

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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For instance, clients with PTSD who experience angry outbursts frequently report that the emotion and reaction are simultaneous and, therefore, can’t be helped. This issue can be addressed in ACT in a few ways.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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Emotions may be underlying anger

Angry feelings can serve as a tool for avoidance

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First, the therapist can draw attention to emotions that may be underlying anger and help the client to notice how connecting with and holding on to angry feelings can often serve as a tool for avoidance of some other emotion.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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Feeling Anger Rather Than Sadness or Disappointment



See what's underneath the anger: hurt



Allow feelings to be present using mindfulness skills



Validate the client's experience

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So, for example, it's often easier, or more comfortable, or activating to feel anger than to feel sadness or disappointment, which are more vulnerable sort of feelings. In many instances, we suggest that if the client could sort of peel the anger back and see what's underneath, there's often a feeling of hurt or being wronged in some way.

So, drawing from mindfulness skills aimed at allowing those feelings to be present and paying attention to their origin, the therapist can validate the client's experience and help the client to act in accordance with his or her values, even in the presence of those painful feelings.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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Anger: An Automatic Reaction?



“There’s no thinking involved”



“I automatically act in an angry way”



“It just happens”

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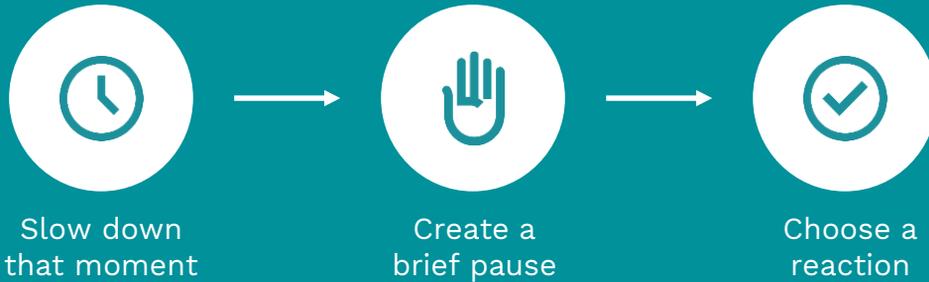
One way that I talk about this, I talk about slowing down the moment. So often, anger seems like an automatic reaction. Clients will say that when they’re overcome with anger, there’s no thinking involved. They just act. Whatever the precipitating situation happens, the anger shows up, and they just automatically act in an angry, or sometimes even violent, way.

And they may resist the idea that they could’ve done anything differently, not because they’re being resistant, but because their perception, the way it feels, is that it just happens to them. It just overcomes them, and there’s not a lot of choice involved.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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The Goal in Therapy



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So, the goal over time in therapy is to help them slow down that moment to find or create a brief pause where there's an opportunity to choose a reaction.

Again, they may tell you that, from their experience, there is no pause; there is no moment.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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Anger: The Work of Therapy



Slow it down



Understand
the triggers



Pause in the moment and
make a different choice

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And so what we do in therapy is practice sort of playing back the tape to slow it down frame by frame to understand what the trigger was: what the thought was that showed up, the emotion, the physiological sensations, and then the act.

They may be microscopic moments, but these things do happen, and it's not just that it goes from trigger to action.

And so we practice in treatment, going back to the event in their imagination and slowing it down so they identify each of those steps. And after you've done this over and over with the person with multiple situations and examples, the person can themselves gain the ability to actually pause in the moment as the next angry situation happens and make a different choice.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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Anger: Right vs Wrong



Being safe vs
threatened



Giving up the right action
means to put your own
or other's lives at risk



Using defusion
techniques

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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Now, anger is often related to conceptions of right and wrong. So with many clients who have PTSD, there's a fundamental conceptual link between being right vs wrong and being safe vs threatened. Those 2 things are connected oftentimes.

And in this case, to give up taking up the right action means to put your own or other's lives at risk. And so defusion techniques can be really useful when addressing that issue.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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The Right and Wrong Card Game



Use cards that say “right” on half of the cards and “wrong” on the other half



Use experiences linked with problematic anger



Engage in a demonstration of the consequences of being right or wrong

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One exercise that can be used is the right and wrong card game. In this exercise, the therapist uses a set of 3-by-5 index cards that say “right” on half of the cards and “wrong” on the other half.

Using experiences that are linked with problematic anger either that emerge in session or that can be elicited from the client’s history with the client’s permission, the therapist engages in a demonstration of the ultimate consequences of being right or wrong.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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The Right and Wrong Card Game



The client generates thoughts about an anger-provoking experience



The therapist listens for connections with being right or wrong

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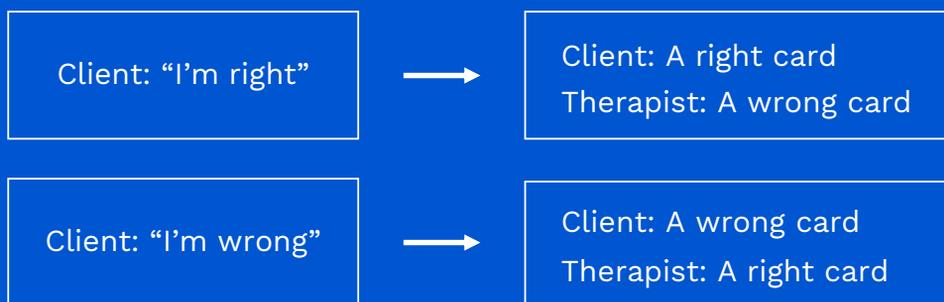


So while the client generates thoughts about an anger-provoking experience, the therapist listens for connections with being right or wrong, either for themselves or someone else in the experience.

References

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When the therapist detects an “I’m right about this” kind of thought or response, he hands a right card to the client. And the therapist takes a wrong card. If the client makes him or herself wrong for what they did or thought, then the client takes a wrong card, and the therapist gets a right card.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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The Right and Wrong Card Game



The goal is to get a stack of right and wrong cards for both players



The problem remains unsolved



Defusion shows that being right may not bring the person happiness or safety

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The goal is to get a stack of right and wrong cards for both players. Once a good-sized stack of each has developed, the therapist can suggest to the client the result of the game is that sometimes the client was right and other times wrong, yet the problem remains unsolved.

By defusing from right and wrong, the therapist makes some room for the possibility that aiming all of one's actions toward always being right may not bring the person the happiness or sense of safety he or she is seeking.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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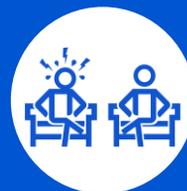
The Right and Wrong Card Game



Introduce an alternative: Let go of having to be right



Focus efforts on actions that will bring a fuller life



Therapists: May fear invalidating the client's experience

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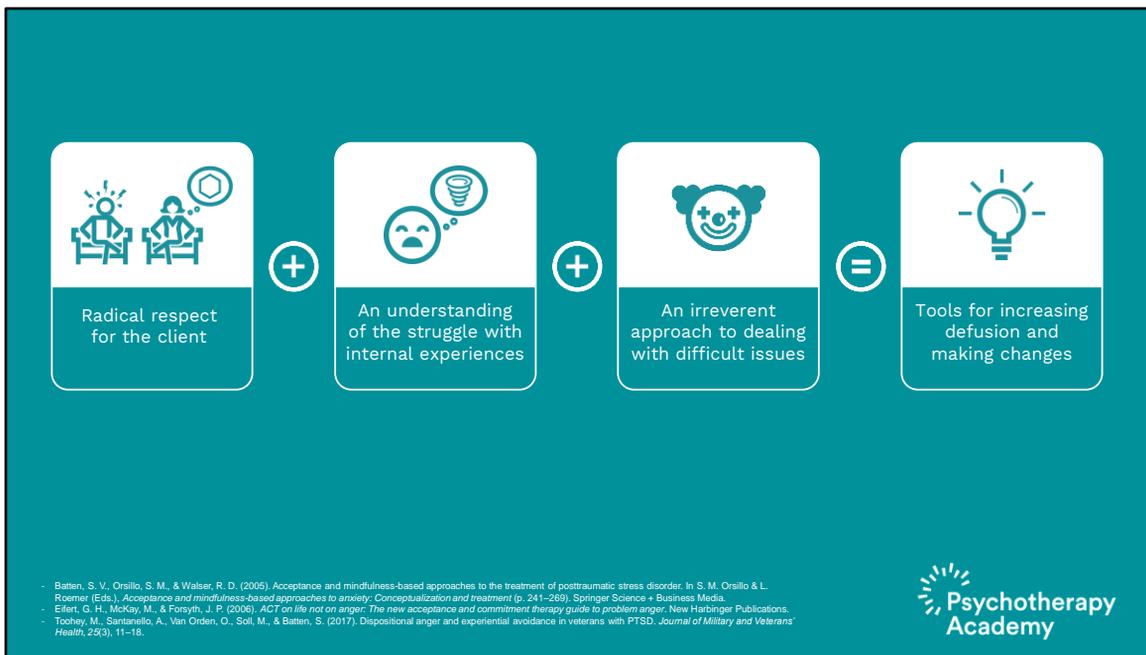


The therapist can then introduce the possibility of an alternative: to let go of the importance of having to be right in exchange for focusing efforts on actions and behaviors that will bring the client a fuller, and more vital, and effective life.

Some therapists are hesitant to do this exercise with clients for fear that it may invalidate the client's experience or even elicit anger in session.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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But once a strong therapeutic relationship is established that involves a radical respect on the part of the therapist for the client and a compassionate understanding of the struggle we all engage in with our internal experiences, an irreverent approach to dealing with difficult issues, such as acted out anger and the struggle to be acknowledged as right, can be a powerful tool for increasing defusion and making room for radical changes in how clients relate to their own internal experiences.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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Anger is a rich experience

It arises because something the person values has been disrespected

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Over time, the client can learn that anger is a much richer experience than just a seemingly reflexive physiological response that's accompanied by angry behavior. After peeling back the immediate reaction, the person can begin to contact that anger is another source of information about what the individual values.

The anger often arises because something that the person values has been disrespected or disregarded in some way.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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Anger Is a Rich Experience



What is anger
telling them?



It's time to engage
in valued behavior

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When the client can look to understand what it is that the anger is trying to tell them and can slow down enough to mindfully choose how to respond, anger can actually become a powerful marker that it is time to find a way to engage in valued behavior.

References

- Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science + Business Media.
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Key Points

- Anger is a frequently co-occurring problem with PTSD.
- Anger is often addressed indirectly in trauma-focused therapy.



So, some key points. Anger is a frequently co-occurring problem with PTSD for many trauma survivors. However, although it's often a major source of distress or behavioral dysfunction, anger is often only addressed indirectly in trauma-focused therapy.

Key Points

- In ACT, the trauma survivor is engaged to approach anger as a valid source of information about values.
- Slow down the moment of the anger response and choose more workable behavior.



In ACT, the trauma survivor is engaged to not focus on trying to reduce or manage anger—in fact, even the term anger management has a symptom reduction quality that isn't consistent with ACT—but to instead learn to approach anger as a valid source of information, often about values that the individual needs to be protecting or attending to.

Over time, the ACT client can learn to slow down the moment of what seems like an automatic anger response and instead choose more workable behavior, even in the presence of the emotion of anger.



Next Presentation:

ACT for Trauma in the Context of War

 Psychotherapy
Academy

ACT for Trauma in the Context of War



Sonja Batten, Ph.D.

In this video, I'll spend some time talking about specific considerations when working with survivors of trauma in a military warzone.

Trauma in the Military Context



Training or vehicle accidents, physical and sexual assaults, or witnessing horrors



Witnessing warfare and participating in combat are unique to being in the military



Having their own culture as military veterans

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Chiles, J. A., Strosahl, K. D., & Roberts, L. W. (2018). *Clinical manual for assessment and treatment of suicidal patients* (2nd ed.). American Psychiatric Association Publishing.



To some extent, the experience of trauma may be similar regardless of the context. While in the military, service members may experience training OR vehicle accidents, physical and sexual assaults, or witnessing other sorts of horrors. And there are also some experiences, like witnessing warfare and participating in combat, that are unique to being in the military.

At the same time, military veterans have their own culture. And there are some aspects of that context for the trauma and the recovery from that trauma that are specific to military veterans. So first, I'll talk a little bit about the general context of emotional control as it relates to being a military veteran.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Chiles, J. A., Strosahl, K. D., & Roberts, L. W. (2018). *Clinical manual for assessment and treatment of suicidal patients* (2nd ed.). American Psychiatric Association Publishing.

Overcontrol of Emotions in War Veterans



It's part of military training



They're directly instructed to



They may be punished if not in control of their emotions



It's a matter of survival

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Chiles, J. A., Strosahl, K. D., & Roberts, L. W. (2018). *Clinical manual for assessment and treatment of suicidal patients* (2nd ed.). American Psychiatric Association Publishing.



So why would this experience of overcontrol of emotions happen with such regularity for veterans of war? Well, I would suggest that it is part of military training, in fact, that soldiers, sailors, etc. learn to be in control of their emotions. They're directly instructed to. They may be punished if they're not showing that they're in control of their emotions.

And this is really a survival thing. They have to be in control of their emotions because if you are in a warzone, you can't be breaking down and having strong emotions in the moment. You have to stay focused on the objective. Or it's actually a matter of life and death.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Chiles, J. A., Strosahl, K. D., & Roberts, L. W. (2018). *Clinical manual for assessment and treatment of suicidal patients* (2nd ed.). American Psychiatric Association Publishing.



Having such extensive control of emotions is hard to turn off

This is similar to the experience of childhood trauma survivors

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The problem is that learning how to control the emotional responses to such an extent is hard to turn off. Once you've gotten in that habit, it's hard to turn it off, especially once you get home either from a deployment or get out of the military.

And that's similar to the experience of some childhood trauma survivors, if you think about it, where if they're in a truly dangerous situation for much of their childhood, they have to learn how to keep going and not demonstrate any emotional response or weakness. And again, it's hard to turn that off after really learning that way of responding and learning that it's a matter of life and death.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Chiles, J. A., Strosahl, K. D., & Roberts, L. W. (2018). *Clinical manual for assessment and treatment of suicidal patients* (2nd ed.). American Psychiatric Association Publishing.

Military Veterans at Home



They have tight control
on emotional expression



Emotions aren't the only thing
that they're controlling

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- Chiles, J. A., Strosahl, K. D., & Roberts, L. W. (2018). *Clinical manual for assessment and treatment of suicidal patients* (2nd ed.). American Psychiatric Association Publishing.



So when military veterans come home, you'll often see very tight control on emotional expression, other than expressing anger, which is often seen as the only emotion that's acceptable for military veterans, who also happen to often be men, to demonstrate.

But emotions aren't the only thing that you'll often see military veterans controlling. And it's important to understand why this might be as you consider their recovery and work with them on recovering.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Chiles, J. A., Strosahl, K. D., & Roberts, L. W. (2018). *Clinical manual for assessment and treatment of suicidal patients* (2nd ed.). American Psychiatric Association Publishing.

Control in a Warzone



Being in control of emotions
and all your possessions



Being highly detail oriented and
highly controlled is adaptive

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- Chiles, J. A., Strosahl, K. D., & Roberts, L. W. (2018). *Clinical manual for assessment and treatment of suicidal patients* (2nd ed.). American Psychiatric Association Publishing.



So again, in a warzone, you have to be in control of not just your emotions but of all your possessions, your weapons, your gear. You have to know where everything that you're responsible for is at all times. And so being highly detail oriented and highly controlled is adaptive and important.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Chiles, J. A., Strosahl, K. D., & Roberts, L. W. (2018). *Clinical manual for assessment and treatment of suicidal patients* (2nd ed.). American Psychiatric Association Publishing.

Control at Home



Their overcontrolling nature gets in the way of interacting with other people



They become overcontrolling of things that don't matter



But discipline and routines got them home in the first place

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
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But once you're back home, this overcontrolling nature gets in the way of interacting with other people. Nobody really likes to be nitpicked about every little detail all the time. And in addition to being overcontrolling of emotion, you may also see that the veteran becomes overcontrolling of things that don't matter, like where a certain object is placed in the house or whether a small routine is followed.

But in the warzone, survival depends on discipline and following orders. So having things be in a certain place or having routines to follow for every action that needs to happen, that's what makes the person survive and what may have gotten them home in the first place.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Chiles, J. A., Strosahl, K. D., & Roberts, L. W. (2018). *Clinical manual for assessment and treatment of suicidal patients* (2nd ed.). American Psychiatric Association Publishing.



Excessively rule-governed behavior can make the individual insensitive to natural contingencies

They're not adaptive in the home context

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But after coming home, that excessively rule-governed behavior can make the individual insensitive to natural contingencies. So they may actually not be as adaptive in the home context.

And this rigidity makes it difficult to interact with other people. Because if you're ordering people around or demanding things may be in a certain way, that's not going to lead to effective interpersonal connections over time.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Chiles, J. A., Strosahl, K. D., & Roberts, L. W. (2018). *Clinical manual for assessment and treatment of suicidal patients* (2nd ed.). American Psychiatric Association Publishing.

Another Problem: Substance Use



Drinking is okay in military culture



Using substances works in the short term



It doesn't work in the long term and can cause other problems

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- Chiles, J. A., Strosahl, K. D., & Roberts, L. W. (2018). *Clinical manual for assessment and treatment of suicidal patients* (2nd ed.). American Psychiatric Association Publishing.



Another problem that we frequently see that is related to this control of emotions and feelings is using substances, like alcohol or maybe drugs, to deal with post-war symptoms. And again, military culture often doesn't allow you to deal with emotions directly. But drinking is usually okay, maybe not right in the warzone, but as soon as you're out of immediate danger.

Using substances or drinking can even seem to work in the short term. And after homecoming, having a drink or 6 before bed may also seem to help with hypervigilance or sleep—again, in the very, very short term. But we know from the literature that it doesn't work in the long term and can cause a series of other problems.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Chiles, J. A., Strosahl, K. D., & Roberts, L. W. (2018). *Clinical manual for assessment and treatment of suicidal patients* (2nd ed.). American Psychiatric Association Publishing.

The Context of War



It shakes the way they look at the world



It challenges core values about life



What humans can do to one another can be shocking

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- Chiles, J. A., Strosahl, K. D., & Roberts, L. W. (2018). *Clinical manual for assessment and treatment of suicidal patients* (2nd ed.). American Psychiatric Association Publishing.



So it's important to remember, just as you understand this context of war, that overall, that experience shakes the way that people look at the world. You may witness or engage in behaviors that challenge very core values about the sanctity of human life that perhaps most of us don't have to directly engage. And you may see that the truth about the extremes of what humans can do to one another, which can be shocking and horrifying.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Chiles, J. A., Strosahl, K. D., & Roberts, L. W. (2018). *Clinical manual for assessment and treatment of suicidal patients* (2nd ed.). American Psychiatric Association Publishing.



“How do they persist in having faith in the values of other humans?”

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And so one of the questions for individuals who've had these experiences as they work toward their recovery is: how do they persist in having faith in the values of other human beings? And what can our lives and our countries be like after witnessing and experiencing what they have?

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Chiles, J. A., Strosahl, K. D., & Roberts, L. W. (2018). *Clinical manual for assessment and treatment of suicidal patients* (2nd ed.). American Psychiatric Association Publishing.

Trauma Work With Military Veterans



Requires all of the skills of ACT



Transitions to a new way of approaching thoughts, feelings, and memories



Uses the strengths of military veterans: discipline, commitment, and strong values



Helps them acknowledge, grieve, and accept their experiences

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Chiles, J. A., Strosahl, K. D., & Roberts, L. W. (2018). *Clinical manual for assessment and treatment of suicidal patients* (2nd ed.). American Psychiatric Association Publishing.



So, on the whole, trauma work with military veterans can require all of the skills of ACT to help the client transition from the skills that were adaptive at one point to a new way of approaching thoughts, feelings, and memories. However, it's also important to remember that military veterans have a number of strengths that also make them exceptionally powerful in their recovery, like discipline, commitment, and strong core values. By tapping into these strengths, the ACT therapist can help the military veteran acknowledge, grieve, and accept their experiences as they build a new context in the present day.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Chiles, J. A., Strosahl, K. D., & Roberts, L. W. (2018). *Clinical manual for assessment and treatment of suicidal patients* (2nd ed.). American Psychiatric Association Publishing.

Key Points

- Military trauma survivors may experience the same types of traumatic events that civilians do, just in a different context.
- There are specific types of trauma that are unique to the veteran experience.
- Understand the contextual factors, military culture, and how these traumatic events have such long-term impact.



So, some key points. Military trauma survivors may experience a lot of the same types of traumatic events that civilians do, just in a different context. However, they may also experience warfare, or armed conflict, or even sexual assault that's compounded by a negative response from their leadership. So there are some specific types of trauma that are unique to the veteran experience.

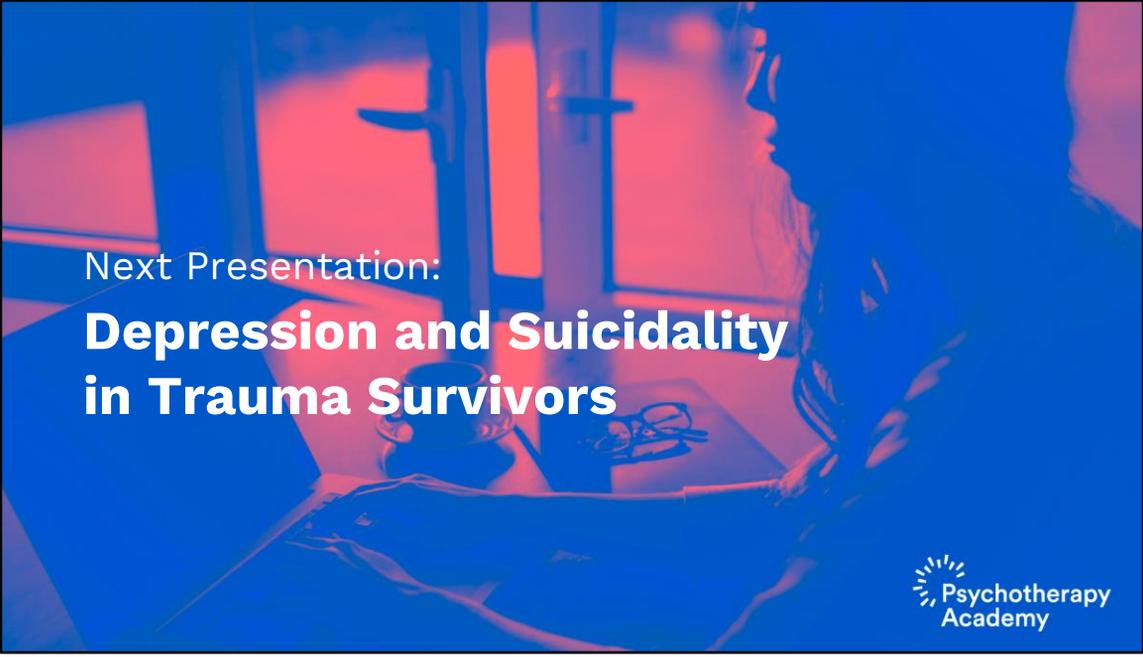
Although some of these experiences may appear topographically similar to other trauma survivors, the savvy ACT therapist will work hard to understand the contextual factors of the military experience and military culture that impact how these traumatic events have such long-term impact.

Key Points

- Address emotional control or avoidance.
- Understand the survival function that control has had for military veterans.
- Unwind unnecessary applications of this control.



Emotional control or avoidance is usually relevant to address, as it is in most other applications of ACT. Yet, the therapist needs to understand the survival function that control has often had for military veterans as they work together to try to unwind unnecessary applications of this control.



Next Presentation:

Depression and Suicidality in Trauma Survivors

 Psychotherapy
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Depression and Suicidality in Trauma Survivors



Sonja Batten, Ph.D.

PTSD is not the only presenting problem that's relevant for individuals with trauma histories.

Other Problems for Trauma Survivors



Mood problems



Suicidal ideation



Grief

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Chiles, J. A., Strosahl, K. D., & Roberts, L. W. (2018). *Clinical manual for assessment and treatment of suicidal patients* (2nd ed.). American Psychiatric Association Publishing.



Many trauma survivors may also have mood problems, like depression, or may experience suicidal ideation. Or they may experience significant grief because they've either lost others as part of the traumatic experience that they went through or because they've had a more symbolic loss, like a loss of functioning or a loss of innocence.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Chiles, J. A., Strosahl, K. D., & Roberts, L. W. (2018). *Clinical manual for assessment and treatment of suicidal patients* (2nd ed.). American Psychiatric Association Publishing.

Depression and Suicidality



This is a common experiential escape strategy



Therapists should assess for suicidal thoughts and behaviors



Suicidal thoughts and behaviors are common

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Chiles, J. A., Strosahl, K. D., & Roberts, L. W. (2018). *Clinical manual for assessment and treatment of suicidal patients* (2nd ed.). American Psychiatric Association Publishing.



And at this point in the course, it is likely not a surprise to you that, consistent with other problems we've discussed, depression and suicidality can also be conceptualized through an ACT lens of experiential avoidance with suicidal ideation and other suicidal behaviors seen as a common experiential escape strategy.

Because of the high frequency of suicidal behaviors and ideation in trauma survivors and individuals with depression, ACT therapists should routinely assess for suicidal thoughts and behaviors with all of their trauma clients. However, it's also important to note that suicidal thoughts and behaviors are quite common in general, regardless of whether someone meets the criteria for a psychiatric diagnosis or has a trauma history.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Chiles, J. A., Strosahl, K. D., & Roberts, L. W. (2018). *Clinical manual for assessment and treatment of suicidal patients* (2nd ed.). American Psychiatric Association Publishing.

Suicidal Ideation



Reframe as an example of getting rid of emotions



Have a new nonjudgmental perspective



See it as the mind looking for an escape route

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- Chiles, J. A., Strosahl, K. D., & Roberts, L. W. (2018). *Clinical manual for assessment and treatment of suicidal patients* (2nd ed.). American Psychiatric Association Publishing.



Individuals who have thoughts of killing themselves are sometimes overwhelmed and frightened by their own suicidal ideation. So, when the issue of suicide is brought up clinically, the ACT therapist has the opportunity to reframe the suicidal ideation and suicidal behavior as more examples of how the client has been trying to get rid of, change, or control his emotions.

Once clients have a new nonjudgmental way of looking at these thoughts, it can be easier to defuse from them slightly and see them for what they are: the products of a mind looking for an escape route, rather than feeling like this is something external and mysterious that's happening to the client.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Chiles, J. A., Strosahl, K. D., & Roberts, L. W. (2018). *Clinical manual for assessment and treatment of suicidal patients* (2nd ed.). American Psychiatric Association Publishing.

Suicidal Ideation



Identify thoughts
and feelings



Practice defusion
and willingness

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Chiles, J. A., Strosahl, K. D., & Roberts, L. W. (2018). *Clinical manual for assessment and treatment of suicidal patients* (2nd ed.). American Psychiatric Association Publishing.



In addition, by providing clients with a meaningful way of understanding thoughts of suicide when these thoughts next emerge, it can serve as a cue for clients to identify the thoughts and feelings that they're currently unwilling to have and then mindfully practice other strategies, like defusion and willingness, to engage with those other experiences.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Chiles, J. A., Strosahl, K. D., & Roberts, L. W. (2018). *Clinical manual for assessment and treatment of suicidal patients* (2nd ed.). American Psychiatric Association Publishing.

Suicidal Behavior



Occurs when the client experiences private events as intolerable, inescapable, and interminable



Keeps other people from making demands



Is reinforced by short-term consequences

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Chiles, J. A., Strosahl, K. D., & Roberts, L. W. (2018). *Clinical manual for assessment and treatment of suicidal patients* (2nd ed.). American Psychiatric Association Publishing.



Chiles and Strosahl identified that suicidal behavior often serves both an instrumental and an expressive function, and that occurs when the client experiences private events that he views as intolerable, inescapable, and interminable.

Interpersonally communicating that one is depressed or suicidal may also keep people from making demands on the depressed individual. So, suicidal behavior may have short-term consequences that provide reinforcement for that behavior.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Chiles, J. A., Strosahl, K. D., & Roberts, L. W. (2018). *Clinical manual for assessment and treatment of suicidal patients* (2nd ed.). American Psychiatric Association Publishing.



Examine the workability of engaging in suicidal behavior



Recognize that it leads to disconnection from valued living



Accept it and sit nonjudgmentally with the client

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Chiles, J. A., Strosahl, K. D., & Roberts, L. W. (2018). *Clinical manual for assessment and treatment of suicidal patients* (2nd ed.). American Psychiatric Association Publishing.



However, the ACT therapist is encouraged to work with the client to examine both the short- and long-term workability of engaging in suicidal behavior. Although suicidal thoughts and behavior may work temporarily to provide relief from ongoing uncomfortable private events or situations, this pattern of behavior generally leads to disconnection from valued living in a variety of domains.

And because suicidal ideation is simply part of the common human experience, the goal of ACT cannot be the elimination of suicidal thoughts and behaviors entirely. Instead, the ACT therapist must learn to be accepting of the fact that clients will sometimes experience suicidal ideation and be able to sit nonjudgmentally with the client when this happens.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Chiles, J. A., Strosahl, K. D., & Roberts, L. W. (2018). *Clinical manual for assessment and treatment of suicidal patients* (2nd ed.). American Psychiatric Association Publishing.

Don't Minimize the Seriousness of Suicidality



Don't deviate from the ACT treatment model



Find the balance between validating and coming down firmly on the side of life

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Chiles, J. A., Strosahl, K. D., & Roberts, L. W. (2018). *Clinical manual for assessment and treatment of suicidal patients* (2nd ed.). American Psychiatric Association Publishing.



Now, this isn't to minimize the seriousness of the topic. Client suicide does happen, and it's a tragic outcome that should be taken seriously to be prevented and avoided.

However, if the therapist backs away and drops everything to deviate from the ACT treatment model each time the client becomes suicidal, this just reinforces the escape function of the behavior and takes the client's progress off track. The ACT therapist has to find the balance between validating the client's desire to escape from the current pain while coming down firmly on the side of life.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Chiles, J. A., Strosahl, K. D., & Roberts, L. W. (2018). *Clinical manual for assessment and treatment of suicidal patients* (2nd ed.). American Psychiatric Association Publishing.

Key Points

- Suicidal behavior, ideation, and depression frequently co-occur for trauma survivors.
- Depression and suicidal behaviors help an individual escape from painful private events.



So, some key points. Suicidal behavior, ideation, and depression frequently co-occur for trauma survivors. And the ACT model can be clearly applied to these problems as well.

The ACT model conceptualizes both depression and suicidal behaviors as serving to help an individual escape from private events that are painful or aversive.

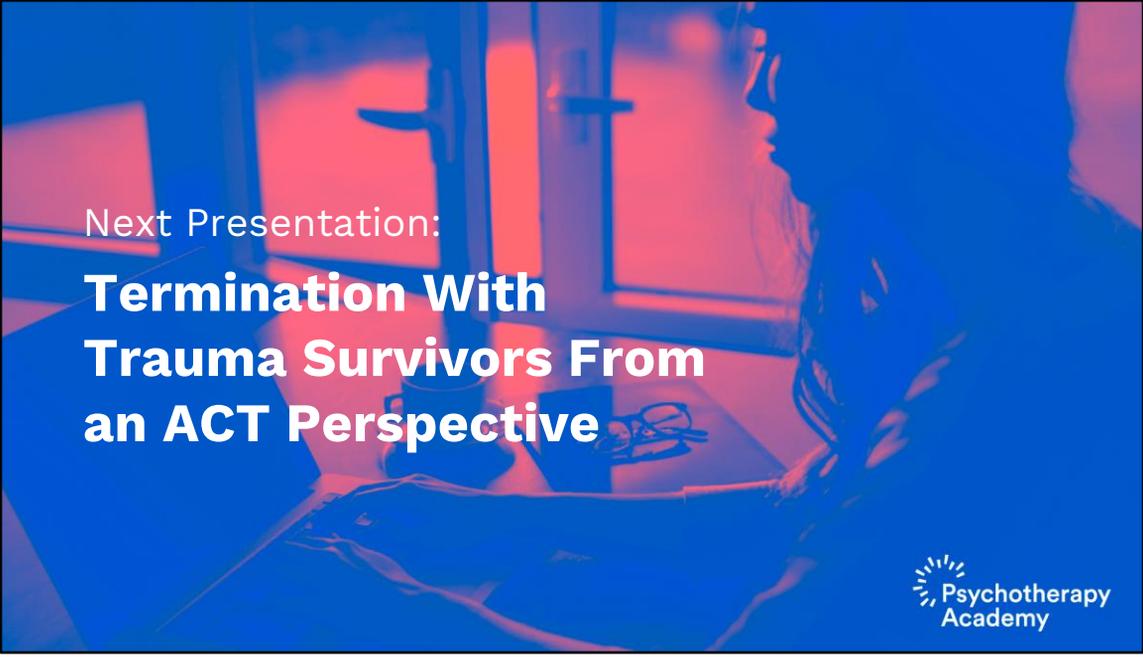
Key Points

- This strategy can lead to notable constrictions on value-based behavior.
- Help the client come into contact with the present, defuse from unhelpful thoughts, increase willingness, and re-engage with valued living.



However, when this strategy becomes the characteristic way that the individual interacts with the environment, it can lead to notable constrictions on value-based behavior.

When working with depressed and suicidal clients, the ACT therapist uses all of the core processes of ACT to help the client come into contact with the present, defuse from thoughts and conceptions that are not helpful, increase willingness to experience the full range of private events, and re-engage with valued living.



Next Presentation:

**Termination With
Trauma Survivors From
an ACT Perspective**

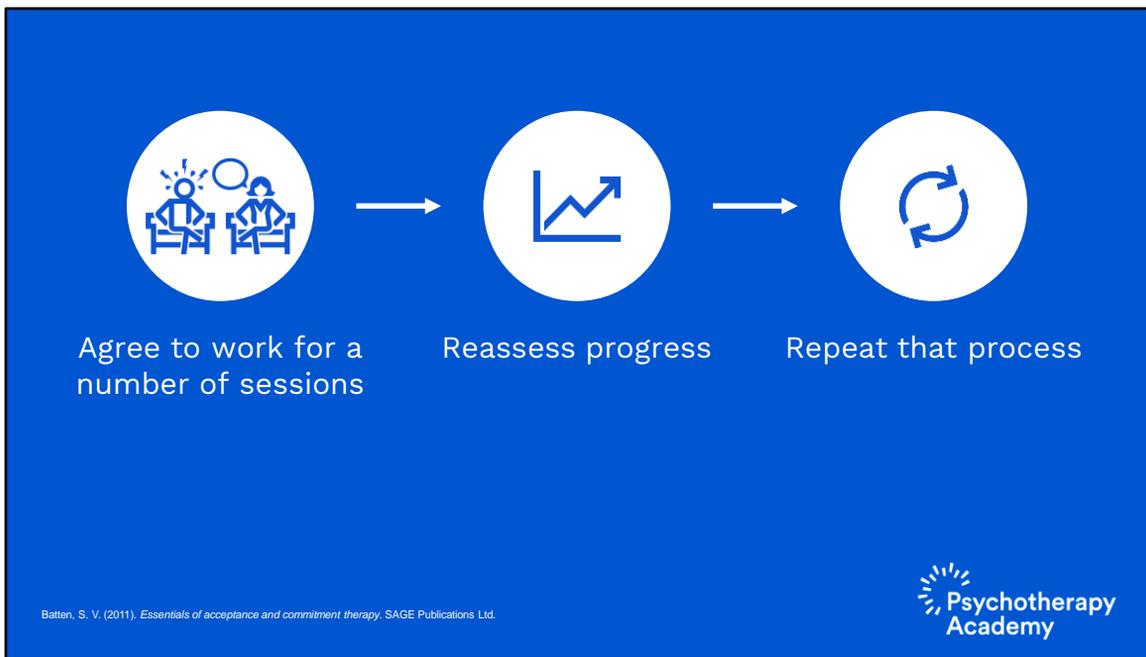
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Termination With Trauma Survivors From an ACT Perspective



Sonja Batten, Ph.D.

So now, it's time to talk about how to end the ACT treatment because just as important as determining how to begin and to structure ACT treatment with a given client is the careful analysis of how and when to end the course of treatment.



It's very useful to begin efforts with the client by agreeing to work together for a certain number of sessions, and then to reassess progress toward the client's values at that time, and to repeat that process over and over.

The therapist and client can always agree to continue therapy for another period of time—assuming this is logistically possible. But it's important that this is done purposefully and mindfully rather than simply staying in treatment together out of comfort or inertia.

References

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

Ending Therapy



Direct discussion
can be difficult



It should be present
from the beginning



Therapy is time-limited
and focused on specific
priority areas

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

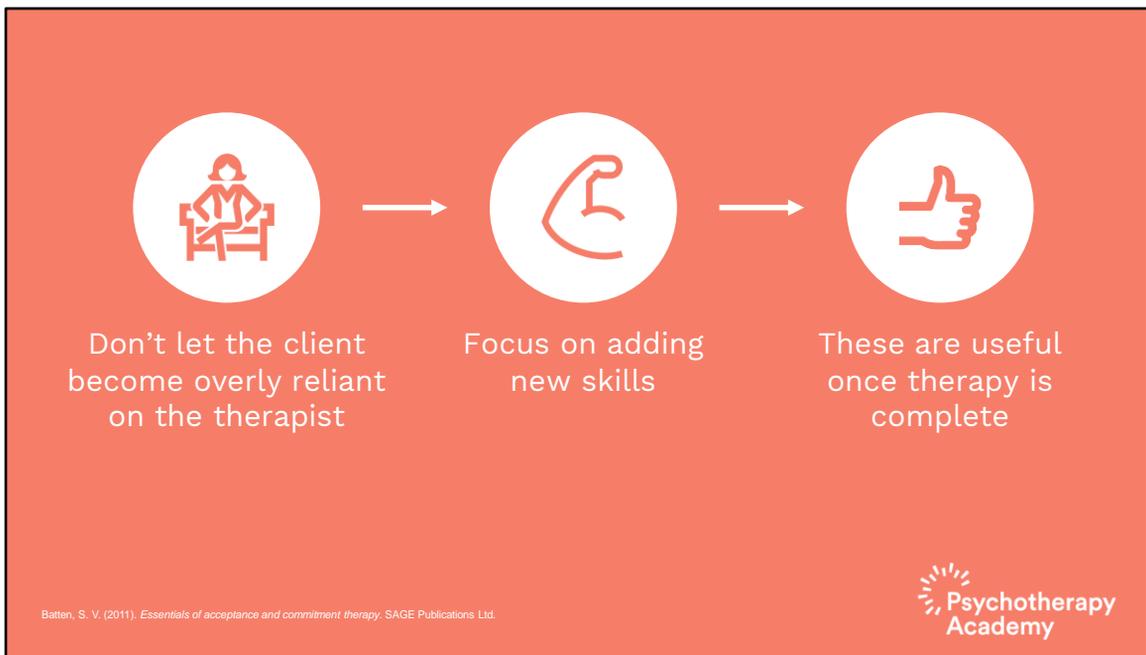


Frequently, clients and therapists alike may avoid a direct discussion of termination because it can be awkward, difficult, or painful. However, from an ACT perspective, the concept of ending therapy should be present from the very moment that therapy begins.

Because both therapist and client know that this work is time-limited and focused on specific priority areas, they can remain more easily trained on the prize of therapy: the client learning how to move his or her own life forward both currently and in the future.

References

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



Furthermore, it's important that the client not become overly reliant on the therapist and instead, that both client and therapist are carefully focused on ensuring that the client is constantly adding new skills to his repertoire that he can use even once therapy is complete.

Although the therapeutic philosophy of ACT is one of mutuality where the therapist is explicitly not to be considered the expert, that doesn't mean that the client wouldn't come to feel over time like he relies on his therapist.

References

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

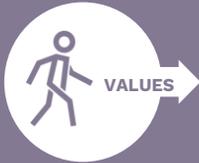
The Goal of Therapy



Get the client out of therapy and back into their life



Reinforce the process of values clarification



Generalize the skills of goal setting and following through on commitments



Help them to maintain progress once the therapist is no longer present

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



For this and many other reasons, the client should frequently be reminded that the therapist is fallible and human and that the goal of therapy is to get the client out of therapy and back into his own life.

As the therapist and client begin to approach the time for termination, the work of ACT includes a more and more significant focus on reinforcing the process of values clarification, and generalizing the skills of goal setting, and following through on commitments in broader and broader contexts.

This broadening and strengthening of the repertoire of engaging in valued behavior is what will help the client to maintain progress even once the therapist is no longer present.

References

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



The therapist should have clients generate lists of their lessons and rules to live by



The client should have a method of retaining and integrating the information covered in therapy

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



For many clients, it can be useful to ask them to generate their own list of principles that they found to be helpful over the course of treatment so that they have something in their own words that they can refer to when they get stuck and no longer have the therapist to rely on.

And I've had clients generate some amazing lists of their own lessons and rules to live by. Of course, not all clients will be able to craft an eloquent list that's worthy of framing, although, like I said, some will. However, the form of such a tool is not important. What is essential is that the client has some method of retaining and integrating the information covered in therapy so that he can continue to implement the ACT core principles that he's learned throughout his life.

References

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

Premature Dropout



Reinforce a repertoire of generalizable principles



Leave them with a skill set that allows them to move forward

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



It's also important to note that every therapeutic modality also has some level of premature dropout from treatment, and ACT is no exception. So, the therapist should continually be working to reinforce a repertoire that includes generalizable principles in each session of therapy. That way, regardless of whether or not the client finishes what the therapist would judge to be a complete course of treatment, he will have the foundations of a skill set that will allow him to continue to move forward.

References

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

Difficulties With Termination



A history of interpersonal loss can create intense feelings about termination



It's difficult once trust has been established



Therapists shouldn't underestimate how challenging it will be for the client

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



As with all therapeutic challenges, some clients will have more difficulty with termination than others. For example, clients who have a significant history of interpersonal loss may have more intense feelings of sadness and anxiety, among other private events, as termination approaches.

Termination can be especially difficult once trust has been established. Don't underestimate how challenging it will be for the client to lose this relationship once they've come to trust you.

References

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

The ACT Model Applies to Termination



Raise the issue of termination early



Work with the client to accept and defuse from challenging feelings



Transition out of therapy consistently with the case conceptualization

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



Fortunately, the general ACT model applies equally well to this situation. In such cases, the therapist raises issues of termination early and often and works with the client to accept and defuse from challenging feelings, thoughts, and memories around human connection and loss.

Unless the client's values include a commitment to staying in therapy forever, the therapist will work with the client on transitioning out of therapy at a pace that is consistent with the case conceptualization for each client.

References

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

Tips



Space out the final session with breaks in between



Leave the possibility open for booster sessions



Support long-term skills generalization

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For some clients, this may include spacing out the final session with breaks in between or leaving the possibility open for booster sessions down the road.

However, it is important to remember that these methods of tapering therapeutic intervention should be done in order to support long-term skills generalization rather than simply because it is painful for the client and therapist to say goodbye to one another.

References

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

Key Points

- Acknowledge termination from the beginning of treatment and ensure skills retention and generalization.
- Because of interpersonal loss or breaches of trust, termination can be emotionally evocative.



So, some key points. There are some aspects of preparing for ACT treatment termination that are generally the same regardless of what the presenting problem is, for example, acknowledging the reality of termination from the beginning of treatment and ensuring that mechanisms for skills retention and generalization are incorporated throughout therapy.

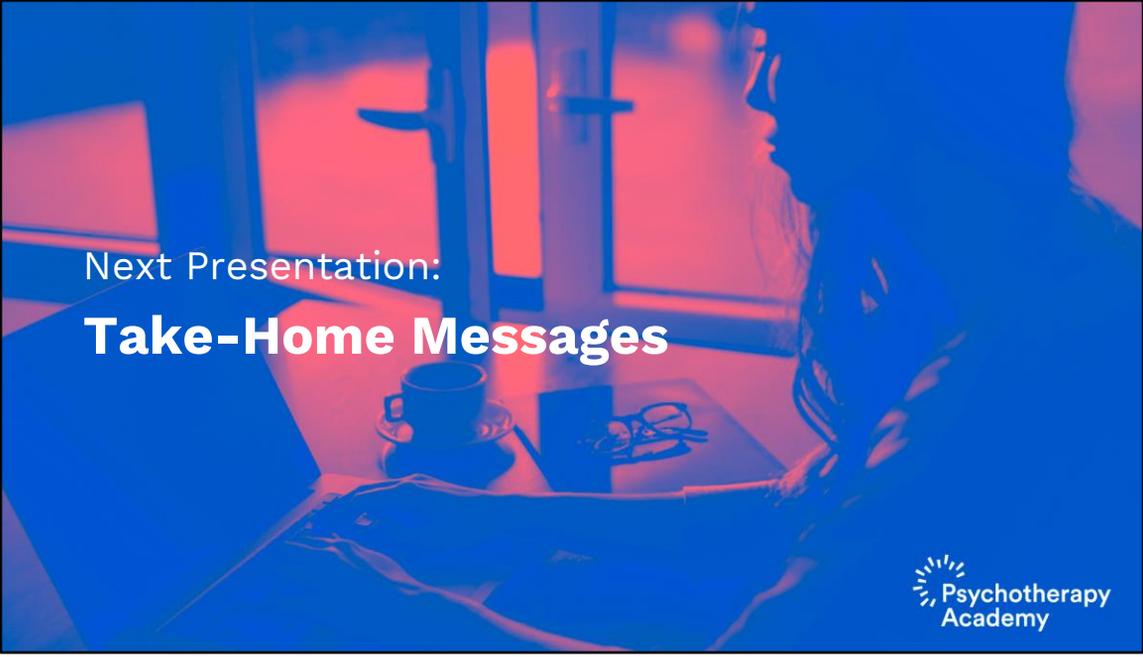
However, because trauma survivors have often experienced interpersonal loss or breaches of trust from people they cared about as part of their traumatic history, the process of saying goodbye to a therapist that they've come to rely on, care about, and trust can be even more emotionally evocative.

Key Points

- Saying goodbye is also difficult for the therapist.
- Don't contribute to emotional avoidance in the therapeutic relationship as therapy comes to a close.



It's also important to anticipate that saying goodbye is often difficult, not just for the client but also for the therapist. The therapeutic dyad has usually worked through a lot of powerful material and emotions after a course of ACT for trauma, so it's essential that the therapist also makes sure he or she isn't contributing to emotional avoidance in the therapeutic relationship as therapy comes to a close.



Next Presentation:

Take-Home Messages

 Psychotherapy
Academy

Take-Home Messages



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So now, some take-home messages from this module. Acceptance and commitment therapy regularly uses some components that are very similar across presenting problems. However, in a handful of areas, it is very important that the therapist has thought through how to approach a number of more complex issues as they apply specifically to trauma survivors.

Trauma Survivors: Exposure Treatment



This work can be intense and evocative



Experienced trauma therapists, or anxiety disorder therapists in general, will likely already have experience with a highly effective component of trauma-focused therapy, which is exposure treatment. In exposure, the client is repeatedly in contact with thoughts, feelings, bodily sensations, and memories related to the traumatic event, and this work can be very intense and evocative.

In Vivo Interoceptive and Imaginal Exposure



These can be a core part of ACT treatment



The goal is to increase psychological flexibility



Although exposure treatment is usually thought of as part of traditional cognitive behavioral therapy, in vivo interoceptive and imaginal exposure can be a core part of ACT treatment for some trauma clients, too. However, in ACT, the goal of exposure exercises is not to reduce the arousal or reactivity to these trauma reminders but instead, to help the client practice and maintain increased psychological flexibility in the presence of trauma cues.

A Sense of Self and Self-Identity



Have difficulty contacting an independent sense of self



Work on basic emotional labeling skills



Trauma survivors may also have unique challenges with sense of self and self-identity. On the one hand, some trauma survivors—especially those who may have experienced repeated traumatic events over the course of childhood—may have difficulty contacting an independent sense of self that guides their choices over time. For these clients, working on basic emotional labeling skills and descriptions of what the client thinks, feels, prefers, and values may be an important precursor before moving on to more emotionally challenging components of therapy.

A Sense of Self and Self-Identity



A sense of self defined
by the trauma history



A harder time with
acceptance

On the other hand, some trauma survivors will be so totally fused with their sense of self as being defined by the trauma history that they may have a harder time with acceptance and letting go of what has happened previously because to do so can feel like it will wipe out a core part of their identity.

Shame and Guilt



Not likely to respond to an exposure-based approach

Shame and guilt are common emotional reactions that often co-occur with a trauma history or PTSD. And these emotional experiences are not likely to respond particularly effectively to an exposure-based approach.

Shame



“There’s something
wrong with me”



Acceptance and
defusion will be key

The trauma survivor who struggles with shame may believe that deep down, there is something fundamentally wrong or defective with them that will never change and that people would reject them if only they knew the truth. Acceptance skills and especially defusion will be key with these clients.

Guilt



Reframe it as an important source of information about values



Take actions in the service of those values



Affirm that they can behave in a valued way



Other clients may struggle with feelings of guilt related to the traumatic event, either because of things that they did or that they weren't able to do that may have affected the event or other people. Guilt can be reframed as an important source of information about values. And the trauma survivor may choose to take actions in the service of those values as part of their recovery process, not for the purpose of getting rid of the guilt but in order to affirm that they can still behave in a valued way, even after the traumatic event.

Anger



Reframe it as a source of information about values



Practice active mindfulness



Make behavioral choices that don't enact angry behavior



Anger is frequently present for trauma survivors as well, but most trauma-focused treatments address it only indirectly. Similar to guilt, anger is reframed in ACT as a source of information about areas the client values that may have been disrespected or disregarded.

The client is encouraged to practice very active mindfulness when anger arises so that over time, he or she can begin to make behavioral choices that do not enact angry behavior, even when the emotion of anger is present.

Military Veterans



Therapists must understand the context in which the trauma occurred



Emotional control can complicate trauma recovery



They have personal strengths that can serve as facilitators for engagement



Military veterans may experience some types of trauma that are very similar to civilian trauma and some types of trauma that are unique. The effective ACT therapist will work very hard to understand the context in which the trauma occurred because there are certain expectations about emotional control in the military environment that can complicate trauma recovery if they are not kept in mind.

However, military veterans also have a number of personal strengths, such as discipline, responsibility, honor, and commitment to those that they care about, that can serve as powerful facilitators for effective engagement in trauma-focused ACT treatment.

Depression and Suicidality



Assess for suicidal thoughts and behaviors



Discuss the client's experiences without unnecessary alarm



It is not surprising that many trauma survivors will struggle with depression and/or suicidality at some point in their recovery. It is important for the ACT therapist to routinely assess for suicidal thoughts and behaviors with all of their trauma clients and be ready to openly discuss the client's experiences in this area without unnecessary alarm.

Suicidal Ideation



The mind is trying to
find an escape route



It serves a function



Within ACT, suicidal ideation and behavior are generally reframed as just another example of how the mind tries to find an escape route to change or control difficult emotions. And the ACT therapist recognizes that suicidal behavior often serves both an instrumental and an expressive function that are both important to attend to.

Ending Therapy: The Client's Problems Improved



The therapist strives to ensure skills generalization and application in the real world



The therapist should prepare both themselves and the client for strong emotions that may arise with termination



Finally, as the ACT therapist moves through the emotionally challenging work of trauma therapy, she keeps in mind that this intense therapeutic relationship will eventually come to an end when the client's presenting problems have improved. And she strives to ensure that the client is regularly focused on skills generalization and application in the real world so that the client can continue to improve even after therapy is over.

The therapeutic relationship can be especially powerful over the course of an intense round of therapy using ACT with trauma survivors. So the therapist should prepare both himself and the client for the range of strong emotions that may arise as the client and therapist prepare to stop working together so that the work that has been done can be honored without problematic avoidance by either the therapist or client.