

A Review of Core ACT Principles and Processes



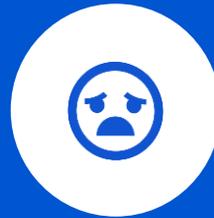
Sonja Batten, Ph.D.

In this our last module of our course on ACT for PTSD and other posttraumatic problems in living, I'll be reviewing the most important concepts from the overall course to work on solidifying your learning and giving you some last thoughts on your continued development as an ACT therapist so that you can take what you've learned here and apply it further.

Psychological Inflexibility



- Cognitive fusion
- Avoidance



Underlying many forms
of psychopathology

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



Acceptance and commitment therapy is a behavioral therapy based on functional contextualism. ACT is built on the premise that psychological inflexibility, including cognitive fusion that is the inability to separate one's thoughts from one's self or reality and avoidance of one's negatively evaluated internal experiences, underlies many forms of psychopathology.

References

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



Psychological Flexibility

Contact the present moment without needless defense and pursuing values and goals

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



Psychological flexibility, on the other hand, is defined as the ability to fully contact the present moment and the thoughts and feelings it contains without needless defense and depending on what the situation affords, persisting in or changing behavior in the pursuit of values and goals. This flexibility is viewed as a pivotal component of healthy human functioning, behavioral change, and resilience in response to stressful or traumatic life events.

References

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

Psychological Flexibility



It's an open, willing, and nonjudgmental stance



It allows for behavioral choices based on personally defined values and goals



ACT seeks to bolster it through experiential activities fostering willingness

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



Psychological flexibility involves an open, willing, nonjudgmental stance in relation to the full range of one's experiences, including but, importantly, not limited to trauma-related internal experiences, such as intrusive memories, emotional distress, and physiological hyperarousal. This openness allows one the flexibility to make behavioral choices based on personally defined values, goals, and other contingencies as opposed to being locked in a rigid struggle to try to control or avoid unwanted internal experiences, such as trauma-related memories, emotions, imagery, and thoughts.

ACT for PTSD seeks to bolster psychological flexibility through experiential activities fostering willingness to approach rather than avoid a person's negatively evaluated internal experiences in order to increase valued meaningful living.

References

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

ACT Principles



The main ideas apply to a wide variety of problems



It focuses on pragmatism and workability



The client's values are what determine the targets of treatment

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



Within ACT, there are several core principles that underlie the work to be done. And because of its broad-based applicability, the main ideas within ACT can be applied to a wide variety of presenting problems that bring individuals to the therapy room.

One of the principles that allows for that kind of flexibility is ACT's focus on pragmatism and workability. In plain terms, this means that the client's values are what determine the targets of treatment.

References

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

ACT Principles



ACT therapists never judge a client's behaviors or choices



Clients determine whether something is bringing them closer to or further from what's important to them



Freedom from assumptions allows therapists to work alongside the client

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



The ACT therapist's job is never to judge whether or not a client's behaviors or choices are problematic. The marker of whether or not something in the client's life is a problem is the client's own determination of whether it is bringing him closer to or further from what is important to him and what he wants his life to stand for. This freedom from preconceived judgments or assumptions allows the therapist to truly work alongside the client.

References

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

ACT Principles



The ACT therapist doesn't settle for a reduction in symptoms



Success is determined by the client's ability to live a life that they value

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



The ACT therapist does not simply settle for reduction in symptoms as a marker of therapeutic success. Success is determined by the client's ability to live a life that he values not determined by fleeting thoughts, feelings, bodily sensations, or even circumstances, including a history of trauma, because even in the most trying of circumstances, individuals can choose to live by their own values. And the same thing goes for traumatic material.

References

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

ACT Principles



The goal is to move life forward toward the client's values



ACT therapists assist their clients in reconnecting with those core values

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



The goal is not to get rid of thoughts, feelings, and reactions related to a history of trauma but rather to move life forward toward the client's values, even in the presence of that trauma-related material. ACT therapists have the honor and opportunity to assist their clients in reconnecting with those core values in order to live a more meaningful life.

References

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

Key Points

- We work on moving toward the client's chosen values.
- Psychological flexibility allows the trauma survivor to move forward, even when they're faced with trauma triggers.



So, some key points. Within ACT, we work on moving toward the client's chosen values rather than acting on fused thoughts or avoidance of unwanted private experiences, including those related to a history of trauma.

The overarching goal is psychological flexibility, which allows the trauma survivor to move forward toward valued goals, even when they're faced with trauma triggers for unwanted thoughts, feelings, memories, or bodily sensations.



Next Presentation:

The Importance of Assessment and Case Conceptualization

 Psychotherapy
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The Importance of Assessment and Case Conceptualization



Sonja Batten, Ph.D.

Although this course has focused primarily on the intervention components of ACT, it should be noted that effective ACT treatment rests on the bedrock of a solid initial assessment and case conceptualization.



Assessment

Informal

- The client's avoidance strategies

Formal

- Standardized measures

Coe, E., Batten, S. V., & Meyer, E. C. (2020). Acceptance-based behavioral therapy for PTSD. In M. Tull & N. Kimbrel (Eds.), *Emotion in posttraumatic stress disorder: Etiology, assessment, neurobiology, and treatment* (p. 545–566). Academic Press.



Assessment within ACT may be informal, like the assessment of the client's avoidance strategies, or formal, such as a standardized measure of experiential avoidance, like the Acceptance and Action Questionnaire or AAQ. Further, some processes, such as values, can be assessed with either an informal or a formal method of measurement.

References

- Coe, E., Batten, S. V., & Meyer, E. C. (2020). Acceptance-based behavioral therapy for PTSD. In M. Tull & N. Kimbrel (Eds.), *Emotion in posttraumatic stress disorder: Etiology, assessment, neurobiology, and treatment* (p. 545–566). Academic Press.

Tools for Assessment



Values assessment tools are available at contextualscience.org



Traditional measures of symptomatology are another tool

Coe, E., Batten, S. V., & Meyer, E. C. (2020). Acceptance-based behavioral therapy for PTSD. In M. Tull & N. Kimbrel (Eds.), *Emotion in posttraumatic stress disorder: Etiology, assessment, neurobiology, and treatment* (p. 545–566). Academic Press.



One of the shared values within the community of ACT practitioners and researchers is that those kinds of tools should not be considered proprietary and should be made as widely available as possible. So, measures like the AAQ and a variety of values assessment handouts and metrics are available free of charge at contextualscience.org.

Although not central to the ACT model, therapists may also choose to use traditional measures of symptomatology as another source of information about a client's functioning, but not necessarily with the goal of reducing or eliminating those symptoms.

References

- Coe, E., Batten, S. V., & Meyer, E. C. (2020). Acceptance-based behavioral therapy for PTSD. In M. Tull & N. Kimbrel (Eds.), *Emotion in posttraumatic stress disorder: Etiology, assessment, neurobiology, and treatment* (p. 545–566). Academic Press.

Ongoing Assessment



Tracks progress



Informs case
conceptualization



Guides treatment
efforts

Coe, E., Batten, S. V., & Meyer, E. C. (2020). Acceptance-based behavioral therapy for PTSD. In M. Tull & N. Kimbrel (Eds.), *Emotion in posttraumatic stress disorder: Etiology, assessment, neurobiology, and treatment* (p. 545–566). Academic Press.



Overall, the ACT therapist is committed to routine ongoing assessment as a way of tracking progress, informing a case conceptualization, and guiding individualized treatment efforts. In addition to structured assessments, the ACT therapist works to generate an evolving functional assessment of the client’s behavior and presenting problems in order to inform the course of treatment.

References

- Coe, E., Batten, S. V., & Meyer, E. C. (2020). Acceptance-based behavioral therapy for PTSD. In M. Tull & N. Kimbrel (Eds.), *Emotion in posttraumatic stress disorder: Etiology, assessment, neurobiology, and treatment* (p. 545–566). Academic Press.

Self-Monitoring



Diary cards



Checklists



Event logs

Coe, E., Batten, S. V., & Meyer, E. C. (2020). Acceptance-based behavioral therapy for PTSD. In M. Tull & N. Kimbrel (Eds.), *Emotion in posttraumatic stress disorder: Etiology, assessment, neurobiology, and treatment* (p. 545–566). Academic Press.



To enhance these processes, ACT therapists also regularly use simple but effective modes of self-monitoring by the client, including diary cards, checklists, event logs on smartphones, and other ways of recording clinically relevant processes and behaviors in an individualized fashion.

References

- Coe, E., Batten, S. V., & Meyer, E. C. (2020). Acceptance-based behavioral therapy for PTSD. In M. Tull & N. Kimbrel (Eds.), *Emotion in posttraumatic stress disorder: Etiology, assessment, neurobiology, and treatment* (p. 545–566). Academic Press.



Case Conceptualization

Identify relevant targets for treatment

Coe, E., Batten, S. V., & Meyer, E. C. (2020). Acceptance-based behavioral therapy for PTSD. In M. Tull & N. Kimbrel (Eds.), *Emotion in posttraumatic stress disorder: Etiology, assessment, neurobiology, and treatment* (p. 545–566). Academic Press.



Many case conceptualization tools are available in print and online to assist an ACT therapist with identifying the most relevant targets for treatment across the 6 ACT core processes.

References

- Coe, E., Batten, S. V., & Meyer, E. C. (2020). Acceptance-based behavioral therapy for PTSD. In M. Tull & N. Kimbrel (Eds.), *Emotion in posttraumatic stress disorder: Etiology, assessment, neurobiology, and treatment* (p. 545–566). Academic Press.

Case Conceptualization: Multiple Domains



Current problems



Past situations



Current situations maintaining the problems



Goals for therapy



Treatment plan

Coe, E., Batten, S. V., & Meyer, E. C. (2020). Acceptance-based behavioral therapy for PTSD. In M. Tull & N. Kimbrel (Eds.), *Emotion in posttraumatic stress disorder: Etiology, assessment, neurobiology, and treatment* (p. 545–566). Academic Press.



Overall, case conceptualization can be seen as comprising multiple domains. First, information regarding the client's current presenting problems. Next, an analysis of the past situations that may have shaped the client's current problems. Next, a review of the current situations and circumstances that maintain the current problems. Next, a specification of the short- and long-term goals for therapy. And finally, details of an evidence-based treatment plan to address those issues.

References

- Coe, E., Batten, S. V., & Meyer, E. C. (2020). Acceptance-based behavioral therapy for PTSD. In M. Tull & N. Kimbrel (Eds.), *Emotion in posttraumatic stress disorder: Etiology, assessment, neurobiology, and treatment* (p. 545–566). Academic Press.

ACT-Inspired Case Conceptualization



Is focused on crosscutting functional dimensions, like avoidance



Is guided by the 6 core ACT processes



Is a transdiagnostic approach

Coe, E., Batten, S. V., & Meyer, E. C. (2020). Acceptance-based behavioral therapy for PTSD. In M. Tull & N. Kimbrel (Eds.), *Emotion in posttraumatic stress disorder: Etiology, assessment, neurobiology, and treatment* (p. 545–566). Academic Press.



An ACT-inspired case conceptualization is designed to be more focused on crosscutting functional dimensions, like experiential avoidance and cognitive fusion, rather than specific symptoms or diagnostic profiles. Those dimensions are guided by the 6 core ACT processes, the lack of each of which can cause significant problems in living when they contribute to psychological inflexibility rather than flexibility.

Several other potential benefits of acceptance-based treatments, like ACT, arise from its transdiagnostic approach. So, the case conceptualization should always go deeper than just the 5 axes diagnosis.

References

- Coe, E., Batten, S. V., & Meyer, E. C. (2020). Acceptance-based behavioral therapy for PTSD. In M. Tull & N. Kimbrel (Eds.), *Emotion in posttraumatic stress disorder: Etiology, assessment, neurobiology, and treatment* (p. 545–566). Academic Press.

Transdiagnostic Treatment: Benefits for PTSD



Applies to several problems simultaneously



Addresses the full range of a client's concerns



Promotes treatment satisfaction and engagement

Coe, E., Batten, S. V., & Meyer, E. C. (2020). Acceptance-based behavioral therapy for PTSD. In M. Tull & N. Kimbrel (Eds.), *Emotion in posttraumatic stress disorder: Etiology, assessment, neurobiology, and treatment* (p. 545–566). Academic Press.



There are compelling theoretical and pragmatic reasons why transdiagnostic treatments may offer benefits for individuals struggling with PTSD. In fact, this may be especially relevant to the treatment of PTSD, which is associated with high rates of comorbidity.

As I've mentioned previously, acceptance-based approaches can be applied to several presenting problems simultaneously without needing to determine and target the primary disorder. Further, addressing the full range of a client's presenting concerns using a transdiagnostic approach may promote treatment satisfaction and engagement compared to diagnosis-specific approaches.

Although the rationale for taking a transdiagnostic approach in treating PTSD is strong, we still need more controlled research to determine whether it indeed provides these benefits compared to current first-line PTSD treatments.

References

- Coe, E., Batten, S. V., & Meyer, E. C. (2020). Acceptance-based behavioral therapy for PTSD. In M. Tull & N. Kimbrel (Eds.), *Emotion in posttraumatic stress disorder: Etiology, assessment, neurobiology, and treatment* (p. 545–566). Academic Press.

Key Points

- Case conceptualization is a core step in executing ACT with trauma survivors.
- Determine what the contributing factors are for the current presentation.
- Determine which of the ACT processes are in most need of intervention.



So, some key points. Case conceptualization is a core step in executing ACT with trauma survivors. This includes not simply determining which diagnoses the individual meets the criteria for but also what the contributing past and present contextual factors are that have led to the current presentation, along with a determination of which of the ACT processes are most in need of intervention for the person.

Key Points

- Ongoing assessment will help determine whether therapy is progressing.
- Therapists can maximize the transdiagnostic benefits of ACT on PTSD and co-occurring problems.



Ongoing assessment, using either traditional self-report measures or creative ways of tracking domains of interest, will help the client and therapist together determine whether therapy is progressing in ways that are important. By initiating this process-driven case conceptualization process, the ACT therapist can maximize the transdiagnostic benefits of ACT on not just PTSD symptoms but also the processes that may be contributing to co-occurring problems, such as alcohol or other substance use, self-injury, depression, or anxiety.



Next Presentation:

Sequencing ACT Interventions

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Sequencing ACT Interventions



Sonja Batten, Ph.D.

No Particular Sequence to Deliver ACT Concepts



There's variability across settings, presenting problems, and therapists

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



There's no one particular sequence in which ACT concepts must be delivered. Even though many therapist manuals and treatment protocols may present the processes in the sequence in which they're described here, there's a distinct amount of variability in how the ACT tools and processes are presented and delivered across settings, presenting problems, and therapists.

There aren't yet data to inform the question of whether it matters in which order the primary ACT concepts are presented.

References

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

No Particular Sequence to Deliver ACT Concepts



Case conceptualization may help determine which treatment targets are primary

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



The more competent and flexible an ACT therapist becomes, the less discrete the 6 processes may appear in a given course of treatment or even within a given session. Sometimes, it may be clear from the individualized case conceptualization which treatment targets are primary and should be addressed first, but at other times, the course is not so apparent.

References

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

A Helpful Heuristic



Clients present with:

- Significant levels of distress



Therapists begin with:

- Creative hopelessness
- Control as the problem
- Defusion

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



One heuristic that may be helpful to newer ACT therapists is the following. For clients who present to treatment with significant levels of distress, appear tired of the struggle, or who clearly state that they wish to change something in their lives, the therapist may want to begin with creative hopelessness and present the ACT core processes beginning with creative hopelessness, control as the problem, defusion, and on further.

References

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

A Helpful Heuristic



Clients who:

- Don't present with distress
- Appear emotionally shut down



Therapists begin with:

- Values
- Committed action

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



For clients who do not present with any immediate distress, appear emotionally shut down, don't see any negative consequences for avoidance, or are in treatment because it's mandatory for them, the therapist may want to begin to work with values and committed action. In this case, if avoidance or fusion is a significant problem, it will show itself to be a barrier to moving forward with action soon enough, and then the other processes of ACT can be engaged.

References

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



Regardless of the sequence in which these concepts are presented, the basic question to the client is, “Could you choose to be willing to try something different if it would mean that you could move your life forward in a way that means something to you?”

References

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

How to Present Metaphors and Exercises



Don't feel compelled to cover every metaphor or experiential exercise with every client



Choose a few representative metaphors that resonate with the client

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



In addition to the sequence of processes, the beginning ACT therapist may also wonder how to know when to present one metaphor or exercise over another in a therapy session. It's important to note that a multitude of ACT-consistent exercises and metaphors are described in this course and in every ACT book that you might encounter.

The ACT therapist should not feel compelled to cover every one of these metaphors or experiential exercises with every client. In fact, it may be much more useful to choose a few representative metaphors that seem to resonate with the client that can be referred to over and over as a form of shorthand within the therapeutic dyad.

References

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

How to Present Metaphors and Exercises



Don't stick rigidly to a set of interventions



Try a variety of metaphors



Create new ACT-consistent metaphors

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

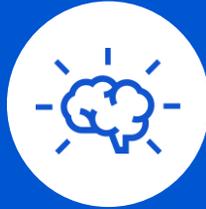


Rigidly sticking to a defined set of interventions is likely to function more to unnecessarily increase the therapist's comfort than to actually address the needs of the individual client. The ACT therapist should be encouraged to try a variety of metaphors and interventions over time and even to create new, novel ACT-consistent metaphors that are designed to meet the needs and interests of a given client or set of clients.

References

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

Come Up With Different Metaphors



The more the client can
relate to the metaphor



The more they're
likely to stick

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



If your client is really into music, see if you can come up with a music metaphor. If they're really into cooking, see if you can come up with a cooking metaphor. If they ride motorcycles, you can do one focused on motorcycles. It doesn't matter what the content is.

And in fact, the more that you can create metaphors that are designed to convey the ACT concepts in ways that the client can actually relate to, the more they're likely to stick.

References

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

Metaphors Are Effective



They call to mind concepts that are familiar



Therapists can create metaphors that resonate with the client's lived experience



These metaphors will have more impact

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



The primary reason that metaphors are proposed to be effective within ACT is because they call to mind concepts that are already familiar to the client and further apply them to the world of private events and behaviors. So if the therapist truly understands the principles behind ACT and can create metaphors that resonate with the client's lived experience, you know, sporting metaphors for the athlete or building metaphors for the carpenter, these metaphors will be likely to have more significance, stick better, and have more impact for the client.

References

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

Key Points

- There is no one sequence to present ACT principles for all clients.
- Common sequences begin either with creative hopelessness and control as the problem or values and committed action.



So, some key points. There is no one sequence that should guide the order in which ACT principles would be presented for all clients. This is where your individualized case conceptualization will come in. Common sequences involve beginning either with creative hopelessness and control as the problem or values and committed action.

Key Points

- The sequence depends on the client's presenting problems and what needs attention first.
- The effects can cascade into forward momentum and client engagement.



There is no one right answer. It depends entirely on your assessment of what has contributed to the client's presenting problems and, therefore, needs attention first so that the effects can cascade into forward momentum and client engagement.



Next Presentation:

Acquiring Trauma Treatment Skills: ACT and Beyond

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Acquiring Trauma Treatment Skills: ACT and Beyond



Sonja Batten, Ph.D.

Treatments for Trauma



Prolonged exposure



Cognitive processing therapy



Dialectical behavior therapy



Seeking safety

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



I want to be clear that although we've now worked through a whole course on how to apply ACT to posttraumatic problems like PTSD, there are several other effective psychological treatments for these issues. And I'm a big fan of evidence-based treatments, like prolonged exposure, cognitive processing therapy, dialectical behavior therapy, and seeking safety.

References

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

The Trauma Therapist



Has skills across these approaches



Doesn't neglect existing treatments

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



The well-rounded trauma therapist will make sure to have broad skills across these approaches, even if she plans to specialize in ACT. You'll want to have multiple arrows in your quiver of powerful treatment approaches. And you don't want to neglect the existing treatments just because ACT may resonate strongly with you.

References

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

Example: Adapting CPT to ACT

Cognitive processing therapy	Adaptation to ACT
Dispute dysfunctional thoughts	Defusion

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



So, for example, I have frequently done cognitive processing therapy and simply adapted it so that during the parts around disputing dysfunctional thoughts, instead, we approach that with a defusion perspective.

References

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

Example: Adapting Exposure-Based Treatments to ACT

Exposure-Based Treatment	Adaptation to ACT
Repeated exposures to reduce symptomatology	Repeated exposures to practice acceptance and defusion

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



Or similarly, when doing repeated exposures in an exposure-based treatment, again, we work on that through an acceptance and defusion lens as opposed to one that is working on reducing symptomatology or helping anxiety go away.

It's important to have those skills.

References

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

Important Skills from DBT



Crisis survival



Emotion regulation



Emotion labeling

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



It's important to have the skills around crisis survival and even some basic emotion regulation skills and emotion labeling skills from DBT. You want to make sure that you also are able to use those treatments and take what's useful for them as you apply ACT to the same problems.

References

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

Become Part of the Broader ACT Community



An online community of professionals



Groups for reading articles, case consultation,
solving systemic implementation issues



Not limited by locality

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



Another area for consideration involves taking the opportunity to become part of the broader ACT community. With the current state of technology, even the most remotely stationed clinician can become part of an online community of professionals who share an interest in the application of ACT around the globe.

You can use these groups like a book club, or reading articles, or it can serve a case consultation function, or it can simply provide a venue within which you can problem solve systemic implementation issues related to ACT. And truly, these days, even locality isn't a limiting factor anymore given that everyone is so comfortable now with video conferencing technology that these kinds of consultation groups can be created virtually, even internationally, using free video teleconferencing programs.

References

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

ACT Resources



Visit contextualscience.org



Look for local chapters



Form ACT peer consultation groups

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



Information about online resources, including Listservs and special interest groups, can be found at contextualscience.org. Many local chapters and special interest groups have been developed around the world and are associated with established professional organizations. In addition, wherever there are 2 interested ACT therapists who are within driving distance of one another, a local ACT peer consultation group can be formed.

References

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



Being trained in ACT may be enough to make a clinical difference



With a limited amount of training, therapists may be able to positively impact the functioning of their clients

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



Therapists who want to learn ACT, but without access to ongoing supervision and training resources, can take heart. There's empirical evidence to support the idea that just being trained in ACT may be enough to make a clinical difference—even when the ACT therapist is not an expert and adherence and competence may not yet be fully present. There are data to show that even therapists who are only able to receive a limited amount of training or supervision in ACT may be able to positively impact the functioning of their clients.

References

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

Key Points

- Be proficient in other evidence-based treatments for PTSD and related problems.
- The trauma therapist needs to have a variety of tools.



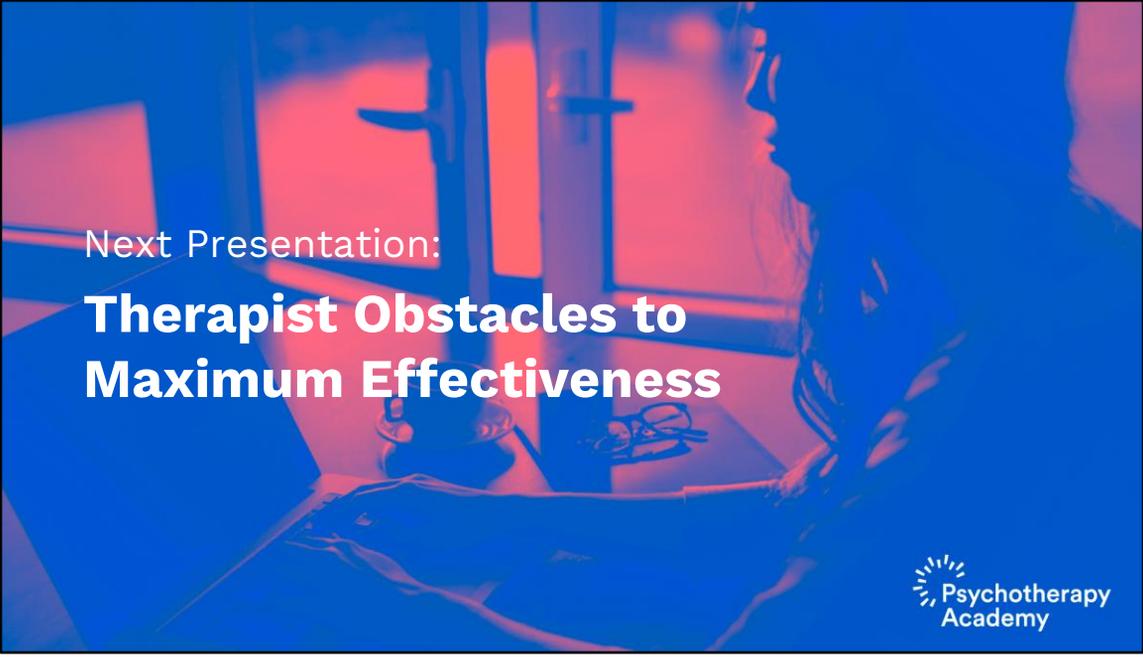
So, some key points. Even if you're entirely taken by the ACT approach and can easily see how it can be applied to trauma treatment, I strongly encourage you to also be proficient in other evidence-based treatments for PTSD and related problems. The well-rounded trauma therapist needs to have a variety of tools that can be used with the complex presentations that trauma survivors often demonstrate.

Key Points

- Reading books and attending training isn't enough.
- Peer consultation or ongoing professional consultation with peer-reviewed ACT trainers will help ensure that implementation is effective.



But just reading books and attending trainings is likely not enough. What reads well on the page will likely take a different form in person in treatment. Finding opportunities for peer consultation or ongoing professional consultation with peer-reviewed ACT trainers will help ensure that implementation is effective, even when the client's presentation is complex and session developments are unexpected.



Next Presentation:

Therapist Obstacles to Maximum Effectiveness

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Therapist Obstacles to Maximum Effectiveness



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Therapists Must Practice Their Own Committed Action



Spend time preparing
before sessions



Review notes from
the previous session



Refresh your memory
about behavioral
assignments

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



In order to fully engage with the treatment process, ACT therapists must also practice their own committed action before, during, and after treatment sessions. For starters, therapists generally need to spend time preparing before sessions. For experienced ACT therapists, this may simply mean reviewing their notes from the previous session and refreshing their memory about the behavioral assignments the client agreed to complete before the upcoming session.

References

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

Therapists New to ACT: Suggestions



Prepare by reading
or watching videos



Understand how to
sequence and implement
treatment tasks



See examples of ACT
implementation

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



However, for therapists who are new to ACT, significantly more preparation time may be needed. For example, therapists in training may need to prepare by reading ACT textbooks or articles, or watching videos to understand how to sequence and implement treatment tasks, or finding other ways to see examples of ACT implementation using different therapeutic styles. Or they may need to practice delivering ACT metaphors and exercises out loud so they'll be prepared to do so effectively with the client.

References

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

Therapists New to ACT: Suggestions



Practice delivering ACT metaphors out loud



Practice to help it go more smoothly in session

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



I always tell people who are training with me that it's one thing to think you know the metaphor. It's another thing to actually practice saying it loud into the mirror in your out loud voice. You'll realize the places that you stumble, the places where maybe you don't actually understand the point of the metaphor that you're trying to convey.

Practice, practice, practice. It really will help it go much more smoothly in session.

References

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



A Potential Obstacle

Not having enough time for learning and preparation

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One potential obstacle to engaging in this level of effort is therapists' perception that they don't have enough time in their day-to-day lives to do substantial amounts of learning and preparation on an ongoing basis or for any one given client.

And it's possible that this is true. Therapists are often generous, dedicated people who are very engaged in meaningful activities in their lives, both professionally and personally. However, it's important not to use this reason on a regular basis.

References

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

Ongoing Training and Continuous Learning



Therapists must devote sufficient attention to preparation



Preparation and learning are an integral part of the life and work of a therapist

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



I mean, one of the meaningful activities in the life of a dedicated therapist is ongoing training and continuous learning. It's providing competent psychotherapy that alleviates the suffering of others and facilitates individual's ability to move their lives forward. And, to that end, therapists may need to mindfully prioritize their own valued activities in a way that allows them to devote sufficient attention to preparation for therapy.

Preparation and learning are not distractions in the life of a therapist. They are an integral part of the life and work of a therapist.

References

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

When ACT Therapists Feel Stuck



Share this feeling
of stuckness with
the client



Identify new entry points
into committed action
through open discussion

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



Of course, despite any amount of training and preparation, ACT therapists may sometimes feel stuck and—especially people treating trauma survivors, who can be quite complex—may feel stuck from time to time regarding how to effectively move a given client forward. In these cases, it may be helpful for the therapist to share this feeling of stuckness directly with the client.

You don't always have to act like you know everything. If you're feeling stuck, chances are the client may be feeling stuck. And sometimes, acknowledging that openly is one way to shake things up a little bit. Maybe an open discussion will identify new entry points into committed action.

References

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

When ACT Therapists Feel Stuck



It can be validating
for clients



It can lead to
increased connection

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



In addition, it can be validating for clients because then they see that they aren't the only ones feeling stuck. When handled skillfully, such an interaction can lead to increased connection in the therapeutic relationship.

References

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

When ACT Therapists Feel Stuck



Engage in peer consultation
or clinical supervision



Identify and address the
barriers, including learning new
ways of addressing them

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



And if, despite sufficient training and preparation and despite engaging the client directly, the therapist still feels stuck, it may be time to engage in peer consultation or formal clinical supervision in order to identify and address the barriers, including learning some new ways of addressing them.

References

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

Key Points

- The therapist's engagement can affect the workability of the treatment process.
- Therapists should remain mindful of their psychological inflexibility or cognitive fusion.



So, some key points. In addition to client barriers to treatment effectiveness, there are also ways in which the therapist's engagement can affect the workability of the treatment process. Therapists should remain mindful about the extent to which their own psychological inflexibility or cognitive fusion may be getting in the way of providing the most effective treatment possible.

Key Points

- ACT therapists should check in with themselves regularly.
- Prepare for treatment and be willing to notice if you're feeling stuck.



ACT therapists should check in with themselves regularly to see if they're putting in the effort needed to prepare for treatment and be willing to notice if there are times that they are themselves feeling stuck and may need to try something different to get unstuck.



Next Presentation:

Therapist Well-Being and Self-Care

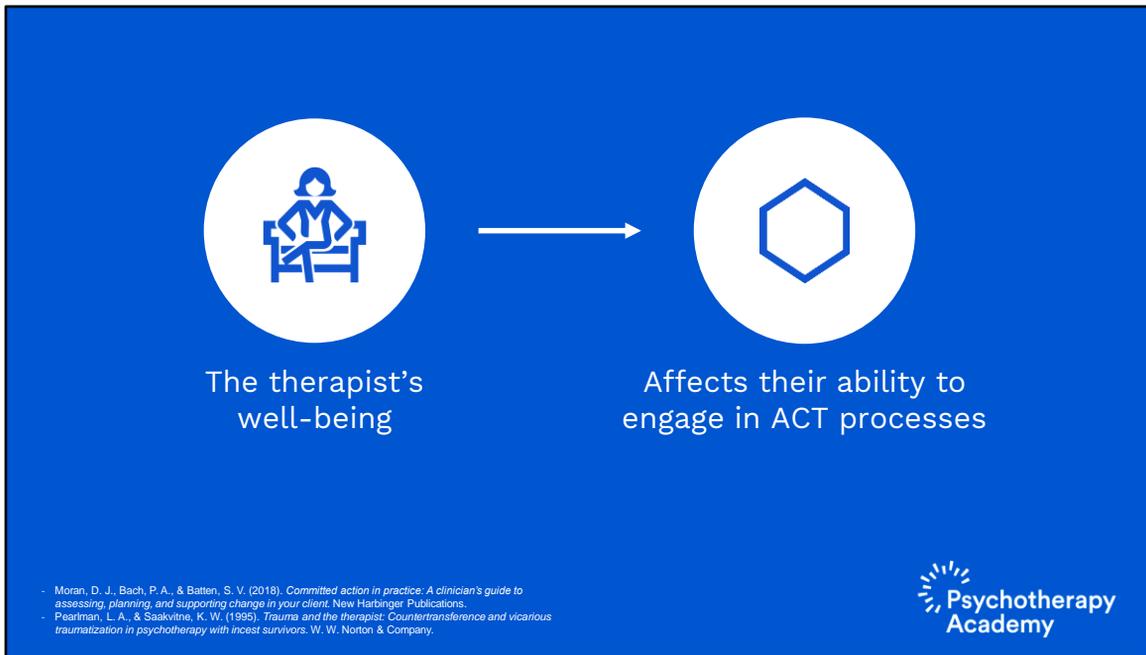
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Therapist Well-Being and Self-Care



Sonja Batten, Ph.D.

And now, I'd like to talk a little bit about therapists' well-being and self-care, which is really, really important.



I mean, it's important for all therapists, but especially when you're working with a caseload of trauma survivors, because the therapist's own well-being outside of the therapy room can also affect his ability to fully engage the process of committed action and all of the other ACT processes with clients.

References

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. W. W. Norton & Company.



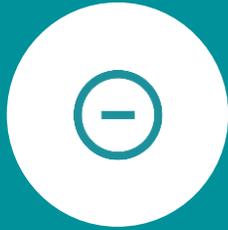
For example, if a therapist is struggling in areas of life in which he isn't acting in alignment with his own values, he may be inclined to avoid in-session conversations about committed action and fail to fully explore his clients' lack of follow-through on committed action.

So if the client has been trying to commit to himself to exercise more or drink less and has been making commitments and then not following through on them, well, then going into a session where he's asking his clients how they've been doing on following through on similar or different things but things that are challenging for the client, that they've been committing to, the therapist may end up feeling a little bit hypocritical and so may avoid working with the client and asking those questions and pushing forward.

References

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. W. W. Norton & Company.

Overidentifying With Clients' Experiences of Being Fallible



The therapist has misguided compassion



They don't challenge the client

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. W. W. Norton & Company.



Alternatively, if a therapist is feeling like he's been falling short in important ways recently, he may overidentify with clients' experiences of being a fallible human being and, therefore, choose not to push them to do something he can't do consistently himself, maybe out of misguided compassion because the therapist is overidentifying with the client's experience of how hard it is to move forward and so may feel like it's the compassionate thing to do not to challenge the client.

References

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. W. W. Norton & Company.

Professional Burnout: Suggestions



Practice self-care



Get enough rest



Spend time on activities outside of work



Don't necessarily back away from difficult work situations

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. W. W. Norton & Company.



And all of these challenges can be heightened for therapists who are experiencing professional burnout, or feeling tired or listless or disconnected from the meaning of the work. In those kinds of situations, conventional wisdom would suggest practicing self-care, getting enough rest, and spending time on relationships and activities outside of work.

And while an ACT approach would support these healthy choices, of course, as appropriate, it wouldn't necessarily encourage therapists to back away from stressful or difficult work situations.

References

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. W. W. Norton & Company.

Professional Burnout: Problems in the Work Environment



Address them with practical
problem-solving

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. W. W. Norton & Company.



Of course, if there are structural or logistical problems in the work environment that can be addressed with practical problem solving, that should happen.

If you have a terrible boss that's affecting your day-to-day work, yes, at some point, you should consider whether that's the place you want to work. Or if the structure of your day is getting in the way of you being able to attend to your clients in a consistent way over the course of the day, look at those sorts of things.

References

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. W. W. Norton & Company.

Professional Burnout: Reconnect With What's Important



Self-care



Practical problem-solving



Values clarification



Recommitment

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. W. W. Norton & Company.

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However, therapists experiencing burnout might also be productively challenged to reconnect with what's important to them personally and professionally about the work so they can regain a sense of meaning and vitality in conducting ACT. Through a combination of self-care, practical problem-solving, and values clarification and recommitment, burned-out therapists can hopefully find a better balance in attending to both their own needs and those of their clients.

References

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. W. W. Norton & Company.

The Case With Trauma Therapists



Hearing about violence
all day is draining



It changes the type of
imagery that's in your mind

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. W. W. Norton & Company.



And all of these things that I've just talked about are even more the case with trauma therapists. It's really, really challenging and impactful work that we do as trauma therapists. But there's also a tremendously different extent of information and imagery we're exposed to.

When you're hearing about rape and domestic violence and war and car accidents and natural disasters all day long, that will put a drain on you. It will change the type of imagery that's in your mind at random times of the day.

References

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. W. W. Norton & Company.

The Case With Trauma Therapists



You have limited
emotional bandwidth



You may find yourself
anxious or hypervigilant

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- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. W. W. Norton & Company.



And all of us, even if we're very emotionally open and we love what we do and we're willing to go there with our clients, at some point, you only have so much emotional bandwidth. And so trauma therapists may find themselves not just burned out in the traditional sense but also anxious or hypervigilant, and I want to normalize this.

References

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. W. W. Norton & Company.

The Case With Trauma Therapists



You hear about awful things



It makes you more careful



That's normal

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. W. W. Norton & Company.

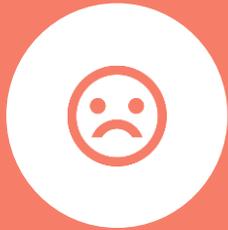


When you're exposed to hearing about the worst of what people can do to one another, it would be odd not to be affected by this. So if hearing about awful things that happen to people all day long then makes you a little bit more careful as you walk down the street and perhaps more vigilant to the people around you or safety in your surroundings, that's normal.

References

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. W. W. Norton & Company.

Trauma Therapists' Heightened Sense of Awareness



Notice it getting in the way
of your day-to-day life



Focus on the basics

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. W. W. Norton & Company.



Part of being a trauma therapist, for a lot of people, is having that heightened sense of awareness. And sometimes, it may be useful. Sometimes, it may be a little bit too much. But it's important to recognize that that can be part of what happens.

And if you're noticing that that is getting in the way of your functioning or your day-to-day life, then again, maybe it's time to focus on the basics.

References

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. W. W. Norton & Company.

The Basics for Trauma Therapists



Get enough sleep



Eat healthy food



Get regular exercise



Prioritize finding ways to work that into your day

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. W. W. Norton & Company.



Getting enough sleep, being in a consistent sleep routine. Eating healthy food, not junk food or convenience food. Getting regular exercise. And prioritizing finding ways to work that into your day.

And if you find that you're so exhausted at the end of the day that you never get around to exercising, finding ways to maybe do it before work, or take walks in between sessions and have breaks specifically to do that.

Look at the amount of alcohol that you may be consuming, both because we know that that's an emotional avoidance technique over time and because it can also affect your sleep.

References

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. W. W. Norton & Company.

The Basics for Trauma Therapists



Get enough social connection



Have plenty of good, normal, average, positive, and supportive things

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. W. W. Norton & Company.

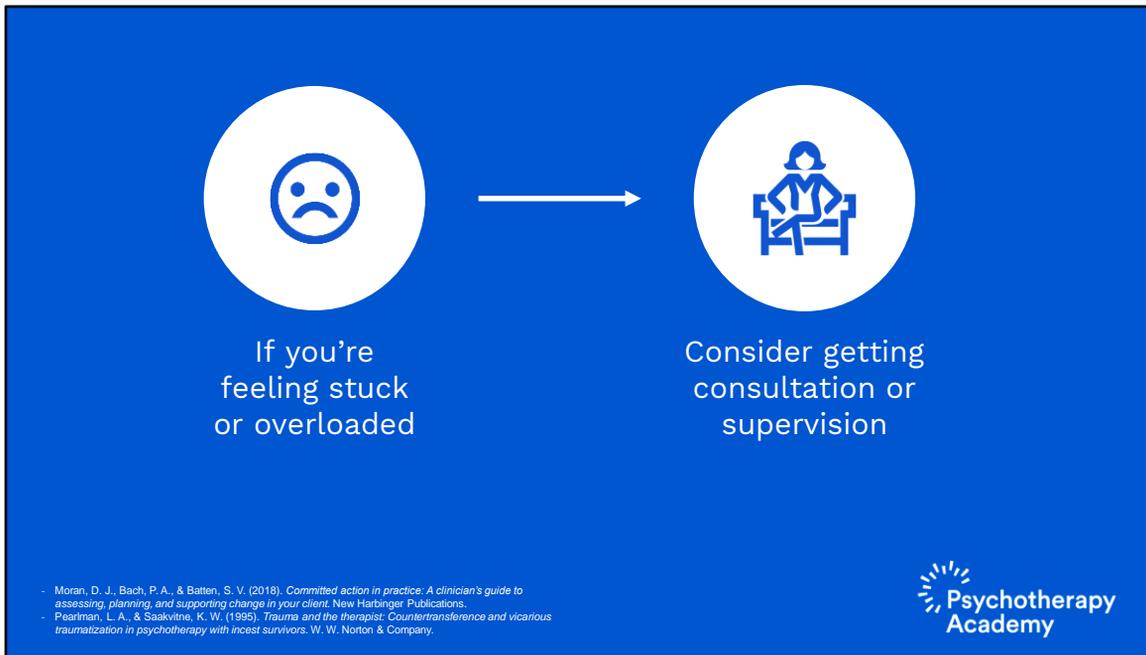
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And then make sure that you're also getting enough social connection and finding ways to be with the people that you care about, whether it's physically or virtually, but picking up the phone, talking to people, and finding ways of staying connected to your friends, your family, and your community.

Again, that can just help balance out. When you're hearing about awful things all day long, you want to make sure that you also have plenty of good, normal, average, positive, and supportive things that are also happening in your day to balance some of that out.

References

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. W. W. Norton & Company.



And again, if you're feeling stuck in the work that you're doing or you feel like you're having too much overload and you need somebody to talk to specifically about what you're hearing in the therapy session—and obviously you can't talk to your friends and family about that in any detail—consider getting consultation or supervision, another professional who can help you share that emotional load and who can give you suggestions for how to get unstuck, maybe, when things become overwhelming.

References

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. W. W. Norton & Company.

Is Doing Trauma Work Emotionally Draining You?



Scale back
your caseload



Take some
simpler cases



Have a variety
of cases

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. W. W. Norton & Company.



It's also possible that if you've been doing trauma work consistently for a while or if it's brand new to you and it really is emotionally draining, you may need to scale back your caseload for a while.

Take some simpler cases. Make sure that not every case that you're seeing is a trauma case so that you have some variety, and it's not that level of emotional intensity in every session, one after another.

References

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. W. W. Norton & Company.

Is Doing Trauma Work Emotionally Draining You?



Take care of yourself
to avoid burnout

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. W. W. Norton & Company.



And you know this, but I'm going to say it anyway. It's important for you to take care of yourself so that you don't burn out permanently and so that you can model effective self-care for your clients.

Again, as I've mentioned many times in this course, they will be able to tell if there are things that are keeping you from being fully present with them. And one of those things can be burnout.

References

- Moran, D. J., Bach, P. A., & Batten, S. V. (2018). *Committed action in practice: A clinician's guide to assessing, planning, and supporting change in your client*. New Harbinger Publications.
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. W. W. Norton & Company.

Key Points

- The therapist's overall well-being affects their ability to help clients.
- Therapists need to watch out for signs of their potential burnout.
- When working with trauma survivors, the risk of being burned out is even higher.



So, some key points. It's important to remember that the therapist's overall well-being affects not only the therapist but also the therapist's ability to help clients.

Therapists are great at taking care of others but also need to watch out for signs of their own potential burnout. And especially when working with trauma survivors, the risk of being emotionally drained or burned out is even higher.

Key Points

- The ACT therapist working with trauma on a regular basis needs to maintain awareness of their own personal functioning.
- Practice self-care.



And so the ACT therapist working with trauma on a regular basis needs to maintain awareness of his or her own personal functioning and make sure that they're practicing self-care just as much as they teach their clients to practice self-care.



Next Presentation:

**Ongoing Development as an
ACT Therapist for PTSD**

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Ongoing Development as an ACT Therapist for PTSD



Sonja Batten, Ph.D.

The majority of therapists around the world choosing to learn ACT will not have the luxury of training for multiple years with an expert ACT mentor, although a number of peer-reviewed ACT trainers who are willing to provide virtual ACT consultation can be found on contextualscience.org.

A Basic Road Map for Learning ACT



Read books and
treatment manuals



Find references
on Google



Review presentations of
the same information in
different ways

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



For this reason, it is essential that interested clinicians have a basic road map for learning to implement ACT in more independent settings. Fortunately, there are now a variety of tools and methods of training for the therapists interested in learning to apply ACT principles in practice.

Certainly, one of the first ways to begin to build an understanding of ACT is to read books and treatment manuals that have been developed by different authors. And a multitude of excellent references can be found with a simple Google search.

Repeated presentations of the same information in different ways are more likely to lead to a nuanced understanding of the material.

References

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

A Basic Road Map for Learning ACT



Review video-based
training aids



Use direct modeling to
learn to discriminate
form from function

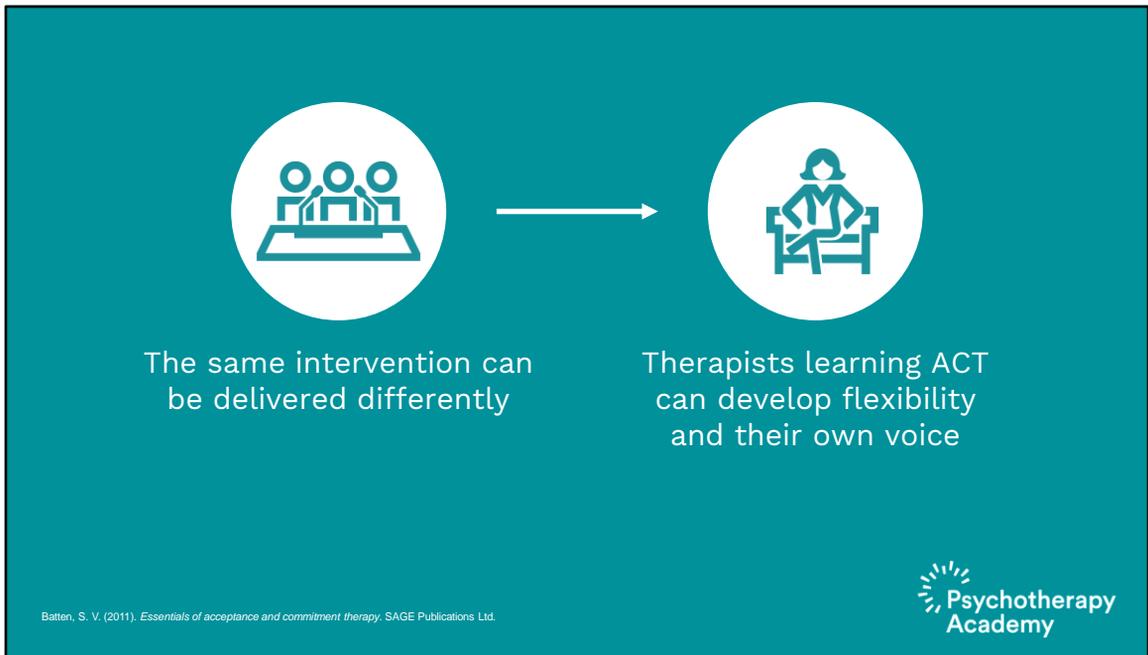
Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



This applies to both written and video-based training aids. Multiple video recordings are now available in which an ACT trainee can see a variety of therapists approaching similar therapeutic issues in slightly different ways. This direct modeling is especially important so that new ACT practitioners can learn to discriminate form from function in the application of ACT.

References

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



By seeing that the same intervention can be delivered differently by each therapist or that the same concept can be conveyed using totally different language, therapists learning ACT can begin to develop flexibility in implementation and find their own therapeutic voice.

References

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

ACT Training Workshops



It's helpful to attend trainings provided by at least 2 different trainers



ACT can be competently done from a wide variety of styles

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



Similarly, for those who are able to attend ACT training workshops in person or virtual but live workshops, it can be especially helpful over time to attend trainings provided by at least 2 different trainers.

For example, one could imagine a trainee who attends an ACT workshop with a trainer who demonstrates ACT using a very specific interpersonal style. If the trainee's style is very different from that of the trainer, the trainee may think that he could never adapt to that way of speaking or being in therapy. However, one can competently do ACT from a wide variety of styles.

References

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



Don't confuse the therapist's delivery style with the ACT approach itself

Promote flexibility in delivery

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



It's important not to confuse one trainer or therapist's delivery style and personality with the ACT approach itself. So, reading ACT texts written by a variety of authors or attending trainings and reviewing videos in which different ACT trainers are featured can help promote flexibility in delivery and disentangle individual trainer effects from the requirements of the therapy itself.

Annual conferences of the Association for Contextual Behavioral Science provide an excellent opportunity to hear about the most recent developments in ACT from a variety of international trainers.

References

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

New ACT Therapists



- Work through a specific protocol in sequence
- Build adherence



- Progress from adherence into competence
- Apply principles and techniques flexibly

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



I always recommend that those who are new to ACT do challenge themselves to work through a specific protocol in sequence several times, preferably with focused supervision until the model is learned. The first few times that you use a specific ACT protocol, the goal is to build adherence, the ability to correctly deliver the core ACT techniques in a planful way.

Over time, with effective supervision or peer consultation, the trainee can progress from a state of pure adherence to a state of competence in which he is more able to flexibly apply principles, techniques, and metaphors across both routine and novel clinical situations.

References

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



Don't skip the step of practicing skills repeatedly

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



However, it's important not to skip the step of practicing skills repeatedly until adherence is achieved. Otherwise, it's too easy to give in to human nature and only practice those pieces with which the therapist is already comfortable.

ACT therapists have to be reminded that the only way to the other side of the swamp is through it—even when it comes to challenging one's self to learn new clinical skills.

References

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

The ACT Core Competency Rating Form: Assess Skills



Using the
therapeutic stance



Developing willingness



Undermining
cognitive fusion



Getting in contact with
the present moment

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



One way to measure progress in adherence and competence is to use the ACT core competency rating form that can be found at contextualscience.org. This simple rating form can be used to assess therapist's skills in the following areas: the ACT therapeutic stance, developing willingness and acceptance, undermining cognitive fusion, getting in contact with the present moment...

References

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

The ACT Core Competency Rating Form: Assess Skills



Distinguishing the
conceptualized self



Defining valued
directions



Building
committed
action

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



...distinguishing the conceptualized self from self-as-context, defining valued directions, and building patterns of committed action.

References

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

Examples of Specific Competencies



Fitting interventions to the needs of clients



Changing course to fit needs at any moment



Defusing from client content and directing attention to the moment

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



Examples of specific competencies that you might find are things like the therapist avoids the use of canned ACT interventions, instead, fitting interventions to the particular needs of particular clients. Or the therapist is ready to change course to fit those needs at any moment. Or the therapist can defuse from client content and direct attention to the moment.

References

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

The ACT Core Competency Rating Form



The supervisor can complete this form



The therapist can complete the form for self-assessment

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



Depending on the resources available to the therapist, she may ask her supervisor or consultant to complete this form multiple times while watching or listening to recordings of the trainee therapist conducting ACT. Even if the therapist does not have a supervisor or consultant, she can complete the form for herself, assessing her own perceptions of her domains of strength and weakness and identifying areas in which she could benefit from more training and practice.

References

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

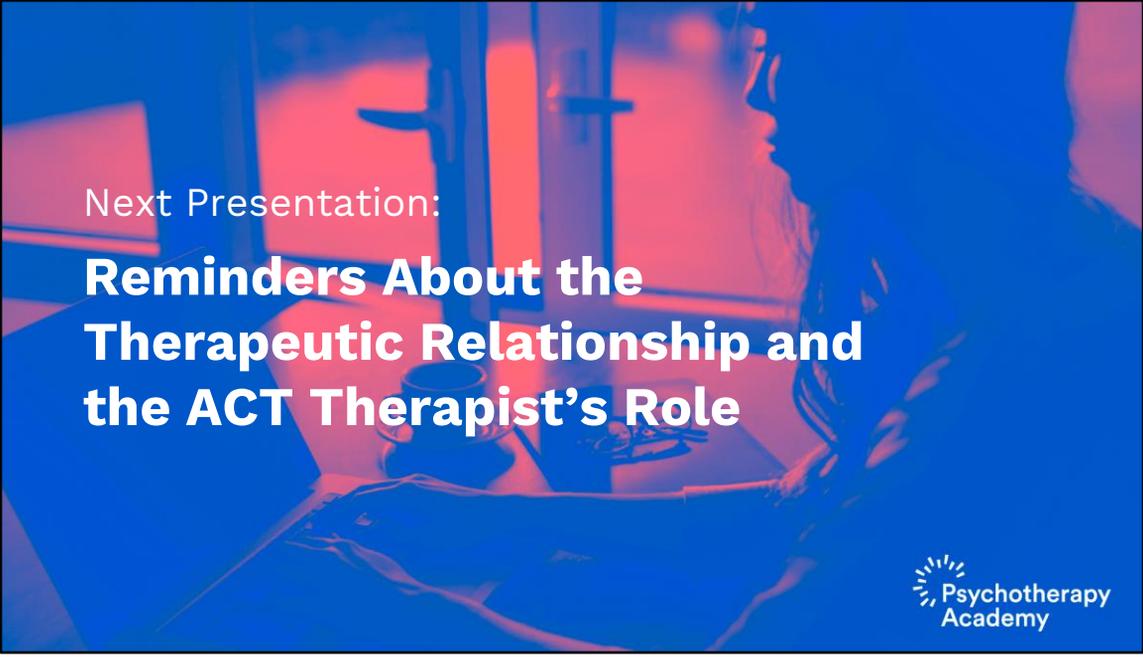
Key Points

- Don't confuse the style of a specific trainer with what ACT is.
- Read books, watch videos, and attend trainings with different trainers to extract the core of ACT.
- With multiple exemplars, new ACT therapists can find their genuine voice for delivering ACT.



So, some key points. As the new ACT therapist begins to familiarize him or herself with the treatment approach, it is important not to confuse the style or personality of a specific trainer with what ACT is. Instead, the trainee should take the time to read multiple books, watch multiple videos, and attend trainings with multiple trainers so that the clinician can begin to extract the core of ACT, rather than confusing a given trainer's personality or idiosyncrasies with the ACT model itself.

By familiarizing him or herself with multiple exemplars and working through 1 or 2 specific protocols with clients, the new ACT therapist can begin to find his or her own genuine voice for delivering ACT.



Next Presentation:

**Reminders About the
Therapeutic Relationship and
the ACT Therapist's Role**

 Psychotherapy
Academy

Reminders About the Therapeutic Relationship and the ACT Therapist's Role



Sonja Batten, Ph.D.

Now, I'd like to give just a few last reminders about the therapeutic relationship and the ACT therapist's role in treatment.

The Value of the Therapeutic Relationship



Take on the role of coach, adviser, and witness



Work with humility, humanity, genuineness, and radical respect for the client's values and experiences

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



ACT has always placed great emphasis on the value of the therapeutic relationship. The ACT therapist's role is that of coach, adviser, and witness, but not of expert or guru.

The ACT model is crystal clear in its analysis that the issues that bring clients to psychotherapy are simply variants on the struggles that all humans face—and this includes therapists. The ACT therapist should thus face this work with humility, humanity, genuineness, and radical respect for the client's values and experiences.

References

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



The ACT therapist works along with the client to identify strategies

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



Many therapists who are new to the ACT approach report that it's a relief not to have to pretend to have all the answers in a session. Instead, the ACT therapist works along with the client to identify strategies for the way ahead based on the core ACT theoretical framework.

References

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

Therapists With an Acceptance-Based Perspective



Are aware of their avoidance, judgment, and lack of mindfulness



Maintain a willing and open stance

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



Therapists working from an acceptance-based perspective are aware of their own personal susceptibility to avoidance, judgment, and lack of mindfulness of their own thoughts and seek consultation to help ensure that they maintain a willing, accepting, and open stance while conducting therapy.

References

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



Most trauma survivors have been profoundly disappointed by people in their lives and are extremely sensitive to any sign of untrustworthiness or rejection. And the way that this affects the therapeutic relationship may be even more crucial in the treatment of individuals who have experienced interpersonal traumas.

It's important for the trauma therapist using an acceptance-based approach to maintain a transparent and straightforward manner because it's our clinical experience that trauma survivors have a notably heightened awareness of other people's feelings and behaviors.

References

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

Building Trust



- The therapist allows the client to set the pace of therapy
- The client is in charge of how much they will participate

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



One way to build trust is to remember to allow the client to set the pace of therapy.

Although I've been describing here a general sequence to follow and the therapist can generally guide the pace at which new ACT-based content is introduced, in the end, the client is in charge of how much they will participate and respond to this content, especially when it comes to focusing specifically on trauma-related content.

References

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

Building Trust



- Ask the client whether they're willing to go further about a specific memory
- Allow the client to say no and respect their choices

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



It's helpful to frequently ask for permission or ask the client whether they're willing to go further or talk about a specific memory or trauma-related issue.

It may seem counterintuitive, but by allowing the client to say no and respecting their choices, over time, you will build the trust that is needed for them to choose for themselves to go to those deeper places later on.

References

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

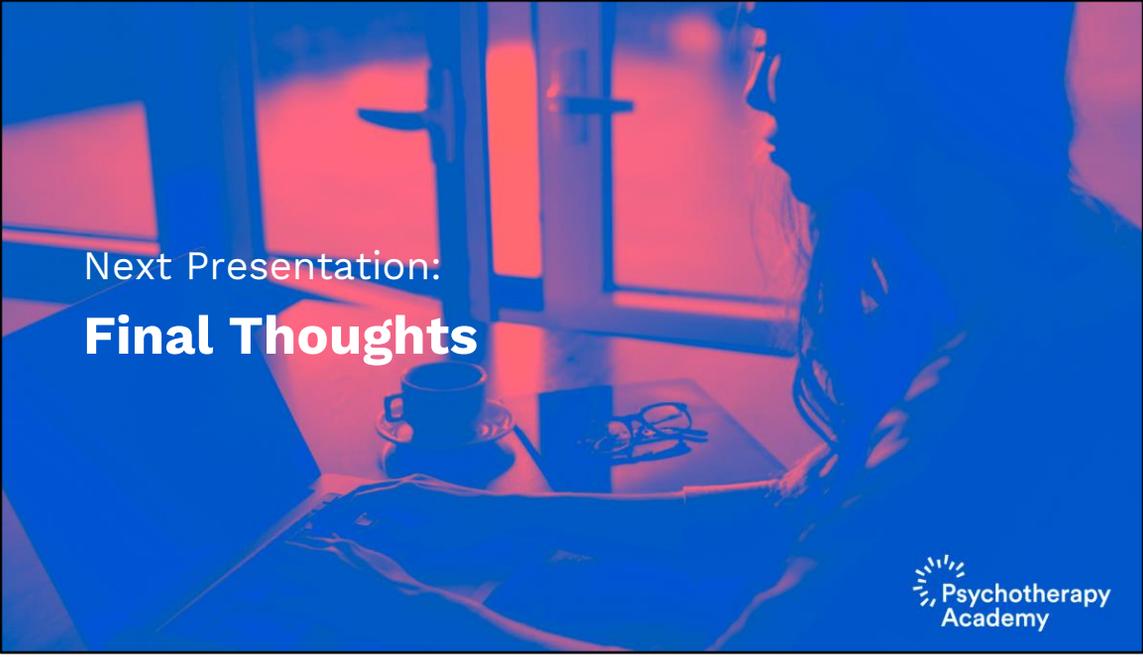
Key Points

- The therapeutic relationship is heightened when working with trauma survivors.
- Building and maintaining a meaningful therapeutic connection comes with openness and transparency.
- As the therapist demonstrates that they can be trusted, clients will open up more to face the hardest things they've been avoiding.



So, some key points. The therapeutic relationship in ACT is always important, but this is even more heightened when working with trauma survivors. Building and maintaining a meaningful therapeutic connection comes with openness and transparency on the part of the therapist.

Furthermore, as the therapist demonstrates over time that she can be trusted, it will allow clients to open up more and more so that they can face even the hardest things they've been avoiding and move forward in a new way, knowing that they're not alone in doing so.



Next Presentation:
Final Thoughts

 Psychotherapy
Academy

Final Thoughts



Sonja Batten, Ph.D.

I'd like to thank all of you for coming on this journey of learning about how to use acceptance and commitment therapy with trauma survivors. I hope you've found the content useful and that it will allow you to open up and be present with your clients in a new way and use some new powerful tools with them.

Acceptance-Based Interventions Like ACT



Represent a strong fit for the full spectrum of trauma-related health conditions



Benefit people who opt not to access first-line treatments



Offer unique benefits beyond those of traditional PTSD treatments

Coe, E., Batten, S. V., & Meyer, E. C. (2020). Acceptance-based behavioral therapy for PTSD. In M. Tull & N. Kimbrel (Eds.), *Emotion in posttraumatic stress disorder: Etiology, assessment, neurobiology, and treatment* (p. 545–566). Academic Press.



Acceptance-based interventions, like ACT, comprise a set of evidence-based approaches that likely represent a strong fit for many people living with the full spectrum of trauma-related health conditions, including posttraumatic stress disorder.

It is probable that these interventions may benefit some people who opt not to access first-line treatments or who don't respond particularly well to traditional cognitive behavioral treatments. ACT may offer unique benefits beyond those of traditional PTSD treatments, like improving broadly applicable mindfulness skills and increasing engagement in valued life domains.

References

- Coe, E., Batten, S. V., & Meyer, E. C. (2020). Acceptance-based behavioral therapy for PTSD. In M. Tull & N. Kimbrel (Eds.), *Emotion in posttraumatic stress disorder: Etiology, assessment, neurobiology, and treatment* (p. 545–566). Academic Press.

Additional Research



ACT's effectiveness beyond existing trauma treatments



Its effectiveness considering client's choice and treatment completion



The role of mindfulness, psychological flexibility, and self-compassion

Coe, E., Batten, S. V., & Meyer, E. C. (2020). Acceptance-based behavioral therapy for PTSD. In M. Tull & N. Kimbrel (Eds.), *Emotion in posttraumatic stress disorder: Etiology, assessment, neurobiology, and treatment* (p. 545–566). Academic Press.



Additional research in this area will address several key questions, including whether ACT adds effectiveness beyond what is provided by existing trauma treatments, whether the effectiveness of acceptance-based interventions may be equivalent to first-line treatments when factors such as client's choice and treatment completion rate are considered, and the role of mechanisms such as mindfulness, psychological flexibility, and self-compassion in PTSD treatment.

References

- Coe, E., Batten, S. V., & Meyer, E. C. (2020). Acceptance-based behavioral therapy for PTSD. In M. Tull & N. Kimbrel (Eds.), *Emotion in posttraumatic stress disorder: Etiology, assessment, neurobiology, and treatment* (p. 545–566). Academic Press.



Telehealth

An acceptable delivery method

Coe, E., Batten, S. V., & Meyer, E. C. (2020). Acceptance-based behavioral therapy for PTSD. In M. Tull & N. Kimbrel (Eds.), *Emotion in posttraumatic stress disorder: Etiology, assessment, neurobiology, and treatment* (p. 545–566). Academic Press.



Finally, emerging evidence indicates that acceptance-based interventions are possible to deliver well through telehealth and other newer delivery mechanisms for a range of problems that frequently co-occur with PTSD. And recent experience delivering ACT for people with PTSD via telehealth indicates that this is an acceptable delivery method.

References

- Coe, E., Batten, S. V., & Meyer, E. C. (2020). Acceptance-based behavioral therapy for PTSD. In M. Tull & N. Kimbrel (Eds.), *Emotion in posttraumatic stress disorder: Etiology, assessment, neurobiology, and treatment* (p. 545–566). Academic Press.



Given the complexity of the mental and physical health challenges associated with trauma exposure combined with the limitations associated with even the most well-established efficacious treatments for PTSD, I believe that having a broad range of treatment options is important.

Acceptance-based interventions, by virtue of their strong acceptability for many people and their transdiagnostic approach, represent an important set of options for promoting recovery in trauma survivors.

References

- Coe, E., Batten, S. V., & Meyer, E. C. (2020). Acceptance-based behavioral therapy for PTSD. In M. Tull & N. Kimbrel (Eds.), *Emotion in posttraumatic stress disorder: Etiology, assessment, neurobiology, and treatment* (p. 545–566). Academic Press.

ACT for Posttraumatic Symptoms: Effective Therapists



Appreciate the depth of emotion and the challenging thoughts and memories



Can sit with them as they move forward in the direction they most value

Coe, E., Batten, S. V., & Meyer, E. C. (2020). Acceptance-based behavioral therapy for PTSD. In M. Tull & N. Kimbrel (Eds.), *Emotion in posttraumatic stress disorder: Etiology, assessment, neurobiology, and treatment* (p. 545–566). Academic Press.



Using ACT for posttraumatic symptoms and life problems is not for the faint of heart. In fact, it requires a big heart. The most effective therapists will be those who can both appreciate the depth of emotion and challenging thoughts and memories that are associated with a client’s trauma history and who can sit with them as they move through all there is, as the client learns that their history is not the enemy and the time is now to move forward flexibly in whatever directions they most value.

References

- Coe, E., Batten, S. V., & Meyer, E. C. (2020). Acceptance-based behavioral therapy for PTSD. In M. Tull & N. Kimbrel (Eds.), *Emotion in posttraumatic stress disorder: Etiology, assessment, neurobiology, and treatment* (p. 545–566). Academic Press.