

PTSD and ACT: Key Initial Concepts



Sonja Batten, Ph.D.

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- Clinical psychologist
- Past president and a fellow of the Association for Contextual Behavioral Science
- Peer-reviewed ACT trainer



Hello everyone. Thanks so much for joining me today. My name is Sonja Batten. I'm a clinical psychologist and the lead for Flexible Edge Solutions. I've been practicing acceptance and commitment therapy for over 25 years now. And I'm a past president and fellow of the Association for Contextual Behavioral Science and a peer-reviewed ACT trainer. And I'm excited to begin this course with you around using acceptance and commitment therapy for posttraumatic problems in living.

ACT for Posttraumatic Problems in Living



Individuals who have experienced traumatic events



Not all individuals will have PTSD



For individuals with challenges due to the traumatic event

Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



In today's videos, I'm going to talk to you about using acceptance and commitment therapy (or ACT) for posttraumatic problems in living, working with individuals who have experienced traumatic events. I'll use the shorthand, oftentimes, of the term PTSD, or posttraumatic stress disorder, but I want to make clear that not all individuals who experience a trauma will have PTSD. And in fact, that's one of the beautiful things about working with ACT. That we don't have to be focused on any given diagnosis. So, when I talk about using ACT for PTSD, that's sort of a shorthand. Really what I mean is using ACT with individuals who have gone through a traumatic event and who are still experiencing challenges in their life as a result of that traumatic event.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

PTSD



Reexperiencing
symptoms



Avoidant
symptoms



Negative changes to
cognitions and mood



Arousal
symptoms

National Center for PTSD. (n.d.). VA.gov | Veterans Affairs.
<https://www.ptsd.va.gov>



That said, I will start off by just giving a little bit of background around PTSD, or posttraumatic stress disorder. In PTSD, a person experiences a potentially traumatic event followed by more than 30 days of reexperiencing symptoms, avoidant symptoms, negative changes to cognitions, and mood and arousal symptoms...

References

- National Center for PTSD. (n.d.). VA.gov | Veterans Affairs.
<https://www.ptsd.va.gov/>

Reexperiencing Symptoms



Triggers that remind the person of the trauma

National Center for PTSD. (n.d.). VA.gov | Veterans Affairs.
<https://www.ptsd.va.gov>



And let me talk a little bit about what those are. Reexperiencing symptoms are what they sound like. They're symptoms where a person is being triggered and reexperiencing something that reminds them or is related to the trauma. So, that could be an intrusive memory. It could be a nightmare. It could be an image that comes to mind about the trauma. Those are the reexperiencing symptoms.

References

- National Center for PTSD. (n.d.). VA.gov | Veterans Affairs.
<https://www.ptsd.va.gov/>

Avoidant Symptoms



Emotional
numbing



Lack of willingness
to have conversations
about the trauma

National Center for PTSD. (n.d.). VA.gov | Veterans Affairs.
<https://www.ptsd.va.gov>



Then, for the avoidant symptoms, those are things where the person tries hard not to think or feel or remember things about the event. And so that may be emotional numbing. It may be a lack of willingness to go someplace that reminds them of the trauma or have conversations about the trauma.

References

- National Center for PTSD. (n.d.). VA.gov | Veterans Affairs.
<https://www.ptsd.va.gov/>

Negative Cognitions, Mood, and Arousal Symptoms



Depression or
down mood



Anxiety



Negative thoughts



Trouble sleeping

National Center for PTSD. (n.d.). VA.gov | Veterans Affairs.
<https://www.ptsd.va.gov>



Negative changes to cognitions and mood are what they sound like. So, that could be depression, down mood, anxiety, negative thoughts about self, others, or the world. And then arousal symptoms, which are things like trouble sleeping, exaggerated startle response, things like that.

References

- National Center for PTSD. (n.d.). VA.gov | Veterans Affairs.
<https://www.ptsd.va.gov/>

A Combination of Symptoms



A disruption in activities

National Center for PTSD. (n.d.). VA.gov | Veterans Affairs.
<https://www.ptsd.va.gov>



And it's really normal if somebody experiences a potentially traumatic event to have some combination of those symptoms in the immediate aftermath of the event. What we're talking about when we're talking about PTSD is having those symptoms in a way that leads to a significant disruption in life activities after more than 30 days.

References

- National Center for PTSD. (n.d.). VA.gov | Veterans Affairs.
<https://www.ptsd.va.gov/>

Traumatic Stressors



Combat events



Motor vehicle accidents



Child abuse

King, L. A., King, D. W., Fairbank, J. A., Keane, T. M., & Adams, G. A. (1998). Resilience-recovery factors in post-traumatic stress disorder among female and male Vietnam veterans: Hardiness, postwar social support, and additional stressful life events. *Journal of Personality and Social Psychology*, 74(2), 420–434.



So, what are the types of traumatic stressors or potentially traumatic events—as I call them—that can lead to PTSD? Well, it’s a whole variety of things. It could be being in warfare or combat. It could be a basic motor vehicle accident. It could be something that was experienced in childhood, like child abuse, whether physical abuse or sexual abuse...

References

- King, L. A., King, D. W., Fairbank, J. A., Keane, T. M., & Adams, G. A. (1998). Resilience-recovery factors in post-traumatic stress disorder among female and male Vietnam veterans: Hardiness, postwar social support, and additional stressful life events. *Journal of Personality and Social Psychology*, 74(2), 420–434.

Traumatic Stressors



Natural disasters



Sexual trauma



Physical assault

King, L. A., King, D. W., Fairbank, J. A., Keane, T. M., & Adams, G. A. (1998). Resilience-recovery factors in post-traumatic stress disorder among female and male Vietnam veterans: Hardiness, postwar social support, and additional stressful life events. *Journal of Personality and Social Psychology*, 74(2), 420–434.



It could be natural disasters, floods, hurricanes, tornados. It could be sexual trauma or domestic violence or another kind of physical assault, basically anything where the person is experiencing an event that makes them fear for their own safety or bodily integrity.

References

- King, L. A., King, D. W., Fairbank, J. A., Keane, T. M., & Adams, G. A. (1998). Resilience-recovery factors in post-traumatic stress disorder among female and male Vietnam veterans: Hardiness, postwar social support, and additional stressful life events. *Journal of Personality and Social Psychology*, 74(2), 420–434.

Risk Factors



The severity of the traumatic event



Social support



Additional life stressors

- Brewin C. R. (2001). A cognitive neuroscience account of posttraumatic stress disorder and its treatment. *Behaviour Research and Therapy*, 39(4), 373–393.

- National Center for PTSD. (n.d.). VA.gov | Veterans Affairs. <https://www.ptsd.va.gov>



There are some risk factors that help us understand why it is that some people go on to develop long-term problems and some people don't. One of those is the severity of the traumatic event. How long did it go on? How violent was the experience? Another thing that we know can affect the response is whether or not the person had social support after the event. If the person is not in a supportive environment and does not receive social support after experiencing the trauma, that can lead to longer-term problems, additional life stressors. So, if the person, goes through a natural disaster and then has no money and loses their home and loses their job, those additional life stressors all add up, as do other adverse childhood events.

References

- Brewin C. R. (2001). A cognitive neuroscience account of posttraumatic stress disorder and its treatment. *Behaviour Research and Therapy*, 39(4), 373–393.
- National Center for PTSD. (n.d.). VA.gov | Veterans Affairs. <https://www.ptsd.va.gov/>

Risk Factors



Negative childhood events



Lower socioeconomic status/education



General prior traumatic exposure



Gender

- Brewin C. R. (2001). A cognitive neuroscience account of posttraumatic stress disorder and its treatment. *Behaviour Research and Therapy*, 39(4), 373–393.

- National Center for PTSD. (n.d.). VA.gov | Veterans Affairs. <https://www.ptsd.va.gov>

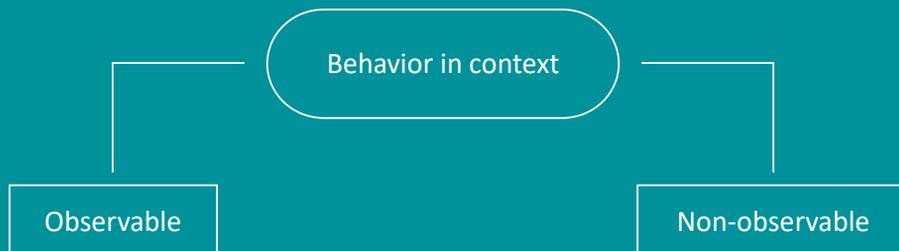


So, in addition to the index trauma, if the person has a number of other negative childhood events, that can contribute to longer-term problems. Also, lower socioeconomic status, education, and then just in general prior traumatic exposure. So, the number of traumas that someone is exposed to over their lifetime does tend to have a cumulative effect. And then gender also can be a risk factor. So, we know that although men are more likely to experience potentially traumatic events, women are more likely to go on to develop PTSD. And there are a number of reasons that may be the case both in terms of cultural expression of symptoms as well as, potentially, biology.

References

- Brewin C. R. (2001). A cognitive neuroscience account of posttraumatic stress disorder and its treatment. *Behaviour Research and Therapy*, 39(4), 373–393.
- National Center for PTSD. (n.d.). VA.gov | Veterans Affairs. <https://www.ptsd.va.gov/>

Trauma From an ACT Perspective



Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

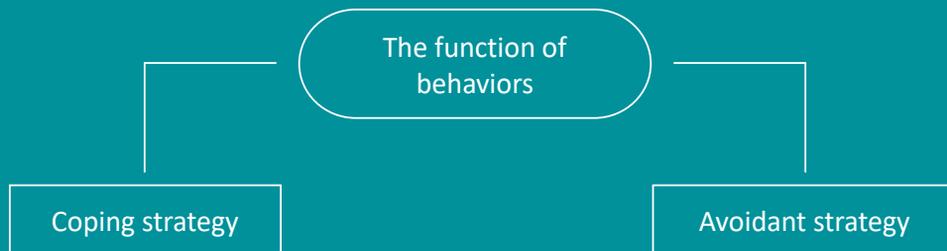


And so when we look at these posttraumatic problems in living from an ACT perspective, we're not as interested in the diagnosis per se. We're really interested in looking at the behavior in context. And when I say behavior in context, I mean both observable behaviors like whether the person is avoiding driving a car after being in a car accident, but also non-observable behaviors, things that we can only know by the self-report of the individual like intrusive images or trouble sleeping or, negative thoughts and worries. So, we're interested in behavior at large, both what can be observed by someone else and what can only be observed by the individual.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

Trauma From an ACT Perspective



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We're also interested in the function of behaviors, not the topography or how they look on the outside. For example, if somebody tells me that they're exercising 6 times a week, that could mean multiple things. It could have the function of being a coping strategy. Oftentimes, we'll tell people after they experience a potentially traumatic event that they should be trying really hard to maintain routines with sleeping, eating, exercising. It could be that somebody who's exercising 6 times a week, that's an effective and healthy coping strategy. On the other hand, it could be an avoidant strategy because the person has a history of interpersonal violence and a lot of shame around their body, so they exercise 6 times a week because they're not willing to experience their body the way it is. So Again, we're looking at the function of a behavior in context, not just how it looks on the outside.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

Distal and Proximal Variables



Distal:
Childhood



Proximal: Social support,
employment

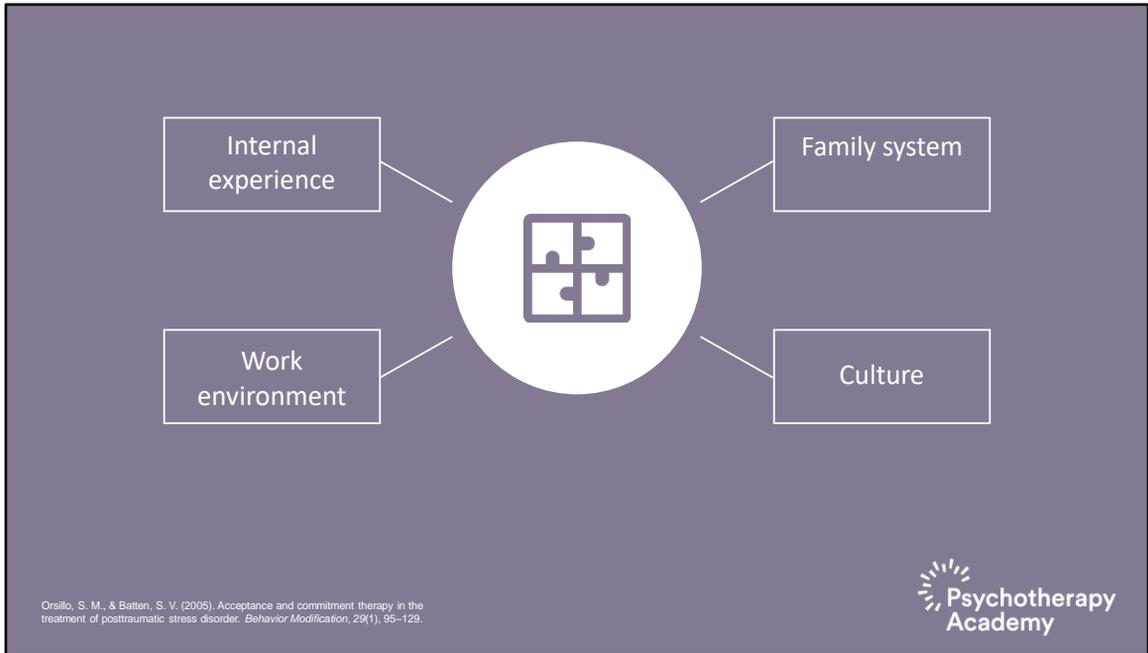
Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



As I mentioned, we're also interested in both distal and proximal variables. So, we're interested in variables that may go back a long time, may go back to childhood, and understanding somebody's family of origin or other experiences during childhood as well as the proximal variables about current social support. Is the person employed? Are they having financial stressors?

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



And all of this is interconnected. It's interconnected within the person's sort of internal experience, you know, as a unique individual, in terms of their family system, in terms of their work environment, in terms of their culture. All of this is interconnected and so we have to look at these experiences on a very individual basis. Even if there are certain targets that we can look at to try to understand because the literature tells us they're relevant for a number of people, we have to truly try to understand those things on an individual basis because it's going to be different for every unique person.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification, 29*(1), 95–129.

ACT: A Behavioral Approach to Treatment



Builds on the cognitive-behavioral models



Has 6 primary areas of focus

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.
- The Association for Contextual Behavioral Science. (n.d.). <https://contextualscience.org>



So, the model upon which ACT, or acceptance and commitment therapy, is based: it's a behavioral approach to treatment. It builds on the cognitive-behavioral models that have been in existence for several decades and we're going to go into much more detail over the course of this course. But just to give a really simple overview, the model can be described as having 6 primary areas of focus.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.
- The Association for Contextual Behavioral Science. (n.d.). <https://contextualscience.org/>



Acceptance, defusion, contact with the present moment, self as context, values, and committed action. And this is often represented with a 6-sided hexagon that has lines that connect all of those different processes together.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.
- The Association for Contextual Behavioral Science. (n.d.). <https://contextualscience.org/>



Psychological Flexibility

The ability to interact effectively in their environment

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.
- The Association for Contextual Behavioral Science. (n.d.). <https://contextualscience.org>



All of those processes, when we work on them together, are designed to move the person towards psychological flexibility. And that's the ability for the person to be able to interact effectively in their environment—even in the presence of a variety of different internal and external experiences.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.
- The Association for Contextual Behavioral Science. (n.d.). <https://contextualscience.org/>

Successful ACT Treatment Uses 6 Processes



Enhance psychological flexibility



Improve the client's life



Start with a functional analysis

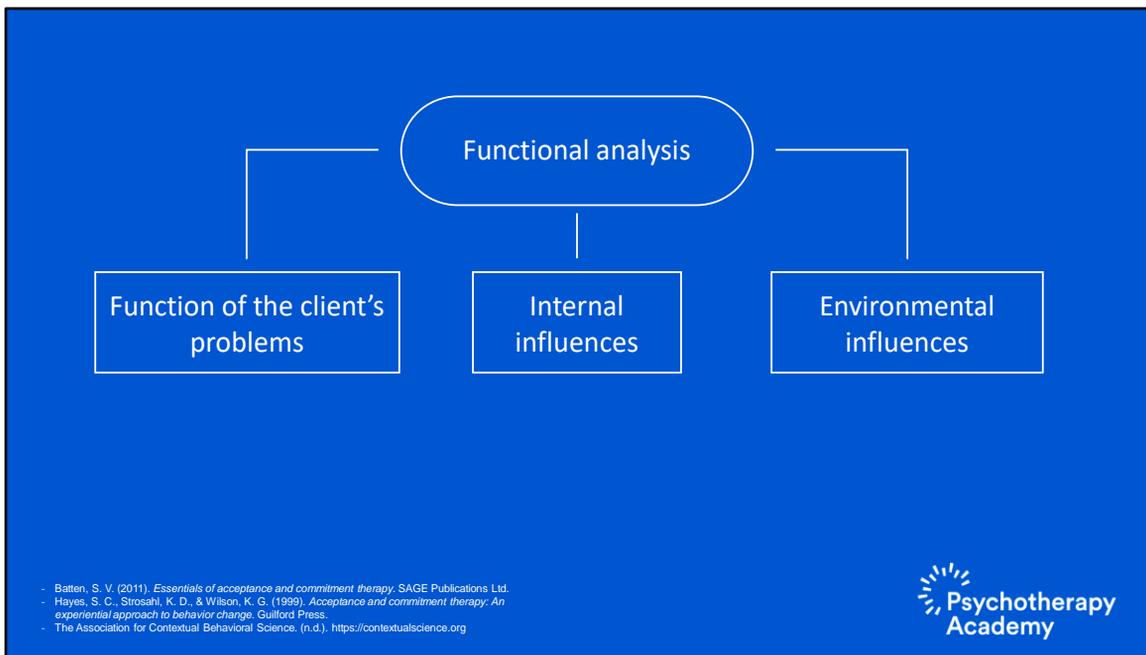
- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.
- The Association for Contextual Behavioral Science. (n.d.). (n.d.). <https://contextualscience.org>



In successful ACT treatment, the therapist and client work together using these 6 processes for the purpose of enhancing psychological flexibility and improving the client's life. And it's important to note that although there are these 6 processes and they can be used flexibly and you can go back and forth between them, you don't just sort of jump from 1 process to another based on your whim or what you feel like doing that day as a therapist. You have to start the work with a functional analysis.

References

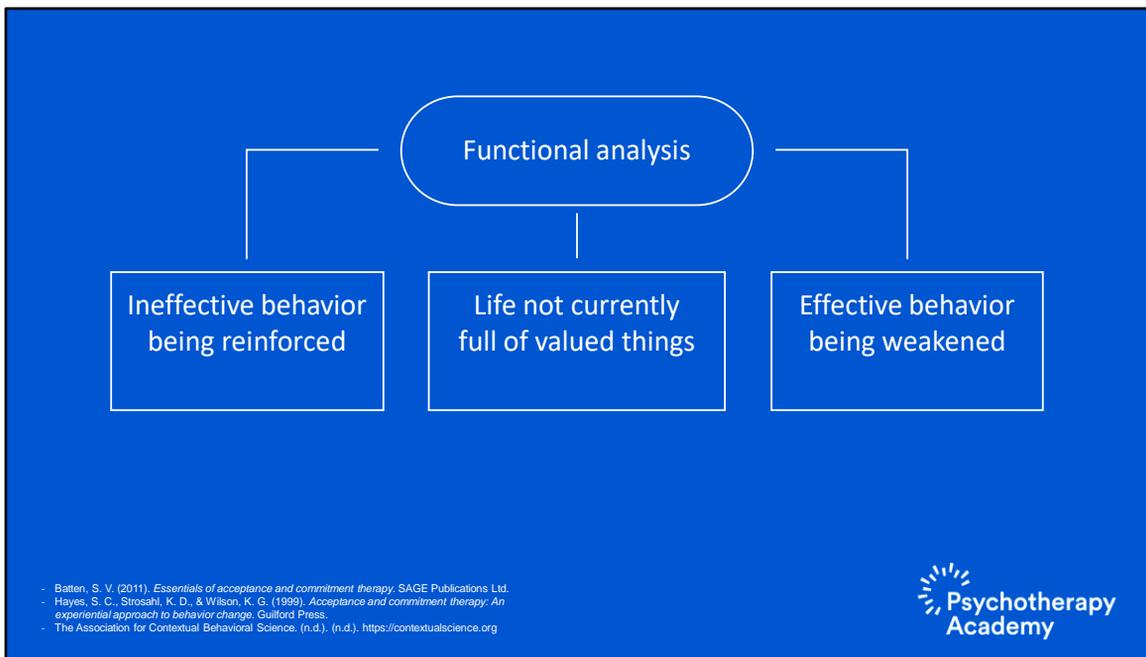
- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.
- The Association for Contextual Behavioral Science. (n.d.). <https://contextualscience.org/>



Remember when I talked about looking at the function of behavior, not just the form of the behavior? So, we do a functional analysis to truly understand the function of the client's current problems. We want to understand both the internal influences and the environmental influences on the client's behavior...

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.
- The Association for Contextual Behavioral Science. (n.d.). <https://contextualscience.org/>



...and then understand how is that ineffective behavior being reinforced or strengthened in their current environment, how is effective behavior being punished or weakened, and how all of those things are currently working together in a way that the person's life is not currently full of the things that he or she values. Because in ACT, it's all based on that individual's values and what is important to him or her.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.
- The Association for Contextual Behavioral Science. (n.d.). <https://contextualscience.org/>

Which Processes Contribute to Ineffective Behavior?



Be aware of these processes



Generate hypotheses



Develop a case conceptualization and treatment plan

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.
- The Association for Contextual Behavioral Science. (n.d.). <https://contextualscience.org>



So, from an ACT perspective, there are several potential processes that are probably candidates for contributing to a client's ineffective behavior. And we use our awareness of those processes to generate hypotheses and guide the development of a fundamental case conceptualization and treatment plan that is individualized to that unique client.

References

- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.
- The Association for Contextual Behavioral Science. (n.d.). <https://contextualscience.org/>

Key Points

- The experience of a potentially traumatic event is common during most people's lives.
- Only a small number of people will develop PTSD.
- ACT views an individual's experience of trauma within their current and historical context.



So, the key points. First of all, the experience of a potentially traumatic event is common at some point during most people's lives, including all of us participating in this course. Many people are affected in some way by the experience, but only a smaller number will develop posttraumatic stress disorder, or PTSD. And acceptance and commitment therapy is a behavioral psychotherapy approach that views an individual's experience of trauma within their current and historical context.



Next Presentation:

The ACT Approach to Trauma

 Psychotherapy
Academy

The ACT Approach to Trauma



Sonja Batten, Ph.D.

In this next section, I'll talk a little bit about what makes the acceptance and commitment therapy, or ACT, approach to trauma different.

Findings From the PTSD Literature



Trauma exposure is
common



PTSD is less common



Treatment works

Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



So, first of all, as a reminder, some consistent findings from the PTSD literature. As we discussed, trauma exposure is extremely common, but PTSD is much less common. We know that many people recover naturally after a traumatic experience, but an important minority do go on to develop chronic and persistent symptoms. The good news: treatment works—especially if it's provided early.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



Exposure

Describe or reexperience the trauma event in a safe way

Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



And one of the interesting things is that most of the effective treatments for PTSD have an exposure component. And exposure is that part of therapy where the person is asked to go into and describe or reexperience the trauma event in a safe way, but to do so over and over in order to reduce some of the negative experiences that are associated with the memory.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

Exposure



In vivo



Imaginal

Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

 Psychotherapy
Academy

That exposure can be in vivo exposure, so in the real world. It can be imaginal, so in the person's memory or imagination.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

Effective Treatments for PTSD



Prolonged exposure therapy



Cognitive processing therapy

Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



And so current effective treatments for PTSD, as I mentioned, they almost all have some aspect of exposure and so that could be prolonged exposure therapy, cognitive processing therapy.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

Effective Treatments for PTSD



Anxiety management training



Stress inoculation training



A combination of treatments

Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



Treatments like anxiety management training or stress inoculation training, combinations like exposure and anxiety management training, and even treatments like EMDR, which is probably like cognitive processing therapy, is a combination treatment that brings together several different components.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

Why Not Just Use Existing Treatments?



Not universally effective



Not all clients or therapists are willing to do exposure

Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



So, if there are these existing treatments, why wouldn't we just use existing treatments for PTSD? Well, first of all, even though they are quite effective, they're not universally effective. Not everyone responds to those existing treatments. And as I mentioned, many of those treatments have an exposure component and not all clients are willing to do exposure. And in fact, not all therapists want to do exposure.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

Why Not Just Use Existing Treatments?



Not just fear and anxiety



Anger or guilt

Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



In addition, exposure, at least originally, is built on a fear-based conceptualization of PTSD. So, the idea that if you go through and remember the details of a traumatic event over and over and over that the level of anxiety over time will habituate and reduce. So, it's based on a fear- or anxiety-based conceptualization of PTSD. And what we know is that there is a broad range of emotional experiences that people have after a traumatic event. It's not just fear and anxiety. And there's also a little bit of data to show that clients whose primary emotional reaction is anger or guilt don't benefit as much from existing treatments.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

What Does ACT Offer in the Field of Trauma?



Attention to the continuum of emotional experience



Focus on quality of life



Improved response to exposure therapy

Wharton, E., Edwards, K. S., Juhasz, K., & Walser, R. D. (2019). Acceptance-based interventions in the treatment of PTSD: Group and individual pilot data using acceptance and commitment therapy. *Journal of Contextual Behavioral Science*, 14, 55–64.



So, what does ACT have to offer in the field of trauma?

First of all, it allows us to pay attention to that whole continuum of emotional experience: shame, guilt, fear, anxiety, anger, sadness, grief.

There's also an added focus on quality of life, not just symptom reduction.

There's also a little bit of evidence that doing ACT and working on values, especially, can improve response to exposure therapy.

References

- Wharton, E., Edwards, K. S., Juhasz, K., & Walser, R. D. (2019). Acceptance-based interventions in the treatment of PTSD: Group and individual pilot data using acceptance and commitment therapy. *Journal of Contextual Behavioral Science*, 14, 55–64.



Address additional clinical problems at
the same time

Wharton, E., Edwards, K. S., Juhasz, K., & Walser, R. D. (2019). Acceptance-based interventions in the treatment of PTSD: Group and individual pilot data using acceptance and commitment therapy. *Journal of Contextual Behavioral Science*, 14, 55–64.



And it allows us to address additional clinical problems at the same time using a consistent theoretical framework. So, for example, if somebody has depression at the same time as PTSD or an alcohol use problem at the same time as PTSD, we don't have to find a separate treatment to do for the depression or the substance use problem because, in fact, ACT has also been shown to be effective for those problems. So, we can use 1 model to address those problems at the same time.

References

- Wharton, E., Edwards, K. S., Juhasz, K., & Walser, R. D. (2019). Acceptance-based interventions in the treatment of PTSD: Group and individual pilot data using acceptance and commitment therapy. *Journal of Contextual Behavioral Science*, 14, 55–64.

Treatment Decisions Based on Data



- A significant improvement in PTSD symptoms

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

- Thompson, B. L., Luoma, J. B., & LeJeune, J. T. (2013). Using acceptance and commitment therapy to guide exposure-based interventions for posttraumatic stress disorder. *Journal of Contemporary Psychotherapy*, 43(3), 133–140.

- Twohig, M. P. (2009). Acceptance and commitment therapy for treatment-resistant posttraumatic stress disorder: A case study. *Cognitive and Behavioral Practice*, 16(3), 243–252.



It's important for treatment decisions to be made based on data. So, first of all, preliminary observational studies do suggest that ACT may be a promising intervention for the treatment of PTSD. For example, there are a handful of case studies examining ACT for the treatment of PTSD by itself or for PTSD and comorbid disorders that showed/demonstrated significant improvement in PTSD symptoms.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.
- Thompson, B. L., Luoma, J. B., & LeJeune, J. T. (2013). Using acceptance and commitment therapy to guide exposure-based interventions for posttraumatic stress disorder. *Journal of Contemporary Psychotherapy*, 43(3), 133–140.
- Twohig, M. P. (2009). Acceptance and commitment therapy for treatment-resistant posttraumatic stress disorder: A case study. *Cognitive and Behavioral Practice*, 16(3), 243–252.

Treatment Decisions Based on Data



- A reduction of PTSD scores and alcohol-related outcomes

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

- Thompson, B. L., Luoma, J. B., & LeJeune, J. T. (2013). Using acceptance and commitment therapy to guide exposure-based interventions for posttraumatic stress disorder. *Journal of Contemporary Psychotherapy*, 43(3), 133–140.

- Twohig, M. P. (2009). Acceptance and commitment therapy for treatment-resistant posttraumatic stress disorder: A case study. *Cognitive and Behavioral Practice*, 16(3), 243–252.



There's also a pilot study of ACT for co-occurring PTSD and alcohol use disorder and they found strong effect sizes for the reduction of PTSD scores and alcohol-related outcomes. There have also been 2 other open trials that found positive outcomes for reductions in PTSD symptoms, 1 with 30 female survivors of sexual assault and the other with 80 outpatient clients with a variety of traumatic experiences.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.
- Thompson, B. L., Luoma, J. B., & LeJeune, J. T. (2013). Using acceptance and commitment therapy to guide exposure-based interventions for posttraumatic stress disorder. *Journal of Contemporary Psychotherapy*, 43(3), 133–140.
- Twohig, M. P. (2009). Acceptance and commitment therapy for treatment-resistant posttraumatic stress disorder: A case study. *Cognitive and Behavioral Practice*, 16(3), 243–252.

Treatment Decisions Based on Data

- Increased acceptance
- Psychological flexibility
- Decreased thought suppression



- Improvement in PTSD symptoms
- Reduced anxiety and depression

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.
- Thompson, B. L., Luoma, J. B., & LeJeune, J. T. (2013). Using acceptance and commitment therapy to guide exposure-based interventions for posttraumatic stress disorder. *Journal of Contemporary Psychotherapy*, 43(3), 133–140.
- Twohig, M. P. (2009). Acceptance and commitment therapy for treatment-resistant posttraumatic stress disorder: A case study. *Cognitive and Behavioral Practice*, 16(3), 243–252.



And finally, correlational studies have found that measures of increased acceptance, psychological flexibility, and decreased thought suppression have been associated with improvement in PTSD symptoms as well as reduced anxiety and depression.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.
- Thompson, B. L., Luoma, J. B., & LeJeune, J. T. (2013). Using acceptance and commitment therapy to guide exposure-based interventions for posttraumatic stress disorder. *Journal of Contemporary Psychotherapy*, 43(3), 133–140.
- Twohig, M. P. (2009). Acceptance and commitment therapy for treatment-resistant posttraumatic stress disorder: A case study. *Cognitive and Behavioral Practice*, 16(3), 243–252.

Key Points

- Several existing treatments for PTSD are effective but aren't universally effective or accepted.
- ACT addresses the limitations of these treatments.
- ACT can be applied to the full range of emotional experience post trauma.



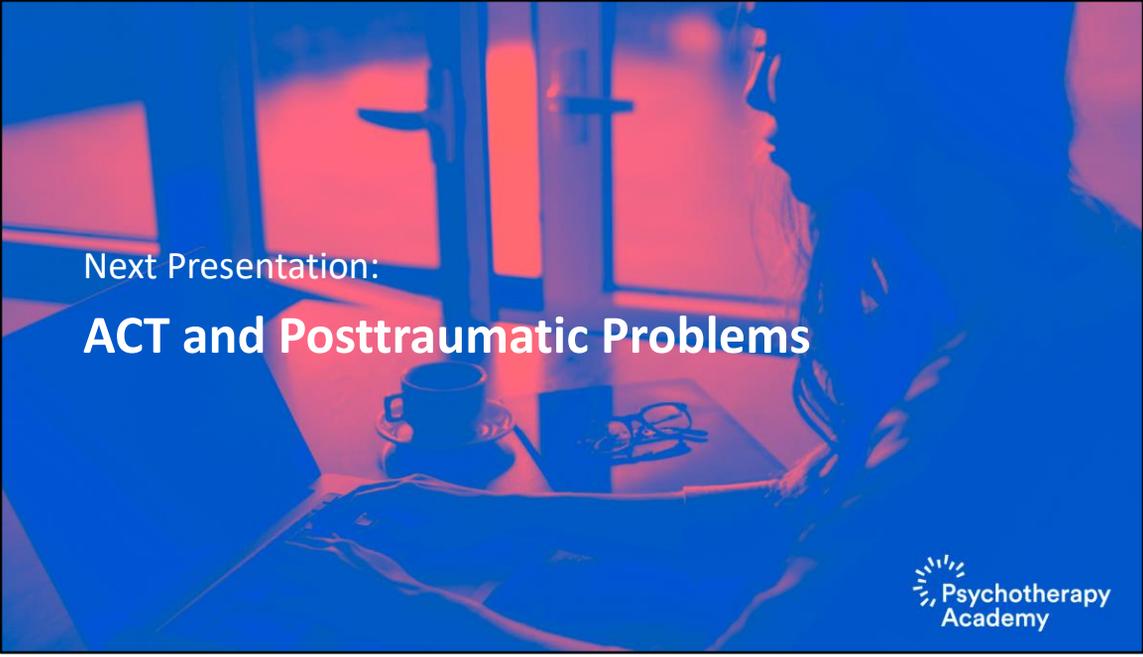
So, to summarize some key points. There are several existing treatments for PTSD that are effective. However, they are not universally effective or accepted. And ACT addresses the limitations of some of these treatments while still incorporating effective components such as exposure. ACT can be applied to the full range of emotional experience post trauma.

Key Points

- ACT addresses quality of life.
- Studies show that ACT is effective for posttraumatic problems.



And even better, it addresses quality of life above just symptom reduction. And preliminary studies show that ACT is effective for posttraumatic problems such as PTSD and substance use problems.



Next Presentation:

ACT and Posttraumatic Problems

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ACT and Posttraumatic Problems



Sonja Batten, Ph.D.

Now, I'd like to go into a little more detail about the ACT conceptualization of posttraumatic problems in living.



Experiential Avoidance

Strategies designed to alter the frequency or experience of private events

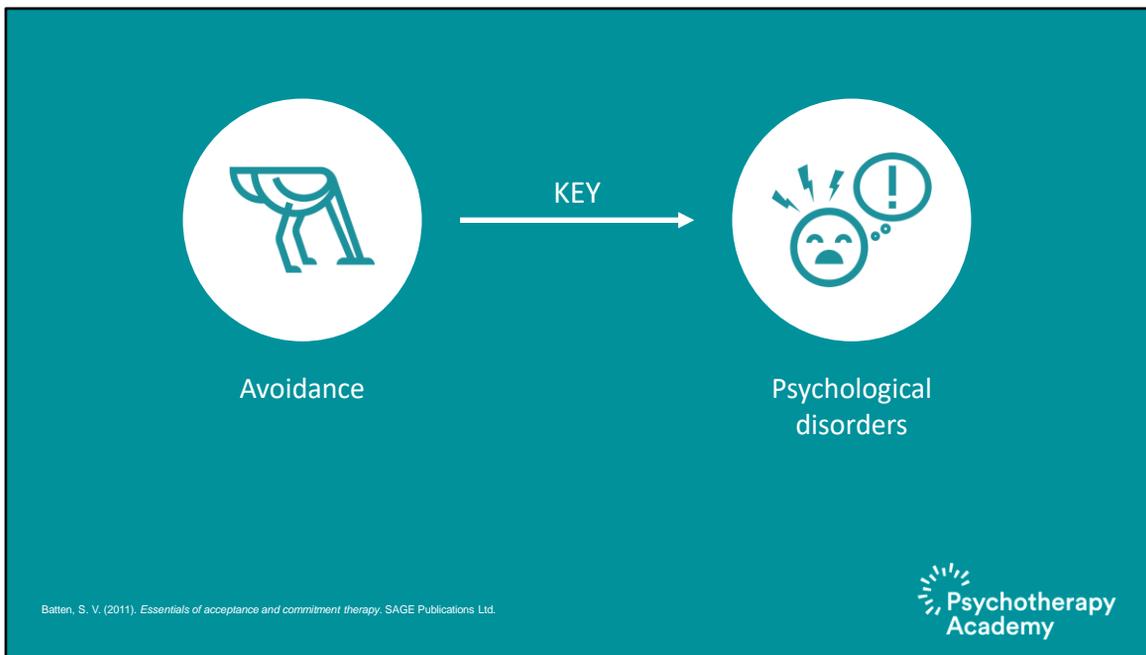
Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



First, I want to talk about experiential avoidance which is a core concept in ACT. First, I'll give the technical definition and then I'll break it down into some more bite-sized pieces. Experiential avoidance has been defined as a process by which individuals engage in strategies designed to alter the frequency or experience of private events such as thoughts, feelings, memories, or bodily sensations...

References

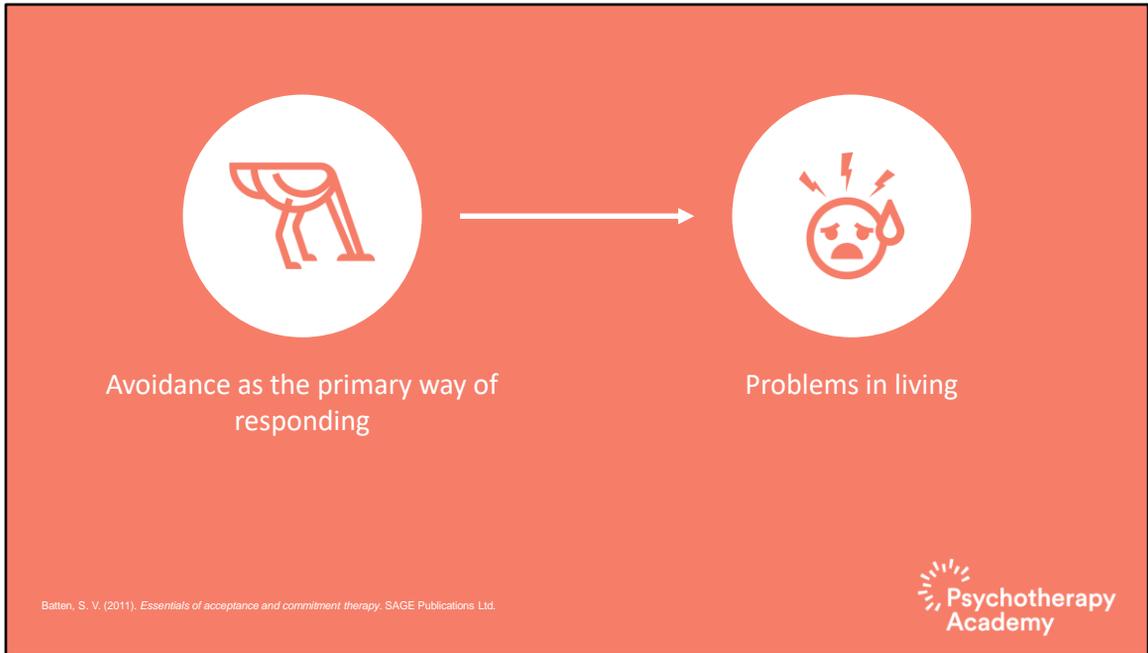
- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



...and the resulting model holds that avoidance is key in the development and maintenance of a variety of psychological disorders. We all have thoughts, feelings, memories, bodily sensations, urges to act that at some point we evaluate as negative. We don't want to have them and we take some sort of action—either an internal action or an external action—to make them go away or to reduce them in some way.

References

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



And the idea in this model is that if avoidance is your primary way of responding to those private events, those thoughts, feelings, memories that you evaluate as negative, that over time that will lead to problems in living. So, even though those processes may be reinforced in the short term because they reduce immediate distress right away, we believe that using avoidance over and over is likely to cause increased symptoms and behavioral problems over time.

References

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



Flexibility

Adaptive patterns of behavior

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So, if experiential avoidance is so pervasive and so problematic, then does that mean that all avoidance is bad. The ACT approach is all about flexibility. It's all about looking for adaptive patterns of behavior. So, it would be a real overstatement to say that all forms of avoidance are bad or they're going to lead to psychopathology. So, for example, the obvious example that I like to use is that if you really don't like going to the dentist and you have your headphones and you listen to music while you're at the dentist or you distract yourself with positive imagery while the dentist is drilling on your tooth, that sort of avoidance is not going to cause somebody to develop a psychological health problem.

References

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



Trouble With Experiential Avoidance

When it's the most frequent way a person deals with difficult experiences

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



The trouble with experiential avoidance is when it's the most frequent way that a person chooses to deal with difficult experiences or it's the most characteristic way that they respond to private events, like thoughts or feelings or memories or when the person just doesn't have other more adaptive coping skills to rely on during times of stress or distress. So again, we want people to have a variety of responses in their repertoire. And if avoidance is really all they have, then that's what we think is going to be a problem.

References

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

An Avoidance-Based Conceptualization of PTSD



Numbing



Emotional control or
escape

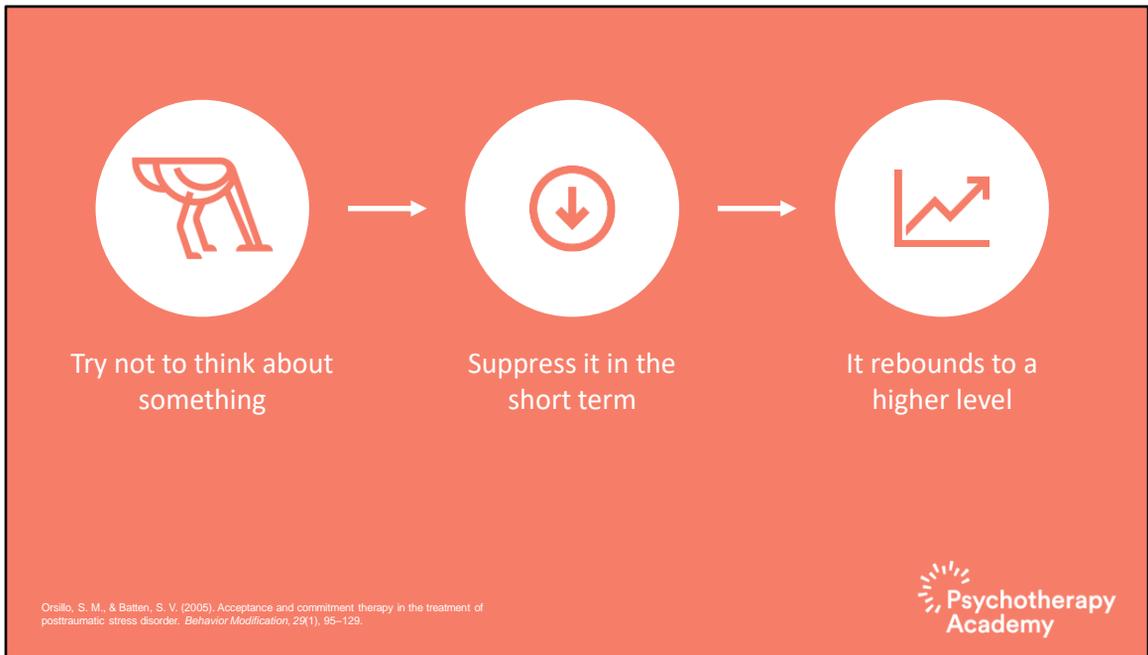
Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



So, I'd like to talk a little bit about the evidence for an avoidance-based conceptualization of PTSD. As I mentioned before, active efforts to avoid are part of the diagnostic criteria for PTSD. And some people argue that numbing is the most distinguishing symptom cluster for PTSD. And that's hypothesized to serve as an emotional control or escape function when a person can't effortfully avoid trauma triggers.

References

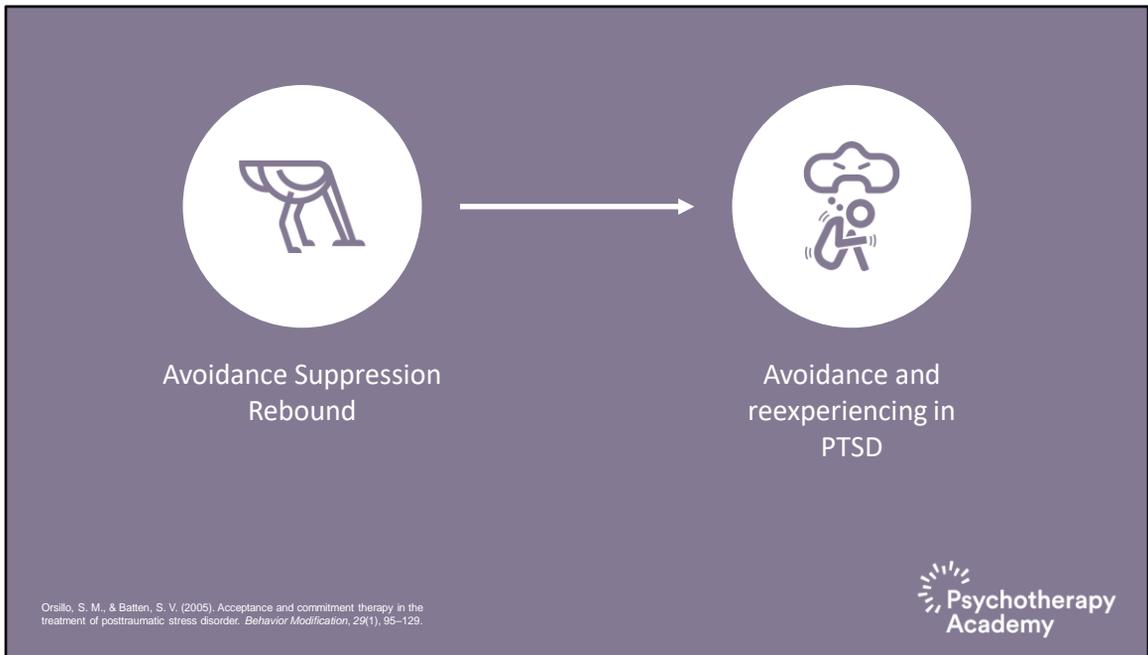
- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



We also know from the thought and emotion suppression literature that the more you try not to think about something or try not to feel a certain way that you may be able to suppress it in the short term, but over time, it's likely to rebound to probably a higher level than it was in the beginning.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95-129.



We also think that that cycle between avoidance, suppression, and then rebound may provide an explanation for the relationship between the avoidance and reexperiencing symptom clusters in PTSD.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification, 29*(1), 95–129.

Avoidant Coping Styles Are Associated With More Symptoms



Dissociative behavior



Avoidance

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We also know from the coping styles literature that avoidant coping styles are associated with more symptoms in trauma survivors. We can think about dissociative behavior as avoidance. And there are several studies demonstrating that there's a mediational role of avoidance between the experience of being exposed to a trauma and longer-term symptomatology.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



Excessive fusion with cognitive content: Cognitive fusion

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Another part of the case conceptualization from an ACT model with trauma is what we call excessive fusion with cognitive content. And we'll call that cognitive fusion. We'll talk about it in a few different ways.

References

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

Relational Frame Theory (RFT)



Humans have the ability to relate things and events to each other



We can change the way we perceive events by relating them verbally



Words take on the properties of the things to which they refer

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But ACT is really based on a comprehensive theory of human language and cognition, which we wouldn't go into too much detail about, but that theoretical model is called relational frame theory, or RFT. And RFT suggests that one of the ways in which humans are different from any other animal is that we have the ability to arbitrarily relate things and events to each other and in combination and to change the way we perceive the characteristics of specific events and experiences just by relating them verbally to others. So, words take on the properties of the things to which they refer.

References

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



“Hammer”



Thoughts about
trauma

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Like if I’m thinking of the word hammer or I have the image of a hammer in my mind, that can help me to solve a problem if I need to tap something back into place. Even when there’s not a hammer immediately present in my environment, just being able to call up the image of a hammer can help me think, “Oh, this is how I’m going to manage this thing that needs to be fixed in my room.” But it also means, for example, that when a rape survivor has thoughts about her trauma experience, it can bring up in the present all of the thoughts and feelings and memories associated with the original experience—even if it was many years ago.

References

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

Cognitive Fusion



Verbal processes influence behavior
in an excessive way

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This process is what we call fusion, where verbal processes come to influence behavior in an excessive way that becomes problematic.

References

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

Cognitive Fusion



Behavior guided by inflexible cognitive networks



Example: "I can't trust anyone"

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And it can lead people to behave in ways that are guided by inflexible cognitive and verbal networks rather than by the direct consequences that you would encounter in the environment. So, for example, the rape survivor who's fused with the thought, "I can't trust anyone."

References

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

“I Can’t Trust Anyone”



Test different interpersonal connections/behaviors in their environment



Don’t guide choices by the “people can’t be trusted” rule

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We would encourage her to instead of simply paying attention to that thought, “I can’t trust anyone,” that can be 1 source of information. But at the same time, we would work with her to actually test out, in her environment, a number of different interpersonal connections and behaviors to see what happens, rather than having her choices guided by just that rule suggesting that people can’t be trusted.

References

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

ACT Treatment



Don't be governed
rigidly by thoughts



Interact more effectively with
the world

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So, ACT treatment places emphasis on helping individuals not be governed rigidly by the thoughts and rules in their head like the thought, “I can’t stand this feeling anymore.” So, instead of having your life be dependent on that thought, “I can’t stand this feeling anymore,” but instead working to find ways to interact more effectively with the directly experienced world rather than the one that’s verbally constructed in one’s mind.

References

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

Life Behaviors Not Consistent With Values



Getting away from
pain



Not moving toward what
is valued

Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

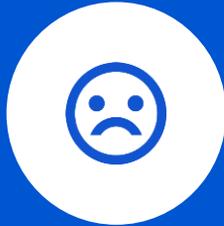


And then the third area that we look at in the ACT conceptualization is life behaviors that are not consistent with the individual's values. So, when individuals have been dealing with the aftereffects of trauma for a long time, they may find that they've been living their life more about getting away from the things that are painful and they want to avoid instead of having a life that's moving them toward the things that they value. So, oftentimes what happens is their lives become smaller and smaller, more constricted, as more things have to be avoided in order to escape from those trauma triggers.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

Avoidant Strategies Create Difficulties



Make life smaller and
smaller



Have negative
effects

Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



And the avoidant strategies themselves can create their own difficulties. Like if somebody is drinking to be able to go to sleep or overworking so they don't have to think about other things in their life or engaging in self-injury, not only do those avoidance strategies make the person's life smaller and smaller, but they can have their own negative effects.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

Key Points

- Experiential avoidance is a process, key to the development and maintenance of PTSD and other posttraumatic problems.
- Fusion with problematic thoughts about self and others can lead to rigid behaviors.
- Avoidance and fusion can lead the individual to engage in behaviors not consistent with their values.



So, some key points. Experiential avoidance is a process that is believed to be key to the development and maintenance of PTSD and other posttraumatic problems in living in the ACT model. And the way that trauma survivors may come to have their behavior guided by fusion with problematic thoughts about themselves and others in the world can lead to rigid behaviors that aren't functional for the individual. Avoidance and fusion can both lead a trauma survivor to engage in behaviors that are not consistent with the individual's values.



Next Presentation:

The ACT Model of Treatment: Focus on Trauma

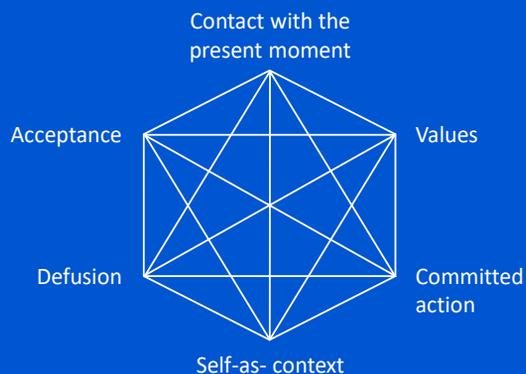
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The ACT Model of Treatment: Focus on Trauma



Sonja Batten, Ph.D.

The ACT Model of Treatment & Trauma



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.



I'm going to go into a little more detail introducing the ACT model of treatment with a focus on trauma. So, as I mentioned, there are several processes that we work on in ACT, regardless of what the presenting problem is.

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.



Acceptance

The antidote for experiential 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.



First of all, acceptance. When we talk about acceptance as it relates to trauma, that can mean acceptance of current experiences, thoughts, feelings, memories, the current situation as well as acceptance of historical events. And acceptance is seen as the antidote to experiential 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.



Defusion

Taking a step back from thoughts about self
or 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.



We work on defusion, which is seen as the antidote to the cognitive fusion. So that means being able to take a step back from thoughts about self or others that may not be helpful anymore in the current context.

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.



NOW

Contact With the Present Moment

Trauma

- Focus excessively on the past

Contact With the Present Moment

- Mindfulness to stay in the current moment

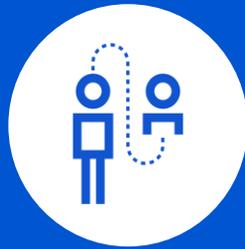
Batten, S. V., Orsillo, S. M., & Walser, R. D. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment* (p. 241–269). Springer Science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



We work on contact with the present moment. So oftentimes, individuals who've experienced a trauma are focused excessively on the past—understandably because of what has happened to them—or worried about the future. And so we work on contact with the present moment, using things like mindfulness and finding ways to stay in the current moment as a way of taking a step away from the focus on the past or the future.

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.



Self-as-Context

Experience of the self as a container for 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.



We also work on identifying the self as the context. So the self, some experience of the person's own self, as a container for thoughts, feelings, memories, bodily sensations, etc.

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.

Trauma Becomes Part of Their Identity



Don't take those experiences away



Broader part of self is the context for holding experiences



Don't be defined by those experiences

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.



You know, oftentimes, people who have been through traumatic events come to be defined by those traumas and it becomes part of their identity. And so what we work on doing is not taking those experiences away from the person in any way, but seeing that there's a broader part of themselves that is the context for holding all of those experiences—but without being defined by them.

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.



Values

Clarity about one's own values

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.



We also work on values. So, especially if somebody experienced trauma quite a while ago and they've gotten into that cycle where they're, you know, sort of frequently moving away from things instead of moving toward things, they may have a lack of clarity about their own values and what's important to them. And so there's a lot of important work to be done around reclaiming one's own 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.



The pain of trauma provides information about what's important

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.



And often, there's a connection to the pain of the trauma that helps provide some really important information about what is important to the individual.

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.

Committed Action



Make and keep commitments to actions in line with values



Focus on helping the person move forward

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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Finally, the remaining work of therapy becomes focused on committed action. So, when somebody's been stuck after a trauma, they may be in a cycle where there's a lot of inaction or a lot of impulsive choices or avoidance. And so instead what we focus on is making and keeping commitments to actions that are in line with the person's values. That may be around self-care. It may be around relationships. It could be really in any domain of life, but that's focused on helping the person move forward, not just move away from their trauma.

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.



Structuring Trauma Treatment

No set number of sessions

Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



And so when we think about structuring trauma treatment, within ACT, there's no set number of sessions. It really depends on the individual, the severity of their symptoms, how long they've been having these problems, the level of comorbidity.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

ACT-Based Informed Consent



Regular informed
consent



The goal of ACT:
An improved life

Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



And we really start with an ACT-based informed consent. And what does that mean? It means not just the regular informed consent, which you would still do around privacy, confidentiality, etc., but also talking a little bit about what makes ACT different from other treatments. And part of that is that the goal of ACT is not necessarily for symptoms to go down, but for your life to improve. And so that means that what we'll be doing together may sometimes be frustrating because it wouldn't be as focused on immediate relief because instead there's perhaps some harder work to do about moving life forward, not just about feeling better in the moment.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



Begin each session with a mindfulness exercise

Useful for both clients and therapists

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You may choose to begin each session with a mindfulness exercise. As I mentioned, there is that attention to focusing on the present moment. And so starting the session with a mindfulness exercise can be really useful—not just for the client but also for the therapist.—We’re often running from session to session and so starting with a brief mindfulness can be centering for both people.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



Trauma Survivors

Don't start with breathing exercises or closed-eye mindfulness

Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



With trauma survivors, especially for those who have had an interpersonal violence experience, I generally don't start with breathing exercises. I generally don't start with closed eyes mindfulness exercises or even body-focused awareness exercises to start with because they can end up being triggering. So, you may not ever choose to do those with trauma survivors. Or if you do, you would want to make sure that you've worked on other coping skills with the individual first.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

Homework/between-session work is really important

Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95-129.

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And then I also want to point out, just in terms of structuring ACT-based treatment for trauma, that homework or between-session work is really important. You know, we're really upfront with the client about the fact that whatever we do here in these 50 minutes or this hour can only go so far. What's going to be more important is in fact what you do between sessions.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95-129.

Structuring the Homework Process



“Homework” can be triggering



Talk about it in other terms

Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



And so one way of thinking about structuring that homework process for maximizing that between-session improvement. And again, you don't have to use the word “homework.” Sometimes, just that word is triggering for some people if they had a bad experience with school. So, you can talk about it in terms of practice or between-session commitments or whatever word you and the client want to use. I'm just using homework for the sake of describing the process here.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

Structuring the Homework Process



Identify behavioral targets



Identify potential barriers



Develop strategies



Commit to follow through

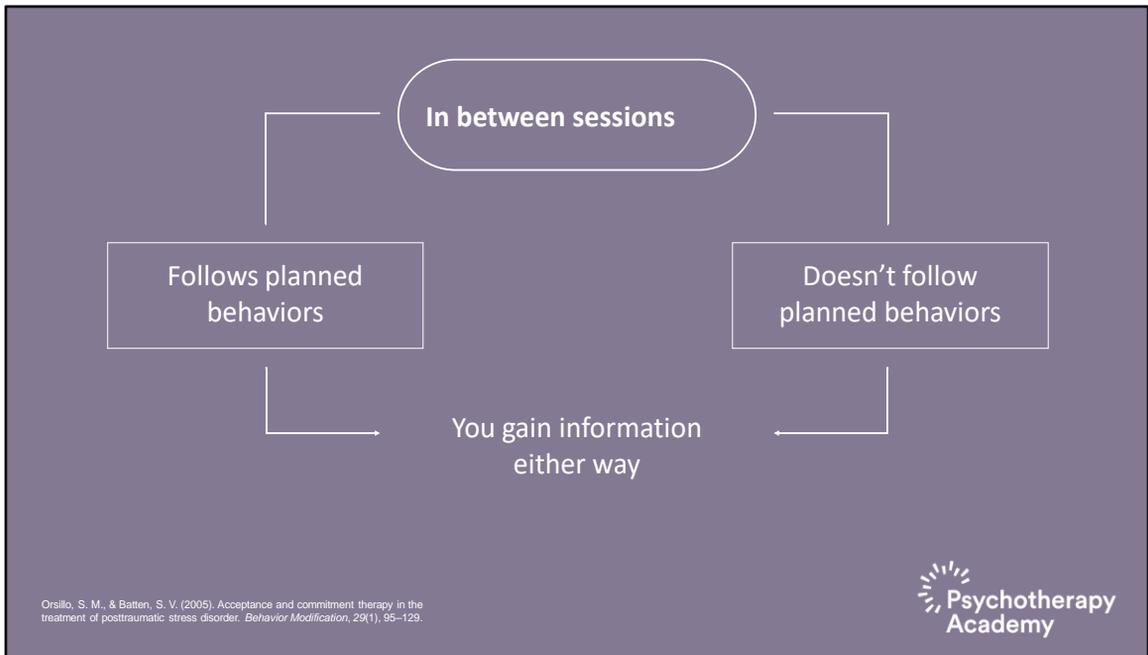
Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



So, structuring that, you can even break it down into these steps. So first, the client and the therapist collaboratively identify behavioral targets to be met by the client before the next session or within a specific time period. And then the client and the therapist work together to identify potential barriers to committed action that are likely to arise and could get in the way of accomplishing the target behavior. And they develop strategies to address those behaviors in the service of successful committed action. The client makes a commitment to follow through with the identified behavioral targets. I often recommend writing them down together so that it's clear what that commitment is.

References

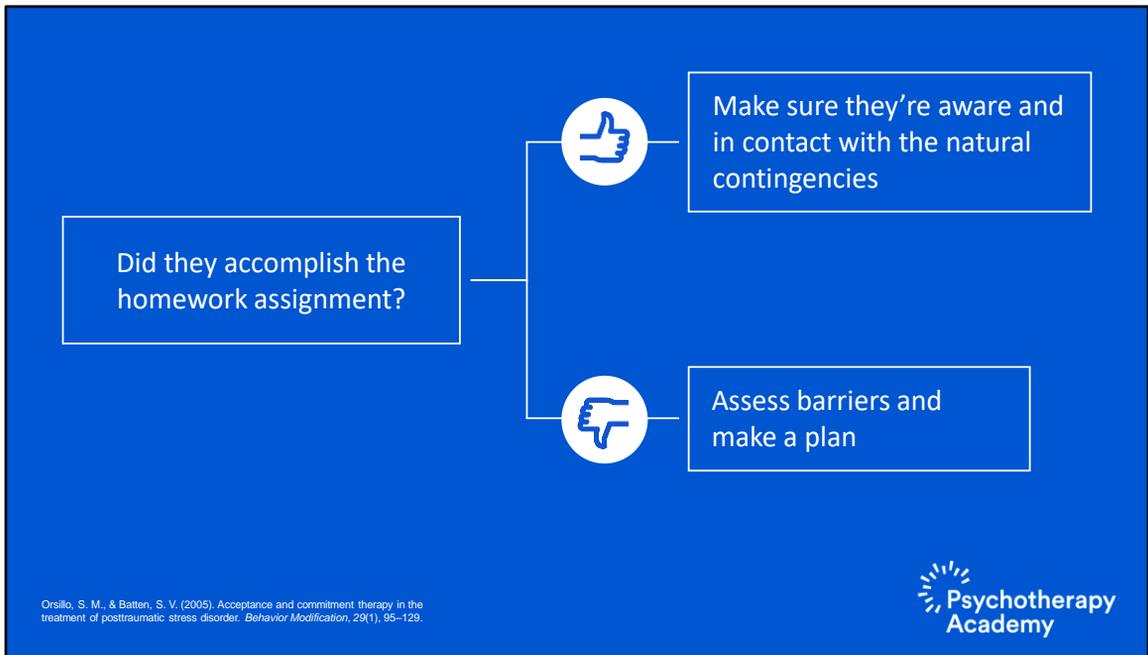
- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



The client, in between sessions, either does or doesn't follow through with the planned behaviors. Really, from an ACT perspective, it doesn't really matter if the person does or doesn't follow through because you're going to gain information either way.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



So, in the next session, the therapist follows up to determine whether the client successfully accomplished the homework assignment. And if the client followed through, great. Then the therapist works to help make sure that the client is aware and in contact with the natural contingencies of how that behavior turned out. Or like I said, if the client didn't follow through or only did so partially, that's okay, too, because then the therapist helps the client assess what the barriers were and together they make a plan to overcome those barriers in the future. It's all information. It's all grist for the mill.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

Key Points

- The traditional ACT model has specific nuances for how it's applied when working with trauma survivors.
- Each treatment plan must be individualized.
- Homework facilitates the acquisition and application of ACT skills outside of the therapy room.



So, some key points. The traditional ACT model has specific nuances for how it is applied when working with trauma survivors. And although there are some specific suggestions for how to apply ACT for treatment of the sequelae of posttraumatic events, each treatment plan really has to be individualized. And homework—or whatever term you want to use—is frequently a component of ACT for trauma treatment in order to facilitate the acquisition and application of ACT skills outside of the therapy room.



Next Presentation:

ACT Treatment Targets

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ACT Treatment Targets



Sonja Batten, Ph.D.

ACT Treatment Settings



Outpatient individual therapy



Group treatment: Skills acquisition and application



Residential treatment



Residential group-based treatment setting

Batten, S. V., DeViva, J. C., Santanello, A. P., Morris, L. J., Benson, P. R., & Mann, M. A. (2009). Acceptance and commitment therapy for comorbid PTSD and substance use disorders. In J. T. Blackledge, J. Ciarrochi, & F. P. Deane (Eds.), *Acceptance and commitment therapy: Contemporary theory, research and practice* (p. 311–328). Australian Academic Press.



So now, we'll go into a little bit more detail about treatment settings and the specific types of clients who might benefit from ACT with PTSD or other posttraumatic problems. ACT has been used with trauma survivors in a variety of different treatment settings. The majority of treatment will be an outpatient individual therapy setting, but group treatment can also be really useful for skills acquisition and application, learning from each other, learning that you're not alone. And ACT has also been used successfully in a residential treatment setting. In fact, I oversaw a program that used ACT for the treatment of comorbid ACT and substance use disorders. And we had really good data showing that it was effective in a residential group-based treatment setting as well.

References

- Batten, S. V., DeViva, J. C., Santanello, A. P., Morris, L. J., Benson, P. R., & Mann, M. A. (2009). Acceptance and commitment therapy for comorbid PTSD and substance use disorders. In J. T. Blackledge, J. Ciarrochi, & F. P. Deane (Eds.), *Acceptance and commitment therapy: Contemporary theory, research and practice* (p. 311–328). Australian Academic Press.

Who Is a Good Fit for ACT for PTSD?



Clients with experiential avoidance as a core problem



Clients who don't respond fully to existing treatments



Clients who aren't willing to do traditional exposure-based treatments

- Batten, S. V., & Hayes, S. C. (2005). Acceptance and commitment therapy in the treatment of comorbid substance abuse and posttraumatic stress disorder: A case study. *Clinical Case Studies*, 4(3), 246–262.
- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



So, when we want to think about which clients are a good fit for ACT for PTSD, if you think about what I've talked about so far—so for example, where experiential avoidance is seen as a core problem. So if you're working with a client where avoidance truly is a significant component of their clinical presentation, that could be a clue that ACT might be a good fit for them.

Or somebody who hasn't responded fully to an existing evidence-based treatment. Maybe there's some component that ACT would have to address their problems that another traditional treatment hasn't been able to target. Or, as I described, people who aren't willing to do traditional exposure-based treatments. ACT certainly can include exposure, but it doesn't have to. So that can be a clue.

References

- Batten, S. V., & Hayes, S. C. (2005). Acceptance and commitment therapy in the treatment of comorbid substance abuse and post-traumatic stress disorder: A case study. *Clinical Case Studies*, 4(3), 246–262.
- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

Who Is a Good Fit for ACT for PTSD?



Clients who are not willing to talk about the past



Clients who have multiple comorbidities

- Batten, S. V., & Hayes, S. C. (2005). Acceptance and commitment therapy in the treatment of comorbid substance abuse and posttraumatic stress disorder: A case study. *Clinical Case Studies, 4*(3), 246–262.
- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification, 29*(1), 95–129.



If somebody is really not willing to talk about the past, you can actually do ACT and work on these processes that are contributing to the problems in their current life without necessarily having to go back and rehash the past.

And individuals who have multiple comorbidities, when those comorbidities can be also conceptualized from an avoidance-based analysis, then those individuals may respond well to ACT.

References

- Batten, S. V., & Hayes, S. C. (2005). Acceptance and commitment therapy in the treatment of comorbid substance abuse and post-traumatic stress disorder: A case study. *Clinical Case Studies, 4*(3), 246–262.
- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification, 29*(1), 95–129.

Treatment Targets in ACT: Skills Acquisition



Mindfulness



Interpersonal effectiveness
skills



Emotional functioning
skills

Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

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And when we think about what the treatment targets may be in ACT for posttraumatic problems in living, it can be, for example, skills acquisition. And I mean that broadly.

So, it could be mindfulness skills. So, working with people over time on developing a variety of different ways of engaging in mindfulness and connection to the present moment.

It can be interpersonal effectiveness skills, like truly social skills training, that can be part of ACT.

And emotional functioning skills. So, for example, using some skills, for example, from dialectical behavior therapy about being able to label emotions and, even know the emotions that you're experiencing. Those sorts of skills are really important.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

Treatment Targets in ACT: Exposure to Avoided Events



Anxiety



Trauma memories



A variety of experiences

Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



Also, exposure to previously avoided private events. So, we may focus on anxiety. We may focus on trauma memories. We may focus on a variety of experiences in the person's life that they may have been avoiding. And that sort of exposure—whether it's specifically overtly related to the trauma or not—it can be a core component of ACT.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

Clarification of Life Values and Goals



Interpersonal



Employment



Education



Family



Self-care

Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



Clarification of life values and goals is really important. When you're working with a trauma survivor who's maybe become really disconnected from the things that are truly important to them deep down, we actually include a very clear focus on identifying the individual's values in a variety of different domains. So, interpersonal, employment, education, family, self-care. Looking at all of these different areas of life and what's important to them and what goals the person wants to set for him or herself.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

Barriers



Identify barriers



Make them the focus of treatment

Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



And with all of those goals, you're always going to run into barriers. So, working on the identification of those barriers to implementation and having those become the focus of treatment.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



Increase behavior toward the client's
own values and goals

Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



And over time, just really increasing behavior toward the client's own values and goals that they determined are important to them, not to somebody else in their life or some cultural influence, but what's important to them as an individual.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

What ACT Adds to the Field



Addresses the limitations of existing treatments



Incorporates the effective key ingredients

Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



And we really believe that ACT adds to the field because it allows us to address the limitations of existing treatments while still incorporating those key ingredients, like all of those things that I've just talked about, that are effective.

References

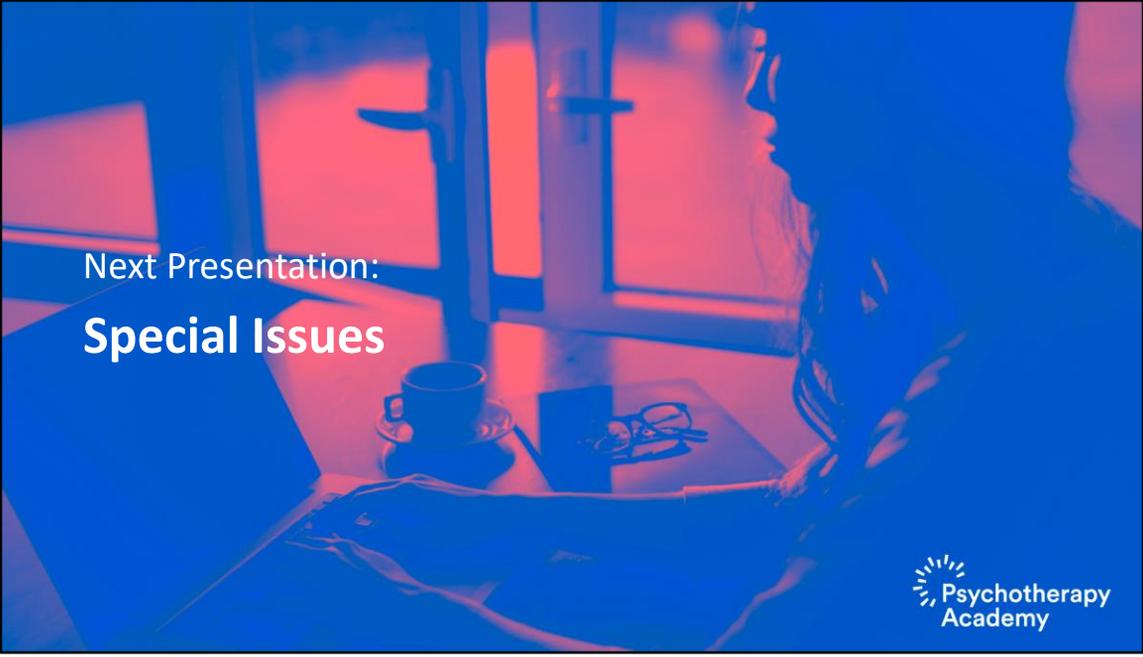
- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

Key Points

- ACT for PTSD has good results in outpatient and residential settings in both individual and group therapy formats.
- Individuals may be good candidates for ACT if they:
 - Haven't responded to traditional PTSD treatments, or
 - Aren't willing to engage in exposure-based treatment.



Some key points: ACT for posttraumatic problems in living has been applied in outpatient and residential settings in both individual and group therapy formats with good results. And individuals may be good candidates for ACT if they haven't responded to traditional PTSD treatments or they aren't willing to engage in exposure-based treatment.



Next Presentation:

Special Issues

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Special Issues



Sonja Batten, Ph.D.

And now, I'll talk about some special issues to keep in mind when working with individuals who have experienced traumatic events from an ACT perspective.

Groundwork for Treatment



- Understand what's ahead
- Focus on trauma

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.



So, first of all, it can be really important to set the groundwork for treatment, helping the person understand not only what's ahead of them but why it can be useful to focus on trauma, even if it's hard sometimes.

References

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

The “Wade Through the Swamp” Metaphor



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.

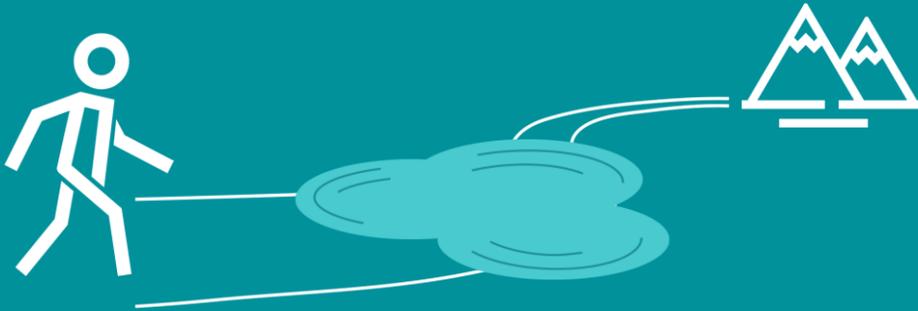


So, one metaphor that I like to use is if you imagine that off in the distance there's a mountain that you want to go to. And you can see, off in the distance, this mountain is beautiful. It has whatever characteristics would be meaningful to you. It has flowers or it has majestic beauty or whatever would be meaningful to the individual. And so you can see that thing off in the distance. And that's your goal. That's where you want to end up.

References

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

The “Wade Through the Swamp” Metaphor



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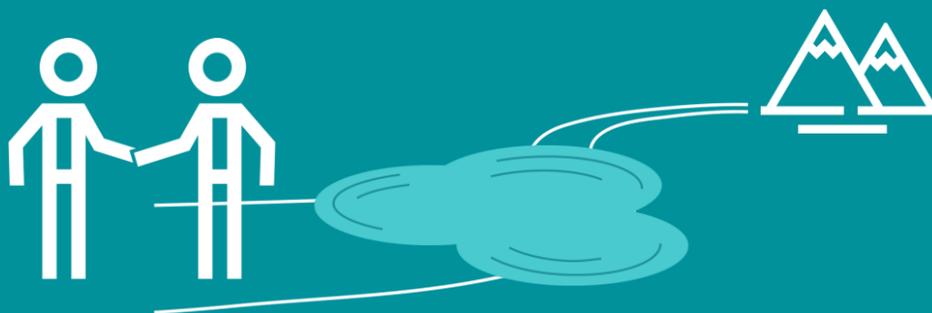


But when you look down a little bit, more immediately in front of you, you see that there's a swamp. And the swamp doesn't look like anything you want to go into. It's dark and murky and cold and there's no way of seeing exactly what's in it. It smells bad. And if it were just going into the swamp for the sake of going into the swamp, there really wouldn't be any reason to go in to do that. And what we're suggesting is that perhaps sometimes there can be merit to going into that swamp, even if you can't see exactly what's in front of you and you know it's not going to be particularly pleasant, if going through the swamp is the only way to get on the other side and get to that mountain that's your goal.

References

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

The “Wade Through the Swamp” Metaphor



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



And as the therapist, you can convey that you're willing to go into that swamp with them and you wouldn't leave them stranded there. You'll be there by their side as they walk through that swamp, encounter whatever is there in order to get to the other side, to the mountain. And the mountain, that's the values, that's the goals, that's what's important to the individual. And so you're not just sort of going to, you know, muck around in the trauma for the sake of, connecting to the trauma. But sometimes, it's important to go into that stuff, not just for its own sake, but in order to get the person to be able to reclaim the life that's important to them.

References

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

Exposure in ACT: Talking About Rationale With Clients



Not to reduce symptoms



To increase psychological flexibility in the presence of trauma triggers

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



And I've talked about the importance of exposure-based therapy, and certainly we do exposure in ACT, but we talk about the rationale in a different way when we're talking about exposure to our ACT clients. The idea is not that we're going to do imaginal or in vivo exposure in order to reduce symptoms, that we'll go into it over and over until the symptoms habituate and it's not so difficult anymore. The idea is that we're working on increasing psychological flexibility in the presence of trauma triggers because trauma triggers are going to happen throughout life.

References

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



To have contact with those trauma triggers



To work on psychological flexibility



To have the type of life that's important

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



And so the idea is that the client will have contact with those trauma triggers, expose themselves to that experience and whatever it brings up, and then we'll work together on demonstrating psychological flexibility and practicing flexibility, even in the presence of those trauma triggers, so that the person can have the type of life that's important to them.

References

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

Groundwork for Treatment



Focus on function and
workability



Certain types of
avoidance may be
useful

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

 **Psychotherapy
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One of the things that can be useful is working with people first on grounding skills and crisis survival skills. And as I mentioned before, all avoidance is not bad. We really focus on function and workability. Even though I've said that experiential avoidance is part of the model for understanding why people have long-term problems, there are certain types of avoidance that may be useful in the short term.

References

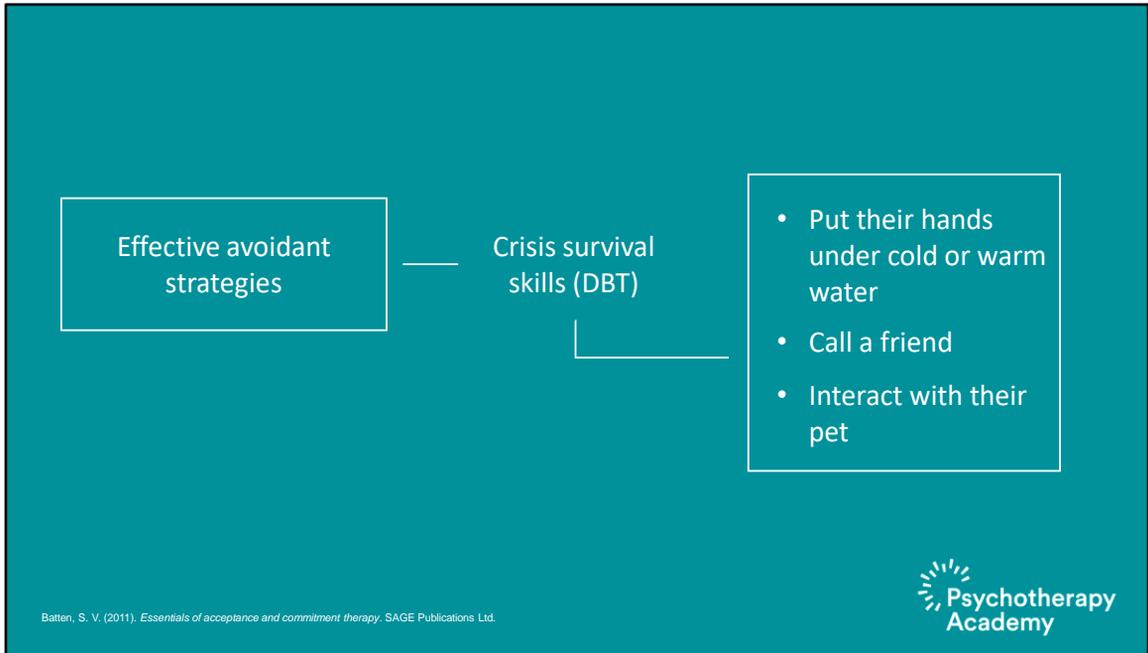
- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



And so, for example, I will make sure that people have in their repertoire some smaller, effective, potentially avoidant strategies like grounding skills, being able to get in contact with the sights and sounds of the present moment, especially when trauma triggers are pulling out at the present moment.

References

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



Or crisis survival skills from something like DBT, where the person learns how to put their hands under cold water or warm water or call a friend or, you know, interact with their pet—doing something just to get through the moment that may in some ways be avoidance but it’s avoidance that’s not doing anything to harm the person and that’s focused on getting through the moment in a short-term way without making the situation worse. So, we work on building those sorts of skills.

References

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

Comorbidities with PTSD: Substance Use Disorders (SUDs)



PTSD:
A disorder of
avoidance



SUDs:
A form of emotional
avoidance

- Batten, S. V., & Hayes, S. C. (2005). Acceptance and commitment therapy in the treatment of comorbid substance abuse and post-traumatic stress disorder: A case study. *Clinical Case Studies*, 4(3), 246–262.
- Batten, S. V., DeViva, J. C., Santanello, A. P., Morris, L. J., Benson, P. R., & Mann, M. A. (2009). Acceptance and commitment therapy for comorbid PTSD and substance use disorders. In J. T. Blackledge, J. Ciarrochi, & F. P. Deane (Eds.), *Acceptance and commitment therapy: Contemporary theory, research and practice* (p. 311–328). Australian Academic Press.



There are a number of comorbidities or co-occurring problems that can show up in tandem with PTSD and one of those is substance use disorders. And so, as I described previously, PTSD can be conceptualized as a disorder of avoidance. But there's also plenty of evidence to suggest that substance use is frequently a form of emotional avoidance as well, especially when the substance use is going on over a period of time and is often used to sort of get through the day or to deal with difficult events.

References

- Batten, S. V., & Hayes, S. C. (2005). Acceptance and commitment therapy in the treatment of comorbid substance abuse and post-traumatic stress disorder: A case study. *Clinical Case Studies*, 4(3), 246–262.
- Batten, S. V., DeViva, J. C., Santanello, A. P., Morris, L. J., Benson, P. R., & Mann, M. A. (2009). Acceptance and commitment therapy for comorbid PTSD and substance use disorders. In J. T. Blackledge, J. Ciarrochi, & F. P. Deane (Eds.), *Acceptance and commitment therapy: Contemporary theory, research and practice* (p. 311–328). Australian Academic Press.

PTSD and SUDs as Disorders of Avoidance



Focus on that consistent functional dimension of avoidance



Target both problems at the same time

- Batten, S. V., & Hayes, S. C. (2005). Acceptance and commitment therapy in the treatment of comorbid substance abuse and post-traumatic stress disorder: A case study. *Clinical Case Studies*, 4(3), 246–262.
- Batten, S. V., DeViva, J. C., Santanello, A. P., Morris, L. J., Benson, P. R., & Mann, M. A. (2009). Acceptance and commitment therapy for comorbid PTSD and substance use disorders. In J. T. Blackledge, J. Ciarrochi, & F. P. Deane (Eds.), *Acceptance and commitment therapy: Contemporary theory, research and practice* (p. 311–328). Australian Academic Press.



So, we really see it as an advancement in the field to consider both PTSD and substance use disorders as disorders of avoidance. And what this does is really advance the field because it allows us to focus on that consistent functional dimension of avoidance, potentially targeting both problems at the same time, rather than having your substance abuse treatment over on one side and your PTSD treatment over on the other side. And then you've got to coordinate between the two different treatments or even more problematically, sort of the older school model that somebody's got to be clean and sober before they can deal with their trauma, which we know is not particularly effective.

References

- Batten, S. V., & Hayes, S. C. (2005). Acceptance and commitment therapy in the treatment of comorbid substance abuse and post-traumatic stress disorder: A case study. *Clinical Case Studies*, 4(3), 246–262.
- Batten, S. V., DeViva, J. C., Santanello, A. P., Morris, L. J., Benson, P. R., & Mann, M. A. (2009). Acceptance and commitment therapy for comorbid PTSD and substance use disorders. In J. T. Blackledge, J. Ciarrochi, & F. P. Deane (Eds.), *Acceptance and commitment therapy: Contemporary theory, research and practice* (p. 311–328). Australian Academic Press.

Childhood Trauma

Trauma
early in life



An invalidating
environment



A difficult time with
having a sense of self



"I see this"
"I feel this"
"I want this"

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95-129.

- Kohlenberg, R. J., & Tsai, M. (2012). *Functional analytic psychotherapy: Creating intense and curative therapeutic relationships*. Springer Science & Business Media.



There also are issues specific to childhood trauma that we think are important to think about when applying ACT. So, for example, individuals who've experienced a significant trauma early in life, especially when they've grown up in an invalidating environment, may have an especially difficult time with having a sense of self. And when I talk about a sense of self, I really do it in the way that Kohlenberg and Tsai talk about: as the ability to describe certain experiences as things like, "I see this," "I feel this," "I want this."

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95-129.
- Kohlenberg, R. J., & Tsai, M. (2012). *Functional analytic psychotherapy: Creating intense and curative therapeutic relationships*. Springer Science & Business Media.

Childhood Trauma



Significant problems
labeling experiences



More under the control of
the stimuli and the people
around them

Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



Oftentimes, trauma survivors who've experienced childhood trauma and grew up in an environment that wasn't supportive of their development go on to have significant problems labeling those experiences just based on their own private sort of responses. And so they're more under the control of the stimuli around them, the people around them, to label how they're feeling.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

Childhood Trauma



Work to understand that there's a part of themselves that's consistent



Help them connect to that stable sense of self

Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129

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So, for individuals with that sort of history, oftentimes, they need more work to help understand that there's a part of themselves that's there and that's consistent, regardless of who's around them or what's around them and regardless of the emotions, thoughts, and memories that they're experiencing and helping them connect to that stable sense of self.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

Skills Training Techniques from DBT



Supplements ACT to increase willingness



Uses emotion regulation and emotion labeling skills

Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



So, we've found in those cases that incorporating some skills training techniques from dialectical behavior therapy, which is another acceptance and change-based behavioral approach, can really supplement the methods from ACT that are designed to increase willingness. And so that's really using the emotion regulation and emotion labeling skills from DBT, especially with early childhood trauma survivors.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



Caution When Adapting the Protocol

- Develop distance and differentiation between:
 - The sense of self and
 - The person's private experiences

Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



And so, it's our clinical experience that these methods can complement the techniques of ACT. But we do want to consider some caution when adapting the protocol. We really work on developing distance and differentiation between the sense of self and what the person's private experiences are, so they can turn from avoidance and inaction and begin participating in a valued life.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



Beginning ACT Therapists

What's the difference?

Taking a step back from experiences

- Gain perspective

Changing experiences

- Change a dysfunctional thought

- Batten, S. V., & Hayes, S. C. (2005). Acceptance and commitment therapy in the treatment of comorbid substance abuse and post-traumatic stress disorder: A case study. *Clinical Case Studies*, 4(3), 246–262.
- Batten, S. V., DeViva, J. C., Santanello, A. P., Morris, L. J., Benson, P. R., & Mann, M. A. (2009). Acceptance and commitment therapy for comorbid PTSD and substance use disorders. In J. T. Blackledge, J. Chiarrochi, & F. P. Deane (Eds.), *Acceptance and commitment therapy: Contemporary theory, research and practice* (p. 311–328). Australian Academic Press.



But for the beginning ACT therapist, it can be difficult to understand. Like, what is the difference between when I say taking a step back from those experiences and gaining perspective from those experiences versus changing those experiences? So, in ACT, we're not working on having the person change a dysfunctional thought or dispute, you know, an assumption they have about the world. We're helping the person gain perspective so they can take a step back from them. And it's important to truly understand that because, otherwise, when you start incorporating some of these more cognitive-behavioral techniques, it can start to become confusing pretty quickly for both the therapist and the client.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

Guiding Principle: Adding Techniques to ACT



Make sure each method is consistent with the conceptualization of the case



Make the goal reducing avoidance and escape strategies



Help the person connect with what's important to them

Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



The guiding principle is adding techniques to ACT. When you do that, you should make sure that each new method is consistent with the conceptualization of the case and if we're thinking about ACT that the overarching goal is still reducing avoidance and escape strategies and helping the person connect with what's important to them.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

Overcoming Obstacles and Barriers



Current problems are caused by the traumatic event



How can you ever recover?

Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



So, when we think about then overcoming the obstacles and barriers that are associated with these sorts of experiences, oftentimes, individuals who have PTSD or other trauma-related problems, they come to therapy with the conceptualization that their current problems are caused by the traumatic event. And so if you assume that, like your problems are caused by the trauma you experienced, well, given the fact that we can't go back in time and change the fact that the trauma happened, then in some ways it seems like, well then, how can you ever recover? Because if the trauma caused how you're feeling right now and the trauma can't be changed then how are things ever going to change?

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



The client has the responsibility for
moving forward

Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



And so it can be challenging when you have to introduce then that the client has the responsibility at this point for moving forward—even if they didn't have the responsibility for what happened to them originally. That can feel really invalidating and sometimes threatening.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

Improve Life Without Erasing the Traumatic Event



The client gets better



That minimizes the wrongness of the event



This can be a real stuck point

Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

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So, in other words, if the person can improve their life now without erasing the traumatic event from their history, well then, maybe the event itself is not entirely responsible for the current level of distress. Or if the client can get better and is no longer sort of the obvious victim of the event, then somehow that can seem to like minimize the awfulness or the wrongness of the event. And this can be a real stuck point for individuals with trauma histories, especially if this is something they have been living with for quite some time and they were clearly wronged by someone else. And so sometimes you have to directly address this in therapy.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

Metaphors in ACT: The Corpus Delicti



Murder



A body to prove the
crime

Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



We use several metaphors in ACT for illuminating the cost of having what's going on now be defined by what's happened in the traumatic experiences of the past.

So, one of those is the legal concept of corpus delicti and that means “the body of the crime.” And so the metaphor we talk about is that if there was a murder, there has to be a body to prove the crime.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



Corpus Delicti

Have to continue to be that body to demonstrate that a crime was committed

Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.



And so, oftentimes, what can happen is somebody who's been through a traumatic event—especially one that was caused by someone else—is that they have to continue to be that body to demonstrate that a crime was committed and that if they can stand up and walk away that that may let the person who caused the trauma in some way off the hook for what happened.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

Focus on Making a Person Wrong vs Moving Forward



A challenging conversation



The responsibility for recovering lies with the client

Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

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Academy

And so we have to sort of get into that tension of the fact that yes, somebody else may have been responsible for what happened. And are you focused on making that person wrong? Or are you focused on moving your life forward?

And that's a really tricky, challenging conversation to have and it really has to be had in the context of a trusting therapeutic relationship. But we have several metaphors that we use that help illustrate that the responsibility for recovering from a traumatic event ultimately lies with the client, even if the responsibility for the original traumatic experience does not.

References

- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29(1), 95–129.

Key Points

- Both PTSD and substance use problems can be considered the result of excessive efforts at avoidance.
- ACT can be used to treat those two types of problems at the same time.



Some key points: Both PTSD and substance use problems can be considered to be the result of excessive efforts at avoidance. And so the good news is that ACT can be used to treat those two types of problems at the same time.

Key Points

- Not all avoidance is problematic.
- Only the individual can make the changes needed to move life forward in the present.



And although avoidance is frequently a core clinical problem, not all avoidance is problematic. It really depends on the function and the results of the avoidance. And finally, although traumatic past may have led to the problems an individual is facing now, only the individual him- or herself can make the changes needed to move life forward in the present.



Next Presentation:

The ACT Therapist: Important Issues

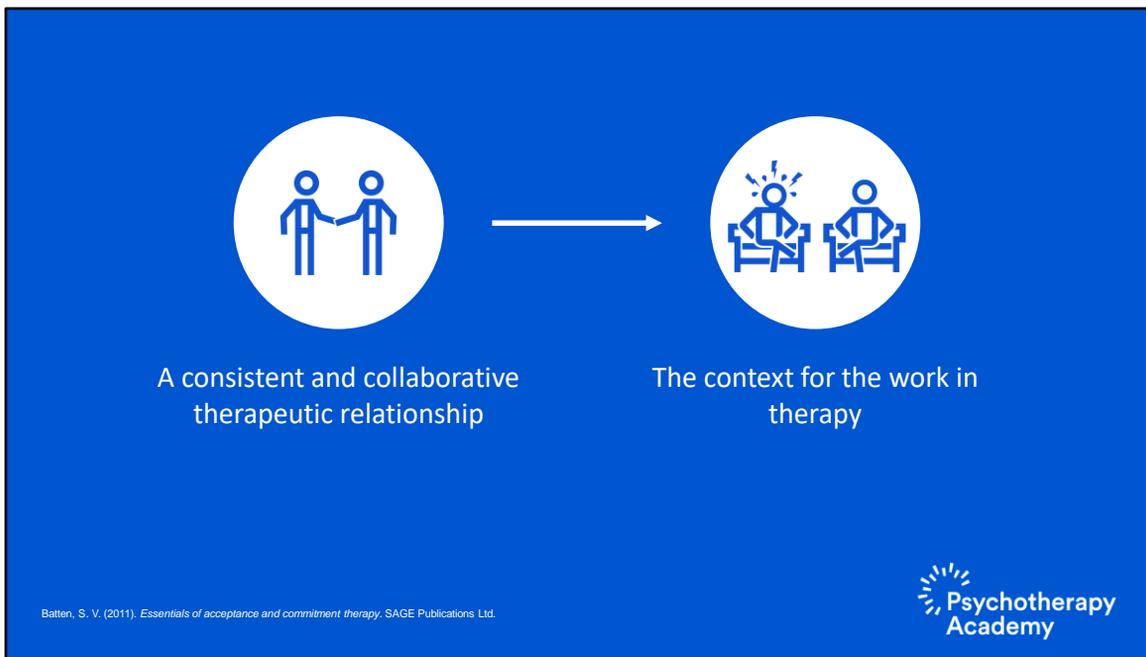
 Psychotherapy
Academy

The ACT Therapist: Important Issues



Sonja Batten, Ph.D.

I'd like to talk to you a little bit about the role of the ACT therapist and talk about how we approach the therapeutic relationship within ACT.



So, within the ACT model, the development of a consistent and collaborative therapeutic relationship is really considered to be of central importance because it's this relationship that provides the context for the work that gets done in therapy. And although a strong therapeutic relationship is considered to be fundamental from an ACT perspective, it's not seen as being sufficient to effect the necessary clinical change for the majority of presenting problems. So, we still work on all of the skills and components of ACT within the therapeutic relationship. But the relationship is seen as the context within which those ACT interventions occur.

References

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

Conduct ACT Competently and Sensitive



The therapist and the client are equals



ACT therapists are in the same boat as their clients

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



In order to conduct ACT competently, sensitively, the therapist really has to strive to create an environment in which the therapist and the client are seen as being equals, that you and your client are on the same level rather than having the therapist be in an expert or one-up position.

And ACT therapists are encouraged to always stay present with the awareness that they are themselves in the same boat as their clients. We're all humans. We all experience problems related to avoidance, cognitive fusion, a lack of follow through with committed actions. That's part of the human experience. We're all on the same boat.

References

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



Not all experiences and suffering are equivalent

Don't imply that you understand what it's like if you don't

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



But that doesn't mean that all experiences or all types of suffering are equivalent.

And the therapist has to really be careful not to imply that he or she always understands what it's like to be the survivor of torture or to be a war veteran if you're not or to understand the experience of a parent who's lost a child tragically if you haven't. Because even if the therapist has been through some sort of similar circumstances in terms of form or topography, the individual experience is still different, right?

References

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

Prototypical Relationship in ACT



Openness



Acceptance



Respect



Care



Warmth

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



You can see several people present on ACT and everybody is going to have a different interpersonal style. But the prototypical relationship in ACT is characterized by openness, acceptance, respect, care, and warmth. Hopefully, those things you see in common across most or all ACT therapists.

References

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

The Therapist Doesn't React With Alarm or Judgement



Models that what the client is experiencing isn't the enemy



Teaches the client to not respond with alarm

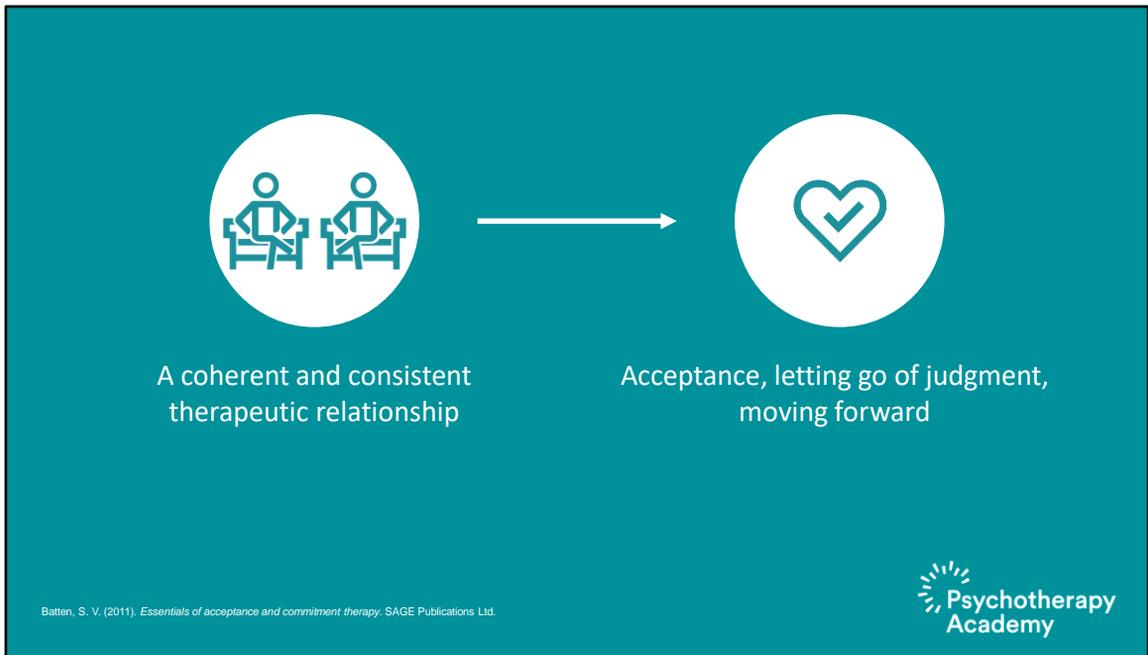
Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



So, for example, when the therapist doesn't react with alarm or judgment when the client brings up a socially unacceptable thought or responds in a totally irreverent way when the client describes some piece of difficult content, the therapist is actually modeling that what the client is experiencing is not the enemy. It's the struggle against it that's harmful. So really, it's kind of a fascinating parallel process because you're trying to teach the client to not respond with alarm to a socially unacceptable thought. And so one way that you do that as the ACT therapist is by modeling that same sort of response so that then they can internalize that over time.

References

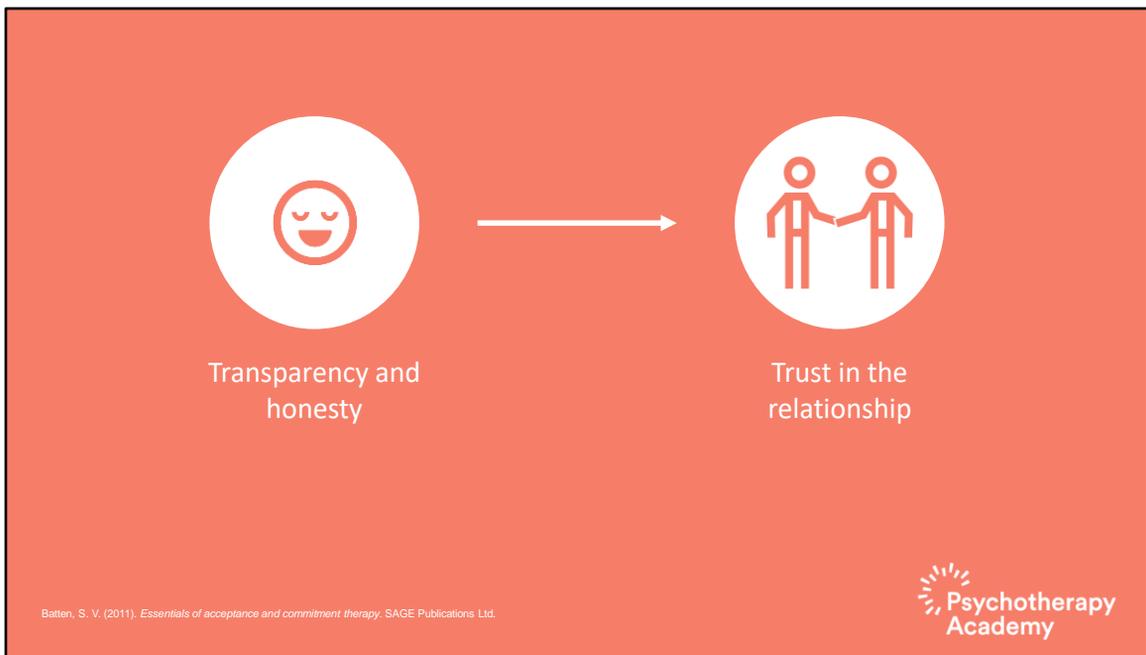
- Batten, S. V. (2011). *Essentials of acceptance and commitment therapy*. SAGE Publications Ltd.



So, when the therapeutic relationship is coherent and consistent with the ACT principles, it just allows for another way to reinforce the messages of acceptance, letting go of judgment, and moving forward in the service of values that underline the whole ACT model.

References

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



And by demonstrating transparency and honesty throughout treatment, the therapist can help the client to build trust in the relationship. So, really being open about what your own experience is, in ways that are appropriate, is part of building that therapeutic relationship.

And this is especially important when you're working with individuals who've been harmed or invalidated by others. Being transparent about where you're coming from can be very important. Because if you have a hidden agenda or are somehow holding something back, a lot of times people who have experienced interpersonal trauma, especially in childhood, will be able to pick up on that.

References

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

Respect for the Client's Experiences



Assume that the client already has what they need to move forward



Try not to rescue the client



Stand with clients as they face challenges

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



So really, it's vital to have a genuine sense of respect for the client's experiences, their strengths, and their wholeness as a person. And the ACT therapist begins from the assumption that the client already has what he or she needs to move forward. And you have to really try not to rescue the client from the difficulty and challenge of growth. Instead, the ACT therapist stands with their clients as they face those challenges that are in front of them.

References

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

Radical Respect for the Client's Values



"You get to decide what's important to you"

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



The ACT therapist also demonstrates radical respect for the client's values and we're very upfront about that. Basically, we tell our clients like, unless it's something about causing harm to yourself or someone else, you get to decide what's important to you. And it's not about what I think or what anybody else in society thinks. You decide what you want your life to be about.

And the therapist has to really accept that only his clients can choose how they want to live their lives.

And it's only when this sort of overarching relationship has been established based on acceptance, openness, and respect that the ACT therapist can truly engage in the more nuanced and challenging aspects of the therapy.

References

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

ACT Concepts and Metaphors



Stay away from intellectualizing

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



You can find that the ways that the ACT concepts are talked about or the metaphors are written, they can come across as sort of an intellectual or heady way of talking about things. But it's really important that the ACT therapist really stay away from intellectualizing in the session and that you can even sort of point out when things are getting too intellectual or too abstract or esoteric in session and bring them back to the person's direct experience.

References

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

Self-Care



Remember that trauma work is frequently difficult



Maintain awareness of your boundaries and emotional functioning



Monitor how the experience of doing trauma work affects you

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 finally, just thinking a little bit about self-care. Trauma work is frequently difficult for the therapist, not just for the client, and can be really emotionally intense. And so, first of all, it's important to acknowledge that that's part of the experience for the trauma therapist. It's also important for the therapist to maintain awareness of boundaries and his or her own emotional functioning.

So, the therapist really needs to be monitoring how the experience of doing this trauma work, especially if you work with a large caseload of trauma survivors, how it affects you so that you can be practicing self-care and you can be practicing those same skills that you're working with your clients on demonstrating.

References

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

Self-Care



Prevent vicarious traumatization and burnout



Gain experiential practice with the same skills you're teaching your clients

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 really by practicing that self-care, you're not only taking steps to prevent vicarious traumatization and burnout but also you can look at it as gaining experiential practice with the same types of skills that you're likely teaching to your clients.

References

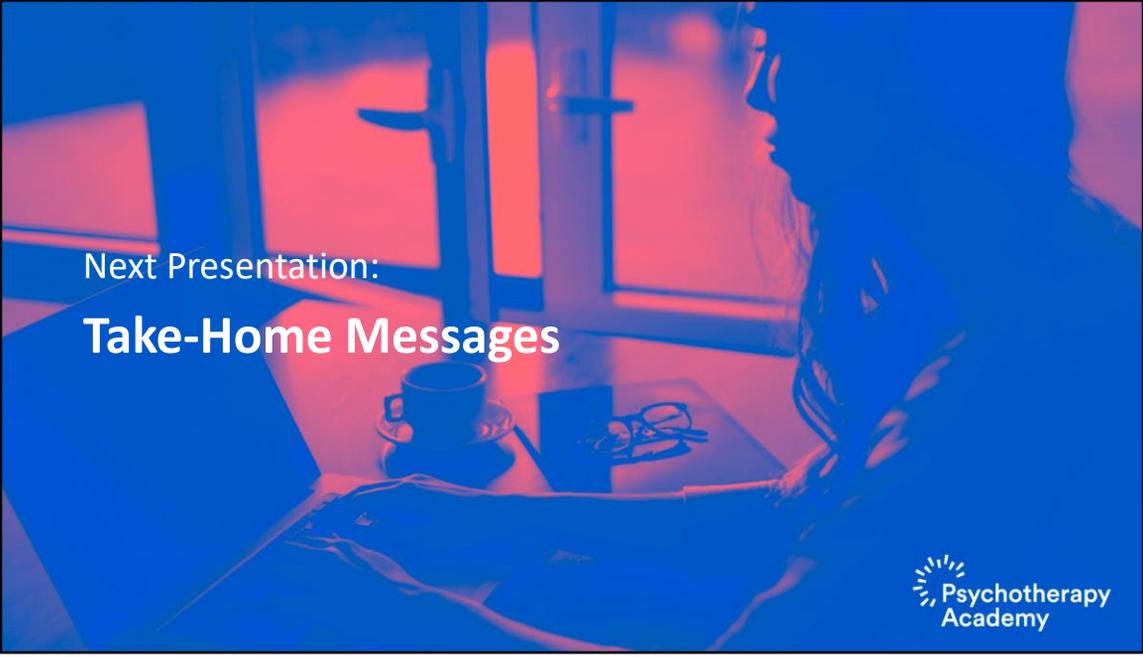
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. W. W. Norton & Company.

Key Points

- The stance of the ACT therapist is open, accepting, and nonjudgmental.
- The therapist is in the same boat as the client.
- An ACT therapist focusing on trauma needs to take good care of themselves.



And so some key points about the therapeutic relationship. The stance of the ACT therapist is open, accepting, and nonjudgmental, recognizing that the therapist is in the same boat as the client. We all struggle to practice acceptance at times and to live our lives in accordance with our values. An ACT therapist focusing on trauma treatment truly needs to ensure that they're taking good care of themselves, not just to avoid burnout, but to make themselves more likely to be able to help their clients and to model healthy behavior.



Next Presentation:

Take-Home Messages

Take-Home Messages



Sonja Batten, Ph.D.

So now, I'd like to review some take-home messages from this first module of using ACT with posttraumatic problems in living.

Trauma Is Common



PTSD is much less common



There are effective cognitive-behavioral treatments for long-term clinical problems



So, as we've discussed, the experience of trauma is common. Almost all of us, at some point, will experience what could be a potentially traumatic event. But developing long-term clinical problems, such as PTSD, is much less common. However, we are all changed by the difficult experiences in our lives. Some of these changes are for the better and we're made stronger or more open to the experience of joy in our lives or the experience of suffering in other's lives because of the difficult things we've been through. When those experiences do lead to long-term clinical problems, though, there are effective cognitive-behavioral treatments many of which include an exposure component.

ACT Adds to the Repertoire of a Trauma Therapist



Builds on existing treatments



Focuses on the full range of emotions



Integrates the treatment of other comorbid conditions



And I believe that acceptance and commitment therapy, or ACT, adds to the repertoire of a trauma therapist because it builds on those existing treatments, but also allows for more of a focus on the full range of emotions, quality of life, and not just symptom reduction as well as an integrated treatment of other comorbid conditions.

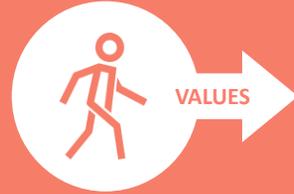
Posttraumatic Problems: 3 Main Sources



Experiential avoidance



Fusion with
difficult or ineffective
cognitive content



Disconnection from living a
life consistent with personal
values



So, within an ACT model, we look at those posttraumatic problems in living as having three main sources.

First, experiential avoidance or that unwillingness to experience private events, like thoughts, feelings, memories, bodily sensations that are unpleasant.

Second, being overly fused with difficult or ineffective cognitive content, like those thoughts about self or others or the world and not being able to see those for what they are—which are just thoughts.

And third, a disconnection from living a life that's consistent with one's personal values, whether that's engaging in behaviors that are problematic or taking the person in a direction that isn't meaningful to them or it's ineffective action and sort of an inability to move forward in the ways that are important.

Tools and Processes of the ACT Model



To help with the specific symptoms



To reclaim a full life based on their own values

And the rest of this course will go into greater detail about the exact tools and processes of the ACT model for addressing posttraumatic problems in living. ACT truly will help not just with the specific symptoms related to traumatic stress but also with helping the trauma survivor to reclaim a full life based on his or her own values and come to truly thrive after the experience.



The ACT therapist is willing to practice the ACT tools in their own life



The processes in ACT are relevant to the whole human condition



This work requires the ACT therapist to be willing to practice the ACT tools in his or her own life in order to truly have a lived experience of what the therapist is asking the client to do. Otherwise, it's not really fair to ask your clients to do these things. They're really hard and you need to know what you're asking your clients to do. The processes that are targeted in the ACT model are considered relevant to the whole human condition, not just to those people who have clinically significant levels of distress.