

UNC Chapel Hill School of Social Work Clinical Institute

# AN ACCEPTANCE AND COMMITMENT THERAPY (ACT) APPROACH FOR LEARNING TO LIVE WITH TRAUMA

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## A NEW PURPOSE...

"Human lives generally are not tidy. We are filled moment to moment with feelings, memories, sensations, urges, and thoughts – and they are often messy, painful, and conflicting. Life itself can produce unpredictable challenges.

...trauma survivors have an opportunity presented to them by being required to face facts that in normal life many will turn away from and simply refuse to see. If we can find a way forward, carrying these facts, we can reach another level of peace and power that the illusion of control can never produce."

-Steven Hayes (from foreword of Walser & Westrup, 2007)

## WHAT WE WILL COVER

- ACT in a nutshell
- The ACT model of psychological suffering, and as a means for alleviating suffering
- An ACT conceptualization of trauma-related suffering
- Working with individuals who have a trauma history using an ACT approach
- Experiential exercises
- Role plays
- Where to learn more

## ACT IN A NUTSHELL



- A psychotherapy based on a theory and model that helps us understand both human suffering and possible ways to empower meaningful living
  - Roots in Radical Behaviorism, philosophy of science, Relational Frame Theory
  - Developed within the Cognitive Behavior Therapy tradition
- Flexible persistence: Open, Aware, Active
  - Moving forward in life with awareness of
    - Environment around us
    - Our insides (thoughts, feelings, sensations)
    - Helpful (freely chosen) rules that if followed are likely to move us toward things we care about

## CENTERING EXERCISE: MATTERING

- Take a moment to consider what matters to you most ...
  - In your personal relationships
  - In your work environment
  - In your clinical work

## HISTORY OF CBT: ROLE OF PHILOSOPHY AND THEORY

- **Philosophy of science**
  - allows you to assert your assumptions about how the world works
- **Philosophy informs your theory of** psychological problems, intervention targets, intervention development, and measurement of outcomes
- **Theory guides your use of science to** answer questions such as:
  - What are the manipulable variables (targets for intervention)?
  - What are good outcomes? and
  - How do we measure those outcomes?



### HISTORY OF CBT: PSYCHOANALYSIS/ PSYCHODYNAMIC THERAPY



- First systematic psychological intervention (Freud, et al.)
  - Defense mechanisms pushed around behavior
  - Unconscious processes at play
  - Importance of early childhood development and learning
- **Target:** Insight, corrective emotional experience
- **Strategy:** The psychotherapeutic environment/relationship
  - Traditional psychoanalysis: blank slate on which client projects neurosis/psychosis
  - Modern psychodynamic therapy: responsive therapist helps point out projections/defenses to promote insight

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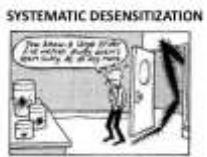


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### 1<sup>ST</sup> GENERATION OF CBT: BEHAVIOR THERAPY (BEHAVIORAL MODIFICATION)



- Modify behavior through three term contingency
- Target: Overt Avoidance
  - Reaction against unconscious (unmeasurable) processes
- Strategies:
  - Behavioral exposure
  - Progressive muscle relaxation
  - Systematic desensitization
  - Pleasant activity scheduling




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### TRADITIONAL 3 TERM CONTINGENCY FROM RADICAL BEHAVIORISM



- A = Antecedent
- B = Behavior
- C = Consequence
- Early behavior therapy targets both A and C to elicit more desirable/effective B

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## ANTECEDENTS

Can be anything:

- Events in the external world
- Events in the internal world:
  - thoughts
  - feelings
  - sensations
  - memories
  - urges




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## TYPES OF CONSEQUENCES

	Reinforcement	Punishment
<b>Positive</b>	<b>Addition</b> of reward following desired behavior	<b>Addition</b> of aversive stimulus following undesired behavior
examples:	praise, \$, positive attention	hitting, yelling
effect:	increases frequency of desired behavior; can generalize to other contexts	usually increases frequency of the undesired behavior
<b>Negative</b>	<b>Removal</b> of aversive stimulus following desired behavior	<b>Removal</b> of desired stimulus following the undesired behavior
examples:	alarm/ yelling/nagging stops	grounding, time-out
effect:	increases frequency of desired behavior; usually only in presence of the aversive stimulus	reduces frequency of undesired behavior but does not establish more desirable behaviors

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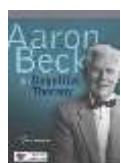
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## 2<sup>ND</sup> GENERATION CBT: COGNITIVE THERAPY

- **Target:** Cognitive Biases
  - Reaction to Behavior Therapy
    - What about thoughts?
    - Not explicitly targeted.
    - We are verbal creatures!
  - Expand to a Thought -> Feeling -> Behavior causal model
- **Strategies:**
  - Cognitive restructuring to alter cognitive biases
  - Behavioral experiments to challenge cognitive biases
  - Problem solving to develop more effective behaviors and build more efficacious cognitions about self (e.g., self-efficacy)




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## 3<sup>RD</sup> GENERATION CBT: MINDFULNESS AND ACCEPTANCE BASED BEHAVIOR THERAPIES

- **Targets:** Overt and Experiential Avoidance
  - Reaction to CT:
  - Is it useful to say “dysfunctional thoughts”? And does thinking *directly cause* feelings or behaviors?
  - Is changing our response (or relationship with) our thoughts, feelings, etc., another way to go?



- **Strategies:**
  - Mindful awareness – observe, rather than be directed by internal experiences
  - Increase flexibility of actions possible in presence of unwanted internal experience



## ACT AS ONE FORM OF MODERN CBT

- Flexible persistence: Open, Aware, Active
  - Moving forward in life with awareness of
    - Environment around us
    - Our insides (thoughts, feelings, sensations)
    - Helpful (freely chosen) rules that if followed are likely to move us toward things we care about

## THE A-B-Cs OF ACT

- We go looking for problematic repertoires of this form:
  - **Antecedents:** unwanted emotions, memories, thoughts, sensations,
  - **Behaviors:** responses that are primarily focused on controlling Antecedents
  - **Consequences:** short term reduction in what is struggled with, long term life constriction



## WHY? A BIT MORE ABOUT BEING HUMAN. ACT AND THE LIGHT AND DARK SIDES OF LANGUAGE

- Reasoning
- Communicating
- Problem-Solving
- Past & Future: here now
- Plan
- Learn

**Values**

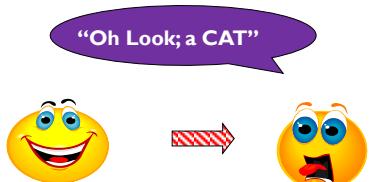
- Self directed rules
- Experienced as choice
- Remote & verbal consequences
- Guide action long term

- Over-extension of:
  - Problem-solving
  - Evaluation, judgment
  - Reason-giving
- Past & Future: here now
  - Rumination
  - Worry
  - Relive trauma (PTSD)
- Context of literality (fusion)
  - Thoughts = reality
  - Thoughts → actions

## A Bit of Relational Frame Theory: Transformation of Stimulus Function



## Transformation of Stimulus Function



LANGUAGE AND ACT

GOOD SCIENCE TELLS US WE CAN'T REALLY UNLEARN.



- In other words... The Problem:
  - The language based relationship of “not thinking about X” means X is in the rule
- Result:
  - Even during “Avoid Anxiety” – Anxiety is in the room



## CLINICAL IMPLICATION

- When people feel bad, they carry around verbal descriptions of the hurt.
- These descriptions keep the person in contact with the hurt.
- People don't like hurting.
- They want to avoid the hurt.
- They try to control their thinking about the hurt.

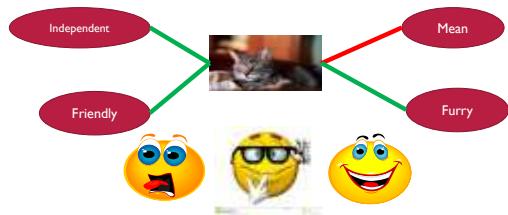


## THE TRAP

- If when A occurs, it reliably leads to B, and C is a less negative consequence, then that chain will be strengthened
- Much of our client's struggling is concerned with trying hard to control the occurrence of A.
- The B's that occur in response to A often lead to a short term reduction in intensity or presence of A



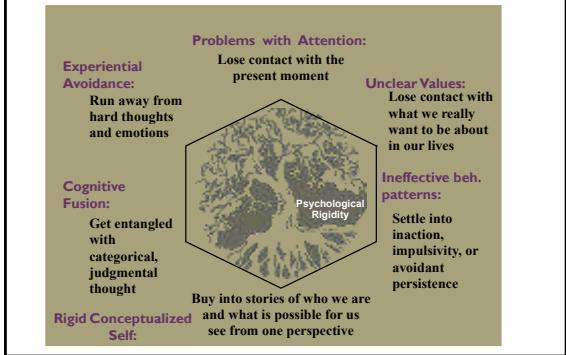
CAN'T UNLEARN.  
CAN REDUCE IMPACT OF PREVIOUS LEARNING BY  
BROADENING THE NETWORK;  
INCREASE BEHAVIORAL FLEXIBILITY



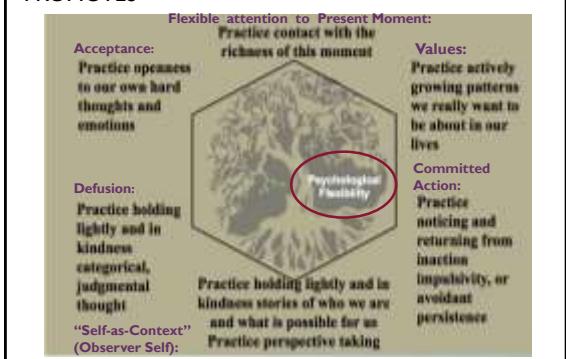
## NARROW VS. BROAD, FLEXIBLE PATTERNS OF RESPONDING

- Behavior under **aversive control** (e.g., functioning to escape/avoid unwanted experience) is more likely to be **limited/narrow, inflexible** (rule-governed) and less sensitive to changes in contingencies
- Behavior under **appetitive control** is more like to be **variable/broad, flexible**, and if applying rules, still sensitive to changes in contingencies
- How do we move from one to the other?  
The model

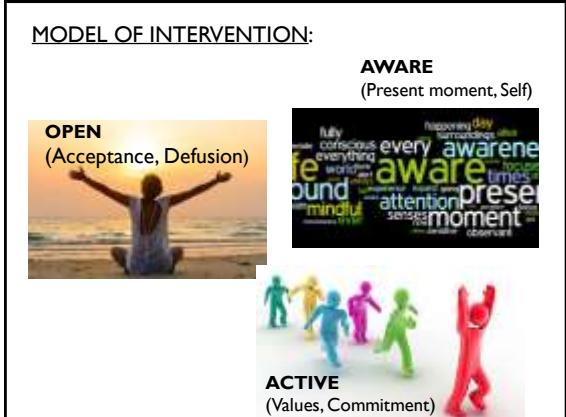
## PSYCHOLOGICAL INFLEXIBILITY (THE 'PROBLEM')



## PSYCHOLOGICAL FLEXIBILITY: WHAT ACT PROMOTES



#### MODEL OF INTERVENTION:



## UNDERSTANDING TRAUMA AND RELATED SUFFERING

- Traumatic events are largely considered to be those that are “outside of normal human experience” and through such exposure to actual or threatened death, serious injury, or extreme human suffering (experienced directly, witnessed, or learned about happening to a loved one) our assumptions about ourselves, others, and the world as orderly, predictable, and controllable, are shaken or even shattered.

## UNDERSTANDING TRAUMA AND RELATED SUFFERING

- Reactions to such events vary. When unhelpful, intrusive and avoidant reactions last more than one month, we call it PTSD.
- Recovering from these events can be challenging for all individuals exposed to them.
- Some do it faster than others.
- Some do it with professional help, some do it on their own with some very powerful psychological friends (exposure, resilience, positive social support, meaning-making).
- A minority suffer without recovery or improvement.

## POST TRAUMATIC STRESS DISORDER: SIGNS AND SYMPTOMS TO GUIDE US

## **(I) WHAT HAPPENED**

**DSM-5 Criterion A (one required):** The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, in the following way(s):

- Direct exposure
- Witnessing the trauma
- Learning that a relative or close friend was exposed to a trauma
- Indirect exposure to aversive details of the trauma, usually in the course of professional duties (e.g., first responders, medics)



Event	Relevance to me	Witnessed	Learned about it	Part of my life
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)				
2. Fire or explosion				
3. Transportation accident (for example, car accident, boat accident, plane crash)				
4. Serious accident at work, home, or during recreational activity				
5. Exposure to actual or potential threat (for example, natural disaster, chemicals, terrorism)				
6. Physical assault (for example, being attacked,被打,被打倒,被攻击,被袭击,被殴打)				
7. Assault with a weapon (for example, being beaten, threatened while a family, group, etc.)				
8. Sexual assault or trauma, attempted rape (adults, persons age 12 and older, such as through force or threats of force)				
9. Other assault or other threatening sexual experience				
10. Content or exposure to a rape scene (in the media or as a victim)				
11. Trauma (for example, being kidnapped, abandoned, lost, feelings of intense fear)				
12. Life threatening illness or injury				
13. Severe illness or suffering				
14. Sudden violent death (for example, homicide)				
15. Sudden unusual death				
16. Serious injury, harm, or death you caused to someone else				
17. Any other very stressful event or experience				

## OTHER ASSESSMENT ELEMENTS

- When did it occur (childhood, adulthood)
  - Early exposure can shape early learning (e.g., about the self: shame, unworthy, about others or the world: unsafe) that can become persistent in later life
  - Adult exposure can shift previous expectations about life
- Single exposure or Chronic/multiple trauma exposure
  - Chronic or multiple trauma exposure, particularly when exposure began in childhood, may lead to greater patterns of suffering
- What was the response? [therapist opportunity to use empathic joining with the client]
  - How did the individual respond?
  - How did others respond? (Was it known or assumed to be known?)
    - Supportive/validation/resilience-building or other, less helpful response
    - Institutional failure of protection and/or validation
    - Protective figure failure of protection and/or validation

## POST TRAUMATIC STRESS DISORDER: SIGNS AND SYMPTOMS TO GUIDE US



### (11) HOW ARE THEY RESPONDING

**Criterion B (one required):** The traumatic event is persistently re-experienced, in the following way(s):

- Unwanted upsetting memories
- Nightmares
- Flashbacks
- Emotional distress after exposure to traumatic reminders
- Physical reactivity after exposure to traumatic reminders

POST TRAUMATIC STRESS DISORDER:  
SIGNS AND SYMPTOMS TO GUIDE US

- **Criterion C (one required):** Avoidance of trauma-related stimuli after the trauma, in the following way(s):
  - Trauma-related thoughts or feelings
  - Trauma-related reminders

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POST TRAUMATIC STRESS DISORDER:  
SIGNS AND SYMPTOMS TO GUIDE US

**Criterion D (two required):** Negative thoughts or feelings that began or worsened after the trauma, in the following way(s):

- Inability to recall key features of the trauma
- Overly negative thoughts and assumptions about oneself or the world
- Exaggerated blame of self or others for causing the trauma
- Negative affect
- Decreased interest in activities
- Feeling isolated
- Difficulty experiencing positive affect

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POST TRAUMATIC STRESS DISORDER:  
SIGNS AND SYMPTOMS TO GUIDE US

**Criterion E (two required):** Trauma-related arousal and reactivity that began or worsened after the trauma, in the following way(s):

- Irritability or aggression
- Risky or destructive behavior
- Hypervigilance
- Heightened startle reaction
- Difficulty concentrating
- Difficulty sleeping

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## POST TRAUMATIC STRESS DISORDER: SIGNS AND SYMPTOMS TO GUIDE US

- **Criterion F (required):** Symptoms last for more than 1 month.
- **Criterion G (required):** Symptoms create distress or functional impairment (e.g., social, occupational).
- **Criterion H (required):** Symptoms are not due to medication, substance use, or other illness.



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## OTHER PTSD DIAGNOSTIC FEATURES/SPECIFIERS

## Two specifications:

- **Dissociative Specification.** In addition to meeting criteria for diagnosis, an individual experiences high levels of either of the following in reaction to trauma-related stimuli:
  - Depersonalization. Experience of being an outside observer of or detached from oneself (e.g., feeling as if "this is not happening to me" or one were in a dream).
  - Derealization. Experience of unreality, distance, or distortion (e.g., "things are not real").
- **Delayed Specification.** Full diagnostic criteria are not met until at least six months after the trauma(s), although onset of symptoms may occur immediately.

## SIMPLIFIED ACT CONCEPTUALIZATION OF PROBLEMS, INCLUDING PTSD:

## FEAR

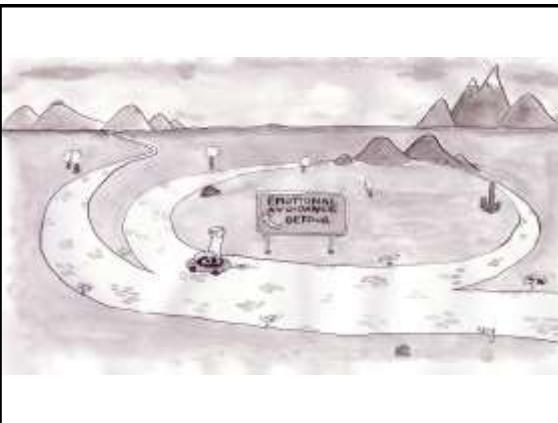


- **Fusion**
  - thoughts as reality
- **Evaluation**
  - judgments of self, experiences, world
- **Avoidance**
  - unwillingness to be present here and now to experience
- **Reason-Giving**
  - the “whys” for behavior, who we are, our problems etc.

## EXPERIENTIAL AVOIDANCE AND PTSD

**Experiential avoidance** is:

1. Being unwilling to contact, in the present moment, private experiences such as negatively evaluated emotion states, traumatic memories, negative thoughts, or unpleasant physiological sensations (such as rapid heartrate or sweating)
2. Attempting to change the form or frequency of these events, even when there is negative cost to doing so
  - Examples: A client who has experienced interpersonal violence will avoid intimacy, and lose important relationships. A vehicle accident survivor will avoid driving, even if driving would get her to work.
  - A Note: Avoiding buys us something – a temporary reduction in the thing we don't want to experience.



## A RISKY BARGAIN

- Getting stuck in experiential avoidance, Life becomes smaller. But...
- Avoidance is pervasive and immediately reinforcing:
  - In addition to other forms of overt of avoidance, use of sleep medications, drugs or alcohol are ways to avoid nightmares or other unpleasant experiences during the day
  - Even difficulties in concentration – being spaced out – is a way to stay out of touch with the experiences of the world around us (because it has been fearful to do so in the past).
- And the distressing experiences are often so distressing that the idea of living with them feels overwhelming.
  - Clients frequently seek therapy to ask for help getting rid of nightmares, intrusive memories, and so on.

## THE VERBAL NATURE OF TRAUMA



H E R E  
+ N O W

- To really understand the impact of language on trauma, we must revisit Relational Frame Theory
- 1) How we can live HERE/NOW as if we were THERE/THEN
- 2) How fusion and excessive rule following leads to

then  
there

## REVIEW: THE LIGHT SIDE OF LANGUAGE

## Reasoning Communicating Problem-Solving

## Past & Future: here now

- Self directed rules
- Experienced as choice
- Remote & verbal consequences
- Guide action long term

## VERBAL PROBLEM SOLVING INCREASES BEHAVIORAL VARIATION, BUT



NOT TO PROBLEMS OUTSIDE OF  
VERBAL PROBLEM SOLVING


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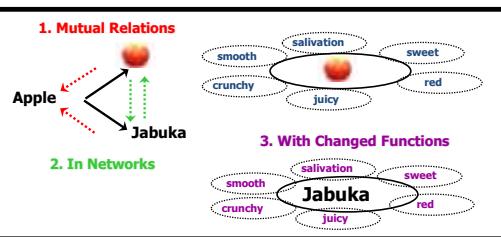
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Relational Frame Theory:  
Learned Patterns of ...


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PTSD as a problem of THERE/THEN being experienced HERE/NOW:

Through human cognition **we can bring aversive events into any setting**. And through transformation of function, we feel like we did then.




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## DARK SIDE

### Over-extension of:

- Problem-solving
- Evaluation, judgment

## Past & Future: here now

- Ruminations
- Worry
- Relive trauma (PTSD)

### Context of literality (fusion)

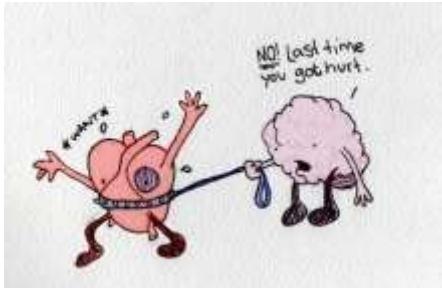
- Thoughts = reality
- Thoughts → actions

THINK OF THE FIRST TIME YOU  
NOTICED A SELF-JUDGMENTAL  
THOUGHT ARISING...

## FUSION AND EXCESSIVE RULE FOLLOWING: AMPLIFIED WHEN OUR ILLUSION OF CONTROL IS SHATTERED

- **Fusion** = Overidentifying with the content of mental experiences
  - **Reasons as causes**
    - I hit that person *because* I was angry
    - *Because* I am anxious, I cannot go out.
  - Imagination allows the development of so many **self-limiting stories**
    - Imagined ideals... unhelpful comparison and desire to rid oneself of certain experiences
    - If only the past did not happen in this way...
    - Getting caught up in right and wrong... versus being effective.
    - *I am damaged (or broken, or weak, ...etc.) because of the trauma.*
- **Rule following that is insensitive to the current situation**
  - "It's unsafe at the mall!" Or "It's unsafe to get into relationships."

AVOIDANCE AND EXCESS VERBAL RULE  
FOLLOWING ARE LINKED: THE MIND PUTS  
OUR HEARTS ON A LEASH



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THE CAVE  
YOU FEAR  
TO ENTER  
HOLDS THE  
TREASURE  
YOU SEEK

[JOSEPH CAMPBELL]

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#### PLANNING INTERVENTION STRATEGY

"at a deep level, instead of lives that are orderly, maybe it is better to seek lives that are open, flexible, and connected.

what is on the table is the whole issue of purpose.

Instead of feelings that are positive and controlled, maybe it is better to seek feelings that are deep, known, and accepted.

Instead of thoughts that are proper, balanced, and rational, perhaps it is better to seek a relationship with our thoughts that is mindful, defused, and undefended."

-Steven Hayes (from foreword of Walser & Westrup, 2007)

OK. Now how do we do that??

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## BEGINNING THERAPY: CREATIVE HOPELESSNESS

- Both assessment and early intervention.
- Assessing what the client has been doing to manage life pain and how those strategies have worked
- 'Person in the hole' metaphor



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## CREATIVE HOPELESSNESS HOOK

- Check your experience... has anything you have done thus far worked to solve the problem?
- What if the problem isn't THAT you think/feel this way?
- What if ANYTHING you do in service of trying to think/feel MORE/BETTER/DIFFERENT than you do is doomed to fail?
  - Don't believe me – check your experience
- What if we chose to put our energy more into living with vitality? If it were possible to get back into meaningful living, would that be something you would like to work for in this therapy?

## PITFALLS: CREATIVE HOPELESSNESS

- Looking for the *Ah-hah!* moment
  - Confusion, questioning is common – a form of exploration
  - Opportunity to experiment for homework
  - Anything (form) can be about “control” (function)
  - Examining workability is a process we look at throughout the therapy process
    - *I've been doing this meditation thing. But I'm still having those memories!*
- Taking control strategies off the table
  - Can it be OK for them to continue wanting to get rid of/control/better manage their pain? It's what they've been doing.
  - Looking for ‘wiggle room’ – don't need a verbal commitment to alternatives just yet



## PITFALLS: CREATIVE HOPELESSNESS

- Convincing, Teaching, Telling
  - Uncomfortable to 'sit with' someone else's pain and ask them to examine their ineffective behaviors...
  - Can feel like a trick; we have an alternative (we think)
- Reassurance, Rescuing, Reinforcing suffering
  - Moving quickly past the pain, changing topic
  - "It's going to be OK."
  - "We can help you feel better"
  - **Be thoughtful of the message we are sending...**
    - Client's experience is not ok and **SHOULD** change\*
    - Colluding with client in the goal of removing pain




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PITFALLS FOR TRAUMA SURVIVORS:  
THE BLAME GAME

- Clients **may hear that it is their fault that they are in the hole.** Many trauma survivors have been blaming themselves, or feeling blamed, for a long time.
- The situation (trying to manage/control/feel better) **may be hopeless, but the client is not.**
- **DO:** reiterate that **it is not their fault** that the trauma happened or that they are in the hole now. Remind them of the blindfold when they fell in the hole.
- **DO:** tell clients "You are **response—able** for getting out of the hole now. Able to behave to do something different."

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## POINTERS: CREATIVE HOPELESSNESS



- Verbalize understanding of how they got there
  - *Makes sense to want to feel better.*
  - *You have been doing your best – what people taught you/culture says OUGHT to work, right?*
  - *It made sense to do that at one point – it got you here*
- Opportunity to build a conceptualization and therapeutic contract together. *What are we working for? [an opening for vitality - that missed life in the long run]*
- Model the processes  
*Therapist: So even here, it seems like your mind might be telling you [defusion] that it needs an answer now, because it's uncomfortable here [experiential avoidance]. I get that. And, maybe we can look at whether searching for the answer has helped you get closer to living a meaningful life [values]? Would that be worthwhile? [commit to valued path]*

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**PRACTICE: CREATIVE HOPELESSNESS**

- Pairs, or threes
- Role play client and therapist
  - 'Clients' – use yourself or a sample client
- Try it
- Discuss each person's experience
- Non-judgmental discussion of pitfalls – what did you notice in yourself?



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**COMMON QUESTIONS FOR CREATIVE HOPELESSNESS**

- What is the problem?
- What have you done to try to solve that? (struggle/digging)
- How is that working for you? Short term? Long term?
- What is this costing you? (values, vitality)
- Is this familiar? How old is this? Have you tried this before?

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**IMPORTANT NOTE ON THE ACT STANCE**

- Suffering happens for all of us -- thanks to our minds!
- We are not the expert. We do have a unique perspective.
  - The ACT model tells us what difficulties *may* be in a person's life
  - Asking questions, oriented toward successful working in valued directions, allows the client to assess for themselves



Two Mountains Metaphor

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**ACT STANCE**

- Balance the two sides of the model:  
**Being Active** and  
**Being With** the client  
in their suffering
- Allowing change to happen at client's own pace
  - Painful to watch suffering
  - Remember: something is working for that client, maintaining behavior
  - Focusing on values (strengths) can increase quality of life
  - May never remove all suffering




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**IMPORTANCE OF CASE CONCEPTUALIZATION**

- In ACT we attend to the **FUNCTION of behavior**
- If any form of behavior can serve an unhelpful function... How do we know what is what?
- So, how do we know what to do when, and how it worked, particularly if not following a protocol?
- **Case conceptualization guides us.**

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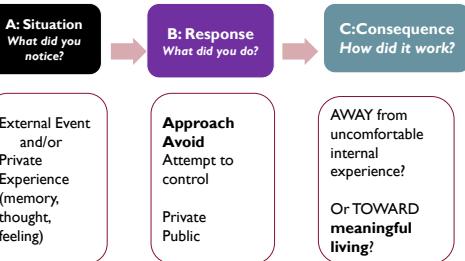
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**ABCs OF ACT CASE CONCEPTUALIZATION**

Develop a formulation (strengths & weaknesses) based on the client's experience.

Asking many questions that help clients examine their own behavior

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A cartoon illustration of a person with a distressed expression. Several speech bubbles around them contain thoughts: "What is wrong with me?", "I hate myself!", "I wish I didn't feel this way!", "I feel so bad.", "Make it go away!", and "I can't stand it!". To the right of the person is a colorful graphic with the text "PAIN IS INEVITABLE" and "SUFFERING IS OPTIONAL".

Suffering is all of the mental stuff we do in response to the pain of living life.

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**LACK OF PRESENT MOMENT GROUNDEDNESS:**

The mental experience of the Now in PTSD:



A diagram illustrating the mental experience of the 'Now' in PTSD. It shows three stages: '(Relived) PAST' on the left, '(fused, hypervigilant, focused on evaluation) NOW' in the center, and '(Feared) FUTURE' on the right. Red curved arrows point from the Past to the Now, and from the Now to the Future, indicating a cyclical and detached experience of the present moment.

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**MINDFULNESS AS BROAD, FLEXIBLE ATTENTION FOR A PURPOSE**

**Driving with the Rear View Mirror metaphor**



A photograph of a rear view mirror, showing a reflection of a road and trees.

- Does it ever feel like watching out for all of the bad things that could happen is like driving while only looking in the rear view mirror?
- We get to choose what direction we point the car (our valued direction).
- What if we could practice paying attention to the road ahead, but also checking in now and then with the other things while driving (rear view mirror, the guy behind you, the side mirrors, etc.), to help you get where you want to go?

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## AWARENESS: GROUND TRAUMA SURVIVORS IN MINDFULNESS

- Start small and slow
  - Slowing the conversation down in the room.
- Ground in the senses in gentle ways
  - Use sight or ambient sounds
  - Use sensations of resting in the chair, feeling hands on lap or resting on chair
  - Slow smooth breath as an anchor
  - Be flexible based on trauma history – assess any history of body sensitivity that may impact work

## MINDFULNESS EXERCISES TO CONSIDER

- Mindfulness of body sensations
- Mindfulness of breath
- Mindfulness of thought – Leaves on a Stream, a Parade
- Be Still Mindfulness
- Grounding in the Center mindfulness
- Mindfulness using imagery of light emanating from inside you
- Lovingkindness meditation
- A peaceful place

## BUILDING AWARENESS OVER TIME

- Mindfulness – formal or informal
- Perspective taking
- Flexible attention
- Noticing parts of experience, reactions to it
  - De-mystify, label (e.g., Physicalizing)
  - Practice willingness for parts (e.g., Tin Can Monster)
    - What about tenseness in your chest is 'impossible' to have?
- At home or in session practice
  - Encourage contact with the here and now



## A NOTE ON THE GOALS OF MINDFULNESS

- Many clients report “that felt relaxing” when doing mindfulness
- Many clients feel that they don’t do mindfulness “right” or good enough
- Gently remind that the purpose of mindfulness is:
  - Just to notice what there is to notice
  - To practice allowing experience to be, rather than struggled with
  - Which MAY in turn, free up energy to:
    - 1. Be fully present to ALL that the moment affords, AND
    - 2. Do more of what we care about

## INCREASING AWARENESS: EXPLORING CONTROL

- A continuation of creative hopelessness, use additional metaphors
- Increase awareness of tendency to overuse problem-solving, fixing, or controlling strategies
  - 95/5 Rule Metaphor:
  - External objects, situations –possible (e.g., repaint the room)
  - Internal experience – more tricky (e.g., can you paint over sadness?)

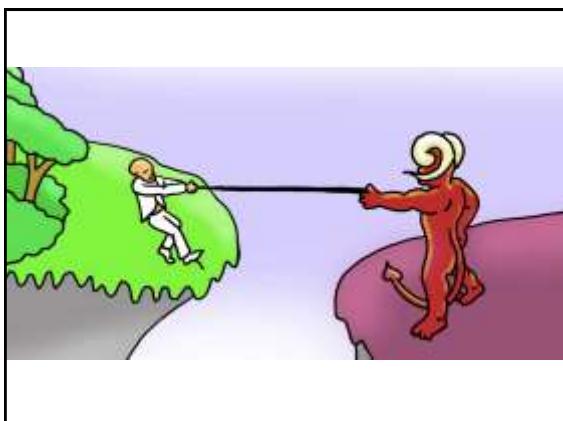




## INCREASING AWARENESS: EXPLORING CONTROL

- **Exploring** attempts at controlling internal experiences
- Many metaphors here
  - Polygraph
  - Feedback screech
- Tug of war with a monster





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**AWARENESS: WHAT CAN WE CONTROL?**

- What are the numbers?
- Don't think of Chocolate Cake
- Polygraph metaphor
- Fall in love w/ first person you see at lunch– I'll give you \$10million
- Ultimately the things inside of us just happen
  - Thoughts arise as they arise, particularly when you try NOT to think of them
  - Could remember the numbers until you die
  - Can't get rid of unwanted feelings
  - Can't produce desired feelings
- **Willingness may be an alternative**
  - Two scales

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**BE OPEN (ACCEPTANCE/ WILLINGNESS)**

- Allowing, make space for, be with experience
  - **Hand's On Exercise** 
  - Chinese Finger Traps – lean in
  - **Physicalize it** 
  - Bring the unwanted along for the ride
    - Contents on cards
    - Take your keys with you
  - Willingness is not wanting

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YOU CAN'T KILL RID OF YOUR FEARS  
BUT YOU CAN LEARN TO LIVE WITH THEM



V. S. HICKS/INKAB.COM

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PITFALLS:  
ACCEPTANCE/WILLINGNESS



- Willingness is not the same as saying the trauma is OK
  - **Corpus Delecti**
- Not resignation or wallowing
- Acceptance is not the RIGHT answer or the appropriate goal for all people all the time

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BE OPEN  
(DEFUSION)

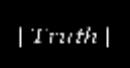
- Catch the process of thinking



- Catching the evaluative process of our minds



- Catching the tendency to respond to thoughts as if they are reality
- Language supports this – “I am a bad person”



All in service of getting “unstuck” from the traps of our minds

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BEING OPEN TO THOUGHTS



- Thoughts as Tools: Useful vs. not useful?
  - Never-ending tennis match
  - Arguing with a 3-year old
- Reduce literality
  - Evaluation Vs. Description: The Bad Chair Exercise
  - Thoughts as programming: Two Computers Exercise
- Break up the thought → action relationship
  - **LEMON Exercise:** Thoughts are just thoughts... meaning is arbitrary, learned
  - **Take Your Mind for a Walk**
  - Distance (wiggle room) allows behavioral choice

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## OPENNESS TO THOUGHTS STRATEGIES



**AND**  
versus  
**BUT**




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## PITFALLS: DEFUSION

General Pitfalls

- Another way to make 'the bad thoughts/experiences' go away
- Rigid holding to *positive statements about self* is still fusion

Important Pitfalls for Trauma Survivors

- **Not intended to justify language being used to harm another**
  - Memories of bigotry, discrimination
  - Memories of others using language/insults to demean or control
  - **It's not about saying that words are just words and shouldn't hurt. We feel what we feel, and we need to recognize that words do have an impact.**

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## WORKING WITH DEFUSION



- **DO: Reiterate that language used to harm is/was not OK.** Work with clients to learn to:
  - Distinguish between *memories* of language being used to harm and *current situations* where perhaps some action needs to be taken to support the self
  - Work to use mindfulness to allow the experience of this in daily life to be situated within valued living.
    - What do you want to be about when you (or someone/a group you care about) are being hurt by demeaning/discrimination or injustice?
    - How do you want to live today, even with those words in your history?

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## AWARENESS (OBSERVER SELF)



- Sense of observing one's own experience
- Observation has been the constant
- Help transcend limitations of a rigid conceptualization of self
- Particularly helpful to strengthen for trauma survivors
  - Often a sense of "shift" in self pre- and post- trauma
  - Often a sense of being defined by trauma (e.g., a self story of 'broken', 'tainted', 'unlovable', etc.)

## EXERCISES: OBSERVER



- **Chessboard metaphor**
  - Pieces – must champion one side versus another
  - Player – same thing. In your experience have you beat the other side?
  - Board – what if you contain the pieces? The battle can rage but you do not have to be controlled by it



#### • Eyes-closed Observer Exercise

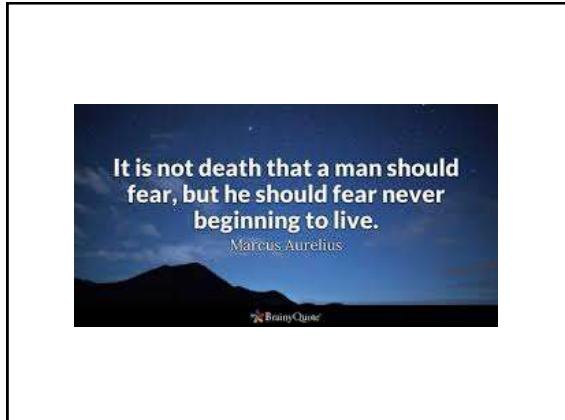
- Contact different times in life, roles
  - What are you seeing, smelling, tasting, feeling, thinking?
  - Everything has changed – roles, physical body, feelings
  - Only observation has been the constant – the “YOU” behind your eyes has always been there

## OBSERVER SELF



- **The Mind as a Great Documentarian**
  - Ever watched a documentary? Editing lots of footage happens to tell a story.
  - **What if that is what our minds do?** Every year of life = 5,400 hours of footage. Editing happens.
  - If we added up all of the experiences, put it on a timeline or in a story, is that you? If we came up with 5, or even 10 different stories using the same






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**ACTIVE (VALUES)**



- Values are verbal statements that guide behavior over the long term & orient us toward meaning and purpose.

What is a meaningful life made of?



connection with others  
close friends  
family  
competition  
spirituality  
exploration  
learning  
challenges

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**VALUES**

Guiding Principles help us choose actions that matter most.

Guiding Principles ARE:	Guiding Principles are NOT:
A journey (ongoing actions)	The destination (goals, outcomes, or achievements)
What matters to us in our hearts	Just morals or "shoulds"
A sense of meaning	People, places, activities, or feelings
How we want to act	How we want others to act toward us



Example: We don't achieve "being caring" but we can be caring in many situations.

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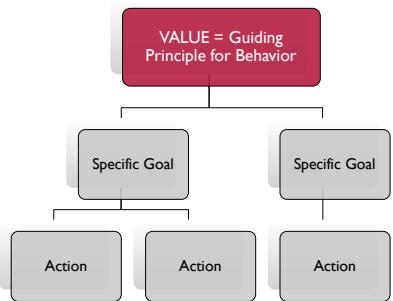
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**Situating Meaning and Action**


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**A guiding principle requires reinforcement that is...****Overarching**

(not dependent on specific action)

**Inexhaustible**

(not dependent on specific goal or outcome)

**Intrinsic**

(not dependent on external reinforcement)

e.g., Learning

**Positive**

(not dependent on avoidance or escape)

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**DO WHAT MATTERS:  
CHOOSING A GUIDING PRINCIPLE****• Sweet Spot Exercise****• Tombstone/Living will**

- What would it say you've been living life for so far?
- What would you like to be remembered for?
- What if you could live that now?

**• 90<sup>th</sup> Birthday Party**

- What would you want the important people in your life to share with you in celebration of your life?

**• If lost someone you care about...**

- What would this person want for you since you lived and s/he did not?

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## A PITFALL: FUSED VALUES



- Often those struggling with PTSD, particularly early in therapy, report values that are:
  - Highly fused with evaluations
    - “I must be the perfect parent” or “I must be completely honest all the time”
  - Narrowly focused:
    - On injustice (e.g., “What happened to me was just so wrong”)
    - To people/situations deemed safe
  - Expressed rigidly
    - Caring (for self, for family or other loved ones) becomes protection and predicting potential threat at all costs

## VALUES DOs AND DON'Ts

- **DON'T:** Directly challenge values.
- **DO:** Use language of defusion to gently look for cost of rigidity here.
  - "I hear your mind saying 'be honest' all the time – that seems like it works to help you in some way. What do you think your mind wants to protect you from?" [e.g. serves to weed out people who can't handle radical honesty or helps to keep things black and white; serves the control agenda]

## VALUES DOs AND DON'Ts

- **DO:** Explore, gently, how hypervigilance may cost us present-moment meaning and connection.
  - "When you are x-raying people with your mind and looking at the exists, what is happening at the restaurant table with your family?"
  - "Ever try to have a meaningful conversation at a party while wondering about all the ways this person might hurt you if they really got to know you?"
- **DO:** Also highlight other things the person has said they care about, or what their behavior tells you they might care about, when doing prior mindfulness, acceptance, defusion, and self work.

**VULNERABILITY AND WILLINGNESS**

Sometimes even talking about values are experienced as extremely painful. Why?

1. It may be very painful to reflect on living that has been missed out on.
  - Often, grief is expressed, particularly for those who have been struggling with PTSD and living a narrowly defined life for a long time

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**VULNERABILITY AND WILLINGNESS**

Sometimes values are experienced as extremely painful. Why?



2. Let's PRACTICE and see:
  - 3 Cards
    - Side 1: What matters to you most
    - Side 2: What fear shows up when you state that
  - Values & Vulnerability are two sides of the same coin
    - Would you throw away the value in order to avoid the possible pain?

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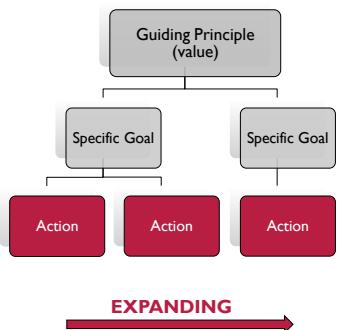
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Build patterns of actions linked to Values



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## ACTIVATION WITH VALUES: LINK TO OTHER PROCESSES

- Practice of awareness (the world and the self)
- Practice of opening up
- Why?
- Positive Reinforcement ≠ Feeling Good
  - Most things that matter also bring some discomfort!
- World doesn't cooperate – doing something of worth regardless of outcome
- May require building something
  - Life is meaningless/Don't even know what matters
  - Fear of failure
  - Feel damaged/incapable

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## ACTIVATION (COMMITTED ACTION)

- Most like traditional behavior therapy
  - Build patterns of action that are likely to bring meaning and purpose
  - Activity scheduling, intentional action
- Many behavior change techniques can be used here
  - Behavioral Activation strategies
  - Exposure
- Importance of Goals
  - Goals are necessary but not sufficient for meaningful living
  - **Link goals to values**
  - E.g., SMART goals




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## CASE FORMULATION EXERCISE: A TRAUMA CLIENT

1. Experiential Avoidance System
  - a) Unwanted Thoughts Emotions Memories Body Sensations
  - b) What are the expectations of what would happen if they experienced those?
  - c) Overt behavioral avoidance (activities, people, places avoided)?
  - d) Internal/emotional control strategies (e.g., distraction, self-talk, substances, self-harm)?
2. Internal factors maintaining the problem
  - a) Fusion/cognitive patterns (high rule governance, being right, reason-giving, intellectualizing)
  - b) Self issues (rigid attachment to self concept, unstable self – difficulty with needs/want expression)
  - c) Present moment deficits
  - d) Emotional awareness/emotion regulation deficits
3. Environmental factors maintaining the problem
4. Strengths to leverage - level of insight (if not overly fused), success with mindfulness or intense presence to the moment, previous values-consistent yet painful actions, strong values orientation

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### A NOTE ON OTHER TRAUMA THERAPY AND ACT

- ACT is very compatible with other trauma therapies
- Cognitive Processing Therapy and other narrative work
  - Allows identification and loosening of unhelpful narratives
  - ACT can strengthen other parts of life functioning (values, loosen language when it serves value-guided ends)
- Prolonged Exposure
  - ACT is a form of exposure
  - Can do ACT before PE to prepare (build acceptance/willingness, strengthen sense of self as greater than experiences)
  - ACT promotes exposure to internal experiences as they arise; traditional in vivo exposure is about contriving situations likely to bring to bear those experiences
  - A note about SUDS

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### ONE METAPHOR TO 'RULE' THEM ALL

- Monsters on the bus

(The Whole Model)

- Where are you headed? (values)
- What Monsters are on board? (mindfulness)
- What do the Monsters tend to say? (fusion)
- What do they tell you to do? (avoidance, fusion)
- What happens? Have they ever actually harmed you? (consequence, deiteralization)
- No matter what they say, who is in the driver seat? (self as context)
- What if it was possible to do "drive where you choose," regardless of what they say? (committed action)

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Q: WHAT TO DO IN BETWEEN EXERCISES?  
 A: FLEXIBLE, FLUID INTERVENTION

- The uncharted territory: ACT moves can be done naturally, as moments of fusion, avoidance, etc. arise in normal conversation, or in between exercises.
- You help strengthen the ABCs by pointing things out that might be fusion, avoidance, etc. (ask questions!)
- Responding at a 'process' level versus responding at a 'content' level.

Question	Content Response	Process Response
What time is it?	11:30am	Why do you ask?
Will I ever be free to do what I love?	If you keep working hard, you will.	I can really hear the longing in your voice. What if we looked for one small thing that would point you in that direction this week?

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## WHAT TO DO IN BETWEEN EXERCISES?

- Process-level response: Label, instigate
  - Client: *I just can't sit with it, you know? It's too overwhelming.*
  - Therapist: *Mmmmm. So your mind is telling you that it's overwhelming. What do you notice in your body when you notice feeling 'overwhelmed'?*
- Process-level response: Model, instigate
  - Client: *I just hate that these memories keep coming up. I'm sick of them.*
  - Therapist: *I really hear you wanting to not have that memory anymore; my mind tells me I should have something quick and easy to reduce suffering like yours. It's so common in our society to just want to erase things!! But check your experience. Is there a delete button for your mind? If there isn't, let's see if we can re-orient to what you care about most, even if that painful memory is still with you.*

## ATTENTION TO PARALLEL PROCESS

- Monsters on the Bus! We have them too.
- We can practice the same awareness of how we get pushed around
- What are our values as therapists, humans, etc.?
- Can we recognize where we get fused/stuck?
- Perhaps use (healthy, strategic) self-disclosure to model the very processes we are exploring with clients
- Really helpful, organized way of engaging in empathic joining

## STRATEGIES FOR IMPLEMENTING ACT

- Learn with your feet
  - Start incorporating the ideas into your work (as long as message is consistent with your overall goals for therapy)
- Try a protocol if appropriate
  - Try out different metaphors and exercises for a given idea
  - Making mistakes = opportunity for modeling awareness, openness, and action in yourself
  - Build your tool kit
- Become flexible
  - Many different places to start
  - Consider harnessing strengths first, then go for weaker areas



## WHAT TO DO NEXT...

- Get and stay connected  
[www.contextualscience.org](http://www.contextualscience.org)
  - Values based dues!!
  - Conference in Montreal in July
- My trainer page  
[https://contextualscience.org/jen\\_plumb\\_vilardaga\\_training\\_page](https://contextualscience.org/jen_plumb_vilardaga_training_page)
  - Goodies you cannot get unless you are a paid member
- ACT at Duke
  - [www.actatduke.org](http://www.actatduke.org)
- My email: [jennifer.plumb.vilardaga@duke.edu](mailto:jennifer.plumb.vilardaga@duke.edu)




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**THERAPIST READING:  
TRAUMA RESOURCE CIRCLED**

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**SELF-HELP RESOURCES/ADJUNCT TO  
THERAPY: TRAUMA RESOURCE  
CIRCLED**




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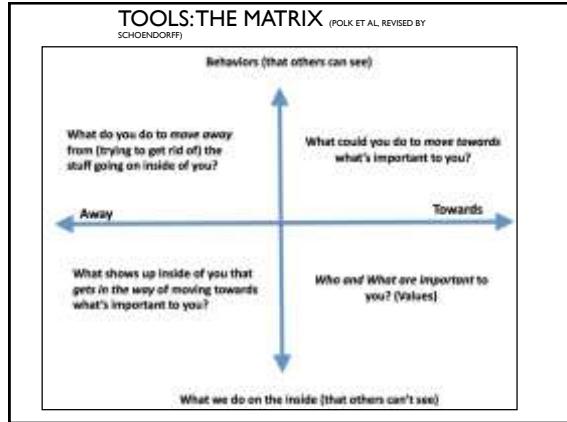
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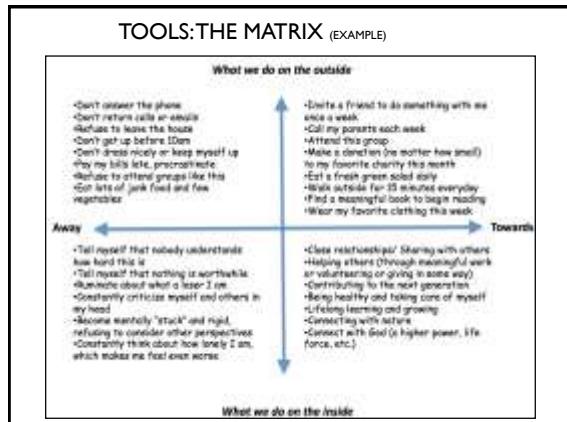
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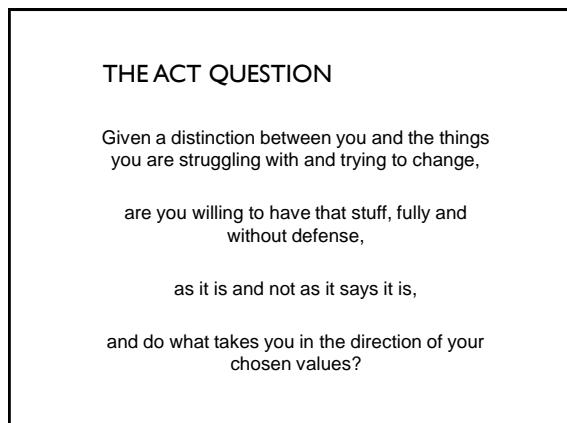
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