



Acceptance and Commitment Therapy

for Depression

FACT SHEET FOR CLINICIANS



Evidence-Based
PSYCHOTHERAPIES

Acceptance and Commitment Therapy (ACT) is an evidence-based psychotherapy (EBP) that is designed to assist clients in learning to become open, aware, and active. ACT aims to support individuals in engaging commitments to behavior change that are consistent with personal values and well-being. The clinician uses ACT processes to increase acceptance and mindfulness while also encouraging individuals to make choices that are values based. This therapy, with a protocol tailored to the needs of Veterans with depression, is being implemented throughout the Department of Veterans Affairs health care system.

What is ACT?

ACT is a “third-wave” (Hayes, 2004) principle-based, cognitive behavioral intervention that focuses on decreasing suffering while supporting people in re-engaging their personal values in the service of vitality. ACT uses mindfulness and acceptance-based strategies as well as behavior change processes to increase psychological flexibility—a key component of mental health from the ACT standpoint and a strong predictor of positive mental health (Kashdan & Rottenberg, 2010). Psychological flexibility is defined as contacting the present moment with awareness, and based on the situation, changing or persisting in behavior in the service of chosen values. ACT increases psychological flexibility by helping individuals to accept their feelings, accompanying bodily sensations, worrisome thoughts, and other internal struggles that are barriers to healthy living while also reorienting people to values informed behavior that is exemplified by making and keeping commitments and creating ever larger patterns of behavioral change. People who participate in ACT-D are guided to observe and notice the ongoing and changing flow of internal experiences such as thoughts, emotions and sensations, without excessive and misapplied control of the same. The clinician supports the individual in finding the freedom to live a life guided by their values. The ultimate goal is to establish patterns of behavior that support a rich, full, and meaningful life.

How does ACT work?

In ACT, the clinician works with the individual to support him or her in **accepting** internal experience and in making and keeping behavioral **commitments** that reflect values.

The goal is to decrease suffering by letting go of unworkable solutions such as excessive emotional control.

The intervention is grounded in learning theory of language (Relational Frame Theory; see Barnes-Holmes, Barnes-Holmes, & Roche; 2002) and an understanding of the historical and current contexts that influence people’s lives. ACT focuses on a clinical functional analysis of behavior and its consequences, and is designed to support

both behavior change and recovery. ACT is interested in second-order change, targeting the function of behavior (e.g., how does the person relate to their thought and emotion), rather than the form (e.g., the thought or emotion itself). From this perspective, the problem with depression is not so much negative mood or difficult thoughts that are experienced by the client; rather it is the context and function of these experiences that link these events into an overall pattern of ineffective living. ACT, then, seeks to change the function of these internal events (e.g., a negative emotion or thought no longer functions to keep the person stuck in such behaviors as isolation or withdrawal; the client is taught to be mindfully aware of emotion and thought instead of trying to decrease or eliminate the same) so that the client is liberated to take healthy action.

The clinician utilizes and implements 6 core processes that target psychological problems emerging from cognitive and behavioral rigidity in the service of creating flexibility. The clinician works with the client to:

- Foster acceptance and willingness while letting go of excessive control and avoidance (Acceptance; *opening up to internal experience*).
- Undermine the language-based processes that promote fusion (thoughts taken to be literally true). Individuals are taught to observe their thoughts without attaching problematic meaning or value to them (Defusion; *“seeing” that you have a mind, not that you are your mind*).
- Foster mindfulness strategies to help the client to live more fully in the present moment (Present Moment; *being here now*).
- Assist clients in distinguishing between self as the experiencer and the things they are experiencing (thoughts, feelings, and sensations) to provide a position from which acceptance of private events is less threatening (Self-as-Context; *observing experience*).
- Assist clients in identifying and clarifying personal values (Values; *defining what matters*).



- Assist clients in building ever larger patterns of committed action that are consistent with values (Committed Action; *doing what it takes to create a vital life*).

Clinicians work with these processes in session to assist the individual in moving from rigid and inflexible ways of responding to emotions, thoughts and sensations to a more flexible relationship with the same. The patient learns to be accepting of themselves and others in an open, aware and active stance:

How effective is ACT?

In addition to published research finding ACT effective for the treatment of depression, the results from the VA national dissemination and training initiative to promote the availability and use of ACT-D (Acceptance and Commitment Therapy for Depression) have been positive (Walser, Karlin, Trockel, Mazina, & Taylor, 2013), demonstrating that after engaging in ACT-D, Veteran's depression improved. Patients' quality of life also improved, as well as their mindfulness and psychological flexibility. ACT is recognized by both the American Psychological Association (APA) and Substance Abuse and Mental Health Services Administration (SAMHSA) as an evidence-based psychotherapy (EBP) for depression.

What is the Veteran experience with ACT?

In the beginning of treatment, it is not unusual for clients to encounter greater

intensity of emotions. Shifting from avoiding to **allowing** difficult thoughts and emotions to simply be present can be challenging. However, with the strength of the therapeutic relationship that is emphasized in ACT, use of metaphors and experiential exercises, and implementation of the core processes, Veterans learn to change their relationship with internal experiences, coming to recognize them as a natural part of the human experience. Additionally, once clients begin to clarify and define values and goals, and to take action with respect to those, it legitimizes the request to be open to these internal events. Veterans often report being able to re-engage in life and participate in valued activities.

Who does ACT-D work for?

ACT has been shown to work for a variety of individuals with a wide range of diagnoses. In the VA, the ACT focus is on treating depression. Additionally, ACT works for older and younger Veterans as well as male and female Veterans.

Discussing ACT with Veterans

In discussing ACT with Veterans, it may be helpful for the clinician to explain that the work done in ACT is contained in its name—**accepting** thoughts and emotions while **committing** to activities that represent personally chosen values. The key is for the client to be fully engaged, participating in experiential exercises, and completing homework. The clinician might also say:

ACT-D is based on the idea that instead of helping you win the battle that you have been in with your emotions and thoughts—it might work better to help you step out of that battle entirely, changing the relationship between you and your thoughts and emotions. It is pretty fundamental work and is about finding a way to free you from the struggle so that a meaningful life, chosen by you, can be pursued. ACT can be helpful and the work done in therapy challenging, but the pay-off is worth it.



References & Bibliography

- Barnes-Holmes, Y., Hayes, S. C., Barnes-Holmes, D., & Roche, B. (2002). Relational frame theory: A post-Skinnerian account of human language and cognition. *Advances in Child Development and Behavior, 28*, 101-138.
- Hayes, S. C., Follette, V. M., & Linehan, M. M. (Eds.). (2004). *Mindfulness and Acceptance: Expanding the Cognitive-behavioral Tradition*. New York: Guilford Press.
- Hayes, S. C. (2004). Acceptance and commitment therapy, relational frame theory, and the third wave of behavioral and cognitive therapies. *Behavior therapy, 35*(4), 639-665.
- Karlin, B., Eftekhari, A., Resick, P. A., Brown, G. K., & Walser, R. D. (2010, November). Symposium: From the Laboratory to the Therapy Room: National Dissemination and Implementation of Evidence-Based Psychotherapies in the Department of Veterans Affairs Health Care System. ABCT 44th Annual Convention, San Francisco, CA
- Karlin, B. E., Walser, R. D., Yesavage, J., Zhang, A., Trockel, M., & Taylor, C. B. (2013). Effectiveness of acceptance and commitment therapy for depression: Comparison among older and younger veterans. *Aging and Mental Health, 17*, 555-563.
- Kashdan, T. B., & Rottenberg, J. (2010). Psychological flexibility as a fundamental aspect of health. *Clinical Psychology Review, 30*, 865-878.
- Walser, R. D., Karlin, B. E., Trockel, M., Mazina, B., & Taylor, C. B. (2013). Training in and implementation of Acceptance and Commitment Therapy for Depression in the Veterans Health Administration: Provider and patient outcomes. *Behaviour Research and Therapy, 51*, 555-563.

On the VA ACT-D Intranet site, you will find:

- Clinician discussion board
- Updates on the VA ACT-D Training Program
- Information on becoming a VA ACT-D clinician
- Videos with role-played examples of ACT processes
- Handouts for clients
- Journal articles and other resources



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For more information, consult with your Local Evidence-Based Psychotherapy Coordinator or visit the VA ACT for Depression Intranet site: https://vawww.portal.va.gov/sites/act_community/ACT%20Rollout/default.aspx