

ACT ON HEALTH

**A Toolkit for Delivery of 1-Day Acceptance and Commitment Training
(ACT) Workshops in Community-Based Settings**



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1. Overview of Toolkit

The purpose of the ACT on Health toolkit is to support Department of Veterans Affairs (VA) Medical Center mental health leadership and clinicians in implementation of 1-Day ACT workshops in community-based settings. The toolkit is based on 3-years of pilot work, funded by VA's Office of Rural Health. During that time, our team delivered ACT 1-day workshops to Veterans in the rural Beaumont, Texas area in collaboration with community partners including Vet Centers, Veteran-serving nonprofits, and faith-based organizations.

While ACT has already been established as an empirically-supported therapy (see section 2.1), our pilot work demonstrates feasibility of implementing workshops in community-based settings, acceptability of the intervention for Veterans across service eras and backgrounds, and preliminary effectiveness of an ACT 1-day workshop to decrease distress and improve functioning. This toolkit provides specific guidance for VA clinicians on how to implement ACT 1-day workshops in community-based settings, including developing partnerships with Veteran-serving nonprofits, determining which Veterans may benefit from attending a workshop, and facilitating workshops (in person or virtually). The primary audience for the toolkit includes: VA mental health leadership at the VISN or facility-level and VA mental health clinicians who are interested in offering ACT 1-day workshops through their facility's mental health service line. However, the information presented may also be of interest to other VA stakeholders including staff working in suicide prevention and to community stakeholders such as leaders of community-based, Veteran-serving organizations who are interested in partnering with a VA facility to bring ACT 1-day workshops to the Veterans they serve.

Please note that this toolkit is NOT a "how-to" guide on becoming an ACT therapist. If you would like to learn more about ACT or become a trained ACT therapist, see [Section 10: Resources](#).

The ACT on Health clinician and patient workbooks are not included with this toolkit; please contact Dr. Lilian Dindo (Lilian.Dindo@bcm.edu) if you are interested in learning more about the workbooks.

1.1 Organization of the Toolkit

This toolkit primarily focuses on the steps it takes to implement ACT 1-day workshops (hereafter called workshops or ACT workshops) in community-based settings, which entails collaboration between VA staff (e.g. mental health clinicians, clerks, mental health leadership, voluntary services) and partnering with community-based organizations such as Vet Centers, Veterans Service Organizations, Veteran student groups at institutions of higher learning, and Veteran-serving nonprofits. The toolkit begins with a [brief introduction](#) to Acceptance and Commitment Therapy (ACT) and an [overview of the evidence base](#) for ACT. The rest of the toolkit is organized according to different phases for implementing ACT workshops, beginning with [establishing community partnerships](#), [obtaining training and skills](#) for workshop clinicians, [organizing and conducting workshops](#), [options](#) for offering virtual, on-line workshops and follow-up 'drop-in' sessions for Veterans who complete a workshop, and methods for gathering [evaluation](#) data if desired. Additionally, there is a section on [resources](#) that contains a visual abstract from our published findings and an infographic on ACT workshops that can be used to engage VA and community

stakeholders in efforts to implement workshops, examples of inexpensive branded products (aka “swag”) that can be given out to workshop participants, a list of published articles supporting evidence for ACT as a transdiagnostic intervention for mental health and medical conditions, links to online trainings and cyber-seminars, and other materials. We have also produced a video that can be used to inform Veterans and community partners about the ACT workshops and a series of brief videos to be used in training ACT clinicians. Links to these materials are provided and are also available on the [ACT for Health lab website](#), a hub for the most up-to-date information on research and implementation of ACT workshops across a variety of conditions and settings.

There is no prescribed way to use this toolkit. Given the variations between VA medical facilities and the communities they serve, the exact steps to implement workshops may be different according to the resources and needs of different settings.

1.2 Why Collaborate with Community Partners to Deliver ACT Workshops?

There are many barriers to Veterans engaging in mental health care through VA. Distance to a VA facility may be a factor, especially for Veterans living in rural and highly rural area where convenient and accessible transportation options are often unavailable. Some Veterans are reluctant to engage in VA care due to prior negative experiences with VA, while others believe that VA care should be reserved for their fellow Veterans who are in greater need or have more visible injuries. While VA has made great strides in serving women Veterans, some women Veterans remain reluctant to engage in VA care. Furthermore, although some VA facilities offer evening and weekend appointments, it can still be challenging for Veterans to get an appointment that fits with their work and family schedules. Finally, many Veterans who need mental health care are ineligible for VA care.

For these and other reasons, VA teams seeking to provide ACT 1-day workshops to Veterans in their community can benefit from partnering with veteran-serving non-profits, including Vet Centers, Veterans Service Organizations, and community-based organizations that serve Veterans. Such partnerships increase ability of VA teams to reach Veterans who may not otherwise engage in VA care, including those in rural communities. Veterans may be more inclined to attend a workshop and feel more trust towards workshop facilitators when staff they know from a local community organization vouch for the intervention and/or the clinicians. Community partners can facilitate getting the word out about ACT workshops to Veterans through posting flyers in their buildings and on social media, and through word-of-mouth. They may also provide free space to hold a workshop after regular business hours or on weekends in locations that are convenient and familiar to Veterans in the community. More information on how to engage and partner with community partners is provided below.

1.3 How Does Partnering with Community Organizations to offer ACT 1-Day Workshops Align with VA Priorities?

VA has a history of working with Veterans Service Organizations, including Veterans of Foreign Wars (VFW), American Legion, and Disabled American Veterans (DAV) to ensure that care and services provided are meeting the needs of Veterans. More recently, VA has engaged diverse Veteran-serving non-profits and individual Veterans and in efforts to redesign VA health care to be more patient-centered. The

MISSION ACT of 2018 expanded these efforts by establishing formal networks and agreements between VA and non-VA clinicians to ensure access to care for eligible Veterans. In 2020, the [PREVENTS Roadmap](#) was developed with the goal of “changing the culture surrounding mental health and suicide prevention through enhanced community integration... and implementation strategies that emphasize improved overall health and well-being.” Thus, the work described in this toolkit is in direct alignment with VA’s suicide prevention efforts in its focus on enhancing mental health and strengthening collaboration across VA and non-VA organizations.

2. About ACT

2.1 What is Acceptance and Commitment Therapy?

ACT is a behavioral therapy that helps individuals **do** what really matters and **accept** what cannot be changed. Rather than focusing simply on the elimination of symptoms, *the purpose of ACT is to help individuals create full, rich, and meaningful lives without needless suffering.* Pain is an inevitable part of life. When we avoid, reject, or deny this pain, we bring on unnecessary suffering. ACT teaches skills for overcoming avoidance and striving toward a more meaningful life that is driven by personal values (see [Table 1](#)). The processes of change include learning to remain flexibly and purposefully in the present moment; keeping your thoughts and stories about yourself in perspective as just thoughts and stories; accepting with equanimity (and good humor) what life offers, including the inevitable pain that comes with living a human life; being free to decide what you want your life to be about; and committing yourself to doing the things that will shape your life around your hopes, dreams, and values.

Table 1. Six Core Processes of ACT

Core Process	Description	Example
Acceptance	Willingness to experience unwanted thoughts and emotions as well as physical discomfort (e.g., pain).	Noticing physical pain without trying to change or ignore it.
Cognitive Diffusion	Recognition that thoughts are not literal “truths” but rather words and pictures in our minds.	Labeling thoughts for what they are (e.g., judgments, interpretations, memories).
Present Moment Awareness/ Mindfulness	Ability to pay attention to what is happening right here and right now without judging the moment.	Paying attention while driving rather than being lost in thoughts.
Self-as-Context	Ability to view ourselves and our experiences from different perspectives.	Imagining how another person (or how a version of you that is not struggling right now) might see the situation.
Values Clarification	Identification of who and what matters most to us and how we want to act on an ongoing basis.	Family, friends, career, independence, creativity.
Committed Action	Engagement in behaviors that are guided, motivated, and inspired by personal values.	Spending quality time with loved ones.

The goal of ACT is to increase psychological flexibility. *Psychological flexibility* means contacting the present moment fully and persisting or changing behavior in the service of chosen values based on what the situation affords. ACT cultivates psychological flexibility by strengthening skills in the six, highly related core areas (see Table 1).

The Work of ACT

- Confront avoidance
- Teach acceptance, cognitive diffusion, and mindfulness skills
- Enhance a transcendent sense of self
- Clarify who and what matters most (values)
- Promote behavior change in the service of chosen values

Doing ACT can be challenging! There is no “script” or set protocol. ACT is designed to move individual’s moment-to-moment in the direction of greater psychological flexibility. ACT techniques, procedures, exercises, and content are simply vehicles for accomplishing this goal. Essentially, ACT is about targeting whichever processes are relevant to a particular client in a particular moment. For example, mindfulness exercises are beneficial whenever a client has a tendency to worry or ruminate. Diffusion techniques may be promoted on occasions when a client is fixated on a specific worry.

2.2 How is ACT different from other interventions?

ACT is effective for treating a wide range of emotional problems and medical conditions, including depression, anxiety disorders, chronic pain, and chronic illness. (See [Resources](#) for a list of peer-reviewed articles). ACT is “transdiagnostic” meaning that it was designed for broad application to many disorders and problems. Its focus is **NOT** on symptom reduction. Instead, ACT promotes engaging in a meaningful, healthy lifestyle that is driven by personal values and acceptance of what cannot be changed. Its emphasis on behavior change and acceptance-based coping are, thus, relevant to anyone pursuing self-improvement and increased life satisfaction. Of note and paradoxically, when people begin engaging in life in more rich and meaningful ways, symptom reduction often occurs. In fact, the effects of ACT interventions on depression, anxiety, and other mental health difficulties are comparable to other gold-standard cognitive and behavioral treatments. The bottom line is that ACT works for many people with a variety of problems and Veterans are no exception. As an Army Veteran who completed a workshop told us:



“[The workshop helped with] negative self-talk...I work on that a lot, like every day, continuously. At first, it’s hard, because I’ve been trained to think the other way... I’ve been negative self-talking myself for so many years that it’s sometimes hard to start telling yourself positive stuff. But the more I work at it the better those negative feelings just snap out of your head. And it’s just going to keep getting better and better, progressively.”

ACT aligns well with military culture. For example, ACT and the military emphasize acting in accordance with personal values regardless of limitations. Veterans learned to put the mission first which may have required carrying out difficult tasks when they were reluctant or afraid to do so. ACT is also about pursuing a “mission” (i.e., living a meaningful life) even when it is hard. For Veterans, ACT helps with defining their “new chosen mission” in life following discharge by clarifying personal values. Most importantly, ACT teaches acceptance-based coping, which has tremendous value for Veterans who have faced situations that cannot be changed. Examples include difficult memories from deployment or training, physical changes or disabilities, and ongoing pain that has not responded well to treatment. Encouraging Veterans to practice “acceptance” shows them that these internal experiences (e.g., memories, physical pain or limitations) can be faced with honor rather than avoidance.

2.3 What are the Outcomes? How will this intervention help?

Our team’s research has demonstrated that ACT 1-day workshops results in improvement in functioning, reintegration, meaning and purpose, and reductions in distress ([Dindo, 2020](#)). The Office of the VA Deputy Secretary developed a brief video about these findings, which was promoted on social media by the Acting Deputy Secretary. The video can be accessed [here](#).

1-day ACT workshops ensure treatment adherence and completion. Non-adherence and early drop out are substantial barriers to effective treatment. As many as 50% of Veterans terminate after only 4 treatment sessions, which is significantly lower than a standard course of treatment (e.g., 8 or more sessions). Patients who drop out this early are also less likely to show lasting improvements and may even experience a worsening of symptoms. 1-day workshops allow Veterans to receive a full course of treatment in 5-6 hours, including education and skills practice.

Table 2 (next page) highlights how 1-day ACT workshops can also improve access to care for Veterans with practical barriers (e.g., travel time, time constraints). We have also learned the value of collaborating with Veterans and community partners (e.g., community-based health organization, Veteran service organizations) to assist with Veteran outreach and locating alternate facilities to host workshops, especially in communities far from VA facilities.

Table 2. Benefits of 1-day ACT Workshops

Intervention component	Barrier to care	How barrier is addressed
1-day treatment delivered as workshop	<ul style="list-style-type: none"> • Time constraints • Treatment adherence/completion • Stigma 	<ul style="list-style-type: none"> • Repeated weekly visits not needed • Receive full treatment in 1 day • Labeling as “workshop” is less stigmatizing than “psychotherapy” or “mental health treatment”
ACT treatment model	<ul style="list-style-type: none"> • Significant comorbidity of distress-based conditions • Difficulties with reintegration and social/occupational functioning 	<ul style="list-style-type: none"> • Transdiagnostic, unified approach to comorbid distress-conditions • Less focus on mental illness and greater focus on enhanced engagement in life
Community engagement	<ul style="list-style-type: none"> • Veterans not presenting to VA for care • Distance/transportation issues 	<ul style="list-style-type: none"> • Community-service organizations can actively assist with recruitment of hard-to-reach Veterans • Workshops held at community agencies or community-based organizations reduce travel distance and time

3. Establishing Community Partnerships

We have found it essential to partner with community-based organizations and veteran-serving nonprofits. Many veterans avoid seeking mental health treatment at a VA facility, citing mistrust of the organization, logistical issues (i.e., limited evening or weekend hours, difficulty getting to the facility), concern about taking away health benefits from other veterans, or past negative experiences with VA.

One way to reach veterans who are not engaging in care at a VA facility involves partnering with veteran-serving nonprofits, which encompasses a range of organizations from peer-network organizations (e.g., Team Red, White, & Blue, Wounded Warrior Project) to congressionally chartered Veterans Service Organizations (e.g., AMVETS, The American Legion). These nonprofits serve Veterans (and, in some cases, their families) in non-VA settings and often have a high level of credibility and trust within veteran communities. Quality partnerships with veteran-serving nonprofits are essential to getting needed services to veterans, fostering and sustaining veteran engagement in care, engendering trust in VA, and creating infrastructure and relationships to facilitate future care. In our work, we heard from many Veterans who were reluctant to engage in VA care. After completing an ACT 1-day workshop, many of these Veterans were more open to pursuing mental health care at VA. As one Veteran shared:



“Since attending the workshop, I’ve started seeing a counselor at the VA clinic, which I don’t think I would have done without the workshop.”

3.1 Approaches to Engaging Community Partners

We recognize that engaging community partners takes time and effort, and not all the activities described below may be possible based on the resources available. We share the various approaches we have used to work with community partners so teams who wish to offer workshops can select the activities that fit best with their time and resources.

First, we included a Veteran on our outreach team. At your facility, the work described here may be a good fit with the work of Veteran Peer Support Specialists working in Mental Health Services or Peer Facilitators working in Whole Health. These Veterans, who are familiar with VA programs and services and are also likely to be familiar with community-based resources who can serve as important team members and a bridge between VA and potential community partners. More information about Peer Support Specialists can be found [here](#), and information about Peer Facilitators in Whole Health can be found [here](#), although the presence of these VA staff and programs may vary from facility to facility.

Second, we put together a small group of stakeholders that included local community partners to help guide us in implementation of workshops, including helping us with outreach to additional organizations. This process does not need to be time-consuming or difficult. We met quarterly with our stakeholder group, often via video-conferencing software to save time and effort related to travel. Many times, VA mental health teams already have existing relationships with non-VA entities, such as local Vet Centers, who may be willing to attend a few virtual or in person meetings to give input and facilitate introductions to other community stakeholders. Most VA facilities have an active [Community Veterans Advisory Board](#) that meets regularly and includes representatives from local Veterans Service Organizations. VA facilities are required to hold events such as the Annual Mental Health Summit and the Annual Caregiver Support Program Summit that are attended by community-based organizations who may be willing to provide input on implementation of ACT 1-day workshops in their community.

Third, we partnered with veteran-serving nonprofits to distribute information about the workshops via fliers, postings to social media, and word-of-mouth. Our partners include the organizations who were part of our early stakeholder group, described above, and additional organizations we identified over time. In our [Resources](#) section below, we have provided a 1-page infographic that organizations can share with interested veterans.

In partnership with two veterans who completed an ACT 1-day workshop, we produced a [brief video](#) to promote and describe the workshops to community partners and interested veterans.



Members of our team also attended community events, including those sponsored or attended by our community partners, to provide information and answer questions about the study to interested veterans.

Finally, Veterans who attended a workshop told other veterans about their positive experiences and recommended workshop participation. Facilitating this “word-of-mouth” engagement can be as simple as having printed flyers about the workshop available for veterans who attend a workshop to take if they want to share with fellow veterans and/or letting them know how to access the brief ACT video on YouTube if they want to share the link with a friend.

3.2 How to Identify Potential Community Partners

The Department of Veterans Affairs provides a directory of Veterans Service Organizations (VSOs) [here](#).

Potential community partners will vary widely depending on your region of the country, whether you are in an urban or rural area, etc. A good place to start is by connecting with someone at one of your local Vet Centers, which are often staffed by Veterans who may have connections to additional community organizations in the area. Vet Center staff can be great partners in getting the word out, and Vet Centers may sometimes be able to offer space for holding a workshop. More information about Vet Centers and their locations throughout the country can be found [here](#).

It can be helpful to look beyond organizations that are clearly identified as VSOs to include community-based organizations that provide services for Veterans and small, grassroots organizations that are founded by Veterans for other Veterans. For example, we partnered with our local United Way, which offers programs for Veterans in our region. There are various ways to look up highly-rated nonprofits in your area, for example [here](#), or you can go by word-of-mouth based on positive experiences and reviews from Veteran employees at your VA facility or at the local Vet Center.

3.3 Reaching Out to Potential Community Partners

We have found it helpful to have a member of our team connect with potential community partners by going out into the community to meet with them at their organization or attending a community event (i.e., a health or job fair). Not only does this help to build trust by showing that VA staff and clinicians are willing to go to community partners, but it also may lead to the organization offering space to host a workshop. We realize, however, that going to community spaces may be challenging for VA staff who do not have the time or means of travel, especially when the distance between a VA facility and community organization is great such as in highly rural areas.

We connect with community partners in person, by phone call, and using video conferencing software such as Zoom and Microsoft Teams. We have included two sample emails that can be adapted to contact potential community partners in our resources section below. One

email is written as an introduction or follow-up to a potential community partner, with a little background on ACT workshops and how community partners might be able to collaborate. The second is an email asking community partners to share information about ACT workshops with their members/clients. We have also included recruitment flyers, an infographic about ACT workshops, and other materials that can be shared when you are connecting with potential community partners. These sample emails and flyers can be adapted to meet your circumstances and needs (Please see the [Resources](#) section for our examples).

3.4 Benefits of Engaging Community Partners: Final Thoughts

To conclude, our experiences have taught us the many benefits of collaborating with community partners. With help from our community partners, we were able to revise our recruitment materials to appeal to a wide range of Veterans, including those who do not typically engage in mental health care or VA programs and services. We were able to reach veterans of all service eras, including post-9/11 Veterans who often face time constraints and competing priorities when it comes to engaging in mental health care. We have been able to reach veterans living in highly rural areas who may not otherwise have access to care. Nearly 70% of our workshop participants have been minorities-- either Hispanic or African American—and most were not engaged in VA care. Partnering with community organizations allowed us to serve hard-to-reach Veterans in need of mental health care and offer the workshops in a location and environment that was convenient and familiar to them. As one Veteran who attended a workshop told us:



“Because I’m familiar with the individual [who recommended the ACT workshop], and because it was at [name of community location], it made it easier to attend.”

4. Training for Clinicians to Lead a 1-day ACT workshop

4.1 Requirements for providing psychotherapy

In VA, the professions that can provide psychotherapy are psychologists, social workers, marriage and family therapists, and licensed professional mental health counselors. Outside of VA, state licensing laws dictate who can provide psychotherapy. While a degree and license are required, the kind of degree and license a therapist has is less important than the qualities the therapist brings to the therapeutic encounter.

4.2 General qualities of a psychotherapist

Some of the qualities and competencies that are helpful for therapists to have include (in alphabetical order): strong analytical and communication skills, compassion, creativity, empathy, flexibility, strong interpersonal and leadership skills, adept at listening and observing, patience, resourcefulness, and warmth, as well as other skills (Bureau of Labor Statistics, 2015).

4.3 Group Therapy and ACT therapy skills

The 1-day ACT workshops are delivered in a group so strong group therapy skills are also important. These include: Facilitation skills that foster the participation of all group members and keep the members on task; ability to create strong group cohesion between members and the leaders; and the ability to block counterproductive behaviors in the group ([AIPC, 2021](#)).

In addition to these general group therapy skills, a talented ACT therapist is also genuine, self-compassionate, psychologically flexible, able to lead experiential learning exercises, and accepts the discomfort of learning how to be a skilled ACT therapist. After attending a workshop, one veteran told us:



“For the facilitators not to be Veterans... they connected with us. And that was awesome. Because I was like, ‘oh my God, they’re not even Veterans.’ But you couldn’t tell... a lot of times you go to stuff and they’re not Veterans and they have no clue... but [the ACT facilitators] were the first to say, ‘We haven’t lived your experience, but these are tools that are going to be able to assist you if you use them.’ I thought that was really, really cool.”

4.4 1-day ACT workshop training

Finally, even if someone has a degree, license, and the skills and qualities outlined above, specific training in the 1-Day ACT Workshop is required. Some therapists have already had training in Acceptance and Commitment Therapy for work with individual clients or in group settings and this can be very helpful. However, the 1-Day ACT Workshop, has a specific format and employs experiential exercises and skills that have been refined over many research studies demonstrating its effectiveness. This training includes: reading ACT materials (e.g., books, chapters, training manual), reviewing ACT video presentations, observing workshops with experienced facilitators, and then co-leading these workshops with fidelity and competency. For more information about receiving this training, contact Dr. Lilian Dindo (Lilian.Dindo@bcm.edu).

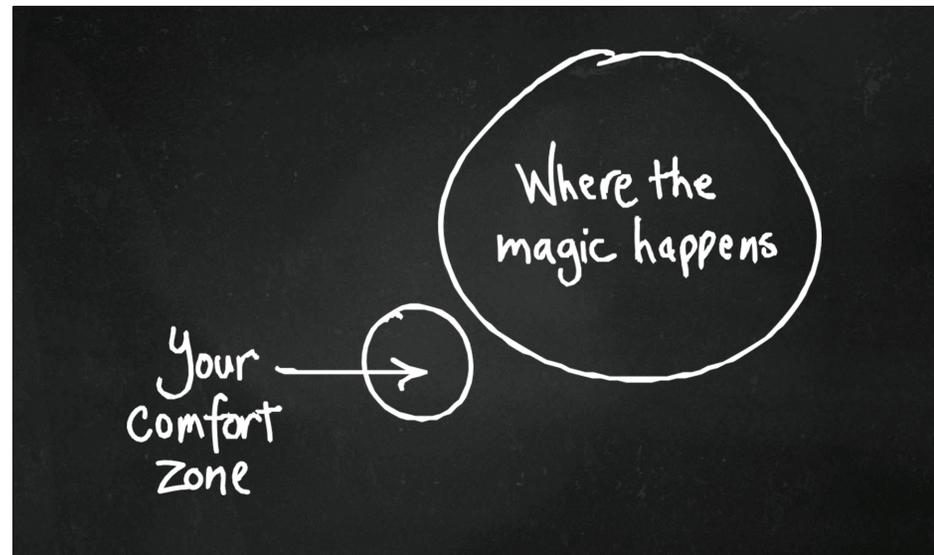
4.5 The Importance of Training

We DO NOT recommend that VA clinicians with little to no experience delivering ACT interventions lead a workshop until formal training has been received. ACT is not a protocol-based, structured treatment. There is no prescribed way of delivering ACT interventions. Remember ACT is about moving individuals toward greater psychological flexibility using techniques, exercises, and metaphors that are relevant in the moment. Formal training and supervised experiences help foster the skills needed to recognize which core processes to target moment-to-moment to ensure optimal therapeutic impact. In the [Resources](#) section, we provide a list of resources for anyone interested in learning more about ACT and training opportunities. We suggest attending workshops, participating in peer consultation groups with experienced ACT therapists, and/or joining ACT communities.

5. Organizing In-Person 1-Day ACT Workshops

“The ACT model really resonates with Veterans and is consistent with military culture. We are able to meet them where they are and help normalize their post-military experience. Just like service members need to go to boot camp or get trained for war time, they need training on how to re-engage into civilian life. Many of the difficulties that service members experience when they get home are perfectly understandable given what they have been through. We normalize their difficulties and then help them develop new skills to manage these difficulties.

Service members know how to approach difficult situations – they had to do it repeatedly while in the military. They know how to fight for something because it is their mission. They know how to face fear. So, in this work we ask them to identify their new, chosen mission at home. To face their new world, even though it may be difficult. We ask them to honor the people they lost along the way by living fully rather than withdrawing – because that is how best to honor the ones they lost.” – Dr. Lillian Dindo



5.1 Introduction

The following section reviews important information for implementing 1-day ACT workshops. Because organizing these workshops may be overwhelming and time-consuming for a single person, we strongly recommend assembling a multidisciplinary team comprised of VA clinicians, Veterans, and community partners to share the responsibilities.

Figure 1 depicts our emphasis on equity on our team. We capitalize on the individual skills, experience, and knowledge of team members to ensure the success of our 1-day ACT workshops. When assembling a team, consider the unique contributions of each member. [Box 1](#) describes the potential value of individual team members.



Figure 1. Our Team-based Approach to Implementing 1-Day ACT workshops.

Box 1. Potential Contributions of Team Members.

VA clinicians	Veterans	Community Partners
<ul style="list-style-type: none"> Assist with screening Veterans and administration of ACT workshops Handle administrative tasks and advertisement Serve as a liaison between VA and community through collaborations with community partners 	<ul style="list-style-type: none"> Assist with recruitment and outreach to other Veterans Facilitate group cohesion when included as a group facilitator Increase credibility of clinicians and ACT 1-day workshops 	<ul style="list-style-type: none"> Help connecting with other community organizations Help find community events to maximize recruitment and outreach Help locate alternative meeting spaces (including non-VA facilities)

5.2 Important Considerations

The purpose of this toolkit is to offer guidance to VA clinicians interested in offering their own 1-day ACT workshops in collaboration with community partners.

In the subsequent sections, we provide basic information about implementing 1-day ACT workshops at your site, including practical considerations. This information is based on our experiences conducting 1-day ACT workshops with Veterans living in rural and underserved

communities with the support of Veteran and community partners. We encourage you to adapt any workshop materials (e.g., recruitment flyer, patient referral list) we have provided in the [Resources](#) section for use at your site. The 1-day ACT clinician manual and patient workbook are available upon request. Please contact Dr. Lilian Dindo (Lilian.Dindo@bcm.edu) for more information.



5.3 Where do I start?

[Table 2](#) summarizes key tasks involved in organizing and conducting 1-day ACT workshops. Developing an organizational structure for managing these tasks is critical and, thus, where you should start. We emphasize, once more, the importance of assembling a multidisciplinary, diverse team of individuals who can share the listed responsibilities. Once an organizational structure and the team are in place, preparation can begin!

Table 2. Summary of Key Tasks for Implementing 1-Day ACT Workshops

Administrative Tasks	Clinical Tasks	Outreach Tasks
Contact/Schedule Veterans	Screen Veterans for eligibility	Recruit Veterans
Create/Print workshop materials	Facilitate workshops	Attend or create community events
Purchase refreshments or lunch (optional)	Document clinical encounter	Connect with other community organizations
Reserve meeting space, set up room for workshop	Make appropriate referrals to VA or community resources	Advertise groups (via flyers, social media, etc.)
	Have a safety protocol in place in the event a workshop participant expresses suicidal ideation	

5.4 How much time, effort, and money will it take to do 1-day ACT workshops?

1-day ACT workshops are cost-effective and time-efficient but require some effort to implement. We strongly recommend working with a team to reduce the time burden, but this is not required. A single clinician could implement these workshops without assistance. Only a few tasks are time and labor intensive – e.g., facilitating 5-6 hour workshop, documenting clinical encounters, and attending outreach events.

Depending on your clinical setting, recruiting, and scheduling Veterans could also take time. At minimum, you should plan on purchasing supplies (e.g., dry erase markers, post-it notes, stick-on white board/poster-sized “post-it” paper), hard copies of workshop materials (e.g., patient workbook, resource list), and refreshments. Given the length of the workshops, we also suggest ordering lunch for attendees. Check with your direct supervisor or clinic director about available funds for purchasing these items

5.5 What if I have limited funds or no budget for supplies, refreshments, etc.?

Often, Volunteer Services at your local VA facility has a small budget available to buy refreshments for Veterans. You can also check with your Medical Center Director’s office to see if they have a discretionary fund for Veterans Canteen Service promotions.



6. Conducting 1-Day ACT Workshops

6.1 Introduction

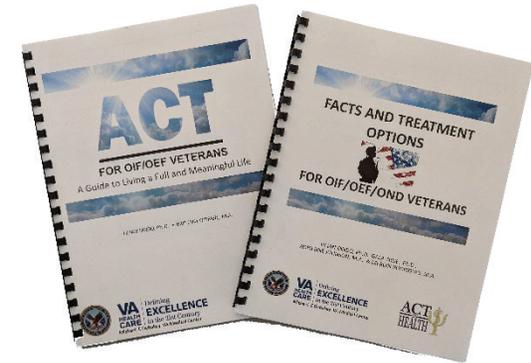
The 1-day ACT workshops have made lasting impressions on facilitators and Veterans alike. A clinician manual for these workshops is available upon request (contact Lilian Dindo, Ph.D.). While the clinician manual is written in a specific order, clinicians are encouraged to be flexible in their delivery of workshop content. This means that no two workshops will necessarily follow the same order or look the same. That said, setting the stage for change with values is critical for these workshops. The 1-day ACT workshops target values from the outset to keep front and center the reasons for which it would be worth engaging in care for Veterans. An emphasis is also placed on showing, and helping Veterans connect with, the detrimental long-term impacts of avoidance on life and health. Throughout the workshop, skills and exercises are address the core ACT processes (e.g., cognitive diffusion, present moment awareness, committed action, values clarification, perspective taking, acceptance) in no particular order. Remember, clinicians should target whichever core processes move Veterans closer to psychological flexibility in the moment. This could involve, for example, clarifying values and discussing strategic behavioral plans to engage in meaningful life activities that give Veterans’ purpose. As one Veteran told us about new skills they developed after attending a workshop:



“I’ve been able to actually stop myself and think about my actions and stop myself from just going straight to anger. I’ve been able to calmly work myself through it without blowing up.”

6.2 Where can I get the 1-day ACT facilitator manual and patient workbook?

The 1-day ACT clinician manual and patient workbook are available upon request. Please contact Lilian Dindo, Ph.D. (Lilian.Dindo@bcm.edu) for more information.



6.3 Recommendations for Successful Engagement

Over the years, we have learned the importance of keeping these workshops highly interactive and experiential (meaning lots of in-group skills practice). This helps Veterans remain engaged and facilitates learning. Other recommendations for facilitating groups include:

- **Embody the model of psychological flexibility.** In other words, be willing to feel anxious or insecure while still behaving professionally. Doing these workshops is not about being perfect. Just like our Veterans, we find ourselves fused with difficult content or moving about the day mindlessly. If these things show up during a workshop, just notice that you're fused or not being mindful and quickly get back on track.
- **Invite willing participation.** Encourage everyone's participation but honor the choice of anyone unwilling to do so. There is no pressure on Veterans to do or commit to anything.
- **Being compassionate means validating AND "ripping off the band aid."** Do not try to protect Veterans from inevitable pain. Instead, show that you have faith in their ability to make changes in their lives even in the presence of difficulty or pain. Consider taking a "Yes, and . . ." stance to validate and gently redirect rather than quickly saying "No" or "Yes, but..."
- **Act as a team.** We usually have two group facilitators lead the workshops to reduce fatigue and burnout.
- **Keep it productive.** Keep the group on track. Look for opportunities to gently redirect Veterans' frustrations about the uselessness of past fix-it efforts back toward focusing on ACT processes.
- **Have fun.** Have fun! Bring humor and playfulness to the work. One technique that we find especially useful (and fun!) is the opportunity to act out or perform live demonstrations of metaphors. Many classic ACT metaphors, like "Tug of War with the Monster", "Take Your Mind for a Walk", and "Passengers on the Bus", readily lend themselves to this (see facilitator manual). Visit the [ACT on Health Lab](#) for these metaphors and other resources.
- **Start strong and end strong.** Veterans' reactions to their group experience is highly influenced by what happens at the beginning and end of group!

We attribute the success and effectiveness of our 1-day ACT workshops to routinely following the above recommendations. We believe that other clinicians will have similar success if they do the same.

7. Considerations Regarding Participants and Group Make-Up

7.1 Are all Veterans appropriate for the 1-day ACT workshop?

Veterans experiencing mild to moderate psychological distress (e.g., anxiety, depression) and/or distress related to medical conditions (e.g., diabetes, migraines, chronic pain) have benefited from 1-day ACT workshops (See Resources below for peer-reviewed articles). Less evidence is available on the efficacy of these workshops for more severe clinical problems, such as active substance or alcohol abuse, acute psychosis or suicidal ideation, mania, personality disorder, and significant cognitive impairments. These Veterans often require more intensive treatments and levels of support that are not adequately provided through a 1-day ACT workshop. Instead, 1-day ACT workshops may present a great opportunity for initially engaging these Veterans in treatment and motivating them to get connected with additional VA and local resources. Anecdotally, we have had several Veterans who sought additional help at the VA and other community service organizations following our workshops.

Potential contraindications include: history of primary psychotic disorder (e.g., schizophrenia, schizoaffective disorder); active suicidal ideation and/or homicidal ideation; severe substance abuse; and significant cognitive deficits that interfere with learning new information.

Whenever possible, screen Veterans beforehand to determine whether the workshop would be beneficial, and which additional resources may be warranted. We strongly recommend, at minimum, providing Veterans with a referral list of local and national treatment resources, including the National Suicide Prevention Lifeline. A list of potential screening measures and a sample referral list are provided in the [Resources](#) section.

7.2 Organizing groups for women only

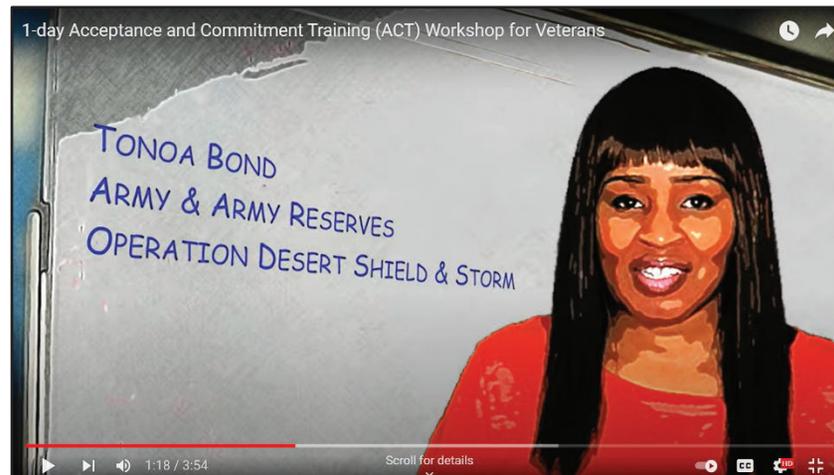
In response to research demonstrating that women veterans prefer gender-sensitive services, and with the recommendation of our community advisory board, we held separate ACT workshops that were only open to women. Women veterans have unique health care needs and different military experiences than men veterans. Thus, offering women-only groups allowed for women to bond with others who shared similar lived experiences and increased psychological safety. These workshops were a great success in terms of outcomes and veterans' experiences. One woman who completed a workshop told us:



"I felt I was among peers, female Veterans... and it just felt more comfortable. Would it have been harder if there would have been male participants? I think so, because that's what's so cool about connection is having the comradery, the similarity... the easier it is to share. If there had been males there, I don't know if would have been able to share as much."

Please visit our brief [video testimonial](#) from Tonoa Bond, a Veteran who completed a women's workshop. Dr. Derrecka Boykin, a licensed psychologist who has co-facilitated 1-day ACT workshops for women veterans observed:

"Doing these workshops with women Veterans has been so rewarding. Many have told us about how much they enjoy the workshops and appreciate that we give them space to digest the content together. Most importantly, the women have unanimously said how much they appreciate being with other women Veterans who they feel can relate to their struggles both in the military and thereafter."



In our [Resources](#) section, we provide a flyer to promote ACT workshops to women Veterans that can be adapted for your use.

7.3 What is the ideal number of Veterans/facilitators per workshop?



Each workshop should have 5-10 Veterans who can come together to share their common experiences. Sharing common experiences (e.g., re-adjustment issues, depression, anxiety, chronic pain) promotes group cohesion as attendees learn that they are not alone in their personal struggles. Fewer than 5 Veterans per group makes creating a group dynamic difficult. It is harder to generate group discussions and obtain active participation. There are also fewer opportunities to work with examples provided by group members. On the other hand, managing the dynamics of large groups make it difficult to engage each participant and attend to needs of each participant. Large groups can be hard for a clinician to manage, which decreases the ability to respond flexibly to whatever comes up moment-to-moment. Keeping a manageable group size ensures that facilitators can evaluate and readily adjust as dynamics change and discussions unfold.

While one facilitator can lead a workshop alone, the ideal number of facilitators is two. As one facilitator is leading a discussion or exercise, the other facilitator can attend to any group issues that arise.

8. Options for Workshops

8.1 Virtual/online workshops

In response to the COVID-19 pandemic, Dr. Tracey Smith led our team in adapting the ACT workshop clinician manual and materials for use on a virtual platform. We found that offering ACT workshops through video-conferencing software was feasible and acceptable for Veteran attendees and workshop facilitators. We adapted the clinician manual to a slide format that was visually engaging. We sent Veterans a “tip sheet” on how to use video-conferencing software & a checklist to help participants prepare for the workshop (we used Zoom, but the tip sheet could be adapted for Microsoft Teams or another software platform) and follow up with a phone check out call. The purpose of this call is to orient Veterans to Zoom, its basic features and go over expectations of the workshop. A Zoom link should also be sent for a test session prior to check out call. We held a “practice” session with facilitators before the first virtual workshop, so they could become familiar with the ACT slides and the experience of engaging attendees in role playing exercises and other interactive activities. We had two co-facilitators and a technical support person, which could be a Program Support Assistant or other VA staff. The facilitators took turns leading group activities and monitoring the chat to see if Veterans were having difficulties with the technology or had questions or comments.

The response to virtual workshops was so positive, with some Veteran indicating they preferred the format because it allowed them to attend a workshop without leaving home, that we decided to continue to offer virtual workshops as a standing option in addition to the in-person workshops. This enables a Veteran who is interested in attending a workshop to choose the option that best suits her or his needs.

Below, we have included an ACT workshop infographic that includes the online option. Slides and materials for conducting an online workshop are available upon request.



8.2 Check-ins/drop-in hours

We heard from Veterans who attended an ACT workshop that they wanted follow-up opportunities to stay connected to each other and the facilitators and to revisit and practice skills they learned in the workshop. In response, we scheduled monthly virtual “check-in” sessions that last between 30-60 minutes. The “check-in” calls are facilitated by at least one ACT workshop clinician who uses an exercise from the ACT manual to guide Veterans through practicing a skill they learned in the workshop. These virtual sessions have been well-attended and appreciated by Veterans. These follow-up group sessions can be offered by clinicians after a workshop.

9. Evaluation

Your VA facility may have specific metrics used to assess Veteran satisfaction with care and impact of group therapy on clinical outcomes. We have used the Client Satisfaction Questionnaire to assess Veterans’ perceptions of the workshop environment and facilitators. To measure impact of an ACT workshop on clinical outcomes and functioning, we have used the PCL-5 Checklist, the OQ-45, and the Action and Acceptance Questionnaire (AAQ-II) for psychological flexibility. The underlying mechanism of change in ACT. We include copies of these measures in the Appendices.

10. Resources

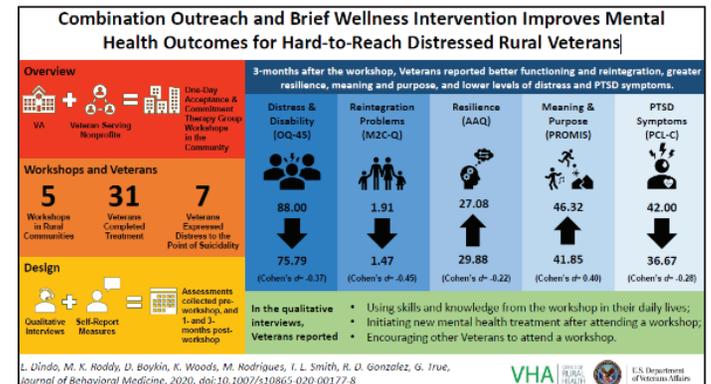
10.1 Introduction

This section of the toolkit will share a variety of resources and examples of products you may be able to use when building community collaborations and delivering ACT workshops to veterans in your service area.

10.2 Visual Abstract Demonstrating Efficacy of 1-day ACT Workshop

We published findings regarding efficacy of a 1-day ACT workshop in the Journal of Behavioral Medicine, entitled *Combination Outreach and Brief Wellness Intervention Improves Mental Health Outcomes for Hard-to-Reach Distressed Rural Veterans* (Dindo et. al, 2020). The article can be accessed at: <https://pubmed.ncbi.nlm.nih.gov/32940807/>.

We created a visual abstract to help readers—community partners, individual Veterans, VA leadership and clinicians— to quickly absorb findings presented in the article. A full-sized printable version of this infographic can be requested, please contact Lilian Dindo, Ph.D. (Lilian.Dindo@bcm.edu)



10.3 Infographic for Veterans: ACT Workshop for Living a Full and Meaningful Life

With guidance from our community partners, we developed an infographic about the 1-day ACT workshop that can serve as a quick way to understand what ACT is, how the workshops are being implemented in community settings, and what past attendees have to say about the workshops. This infographic can serve as both a recruitment flyer and an informational brochure. We developed a version for when ACT workshops are only being offered in person and another version for when workshops are being offered in person or virtually.

For a full sized, printable version of this, please contact Lilian Dindo, Ph.D. (Lilian.Dindo@bcm.edu).

10.4 ACT Brief (4 minute) Video to Promote Workshops

In partnership with two veterans who completed an ACT 1-day workshop, we produced a [brief video](#) to promote and describe the workshops to community partners and interested veterans.



10.5 Example emails to community partners

Below are two examples of communications to a community partner for help with getting the word out about ACT workshops

Dear ____,

It was a pleasure meeting you/speaking with you at (fill in time and location, if applicable). We are excited about collaborating with you on our new project offering a 1-day workshop for Veterans. As mentioned, this workshop is based on Acceptance Commitment Training and aims to help distressed Veterans gain some new coping skills and to have better quality of life and reintegration into civilian life.

Our project specifically focuses on (adapt as applicable):

- 1) reaching Veterans who do not come to the VA; and
- 2) Veterans in rural areas.

Please find attached Flyers to post on your organization's bulletin board, newsletter, social media page or forward via email.

Please note that the workshop is offered free to Veterans. (Adapt as applicable) It involves a short screening survey (can be done over the phone; takes about 5 minutes) to see if they are eligible.

Please don't hesitate to contact me if you have any questions.

Thank You!

Best,

[SIGNATURE]

The example provided on the next page goes into much greater detail. Consider it to be more of a follow-up email for folks you may have already spoken to about the ACT workshop.

Dear _____

Thank you for agreeing to connect with us and hear more about our 1-day workshops for Veterans who are experiencing distress and/or reintegration difficulties. These workshops are based on Acceptance and Commitment Training (ACT), an evidence-based treatment for a variety of challenges that a Veteran may be facing.

Our goals are to identify Veterans who are experiencing distress but not receiving mental health care or services and engage them in attending a 1-day ACT group workshop in locations and at times that are most convenient and accessible to them.

We are doing this through collaboration with VA and community partners, and with guidance from an Advisory Committee comprised of Veterans who have engaged in ACT workshops and leaders from Veterans Service Organizations and community-based organizations that serve Veterans.

ACT is a trans-diagnostic behavioral intervention (meaning it works for a variety of conditions) aimed at helping individuals develop the emotional skills needed to pursue valued goals and directions in the face of life's challenges. It is an empirically supported treatment for depression and anxiety disorders and has been effectively implemented in many treatment delivery formats, including 1-day "workshops."

By offering the workshops in accessible settings and a 1-day format, we hope to reach Veteran who might not otherwise engage in mental health care. The workshops also include information on VA and community resources and services, and we will be following up with Veterans who attend a workshop to ask about whether they accessed any additional services and their perceptions of and experiences with ACT.

We would love if (name of organization) would collaborate with us in any or all of the following ways:

1. To have someone from (name of organization) join our Advisory Committee, which involves a 1-hour meeting once a month that can be attended in person (with lunch provided) or by phone—the purpose of the Committee is to provide community and partner input on all aspects of our efforts, including getting the word out, identifying other community organizations who can partner with us, and possibly providing space for a workshop;
2. To explore how and whether (name of organization) might help us with getting the word out about the project through whatever means are most acceptable/easiest for you (some of our community collaborators send out or post the recruitment flyer, others let us attend meetings to talk about the study, still others post the flyer to social media for us, etc.).
3. if you or any of your staff are interested in learning more about ACT, they could attend a workshop to observe or sit in on one of our ACT trainings—we are interested in helping organizations identify whether ACT is a tool that might be useful for their staff and/or Veterans and families they serve.

I can provide more information via email or find time to connect over the phone at your convenience. If you'd prefer a face-to-face meeting, someone from the team can come meet with you.

Thank you in advance for considering this request, and I hope to connect with you soon.

[SIGNATURE]

10.6 Recruitment flyers

Below are two examples of flyers to advertise ACT one-day workshops.

Are you a woman who served in the military?




Has adjusting to civilian life been challenging?

If **YES**, you may be eligible to participate in our Supportive Outreach and Reintegration (SOAR) project.

The goals of SOAR are to:

- 1) better understand the needs and experiences of former female servicemembers; and
- 2) offer a 1-day skills-based workshop on ways to adjust to post-military challenges.

Compensation is provided for participating.

Call Alicia Mark at (559) 640-7644 for more information.







This project is funded by Veterans Health Administration (VHA) Office of Rural Health and approved by Michael E. DeBakey VA Medical Center and Baylor College of Medicine.

Are you a Veteran?




Has adjusting back to civilian life been challenging?

If **YES**, you may be eligible to participate in a research study being conducted by the Michael E. DeBakey VA Medical Center & Baylor College of Medicine.

The goals of this study are:

- 1) to better understand the experiences of returning to civilian life;
- 2) to offer a 1-day workshop (in-person or online) on ways to adjust to challenges post-deployment/military service.



Compensation is provided for your participation.

Call Ken Woods, US Army Veteran at (713) 440-4612 or email at ken.woods@va.gov to discover if you are eligible.






U.S. Department of Veterans Affairs
Veterans Health Administration
Michael E. DeBakey VA Medical Center

10.7 Articles

Below is a list of helpful peer-reviewed publications regarding efficacy of ACT as a transdiagnostic intervention.

Acceptance and Commitment Therapy: A Transdiagnostic Behavioral Intervention for Mental Health and Medical Conditions

Lilian Dindo, Julia R. Van Liew & Joanna J. Arch

Neurotherapeutics (2017)

<https://link.springer.com/content/pdf/10.1007/s13311-017-0521-3.pdf>

Psychological interventions have a long history of successful treatment of patients suffering from mental health and certain medical conditions. At the same time, psychotherapy research has revealed key areas of growth for optimizing patient care. These include identifying novel treatment delivery methods that increase treatment adherence, developing new strategies to more effectively address the ever-growing population of patients with comorbid conditions, and elucidating the mechanisms by which effective treatments work in order to further refine their design. Acceptance and commitment therapy (ACT) is an empirically supported psychotherapy that offers promise for patients suffering from a wide range of mental and physical conditions, while addressing these gaps and challenges in the field. ACT rests on the fundamental premise that pain, grief, disappointment, illness, and anxiety are inevitable features of human life, with the therapeutic goal of helping individuals productively adapt to these types of challenges by developing greater psychological flexibility rather than engaging in counterproductive attempts to eliminate or suppress undesirable experiences. This is achieved through committed pursuit of valued life areas and directions, even in the face of the natural desire to escape or avoid painful and troubling experiences, emotions, and thoughts. ACT is transdiagnostic (applies to more than one condition), process-focused, and flexibly delivered. In a relatively short period of time, ACT has been effectively implemented across a broad range of therapeutic settings, including mental health, primary care, and specialty medical clinics. ACT has also been delivered in a variety of formats, including 1-day group workshops, online and smartphone applications, and telehealth. Focus on how best to package and deliver treatment to meet the unique needs of different patient populations helps to ensure treatment adherence and has fostered successful application of ACT for patients in everyday clinical settings.

1-day acceptance and commitment training workshops in medical populations

Lilian Dindo

Current Opinions in Psychology (2015)

<https://doi.org/10.1016/j.copsyc.2015.01.018>

Chronic medical illnesses often require a high level of self-management, which can be challenging, particularly over extended periods. The challenge is accentuated by comorbid depression or anxiety, which interfere with motivation and drive. Acceptance and Commitment Therapy is an empirically based behavioral intervention aimed at helping individuals develop greater psychological flexibility in the face of life's challenges. It provides a unified model of behavior change and has shown promise in treating depression and anxiety, as well as chronic medical conditions. Importantly, Acceptance and Commitment Therapy has been effectively implemented in various formats, including 1-

day group workshops, well suited for dissemination into medical settings. The purpose of this review is to provide an overview of studies of 1-day group workshops in medical populations and suggest future directions for further development of this promising area.

Training in and implementation of Acceptance and Commitment Therapy for depression in the Veterans Health Administration: Therapist and patient outcomes

Robyn D. Walser, Bradley E. Karlin, Mickey Trockel, Barbara Mazina, C. Barr Taylor

Behaviour Research and Therapy (2013)

<https://doi.org/10.1016/j.brat.2013.05.009>

Objective: The U.S. Department of Veterans Affairs has implemented a national dissemination and training initiative to promote the availability of Acceptance and Commitment Therapy for depression (ACT-D). This paper reports on therapist and patient outcomes associated with competency-based training in and implementation of ACT-D.

Method: Therapist and patient outcomes were assessed on eleven cohorts of therapists (n = 391) and their patients (n = 745).

Results: Three-hundred thirty four therapists successfully completed all requirements of the Training Program. Ninety-six percent of therapists achieved competency by the end of training, compared to 21% at the outset of training. Mixed effects model analysis indicated therapists' overall ACT-D competency scores increased from 76 to 112 (conditional SD = 6.6), $p < 0.001$. Moreover, training was associated with significantly increased therapist self-efficacy and positive attitudes toward ACT-D. Therapeutic alliance increased significantly over the course of therapy. Mixed effects model analysis revealed that mean BDI-II scores decreased from 30 at baseline assessment to 19 (conditional SD = 5.6) at final assessment, $t(367) = 20.3$, $p < 0.001$. Quality of life scores also increased.

Conclusions: Training in and implementation of ACT-D in the treatment of Veterans is associated with significant increases in therapist competency and robust improvements in patient outcomes.

Combination Outreach and Wellness Intervention for Distressed Rural Veterans: Results of a Multimethod Pilot Study

Lilian Dindo, McKenzie K. Roddy, Derrecka Boykin, Ken Woods, Merlyn Rodrigues, Tracey L. Smith, Raquel D. Gonzalez, Gala True

Journal of Behavioral Medicine (2020)

<https://doi.org/10.1007/s10865-020-00177-8>

We partnered with veteran-serving nonprofits in order to identify distressed rural veterans and provide them with a mental health workshop in community-based settings. Community organizations helped recruit veterans and provided space for 1-day (5-h) Acceptance and Commitment Therapy (ACT) group workshops conducted in rural locations. Qualitative interviews were conducted at 1- and 3-months post-intervention to assess acceptability. Quantitative measures were conducted at baseline, 1- and 3-months post-intervention to measure

effectiveness. We successfully engaged community partners throughout every stage of the research and delivered workshops to thirty-one veterans in rural community-based locations. Veterans appreciated the structure, content, and environment of the workshops; most implemented ACT skills into their daily lives and some initiated new treatment following workshop participation. Quantitative measures showed improvements in functioning (Cohen's d ranging from .27 to .40), reintegration (Cohen's $d = .45$), meaning and purpose (Cohen's $d = .40$), and reductions in distress (Cohen's d ranging from .28 to .40) 3-months following workshop participation. Collaborating with rural veteran-serving nonprofit organizations holds promise for engaging hard-to-reach distressed veterans in mental health care.

Dindo LN, Recober A, Calarge CA, Zimmerman BM, Weinrib A, Marchman JN, Turvey C. One-Day Acceptance and Commitment Therapy Compared to Support for Depressed Migraine Patients: a Randomized Clinical Trial. *Neurotherapeutics*, 17(2):743-753, Apr 2020. PMID 31863406, PMC7283406

In patients with migraine, depression is associated with poorer medical prognosis, decreased quality of life, and increased risk of suicidality and disability; yet, behavioral interventions have rarely been investigated. The current study compared the efficacy of two 1-day (5- to 6-h) interventions for co-occurring migraine and depression: (1) acceptance and commitment therapy plus migraine education (ACT-ED), and (2) support plus migraine education (SED). One hundred and thirty-six patients with comorbid depression and migraine were randomized to a treatment. One hundred and three (76%) completed the ACT-ED ($N = 56$) or S-ED ($N = 47$) workshop. Primary outcomes were depression diagnosis and symptoms. Secondary outcomes were anxiety symptoms, headache-related disability and general functioning, and quality of life. Assessments were completed at baseline and 3 and 6 months following the workshop. At the 6-month follow-up, on categorical outcomes, a significantly greater number of people in the ACTED condition no longer met criteria for a major depressive episode and exhibited a $> 50\%$ drop in symptoms on the Hamilton Rating Scale of Depression. Similarly, though, weaker results were found when examining depressive symptoms dimensionally. On secondary outcomes, people in the ACT-ED condition exhibited significantly greater improvements in anxiety, headache-related disability, and quality of social relationships, compared to S-ED, No differences between groups were observed in general functioning. A 1-day (5- to 6-h) ACT workshop can deliver substantial and lasting benefits to depressed migraineurs, over and above those provided by group support and education. This approach is an attractive alternative to weekly psychotherapy. [Clinicaltrials.gov # NCT02108678](https://clinicaltrials.gov/ct2/show/study/NCT02108678)

Dindo L, Johnson AL, Lang B, Rodrigues M, Martin L, Jorge R. Development and evaluation of a 1-day Acceptance and Commitment Therapy workshop for Veterans with comorbid chronic pain, TBI, and psychological distress: Outcomes from a pilot study. *Contemporary Clinical Trials*, 90:105954, Feb 2020. PMID 32032736

Objectives: To 1) develop and refine a 1-day trans-diagnostic psychotherapeutic "ACT on Life" workshop tailored for Veterans with mild traumatic brain injury, stress-based psychopathology, and pain; 2) examine the feasibility, acceptability, and preliminary effects of this intervention.

Setting: A Veterans Health Administration medical center.

Participants: Veterans returning from Operations Iraqi Freedom, Enduring Freedom, and New Dawn with mild TBI, stress-based psychopathology, and chronic pain.

Design: Phase I involved development of the intervention by experts and subsequent refinement based on Veteran feedback (N = 11). Phase II was a pilot randomized controlled trial comparing the effects of the revised intervention (N = 20) to treatment as usual (TAU; N = 12).

Main measures: For phase I, qualitative feedback at 2 weeks and 3 months post-workshop was obtained from Veterans. For phase II, quantitative measures included the PTSD Checklist, Depression Anxiety and Stress Scale, Military-to-Civilian Questionnaire, WHO-Disability Assessment Schedule, Brief Pain Inventory, Acceptance and Action Questionnaire.

Results: Veterans found the workshop acceptable, innovative and useful. Quantitative data from phase II suggested that participants in the ACT group, relative to TAU, showed improvement in psychiatric symptoms, functioning, and reintegration 3 months post-workshop.

Unexpectedly, pain interference was lower in the TAU group at follow-up.

Conclusions: Preliminary results support the feasibility, acceptability, and promising effects on psychological distress and community reintegration of this 1-day, transdiagnostic workshop for Veterans. Future research examining the effectiveness of this workshop with a larger sample size is necessary.

Huddleston C, Martin L, Woods K, Dindo L. One-Day Behavioral Intervention for Distressed Veterans with Migraine: Results of a Multimethod Pilot Study. *Mil Med*, 183(7-8):e184-e192, Jul 2018. PMID 29420786

Introduction: Migraine, a chronic neurological disorder characterized by episodic severe headache pain and functional impairment, affects approximately 12% of the general US population. Veterans returning from Iraq or Afghanistan have two to four times the incidence of migraine of the general population. Veterans with migraines are more than twice as likely to have comorbid psychiatric conditions as veterans without migraines, with depression and post-traumatic stress disorder being most prevalent. This psychiatric-migraine comorbidity is of major public health significance, as it leads to decreased quality of life, poorer response to migraine and mental health treatment, and overall worse prognosis. Unfortunately, acceptable and effective treatments for these comorbid problems have rarely been investigated. The aims of this study are to examine the acceptability, feasibility, and preliminary efficacy of a 1-d acceptance and commitment therapy (ACT) plus Migraine Education workshop.

Method: Twenty-five veterans with migraines and co-occurring depression and/or anxiety completed the 1-d ACT plus Migraine Education workshop. Veterans completed assessments of depressive and anxiety symptoms, general functioning, headache-related disability, and ACT-specific skills at baseline and 3 mo after the workshop. Changes from baseline to 3-mo follow-up on the self-report and clinician-rated measures were assessed using the paired t-test and Wilcoxon signed-rank test. Veterans also completed semistructured qualitative interviews documenting their experiences with the workshop 2 wk and 3 mo following the intervention. Qualitative data were analyzed via directed content analysis. Individual codes were aggregated into larger themes agreed upon by consensus.

Results: At 3-mo follow-up, veterans significantly improved in depressive and anxiety symptoms, general functioning, and headache-related disability compared with baseline. Additionally, veterans significantly improved in pain acceptance and engagement in valued life areas. In interviews, veterans indicated that the migraine education helped them feel more knowledgeable about their condition, and this empowered them to better manage their headaches, including talking to their physician about medication adjustments. The ACT component led to greater awareness of the role stress plays in exacerbating pain and ways to manage this stress, including greater acceptance and greater engagement in valued life activities. For some, however, the role of stress in exacerbating migraines needed to be highlighted more. Veterans appreciated being in a group with other veterans with similar health difficulties and wanted this to be incorporated into ongoing care at the Veterans Affairs medical center. The patient education manuals were useful to the veterans, with some referring to them during the months following the workshop.

Conclusion: Findings of this small trial have important implications pending replication in a more rigorously designed large-scale study. A 1-d ACT plus Migraine Education workshop is an acceptable and feasible treatment approach for veterans with migraines and significant distress. Significantly reduced distress and disability, as well as improved coping skills, suggest that veterans were activated to engage more fully in their lives and clinical care. The availability of an effective transdiagnostic intervention that can be completed in 1 d is particularly valuable for veterans who have multiple comorbid conditions and who encounter practical barriers to engaging in the usual prescribed weekly therapy treatments.

Dindo L, Zimmerman MB, Hadlandsmyth K, StMarie B, Embree J, Marchman J, Tripp-Reimer T, Rakel B. Acceptance and Commitment Therapy for Prevention of Chronic Postsurgical Pain and Opioid Use in At-Risk Veterans: A Pilot Randomized Controlled Study. J Pain, 19(10):1211-1221, May 2018. PMID 29777950, PMC6163061

High levels of pain, significant anxiety, or depressive symptoms before surgery put patients at elevated risk for chronic pain and prolonged opioid use following surgery. The purpose of this preliminary study was to assess the efficacy of a 1-day [Acceptance and Commitment Therapy](#) (ACT) workshop in “at-risk” veterans for the prevention of chronic pain and opioid use following orthopedic surgery. In a [randomized controlled trial](#), 88 at-risk veterans undergoing orthopedic surgery were assigned to treatment as usual (TAU; n = 44) or TAU plus a 1-day ACT workshop (n = 44). Pain levels and opioid use were assessed up to 3 months following surgery. Pain acceptance and values-based behavior were assessed at baseline and 3-month follow-up. Participants who completed the ACT workshop reached pain and opioid cessation sooner than those in TAU. [Postoperative complications](#) exhibited a moderating effect on these outcomes, such that the effects of ACT were greater in patients without complications. Increases in pain acceptance and values-based behavior, processes targeted in ACT, were related to better outcomes. These promising results merit further investigation in a larger clinical trial. Providing an intervention before surgery for at-risk veterans has the potential to change clinical practice from a focus on management of [postoperative pain](#) to prevention of chronic pain in at-risk individuals.

10.8 Cyberseminars

There are many online courses and other resources to learn more about ACT. These are two Cyberseminars that may be of interest to VA staff.

ACT for Life: A Brief Intervention for Maximizing Recovery After Suicidal Crises

Sean Barnes, PhD

Presented Jan 14, 2019

https://www.hsrd.research.va.gov/for_researchers/cyber_seminars/archives/video_archive.cfm?SessionID=3578

Description: Suicide prevention literature and public health policy both call for treatment targeting high-risk populations, such as Veterans hospitalized due to suicidal intent and/or attempts. Psychiatric hospitalization is a critical opportunity to provide treatment to reduce the risk of suicide and lay the groundwork for functional recovery. Yet, extant empirically supported psychotherapies for suicide prevention are not feasible to provide during an average length VA psychiatric hospitalization. The cyberseminar will focus on the development and initial evaluation of ACT for Life, a brief individual inpatient intervention for maximizing functional recovery after suicidal crises. Intended audience: anyone interested in suicide prevention, inpatient care, brief psychotherapy, treatment development, and/or Acceptance and Commitment Therapy.

Acceptance and Commitment Therapy for Moral Injury (ACT-MI): Moving with Moral Pain towards a Meaningful Life

Lauren Borges, PhD

Seminar date: 5/13/2019

[Acceptance and Commitment Therapy for Moral Injury \(ACT-MI\): Moving with Moral Pain toward... \(va.gov\)](#)

Description: The need for moral injury intervention is increasingly being recognized as a domain in Veteran care that must be addressed. Psychotherapies developed to target moral injury and functional recovery are limited in VHA. This Cyberseminar will focus on the initial phase of development of Acceptance and Commitment Therapy for Moral Injury (ACT-MI). Intended audience: anyone interested in moral injury or Acceptance and Commitment Therapy.

10.9 Books

Hayes, S. C., Strosahl, K. D., & Wilson, K. G (2012). *Acceptance and Commitment Therapy: The Process and Practice of Mindful Change* (2nd ed.). New York: The Guilford Press.

Harris, R. (2009). *ACT Made Simple: An Easy to Read Primer on Acceptance and Commitment Therapy*. Oakland, CA: New Harbinger Publications, Inc.

Luoma, J. B., Hayes, S. C., & Walser, R. D. (2007). *Learning ACT: An Acceptance & Commitment Therapy Skills-Training Manual for Therapist*. Oakland, CA: New Harbinger Publications, Inc.

Bach, P. A., & Moran, D. J. (2008). *ACT in Practice: Case Conceptualization in Acceptance and Commitment Therapy*. Oakland, CA: New Harbinger Publications, Inc.

10.10 Self-Help Books

Hayes, S. C., & Smith, S. (2005). *Get Out of Your Mind & into Your Life: The New Acceptance & Commitment Therapy*. Oakland, CA: New Harbinger Publications, Inc.

Harris, R. (2012). *The Reality Slap*. Oakland, CA: New Harbinger Publications, Inc.

10.11 Websites and Mobile Applications

Association for Contextual Behavioral Science: <https://contextualscience.org/>

This international online community is dedicated to connecting scholars, researchers, educators, and practitioners with information and resources to support the advancement of contextual behavioral science. This website provides explanations of ACT concepts and theory, marketing and patient-facing materials (e.g., brochures, flyers), demonstration videos, and much more. Membership is available and provides full access to premium content, emailing lists, therapist directories, networking, etc. No membership is needed to browse the website.

ACT Mindfully: Workshops with Russ Harris: <https://www.actmindfully.com.au/>

This website provides information about online and live training opportunities for learning ACT. Dr. Russ Harris offers 2-day workshops for beginners to learn the foundation of ACT basics and additional training options for advanced learners interested in special topics (e.g., ACT for Depression and Anxiety). On this website are free handouts, book chapters, audio, videos, and articles based on Dr. Harris' self-help books and textbooks.

ACT coach mobile app (available on iTunes and Google Play)

This mobile app aims to help patients strive toward living meaningful lives by engaging in actions driven by their values even in the face of unpleasant thoughts, feelings, and bodily sensations. It offers exercises, tools, information, and tracking logs for patients to practice specific ACT skills (e.g., mindfulness).



10.12 Promotional products



You can order a variety of branded products to engage Veterans while they are attending a workshop and to help them remember what they learned in the workshop.

These items are relatively inexpensive and may be covered through discretionary funds from Volunteer Services or your Medical Center Director.