Am I doing ACT?

In the courses and supervision I give, I regularly hear this question: am I doing ACT? Is what I do ACT? How do you do a full ACT treatment? I also often ask myself this question. What does not help is that the ACBS, the association that ACT belongs to, does not prescribe how to do ACT properly. Apart from the peer review trainer process, there is no official assessment of someone's ACT qualities.

At a time when treating clients is based on evidence based treatment, guidelines and protocols, the question of whether what you do is really ACT is an important one. After all, the guidelines prescribe certain evidence-based forms of treatment. We must guard against therapist drift, deviating from a form of treatment or intervention without proper arguments, that makes what you do less effective. If you say you are doing CBT, it must be CBT. And that also applies to ACT.

Machines are able to do process flawlessly and produce a perfect end product. People make mistakes and guidelines and protocols are meant to eliminate these mistakes as much as possible. This works. At the same time, people do not learn to reflect on their mistakes and learn from them. And, perhaps more importantly, they do not learn to use their humanity as a therapeutic tool. Our mission as a person is to live an imperfect life.

Sometimes I hear colleagues say that therapists run after every new form of treatment. Maybe there are therapists who go for the thrill of something new. But I think what drives most of us is that we want to do our job well. That we notice that our knowledge is lacking. That we cannot yet connect well enough with clients. And that new / different forms of therapy help with this. They show us the context, and the function of behavior, in a way that we had not seen before. And even if such a form of therapy is not evidence-based, these insights can still be extremely valuable. This is not the same as ignoring evidence from scientific research.

But how do you deliver quality? How do you ensure that you don't "just do anything"? If you let go of a protocol or guideline, how can you assume that you are doing your job well? After all, research has shown that the intuition of therapists is not reliable enough to build on. We must learn to learn from our mistakes. We must learn how to learn from our mistakes.

ACBS 2020 World Congress made me thoroughly aware that the question of whether you are doing ACT is actually not that important. The question, which is much more important, is why you do what you do. This is about the function of your own therapist behavior. What do you hope to achieve with an intervention? Is this in the service of the client and his or her values? Do you connect well with the client, so that your intervention can also land? Do you know enough about your client to be able to connect? Or do you act from rigid beliefs, fears, avoidance? The emphasis on doing something according to the rules can become a breeding ground for fusion and avoidance.

In addition, it is important to learn, from moment to moment, how the client responds to your interventions. How does an intervention arrive? What kind of change is visible? What does this mean for the process you are in with the client? How does this ultimately bring the client closer to his or her self-chosen value-oriented goals and a value-oriented life?

In order to properly monitor client behavior and your own behavior, two things are very important: knowledge and presence. Knowledge is about scientific and professional knowledge, and about client knowledge. How do you conceptualize his or her request for help? Do you know enough to understand the functions of his or her behavior? And also: do you know yourself? What are your strengths, vulnerabilities, struggles and values? What do you easily fuse with? What do you want to stand for as a therapist and as a person? Self-knowledge is a verb, a continuous activity.

By presence I mean that, during your therapy sessions and during moments of reflection on the therapy and the client, you can reflect openly on what is there with your full attention. That you can allow the suffering of the client and what it does to you, to its full extent. That you are aware of what is going on with your client, with yourself and between you. That the client's suffering may be in the room, that there is room for his or her vulnerability and strength, and yours.

Do I ACT and do ACT well is a question about what you want to stand for, which functions of behavior you want to bring along. There are many different ways to do ACT. The only wrong way is to do topographic ACT. By that I mean that you do something that looks like ACT on the outside, because you use metaphors or exercises or language from ACT, but stripped of the functions that they have within ACT. Because you don't understand what those functions are, what an intervention is for. You can also do ACT clumsily, hesitantly, searching, as part of a process of getting better at it. That's ACT. You can mix ACT with interventions and insights from other forms of therapy. If you keep an eye on the functions, for you and the client, within the context of his or her values, focused on a valuable life, then I am convinced that what you do is of added value.

If you want to learn more about function monitoring, you can watch the recording of a workshop from the world conference of the ACBS: Shaping psychological flexibility with realtime functional feedback. There are many more beautiful workshops and presentations that are worth checking out. We also recommend Clinical interactions and the deep feeling involved in acting in the same direction. You can look back if you register for it. There are costs involved. For more information, see: https://contextualscience.org/wc2020online.

If you are interested in learning more about ACT, take a look at our range of courses and workshops at [www.actcursus.nl](http://www.actcursus.nl).

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