Process-oriented working with ACT: what is it?

Actually, I hope your eyebrows go up a bit when you read the title of this blog. Process-oriented working with ACT, isn't that a tautology? Doesn't working with ACT automatically mean that you work with processes?

Yet, in practice I notice that people who work with ACT sometimes have a somewhat flat picture of ACT. They work successively with the different processes, sometimes also in a fixed order. In fact, this is not possible at all. The processes of ACT are so intertwined that you always engage in several processes at the same time, even though you may not be aware of it. In the head of the professional, these are distinct processes that you work on separately. As a result, ACT takes on a somewhat static character and loses its dynamic. Those who still have to master ACT, can hardly do anything else than do ACT in a somewhat static way. However, as you become more experienced with ACT, it would be profitable if your approach became more dynamic. I think you mean more to your clients then.

Lately there have been people, and I am one of them, who talk about process-oriented working with ACT. Although I use the term, I also have my doubts. There is no unequivocal definition of process-oriented working and the question is whether you should want such a thing. Then why am I talking about it?

I notice that a static way of applying sometimes leads to undesirable outcomes. I treat clients who have already ‘had’ ACT. They have not taken advantage of it. They try to use ACT to get rid of bad feelings and thoughts and they fuse with beliefs about how ACT is supposed to work. I also sometimes notice that students and supervisees are fusing with ideas about how ACT should work, or that they haven't really let go of the control agenda. It's all normal phenomena, because the world isn't perfect and neither are we as professionals. It is a pity, however, when ACT has not been delivered to the full depth it could have, and clients (or health care professionals or institutions) turn away from ACT as a result. Especially if they could benefit from it.

When I teach an introductory ACT course, the making of a case conceptualization and the subsequent treatment plan is always discussed. And I always struggle with the fact that for me a case conceptualization and a treatment plan only give very limited direction to what I am going to do. Working for my employer I am used to setting goals during the intake. I struggle with that too. My goals are never SMART. During a course, a trainee said: your goals are more like directions. I thought that was well worded. And I realized that it has to do with my process-oriented view of ACT. I start somewhere and then the process unfolds. I always follow what becomes visible and determine my next step from there. I am actually constantly analyzing, conceptualizing, determining my focus and my next intervention.

My interventions regularly consist of metaphors, sometimes of beautiful, fun experiential exercises. I am mainly in conversation, as fully present as possible to what is happening between me and the client, within myself and visibly with the client. I use my intuition to do this. Unfortunately, in some scientific circles, the therapist's intuition has a bad reputation. I see intuition as the convergence of my knowledge from education, experience as a therapist, experience as a person and scientific insights. Sometimes I very consciously use a therapy model (ACT and other contextual therapies) to understand what is going on, sometimes not so consciously. Metaphors arise in that dialogue.

Working like this in a mental health care world, where working according to protocols, according to guidelines, in line with the diagnosis that clients receive is paramount, is difficult. It is against my values ​​to shortchange clients by denying them good help. I regularly wonder if I am depriving them of anything, by making little use of protocols and not focusing on diagnosis as a guideline for my treatment. The feedback I get from clients is that they feel seen and heard. That they can talk about what concerns them deeply, which they cannot or dare not talk about with other people. It is my conviction, not scientifically substantiated, that in such a context we can do much more for clients.

Do you want to know more about process-oriented working with ACT? Then take a look at our offer: our two-day follow-up course or our eight-day VGCt course.