

The right treatment at the right time:

Acceptance & Commitment Therapy is a breakthrough treatment for PTSD

Between 15-17 percent of Iraq veterans suffer from post-traumatic stress disorder (PTSD), generalized anxiety, and depression. Survivors of hurricane Katrina have nearly 10 times the rate of PTSD than that of the general population. PTSD symptoms affect between 11-13 percent of children who survived the 2004 tsunami.

Could there be a better time for a breakthrough PTSD treatment? Acceptance & Commitment Therapy (ACT) is a revolutionary new therapy that's shown great promise in treating PTSD and trauma. In **Acceptance & Commitment Therapy for the Treatment of Post-Traumatic Stress Disorder: A Practitioner's Guide to Using Mindfulness & Acceptance Strategies**, Robyn Walser, Ph.D., and Darrah Westrup, Ph.D., psychologists who have treated hundreds of PTSD and trauma patients with ACT, offer a complete protocol.

ACT Turns Traditional Psychotherapy Approaches on Their Heads

ACT says pain is normal, the real problem is the behaviors we adopt to control pain.

Most of us think emotional pain is to be controlled and "fixed." After all if you have a problem outside of your emotional life you use your fix-it skills to solve or control it, so why not apply that same model to emotional pain? While it may sound logical that's just the kind of thinking that allows pain to take over our lives. "...if clients spend ongoing time trying to control their experience of a past trauma, then the trauma and its associations will grow, in some cases even to the point where an individual's full identity and life experience is in some way, about the trauma," say Walser and Westrup.

ACT says that language plays a huge role in the psychological pain associated with trauma.

"Verbal knowledge, or our ability to create and grow our language, is our miracle and our misfortune," say the authors. That's because we can become "fused" with language—that is we can take the stories we construct about ourselves with our language all too literally. If, for example, a sexual abuse survivor tells herself that she is "damaged goods that no one will want," she can take that statement as absolute truth, rather than simply a thought.

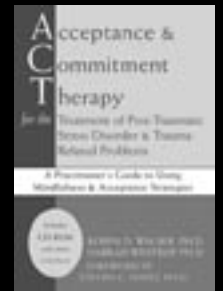
ACT says the point of therapy is not to reduce pain, but to help a client live a valued life.

Pain may be unavoidable, but that doesn't mean it has to dictate how we live our lives and what we do with our time and energy. Values should be the driving force in our life, according to ACT. This is particularly difficult for survivors of trauma who feel consumed and defined by their pasts. Conventional therapies hold that you have to break free from pain before you can have a rich and satisfying life. Not so in the ACT model. Rather, ACT therapists contend that a fulfilling life is possible with pain and acting on our values instead is what helps us to break the grip of psychological pain.

ACT says that mindfulness and acceptance are keys to having a life driven by values, rather than pain.

Traditionally, therapy has offered clients a skill set for overcoming and reducing painful thoughts and feelings. ACT offers them training in mindfulness and acceptance. These two practices serve to help trauma survivors recognize, but not identify with painful thoughts and feelings. When you become mindful and accepting of thoughts and feelings you learn to recognize them without according them the power to determine how you'll live.

**ACT was
featured in *Time*
magazine
in 2006**



Acceptance & Commitment Therapy for the Treatment of Post-Traumatic Stress Disorder & Trauma-Related Problems: A Practitioner's Guide to Using Mindfulness & Acceptance Strategies

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**NEXT:
About the Authors**

About Robyn D. Walser, Ph.D.



Kerri Childress

Robyn D. Walser, Ph.D., works as a consultant, workshop presenter and therapist in her private business, TLConsultation and she is a psychologist at the National Center for PTSD, Veterans Affairs Palo Alto Health Care System. Dr. Walser has expertise in traumatic stress, substance abuse, and acceptance and commitment therapy. She has been doing ACT workshop training both nationally and internationally since 1998; training in multiple formats and for multiple client problems.

What Dr. Walser's colleagues have said

"...She is bold and upfront, yet folks find themselves shaking their heads and thanking her instead of getting upset, because everything that she does in these roles comes from a nonjudgmental place and a wish to be helpful—which she is over and over again. Robyn has become a highly sought after ACT trainer and someone the ACT community turns to for advice and consultation routinely. Students handle her therapy tapes, as examples of effective ACT, with almost reverence. Her ability to connect to people, from one human being to another,

is uncanny, and I can honestly say that **I have been profoundly impacted both professionally and personally by Robyn's gift as an ACT therapist** and teacher. I am certain that her readers will feel likewise."

—Jacqueline Pistorello, Ph.D.

"Robyn Walser is **one of the most passionate, creative, and bold ACT trainers and therapists on the planet.** If you want a warm, challenging ACT training experience you could do not better than to take one of Robyn's ACT workshops. A clinician's clinician, Robyn has the experience, vision, and values of a person deeply connected to this work for many years. She gets it, and she will make sure you do too."

—Steven C. Hayes, Ph.D., University of Nevada

"Robyn is a masterful clinician who exudes warmth and compassion while firmly guiding clients to a bolder, more courageous existence. Robyn's workshops remain mine, and my colleagues' most memorable and significant training experiences.

She is **one of the greatest contributors to the dissemination of Acceptance and Commitment Therapy worldwide**, and seminal influences on the practice of ACT among clinicians."

—Dr. Matthew Smout, Senior Clinical Psychologist, Amphetamine Use Disorders Research Group, Pharmacotherapies Research Unit, Drug & Alcohol Services South Australia

"Robyn defies these times of specialization. She is **an engaging teacher, a diligent scholar, a dynamic educator, and a group facilitator with a sense of humor.** She embodies the ACT principle of vitality. If this book gives a smidgen of a clue to how to live life fully, struggles and all, it's worth reading."

—Gloria Maramba, Mental Health Clinic Coordinator, VA Palo Alto Health Care System

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About Darrah Westrup, Ph.D.



Darrah Westrup, Ph.D., is an experienced ACT clinician with a private practice in Menlo Park, CA. She has conducted numerous ACT trainings and workshops, and provides ACT supervision on an ongoing basis. Dr. Westrup has extensive training and experience in PTSD, and along with her practice, is Program Attending of the Women's Trauma Recovery Program at the VA Palo Alto Health Care System, and Program Director of the Women's Mental Health Center at the VA Palo Alto Health Care System. Dr. Westrup is frequently quoted in national and local media.

What the Media's Said about Dr. Westrup

"Dr. Darrah Westrup is a journalist's dream-come-true. Not only is she immediately personable, but she's also deeply insightful and articulate. Speaking with both warmth and authority, she is able to translate the complexities of trauma treatment into graspable, highly useful information for the general public. I have loads of respect for her and for the important work she does."

—Sara Corbett, Contributing Writer, *The New York Times Magazine*

"Dr. Westrup is **a tremendous resource for understanding the impacts of PTSD.** She takes a very sensitive subject and puts it in human terms that are easy to relate to and understand. Dr. Westrup is bringing exposure to a topic with a huge social stigma, and transforming it from something shameful into a common response to a traumatic event. Her work is helping people reclaim their lives, and her words are helping friends and families understand the issues those people are struggling to overcome."

—Jason Margolis, Reporter, PRI's *The World*

What her colleagues have said

"Dr. Westrup is an insightful, compassionate, and effective clinician. She is able to readily establish rapport and inspire hope in those clients who previously have given up on themselves and the process of therapy. This is no small feat. But that she is able to accomplish this with considerable humor, pragmatism, and knowledge of the scientific literature truly makes her exceptional."

—Dorene Loew, Ph.D. National Center for PTSD, VA Palo Alto Health Care System

"Dr. Westrup combines knowledge and professionalism with caring and sensitivity. She is a wonderful colleague and a truly gifted clinician."

—Gloria Grace, LCSW, MPH, Coordinator Women's Trauma Recovery Program, National Center for PTSD

"Dr. Westrup is an expert clinician with years of experience treating this population. She is a scientist—practitioner in the very best sense. I admire not only her sense of compassion and humanity but her rigor and thoughtfulness in putting treatment to practice. It's time this skillful teacher and instructor makes her wealth of knowledge in this area accessible in book form."

—Tina T. Lee, MD, MS

Deputy Associate Chief of Staff for Mental Health Clinical Operations
VA Palo Alto Health Care System

"Darrah Westrup is a consummate clinician. She is warm, engaging and perceptive. She is able to create alliances with the most difficult of patients. Furthermore, she is highly skilled in both specific interventions geared toward changing behavior and in understanding and responding effectively to relational issues in treatment."

—Bruce A. Arnow, Ph.D.

Professor, Department of Psychiatry & Behavioral Sciences

NEXT:

Q & A with the Authors

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Q & A with the Authors

Q: You say early in your book that “the goal of acceptance and commitment therapy, or ACT is to bring vitality and valued living back to the traumatized individual who has been unable to recover.” This is a real departure from what most people would expect to get from therapy—symptom relief. Why is this the goal instead of relief from trauma symptoms?

DW: We don't want to think of it this way, but in fact, traumatic events are a fairly common aspect of human experience. To be horrified, terrified, or otherwise in pain about such events is natural and appropriate! Who would we have to be to not be thus affected? It's interesting that we call such reactions “symptoms;” we interpret them as “not okay” and pit ourselves against experiencing them. It's that effort which is problematic and which fuels PTSD. Valued living becomes possible when clients are freed up to make value-based, rather than avoidance-based choices.

RDW: In fact, for many trauma survivors with PTSD, their lives have become unlivable. That is, they've stopped doing things they used to do, including the enjoyable things. In many ways their lives have become “small” as their symptoms have come to rule their existence. For example, the assault survivor who stays in his bedroom to avoid anxiety, the rape victim who stops having relationships because “all men are dangerous”, the car accident survivor who never drives again, or the war veteran who cuts himself off from his family as he has returned home “different.” These kinds of life-shrinking problems are consistently seen in PTSD and are largely done in efforts to control symptoms—in efforts to not think, feel and experience. However, these very efforts can actually increase symptoms and problems. The price of avoidance is the loss of a vital life. When these same people come to therapy, their request is often to help them “forget” the trauma so that they can get their life back. The work in ACT is to help clients live now, along with these experiences.

Q: What is experiential avoidance, and why do you say it that its impact on a trauma sufferer is usually negative?

RDW: All humans experience—we feel, we think, we sense, we remember. These experiences are what make up our lives, and they provide richness, enjoyment, and relationship as well as pain and sadness. Experiential avoidance occurs when humans make any effort to escape these experiences. Trauma survivors, like many humans, work to avoid painful experiences. This in and of itself is not necessarily bad. However, when that avoidance leads to diminished engagement in life, suffering and pain can increase. What happens is a paradox: not only do trauma survivors not want these experiences, but they begin to fear them—they have a fear of fear or anxiety about their anxiety—and their suffering increases as they battle to get away from their own senses, emotions, and minds.

DW: Experiential avoidance is a human problem, and we all try to avoid pain. This costs us if we end up tiptoeing through life, trying to pick and choose the emotions we will have. It's not possible to live a full and vital life in this way—we're either in life or we're not.

Q: You say that “verbal knowledge, or our ability to create and grow our languages, is our miracle and our misfortune.” What do you mean by this, and how does this relate to the experience of those with post-traumatic stress disorder or trauma-related symptoms?

RDW: Verbal knowledge is our miracle because it has brought us and continues to bring us many wonderful things in life—ideas, transfer of knowledge, intimacy in relationships, communication, travel, technology, and so forth. But this same ability has also brought great struggle. Through language we can compare ourselves to an imagined ideal or imagine a future that would be filled with happiness—if only our histories weren't filled with pain. We can think about what it would be like if things were better or different. This is problematic for trauma survivors when they think about (“language” about) their histories and how life would be better if they could eliminate the trauma and the painful experiences that often accompany trauma. History however, moves in one direction—a trauma cannot be undone. Misfortune arises when survivors imagine (again, “language” about) their life as a better or more whole human being if the trauma and its pain could be eliminated.

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Q: Mindfulness is an ancient Buddhist practice that entails being aware of and experiencing the present moment to the greatest degree possible. Yet it comes up again and again in this very contemporary and even revolutionary way of treating trauma. Why?

DW: The art of mindfulness has been around for a long time, but it certainly isn't widely practiced in our society. In fact, our culture tends to be anything but mindful; we have ever increasing ways—like cell phones, videos, blackberries, iPods—to take ourselves out of the present moment. We also believe that if we "put our minds to it" or do the right things, we can make ourselves happy. This sort of belief system comes crashing down when a trauma occurs because none of the rules or strategies seem to apply, and we don't have a skill set for dealing with the traumatic event. So what's really revolutionary with the mindfulness component of ACT isn't so much that the ideas are new, but rather that they're novel to our culture. The mental health profession also has a long history of trying to help people feel better—read "happier"—so explicitly disavowing that as a goal of therapy is both revolutionary and bold. On the other hand, trauma is not a new experience for humans. It has been around as long as we have. It's not really surprising that a technique arising from an ancient wisdom ultimately proves most helpful when it comes to human suffering.

Q: The notion of "committed action" is central to ACT. What is this, and how do you apply it with trauma survivors?

RDW: Committed action is key in this therapy. It is the very thing that enhances and brings vitality to life. Committed action is about regularly taking very specific steps that are values driven. One component of the ACT intervention is to have people define their values to help them rediscover their own sense of personal direction. In ACT we ask, "How would you like spend your time here on earth? What will you stand for each day?" What we learn with trauma survivors, just as with most people, is that they want to stand for loving relationships, connection, being present to what is happening, and engagement. Many trauma survivors, however, have bought into the idea that they have to be free of the pain of their trauma before they can do these things. Yet history only moves in one direction, and the trauma will never be undone, although the pain of it will come and go. Vitality is found in the actions taken that are consistent with being loving, connected, engaged. It happens when we are present while compassionately showing up to the human experience of feeling, rather than waiting for "good" feelings (no more symptoms) to show up before living our lives.

Q: What is creative hopelessness?

RDW: Many trauma survivors with PTSD have tried numerous things to rid themselves of their symptoms only to find that many of these efforts have failed. They've used alcohol to control anxiety or isolation to control fear, for instance. These efforts are most often about trying to have some other experience than the current one that is happening in the here and now. These efforts can be fundamentally flawed, however, in that it is a "first you lose then you play" game. First there is something wrong with you that you need to fix, and then you need to go and try to live your life. The survivor starts from a place where what they feel isn't okay—whole parts of their experience must be eliminated. It seems to the trauma survivor that he or she must change his or her thoughts and feelings in order to be whole and live fully. This is a change agenda—change your thoughts and feelings and you will be better, more acceptable, and so forth. This agenda is about being something other than what you are. Creative hopelessness tackles this agenda. The idea is to give up the agenda of change of internal experience by pointing to how misapplied and rigid control of internal experience hasn't worked in any long-term or satisfying way or has been costly to the survivor. It is important to remember that the agenda is hopeless, not that the person is hopeless. Finally, stripping away misapplied control efforts is creative as it allows the possibility of something new to happen.

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