Although it is still a relatively new treatment, a growing literature suggests that acceptance and commitment therapy (ACT, pronounced as the word “act”) can be effective across a wide range of problems and clients (for a review see Hayes, Luoma, Bond, Masuda, & Lillis, 2006). The purpose of *Learning ACT: An Acceptance & Commitment Therapy Skills-Training Manual for Therapists* is to provide the reader with an easy-to-follow manual for learning the skills required to use ACT effectively in clinical practice. For those interested in a detailed theoretical and philosophical examination of ACT, the authors of the training manual recommend *Acceptance and Commitment Therapy* (Hayes, Strosahl, & Wilson, 1999), as do we. That volume forms the foundation on which the training manual is based, but it need not be read to derive significant benefit from the manual.

*Learning ACT* is 304 pages in length and comprises 10 accessible chapters organized in a logical and informative sequence. In general, the writing is clear and the book is easy to understand. Old-school behavior analysts will find some of the language imprecise, mentalistic, and objectionable (see Dougher, 2002), but the book is not targeting that audience.

Chapter 1 (“The Six Core Processes of ACT and Their Common Target”) defines ACT as “a psychological intervention based on modern behavioral psychology, including RFT [relational frame theory], that applies mindfulness and acceptance processes, and commitment and behavior change processes, to the creation of psychological flexibility” (p. 22) and introduces its six core processes. This chapter also overviews the general goal of ACT, which is to increase *psychological flexibility*, which is “the ability to contact the present moment more fully as a conscious human being, and based on what the situation affords, to change or persist in behavior in order to serve valued ends” (p. 17).

Chapter 2 (“Developing Willingness/Acceptance”) describes the first core therapeutic process of ACT, which is acceptance. Acceptance is a psychological skill, as are all of the core processes of ACT. Willingness/acceptance allows the client to embrace private events as they are without attempts to change their topography or the rate at which they occur. Clients are taught to experience previously avoided private events fully as part of a method of letting them go, which will then help clear the way to a more vital life.
Chapter 3 (“Undermining Cognitive Fusion”) describes how ACT differs from traditional cognitive behavioral therapy (CBT) and takes issue with the CBT tenet that unpleasant private events must be eliminated before behavior can change in a positive direction. In fact, attempting to eliminate such private events may cause the client to focus attention on them, with the unintended and unfortunate effect of narrowing the client’s behavioral repertoire and preventing her or him from achieving positive therapeutic outcomes. Therefore, ACT focuses on changing the impact of thoughts by changing the context in which they occur, not on eliminating them or changing their form.

Chapter 4 (“Getting in Contact with the Present Moment”) emphasizes present moment awareness. This, from an ACT perspective, is the ongoing, nonjudgmental contact with environmental events that occurs both within and outside the skin. The ACT model proposes that when in contact with the present moment, individuals will have the opportunity to engage in fruitful interactions with the environment.

Chapter 5 (“Distinguishing the Conceptualized Self from Self as Context”) discusses the self as context. This discussion proposes that an individual (self) should be construed as a context for experience rather than as a repository of experiences (e.g., thoughts, emotions, memories).

Chapter 6 (“Defining Valued Directions”) describes, as the title indicates, the ACT process of defining valued directions. Values are defined in ACT as “verbally constructed, global, desired, and chosen life directions” (p. 131). Values are defined by the client and are what give their lives meaning. The purpose of this ACT process is to connect changes in behavior to the values of the client and to focus attention on moving toward a positive outcome rather than simply moving away from an unpleasant situation.

Chapter 7 (“Building Patterns of Committed Action”) overviews the last core ACT process. Language consistent with traditional behavior therapy is used to describe techniques for building such patterns, which can be done through exposure, skill acquisition, goal setting, and other common behavioral interventions, as part of an ACT protocol. These protocols typically include homework tied to behavior-change goals that are short-, medium-, or long-term in nature.

Chapter 8 (“Conceptualizing Cases Using ACT”) focuses on assessment and the development of a treatment plan. This chapter outlines the procedures for doing both of these things. It emphasizes the importance of assessing the function of the client’s behavior, not just its topography, because topographically indistinguishable responses can be maintained by different variables. As in everyday behavior analysis, functional assessment results are used to guide the therapist’s selection of interventions. Also consistent with behavior analysis is the recommendation to constantly monitor the client’s behavior and its controlling variables and to alter the intervention when appropriate. Although this is a perfectly reasonable recommendation, clear and specific guidelines for implementing it are not provided.

Chapter 9 (“The ACT Therapeutic Stance: Using ACT To Do ACT”) provides a theoretical analysis of the therapeutic relationship. The core competencies of the ACT therapeutic stance are described. The therapist is encouraged to speak to the client compassionately and as an equal and to use interventions that take the client’s social, ethnic, and cultural contexts into consideration. Further, canned procedures are to be avoided during therapy and interventions are to be tailored specifically to the needs of the client.
Chapter 10 ("Bringing It All Together") stresses the importance of developing fluency in each core competency while understanding that ACT processes are often intertwined. A skilled therapist must recognize and make use of each process as is appropriate in a context that has the potential to change rapidly.

The appendices provide strategies for using the text in classroom settings, suggestions for resources and references for further development, and an ACT core competency rating form. This form can be used to evaluate a therapist’s own work or the work of others that the therapist supervises. There is also a useful glossary of ACT terms.

Several excellent learning tools are provided. The end of each chapter contains competency exercises and transcripts of client-therapist sessions, as well as suggestions for further reading. These allow the learner to ascertain his or her level of mastery of material in the chapter and to search easily for more detailed information, if desired.

Included with the text is a DVD featuring sample sessions with clients, who are portrayed by actors. The clients are a diverse group of men and women of varying ages who are being treated for a variety of conditions (e.g., social anxiety, depression). To clarify the key features of ACT, the DVD includes several examples and non-examples of therapy sessions using the procedure. Examples of both early and later sessions are included, with each related to core competencies. A debriefing follows each depicted session and a therapist explains why the session was consistent with ACT or why it was not. The authors indicate that the video is best viewed after reading the entire book. This is prudent advice and we recommend reading the entire book, which does not take a great deal of time, before viewing any part of the video. For us, the DVD was invaluable, and we suggest that it be given as much attention as the book itself.

Although ACT is an empirically validated treatment with respect to several patient groups and behavior disorders, it is important to point out that people with relatively unsophisticated verbal repertoires (e.g., young children or individuals with cognitive impairments) may have great difficulty with ACT, as some of its exercises and techniques rely on the client’s ability to describe private events and/or interpret metaphors, which are used frequently in ACT. These clients may benefit from more traditional behavior-analytic interventions where achieving therapeutic benefit is less dependent on the sophistication of the individuals’ verbal repertoires. Given this, the training manual is less useful for those who work with developmentally disabled clients, or other people with limited verbal skills, than for those who work with verbally skilled individuals.

In conclusion, Learning ACT: An Acceptance & Commitment Therapy Skills-Training Manual for Therapists is a straightforward, but far from simplistic, volume. The book provides an excellent introduction to ACT. Neither of us had more than superficial knowledge of ACT prior to reading the book, and both of us are now confident that we have mastered its rudiments. However, neither of us regularly provides services for clients for whom ACT is appropriate and we would need to do more than peruse Learning Act and its accompanying materials to be capable of competently arranging ACT for anyone. That might not be the case for readers who are already competent clinicians, well grounded in cognitive behavioral therapy techniques. We recommend the book specifically for such individuals, and more generally for...
anyone interested in ACT. In our opinion, both ACT and RFT (Hayes, Barnes-Holmes, & Roche, 2001) are significant advances in analyzing and improving human behavior, and anyone interested in these topics needs to learn at least the rudiments of each. Mastering the content of Learning Act is a significant, and fairly easy, step in that direction.

Marc Weeden and Alan Poling, Western Michigan University

References


