

## **'Feel the Feeling': Psychological practitioners' experience of acceptance and commitment therapy well-being training in the workplace**

Matt NJ Wardley, Paul E Flaxman, Carla Willig and David Gillanders

*J Health Psychol* published online 4 December 2014

DOI: 10.1177/1359105314557977

The online version of this article can be found at:

<http://hpq.sagepub.com/content/early/2014/12/01/1359105314557977>

---

Published by:



<http://www.sagepublications.com>

**Additional services and information for *Journal of Health Psychology* can be found at:**

**Email Alerts:** <http://hpq.sagepub.com/cgi/alerts>

**Subscriptions:** <http://hpq.sagepub.com/subscriptions>

**Reprints:** <http://www.sagepub.com/journalsReprints.nav>

**Permissions:** <http://www.sagepub.com/journalsPermissions.nav>

>> [OnlineFirst Version of Record](#) - Dec 4, 2014

[What is This?](#)

# 'Feel the Feeling': Psychological practitioners' experience of acceptance and commitment therapy well-being training in the workplace

Journal of Health Psychology  
1–12

© The Author(s) 2014

Reprints and permissions:

sagepub.co.uk/journalsPermissions.nav

DOI: 10.1177/1359105314557977

hpq.sagepub.com



Matt NJ Wardley<sup>1,2</sup>, Paul E Flaxman<sup>1</sup>, Carla Willig<sup>1</sup> and David Gillanders<sup>3</sup>

## Abstract

This empirical study investigates psychological practitioners' experience of worksite training in acceptance and commitment therapy using an interpretative phenomenological analysis methodology. Semi-structured interviews were conducted with eight participants, and three themes emerged from the interpretative phenomenological analysis data analysis: *influence of previous experiences*, *self and others* and *impact and application*. The significance of the experiential nature of the acceptance and commitment therapy training is explored as well as the dual aspects of developing participants' self-care while also considering their own clinical practice. Consistencies and inconsistencies across acceptance and commitment therapy processes are considered as well as clinical implications, study limitations and future research suggestions.

## Keywords

acceptance and commitment therapy, interpretative phenomenological analysis, qualitative, well-being training, workplace

## Introduction

### Background

The amount of psychological distress in the working population has been found to be substantial. Recent surveys in the United Kingdom have found that 25 to 40 per cent of workers in various occupational settings experience distress that could be diagnosed as minor psychological disorder – predominantly depression and/or anxiety disorders (Hardy et al., 2003; Stride et al., 2007; Wall et al., 1997).

Psychological practitioners seem particularly prone to work stresses, with over a third

of psychologists experiencing high levels of emotional exhaustion, depersonalisation and

<sup>1</sup>City University London, UK

<sup>2</sup>Solent NHS Trust, UK

<sup>3</sup>University of Edinburgh, UK

### Corresponding author:

Paul E Flaxman, Department of Psychology, City University London, Northampton Square, London EC1V 0HB, UK.

Email: paul.flaxman.1@city.ac.uk

decreased sense of personal accomplishment, indicative of professional burnout (Ackerley et al., 1988). Burnout has been linked to job stress, over-involvement with clients, lack of control and disruption of professional identity. Burnout has also been linked with decreased job satisfaction, increased absenteeism, job turnover and work–family conflict (Lacoursiere, 2001; Lee et al., 2011; Rupert et al., 2009). Moreover, the personal impact of burnout has a detrimental effect on the quality of service delivered resulting in less effective intervention and lower client satisfaction (McCarthy and Frieze, 1999; Sherman and Thelen, 1998).

These findings highlight the potential for psychological interventions in the workplace in helping to improve mental health and well-being, and also as a preventative measure (Flaxman and Bond, 2010a). A contemporary cognitive and behavioural approach, acceptance and commitment therapy (ACT said as a word rather than three letters), has a growing body of research indicating its effectiveness within the working population (Bond and Bunce, 2000; Bond and Flaxman, 2006; Flaxman and Bond, 2010b; Hayes et al., 2004).

ACT attempts to increase *psychological flexibility*, defined as ‘the ability to contact the present moment more fully as a conscious human being, and to change or persist in behaviour when doing so serves valued ends’ (Hayes et al., 2006: 7). ACT works with *mindfulness and acceptance processes* in order to develop skills that help to change a person’s relationship with their painful thoughts and feelings, thereby reducing the influence of undesirable or unhelpful psychological content on behaviour. The emphasis is on letting go of the tendency to control thoughts and feelings as a prerequisite to valued goal pursuit, and instead making room for unwanted internal events, clarifying what is truly important and committing to meaningful behavioural changes (Harris, 2009). Value clarification, goal setting and taking actions are termed *commitment and behaviour change processes*.

ACT is grounded in the behavioural sciences and emphasises an experiential approach to

behavioural change. Experiential exercises are considered a key vehicle for change, rather than greater intellectual understanding, rational thinking or insight (Hayes et al., 2012). This experiential approach applies as much to therapists as it does to clients. Therapists are invited to embody the ACT philosophy and practice the techniques themselves in order to best demonstrate the approach to others (Luoma et al., 2007a). One way of doing this is to provide ACT as a personal well-being intervention to give professionals the required experiential learning before they use it with their own clients. Stafford-Brown and Pakenham (2012) demonstrate this approach in practice and found that ACT had a positive impact on managing stress and improved therapeutic competencies in trainee psychologists. In addition, a number of studies have suggested that ACT has a swift and powerful impact on psychological practitioners’ psychological flexibility, psychological well-being and clinical practice (Dahl et al., 2004; Hayes et al., 2004; Luoma et al., 2007b; Luoma and Vilardaga, 2013; McCracken and Yang, 2008; Varra et al., 2008).

### *Aim of this study*

There is a growing body of quantitative studies supporting the efficacy of ACT for improving psychological practitioners’ well-being and clinical effectiveness. Despite the strong emphasis in ACT on *experiential* understanding, few qualitative studies have explored individuals’ direct experiences of learning ACT. To the authors’ knowledge, there have been two qualitative studies investigating clients’ (Bacon et al., 2013) and caregivers’ (Williams et al., 2014) experiences of ACT, and one mixed-methods study investigating staff experiences of changing treatment model from cognitive behavioural therapy (CBT) to ACT for chronic pain (Barker and McCracken, 2014). This third study indicated staff’s positive engagement with ACT as well as experiencing anxiety and discomfort with the change. The aim of this study is to employ a qualitative approach to explore the lived experience and impact of

ACT-based training delivered to therapeutic practitioners. It is anticipated that the study will enhance our currently limited understanding about how practitioners experience and use ACT within their personal and professional lives with the aim of helping to inform better implementation of ACT.

## Methodology

An interpretative phenomenological analysis (IPA) is a particularly suitable approach for the exploration of health issues (Brocki and Wearden, 2006; Chapman and Smith, 2002). It has been used to investigate the experience of a large number of health conditions and interventions (e.g. Edwards et al., 2007; Griffiths et al., 2009). IPA aims 'to explore the participant's view of the world and to understand and integrate, as far as possible, an 'insider's perspective' of the phenomenon under study' (Smith, 1996: 264). IPA is interested in how participants experience a particular event or situation, focusing on their thoughts – beliefs, understandings, perceptions and views – as well as their feelings, and physical sensations relating to their experience and what meaning they create from it (Smith et al., 2009). IPA is concerned with the close investigation of an individual's lived experience and was therefore considered a good choice of analytic method for this study.

## Participants

Purposive sampling and snowballing were used as the primary sampling procedures for recruiting participants. Eight participants took part in the study, a sample size considered suitable for a comprehensive IPA study (Smith et al., 2009). Participants consisted of seven females and one male aged between 31 and 62 years. Participants described their ethnic origin as White British (six), White Irish (one) and White Other (one). Seven were qualified psychological practitioners (clinical and health psychologists, speech and language therapists, integrative psychotherapists) with between 1 and 25 years post-qualification experience, and

one third-year psychological therapy trainee. All participants worked in National Health Services (NHS) in the United Kingdom. Five participants had no previous ACT experience, with two having had traditional CBT training; three participants had previously attended ACT and/or mindfulness training: (1) 5-day ACT course, (2) 2 days ACT plus 4 days mindfulness (3) and part-time 3-month mindfulness-based cognitive therapy (MBCT) course. Pseudonyms are used below when identifying quotes and all identifying details have been changed in order to protect participant confidentiality. All participants had completed ACT-based training within their occupational setting between 2 and 5 months prior to being interviewed.

## Intervention

The ACT intervention was delivered to small groups of employees during working hours using a two-plus-one format. Specifically, each participant received three sessions of training, two of which occurred on consecutive weeks, with the final session occurring 2 months later. Each session lasted for approximately 2.5–3 hours. All sessions were facilitated by the second author who had extensive prior experience of delivering ACT programmes in the workplace.

The training content was based on earlier ACT manuals developed for group worksite interventions (Flaxman and Bond, 2006; Flaxman et al., 2013). In all three sessions, participants practiced a series of mindfulness exercises, including brief (10 minutes) mindfulness of body and breath exercises and the physicalising exercise (Hayes et al., 2012). These experiential practices were designed to increase present moment awareness, reduce struggle with undesirable thoughts and emotions and locate a core sense of self that is distinct from difficult psychological content. The mindfulness training was supported by guided instructions recorded to CDs and a schedule of home practice. Participants also practiced cognitive defusion exercises, such as a word repetition exercise, and experiencing unhelpful thoughts

in an unusual context (e.g. writing a thought on the front page of a mock-up trashy magazine and speaking unhelpful thoughts in a cartoon voice). In addition, participants completed written values, value-based goal clarification and action planning exercises to contact chosen life directions, identify psychological barriers to value-based action and increase commitment to valued actions. The consistency of the training protocol with the ACT model was assessed by two external ACT experts not involved in the study (including the developer of the originating ACT protocol for workplace settings).

### Data collection

Semi-structured interviews were used to elicit participants' experiences. The aim was to give both the researcher and participants a balance between structure and flexibility, to allow specific topics or themes to be followed up during the interview process (Smith et al., 2009). Participants were encouraged to share their experience and talk about what was important to them, while a basic structure was provided using prompts and open-ended questions (e.g. 'Can you describe to me what the training was like for you?'). These general questions were followed with summaries, reflection and use of prompts (e.g. 'Can you tell me more about that?'). Six interviews were conducted at the participant's workplace, while two were conducted by telephone. All interviews (which lasted between 30 and 65 minutes) were audio recorded and transcribed verbatim by the first author.

The study was conducted according to the ethical code of the British Psychological Society, including confidentiality, informed consent, right to withdraw, debriefing and monitoring of participant welfare. The study was also approved by the ethical procedures of City University London and local NHS ethics committee (Reference: 09/H0709/39).

### Data analysis

Smith et al. (2009) suggested that there is no one prescriptive method for conducting data

analysis in IPA and recommends flexibility so that a process most appropriate to the data can be employed. Both Willig (2008) and Smith et al. (2009) have outlined descriptions of the analysis stage, which were used as the primary sources in creating the researcher's own analytical process. This process consisted of five key stages: initial encounter with a participant's account; identifying emergent themes; clustering emergent themes; moving to the next participant's account; and finally, integration of accounts and formation of master themes. The data analysis was conducted by the first author. The findings were reviewed by two colleagues, and a summary of the findings was sent to participants for review.

### Findings

Analysis of the data revealed three master themes: *Previous experience*, *Impact and Application* and *Self and Others*. These themes are explored below, looking specifically at the dynamics of the participants' experience and highlighting the nuances or tensions that seem most relevant to the clinical application of the ACT therapeutic model.

#### Role of past experience

Each participant's previous personal and professional experience seemed to influence experience of the training, from their reasons for attending to how they engaged in the training. All but one participant described a sense of it being familiar, that they understood 'where it was meant to be going' (Christina) and that the training seemed to come naturally to them: 'a lot of the concepts are like 'yeah naturally'!' (Jim). This experience of familiarity seemed to come from both a similarity to previous training and an often natural affinity to what was being taught. This emerged from a perception that the training personally made sense, as described below:

[The training] made sense, actually, which is something I like ... it's sort of connected. Made

sense and felt good ... intellectually, or whatever, with the head and made sense with the heart. (Nina)

Nina's comment illustrates quite a strong connection with the training, where it genuinely fitted with her both intellectually and emotionally, and this felt good to her.

Most participants also made comparisons to previous training experiences and/or other therapeutic models, including ACT and mindfulness training, CBT, breathing, relaxation and exposure techniques, hypnosis, psychodynamic, systemic and narrative therapies. Many participants described 'a lot of overlap' (Leslie) with CBT and there was an overall impression of their experiences of CBT and ACT as being similar but different. Nadine summarises this well:

It was just a different way of looking at things, obviously I've done CBT for years but it just was different. (Nadine)

The mere mentioning of Nadine's experience of CBT creates a comparison and a similarity between the approaches, yet there is clearly something different in her experience of ACT. Three participants had previously experienced ACT and/or mindfulness training, with all of them referring to it in some way as a 'refresher' as well as finding something new and fresh with this experience of ACT. Leslie, however, struggled to engage in the training. Although she was keen to find something to help her with stress and potential burnout, she felt she had encountered it all before, finding herself 'trying hard ... [to] notice if there are any new aspects'. Despite the lack of newness for Leslie, she did find a different way to engage in the training, rather than 'imposing all these requirements on myself ... I just decided to go with it', which represented a new, freer approach for her where she could let go of self-imposed rules and relax into the experience. In addition to therapeutic comparisons, three participants linked their experience with their religion. Most striking was Katherine, who said 'when I was doing these exercises I thought gosh this is so similar

... [to] what I do when I pray'. This sense of familiarity and comparison was not, however, experienced by everyone. Mary, a recently qualified therapist with no ACT experience revealed that she 'found it kind of different ... I'd done nothing like that before'.

A lot of the participants described the training as giving them a new, formalised way of viewing their own situation and/or that of their clients. In addition to the training making sense and fitting with previous experience, participants described a psychological approach that had been 'thought through well' (Nina), gave 'structure to ways of thinking' (Jim) that was in some way 'more developed ... more advanced' (Nadine) and it somehow 'all came together' (Nina). Jane sums up this theme well:

I was aware of that kind of thing anyway but until I'd taken the time out to do the training I maybe didn't have a mental perspective for myself as to how to think about it ... it's nice to have that mental framework to fall back on, it gives you a sense of a little bit of direction. (Jane)

Jane, not having formally engaged in ACT before, felt a strong familiarity with the approach and that it pulled together her previous experiences, including her religious practices, to give a structure and sense of direction to guide her both personally and professionally.

### *Impact and influence of ACT training*

However diverse the participants' previous experience was, they frequently described how 'useful' and rewarding they had found the training, with over half experiencing a form of revelation, a powerful realisation and/or of having an 'aha' moment, where their experiences 'clicked into place'. Christina describes this experience in relation to the Bull's Eye exercise (Lundgren and Dahl, 2006):

A revelation, it was really, really, really useful, yeah ... as you're sitting there thinking where you should be putting the cross, it's like 'Aha' you know, yeah, very immediate, very satisfying. (Christina)

Christina is emphatic about the impact of the ACT training, the use of ‘really’ and ‘very’ indicating the importance of the stark realisation she experienced. Christina then spoke of using the impact of this realisation to make lifestyle changes in ‘many, many areas’ including increased exercise, improved nutrition and family relationships, which in turn left her with a great sense of satisfaction. Most participants described making behavioural changes in their lives following the training.

Most of the participants emphasised the importance placed on the *experiencing* of ACT in the training rather than focusing on learning the *theory* behind it. Most of the participants seemed to value the experiential nature of the training and how they engaged in the various exercises that gave them firsthand experience of ACT. Nina captured this well with a metaphor of a marathon:

So this in fact was a wonderful [*experience*] ... I really felt the feeling, very much so and it's quite different really ... You know, I can read all about the theory of running a marathon, I will never be able to run a marathon full stop, end of conversation. (Nina)

Nina describes what the training was like experientially and states that there is no substitute for that; it cannot be read about, it has to be experienced. The impact of the training is evident for Nina, as this thread runs throughout her account. While she spoke of enjoying the theoretical learning she had from previous ACT training, she connected with it on a deeper level during this experiential training. The experiential learning helped the training make sense to Nina with ‘the head and ... with the heart’, a theme found in a number of other participants’ accounts.

Issues of stress were common, as were accounts of organisational stressors, change, uncertainty, risk of redundancy and heavy workloads. A number of participants described various ways in which the training helped them manage these issues as well as applying them to other areas of difficulty in their lives. In

particular, most participants described a change in how they related to their thoughts and feelings, such as ‘letting go, opening up to, and allowing’. This new perspective was often associated with their practice of mindfulness techniques. Some of the participants had previous experience of mindfulness while others had none. Irrespective of previous experience, almost all participants described experiencing acceptance of their thoughts, feelings and/or physical sensations. For instance, ‘[it’s] an empowering thing to be able to say “it’s ok to think that”’ (Jim), ‘well, yes you have these thoughts, it’s fine’ (Jane) and an appreciation for being in the ‘here-and-now and not let yourself get carried away with things that may never happen’ (Mary). Jane described how she cried unexpectedly when talking about her mother being unwell while attending the training:

I felt these tears welling up, I started thinking about the physical aspect, well it’s just wetness coming down my face, you know, it doesn’t mean I’m falling to pieces and losing control, you know, and looking silly in front of everybody else, it’s just a physical response to something that’s quite important to me. (Jane)

Jane’s words show a stark difference between the physical sensation she was experiencing versus her previous judgements that she was on the verge of falling apart and looking silly. By focusing on the actual physical sensations rather than what her thoughts were telling her was happening, she shifted perspective and encountered greater acceptance of her experience. Jane became enthused when she described this and later said it was a ‘very effective’ approach. This change in perspective indicates how distress can be experienced in a different way and therefore can be responded to differently.

Some participants described how this acceptance and perspective taking gave them a distance from issues they had previously struggled with. Participants took a posture of allowing their experience to be as it was, observing it without getting caught up in it. At times, however, there seemed to be a blurred line between

this distancing and what was described as ‘shutting off’ (Jim) or ‘holding back’ (Leslie) from thoughts or feelings. Katherine spoke in more detail of the latter:

Just concentrating on one thing that you’re good at for example breathing, you can immediately just withdraw into your inner self and in other words cut off whatever is bothering you, if it’s getting too much ... To shut off what’s unpleasant in my thoughts. (Katherine)

Although Katherine uses similar language to some other participants, there seems to be a clear difference in the intent of her actions. Katherine describes focusing on her breath in order to avoid what was troubling her. The difference here appears to be that Katherine was moving away from her thoughts in order to not experience them rather than creating some distance or perspective, as with the majority of other participants. Such contrary accounts are useful in providing an account of the lived experience of participants.

### *Dual focus on the self and others*

All the participants described looking for something they could gain personally out of the training, whether that was in relation to their personal and/or work life. A number of participants illustrated how they relished the time to focus on their own experience, having an opportunity to personally reflect and learn about themselves. Most participants described spending limited time focusing on themselves or that, as clinicians, their focus had been on giving rather than receiving. Jim typified this view as follows:

It’s just as a therapist you are always giving, giving, giving it’s that sort of same old thing, so it’s actually quite nice to be able to sit back and reflect on me and myself and how I am. (Jim)

Jim’s comment ‘same old thing’ suggests it is the usual way of things to give to others rather than to himself. He talks in generalised terms

‘as a therapist’ rather than using the first-person pronoun ‘I’, which he implies may be a general trait of psychological practitioners. Jim seems to savour this novel experience, one that releases him from his therapist role and gives him the luxury of considering himself for a change. There was a common link throughout the participants’ accounts of relishing and/or giving permission to prioritise themselves and their well-being.

A number of participants frequently switched between describing how the training related to themselves and then also to others. There was an emphasis on the dual role the participants had in the training, between being a participant experiencing ACT intervention and as psychological practitioners intending to deliver ACT interventions. This dual role helped them to tune in to their own needs while also improving their therapy skills and considering how to apply their lived experience to their own client work, as described by Nadine:

To experience it yourself is actually a really good way of then being able to go on and make it meaningful for other people. (Nadine)

Nadine’s description of this as ‘a really good way’ shows the value of this experiential approach in imparting her learning to others. A number of participants described applying the training to their clinical work in two ways: either by using the techniques with clients as they were taught in the training or by using their new approach themselves to be more present and engaged with their clients and their work in general.

There seemed to be a complex interplay between self and others, with participants indicating a flexible ability to shift focus from self to others and vice versa. There were also a few times where participants’ accounts seemed to blur and it was unclear whether they were talking about themselves or their clients. The following brief interaction between Nina and the interviewer illustrates this blurring. Nina had described her use of an ACT exercise where you ‘imagine putting stuff in front of

yourself'<sup>1</sup> and was subsequently asked whether she had used this technique in her personal or professional life as it was initially unclear. Here is the interaction that followed:

- Nina: Well this exercise I use  
 Researcher: For yourself, in your personal life or  
 Nina: On my clients, giving yourself time to just listen to your breathing I use it more than I used to  
 Researcher: Again is that personally or  
 Nina: Both and I've, I suggest often to my clients that they might want to try to do that themselves, for themselves.

Nina describes using an ACT mindfulness technique more than she used to, at which point it seemed unclear to the interviewer whether she was still referring to her clients or herself. She then touches on its use both personally and with clients, before relating to its application with clients. It seems as though Nina is weighted at this point towards talking about her clients rather than her own personal practice even though she had initially been asked a non-directive question and had then been invited twice to talk about personal application. It may be that she was more focused on clients at this particular moment, while also acknowledging the use of this exercise with herself. Although Nina seemed to be quite open about describing her experiences, this could also point towards the relative safety of focusing on clients rather than her own needs. This experience links to a subtle tension between self and other in participants' accounts, where dual personal/professional roles became blurred, and it was at times unclear when participants were talking about themselves or their clients.

## Discussion

This study sought to provide a rich and detailed descriptive account of psychological practitioners' experience of ACT-based training. The aim was to help us gain a more in-depth understanding of how people engage in this type of ACT

training and thus ultimately help to improve its implementation.

Previous personal and professional experience shaped participants' experience of the training. Participants' histories helped them relate to ACT and integrate the old and new into a revised framework. The act of comparing old and new largely helped participants ease into the training, though sometimes hindered them. Some participants appeared to become fused with a narrative of 'I've done this already', which stopped them from fully engaging with openness to the specific training moment. When introducing exercises, trainers may want to encourage people to track comparison-making, to let go of expectation as best as one can and to see if there is anything new to discover within the exercise. This indicates the difference between the process of problem solving versus present moment awareness; or as described by Wilson and DuFrene (2009) as solving a mathematics problem versus appreciating a sunset.

There is a great emphasis in the ACT literature on the importance of psychological practitioners learning ACT experientially, rather than simply engaging in the model at an intellectual level. The rationale being if practitioners fail to develop their own *psychological flexibility*, they may run the risk of modelling and reinforcing opposing processes in their clients (Luoma et al., 2007a). The experiential focus is clearly evident in the participants' accounts along with their appreciation for this way of learning over just developing theoretical knowledge. This experiential emphasis ran through the different themes, from the initial experiential exercises in the training to then using and applying this approach in their private and/or professional lives. This was often shown with real-life examples, such as Jane who cried in the training session or Christina who made significant behavioural changes due to the impact of her experience of a value exercise. The comparison of experiential versus theoretical learning came in different forms for participants, from general learning styles, previous CBT training and, for Nina, her experience of previous ACT training. Nina's comparison to her previous training

seems inconsistent with the experiential emphasis in ACT. This inconsistency may be due to Nina's own way of engaging in the previous ACT training and/or the style of this particular training. Nonetheless, this study clearly highlights the importance of ensuring ACT training emphasises experiential learning.

Stress and its impact on individuals was an overarching theme, with over half the participants describing similar stressors. A number of participants described how they used the skills and approaches they had developed in the training to help manage this and other difficulties in their lives. This experience dovetailed with applying aspects of ACT to their clinical work, either by using the techniques they had personally experienced with their clients or by using values and mindfulness processes to keep in touch with the personal importance of their work and to be more present with their clients. This seems to demonstrate the reciprocal effect of developing individuals' self-care and improving clinical skills emphasised in ACT theory and research (Luoma and Vilardaga, 2013; Stafford-Brown and Pakenham, 2012). There have also been qualitative studies investigating psychological practitioners' practice of mindfulness demonstrating similar findings (see Christopher et al., 2011; McCollum and Gehart, 2010).

Related to these findings is a potential insight into psychological practitioners' risk of burnout. Over-involvement has been identified as a significant antecedent of burnout and particularly emotional exhaustion (Lee et al., 2011). Also, Farber and Heifetz (1982) found that the majority of clinicians (57.4%) 'attributed the occurrence of burnout to the non-reciprocated attentiveness, giving, and responsibility demanded by the therapeutic relationship' (p. 295). This aspect seems fitting to the theme typified by Jim who said 'as a therapist you are always giving, giving, giving' and that it was actually refreshing to be focusing on the self rather than clients. Given that the training was specifically aimed at individuals' personal well-being and self-care, rather than any direct focus on clinical skills development, it seems significant that the focus on

clinical work would feature so strongly. This coupled with the blurring between self and client described in the findings does indicate a link with potential over-involvement.

ACT offers a model of the therapeutic relationship that may help practitioners orientate through this dynamic of focusing on self and/or clients. It distinguishes the application of the six core ACT processes at three distinctive levels: the client, therapist and relationship between client and practitioner (Luoma et al., 2007a). On the level of the client, this may be viewed as a helpful way of developing skills to help clients. However, from a practitioner perspective, this could suggest potential fusion with a conceptualised self as a 'therapist'. Also, focusing on clients' needs and client applications is potentially safer and less emotionally exposing than the focus on self, and therefore this could suggest a subtle form of experiential avoidance. Only a tentative, exploratory link can be drawn here, but it may be helpful for trainers to be aware of this potential dynamic, particularly when training psychological practitioners where the focus is on self-care. If the focus on self is not implicitly accepted by practitioners, trainers may want to consider explicitly addressing the importance of this perspective both for themselves as well as their clinical work. Tailored interventions could be used that help foster psychological flexibility at the *practitioner level*, such self-as-context interventions that specifically focus on being a 'therapist'.

Considering this study used a specific clinician population, the same study could be conducted with a non-clinician working population. This would give an interesting perspective on the phenomenon as participants engaging in worksite ACT training without a therapeutic background may differ from clinicians. Interestingly, this theme of self and others was not present in Bacon et al.'s (2013) qualitative study of ACT impact on individuals with psychosis; it was, however, touched upon in Williams et al.'s (2014: 37) study investigating carers' experience of an ACT group. For example, consider the following quote from the theme 'moving forward after the group': 'You

have to look after yourself in order to look out for another'. This may be a phenomenon consistent with helping others and warrants further investigation. Further research may be helpful in unpacking this aspect in more detail, such as a qualitative and/or quantitative study that specifically looks at the *ACT therapeutic stance* (Luoma et al., 2007a) exploring ACT processes from the three levels: client, psychological practitioner and therapeutic relationship.

The participants' accounts are largely consistent with the ACT literature, with a particular emphasis on the experiential elements, descriptions and applications of values and mindfulness aspects, and the dual emphasis of learning ACT for yourself in order to help others. The theme of *distancing versus shutting off* shown in the 'Impact and influence of ACT training' section highlights an inconsistency with the ACT approach. In ACT, the six behavioural processes of flexibility or inflexibility are functionally defined, rather than by their topographical form. Thus, it is possible to subvert ACT strategies to the service of control and avoidance of unwanted experience, as in Katherine's example. On the other hand, it is possible to use a control-oriented/avoidance-based approach in order to pursue an important value or goal.

Critically, it is not the form that is important in this distinction, but the function of behaviour. More colloquially, someone's intention in using a strategy is what matters. Acceptance of experiences and distancing one's self from the literal meaning or evaluation of thoughts was understood and practiced by the majority of participants; and yet, for a minority of participants, the underlying intention was not always clear (e.g. Katherine). Katherine was a practitioner in-training, had less experience of therapeutic models and this was her first experience of ACT, which could indicate a lack of knowledge and understanding of the underlying principles. It could also point towards a strong *control agenda*, where she was invested in avoiding these experiences regardless of the ACT consistent messages given throughout the training. This emphasises the importance of recognising

the function of behaviours rather than their form, and addressing inconsistencies.

There are a number of considerations worth noting when viewing the findings and implications of this study. The small sample size inherent in qualitative studies does limit generalisability of these findings, which is further restricted to the psychological practitioner population. The extent to which these findings relate to other populations is unclear and further studies would need to be conducted. Also, participants' previous experience of ACT and mindfulness varied significantly, reducing sample homogeneity. Future studies stipulating inclusion criteria with or without previous experience may be helpful. Another consideration is that only one of eight participants was male, which may be fairly representative of the UK therapist population (e.g. Nicolson, 1992). Although no obvious gender difference emerged from participants' accounts, it may be worth considering a potential gender bias in the findings.

The strength of this study comes from its insight into the lived experience of psychological practitioners, with the findings supporting the experiential focus emphasised in the ACT literature, with impact shown on both individuals' self-care and clinical practice. Given the emphasis on personal experience in ACT and the limited number of qualitative studies conducted within the ACT community, this study could also be used to encourage further qualitative investigations of ACT that span a wide variety of populations and clinical settings.

### Acknowledgements

Thanks go to all the participants who generously gave their time to this study. This article reports on research conducted during a DPsych in Counselling Psychology (Wardley, 2011).

### Funding

This research was supported by funding provided by the Economic and Social Research Council (grant ref: RES-061-25-0232) awarded to the second author.

## Note

1. Reference to the *Physicalizing Exercise* where you imagine an emotion, thought or sensation as an image in front of you (Hayes et al., 2012: 286–287).

## References

- Ackerley GD, Burnell J, Holder DC, et al. (1988) Burnout among licensed psychologists. *Professional Psychology: Research and Practice* 19(6): 624–631.
- Bacon T, Farhall J and Fossey E (2013) The active therapeutic processes of acceptance and commitment therapy for persistent symptoms of psychosis: Clients' perspectives. *Behavioural and Cognitive Psychotherapy* 21: 1–19.
- Barker E and McCracken L (2014) From traditional cognitive-behavioural therapy to acceptance and commitment therapy for chronic pain: A mixed-methods study of staff experiences of change. *British Journal of Pain* 8: 98–106.
- Bond FW and Bunce D (2000) Mediators of change in emotion-focused and problem-focused worksite stress management interventions. *Journal of Occupational Health Psychology* 5(1): 156–163.
- Bond FW and Flaxman PE (2006) The ability of psychological flexibility and job control to predict learning, job performance, and mental health. *Journal of Organizational Behavior Management* 26(1–2): 113–130.
- Brocki JM and Wearden AJ (2006) A critical evaluation of the use of interpretative phenomenological analysis (IPA) in health psychology. *Psychology & Health* 21(1): 87–108.
- Chapman E and Smith JA (2002) Interpretative phenomenological analysis and the new genetics. *Journal of Health Psychology* 7: 125–130.
- Christopher JC, Chrisman JA, Trotter-Mathison MJ, et al. (2011) Perceptions of the long-term influence of mindfulness training on counselors and psychotherapists: A qualitative inquiry. *Journal of Humanistic Psychology* 51(3): 318–349.
- Dahl J, Wilson KG and Nilsson A (2004) Acceptance and commitment therapy and the treatment of persons at risk for long-term disability resulting from stress and pain symptoms: A preliminary randomized trial. *Behavior Therapy* 35: 785–801.
- Edwards CR, Thompson AR and Blair A (2007) An 'overwhelming illness': Women's experiences of learning to live with chronic fatigue syndrome/myalgic encephalomyelitis. *Journal of Health Psychology* 12(2): 203–214.
- Farber B and Heifetz L (1982) The process and dimensions of burnout in psychotherapists. *Professional Psychology: Research and Practice* 13(2): 293–301.
- Flaxman PE and Bond FW (2006) Acceptance and commitment therapy (ACT) in the workplace. In: Baer R (ed.) *Mindfulness-Based Treatment Approaches: Clinician's Guide to Evidence Base and Applications*. London: Academic Press, pp. 377–402.
- Flaxman PE and Bond FW (2010a) Acceptance and commitment training: Promoting psychological flexibility in the workplace. In: Baer R (ed.) *Assessing Mindfulness & Acceptance: Illuminating the Theory and Practice of Change*. Oakland, CA: New Harbinger Publications, pp. 281–308.
- Flaxman PE and Bond FW (2010b) A randomised worksite comparison of acceptance and commitment therapy and stress inoculation training. *Behaviour Research and Therapy* 48(8): 816–820.
- Flaxman PE, Bond FW and Livheim F (2013) *The Mindful and Effective Employee: An Acceptance and Commitment Therapy Training Manual for Improving Well-Being and Performance*. Oakland, CA: New Harbinger Publications.
- Griffiths K, Camic PM and Hutton JM (2009) Participant experiences of a mindfulness-based cognitive therapy group for cardiac rehabilitation. *Journal of Health Psychology* 14(5): 675–681.
- Hardy GE, Woods D and Wall TD (2003) The impact of psychological distress on absence from work. *Journal of Applied Psychology* 88: 306–314.
- Harris R (2009) *Act Made Simple: An Easy-to-Read Primer on Acceptance and Commitment Therapy*. Oakland, CA: New Harbinger Publications.
- Hayes S, Bissett R, Roget N, et al. (2004) The impact of acceptance and commitment training and multicultural training on the stigmatizing attitudes and professional burnout of substance abuse counselors. *Behavior Therapy* 35: 821–835.
- Hayes S, Luoma J, Bond F, et al. (2006) Acceptance and commitment therapy: Model, processes and outcomes. *Behaviour Research and Therapy* 44: 1–25.

- Hayes S, Strosahl K and Wilson K (2012) *Acceptance and Commitment Therapy: An Process and Practice of Mindful Change*. New York: The Guilford Press.
- Lacoursiere RB (2001) 'Burnout' and substance user treatment: The phenomenon and the administrator-clinician's experience. *Substance Use and Misuse* 36(13): 1839–1874.
- Lee J, Lim N, Yang E, et al. (2011) Antecedents and consequences of three dimensions of burnout in psychotherapists: A meta-analysis. *Professional Psychology: Research and Practice* 42(3): 252–258.
- Lundgren T and Dahl J (2006) *Living Beyond Your Pain: Using Acceptance and Commitment Therapy to Ease Chronic Pain*. Oakland, CA: New Harbinger Publications.
- Luoma J and Vilaradaga J (2013) Improving therapist psychological flexibility while training acceptance and commitment therapy: A pilot study. *Cognitive Behaviour Therapy* 42(1): 1–8.
- Luoma J, Hayes S and Walser RD (2007a) *Learning ACT: An Acceptance & Commitment Therapy Skills-Training Manual for Therapists*. Oakland, CA: New Harbinger Publications.
- Luoma J, Hayes S, Twohig M, et al. (2007b) Augmenting continuing education with psychologically focused group consultation: Effects on adoption of group drug counseling. *Psychotherapy: Theory, Research, Practice, Training* 44(4): 463–469.
- McCarthy W and Frieze I (1999) Negative aspects of therapy: Client perceptions of therapists' social influence, burnout, and quality of care. *Journal of Social Issues* 55: 33–50.
- McCullum EE and Gehart DR (2010) Using mindfulness meditation to teach beginning therapists therapeutic presence: A qualitative study. *Journal of Marital and Family Therapy* 36(3): 347–360.
- McCracken L and Yang S-Y (2008) A contextual cognitive-behavioral analysis of rehabilitation workers' health and well-being: Influences of acceptance, mindfulness, and values-based action. *Rehabilitation Psychology* 53(4): 479–485.
- Nicolson P (1992) Gender issues in the organisation of clinical psychology. In: Ussher JM and Nicolson P (ed.) *Gender Issues in Clinical Psychology*. London: Routledge, pp. 8–38.
- Rupert P, Stevanovic P and Hunley H (2009) Work-family conflict and burnout among professional psychologists. *Professional Psychology: Research and Practice* 40: 54–61.
- Sherman MD and Thelen MH (1998) Distress and professional impairment among psychologists in clinical practice. *Professional Psychology: Research and Practice* 29(1): 79–85.
- Smith J (1996) Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. *Psychology & Health* 11(2): 261–271.
- Smith J, Flowers P and Larkin M (2009) *Interpretative Phenomenological Analysis: Theory, Method and Research*. London: SAGE Publications Ltd.
- Stafford-Brown J and Pakenham K (2012) The effectiveness of an ACT informed intervention for managing stress and improving therapist qualities in clinical psychology trainees. *Journal of Clinical Psychology* 68(6): 592–613.
- Stride C, Wall TD and Catley N (2007) *Measures of Job Satisfaction, Organisational Commitment, Mental Health and Job-Related Well-Being: A Benchmarking Manual*. Chichester: Wiley.
- Varra AA, Hayes S, Roget N, et al. (2008) A randomized control trial examining the effect of acceptance and commitment training on clinician willingness to use evidence-based pharmacotherapy. *Journal of Consulting and Clinical Psychology* 76(3): 449–458.
- Wall TD, Bolden RI, Borrill CS, et al. (1997) Minor psychiatric disorder in NHS trust staff: Occupational and gender differences. *British Journal of Psychiatry* 171: 519–523.
- Wardley M (2011) *Applications of mindfulness in counselling psychology*. Unpublished Doctoral Thesis, City University London.
- Williams J, Vaughan F, Huws J, et al. (2014) Brain injury spousal caregivers' experiences of an acceptance and commitment therapy (ACT) group. *Social Care and Neurodisability* 5(1): 29–40.
- Willig C (2008) *Introducing Qualitative Research in Psychology*. Maidenhead: Open University Press.
- Wilson K and DuFrene T (2009) *Mindfulness for Two: An Acceptance and Commitment Therapy Approach to Mindfulness in Psychotherapy*. Oakland, CA: New Harbinger.