

## Episode 10: The role of Acceptance and Commitment Therapy in personal injury work, with Dr Laura Krieger, PsychWorks Associate psychologist

### Shabnam 0:05

Welcome to the Psychology of Case Management podcast: the show that helps you use psychological ideas to strengthen your relationship with your catastrophically injured clients and their professional networks, so you can achieve more for your clients and feel more fulfilled in your role.

### 0:20

Hello, and welcome to today's podcast. I'm Dr Shabnam Berry-Khan, and today we'll be taking a little look into ways we might be able to therapeutically support our clients and their families. One thing I've noticed as a case manager and as a clinical psychologist, is that our clients are going through a massive adjustment as a result of their personal injury, or their family member's personal injury. And adjustment often results in struggle for many of our clients. And what struggling does is that it brings up all sorts of different emotions, often distressing emotions, and that has an impact on relationships. There's often a sense of "What am I doing with my life? Who am I now?" Dependency is a big thing as well, where a lot of our clients need to receive support from others, and 'stuckness'. So for some of our clients, or certainly some of my clients, I feel that stuckness is a big thing. And as personal injury professionals and the relationships we often have with our clients, it feels like the relationship is where a lot of those feelings come, whether we invite it or not. And we somehow have to deal with it all, with feelings in a way that... where the feelings often have an impact on ourselves as well. So what do we do with these feelings? How can we work well with them for the sake of our clients and the sake of ourselves? Well, today we are very fortunate to have Dr Laura Krieger, one of our PsychWorks Associates, talking to us about Acceptance and Commitment Therapy, which may well be part of the answer. So, welcome, Dr Laura Krieger!

### Laura 2:06

Thank you, Shabnam, it's lovely to be here.

### Shabnam 2:09

It's brill to have you here because I know ACT is your thing, ACT being Acceptance and Commitment Therapy, for short. And so maybe you could start off by telling us a little bit about what Acceptance and Commitment Therapy is all about.

### Laura 2:25

I would really like to start by inviting you and everybody listening to join me in a very short mindfulness practice. Because experiencing it is a really good introduction to what it's all about. And there's lots of experiential exercises in the Acceptance and Commitment Therapy approach. So don't be tempted to go off and boil the kettle, or to fast-forward. And if you're driving, please don't engage in this exercise, or pull over!

So, just a few minutes just to get us in the right frame of mind. Let's hopefully be sitting fairly upright with your feet on the floor, and your arms resting in your lap. And just roll your shoulders back few times. Have a smile on your face. Have your tongue loose in your mouth so your facial muscles are nice and relaxed.

And just notice the rhythm of your breathing. So don't try to do anything to change it. But just notice the air as you breathe in through your nose, and the air as you breathe out through your nose or mouth. And now try to slow your breathing down a little. So, breathe in for a count of five or six seconds, or more. And then breathe out slowly for a count of six seconds, or more. Notice any thoughts that pop up into your mind. Thank your mind for those thoughts. And then bring your attention back to your breath. Notice any sensations in your body. If there's any areas of tension in your body, direct your in-breath to that part of your body. And as you breathe out slowly, let that tension go. If your eyes are closed, picture what you'll see when you open them, and then gently come back into the room.

I hope you were able to join me in that exercise. If your mind was giving you all sorts of different thoughts – thoughts about the exercise, thoughts about what you needed to be doing – that is very, very normal. Shabnam? What did you notice when we were doing that exercise?

### Shabnam 5:58

Well, that was really good. Thank you, Laura. I've got a report, actually, that needs to be handed in today. And my intrusive thoughts were about this blooming report. And yeah, at times, I was getting a bit annoyed with myself, I have to say, for not paying attention to your voice and instead listening to the intrusive thought of “Oh, my goodness, you haven't got time for this.” Which I know you're going to tell me something about...

### Laura 6:33

Only that that is very, very common. And even when we are directed to pay attention to one thing – in that case the sound of my voice just for a few minutes – it is so hard, and the mind just wanders all the time. And I think doing these exercises is a reminder of how much our mind wanders, and how many helpful and unhelpful thoughts in particular, our mind produces? You know it's not helpful for you to be thinking about your report right now. And yet your mind does that. And it probably wasn't helpful for my mind to be thinking about all the judgments people might be making: that they've tuned into this podcast to get some advice, and I'm telling them to breathe!

### Shabnam 7:23

Why is it helpful, then? What is the link between what we've just done and why it's helpful for us? I guess that's the bottom line in terms of ACT, isn't it, Acceptance Commitment Therapy?

### Laura 7:36

I think it's helpful to practice being in the present moment, and to use some formal practice, even if it's only a minute or two a day, or a minute or two a few times in the week, to ground us in the present moment. Because when we are in the present moment, we're not worrying about the past, we're not worrying about the future. So it's a really helpful grounding strategy that we use whenever we need it, in any situation. And the more we formally bring it into our day, so for example, I would use small opportunities throughout the day, things that I do every day, anyway, that don't take a lot of time like brushing my teeth, or boiling the kettle, or waiting for that two-minute microwave food to be heated up. I will have those moments as my prompts to just be still, notice my thoughts, notice my body, notice my feelings, rather than use that two minutes to quickly do something else. I think that's how it relates. Acceptance and Commitment Therapy includes a lot of mindful practice and experiential exercises designed to tune in to what is going on in the present moment.

### Shabnam 9:00

Okay, thank you. Yes, yeah, mindfulness is a massive component, isn't it, of Acceptance and Commitment Therapy? Is it possible to kind of rewind a little bit back to what Acceptance and Commitment Therapy as a whole is all about? I guess this is the sort of theoretical section, if you like, of this podcast, and I'm very mindful that a lot of our audience members may not have heard of Acceptance and Commitment Therapy, or may not know an awful lot about it. So maybe you could define it, perhaps, for us.

### Laura 9:36

Yeah, absolutely. So the way that I describe it is that it's about accepting what's outwith your control, and committing to act in ways that are consistent with your values. That would be my kind of description. It was developed by Steven Hayes, a professor of psychology at Nevada University in the mid-1980s. Essentially, it's a behavioural approach. So, meaningful change happens with action. And essentially, it's about making small changes throughout the day or on a daily basis, that are consistent with what is important in your life, and helping clients and helping to remind ourselves, as professionals, what we're about, what matters to us, and how we can show that through our actions: in the way we interact with people, in the things that we do throughout the day.

### Shabnam 10:44

That's excellent. And I know Steven Hayes talks about 'psychological flexibility', as a sort of description of how we need to think about our thoughts and how we can adapt, I guess, to the circumstances that we find ourselves in. Is that something he says... does that have a part in the theory as well?

### Laura 11:10

Absolutely. So there's essentially six core processes of Acceptance and Commitment Therapy or ACT as we can call it. And all these different processes have different exercises to help. So, for example, *mindfulness* is one of the six core processes. So there's lots of different types of mindfulness exercises to remind people to stay in the present. *Valued living* is another one of the core processes, so encouraging people to connect with what matters in their lives, be it in their relationships, and their career, hobbies, community living, etc. and *psychological flexibility* is what brings all these six processes together. So a definition for psychological flexibility: the ability to stay in contact with the present moment, regardless of unpleasant thoughts, feelings, and body sensations, whilst choosing one's behaviour based on the situation, and on personal values. So psychological flexibility is the overarching aim, I guess, to increase one psychological flexibility through these different processes. And what's lovely about ACT is that it's so accessible, and it's so easy to apply it in all of our lives, and all of our relationships and all of our work conversations. You don't need to be a psychologist, for example, to have conversations – difficult conversations – about very traumatic events that have happened, and show curiosity and be present with clients. You don't need a psychological approach with ACT: you can use a lot of these processes to essentially just be present with clients. It's sometimes not appropriate or helpful to jump into advice-giving and problem-solving. Sometimes that's a step before that, that clients need – we all need – where our feelings are validated. And we and our feelings are not too much for other people that are talking to us.

### Shabnam 13:34

Yeah, that makes perfect sense. One of the... as you know, about this whole podcast series is that we are thinking about ways that we can build on our therapeutic alliance, where sometimes it's about going with what is in the room, at the moment... being in the moment of what the client is bringing, and being able to sit with that, rather than thinking about what we need to achieve – this goal, or that goal? Because, until we've understood what's in the moment, and sat with what's in the moment, it's very hard to move on to something else. And I think that's kind of a bit of what you're saying as well.

**Laura 14:20**

Absolutely. And I think so much about the success, let's say of the work that we all do in the medico-legal fields, for example, is about relationships, and the relationships we build: whether that's the solicitors with the clients, the case managers with the clients, or any of the multidisciplinary staff working with these clients. It's about being able to sit with a lot of discomfort and distress, especially in the aftermath of an injury, and building that relationship based on empathy and understanding and validating people's feelings; also having the tools and the experience to help practically and to problem-solve, but perhaps just allowing some space to relate and to be with these difficult feelings without trying to change them, before that happens.

**Shabnam 15:24**

Yes, "without trying to change them." Now, that is a really interesting element, I think, of the whole ACT approach. It is just - that's the acceptance bit, isn't it - it isn't to want to stop the distress because I'm not sure that any of us really can, and certainly not in any one moment, if the client is presenting with distressing emotions. I can see that sitting with distress is incredibly difficult. And ACT, actually - with the mindfulness, as you described it - is how the distress can be expressed but not necessarily felt in the same way it might be if we attach to that distress and want to therefore try and change it, or stop it in some way.

**Laura 16:13**

Yeah, absolutely. I mean, it sounds so simple. But really, it is about practising noticing: just noticing the distress, noticing the thoughts, we know we can't change them, we know we can't get rid of them. We know from this few minutes exercise at the beginning of this talk that we all have lots of intrusive thoughts. It's unrealistic for people to get rid of their thoughts, get rid of their feelings, get rid of their symptoms. And that's why this is such a lovely approach to use when people are feeling very stuck. And people are really struggling to move on from an accident or a trauma. It works really well in this field to be able to take the approach of noticing: not trying to change the experience or the symptoms, and getting on with what's important in our lives. And that's for all of us professionals as well as our clients.

**Shabnam 17:16**

Well, indeed, indeed. I think that's a really important point to make, because actually we're all human, along with our clients, along with client families, care teams, therapy teams, legal teams... We're all going to be subjected to distress and our own personal circumstances, which may not be terribly positive. So I think that's really helpful to hear, that we're bringing 'stuff' ourselves, aren't we? Each one of us in any interaction will be bringing things that are challenging: in any dynamic, in any relationship, in any conversation. And being able to separate - rather than deny - what is going on right now, as opposed to, as you said earlier, what's gone on in the past, or what could happen in the future. Denial - just to confirm, that is not what we are doing here? That is not what you're saying, we need to pretend it doesn't exist?

**Laura 18:15**

Absolutely not. Denial is the opposite of what I'm saying. ACT is all about accepting what is going on, allowing it to be expressed. So, *expressing*, not *suppressing*. A lot of psychological distress is born out of suppressing our feelings, suppressing our thoughts, not having the confidence sometimes, or the right support system around us, be it professional, family, friends or relationships, to be able to express ourselves. Whether that's positive or negative, I would say this approach is all about showing up with our feelings, practising noticing them; being the observer, reminding ourselves that we are not our thoughts, we are not our feelings. We are the observer. We are the observer: they come, and they go. And one of the lovely things about ACT, which makes it so accessible for everybody, is the use of a lot of metaphors. So,

one metaphor that I use all the time, is the chessboard metaphor. The chessboard metaphor says that we are not the white pieces or the black pieces in a battle, fighting. We are the board. We are the context in which these things happen. And we do not need to get too attached to the positives or the negatives or the fight. We watch. So that relates really nicely to things like personal injury where we need to remind ourselves that we were, we are. And all that comes with us – our identity, our thoughts, our feelings – we existed before the trauma; we exist after the trauma; the trauma is something that has visited us. It is not us, it doesn't define us.

#### Shabnam 20:17

And I can see how then that links in with purpose and identity, and how we can see ourselves differently if we are not seeing that we *are* the injury, or exactly how we are now is how it's going to be forever.

#### Laura 20:36

Absolutely. And I think everybody needs to sometimes remind clients, but also ourselves, that we are so much more than one identity or one role. So, for example, clients can, after a very traumatic experience, can get very attached to the victim role, for example. So it's really important as professionals and friends, anybody that you're supporting who's been through something very difficult to remind them and show curiosity about all the other roles in their lives. They might be a mother, they might be a professional, they might be a daughter, a sister, a friend. So, again, it's about loosening – in ACT terms – that 'fusion', with the distressing experience, or the distressing thoughts and feelings that follow.

#### Shabnam 21:31

Yeah, absolutely. I can see how that makes sense. ACT is a relatively new idea, in that it kind of fuses a little bit of the Eastern philosophies and those ancient sort of Buddhist ideas, as in mindfulness, with CBT, which is a very standard therapeutic tool. I mean, I know that because it's relatively new in this fusion, and the evidence base is not perhaps as available to us as, say, pure CBT or certainly other therapeutic ideas. Can you tell us a little bit about maybe the literature base: is it pretty sound, particularly for those with long-term conditions, I'm thinking, and life-changing situations?

#### Laura 22:23

It may be coming into the conversation a lot later than a traditional psychological therapy like cognitive behavioural therapy, or CBT. But it's actually been around for a long time. And it derives from earlier behavioural interventions. So, Steven Hayes first developed and published Acceptance and Commitment Therapy manuals, if you like, in the mid 1980s. And there is a really large and growing evidence base for the application of ACT in lots of different areas. But I think it really does lend itself well to chronic health conditions, for example, or conditions that aren't likely to shift, be it the result of an injury, or a longer-term illness, for example. There's something called 'creative hopelessness' in ACT, where we invite people to really focus on all the things that haven't been working in their efforts to regain some control in their lives – after an injury, for example. And it's not about being hopeless about life or about the future. It's about being hopeless about this mammoth effort we all sometimes put into trying to have control over our emotions. It's about really spending some time with people, exploring whether all of their attempts to control difficult emotions, distressing emotions, for example related to an accident that's changed their lives. You know, is that working? ACT is all about workability: what works – what works for us? what works for our clients? – and spending a little bit of time at the beginning thinking about what they've been trying so hard to do, and struggling with for so long, before they come to a point of being able to accept and make use of help. You know, noticing what has been really putting them in this 'stuck' position.

### Shabnam 24:57

Yeah, and having that space to slow down, I guess, the other processes that we as professionals are often driven by – litigation timetables, goal focused work, etc. Actually, slowing down becomes an investment into our clients, into the work we're doing with our clients, to help that exploration in a client-led way, that then can help shift some of that stuckness. And I think that, for me, that's a really helpful reminder of the value in being able to think about the client at the centre of all of this, and to allow that slowing down to happen.

### Laura 25:48

Absolutely, because problem-solving and providing practical support absolutely has its place and is necessary. And many who work in the medico-legal field, for example, have a lot of skills. But we've got to remember that people's journey of acceptance is going to be different from ours: they've had different experiences, they're dealing with different things, they're different personalities, they bring different histories. And you know, it's not a linear process either. So we need to make sure that we can stick around and be with them, with their feelings, and move at the pace that they are going to be ready to move at. And often that starts with what I've just described: some of this creative hopelessness, this acceptance, and this ability to be with our clients, when there's really really difficult distressing emotions in the room. And not to seek to avoid those ourselves by jumping into that problem-solving role or advice-giving, when clients may not be ready for that.

### Shabnam 27:01

And, actually, may serve to permit a sort of avoidance, almost, of those emotions. It almost sends out a message that actually I can't sit with your distress, I can't handle what you're bringing right now. And that's where I see mindfulness is actually a really helpful tool. It may well be that not everyone listening to this podcast feels that that's actually a bad idea, to avoid some of those distressing feelings, because they may not think it's their role; they may not know how to deal with it; there may be other priorities right now that need to be tended to. But actually sitting with those feelings tells the other person in that relationship, that it's important, that you need this time, you need this space. And it's not something that we should collectively, together, avoid. It needs to go somewhere, and it's better out in this space together, or indeed with other relationships that they have that are helpful, rather than, as you say, suppressed.

### Laura 28:16

Absolutely. And as psychologists, we know that avoidance often perpetuates anxiety, for example, perpetuates fear, because we're not learning that we can tolerate these situations, these feelings, these thoughts. And if we learn that we can tolerate them, we gain confidence to do so. So while avoidance may well be helpful to avoid distress in the short term, it's certainly not helpful in the long term. And we can even name some of those things to make sure that, as professionals, we're not enabling that avoidance by practising it ourselves. You know, jumping from the distress in the room to problem-solving too quickly, for example.

### Shabnam 29:08

Yeah, yeah, I hear you. Okay. That's a really helpful overview and understanding of ACT, its role – not just for us as professionals, but for our clients who have long-term, life-changing circumstances that they have to deal with, in the context of having families, possibly, and care teams and others... like you say, there's mass application. So what can we as case managers and solicitors – the majority, likely, of the audience listening to the podcast – what three strategies that are ACT-based would you suggest could be helpful to think about client needs?

Laura 29:57

Okay, so if we go back to the six core processes of Act – we might not have time to talk about all of them, but to name them so that people can perhaps go and look them up, as well. There's *acceptance*, which we've talked about quite a lot. There's *diffusion*: that's being able to take the observer stance, rather than being fused with our thoughts; there's *self as context*: that's the chessboard metaphor, where where we see ourselves as the board where difficult thoughts, feelings and experiences visit us rather than define us. There's the *mindfulness*, with lots of different mindfulness practices, then there's committed action based on values. So there's *committed action* and there's *valued living*. So one thing that we might be able to do with our clients is to start reconnecting them with their values. So showing curiosity about the different areas in their life that have meaning to them, and not getting stuck, perhaps, in one small area of their life that may be related to the accident, for example, but reminding them about all the different areas that are important to them, and what they can do. Small things, on a day-to-day basis, to live in accordance with their values. So there's different exercises. A very quick one that I often use is morbidly... I think you've got to be careful, I guess: sensitive about what you're asking people, depending on their situations, but if appropriate, morbidly perhaps asking people how they want to spend their lives, if they knew they only had two years left. And getting them to think about that, what would they be doing? Who would they be doing that with? If that's not an appropriate example to use, then something like a birthday, a big milestone birthday, further down the line, a 50<sup>th</sup> birthday... an 80<sup>th</sup> birthday, even, where they can imagine their friends and family standing up and saying something nice about them. What would they want these people that know them and love them to be saying about them?

Shabnam 32:20

Mm, that's a lovely one.

Laura 32:22

Yeah, those are the sorts of 'values' exercises that can connect people with what's important in their lives and their identity, and their values. And those things are often lost when people are in a crisis, or firefighting, or dealing with something very traumatic that's happened. Another exercise... I guess some case managers and personal injury lawyers might be worried that if their clients have been through something very traumatic, that they might re-experience some of these traumas: a sort of re-living or re-traumatization by talking about them. So sometimes it's just helpful to have some grounding strategies that, you know, again, bring people back to the present moment. So a nice easy one to remember, for example, is the 5-4-3-2-1. And that's asking people to engage all of their senses for a couple of minutes. So, five things that people can see around them: ask them to engage their sense of sight. And name five things. Four things that they can perhaps hear, three things that they can touch, two things they can smell. And one thing... what's the other sense, that's gone out of my mind? Taste! They might be able to, if there's nothing available to drink or eat, they might be able to just remember the sensation of squeezing a lemon and tasting some lemon juice. And I think already we can probably notice that we might...

Shabnam 34:07

That's quite powerful!

Laura: 34:09

...just thinking of these things! So some grounding strategies, some simple breathing strategies, often if people are feeling anxious just to simply slow down the breathing, like we practised at the beginning of this talk: to breathe in for a count of five seconds or more, and to breathe out for a count of six seconds or more, to get rid of that carbon dioxide in the body with a longer exhale. Because that sort of build-up of



carbon dioxide can sometimes make people feel a bit faint. So, just some simple grounding strategies to get people back into the present moment, and for case managers and solicitors, and any of us working with clients to have some of those in our toolbox, if you like, so that we're not anxious about talking about these very difficult experiences. And we have the confidence to have a more therapeutic and supportive conversation.

#### Shabnam 35:25

Yeah, that's really helpful. Thank you so much. And yeah, they are quite simple when you list them like that. And they sound very do-able with certain clients. And I think what you've also said, bringing that together with the idea of practising, it feels like some of these conversations might not be 'normal' (I'm doing bunny ears, but you can't see) 'normal' conversations, because we are often so goal-driven, we are process-driven, needing to achieve things... but actually having a slightly different conversation around slowing things down in these ways where you're connecting to a wider purpose of life, where you're thinking about grounding yourself. Really incredibly helpful, and applicable, I think, to the work. And I suppose there is a role for those kinds of ideas with care teams and the families, as much as the clients directly and, of course, ourselves, as professionals who are just trying to play the long game, as I'm always saying. This is presumably a way to contribute to limited burnout, or avoiding burnout, which is a good avoidance, of course.

#### Laura 36:44

Absolutely! I mean, what I've always loved about ACT and mindfulness is that it's so accessible to everybody. And there's so much practical, experiential stuff we can all use on ourselves, and in all of our relationships, including with our clients.

#### Shabnam 37:06

Brilliant! It's really good. So, drawing us to an end on this podcast, I'm wondering if you could sort of summarize all the wonderful things that you've shared with us today – theoretical, practical... – for our audience to take home with them. What would you say is a take-home message for us?

#### Laura 37:23

I think there's something about shifting from this notion, that "Once I sort out my symptoms, or once I get rid of these difficult feelings, or once I get rid of this anxiety, depression, PTSD, I can then engage with my life," and changing it to: "I am going to re-engage with my life *now*, and the rest of it will sort itself out – may sort itself out – you know, a decrease in symptoms severity, for example, may well be a side-effect of engaging with your life. So that would be my first take-home message. It's about engaging with your life *now*, not about waiting until these feelings go away, these thoughts can go in their box... they're not going away. These thoughts and feelings are here to stay. I guess another take-home message, if you like, is just to remind ourselves that *we are not our thoughts*. And you know, a lot of ACT is about practising exercises to remind us that we are the one that *observes* our thoughts and our feelings, and our sensations in our body; that they come and go. And we don't need to buy into them too much, whether they're positive or negative. And, again, I've mentioned this, but just to re-iterate it: that real change happens at the level of action. So, how you behave on a daily basis shapes the quality of your life. Everyone can make small changes. For example, even just making your bed every day or having the confidence to ask a waiter for your coffee the way you like it. It's that message: that we change how we act, and we can be the 'CEO of our lives'.



## Shabnam 39:30

Hmm. Oh, that's deep. That's tremendous! Ah, thank you so much, Dr Laura Krieger, for your time today. I think what I've learned is that ACT is a two-pronged approach, really, to helping our clients and our families live more effectively with the circumstances they're in, and to give them permission to experience what they're in, knowing that it's going to be able to move them on, really. It's not going to be a space to wallow, necessarily, but it is a space to eventually move on from – because it's had its airtime. But the whole thing about this is that it's preserving us, as professionals, in the process. You can't ask for better than that, in my opinion! So, thank you once again for enlightening us with this really interesting idea of Acceptance and Commitment Therapy and its application in the personal injury world. I think that probably brings us to a neat end here with the podcast today. So, thank you very much, Dr Laura Krieger, once more, and thank you to our audience for tuning in. We'll see you next time. Bye for now!

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