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Thesis title: Becoming an “ACT person”: A Grounded Analysis of practitioners who apply ACT across multiple professional settings

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List of abbreviations

ACBS	Association of Contextual Behavioural Science
ACT	Acceptance and Commitment Therapy
BABCP	British Association of Behavioural and Cognitive Psychotherapies
CBT	Cognitive Behaviour Therapy
CBS	Contextual Behavioural Science
DA	Discourse Analysis
DBT	Dielectical Behaviour Therapy
FAP	Functional Analytic Psychotherapy
FEAR	Fusion, Evaluation, Avoidance, and Reason-giving
GT	Grounded Theory
GA	Grounded Analysis
IBCT	Integrative Behavioural Couples Therapy
IPA	Interpretative Phenomenological Analysis
MBCT	Mindfulness Based Cognitive Therapy
MBSR	Mindfulness Based Stress Reduction
MiBCT	Mindfulness-integrated Cognitive Behaviour Therapy
NHS	National Health Service
QDA	Qualitative Data Analysis
PTSD	Post Traumatic Stress Disorder
RCT	Randomly Controlled Trial
RFT	Relational Frame Theory
TA	Thematic Analysis
UK	United Kingdom

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Introduction to the portfolio: Constructing Acceptance

This portfolio brings together three pieces of work, which are connected thematically within the idea of “constructing acceptance”, and are also connected as they represent different elements of my professional training in counselling psychology. Each is an original, standalone paper. The first is a doctoral thesis that investigated the processes involved in working across multiple professional settings. The second is a paper outlining the steps involved when conducting Grounded Analysis, a qualitative method. The third is a combined process report and case study, detailing how I worked with a client in a clinical setting.

“Constructing acceptance” in the context of the doctoral thesis (Becoming an “ACT person”) refers to both constructivist Grounded Theory which formed the philosophical basis of the study; and Acceptance and Commitment Therapy, which was the focus of the study. Similarly, the second paper (Making the case for Grounded Analysis), presents an abbreviated version of constructivist Grounded Theory, adapted for the purposes of the current study. The third paper (“Noticing thoughts and stories”) refers to a case study, outlining how this researcher worked with a client experiencing complex psychological issues; where a large focus of the work revolved around constructing acceptance and trust within the therapy room and in the client’s interpersonal relationships.

However, my choice of this as an overarching theme of the portfolio also reflects the impact these ideas have had on me personally and professionally since my time at City. Although I only came across constructivism in my third year, the idea that I as researcher should be aware of my position as co-constructor and co-author of the research I was conducting appealed to me. Indeed, as I reflect on my training experiences in various NHS placements, it was the moments when I worked

collaboratively with my clients, rather than adopting an 'expert' position that seem to me the richest and most therapeutic. I now think of these moments as "co-constructing" therapy together.

'Acceptance' was a psychological concept I had encountered before starting my doctorate, and was an interest I carried with me into my time at City. However, it was only through my work with clients in primary and secondary clinical care that I started to understand how central it can be to psychological care. Indeed, I was lucky enough to have some very supportive supervisors across my placements, in wellbeing, drug and alcohol, and community mental health services, all of whom modelled acceptance to me in different ways, and I now regard it as central to my own professional practice.

SECTION ONE: DOCTORAL THESIS

**Becoming an “ACT person”: A Grounded Analysis of practitioners who apply
ACT across multiple professional settings**

Abstract

Becoming an “ACT person”: A Grounded Analysis of processes involved in applying ACT across multiple professional settings

Acceptance and Commitment Therapy is applied across many professional settings and by practitioners trained in many disciplines. This study investigated the processes involved when ACT practitioners (N = 12) applied ACT across more than one professional setting. An abbreviated version of grounded theory method, proposed as “Grounded Analysis” was applied. The resulting analysis was focused around the organising construct “Becoming an ACT person”, which comprised five categories “Understanding what ACT can mean”; “Learning by doing”; “Expanding professionally”; “Transforming personally”; “Belonging to a social movement”. Some findings, such as an emphasis on personal transformation and experiential learning are in accord with the extant literature. Other findings appear to be novel: Each participant had a unique way of understanding, constructing and delivering ACT. Many participants’ personal and professional identities evolved over time as they self-identified an ‘ACT person’. Delivering ACT involved belonging to a social activist movement for change. The study findings suggest that the ways in which ACT is delivered as ‘evidence based practice’ varies between practitioners. The discussion suggests that ACT research may benefit from the adoption of more qualitative practitioner studies. Implications for the disciplines of ACT and counselling psychology are explored.

1. Introduction

1.1. Overview of this thesis

This thesis investigates the processes involved in applying Acceptance and Commitment Therapy (ACT: Hayes & Wilson, 1994) across more than one professional setting. The study findings were co-constructed by the author and twelve participants drawn from diverse disciplines, using an abbreviated version of Grounded Theory (Willig, 2013) operationalised as 'Grounded Analysis'. Twelve semi-structured interviews of ACT practitioners were conducted, which resulted in a refocusing of the research around the organising construct Becoming an "ACT person". The five categories "Understanding what ACT can mean"; "Learning by doing"; "Expanding professionally"; "Transforming personally"; "Belonging to a social movement" are held together by three "collaborational", "experiential" and "pragmatic yet idealistic" processes. Implications for the disciplines of ACT and counselling psychology are explored.

This paper is structured into four chapters. Chapter one provides a rationale for the current study based on this researcher's personal interest in this area of applied psychology, based on experiences and observations prior to and while undertaking training for a professional doctorate in counselling psychology. This chapter outlines how Acceptance and Commitment Therapy is presented as a trans-diagnostic, third wave Cognitive Behavioural Therapy, with a theoretical foundation in contextual behavioural science.

Chapter one concludes with an outline of the extant ACT literature, into the effectiveness and efficacy of the approach, which was undertaken to help sensitise this researcher to the area under investigation.

Chapter two presents the methodology, which in this case is an abbreviated version of Grounded Theory operationalised as a Grounded Analysis.

Chapter three presents the findings of the current research as a Grounded Analysis containing five categories divided into sub-categories, which reflect the processes involved in becoming an “ACT person”.

Chapter four presents the discussion, which includes an overview of the analysis and qualitative literature review of extant qualitative studies relevant to the study findings. Implications for the counselling psychology and ACT applied practice are then discussed before suggesting some future research directions.

1.2. Third wave behavioural approaches

Acceptance and Commitment Therapy (ACT: Hayes, 2004) can be regarded as a third generation behaviour therapy, referred to as ‘third wave’. This label includes a variety of therapeutic approaches and models that share some common features that differentiate them from traditional “Beckian” Cognitive Behaviour Therapy (CBT: Beck, Rush, Shaw & Emery, 1979). Indeed, CBT can be regarded as the “second wave” of Behaviour Therapy. Behaviour Therapy can therefore be regarded as the first wave of this therapeutic tradition, which emerged throughout the latter stages of the past century.

It has been argued that separating behaviour therapy into waves may be unnecessary. Many ‘third wave’ elements such as mindfulness are now being integrated into second wave CBT in response to new research findings, social and academic trends (Hofmann & Asmundson, 2008). However, the ‘third wave’ label is

useful as it points to the differing philosophical and theoretical traditions that underpin the approaches, their core processes and mechanisms of change (Hayes, Luoma, Bond, Masuda & Lillis, 2006).

Many third wave modalities are mindfulness-based approaches, which emerged following Kabat-Zinn's development of Mindfulness Based Stress Reduction (MBSR: Kabat-Zinn, 1990). Indeed, MBSR informed the evolution of many later approaches including Mindfulness Based Cognitive Therapy (MBCT: Segal et al. 2002) and Mindfulness-integrated Cognitive Behaviour Therapy (MiCBT [formerly MCBT]: Cayoun 2011). Perhaps the most widely reported and studied of these approaches are MBCT and MBSR, both of which were designed as manualised group interventions to develop mindfulness skills for specific populations. They place great emphasis on practitioners' developing and maintaining a daily meditative practice, using techniques grounded in Buddhist techniques and epistemology (Darby & Beavan, 2016; Kang & Whittingham, 2010).

Numerous other approaches, which arguably rely less on Buddhist thinking, have also been incorporated within the 'third wave' category. These include Integrative Behavioural Couples Therapy (IBCT: Jacobson & Christensen, 1996), Dialectical Behavior Therapy (DBT: Linehan, 1993), Functional Analytic Psychotherapy (FAP: Kohlenberg & Tsai, 1994) and Acceptance and Commitment Therapy (ACT: Hayes & Wilson, 1994).

The above third wave approaches tend to emphasise a non-disputational approach to behaviour modification, which can be regarded as a key differentiator between them and classical Cognitive Behaviour Therapy (CBT: Beck, Rush, Shaw & Emery, 1979). This means individuals are encouraged to notice or accept inner experiences

without challenging them, which is a radical departure from 'Beckian' CBT (Hayes, Strosahl & Wilson, 1999).

This distinguishing aspect of 'third wave' approaches is related to the hypothesis that it is the very struggle against challenging private internal experiences that causes psychological pain (Yovel and Bigman, 2012). However, whereas mindfulness techniques such as mindful breathing and body-scanning (mindfully attending to bodily sensations) are promoted as core skills within MBSR and MBCT, the function that these activities play within an ACT framework is different within ACT.

Moreover, MBCT and MBSR establish the development of mindfulness as a primary objective to be achieved through regular meditative practice. This differs from the ACT context, which frames mindfulness as a set of potentially useful tools that can help individuals to nurture their own 'psychological flexibility'. ACT also differs from MBCT and MBSR approaches in that it does not focus on symptom reduction and clinical outcomes. Instead, it involves a wider proposition that seeks to enhance human functioning and psychological capacity (Hayes, 2004).

1.3. Acceptance and Commitment Therapy

So, Acceptance and Commitment Therapy (ACT: Hayes & Wilson, 1994) is a behavioural approach. Although ACT can be regarded as belonging to the 'third wave' of Behaviour Therapy, it is nevertheless difficult to position exactly within the field of psychology because it draws upon a unique set of philosophical and theoretical assumptions (Hayes, 2004). ACT was conceived by Behaviour Analysts in the 1980's as a response to the medicalised, dualistic, mechanistic understanding of the body and mind that was dominant in psychology and which underpinned

much of the CBT of the time (Hayes & Wilson, 1994). As already discussed, it is quite different from other mindfulness-based approaches prevalent at the time such as MBCT and MBSR, in that practitioners are not expected to develop and maintain a regular meditation practice. Rather, continued experiential learning by practitioners is regarded as more important because it facilitates their ability to more naturally model fundamental ACT processes to their clients (Luoma, Hayes & Walser, 2007).

ACT is a trans-diagnostic model underpinned by contextual behavioural science, focused on the development of 'psychological flexibility' (Hayes, Follette, & Linehan, 2004). Indeed, ACT combines mindfulness, acceptance and behaviour change elements in what has been ambitiously proposed as a 'unified model of behaviour change', which involves aligning one's behaviours with core values as a vital element within the approach (Hayes, Pistorello & Levin, 2012). ACT seeks to improve how individuals' relate to their feelings, thoughts and sensations using a combination of metaphors, mindfulness, and cognitive behavioural techniques.

Variations of ACT include Focused Acceptance and Commitment Therapy (Callaghan, Gregg, Marx, Kohlenberg & Gifford, 2004) and Mindfulness Acceptance and Commitment (Gardner & Moore, 2007). When used outside clinical environments the approach is sometimes referred to as Acceptance and Commitment Training (Blackledge & Hayes, 2006), Acceptance and Commitment Coaching (Skews & Palmer, 2016) or Contextual Behavioural Coaching (Hulbert-Williams et al., 2016).

Although ACT is typically described as a trans-diagnostic treatment, coaching, or training intervention, in practice most of the research has been conducted using protocols adapted to use with specific populations (thus conforming to best practice

within positivist-oriented Randomly Controlled Trials – see section 1.4). Evidence suggests that the ‘psychologically flexible’ individual has a wider repertoire of ways in which they can navigate their challenging feelings, thoughts and sensations; which allows them to take committed action towards a life more closely aligned to their core values. This is contrasted with more reactive ‘experientially avoidant’ behaviours, which are typically exhibited under stress and which can result in entrenched behavioural patterns and a feeling of being stuck (Hayes, Strosahl, & Wilson, 1999; Hayes & Strosahl, 2004).

1.3.1. The philosophy and theory of ACT

ACT is also a form of applied behaviour analysis (Day, 1969) that evolved from radical behaviourism (Skinner, 1986). As such, all internal events such as thoughts and feelings are considered to be forms of behaviour and ACT proposes to explain how and why these function as they do. Second wave psychological interventions assumed that clients present with ‘maladaptive’ or ‘abnormal’ behaviours, which required fixing, in order to allow the individual to become ‘properly functioning’ and healthy. Ontologically, pain and suffering are therefore regarded as symptoms of a malfunction in the body or mind. Hence, the focus of the medical establishment was on symptom reduction, which in typical clinical psychology training focused on ‘first-order’ change. As such, CBT is primarily focused on changing the content and frequency of irrational cognitions and dysfunctional beliefs (Ciarrochi, Robb, & Godsell, 2005). This ‘second wave’ paradigm is based on the underlying assumption that humans are naturally healthy, and that anything ‘abnormal’ needs to be discovered, understood and changed.

In a break from this tradition, Hayes (2004) proposed that it is normal for humans to engage in psychological processes that can be destructive and challenging in

response to their external and internal environments. The role of psychology is therefore to understand the context in which behaviours occur and work with these innately flawed – but not maladaptive - human processes, which occur through the interaction of human language and evaluative processing. ACT therefore promotes the assumption that “destructive normality,” is a part of human language-based learning behaviour. Therefore, if a person can learn to recognise that unwanted thoughts are not necessarily equal to the truth, then the individual is less likely to engage in reactive - avoidance or control - behaviours. Instead, one can pragmatically focus on understanding the function of a thought rather than its content or validity. The philosophy that underpins ACT is therefore a pragmatic form of functional contextualism, called contextual behavioural science (CBS) (Ciarrochi, Robb & Godsell, 2005).

Theoretically, ACT is grounded in Relational Frame Theory (RFT), which suggests that worry, rumination, self-criticism, obsessions and other psychological suffering are manifestations of human language (Hayes, Barnes-Holmes, & Roche, 2002). In essence, ‘relational framing’ involves the linking of two internal events, which then fuse together to adopt each-other’s stimulus functions. RFT posits that human language determines the strength and type of association between stimuli through a process of bi-directional relating, which begins in childhood and ultimately underpins human cognition (Hayes, Barnes-Holmes & Roche, 2002). Indeed, it is suggested that human suffering is intricately linked to language and the use of words as a process of learning and reinforcement, symbolism and assumptions related to their context (Barnes-Holmes, Barnes-Holmes, McHugh & Hayes, 2004).

The theory suggests that humans learn to relate arbitrary contextual events and try to control these to reduce pain when necessary through a process of verbal entanglement and ‘experiential avoidance’ (EA). Indeed, ACT philosophically

assumes that EA - the human desire to avoid unwanted experiences - is a core human behaviour process (Hayes, Wilson, Gifford, Follette & Strosahl, 1996). EA results in individuals becoming so focused on attempting to avoid pain, confusion and suffering that they lose focus on how they can live a more meaningful life, which paradoxically increases the pain they were seeking to avoid (Hayes & Strosahl, 2004). Therefore, ACT does not aim to eliminate or extinguish psychological – or physical - pain but instead focuses on the development of psychological skills that can potentially expand an individual's response repertoire. As such, ACT is proposed as an effective means of working with any individual in any setting, regardless of complexity or the nature of the issue in hand (Hayes, Pistorello & Levin, 2012).

Using the ACT model, fundamental human behaviours can be reduced to Fusion, Evaluation, Avoidance, and Reason-giving (FEAR: Hayes, Strosahl, & Wilson, 1999). FEAR operates as follows: Problems occur when individuals perceive their “highly verbal” private experiences (e.g. negative thoughts, painful feelings, bad memories, and uncomfortable bodily sensations) to be the literal truth, and become entangled with them, in a state of ‘cognitive fusion’. Therefore, they expend vast amounts of energy and time struggling with their thoughts, which prevents them from enjoying a more meaningful life in the present moment. Individuals then verbally evaluate (i.e. judge) themselves according to their inner experiences, which causes a disconnect from their lived experience, confusion about what is important to them in life, and ‘fight or flight’ type behaviours, resulting in psychological harm (Hayes & Strosahl, 2004).

The ACT model has psychological flexibility at its core, around which are six broad behavioural categories, which represent ACT's core processes (or skills), as presented below (Hayes, Strosahl, & Wilson, 1999). The model attempts to explain

human behaviour across any clinical or non-clinical setting and is used to promote the adoption of a wider set of behavioural responses to any given event, which help to move individuals in the direction of a more valued life (Yovel and Bigman, 2014). EA is a fundamental human process that is targeted by developing skills that allow individuals to explore their inner experiences (e.g. cognitions, emotions, impulses, memories, bodily sensations) and unworkable actions (e.g. avoid or control strategies). In place of avoidant behaviours, individuals are encouraged to adopt more 'workable' behaviours (Hayes, Strosahl, & Wilson, 1999).

1.3.2. ACT core processes

One way of illustrating the ACT model is through the 'Hexaflex' (Hayes, Luoma, Bond, Masuda & Lillis, 2006), which displays linkages between ACT's six core processes, which can be grouped into two or three general categories to suit the needs of the practitioner (see Figure 1). For example, some prefer to use the categories "open, aware and active" (e.g. Oliver, Joseph, Byrne, Johns & Morris, 2013; Hayes, Villatte, Levin, & Hildebrandt, 2011), while this researcher prefers "open, centred and engaged" as illustrated below, for the purposes of this paper. The three categories and all six core ACT processes of psychological flexibility are described below. Within the model these are assumed to function as a single, interconnected construct (Hayes, Strosahl & Wilson, 2011).

i. Open

The "Open" pillar includes the mindfulness processes of Acceptance and Defusion, which are primarily interested in the relationship between the individual and their private world (Hayes, Strosahl & Wilson, 2011). Acceptance is the process of accommodating uncomfortable thoughts or emotions, to take the focus off fighting

the distress they cause, which it is hypothesised creates space for them to then focus on other more meaningful behaviours. (i.e. committed action). Acceptance is therefore an alternative to 'avoid or control' behaviours typically employed by individuals who are seeking to minimise pain, but which are regarded as 'unworkable' because they do not address the underlying causes of distress. By engaging with one's pain with curiosity, individuals can relate differently to their internal experiences, which helps to reduce distress.

Defusion is the process (or skill) of reducing one's focus on the 'content' of thoughts, which the human mind is posited to be continuously generating. Humans are posited to be overly focused on the content of their internal worlds, regardless of how reflective such cognitions are of one's 'objective' reality (Hayes, Strosahl & Wilson, 2011). The defusion process can also be construed as detaching thoughts or feelings from the implications they might have, which involves recognising that thoughts are just thoughts; not necessarily 'the truth'. Rather than attempting to change or deny the content or validity of the thoughts, this process allows the individual to gain some distance from their thought.

ii. Centred

The "Centred" pillar includes the mindfulness skills of Awareness and Observing, which relate to a grounded sense of self, which can be accessed more fruitfully through paying attention to the present moment (Hayes, Strosahl & Wilson, 2011). Present moment awareness is the process (or skill) of paying attention to the 'here and now', rather than worrying about the future or ruminating about the past (Hayes, Strosahl & Wilson, 2011). Remaining in the present moment for short periods of time helps to move the individual away from their normal, and often automatic, control and avoidance behaviours. Mindfulness exercises are commonly used to

facilitate this state by moving one's attention away from thoughts to engage with the five senses. Self as Context is a process (or skill) of self-awareness which promotes the development of a safe psychological space that promotes the capacity to observe one's private experiences (i.e. cognitions and emotions) without getting caught up in them (Hayes, Strosahl & Wilson, 2011). This can be referred to as one's "observing self". In concert with defusion, self-as-context encourages 'comprehensive distancing' from the saliency of internal events, which provides the mental and emotional 'space' necessary to increase one's behavioural repertoire beyond typical avoid or control behaviours.

iii. Engaged

The "Engaged" pillar relates to the more behavioural action-oriented aspects of ACT, which can be summarised as 'values-based action' (Hayes, Strosahl & Wilson, 2011). Values can be described as the process (or skill) of establishing one's direction in life across any health, interpersonal, social or work domains. Values are regarded as a work in progress and establishing values helps individuals to move their psychological focus away from suffering towards a meaningful, fulfilling life (Hayes, Strosahl & Wilson, 2011). Values can be adapted at any moment and are framed as being different from goals, which relate to the future (the attainment of which is therefore not wholly within one's agency). ACT theory posits that psychological distress can result from a lack of clarity around personal values. Therefore, getting clear about one's valued life direction is more 'workable' and helpful than focusing on goals such as the reduction of psychological symptoms or the elimination of unwanted internal experiences. Committed action is therefore an active process that encourages individuals to work towards a valued life direction (Hayes, Strosahl & Wilson, 2011). As unhelpful behavioural strategies that seek to control or avoid are identified (e.g. thought suppression, use of substances,

depressive moods, social isolation, use of anger etc.), individuals are encouraged to replace these behaviours with more ‘workable’ options (e.g. curiosity, healthy living, engaging with others regardless of any anxiety that may be encountered, discussing any issues that arise etc.). Depending upon the challenges faced, this may involve a range of activities such as behavioural activation linked to values, or exposure exercises linked to acceptance and skill acquisition. Goal-oriented exercises may be included within this context, such that they act in service of a person’s values.

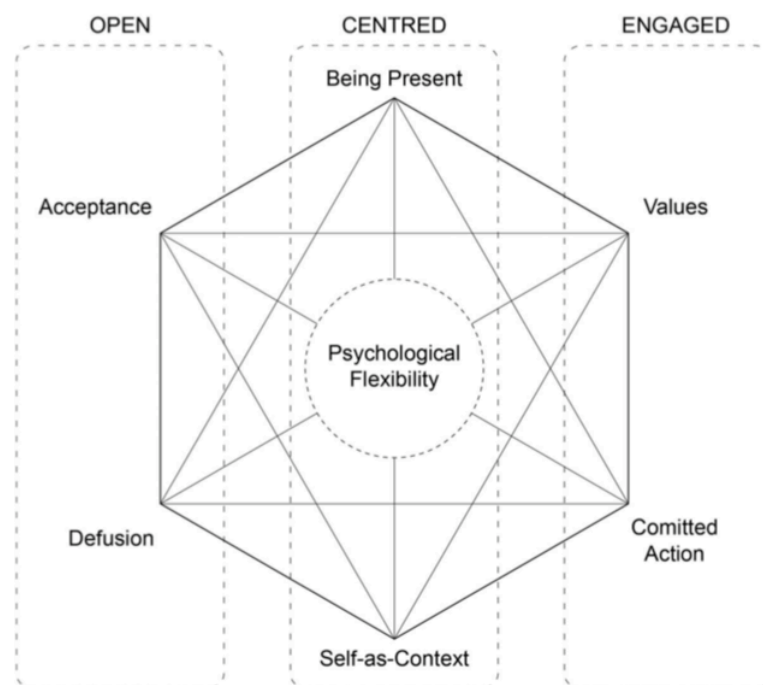


Figure 1: The Hexaflex model of psychological flexibility mapped against the three pillars of “open, centred and engaged” (Hayes, Strosahl & Wilson, 2011).

1.4. Preliminary literature Review

ACT is well documented and studied and an increasing number of meta analyses and meta reviews, which have sought to determine the effectiveness and efficacy of the approach across different populations (see sub-section 1.4.1.). A search of the

literature indicates that while thousands of quantitative papers have been published into the effectiveness and mechanisms of ACT, a very small number of qualitative papers could be found (these are reviewed in the discussion section). Indeed, at the time this research went for ethics approval, less than ten such published papers could be found via google scholar or City, University of London's online database. With such a small literature in existence, which included all client and practitioner studies at the time, it was felt that there was no requirement for a 'gap analysis'.

Grounded Theory scholars disagree as to whether a literature review should be completed before or after the data analysis, and this choice is up to the researcher's discretion (Charmaz, 2006; Giles, King & de Lacey, 2013). For the current study it was decided that an initial literature review would focus on investigating the scope and effectiveness of ACT, without going into a detailed investigation of the extant qualitative literature. Leaving the qualitative review until later helps to ensure the research is grounded in participants' accounts, with minimal influence from external study findings. A review of the qualitative literature relating to ACT is therefore situated within the discussion section of this thesis.

1.4.1. Outcome and effectiveness studies

There is a growing body of evidence pertaining to the efficacy of ACT across a wide range of clinical, counselling, health, workplace and coaching domains (e.g. Ruiz, 2010). ACT outcome studies show that ACT is suited to a range of conditions including anxiety, depression, worry and overall wellbeing (e.g. Smout et al., 2012). However, the evidence regarding how ACT compares to other active treatments varies. Some studies have found ACT to be moderately more effective (e.g. Öst, 2008), while others (e.g. Powers et al., 2009) found no significant difference.

Regarding common conditions such as anxiety and depression, Hacker, Stone and Macbeth (2015) reviewed $k=28$ and $k=439$ studies for anxiety and depression respectively and concluded that sufficient cumulative evidence for the efficacy of ACT versus controls exists to recommend that no further RCTs are required to support it. This analysis accords with and builds upon previous studies (e.g. Hayes, Luoma, Bond, Masuda & Lillis, 2006; Ost, 2008; Ruiz, 2010, 2012). However, the evidence for ACT compared to other evidence-based therapies was qualified and suggests ACT may be no more effective in the treatment of these common mental health difficulties than traditional treatment approaches. Further, the study did not explore treatment mechanisms such as psychological flexibility.

Smout and colleagues (2012) supported the use of ACT for the treatment of chronic pain, OCD and anxiety, while also finding preliminary evidence that its use for addictions, depression, personality disorders, psychosis and eating disorders may be warranted. A-Tjak and colleagues (2014) also conducted a meta-analysis of 39 RCTs on the efficacy of ACT for common mental disorders or somatic health problems. They found that ACT outperformed control conditions at post-treatment and follow-up for primary outcomes and concluded that ACT is superior to waitlist control, psychological placebo and treatment as usual, yet again they found no significant differences between ACT and established CBT treatments ($p = 0.140$).

Controversy surrounds a wide-ranging systematic review and meta-analysis of 60 randomly controlled trials across clinical and non-clinical conditions by Öst (2014), who found a moderate mean effect size ($N = 60$; $M = 0.42$) which suggested that ACT is probably efficacious for tinnitus and chronic pain, and is possibly efficacious for psychosis, anxiety, OCD, depression, substance misuse and work-related stress. Both Öst (2014) and Swain and colleagues (2013) recommended that future

RCTs need to be conducted on larger sample sizes with better controls, before ACT can be regarded as an empirically supported approach.

No meta analyses could be found that investigated ACT's application to coaching, staff training, sports coaching, business consulting or leadership training, possibly because these are emerging fields that have a much smaller evidence base.

Indeed, Öst (2014) concluded that ACT is not yet well-established in any area; a finding which has been vigorously contested by Atkins and colleagues (2017), who point to factual and interpretive errors, quality ratings issues, and ignoring positive results that they claim were dominantly more negative towards ACT studies and displayed a fundamental misunderstanding of the purpose of studies such that Öst (2014) should be discounted from further considerations of the ACT evidence.

This recommendation has in turn been rebutted by Öst (2017) across all four categories of dispute, namely Selection of studies, Ratings of methodological quality, Meta-analysis, and Judgments of quality of evidence. He claims to have disproved all their counter-arguments and suggested that because nine of the ten authors were actively earning from their ACT publications, seminars, conferences and practitioner work the authors were conflicted and biased in favour of ACT.

A full elaboration of the extent of the applicability of ACT lies outside the reach of this study. However, it should be considered that ACT is intended as a trans-diagnostic model of behaviour change across diverse conditions, which is primarily focused on the development of skills rather than clinical (or other) psychological outcomes (Hayes, Pistorello & Levin, 2012; Hayes, Strosahl & Wilson, 2011). This suggests that outcome studies may not be the best way to assess the approach. Indeed, the dispute about the Öst (2014) paper may be due to fundamental differences between the positivist, outcome-based preferences of traditional

psychological science researchers, and the research imperatives of ACT researchers, which emphasise ACT as a process-based approach. However, no research could be found that explicitly investigated ACT as a trans-diagnostic, cross-disciplinary model of human functioning.

1.4.2. ACT practitioner and workplace studies

There is a growing body of empirical literature supporting the use of ACT in the training and professional development of health professionals (e.g. Dahl, Wilson & Nilsson, 2004; Hayes et al., 2004; Varra et al., 2008). Indeed, Flaxman and Bond (2010) recommend the approach for use in workplace training situations because of its trans-diagnostic model and its applicability to individual and group settings. ACT training is associated with improved mental health and wellbeing, job satisfaction, better work performance and skills-acquisition and attendance rates at work (Bond, Flaxman, & Bunce, 2008; Bond & Bunce, 2003). Flaxman and Bond (2006) suggest that ACT's wide applicability to workplace setting is linked to a healthy acceptance of unwanted internal experiences that arise within an everyday working environment, and the framing of this within what is meaningful to employees.

1.5. ACT and counselling psychology

The relevance of ACT to counselling psychology is now briefly explored, as this research on the application of ACT across clinical and non-clinical domains is pertinent to that field. The counselling psychology profession seeks to combine scientific rigour with reflective professional practice. Practitioners work with a wide range of presenting issues across a variety of professional contexts "including the NHS, forensic settings, third sector (voluntary), industry, government and private practice as well as academic and research settings, among others" (City, University

of London, n.d.). Professional training covers “assessment, formulation, planning and implementing interventions, assessment of outcome effectiveness, consultation, teaching, supervision, service audit and evaluation, and leadership within a wider social, cultural, spiritual, political and economic context” (City, University of London, n.d.). Although counselling psychologists may work with clients with complex presenting problems and in clinical settings, they focus more on human development than pathology and symptom reduction. Indeed, it could be argued the profession is uniquely placed to help individuals lead more functional and effective lives (Cooper, 2009, 2013).

Professional training in counselling psychology aims to produce ethical, reflective and professional practitioners of who provide collaborative, high-quality psychological services, based on evidence-based psychological science (City, University of London, n.d.). As such, the field intersects with and is increasingly converging with clinical, health, educational, coaching and social psychology. Indeed, counselling psychologists are trained for work in a wide range of clinical and professional, therapeutic and non-therapeutic contexts where ACT is now used. As both share a general focus on mental health and psychological wellbeing, this makes a study of ACT pertinent to the evolving professional discipline of Counselling Psychology.

1.6. Research focus

The current study uses a Grounded Theory type methodology, operationalised as ‘Grounded Analysis’, which is proposed as being suited to investigating and modelling processes within an area that is not well understood, but without the necessity to develop a theoretical model. Grounded Theory provides an approach that demands the researcher constantly review the data as s/he moves towards an

emerging theory (Charmaz, 2006; Willig, 2001). This process potentially involves changing or (re)focusing research direction in response to the increasing amount of data. Therefore, the research question put forward at the start of the research may change as the study becomes progressively focused over time and as new data is collected and analysed (Charmaz, 2006). This integrated and cyclical nature of Grounded Theory makes it difficult to work from any prescribed blueprint. However, it does present the researcher with a systematic means to collect, analyse and conceptualise data in order to develop a theoretical framework.

1.6.1. Original scope of research

This researcher was aware that ACT is used across multiple disciplines and sub-disciplines and wanted to focus was on how practitioners across such diverse fields understand and deliver ACT in practice. In setting such a broad ambition, this researcher was aware that this would probably have to be tightened and refocused in order to create a meaningful and useful research study. This research initially set out to investigate the processes involved in ‘understanding and delivering Acceptance and Commitment Therapy’ through a series of preliminary - pilot - interviews.

1.6.2. Refined scope of research

Preliminary – pilot – interviews suggested that participants were delivering ACT across more than one setting, within and outside what could be considered their area of core professional training. This idea seemed novel and it was felt that it presented a clear research question upon which to hang the research “How do practitioners apply ACT across more than one setting”. This suggested in turn that the research might benefit from narrowing the scope of the study inclusion criteria to

focus on practitioners involved in delivering ACT across more than one setting and/or distinctive client group. It was felt that this would be a pragmatic step that would help with delivering a small-scale study within the limits of a professional doctorate thesis. Recruitment was therefore refined to narrow the purposive sampling to practitioners who identify as applying ACT across more than one setting and/or client group.

With this new focus, this researcher aimed to investigate how practitioners who have been trained within a specific profession or sub-discipline (e.g. medical, clinical, counselling, coaching, health or organisational psychology) have developed their professional ACT practice to include new client groups. It was anticipated that participants may wish to discuss their training, continuing professional development, and the application of ACT to different settings. Further, as ACT is a trans-diagnostic approach, and in common with other third wave approaches, it was expected that practitioners may wish to discuss the use of ACT processes in their personal as well as their professional lives. However, no attempts were made to limit the scope of what practitioners may wish to discuss in this regard. Semi-structured interviews were therefore re-focused on the processes involved in delivering ACT across multiple settings.

2. Methodology

2.1. Comparing methodologies

In considering what type of methodology would suit the framework being applied to this research, this researcher considered numerous alternatives. These methodologies were evaluated at the same time as the initial research question was being developed, therefore the process of choosing both the methodology and research question was unified.

Discourse Analysis (DA: Potter & Wetherell, 1987) encompasses a broad range of approaches that draw upon many disciplines to focus on the use of language (Georgaca & Avdi, 2012). It has been applied to focus on such areas as linguistic properties, power dynamics and social structures and is particularly well suited to the study of how social processes are constructed through language. However, although this may be an important aspect of the current study, the primary focus of this study is not on how language is applied; therefore DA was discarded as the most suitable approach.

Interpretative Phenomenological Analysis (IPA: Smith, Jarman, & Osborne, 1999) was also appealing, as it is designed to explore interpretations of meaning in the 'lived experiences' of participants. IPA is a complete methodology, which typically draws upon a core philosophical position such as Heideggerian phenomenology, for its ontology and epistemology (Willig & Stainton Rogers, 2017). However, in practice any full exploration of this underlying philosophy is often avoided by researchers, such that the approach is sometimes applied more as a method (Larkin & Thompson, 2012). IPA was discarded because, although it operates at a level of descriptive interpretation of ideographic understandings of 'lived

experience', it is not specifically oriented towards the exploration of participants' social-psychological processes, which became the focus of the study (Willig, 2013).

Thematic Analysis (TA: Braun and Clarke, 2006) was considered because it is straightforward and therefore suited to the time and word count constraints imposed within the context of a Professional Doctorate in Counselling Psychology. It was appealing due to its epistemological flexibility, which would have been well-suited to the exploration of themes within and throughout the data. Indeed, the focus of TA research is on the extraction and exploration of themes, which could have served the current study. As the approach is not linked to any underlying philosophy, a constructionist framework could be applied to help explore the application of ACT across more than one professional setting. However, TA is not as explicitly concerned with 'process' as Grounded Theory sets out to be (Charmaz, 2014), hence it was discarded because it was not such a close match to the evolving research question. A detailed comparison between the current study method and TA is provided in sub-section 2.5.2.

Grounded Theory is designed to help researchers to explore the interplay between psychological, inter-personal and societal processes and provides detailed procedural methods that could help researchers distance themselves from the subject under investigation (Braun & Clarke, 2006; Charmaz, 2006; Willig, 2016). It involves exploring relationships between categories (typically in the form of a theoretical model) that may be of use to others, through deep analysis of participants' interview accounts. As outlined below, numerous Grounded Theory methodologies and procedural variations exist; some of which hold very different aims and assumptions to the original "Classic" version (Glaser & Strauss, 1967). It has been argued that all versions of Grounded Theory should be regarded as complete methodologies, which include an "inbuilt theoretical framework

(ontological/epistemological assumptions)” (Braun and Clarke, 2006). However, scholars such as Charmaz (2014) regard it as a method open to adaptation, so long as the choices that underpin the philosophical positions of the researcher are established within a clearly defined research paradigm (Harper, 2012). Moreover, as this researcher had no ambition to develop a theoretical model, an adapted - or abbreviated (Willig, 2001) - version of Grounded Theory seemed to offer an approach to meet the emerging research aims. Most importantly, it was in line with this researcher’s interest in exploring psychological and social processes and his emerging philosophical positions. Accordingly this section outlines the philosophical positions that underpin the methodological, procedural, ethical and reflexive processes involved in its implementation (Crotty, 1998; Guba & Lincoln, 1994).

2.2. Research paradigm: moderate constructionist

Willig (2013) proposes that most research studies align more closely with either realist, phenomenologist or constructionist philosophical positions; each of which reflects a set of ideas about the nature of the world that exists (Ontology) and how knowledge about the world is formed (Epistemology); which in turn influences how data and findings are regarded (Harper, 2012). Indeed, it has been suggested that any philosophical position will sit somewhere along a continuum ranging from direct/naïve realism, to radical constructionism /relativism (Madill, Jordan and Shirley, 2000). According to this idea, a naïve-realist position would hold that a single, shared reality (i.e. truth) is accessible by the researcher, participant and reader; whereas a radical constructionist (or relativist) position assumes that no reality exists outside of one’s own mind because everyone creates their own reality based on their experiences, observations and interpretative processes.

In developing the research paradigm for this study, this researcher considered a wide range of philosophical positions (e.g. 'contextualist', 'critical realist', 'pragmatist'). Given that the paradigm needs to be broad enough to encompass elements of critical realism as well as constructionism (see below), it cannot properly be labelled constructivist Grounded Theory (Charmaz, 2006) or critical-realist Grounded Theory (Oliver, 2012). Perhaps there is no need to label it as either, as every research study reflects the unique position of the researcher in the construction of knowledge (Crotty, 1998). In acknowledging the central role played by the researcher, it seems appropriate that it is primarily informed by Charmaz's (2014) constructivist recommendations. However, this researcher also feels the study would benefit from being situated within a research paradigm that is flexible enough to accommodate ideas from complementary philosophical traditions. Therefore, a bespoke position is being adopted, which is similar to what Harper (2012) identifies as 'critical realist social constructionist' or 'moderate constructionist', and which is not uncommon amongst counselling psychology doctoral researchers (Willig, 2016). This position situates the study within a constructionist framework, with a critical-realist ontology and a relativist epistemology that encompasses elements of critical realism (Archer, Bhaskar, Collier, Lawson & Norrie, 1998). Variations on comparable realist-constructionist positions have been explored by scholars (e.g. Elder-Vass, 2012, Willig, 2016, Oliver, 2012) and employed by doctoral researchers in Grounded Theory theses (e.g. Barker, 2015; Gerry, 2012; Hollywell, 2015; Miller, 2016). Moreover, Willig (2016) posits that many constructionist qualitative studies employ a de facto critical realist ontology along with a relativist epistemology, which lends itself to researcher reflexivity. Indeed, it could be argued that professional training as a counselling psychologist develops reflective skills that allow one to hold the space between more than one position, which might otherwise seem overly complex and mutually contradictory.

2.2.1. “co-constructing process”

By adopting a moderate constructionist paradigm this researcher does not seek to shed light on any single truth or explore individuals’ interpretations of their experiences; rather, to (a) develop a better understanding of how each participant is building (constructing) their professional practice in the real world, and (b) explore participants’ understandings (constructions) of what it means to deliver ACT across more than one professional setting. Indeed, it is assumed that both researcher and the research participants can access some level of shared understanding regarding the subject matter; which will be mediated by each individual’s unique set of experiential, spoken, social and cognitive processes (Harper, 2012). The data produced in this research can therefore be regarded as a representation of the essential reality that exists for participants, without assuming the researcher has any direct access to participants’ experiences (Willig, 2013).

Such a position places importance on this researcher’s role in co-constructing and interpreting what the participants may bring to the research study. For the purposes of this study, this research paradigm is titled “co-constructing process” and this shorthand title informs every aspect of the current research. This paradigm allows this researcher to explore the participants’ understandings with humility, while acknowledging that any findings that may accrue from this analysis will have been co-constructed and negotiated by all the actors involved (Willig, 2013). Moreover, this paradigm helps this researcher to look beyond any taken-for-granted assumptions and unspoken understandings of participants, in developing a greater understanding of the processes involved in working as an ACT practitioner, which it is hoped will have some practical application in other individuals’ lives (Charmaz, 2006).

2.3. Researcher positioning

2.3.1. Theoretical framework: constructivist

A theoretical framework refers to a structure that guides the researcher by situating the study within a broad body of theory and academic research. This study draws upon a constructivist theoretical framework to help this researcher recognise some of the assumptions, values and beliefs that underpin the current study (Charmaz, 2006). Although there is no established consensus on what constructivism is, it shares much in common with modern social constructionism (Burr, 2015; Charmaz, 2006). For example, there is a core underlying assumption that all meanings and understandings of who we are and what we may think, feel and experience about reality are constructed rather than passively adopted (Charmaz, 1995).

However, Charmaz (2006) chose the term 'constructivist' to differentiate her position from that of constructionists; to more explicitly present research as a co-construction of the researcher and participants that is primarily focused on process, rather than being concerned with locating meaning within wider discourses and social practices. This provides the intellectual basis for the current study and influences my procedural decisions while working with participants and analysing the data. This is not a radical interpretation of the constructionist/ relativist viewpoint, which would assume that no single reality exists to be studied (Guba and Lincoln, 2013). Rather, it is acknowledged that the researcher plays a central role in the development of this study's findings along with the participants who actively construct (using language) the meanings and understandings they each hold; which are in turn informed by their unique lived experiences, social relationships and internal thought processes.

Such a stance is consistent with a moderate constructionist research paradigm, and promotes the idea that individuals actively construct reality by experiencing life through their senses and human cognitive processes, and seek to derive meanings from such things as discourse, or other social and cultural experiences. With regard to the researcher presence in this process, a moderate constructionist research paradigm also acknowledges the constructivist researcher's active role in constructing knowledge around a broadly shared reality (Charmaz, 2003).

This researcher is interested in discovering the processes involved when practitioners apply ACT across different professional settings with their clients (e.g. clinical or general population, sports or business professionals) and within the social structures where they operate (e.g. independently, in private practice, the public sector, private businesses or other organisations).

Moreover, it is proposed that although the findings will be grounded in the narrative accounts of participants - as gathered in interviews – as they are co-constructed by all the parties involved; they do not relate to any single truth inherent in the phenomenon under investigation (Charmaz, 1995; Willig, 2013). Adopting a constructivist framework also establishes that this research is primarily interested in the processes involved in how each participant constructs their realities and their professional practice.

2.3.2. Ontological position: critical realist

In determining the ontological stance for this study, this researcher reflected upon how the nature of reality and being, or what 'exists', relates to this research study. Guba and Lincoln (2013) have argued that constructivist research paradigms must

be grounded in a relativist ontology, which holds that no single reality exists. Indeed, Charmaz's (2014) constructivist model of Grounded Theory is often associated with such a position, such that relativism seems inherently congruent with constructivism (Guba and Lincoln, 2013). For this researcher, the question of where to ontologically 'plant my flag' along the Realist–Relativist continuum (Willig, 2013) relates to the research context, and specifically the ambitions for the research: There is no ambition to accurately represent anyone else's experience or understanding, rather, there is an acceptance of the idea that this research study is constructed as much by the researcher's perceptions of the participants' positions as by the participants themselves; which borrows from a relativist ontology (Willig, 2013).

The critical realist ontology being adopted is broad enough to accommodate aspects of constructivism, in keeping with an overarching realist-constructivist paradigm (Harper, 2012). In choosing a critical realist ontology within a moderate constructionist research paradigm, this researcher reflected upon the aim and scope of his ambitions for this study: To understand real social processes that exist regardless of any underlying differences in meanings or assumptions that may exist between himself and participants (and that may remain hidden during data collection and analysis). It is therefore assumed that an external world exists to be studied, even though it is impossible to gain a complete understanding of it (Archer et al., 1998).

In the context of this study, the focus is on how ACT practitioners construct their work across settings such as hospitals, sports teams, business organisations, which it is assumed are real social structures that exist (regardless of any meanings that may be attributed to them by the participants). Further, 'reality' is assumed to consist of multiple layers; involving an interplay of contextual, psychological and

social constructions. Adopting this stance allows this researcher to focus on participants' internal and social processes in applying ACT across different contexts, and to more than one client group.

This researcher is therefore assuming that each participant has a unique perspective - which exists independently of anyone else - on a shared 'reality' in which this research is situated. This allows the study to investigate any "contradictions between what is said and unsaid" (Oliver, 2012, p.12) about the reality in which the research exists. Moreover, this researcher assumes he shares common understandings about contextual matters with each of the participants, which lie outside the scope of their interview dialogue yet enhance the construction of meaningful research. Indeed, as the participants in this study have been drawn from diverse settings across different geographical territories, adopting a critical realist position allows this researcher the freedom to consider constructions such as national and professional culture, and use of language, that will lie outside the scope of the interviews but may be relevant to the findings.

These critical realist assumptions, which underpin the research question "How do practitioners apply ACT across more than one setting" are consistent with constructivist Grounded Theory research that may seek to explore hidden meanings that underpin participants' narratives (Charmaz, 2006; Willig, 2016). Moreover, as critical realism is not reliant upon any established methodology it is well-suited to adaptation to use within Grounded Theory studies (Oliver, 2012). Constructivist Grounded Theory (Charmaz, 1995), which aims to explain how social structures and processes operate the way they do, is consistent with critical realism. Likewise, its interest in both internally subjective realities (i.e. participants' constructions are 'real' to them because they have consequences that exist) and externally-

negotiated social realities, makes it congruent with a critical realist ontological position (Willig, 2016).

2.3.3. Epistemological position: relativist

Epistemology concerns the nature of knowledge, and how this relates to both the data collected and how it is analysed. This researcher is interested in discovering more about how practitioners construct ACT and their associated professional practices, while attempting to remain cognisant that “these constructions occur under pre-existing structural conditions, arise in emergent situations and are influenced by the researcher’s perspectives, privileges, positions, interactions and geographical locations” (Charmaz, 2009, p. 130).

This researcher regards the production of knowledge in this research as a co-operative endeavour by himself and the participants, which can be regarded as a broadly constructionist stance. This study is an attempt to co-construct knowledge about the participants’ social and psychological processes, which will be articulated in this researcher’s words, subject to his understandings of the subject matter. His epistemological position is relativist (Charmaz, 2006). A relativist epistemology is congruent with the idea that knowledge is actively constructed, both internally and via interactions with one’s external environment, rather than being passively received; because this suggests that each individual’s interpretation of events knowledge must be uniquely different and therefore contextually valid. The knowledge produced is influenced not just by this researcher, but also each participant’s unique understandings and interpretations, and the wider contexts that inform both of these (Pidgeon & Henwood, 1997). These contexts are socially and experientially mediated and thus open to more than one interpretation, which makes

any claims of 'knowledge' generation both tentative and provisional (Madill, Jordan & Shirley, 2000).

Elder-Vass (2012) and Oliver (2012) advocate the adoption of a relativist epistemological position as a counter-balance a critical-realist ontology within a constructivist framework. Indeed, Willig (2016) has argued that constructivist qualitative research (which includes the current study) is likely to be epistemologically relativist, regardless of whether this is explicitly stated or not, and that "epistemological relativism constitutes a form of intellectual self-awareness and concomitant humility, and ought to characterise all research endeavours" (Willig, 2016, p. 33).

Moreover, it is unproblematic to adopt a relativist epistemological position that allows knowledge to be co-constructed on the basis of a shared reality and understanding, such that the nature of reality can be commonly understood, without the necessity to have a single truth (Willig, 2016). In adopting such a flexible interpretation of relativist epistemology, this researcher is proposing that the research will incorporate his pre-existing knowledge about the subject area, including any "hunches and hypotheses as necessary 'points of departure'" (Charmaz, 2006, p. 17) drawn upon in the development of this research. Although he accepts that any knowledge garnered will reflect only one interpretation of the data, it is hoped the findings have some relevance to other professionals, outside of the participant sample, who are working in the 'real world'.

2.4. Grounded Theory

2.4.1. Background

Grounded Theory has been described as “an umbrella covering several different variants, emphases, and directions—and ways to think about data” (Charmaz, 2009, p. 128). Various theoretical perspectives and associated methodologies have been developed (Madill, Jordan & Shirley, 2000). Indeed, scholars differ on what can or should be considered Grounded Theory, which can make the landscape somewhat confusing (Willig, 2013). However, there are many points of similarity across the three main approaches, as developed by Glaser and Strauss (1967), Strauss and Corbin (1990) and Charmaz (1995).

Over time, popular variations reflected broad epistemological trends including positivism (Glaser and Strauss, 1967), post-positivism (Strauss & Corbin, 1990) and constructivism (Charmaz, 2006). Glaser and Strauss (1967) designed the original Grounded Theory as a complete methodology to facilitate the development of new theories to 'emerge' inductively from the data provided, through the application of methods to 'ground' the research and minimise researcher bias. It embraced the positivist ideas of its time, in attempting to ensure the resulting theory about the phenomenon under investigation would transcend subjective description and reflect more closely the objective 'truth' (Glaser, 2002). As such the role of the researcher was often not recognised as an important contributory factor, in much the same way much quantitative research of the time was conducted.

This 'classic' approach (Glaser & Straus, 1967) was intended as a straightforward approach to analyse linkages within the data in the development of a theory (Clarke, 2005). Indeed, it presented the researcher with a systematic means to collect, analyse and conceptualise data as they build a substantive theory. However, in a distinct difference from quantitative research, this inductive approach did not begin

with any hypothesis, and the research question was left open to change, as research progressed. Over time Strauss and Glaser disagreed about some fundamental aspects of Grounded Theory, with the arrival of Strauss and Corbin's (1990) post-positivistic design, which - rather than seeking to develop a single (positivist) 'true theory' - evolved to increasingly overlap with constructionist ideas, which influenced scholars such as Charmaz (Mills, Bonner & Francis, 2006).

Glaser & Strauss' (1967) version of Grounded Theory was not suited to this researcher's theoretical positioning within the current study because of its realist stance on the nature of truth. Similarly, Strauss and Corbin's (1990) version did not explicitly place the researcher as the central actor in developing grounded theory, and as such did not accord with this researcher's theoretical position.

2.4.2. Charmaz's Constructivist Grounded Theory

In a complete break from positivism, Charmaz's (2006) Constructivist Grounded Theory embraced a constructionist philosophy, which emphasised the role of researcher as central to the enrichment of data and development of knowledge through research (Willig, 2013). Charmaz encourages the researcher to reach beyond any taken-for-granted assumptions to seek meaning in the data that relates to beliefs, values and ideologies (Mills, Bonner & Francis, 2006). Further, Charmaz (2001) recommends the use of specific procedural tools such as active and in-vivo codes as a way to emphasise the participants lived experiences, many of which were adopted in the current study (see 2.6.1. Data collection and analysis). There is some dispute between scholars as to whether the constructivist version can justifiably be classified as 'Grounded Theory' (Birks & Mills, 2011; Cutcliffe, 2005). For example, Glaser (2002) argues that Grounded Theory is a conceptual approach that differs from qualitative data analysis (QDA) because it works with all

quantitative or qualitative data “whatever the source, whether interview, observations, documents, in whatever combination” (Glaser, 1998 p.145). Glaser (2002) asserts that Charmaz’s (2000) constructivist version provides researchers with a qualitative data analytic (QDA) methodology rather than a novel form of Grounded Theory, stating that “The strength of QDA research has clouded and swayed her view of GT, and thus she denies and blocks its true conceptual nature.” (Glaser 2002, p 7.). Unlike Glaser, Charmaz (2006, p.14) situates Grounded Theory as “a frame for qualitative enquiry and guidelines for conducting it”, which illustrates the extent to which different perspectives exist on the subject.

Charmaz’s (2006) version aligns with this researcher’s ambition to position both researcher and participants as equals in co-constructing the data, analysis, meaning and knowledge (Charmaz, 2014; Willig, 2016). Indeed, it was felt the constructivist version would be well suited to enabling an investigation of the interplay between participants’ individual, interpersonal and social/ professional processes. Further, Charmaz’s (2006) Constructivist Grounded Theory seemed flexible enough to include this researcher’s theoretical positions while allowing for his experience, values, and knowledge to be recognised as an influence in the data collection and analysis, rather than presenting the analysis as a mere “re-description” of data (Pidgeon & Henwood, 1997). This is particularly important considering this researcher’s experiences as an ACT practitioner, which convey some level of prior knowledge and associated assumptions about the subject under investigation.

The current research design draws upon much of Charmaz’s (2006) constructivist Grounded Theory’s philosophical underpinnings and research methods. Charmaz’s (2006) model is suited to investigating processes within a heterogeneous sample that has not been previously explored such as the lived experiences of ACT

Practitioners, the nature of whose work varies considerably across a range of professional disciplines. As such, it allows this researcher to explore how ACT practitioners construct their professional practice and the processes by which they expand this from one domain into different fields.

2.4.3. Distinguishing features of Grounded Theory

Grounded Theory is particularly suited to the exploration of social, psychological or other actions, interactions and/or processes (Charmaz, 2006). Despite their epistemological and ontological differences, Glaser and Strauss (1967), Strauss and Corbin (1998) and Charmaz (1995) all provide methodologies that aim to help researchers investigate the phenomenon in question at a level that delves beneath taken-for-granted assumptions and encompasses any 'ambiguities and tensions' in the data (Charmaz, 2014; Willig, 2013). Indeed, there are many points of similarity across the three versions which differentiate Grounded Theory from other approaches and they employ a similar 'tool set' of methodological principles and procedures (Birks & Mills, 2011; Charmaz, 2006). This researcher has identified seven core features which are shared across the above approaches:

- conducting concurrent data collection and analysis
- focusing data collection through theoretical sampling until saturation
- progressing from initial coding to categorisation
- constantly comparing data at many levels
- using memos for reflexivity and to interrogate the data
- delaying the review of extant literature
- ambition to develop – or move towards - a theory

(i) Concurrent data collection and analysis

The use of continuous, recursive data collection and analysis is a hallmark of established Grounded Theory methodologies (Charmaz, 2006; Glaser and Strauss, 1967; Strauss & Corbin, 1990). When combined with theoretical sampling and saturation it ensures that fresh data is continually collected and/or new participants are continually recruited, based on how they meet evolving and ongoing data analysis. Indeed, concurrent data collection and analysis is deemed essential to the development of good theory because when data analysis and data collection both inform, and are informed by, each-other; there is a virtuous cycle of theory development that will always be grounded in the data.

(ii) Theoretical sampling and saturation

'Theoretical sampling' is another method typical of Grounded Theory, which aims to ensure that fresh data is continually collected and/or new participants are continually recruited based on how they meet evolving theoretical criteria (Charmaz, 2006). This procedure was devised as a means to test emerging theoretical hypotheses until no further data is required to elaborate on an emerging theory (Glaser and Strauss, 1967). It involves the researcher continuously focusing the 'emergent' data collection process with the aim of reaching 'theoretical saturation' at which point the researcher can claim to have a substantive theory (Charmaz, 2006; Willig, 2013). This process therefore aims to ensure that any data collected in the latter stages of theory development is more likely to add theoretical depth. Typically, when data is derived from interviews, this process might involve selecting new participants, or re-interviewing current participants, on the basis that new data may help to address any gaps in the evolving theoretical model.

(iii) Coding and categorisation

Coding in Grounded Theory typically involves 'open' coding to break down the data into units of analysis (e.g. line-by-line, sentence-by-sentence, page-by-page, incident-by-incident) which can initially be grouped into low-level (descriptive) categories (Charmaz, 2006). Axial, or focused, coding follows, which typically involves compiling descriptive categories into higher-level, more meaningful (analytic) categories using a 'coding paradigm' and memos to highlight any processes, changes, linkages or hierarchies of interest (Charmaz, 2006; Strauss and Corbin, 1990). Codes are recursively selected and tested at a higher level of abstraction, then incorporated into a small number of core categories as these emerge (Willig, 2001).

(iv) Constant comparison

Grounded Theory is also typically distinguished by the application of 'constant comparison' analysis throughout all stages of data collection, identification and categorisation (Charmaz, 2006; Glaser and Strauss, 1967; Strauss & Corbin, 1990; Willig, 2001). This involves the researcher moving recursively back and forth through participants' accounts, identifying similarities and differences that serve as 'confirmations' or 'exceptions' of emerging themes (Willig, 2001). The core categories are often further synthesised to form an empirical theory otherwise described as an explanatory framework which is held to be 'grounded' in the original data, rather than previously-existing theories or models (Willig, 2013). It could be argued that grounding the research in the data is particularly relevant to explorations of individuals private worlds that seek to provide an understanding of psychological or social behaviours, interactions or processes (Charmaz, 2006). Constant comparison involves the examination of negative cases, which do not fit the emerging theory, to help capture the complexity of the phenomenon under investigation (Willig, 2001). The process of constant comparison moving towards

theory development is informed by interactions between the researcher and the data, which in Grounded Theory is known as 'theoretical sensitivity'.

(v) Memoing and reflexivity

All aspects of data collection and analysis, including coding, sampling and constant comparison are informed by a process of memo-writing, also referred to as 'memoing' (Charmaz, 2006). Memos are used as reflexive 'notes to self' that help the researcher to keep track of observations, assumptions, theoretical or analytic ideas and emerging concepts throughout the constant comparison process (Charmaz, 2014). Memos are also the primary means whereby the researcher records relationships between codes, themes, clusters and categories, and the analytic narrative and sub-plots of the research story being constructed (Charmaz, 2006).

(vi) The literature review

One of the key conceptual and procedural differentiators of Grounded Theory design has traditionally been the idea that a literature review should not be conducted prior to the study commencing. This is primarily to ensure the research is truly inductive and not influenced by existing theories (Charmaz, 2006). However, modern university-based research obligations make this ideal difficult to achieve, as supervisors and academic syllabuses often expect a brief literature review to be completed prior to ethical review.

(vii) Theory generation

Grounded Theory was originally conceived to provide researchers with a methodology to develop a substantive theory about the phenomenon under investigation (Glaser & Strauss, 1967). This may be achieved through the ongoing

recruitment of participants and collection of data through interviews to test the emerging theoretical hypotheses (theoretical sampling) until theoretical saturation has been reached and no further data is required to reach a substantive theory (Willig, 2013). Regardless of how one defines 'Grounded Theory' (for example, as an explanatory model of actions, meanings or processes within a specific context), the term carries an explicit emphasis on theory generation (Oliver, 2011). This inherent ambition differentiates Grounded Theory from other qualitative approaches, such as Interpretative Phenomenological Analysis (IPA: Smith, Jarman & Osborn, 1999), Discourse Analysis (DA: Foucault, 1971) or Thematic Analysis (TA: Boyatzis, 1998); which explicitly focus on meaning-making, use of language and/or power; and the exploration of themes, respectively.

2.4.4. Willig's abbreviated method

Willig's (2001) abbreviated version can be regarded as a research method rather than a full methodology. It allows researchers to omit, adapt or deviate from some standard Grounded Theory principles and procedures. This provides some flexibility to researchers using abbreviated versions of what would traditionally be implemented as 'full' methodologies (e.g. Glaser and Strauss, 1967; Strauss & Corbin, 1998; Charmaz, 2006). Specifically, it allows the research to remain 'grounded' in the original data through the application of an abbreviated set of Grounded Theory principles.

Figure 2 provides a visual depiction of how Willig's (2001) abbreviated method could look, when applied to Charmaz's constructivist version of Grounded Theory (2006). Note how the original data is recursively revisited at all coding, categorising and theory-building stages. This means there are differences in the way theoretical sensitivity, theoretical saturation and negative case analysis can be claimed to have

been reached when compared to more established methodologies (Willig, 2013). This section briefly examines the abbreviated method against the seven distinguishing features of Grounded Theory identified above. This highlights some differences and similarities between the abbreviated version and the ‘full’ methodologies mentioned in the previous section.

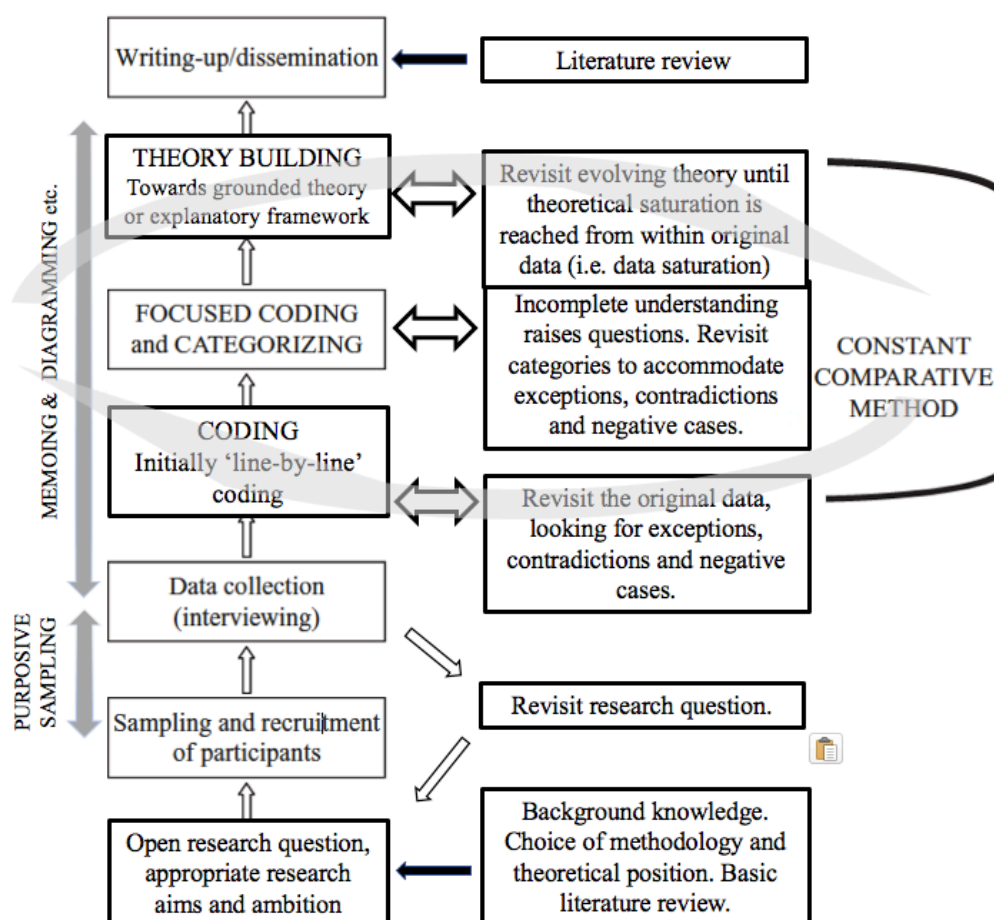


Figure 2: A visual representation of an abbreviated version of Grounded Theory method based on a description of by Willig (2001). Adapted from a diagram of constructivist Grounded Theory (Tweed & Charmaz, 2010, p.133)

(i) Data collection in advance of analysis

The abbreviated version is designed as an option for researchers who are unable to conduct concurrent data collection and analysis, due to time or other constraints

imposed on the research (Willig, 2001). This would likely include small-scale studies that may be limited by lack of budget or word-count restrictions imposed by universities, for example. Therefore, it is expected that all analysis is conducted on the original data collected, which is a departure from traditional Grounded Theory approaches. Although analysis is conducted on the original data only, it is recommended that data collection should be directed by the emerging categories, wherever possible (Willig, 2001).

(ii) Theoretical sampling and saturation

Willig's (2001) abbreviated Grounded Theory method is tailored towards studies which are limited in the amount of research time available for recursive theoretical sampling. Using this approach, it is suggested that theoretical saturation can be reached by applying Grounded Theory procedures to the original data only (Willig, 2001). However, in practice theoretical saturation may be difficult to achieve given the lack of continuous data collection and theoretical sampling. Therefore, it may be easier for researchers to make claims of 'data saturation' (i.e. "the point in the research process when no new information is discovered in data analysis, and this redundancy signals to researchers that data collection may cease": Faulkner & Trotter, 2017, p. 1).

(iii) Coding and categorisation

Small units of analysis are recommended when using the abbreviated version, as they lower the risk of bias in favour of conspicuous incidences, that could be said to have been imposed by the researcher (Willig, 2013). Indeed, when conducting an abbreviated form of Grounded Theory or analysis on textual data such as interview transcriptions, Willig (2013) recommends that coding is conducted on a "line-by-line" basis to ensure 'richness' of theory development in the absence of theoretical

sampling. This can be taken as a general guide; after all the length of a line is arbitrary so it is perhaps more useful to think of this as coding by “data unit”. Such fine-grained coding helps to ensure that the data will be analysed in detail and provides ‘scaffolding’ that allows for the construction (or emergence) of a high quality and ‘rich’ analysis (Tweed & Charmaz, 2012). This further helps to orientate the researcher away from seemingly obvious themes and ‘taken for granted’ assumptions. Although some full versions of Grounded Theory discuss coding by data unit (e.g. Charmaz, 2006) the abbreviated version can be differentiated from other approaches because of the emphasis placed in fine-grained coding “the depth of analysis generated by line-by-line coding is needed to compensate for the loss of breadth that accompanies the researcher’s dependence on the original data set” (Willig, 2013, p73). Coding progresses in parallel with the analytic methods of memo-writing and constant comparison.

(iv) Constant comparison

Categories are developed and linkages between data are explored using constant comparison on the initial data only. This is achieved by recursively re-visiting the original data (e.g. when using interview transcriptions, the researcher would return to all data provided by all participants) and scrutinising previous stages of analysis (e.g. revisiting the initial and focused coding stages). Comparing this to ‘full’ approaches, which conduct constant comparison on newly acquired data, this undoubtedly reduces the likelihood that all possible dimensions, linkages and categories could be fully analysed; making saturation difficult. Nevertheless, the abbreviated constant comparison method is proposed as a pragmatic approach that helps researchers rigorously investigate the data that is available. As such it is an important element in the move towards the development of well-constructed categories and a comprehensive exploration of the data (Willig, 2013).

(v) Memoing and reflexivity

Memoing and reflexivity in the abbreviated version do not materially differ from those of 'full' Grounded Theory methodologies (see sub-section 2.4.3).

(vi) The literature Review

The approach to the literature review in the abbreviated version does not materially differ from that of 'full' Grounded Theory methodologies (see sub-section 2.4.3).

(vii) Theory generation

Willig (2001) shares the research aim of 'theory generation' with 'full' methodologies such as those advocated by Glaser and Strauss (1967), Strauss and Corbin (1998) and Charmaz (1995). Indeed, the abbreviated version is explicitly designed to allow researchers engaged in small-scale or time-limited studies to work towards a theoretical model (Willig, 2013). However, it has been argued that – regardless of whether a full or abbreviated version is adopted - small scale and time-limited Grounded Theory studies rarely achieve theory generation in any case (e.g. Willig 2001; Pidgeon & Henwood, 1997). Scholars have therefore interpreted the term 'Grounded Theory' to mean the method as well as the product of analysis (Charmaz, 2006; Willig, 2013). This interpretation allows analytic results to be presented as tentative theoretical models, regardless of whether theoretical saturation has been achieved. Indeed, Braun and Clarke (n.a.) refer to small-scale Grounded Theory studies - which might reasonably include any that use an abbreviated version - as 'Grounded Theory-lite'.

2.4.5. Conclusion

Debate continues to this day between scholars as to what Grounded Theory is and how to do it. From the outset Glaser & Strauss (1967) expected that the

understanding and implementation of Grounded Theory research would change over time. Undoubtedly, there are scholars (e.g. Cutcliffe, 2005) who may regard Willig's (2001) abbreviated version to be so methodologically different from the original that it should not be classified Grounded Theory. For example, Denscombe (2014) proposes three core tenets that differentiate Grounded Theory from other methodologies: (i) being grounded in empirical research, (ii) involving concurrent data collection and analysis, and (iii) having a focus on theory generation.

According to these criteria Willig's approach would not be considered a Grounded Theory (Harris, 2015). This discussion becomes more complex when one considers how some researchers have adapted Willig's (2001) abbreviated method to match their research objectives in different ways that could be considered as lying somewhere between the abbreviated and full versions (e.g. Cameron & Nunkoosing, 2012; Chilton & Pires-Yfantouda, 2015; Madell & Muncer, 2007; Yurdakul, Holttum & Bowden, 2009).

Regardless of whether it should be called Grounded Theory or not, abbreviated versions of Grounded Theory are well suited to the study of nuanced psychological (internal) and social (external) processes (Willig, 2013). However, the omission of some core Grounded Theory elements exposes studies that use this approach to the risk of lacking methodological coherence. One of the key steps in mitigating this risk is the emphasis placed on the abbreviated version's fine-grained coding and categorisation procedures. Indeed, the initial – micro level - coding process is essential to the establishment of rigour when using the abbreviated method, as it ensures the findings can be defended as being grounded in the data. This researcher believes the abbreviated approach is therefore particularly suited to studies where the researcher is familiar with the subject of the research and wants to distance themselves from the data to increase objectivity and enhance rigour.

This researcher would further argue that Willig's (2001) abbreviated method provides researchers with a practical Grounded Theory inspired toolset, even if it substantially differs from established full Grounded Theory methodologies. Willig (2001) recommends it is only used with time-limited, small-scale or otherwise constrained studies. This researcher construes therefore that Willig (2001) regards this as a limitation, as she emphasises that applying a full Grounded Theory methodology is always preferable to an abbreviated version. This argument makes sense given a research objective of theory generation, and it positions the abbreviated version as a pragmatic 'second best' compromise when it is not feasible to conduct a full methodology.

Undoubtedly, the abbreviated version can be used to develop complex theoretical models in a similar way to those developed when applying 'full' versions (Willig 2013); particularly when applying the method to specific delineated contexts (e.g. such as nursing procedures in a specific hospital ward). Indeed, it is this researcher's position that there are conditions when the abbreviated method may be preferable to 'full' methodologies and this would depend upon research ambitions and context, as much as research constraints. For example, Willig's (2001) abbreviated method may be better suited to studies that seek to move towards theory development, rather than those studies that aspire to the substantive theoretical ambitions of 'full' methodological versions based on theoretical saturation. This researcher regards this as a strength rather than a limitation of the abbreviated approach. Moreover, so long as theoretical ambitions are clearly defined, Willig's (2001) abbreviated version provides researchers with pragmatic flexibility that frees them from any methodological constraints that might apply to 'full' versions.

This raises the question of whether Willig's (2001) abbreviated version is suited to research studies whose ambitions do not necessarily extend to 'theory generation' or even 'moving towards theory', such as the current study. This question is addressed in the following section.

2.5. Grounded Analysis

2.5.1. Rationale and distinguishing features

Regardless of whether the term 'Grounded Theory' is used to mean the method of analysis and/or the product of the analysis, it carries an explicit emphasis on theory development (Oliver, 2012). This poses an issue when seeking to apply Willig's (2001) abbreviated method to the current study - which does not seek to move towards a substantive theory, a theoretical model, or an explanatory framework of how ACT practitioners apply ACT across more than one professional setting.

Rather, the ambitions of this research study are to rigorously analyse participants' experiences, understandings and psychosocial processes beyond a level of mere description. This study is therefore more focused on the processes involved in constructing knowledge, understanding and professional practice; rather than the discovery or construction of theory. Another key research ambition is to raise questions that are potentially of interest to others, which warrant further investigation and signpost potential new research directions.

Willig's (2001) abbreviated Grounded Theory method has therefore been followed in the current study with some adaptations which have been necessitated because theory generation is not a research ambition. This begs the question of whether such a study can be called Grounded Theory. This researcher initially considered

'Grounded Theory-type' or 'Grounded Theory-inspired' as descriptions of the methodology. However, following discussion in supervision it was felt that - although the current study research design includes the analytic processes described in Willig's (2001) abbreviated Grounded Theory method - the term Grounded Analysis more accurately establishes and defines the research ambition, method and findings of the study.

Taking 'theory' out of the method removes the need to interpret the meaning of Grounded Theory to fit research study ambitions. Indeed, the word 'analysis' encompasses both the methodological process and the results of the research. Therefore, Grounded Analysis offers a pragmatic and straightforward description for this study which employs Grounded Theory procedures and principles without necessarily seeking to move towards theory development as an outcome.

Figure 3 illustrates how Willig's (2001) abbreviated version of Grounded Theory has been operationalised as a constructivist-informed Grounded Analysis in the current study. Similarly to Willig's (2001) version illustrated in Figure 2, data collection is conducted in advance of analysis, not concurrently. Nor is there any attempt to conduct theoretical sampling, as theory generation is not a research ambition. Further, the original data is again recursively revisited using constant comparison at all coding, categorising and analytic stages. However, there is no theory generation stage.

Unlike Willig's (2001) version there is no presumption of research ambition to achieve theoretical – or even data – saturation because this term is difficult to accurately define in practice and is seldom adequately explained in published studies (Bowen, 2008). Rather, the analysis is grounded through the recursive revisiting of the evolving analysis until 'analytic sufficiency' is reached from within

the original data. This term is adapted from Dey (1999) who suggests 'sufficiency' offers a less positivistic tone than the term 'saturation'. This term also recognises the researcher's role as co-constructor of the data and arbiter of when the analysis is deemed complete.

Although moving towards a (substantive or otherwise) Grounded Theory or theoretical framework is not presumed, adopting a Grounded Analysis design allows the researcher to remain open to this possibility. Unlike Willig's (2001) abbreviated version - which provides a pragmatic means to answer any research questions raised in the form of a theoretical model – this version seeks only to analyse the data and report these findings at a level of abstraction. Some key principles and procedures of Willig's (2013) abbreviated version of Grounded Theory, which have been adapted or adopted in the current constructivist-informed Grounded Analysis, are discussed further in the Method section.

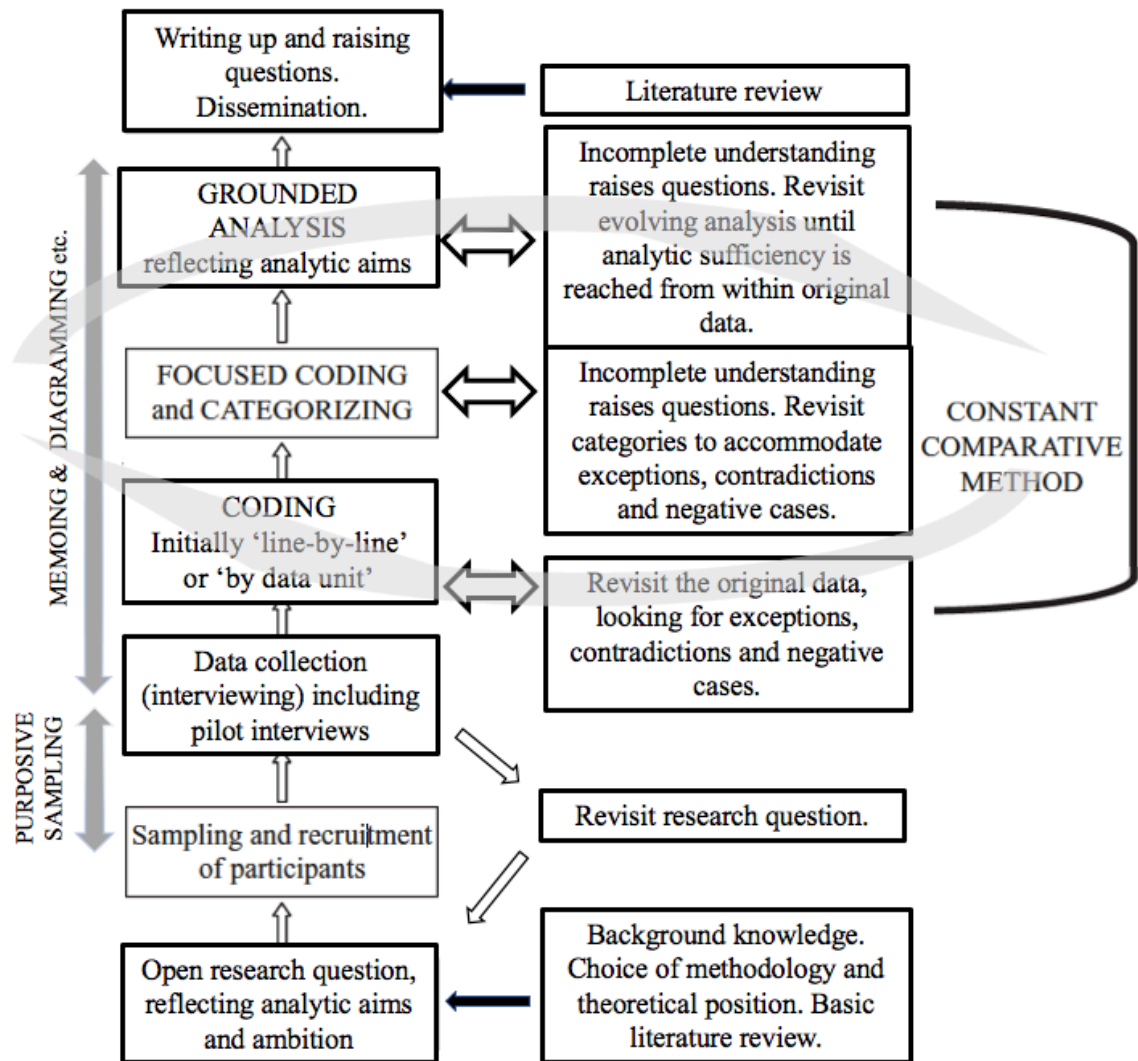


Figure 3: A visual representation of how Grounded Analysis has been operationalised in the current study, based on an abbreviated version of Grounded Theory method described by Willig (2001). (Adapted from a diagram of constructivist Grounded Theory by Tweed & Charmaz, 2010, p.133).

2.5.2. Comparing to Thematic Analysis

The abbreviated version of Grounded Theory shares much in common with Thematic Analysis (Braun and Clarke, n.d.). Both methods are suited to investigating the subjective human experience (Guest, MacQueen & Namey, 2011).

Grounded Analysis even provides a method that facilitates the use of Grounded Theory procedures and principles for rigorous thematic analysis of existing data, if this is a research ambition. Indeed, the use of a 'thematic' coding paradigm in Grounded Analysis (Charmaz, 2006; Strauss and Corbin, 1990) helps to orientate the researcher towards themes, processes or even theory development. However, although a 'thematic' coding paradigm used within a Grounded Analysis might produce somewhat similar results to Thematic Analysis (Braun & Clarke, 2006), in practice a Grounded Analysis would "code for possibilities suggested by the data" (Charmaz, 2014, p.120), so these results would be reached via quite different processes.

Similarly to Willig's (2001) abbreviated version of Grounded Theory, neither approach is a complete methodology so they are both independent of prescribed theoretical frameworks (with associated ontological and epistemological assumptions). Both approaches are suited to studies that use a wide variety of data collection techniques. They explicitly encourage the exploration of linkages and patterns between such categories, concepts, sub-themes and themes and they utilise graphic representations to illustrate 'explanatory models' or 'thematic maps'. The resulting categories and concepts developed through grounded analysis are broadly comparable to sub-themes and themes produced when using Thematic Analysis (Braun & Clarke, 2006).

Grounded Analysis and Thematic Analysis (Braun and Clarke, 2013) are both robust enough to be used to develop sophisticated theory (Willig 2013; Braun & Clarke, 2013; Boyatzis, 1998). As such, they would both be appropriate methods for research studies that may not explicitly seek to move towards theory development, but which leave this possibility open. A key difference between the two methods therefore lies in the choice and function of analytic procedures the researcher

wishes to use and whether these are suited to the purpose of the study and the research question. For example, in Thematic Analysis it would be appropriate for themes to be built around 'codable moments' in the texts, which involves a process of recognising these and encoding them consistently, before coding them and then interpreting them in service of a theory or conceptual framework (Boyatzis, 1998). This would not be done in a Grounded Analysis, which works up from the text that has been broken down into data units, before being reconstructed into focused codes and then looking for extracts of text (which could be called 'codable moments') that provide good examples of the categories in development (Charmaz, 2006; Willig, 2001).

In summary, Thematic Analysis offers an approach to coding on a thematic level of development that provides procedural flexibility and may be suited to researchers who prefer less structure and who do not necessarily want to deconstruct the data at a fine-grained level. Grounded Analysis uses the structure of abbreviated Grounded Theory method (Willig, 2001) to rigorously ground the research in the data; which may appeal more to researchers who prefer to use a specific set of established analytic procedures.

2.5.3. Establishing the proposition

Grounded Analysis offers a clear yet flexible qualitative method that conveys many of the strengths of Grounded Theory method, married with some of the flexibility of Thematic Analysis. It allows the researcher to investigate and repeatedly question their data in a structured way without being unduly influenced by the expectation to develop theory. Indeed, the term 'Grounded Analysis' implies no expectation to necessarily move towards a theoretical framework or thematic structure. This intrinsic humility of purpose potentially allows for an inductive, open and inquisitive

research approach. Therefore, researchers who wish to retain the flexibility to leave the analytic process open to possible changes in direction might find Grounded Analysis appealing. For example, even though there is no explicit (top-down) ambition to move towards a theoretical model at the start of the research this outcome would not be excluded. Rather, these types of decisions would be arrived at in response to the emergent Grounded Analysis. Moreover, adopting a process-related research paradigm within a Grounded Analysis study would facilitate the development of a hierarchy of abstraction based on the use of active codes; a Grounded Theory technique popular since Strauss and Corbin's (1990) use of axial coding (Willig, 2013).

As an abbreviated version of Grounded Theory, Grounded Analysis is flexible and scalable enough to be adapted to descriptive analyses, inclusion within mixed methods studies, or more sophisticated, conceptual doctoral studies of complex theoretical phenomena. Beneficiaries of this straightforward approach would include researchers involved in thematic, small-scale, time limited, or word-count limited studies, seeking an accessible way to operationalise Willig's (2001) abbreviated Grounded Theory method.

2.6. Method: A Grounded Analysis

The current study is situated within the context of a historical dialogue of what it means to undertake Grounded Theory research, which has been encouraged since its conception (e.g. Glaser and Strauss, 1967; Strauss & Corbin, 1998; Charmaz, 2006; Willig, 2001). The current study uses an abbreviated version of Grounded Theory described by Willig (2001, 2013), operationalised as a Grounded Analysis. This decision informs and was informed by the choices of coding techniques and other analytic processes employed in service of the research objectives. For

example, it allows this researcher to work towards an understanding of social processes in a time-limited study, without the requirement to undertake ongoing theoretical sampling in service of reaching a substantive theory.

2.6.1. Data collection and analysis

Grounded Theory typically seeks to work upwards from the data until a theory or explanatory framework is constructed towards the end of the research, rather than taking a deductive, top-down approach (Charmaz, 2006; Willig, 2001). However, this researcher would argue that the very ambition of working towards a 'theory' is a top-down goal. Hence, Grounded Analysis as described above is the chosen method for this study. Data collection involves both induction (e.g. the initial interviews are conducted prior to an extensive literature review) and abduction (e.g. the focus of the research is redefined as initial – pilot - interviews are conducted). As this is based on Willig's (2001) abbreviated version of Grounded Theory, continual recruitment is not undertaken and analysis is instead conducted 'within the data set' (Willig, 2013; Reichertz, 2010).

In this study of ACT practitioners, the preliminary interviews were used as pilots to help refine the study focus and inform further purposive sampling. Permission was granted by participants to include their data in the data analysis if they still met the inclusion criteria following any refinement of the research study aims or research question). Note that this process was not equivalent to theoretical sampling, and did not involve recurring data collection and analysis, as all analysis was conducted after all interviews were conducted. Recruitment stopped when a sufficient number of participants had been interviewed to allow the exploration of convergences and divergences in the data for a meaningful small-scale Grounded Analysis (Guest, Bunce & Johnson, 2006; Willig, 2001). This assessment was made during research

and in supervision, and was informed by extant professional doctorate Grounded Theory studies in counselling psychology (e.g. Hollywell, 2015).

Recruitment

Stage one of recruitment commenced after ethical approval had been granted for the study (see Appendix 1). This researcher engaged participants from his professional network, garnered at ACT conferences, meetings and seminars and through online channels (see Appendix 2: participant advert). Five participants expressed interest and were sent an information pack containing an information sheet (see Appendix 3), consent form (see Appendix 4) and a participant background sheet (see Appendix 5). All consented to be interviewed on a pilot basis. Following transcription and initial analysis of these interviews, a second stage of recruitment involved the revision and dissemination of information packs about the research to a much wider group of individuals garnered from online noticeboards, email groups and forums, including The British Association of Behavioural and Cognitive Psychotherapies (BABCP); The Association of Contextual Behavioural Science (ACBS); Facebook interest groups that relevant to Counselling Psychology and/or ACT; LinkedIn professional networking groups with interests in psychology and/or ACT.

All information disseminated about the research clearly stated that the research will draw from a small number of participants, who will be purposively sampled from a selected range of disciplines and specialisms; which means it is unlikely that every respondent who was interested in participating would be invited to participate in an interview. However, every person who responded received an email or online message from the researcher, regardless of whether they were interviewed or not. Stage one of the recruitment process was intended to recruit participants for pilot interviews, this was open to anyone of 18 years or older and who identified as an

ACT practitioner and was a member of a professional organisation with a code of ethics that they have signed up to.

Inclusion and exclusion criteria

When considering inclusion criteria, this researcher needed to consider that ACT is fundamentally a psychological intervention, developed by Clinical Psychologists and Behaviour Analysts, but designed for use by practitioners across numerous applied fields. Indeed, it is precisely this aspect of the application of ACT that is of interest to the current study. Therefore, the scope of the research is not limited to the psychology profession, but is instead designed to include any ACT practitioner who is a member of a professional body with a code of conduct and ethical guidelines. It was hoped this might include counselling, educational, sports, coaching and organisational psychologists as well as non-psychologists (e.g. nurses, general practitioners, speech and language therapists, social workers, counsellors, manual therapists, business coaches, consultants). The use of pilot interviews and subsequent discussions in supervision, and throughout the ethics process, helped to ensure questions clearly reflected the evolving research question.

Interview schedule development

The use of a semi-structured interview schedule was designed to allow participants the opportunity to talk about how they apply ACT in their own words, with the flexibility to contribute information important to them that this researcher might otherwise not have deemed important.

In the current study, the preliminary interviews were used as pilots to help refine the study focus and inform further purposive sampling. Permission was granted by participants to include their data in the data analysis if they still met the inclusion

criteria following any refinement of the research study aims or research question.

Note that this process was not equivalent to theoretical sampling, and did not involve recurring data collection and analysis, as all analysis was conducted after all interviews were conducted.

Following the pilot interviews the research focused on how practitioners from multiple disciplines developed their ACT practice to include settings and client groups outside their core area of training. This was discussed in supervision and it was felt that such a change in emphasis would be pertinent to the field of counselling psychology, which advocates for the wellbeing and treatment of individuals across clinical, non-clinical and working populations, and within consultancy and leadership settings. Although the preliminary literature review influenced the decision to explore how practitioners apply ACT, the focus on how practitioners develop their practice across more than one setting emerged from the pilot interviews. Feedback resulted in the re-phrasing of the questions, which occurred on numerous occasions while the scope of the study was honed and narrowed. The questions were broad enough to allow participants the freedom to contribute any thoughts they deemed relevant, without being too prescriptive. More details of this process are provided later in this section.

Two interview schedules, with questions and associated researcher prompts, are provided below. The first is the preliminary interview schedule, which was used for the pilot interviews. The scope of this was wide, in an attempt to ensure it was relevant to participants irrespective of their professional training or background. Although it contained a couple of warm-up questions of a more personal nature, it aimed to discuss the fine details of how they delivered ACT as well as their understanding of it. The second is the final interview schedule, which was adapted following the pilot interviews and used for all subsequent interviews. This had fewer

questions, and was more focused on the delivery of ACT across different settings. However, the tone of the questions was softened to become more open-ended and elicit more descriptions of their experiences (e.g. “Could you describe...” replaced “How do you...” at the start of each question).

(i) Initial interview schedule

Could you tell me a little about yourself? (Prompts: Could you tell me something about your occupation? How would you describe your use of ACT and how you come across ACT? Did you have any previous experiences that led you in the direction of ACT?)

How did you become interested in ACT? (Prompts: How interested or invested are you in using ACT? How did you learn ACT? How effective do you think ACT is and why? How else have you been influenced to use ACT? How does ACT compare to other approaches you use? Is there anything you would like to add?)

How much do you understand and deliver ACT? (Prompts: How do you describe ACT to others who are new to it, or to your clients? How much do you understand RFT, ABA, CBS? How would you describe your level of expertise? Are there any areas you do not understand? How much or often do you deliver ACT? How do you deliver ACT to individuals or groups? How proficient are you at delivering ACT? How do you think this impacts your clients? Is there anything you would like to add?)

How do you adhere to or adapt protocols? (Prompts: Strict adherence or adapt them? How do you adapt them? Do you construct your own

protocols? How do you do this? Do you have a process or method? How do you decide when it is appropriate to adhere or adapt? How do you think this impacts your clients? Is there anything you would like to add?)

How do you integrate ACT with other approaches? (Prompts: Not integrated or integrated? What other approaches do you draw upon? Do you have a process or method? Do you have a particular standpoint? Do you integrate ACT into your approach or do you integrate other approaches into ACT? How central is ACT to your approach? How do you decide when it is appropriate to integrate or not? How do you think this impacts your clients? Is there anything you would like to add?)

How do your personal characteristics influence how you deliver ACT? (Prompts: How does your background training impact your delivery? How do your character traits influence your approach? How does your personality influence your delivery? Is there anything you would like to add?)

How has being an ACT practitioner influenced you? (Prompts: How has learning ACT impacted you professionally? How has ACT changed you as a practitioner? What are the most important things you have learned through delivering ACT? Is there anything you would like to add?)

Is there anything else you would like to say? (Prompts: Are there any questions you thought I was going to ask that I did not? Have these questions elicited any thoughts or feelings about this subject? Looking back at your experience of learning and delivering ACT professionally, is there anything you would have done differently?)

(ii) Final interview schedule

Could you tell me a little about your professional background? (Prompts: How did you become interested in ACT? How did you learn ACT? How have you been influenced to use ACT? Could you describe your core training? Could you describe the settings and populations you work with? How would you describe your level of expertise or competency in ACT? Could you describe your journey towards achieving competency in ACT? Is there anything you would like to add?)

Could you describe how central ACT is to your professional practice? (Prompts: How important is ACT to your practice? What was the appeal of ACT to you? What (if any) other approaches do you use alongside ACT? Could you describe any challenges you have faced while working with ACT? Could you describe any times you have struggled to apply ACT in any contexts? Is there anything you would like to add?)

Could you describe how you started to use ACT outside your core area of training? (Prompts: How and why did you start to apply ACT outside your core area of practice? How have you developed competency to apply ACT in areas outside your core training? Can you describe the process of moving between clinical/health and workplace/non-clinical settings (change depending upon individual)? Can you describe the biggest challenges you have faced in this process? What advice would you give to anyone developing their ACT practice outside their core area? Is there anything you would like to add?)

Could you describe how you use or adapt ACT in different settings?

(Prompts: How much or often do you deliver ACT? How do you deliver ACT to individuals or groups? How do you work with published protocols? How do you think this impacts your clients? Could you describe any times when you have struggled to apply ACT? Could you describe how closely you stick to published ACT protocols, formulations, exercises or metaphors? Is there anything you would like to add?)

Could you describe your experience of applying ACT? (Prompts: Do you think your personal characteristics have influenced how you apply ACT in any way? What are the most important things you have learned through delivering ACT? Is there anything you would like to add?)

Is there anything else you would like to say? (Prompts: Are there any questions you thought I was going to ask that I did not? Have these questions elicited any thoughts or feelings about this subject?)

Pilot (preliminary) interviews

Interviews were conducted with five individuals, drawn from various backgrounds, and specialities, namely clinical psychology, organisational psychology, educational psychology, business psychology and medical general practice.

These interviews were presented to participants as pilot/ first stage interviews that may or may not be included in the final data set, depending upon what way the focus of the research evolves. During interviewing, it became apparent that ACT was being applied by these initial respondents to schools, Local Authorities, Universities, GP Services, the National Health Service, the civil service, and private practice. Further, ACT was being applied to numerous specialisms including pain

management, burnout and work-related stress, performance and leadership, parenting, relationship counselling, staff training, and psychological wellbeing. Whilst no initial coding or analysis was undertaken at that time, the process of writing transcriptions, sequential re-reading of the interviews and ongoing memo-writing enabled familiarisation with the concepts and ideas emerging from the interviews as expressed by the participants. Indeed, it was found that all pilot participants ($n = 5$) had either expanded their professional practice to apply ACT outside the core area and traditional boundaries of their professional training, or were planning to do so. Moreover, the participants seemed keen to discuss this aspect of their work, which had been hitherto not been a large focus of the interview schedule.

Refining the sample

These tentative findings resulted in changes being made to the interview schedule, which was adapted to focus more clearly on the processes involved in moving between professional settings and client type. It was decided to narrow the focus of the study to cover professionals who have developed or expanded their professional practice into particular areas which could potentially be considered outside the realm of core competency or training. Four pilot practitioners were included in the data-set for the study (one was omitted due to poor audio quality).

Further sampling was conducted to attempt to include professionally-qualified practitioners using ACT in more than one setting, such as counselling, clinical, coaching, workplace, sports, or general population. Electronic flyers were distributed through online ACT forums and professional networking sites. Online interviews – via the applications Skype and FaceTime – were offered as a practical approach of minimum disruption to participants. These were essential to the research design which was not limited to any given geographical territory. Indeed,

all interviews except two of the pilots, were conducted online. Practitioners were resident in the UK, Australia, USA, Denmark, Hungary and the Netherlands.

The rationale for keeping recruitment open to practitioners from any country was that this would increase the chances of gaining a suitable number of participants. Further, it was felt that the research might benefit from being open to individuals who were working in a wide range of settings, which might make the study findings relevant to a wider audience. It was felt that any potential risk of having too heterogeneous a sample would be mitigated by the abbreviated Grounded Theory process, which would help the researcher to drill down into a clear focus. Forty-eight potential participants requested Information packs to be sent out to them. Thirty-two individuals expressed an interest in participating. Six were excluded as they had not worked across diverse settings and therefore did not meet the inclusion criteria. Sixteen did not respond to follow-up emails requesting an interview slot, and the remaining eight practitioners were added to the four usable pilot interviews, to form the complete data-set for the research (one had been dropped due to audio quality issues) making a total sample of 12 practitioners. Recruitment stopped at this time, on the expectation that this would be sufficient for a meaningful small-scale exploration using Grounded Theory in the context of a professional doctorate thesis (Guest, Bunce & Johnson; 2006; Willig, 2001).

Further interviews

Interviews were then conducted with a range of respondents with diverse professional training, backgrounds and specialisms. Indeed, the scope of the research was expanded to include international participants (so was not limited to the UK). Again, the semi-structured interviews relied upon an interview schedule – see above - containing open-ended questions and interviewer prompts to allow

flexibility to explore new and unexpected topics while returning participants' narratives' focus to the subject in question as necessary.

In interviews, this researcher attempted to adopt a friendly and professional persona to reflect his interest, curiosity and focus, while also remaining open and flexible enough to adapt the interview in response to ideas and concepts that emerged throughout the interview process (Charmaz, 2014). Following the pilots, all interviews were recorded on two recording devices to avoid any potential quality issues in second stage interviews, then transcribed verbatim. Audio copies and de-identified data files were stored on a password-protected and encrypted hard drive in accordance with the UK Data Protection Act (1998) guidelines throughout the analytic process. However, as no analysis was conducted between interviews, there was little scope to adapt questions systematically in response to conceptual gaps that were emerging as data collection progressed.

Participant details

Interviews were conducted with thirteen individuals (twelve that were useable), which lasted between 68 and 127 minutes ($M = 102$). This wide variation in interview times, and differences in the richness of data provided, is reflected in the study findings, with some participants' featuring more prominently than others.

During analysis this researcher attempted to ensure that the results represent a fair breakdown of the data contributed by each participant who met the selection criteria because they apply ACT to more than one professional setting. Relevant details of the participants are included in the table below. The range of professions includes clinical psychology, counselling psychology, sports psychology, consumer psychology, general psychology, health psychology, general medical practice and human resources management. Various applied sub-fields of counselling, clinical

work, coaching, and workplace training are represented, such as community mental health, business consultancy, marriage guidance, youth work. Settings include community colleges, hospitals, businesses, universities and private practice. Delivery methods include coaching, counselling, clinical therapy, training seminars and public seminars.

All participants meet the criteria of working across multiple settings and/or client groups. Please note that sex or gender information is not included, nor is age as these criteria were deemed not relevant to the study. Indeed, all pseudonyms were chosen from a list of four-letter gender neutral names or nicknames, to further enhance anonymity. Some marked differences became apparent in the analysis, notably between those participants who engaged in research-based training (n=3 included) and the others, which resulted in exceptions and negative cases emerging throughout the analysis. These are explored in the findings (see section 3).

Pseudonym	Core qualification	Territory	Delivery style	Workplace settings/ client groups
Cara (excluded)	Organisational psychologist	UK	Career Coaching Training seminars Public speaking Research based training	Civil service Hospitals HR professionals Business leaders
Cory	Clinical psychologist/ Occupational psychologist	Denmark	Clinical therapy Health Coaching Training seminars Counselling	Clinical patients Community centres Business leaders Public Private practice
Dean	Forensic psychologist/ Coach	UK	Performance coaching Training seminars Professional development	Business leaders Corporations Public Psychologists
Drew	Academic psychologist/ mindfulness therapist	Hungary	Life coaching Academic training Research based training	Athletes Corporations Business Leaders

Leah	General-Registered psychologist	Australia	Counselling Leadership training Public seminars	University Private practice
Luca	HR Specialist	Holland	Wellbeing Coaching Training seminars	Local authority Employees Public Community colleges
Rene	General practitioner	UK	Career coaching Executive coaching Health seminars Public policy	Private practice Medical practitioners
Rian	Consumer psychologist/ General-Registered psychologist	Australia	Executive coaching Leadership training Public seminars Performance coaching Corporate Branding Wellbeing coaching	Private practice Sports clubs Corporations Public
Shay	General-Registered psychologist	Australia	Counselling Life coaching	Private practice Veterans centres Hospitals
Tony	Health psychologist	UK	Health planning Health coaching Counselling	Private practice Organisations Couples/ relationship
Alex	Educational psychologist/ Behaviour analyst	UK	Training seminars Parental coaching Research based training	Local authority staff Private practice Teaching staff
Andy	Clinical psychologist/ Behaviour analyst	UK	Clinical therapy Training seminars Research based training	Clinical staff Teaching staff Clinical patients
Bryn	Counselling psychologist/ Clinical psychologist	USA	Leadership training Public seminars Public speaking Health seminars Wellbeing coaching Performance coaching Counselling Train the trainer	Psychologists Public Corporations Private practice ACT practitioners

Table 1: Participant demographics, including core profession, territory and delivery style, settings and client groups.

2.6.2. Coding and categorisation

Deconstructing: Initial coding (line-by-line)

Typically, coding was the first stage of the analytic process and involved 'open' coding to break down the data into segments that represent the units of data analysis. Initial codes were low-level descriptive labels that described the unit of data analysis (or "data unit"), intended to lower the risk that bases and 'conspicuous incidences' could be said to have been imposed by the researcher (Willig, 2013). Coding by data unit orientated the research away from seemingly obvious themes, reducing the risk of missing 'taken for granted' assumptions.

The purpose of coding in the study of ACT practitioners was to gain a better understanding of participants' processes, behaviours and meanings as they apply ACT across more than one setting. The researcher entered this research study with some understanding of ACT, so line-by-line coding was conducted quickly, shortly after the interview was conducted to break down the transcripts into small data units. This facilitated critical questioning and analysis of the data and helped the researcher gain distance from unconscious biases and preconceptions.

Deconstructing: Active coding (by data unit)

Line-by-line coding was done without too much thought to context and many of the resulting line-by-line codes did not accurately convey a natural data unit within the transcribed text. So, a secondary level of initial 'data unit' coding was applied, which at resulted in some line-by-line codes being superseded by more descriptive 'active' codes reflecting the research interest in 'process' (Willig, 2008). These were 'in vivo' where appropriate, and used gerunds to better capture any emerging phenomena.

Initial coding also provided contextual distance from any participant 'stories', allowed the researcher to remain open to seeing the data from new perspectives, and ensured each text was analysed in detail. In practical terms, the codes were written in a column directly alongside the transcript as suggested by Charmaz (2014). All initial codes were regarded as provisional 'labels' and subject to change at all further stages of analysis. Table 2. provides an excerpt from a transcription with line-by-line coding and 'data unit' coding alongside, this illustrates how some of the initial codes changed, while others remained the same.

On some occasions, more than one unit of data analysis was included within a line of data, while on other occasions a unit would comprise a complete sentence over more than one line. Such 'line-by-line' coding was conducted on all transcripts, to generate tentative labels and ensure the text was analysed in detail. The code for each unit of analysis was written in a column alongside (in this case to the right) as suggested by Charmaz (2014). Initial codes were quite descriptive and were continuously refined through the application of gerunds to ensure they were 'active', reflecting the research interest in processes and to better capture emerging phenomena (Willig, 2008).

Charmaz's (2014) key recommendations to remain open and stay close to the data, keep codes as simple and precise as possible, compare data with data, and move speedily through the transcriptions, were followed. This helped to reduce the amount of (researcher-centric) ideas and assumptions imposed on the data, based on personal experience and understandings. As such, it was hoped that the resulting labels given to codes were more representative of the participants' constructions than of any preconceived ideas this researcher may have held. Codes were then condensed and focused by highlighting any noteworthy and recurring codes that emerged, and choices were made to steer the analytic direction of the

research towards the research question (Charmaz, 2003). This process continued through initial coding and focused coding, into categorisation until analytic sufficiency had been reached.

Throughout this analytic process, this researcher engaged in constant comparative analysis, which helped to hold the analytic process together. This involved 'chunking' or grouping the codes based on their similarities and likenesses; while simultaneously segregating them based on intrinsic differences. Groups of similar codes were clustered together around dominant codes, based on their relationships to each-other; with main and sub-clusters emerging until all codes on a transcript were accounted for. The relationships, similarities and differences between the clusters and grouped these into Concepts were constantly compared until Categories emerged. See table 2 for an example of initial coding in the current study.

Excerpt from transcription of interview with participant "Dean" which relates to discovering ACT through reading the self-help book "The Happiness Trap"	Initial (line-by-line) coding	Initial coding (by data unit)
[01:12:02] DEAN 48: I think it began almost on day one. I don't think I'd ever had an experience of such a feeling of resonance with anything in this world before in the world of psychology or personal development or anything like that than when I read that book. It just made perfect sense to me, not from an intellectual level but it's on a gut level of "this just feels like such a more pleasant way of approaching life, such a more sustainable way of approaching life". Because it did coincide with a tricky moment in my life when I was doing some quite harsh self-criticism. My inner world was not very pleasant, it was not very good. There's a very humane compassionate energy underpinning it and I think I really needed that at that time. I think it has changed the way I feel about-- I think it has changed me as a person actually. In terms of how. I couldn't tell you	Having an immediate effect on me Experiencing a feeling of strong resonance Impacting more than any time before Resonating with The Happiness Trap Making perfect sense on a gut level Feeling like a pleasant way of approaching life ACT as a sustainable way of approaching life Finding ACT coinciding with a tricky moment Struggling with self-criticism and internal world Finding ACT humane and compassionate Needing ACT at the time I found it ACT changing me as a person	Connecting with ACT quickly Resonating with 'The happiness Trap' book Resonating personally and professionally Making sense on a gut level Describing ACT as a 'pleasant way of approaching life' Discovering ACT when experiencing personal issues Finding ACT to be compassionate and humane

what the process that was but I think it began on that day. It has just gently, gently deepened ever since then. I'm not looking to sort of say too much because it may just sound like, yes I've internalized it entirely. Not at all. But I feel like I'm miles more in control of my-- Not in control of -- but just aware of the things that snag me and made me out like a dick and my ability to just self-correct on that. Little things like apologising after an argument or just not getting away-- Just 10% a bit less getting triggered by stuff that pokes at insecurity, I feel like that's what has changed.	Experiencing a process of personal change Deepening personal change over time Worrying what I sound like Internalising ACT but not completely Feeling more in control and aware of snags Noticing when I make out like a dick Self-correcting my behaviour Being less triggered in arguments Recognising how ACT has changed me	Experiencing personal change in how I feel Experiencing deepening personal change over time Becoming more aware of my psychological snags Being more able to self-correct Experiencing benefits in my relationship Being less triggered in arguments

Table 2: A transcription excerpt with initial coding examples, illustrating how some codes change and others remain in vivo.

Constructing: Focused coding (from descriptive to abstract)

Once the text was broken down into initial codes, a process of 'reconstruction' began by assembling initial codes into clusters around dominant or 'focused' codes, representing larger segments of text; or those posited to be potentially important or relevant to the emerging analysis during the constant comparison process. This involved compiling descriptive categories into higher-level, more analytic categories. The coding paradigm 'co-constructing process' was employed to ensure the codes were action-oriented and reflected the study aims and ambitions.

Focused coding aimed to synthesise and 'chunk' together numerous initial codes under more wide-ranging, and increasingly conceptual codes based on their relationships to each-other; with main and sub-clusters emerging until all codes on a transcript were accounted for. The process was informed by memos and constant comparison. It involved the tentative 'chunking' of initial codes based on their similarities and likenesses while simultaneously segregating them based on intrinsic differences. The process was recursive, with focused codes being developed, refined and tentatively elevated from the initial codes that had previously been constructed in the early stages of analysis. Relationships, similarities and differences between the clusters were arranged conceptually and again their relationships, similarities, differences, meanings, actions and processes were constantly compared. Potential focused codes were tested in this way to ascertain what initial codes they could 'contain'. This process involved relegation of codes that did not convey adequate significance or scope. The resulting focused codes therefore convey more abstract and conceptual meanings than the initial codes held within them.

Constructing: Categorising (abstracted)

The above process was repeated to identify which tentative categories should be elevated into categories and which functioned more as sub-categories, or 'properties' of those. These were incorporated into a small number of core categories at a higher level of abstraction, which in turn could form emerging social, psychological or theoretical 'formulations' (Willig, 2013). In full methodological versions the core categories are further synthesised through the continuous inclusion of new data through 'theoretical sampling' until each category is sufficiently 'saturated'. In the current abbreviated version, continual recruitment was not undertaken, so categories were developed by recursively re-visiting the original data and initial codes to further scrutinise categories, building upon previous stages of analysis (Willig, 2013). This provided methodological rigour, which supports the analysis as being empirically 'grounded' in the original data.

Memos were used throughout this research study to record any theoretical or analytic assumptions growing in the mind of this researcher and the process of constant comparison helped to distinguish and verify these in relation to the original data collected. Codes were focused by highlighting any noteworthy and recurring codes that emerged, and choices were made to steer the analytic direction of the research towards the research question (Charmaz, 2003; Hesse-Biber & Leavy, 2010). It is acknowledged that because continuous recruitment based on theoretical sampling was not conducted, it was impossible to fully analyse all possible dimensions and linkages between data. This raised some important questions that it is hoped may stimulate further research directions, which are included in Section 4.6. See table 3 for an example of focused coding and categorisation in the current study.

Example initial codes (by data unit) that were grouped together under focused codes (to the right)	Example focused codes that were eventually contained in Category 4 "Discovering ACT personally"	Eventual Category 4 sub-categories Category that the focused codes were attached to in the final Grounded Analysis
Making perfect sense on a gut level Resonating personally and professionally Matching my interests Matching my philosophy Finding clarity Feeling right Aligning with my personal mission Finding ACT a good fit Fitting my authentic self	Fitting my authentic self	Sub-category 4a: Finding a good fit
Resonating with The Happiness Trap book Connecting with The Happiness Trap quickly Reading and connecting with 'The happiness Trap' Reading ACT for self-help Reading everything I can Getting into ACT through reading Being introduced to ACT through books Starting out with simple ACT texts	Reading ACT books	Sub-category 4b: Benefitting personally
Being more able to self-correct Experiencing benefits in my relationship Being less triggered in arguments Being more self-aware Being kind and considerate to myself Feeling empowered Using ACT for personal wellbeing Developing personally Being easier on myself Allowing thoughts to drift Benefitting my relationships	Benefitting personally	

Table 3: The progression from initial coding (by data unit) through focused coding into categorisation

2.6.3. Constantly comparing and analysing

Constant comparison

The process of 'constant comparison' was conducted throughout all stages of data collection, coding and categorisation to bind the analytical process together and ensure the analysis remained 'grounded' in the original data (Willig, 2013; Weed, 2009). It "generates successively more abstract concepts and theories through inductive processes of comparing data with data, data with category, category with category and category with concept. Comparisons then constitute each stage of analytical development" (Charmaz, 2006, p. 187). The process involved this researcher moving recursively back and forth through participants' accounts, codes and categories, identifying similarities and differences that serve as 'confirmations' or 'exceptions' of emerging themes or theories (Willig, 2001). Category development continued through a process of deconstruction and reconstruction in an effort to delve into levels of complexity and diversity of linkages between categories that capture as much variation as possible (Willig, 2013). Charmaz (2006) argues that it is this, along with the extent of researcher engagement, that constitute the core of Grounded Theory method.

When adopting a constructivist framework, constant comparison is not just applied to interactions between the data, codes, categories and levels of description and abstraction throughout the analysis, but is also informed by the researcher's interaction with the analytic process (Charmaz, 2006). In the current study, constant comparisons were made between participants' meanings, actions and experiences; codes and categories; participant, analytic, conceptual and reflexive memos; and across all of the above. It was central to the emergence of conceptual categories (Charmaz 2000). Following the completion of the analysis, comparisons were also made to the extant literature (Charmaz 2012), which are explored in the discussion

section (Chapter 4). See table 4 for an example of how Sub-category 4a “Finding a good fit” was developed using the constant comparison method.

Negative case analysis and “analytic sufficiency”

In a ‘full’ Grounded Theory methodology, constant comparison continues as the data set is extended through theoretical sampling, allowing the researcher to investigate categories, negative cases and opposites until the linkages between them are saturated. For the current study, the constraints of conducting a time-constrained thesis meant this researcher was unable to extend the data-set through further sampling until theoretical saturation was reached. Therefore constant comparison was conducted by ‘re-searching’ transcripts for exceptions, opposites and negative cases until no new categories emerged, achieving what has been labelled either ‘artificial saturation’ or ‘theoretical sufficiency’ (Dey, 1999; Willig, 2001). In the current study this is more usefully labelled ‘analytic sufficiency’. The cut-off point for this was determined by this researcher when it was felt that no new categories could add further substantive value to the analysis, and any inconsistencies within the emerging codes and categories have been considered and explored sufficiently enough to provide a rich qualitative analysis. See table 4 for an example of constant comparison in the current study.

When conducting negative case analysis within the context of the current study the function was to inform category development, not to inform theoretical sampling (as this was not being undertaken). Therefore, negative cases of instances that did not fit into developing focused codes and/or categories were identified and examined from within the existing data set only. When negative cases were identified it presented this researcher with a choice to either incorporate them into a reformulated category, or report them as exceptions to the category. All resulting categories presented in the findings section of this study are the product of ongoing

negative case analysis. One example that highlights this is Category one, sub-category 1(c); where the two participants whose background training was in behaviour analysis had significantly different understandings of ACT to the other participants. Initially, these participants' accounts were noted as negative cases, which precipitated considerable further analysis of their accounts focusing on their understandings, preconceptions, beliefs and assumptions and then some scrutiny of how these related to their professional training in a somewhat different theoretical tradition to the other participants. At one point of the analysis there were two separate categories: "Seeing ACT as theoretically accessible" and "Understanding the complexity behind ACT". These were ultimately combined into a wider category "Multiple levels of understanding", which itself became a sub-category of "Understanding what ACT can mean". This resulted in section 3.1 of the Results which illustrates how the participants' disparate positions were reformulated into a continuum of understanding that incorporates previously flagged 'negative cases'.

Alex 23: From personal experience, it's not just intellectually, this feels very true to me. Leah 13: It's not the only thing that works. It's not so much that it works, it just fitted with my values. It was a model that fitted with my view of how I wanted to work with clients and my view that we're all in it together	Finding ACT a good fit	

Table 4: Constant comparison: Selected excerpts with initial and focused codes, illustrating linkages between participants.

2.6.4. Reviewing the literature

Deferred (main) literature review

Delaying the literature review until the conclusion of the analysis is considered by some scholars to be a hallmark of good Grounded Theory (Charmaz, 2006; Glaser and Strauss, 1967). Such a delay is recommended to avoid possible theoretical 'contamination' from extant external models (Charmaz, 2006). Indeed (Braun and Clarke, n.a., p.1) claim that the practice "has rather assumed the status of a commandment 'Thou shalt not...'".

However, this positivistic idea does not reflect current academic discourse as in practice this is unnecessary and rarely undertaken (e.g. Charmaz, 2006; Willig, 2013). Indeed, modern university-based research obligations make this ideal difficult to achieve, as supervisors and academic syllabuses often expect at least a brief literature review to be completed prior to ethical review. Further, as many researchers are likely to already have some understanding of the area under investigation, there is little to gain by attempting to ignore the literature.

However, in the current study, as the research question was refined through the process of interviewing, it was not appropriate to conduct a full literature review - into the subject of applying ACT across more than one setting - until the conclusion of the analysis. Although the main literature review was delayed, a preliminary literature search was conducted.

Initial (sensitising) literature review

In the current study, a preliminary review of existing ACT literature sensitised this researcher to the extent of its use across many disciplines. This helped to define the

broad area of focus (Tweed & Charmaz, 2012). The function of the literature review was therefore in keeping with an analytic approach that seeks to remain grounded in the data collected. In practical terms another function of the sensitisation process was to inform the preliminary research question and provide direction for subsequent purposive sampling, as detailed above.

As the current study concerned ACT practitioners, this 'sensitising' literature review explored the extent to which ACT was researched across disciplines that intersect with the counselling psychology profession. In service to the inductive nature of the analytic process, this researcher 'held lightly' the information garnered through the literature review and remained open to the possibility that research aims or the research question might change through the analytic process. By doing this it was hoped to ensure the research would remain grounded in the data, rather than his preconceived ideas. The prior exposure of the researcher to ACT also helped to sensitise the researcher to the wider context of the research.

The primary focus of this review was to sensitise the researcher to the areas considered to be of potential interest to the field of this study. Although this influenced the decision to explore how practitioners apply ACT, the focus on how practitioners develop their practice across more than one setting emerged from subsequent pilot interviews, and was therefore not investigated in the preliminary review. This uncovered a scarcity of qualitative research into practitioners' use of ACT in applied practice.

2.6.5. Memoing

In the current study, memo-writing – or memoing - was used to interrogate linkages between codes and categories. Memos assisted the researcher in keeping track of

observations, ideas and emerging themes throughout the constant comparison process of the analysis. Memos were also the primary means whereby the researcher recorded thoughts and assumptions and theoretical or analytic ideas (Charmaz, 2014). Memos were primarily used by the researcher to record relationships between codes, themes, clusters and categories, and in the process of constant comparison in the analytic narrative and sub-plots of the research story being constructed (Charmaz, 2006).

Different types of memos were used throughout the analysis. Participant memos (relating specifically to each participant) were started immediately following initial line-by-line coding, before coding by data unit had started. This was a form of 'free association' writing, so the memos varied greatly in size, content and 'tone of voice'. Additional information was added to these at later analytic stages as the researcher's understanding of each participant's experiences and processes deepened. These participant memos came to include any reflections on that participant's understandings, actions and beliefs relating to professional, social and psychological processes involved in applying ACT across multiple settings.

Towards the end of the categorisation stage the researcher reviewed the original transcripts and made notes to highlight any potential 'codable moments' that might be worthy of further attention (Boyatzis, 1998). These included significant reflections and useful quotes that it was felt may provide good illustrations of emerging categories. See table 5 for an example of a participant memo in the current study.

Excerpt from a 'participant memo' written shortly after initial coding of Dean's transcript was completed, which relates to the idea of 'professional identity': This passage uses a 'free association' written style, with highlighted text that was thought may include potential 'codable moments'. Excerpt also includes an example of an associated reflexive memo.

Dean: participant memo

Dean comes across as a thoughtful and reflective interviewee who felt comfortable discussing their experiences, which included some aspects that seemed to surprise him/her as they were revealed. Her/his story is one of getting lost and finding ACT through the interest of a partner, which reflected some aspects of her/his behaviours and struggles (acting out, lack of self-esteem, self-sabotage, lack of direction, anger, frustration and disconnection). Although ACT at times seemed something of a sideline to the story, it was also referred to as intrinsic and central to Dean's (redemption?) after s/he became lost in their career and disengaged from their intimate partner, and also how s/he viewed him/herself (negatively, overly critical, dis-compassionately). The story intermingled the private and the public, the intimate and the professional, and ACT was interwoven into the narrative as both a cause of significant change and also a happy coincidence. Once again the Happiness Trap was central to the story (ref other participants – could this be a category??) as it was a good “fit” with Dean's personality and preferred way of working across clinical and non-clinical populations and different settings. Use of a mentor who arrived through personal networks and the use of ACT for personal reasons before starting to use it professionally were highly important to Dean's “transformation”, which was both personal and also professional. Personal change was attributed largely to networking and socialising amongst a new peer group of ACT practitioners, both personally and professionally – including partner, close friends etc. – who incorporated ACT into their own lives. This idea of “living ACT” rather than just ‘understanding’ it seemed important. Dean's evolving identity was a strong themes in the interview, which was influenced by a sense of feeling lost “why am I doing this?” in his/her primary training and early career – feeling constrained by obligations to CBT-type protocols, somehow losing sight of the client, losing compassion, feeling contempt for self and etc.. ACT is clearly much more than a different type of CBT to Dean, ‘finding ACT’ was linked to a sense of purpose, a reconnection)to self/ partner/clients) and belonging to a new ‘tribe’ that matched his/her personal interests, the way s/he likes to work, and perhaps the way they look at the wider world around them. Dean described this transformation in ways that often seemed to surprise her/himself, and although it was described with some humility, and without the extravagant zeal of a convert, I was struck by Dean's contentment in her/his role as the (accidental?) ACT therapist.

Reflexive memo: About private and professional identity: I am wondering if Dean's story is primarily one of a changing 'identity'. Is this unique to her/his story? Is it common/expected/intrinsically part of what it means to be an experienced/successful ACT practitioner? For Dean, ACT is not merely/simply a professional interest in a new way of working. It is a fundamental shift in the way s/he perceives the world around them, perhaps somehow linked to 'finding oneself'. Dean described a "complete transformation in my professional life", which coincided with the discovery and adoption of ACT, although the extent to which ACT influenced this change was unclear. ACT was a step in a longer transformational process, and it's important not to attribute too much weight to this just because ACT is the focus of this research.

Table 5: Excerpt from example participant memo and associated reflexive memo.

Analytical and conceptual memos were used to capture the researcher's ideas, insights and (evolving) analytical ideas that resulted from the constant comparison process. These memos facilitated higher levels of richness, quality and rigour in the resulting analysis. During coding and categorisation, memos were used to identify and posit possible relationships between the data, and co-constructed codes and categories. On occasion, these were mapped diagrammatically and over time were enhanced by additional thoughts regarding themes and concepts. See tables 6 and 7 for an example of an analytical memo and a conceptual memo, respectively, in the current study.

As codes and categories were progressively refined, combined, widened and consolidated, memos were also used to explore more abstract or tenuous linkages. As the relationships between codes, themes, clusters and categories were developed there was an increasing coherence in the analytic narrative and sub-plots of the research story being constructed within the memos (Charmaz, 2006). Memos also provided a good medium to record thoughts and assumptions and keep track of how thoughts and ideas were generated and connections were co-

constructed throughout the various stages of analysis (Charmaz, 2014; Mills, Bonner & Francis, 2006). See tables 5, 6, and 7 for examples of short reflexive memos in the current study.

Excerpt from 'analytical memo' titled "Routes into ACT", which developed into a focused code and then a sub-category titled "A transformative journey", which was conducted shortly after the pilot interviews had been conducted. eventually emerged as the category "Discovering ACT personally", with linkages across other categories. Excerpt also includes an example of an associated reflexive memo.

Routes into ACT

Wondering about different prior experiences of participants. Could it be that those with prior Behaviour Analysis backgrounds construct their stories differently to those who come from (say) a CBT background? Having a background in mindfulness, meditation of mindfulness-based approaches may also be important. At this stage it seems as if there are distinct differences between the Behaviour Analysts and the others in how they conceptualise and understand ACT. However, there so far all interviewees have cited the use of "The Happiness Trap" book as important to their construction of ACT, both personally and professionally. This is intriguing as it is a self-help book rather than a psychology textbook. Indeed, the use of this book (and other similar books) seems to link all participants. Early hypothesis is that this may help these professionals to "understand" ACT in a 'felt sense' way, which helps them to get out of their heads. Differences seem to be appearing between disciplines:

Initial Hypothesis: For the two behaviour analysts use of the book seems to be important as it gets them out of their heads away from an academic understanding that somehow lacked elements of compassion/empathy(??)etc., helps them to communicate their complex/technical understanding of behaviour analysis more easily to others (different vocabulary??), helps to give mindfulness practice a purpose/function. However for those psychologists with no background in complex behaviour analysis the function of The Happiness Trap was as an easily accessible entry-point into contextual behavioural science that can be easily used as one-off exercises, or by following protocols, and which they

regarded as 'easier' (?) and a better 'fit' to their personal styles/philosophies than traditional CBT, which was associated with the medical model.

Reflexive memo: Whether participants' come from CBT or BA background ACT seems to perform a function of helping them to make sense of their previous experiences and/or training, or helping to 'plug gaps' in how they work professionally... joining the dots? Why are there such differences between the participants accounts? Could this be linked to historical development of Behaviour Analysis, which seems marginalised by mainstream (clinical) psychology? Is this relevant to this thesis or not?

Table 6: Excerpt from example analytical memo and associated reflexive memo.

A short 'conceptual memo' titled "Are we talking about the same thing, really?", with associated reflexive memo. This was important to the later development of the category "Understanding what ACT can mean", which lay outside the expected parameters of the intended research, and provided an arguably richer aspect of co-construction to the overall thesis. Excerpt also includes an example of an associated reflexive memo.
Are we talking about the same thing, really? So far I have discovered that ACT is referred to as Acceptance and Commitment Therapy but also Mindfulness, Acceptance and Commitment (MAC), it is compared to (second wave?) CBT by those individuals who were trained in this approach who generally see it through this prism, it is conflated with contextual behavioural science, relational frame theory and behaviour analysis, all of which I have a limited understanding of (does this matter?), and it is understood differently by each participant which reflects the constructivist focus of the research, to the extent that I find myself wondering if we are all discussing the same thing, and how this might impact the findings. This is possibly the challenge of applying Grounded Theory to a diverse group of participants, and allowing them some freedom in the semi-structured interviews. Reflexive memo: Try not to get caught up in the complexity, instead try to trust the process. My role is to analyse the findings, whatever they are, to the best of my ability, and present a co-constructed analysis. Perhaps participants understanding of what ACT is will become an important category or sub-category in its own right, and I need to be open to this, if it's what the participants choose to discuss, even if it is unexpected in the context of my initial research question.

Table 7: A short conceptual memo and associated reflexive memo.

2.7. Ethical considerations

Throughout the process of undertaking this study, ethical considerations were taken into account to ensure it complied with the core principles of human research ethics as outlined by the British Psychological Society (2010) and the Health and Care Professions Council's guidance on conduct for students (HCPC, 2012). Following completion of the research, participants were sent a debrief sheet (see Appendix 6).

3. Findings: A Grounded Analysis

Analysis suggests that for the participants, applying ACT across more than one setting involves personal processes that go deeper than increasing professional competence. This section describes the process of becoming an “ACT person”, which involved personal, communal and professional identity, theoretical and philosophical understandings and social action as described by the participants. This can be understood as the central organising construct, rather than a core category in its own right. This section is divided according to the categories identified and introduces and defines each relevant category and its subcategories (Willig, 2013). Excerpts from the data are used to support the analysis and contextually illustrate the use of categories. A visual representation of each category is included to illustrate relationships between the identified sub-categories. The central organising construct, becoming an “ACT person”, is described following the exploration of categories in this section.

3.1. Category one: Understanding what ACT can mean

Andy 2: It's that idea that six blind people feeling an elephant. One person feels the leg, one person feels the ears, one person feels the trunk, one person feels the tail, and they all describe different things.

Each participant is actively involved in a process of understanding ACT, which gets deeper over time and this category paints a picture of how ACT can be understood in unique ways by different people. By emphasising what ACT “can mean”, this category refers primarily to one’s cognitive or intellectual “understanding” of ACT, which intersects with and to some extent underpins the other categories in this analysis. Participants’ understandings of what ACT can mean “intellectually”, can be

regarded as a continuum. On one side of this lies an understanding of ACT as a third wave, acceptance-based, cognitive behaviour therapy; which is often framed as the antithesis of second-wave CBT and the medical model (with little necessity to understand underlying contextual theory and philosophy). On the other end lies a more nuanced, technical understanding of how the approach is situated within a broader behaviour analytic family, grounded in contextual behavioural science and relational frame theory.

This category is illustrated in the diagram below, which has organised the three sub-categories as a circular, rather than a hierarchical process. This reflects the idea that as practitioners deepen their understanding of ACT, they develop a more nuanced understanding of how it relates to CBT and the medical model. Further, their philosophical understanding of ACT as a trans-diagnostic container is also continuously evolving, and framed by the context of their working environment. As such they accrue an ability to hold multiple levels of understanding of ACT, simultaneously, in a continuous interplay of theory, practice and philosophy.

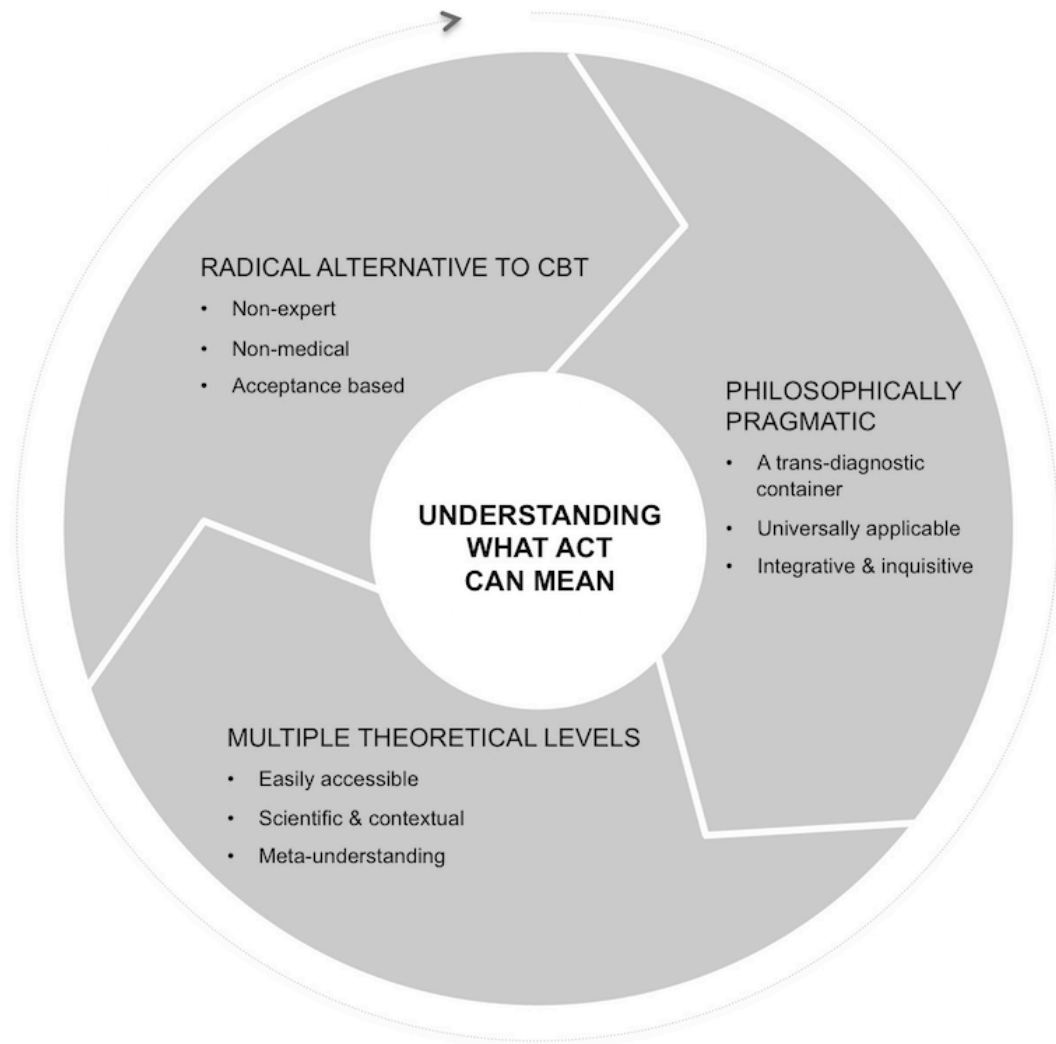


Figure 4: The category “understanding what ACT can mean”, which contains three sub categories “Radical alternative to CBT”, “Multiple theoretical levels” and “Philosophically pragmatic”, all of which continuously inform each-other.

3.1.1. Sub-category 1(a) Radical alternative to CBT

ACT was simultaneously regarded as an evolutionary development of, and radical alternative to, second wave CBT (Rian 34: “I see ACT as an evolution of CBT, and

that CBT was understood to be fantastic). Indeed, the framing of ACT in comparison to second wave CBT was prevalent across their accounts. One central difference between traditional CBT and ACT relates to participants' experiences of using CBT, which they felt encouraged them to take a more 'expert' stance based on protocol-driven, diagnostic and inflexible psychological ideas, grounded in the 'medical model'. They also felt CBT did not provide an adequate psychological understanding of the human condition. Indeed, some of the participants regarded ACT as fundamentally incompatible with second wave CBT, as they understood it from their training as psychologists (Tony 27: "You can't do a traditional CBT and ACT together"; Rian 33: "changing the thoughts that you have, therefore changing your behaviour... that is anti-human").

CBT and other second and third wave approaches were regarded universally by participants as either outdated and cumbersome or unsupported by substantive theory. Regardless of their level of interest in the theory and philosophy underpinning ACT, the practitioners understood ACT to be supported by better evidence and a stronger theoretical base than other behavioural and mindfulness-based approaches:

Bryn 22: Steve Hayes had gone through the trouble to actually base his psychology intervention... on a philosophy and a true theory of language and cognition. CBT is not... what they say is, "That means thoughts lead to feelings. Change the thought, change the feeling." That's not a theory. No, no, no. You got to be much more scientific. I love this scientific approach.

Andy 56: Compassion Focused Therapy, it's a complete technique focus because they have theories that would be completely nonsense from a CBS point of view. They keep banging on about "neurological this" and that's not an explanation.

Some participants positioned ACT as a revolutionary third wave CBT model because it targets the function (rather than the content) of inner experiences, and does not seek to dispute and modify thoughts; only to notice them:

Rene 8: I like the theory behind it and obviously the changing relationship to thought rather than changing their content of thought, I think is a revolutionary part of psychological theory.

CBT was associated with the medical model, whereas ACT is understood as a human behaviour model that works efficiently in psychological practice, without the need for complex diagnoses (“Drew 5: ACT is an efficient tool to improve behaviour or help people to do what they want.”; Leah 34: It's not a complicated model either, which I love about it”). ACT is therefore positioned by the participants as offering a radical alternative not only to CBT but also to the medical model, because its focus is on ‘workability’ contains the assumption that there is always a good reason for any human behaviour. This idea that individuals do not need to be ‘fixed’ resonated with the practitioners’ lived experiences of applied practice:

Bryn 10: Things won't fix, and so you will be right back and fixing them in no time at all because it will just keep coming back.

Shay 25: So as an ACT practitioner, our job is to help a person create the kind of life they want, rather than reduce pain. Which is contrary to the medical model.

However, understanding ACT as the antithesis of second wave CBT represented only one level of understanding the participants had of ACT; some had a strong

interest in and understanding of ACT theory and philosophy, which was over-laid onto this basic definition, as explored in the next sub-categories.

3.1.2. Sub-category 1(b) Philosophically pragmatic: a trans-diagnostic container

Drew 7: It does seem like we have finally a concept that describes human functioning... it's a novel approach because very few approaches in psychology have well developed theoretical concept that actually works and can be demonstrated throughout working with clients, working with organisations over many different levels

In contrast to the perception that ACT is fundamentally incompatible with traditional CBT stands the position that ACT is an incredibly integrative, acquisitive, trans-diagnostic model, that can be applied across any human setting or condition. Regardless of their level of theoretical understanding, or their knowledge of the evidence base, participants understandings of ACT were based on an assumption that it is applicable to any human setting. Only one participant could identify any situation where ACT might be contra-indicated (Rene 32: I think there is some research around the adolescents, but where it didn't seem to be a good intervention"). Holding a trans-diagnostic understanding of the world was seemingly linked to understanding how ACT can be universally applicable and beneficial to all human behaviour, and hence all human settings. Indeed, although practitioners understood the approach to be trans-diagnostic and evidence-based in theory, in their applied practice some of the practitioners adopted a broader understanding of the approach, in line with their expanding practice:

Rian 34: I find ACT, in theory, is probably quite a tight-knit, evidence-based framework. But in practice, when it comes to me practicing it, I find it's a broad church.

Dean 30: one of the strengths of ACT is that it's trans-diagnostic, it doesn't really matter in clinical setting, it was the case there, it's OCD, it's addiction, it's psychosis. We're not working with the diagnosis, we're working with you the human and your experience of your own inner world. In that case, it doesn't matter if the issue is poor performance or struggling with stepping up into a leadership position. It's kind of the same.

Its trans-diagnostic nature was closely linked to the understanding of ACT as an integrative and acquisitive model (Drew 6: "in terms of how ACT uses other already existing techniques, it's an integrative approach"), which allowed aspects of other models to be subsumed within its theoretical framework:

Leah 33: I think ACT has borrowed a lot of stuff from lots of different people. It's not as many techniques in there that didn't exist before but it's got a model that makes sense to me.

Andy 54: What I do is I've reinterpreted all of those practices within an ACT/behaviour analytic model. If you look for instance the values cards that we use in the classic values, they come straight from motivational interviewing. The model is very flexible and acquisitive... which is that workability idea 'If it works, we're for it'.

Practitioners therefore felt free to incorporate techniques from other approaches within the ACT model, or insert ACT exercises in place of techniques as they develop a greater belief in the approach, which extended to integrating ACT with CBT on a mechanistic – not philosophical or theoretical (Shay 7: ACT works as

CBT and also as a platform to administer a whole variety of other approaches; Leah 8: I pretty much just threw most of all the other stuff out. Not out, but ACT, it incorporates everything really).

Leah 44: I'm still happy to do an empty chair technique if I think it's going to work or I'll bring other stuff that I've learned, narrative therapy... ACT does all that stuff and you can find any model that you used to know, you can find a place in ACT where it will probably fit.

Indeed, participants found that their prior training and use of existential therapy, coaching, psycho-physiology, family therapy, positive psychology, evolutionary psychology, and consumer psychology could all be contained within a broader ACT framework. Ultimately, by adopting a flexible attitude towards what ACT can mean to them, the participants understood ACT as the ultimate container (Rian 34: "it means that it can be all-encompassing") capable of holding with its scope, elements of most other approaches:

Andy 57: I think of ACT as "it all" really... you can interpret near enough everything that people do within that framework and that's what I tend to do.

Rian 44: I just feel as though it's this great container. ACT felt like a framework finally for all these bits of wisdom that I'd gathered. ACT felt like a nice framework, a bit of a container to keep them all related to each other.

However, while the behaviour analysts regarded ACT as an integrative approach, they also positioned ACT within a broader 'functional contextualist' framework, which other participants did not tend to do:

Andy 56: on the outside you would say “Oh look he’s integrated Positive Psychology” but I wouldn’t think that. What I would be thinking is “I’m generating language here, which helps people contact values which are future reinforcers that they will want to work towards... on the surface it might look like I’m using positive psychology.

3.1.3. Sub-category 1(c) Multiple levels of understanding

Understanding ACT is an ongoing commitment for each of the participants, which begins with a simplistic ‘entry-level’ understanding (getting to know how the six core processes relate to each-other within the model). In addition to learning about ACT processes the participants explored more philosophical elements of ACT, which is were often new to them. This exploration continued as they linked ACT to its underlying theory and philosophy, which was challenging even for those participants trained in behaviour analysis:

Andy 6: just getting your head around all these different ACT processes takes a while, and then working out how that links in with RFT, for instance, and then how that comes out of the philosophical position, it's complicated, actually. Yes. It's always changing.

Participants therefore described ACT differently depending upon their professional training and background. Each individual had a unique and developing understanding of the the model. Some articulated this in terms its core processes (Rene 52: “I suppose they all feed off each other... that's why it's a complete model, isn't it? Because they all do interrelate with each other”) while others defined ACT in terms of its overall philosophy (Shay 7: “When I say ACT, the main meaning that I

have for it is, "Philosophically, how do you approach what is going on with your client?").

Indeed, there is a general acceptance that the approach can be understood on different 'levels', depending upon the practitioner's interest, experience and training ("Cory 17: I guess that also it was a challenge to recognise the levels of ACTs, the different understanding levels") ranging from a fundamentally simple model to a complex theoretical complex that even highly trained psychologists find hard to understand; yet these understandings are mutually compatible and each individual seemed to have some idea of where they lie on a continuum of understanding. At one end of the continuum are those everyday ACT practitioners with less interest in how ACT relates to RFT and contextual behavioural science, and who are not engaged in research ("Rene 41: I find the [RFT] literature very dense... ACT is like a model. It's an easy to use version"), and who regard themselves as holding a straightforward, or "lay persons" understanding and are content in the knowledge that this sits within some wider theoretical context that they may not fully understand:

Rene 41: I am aware that ACT is one or is the-- What'd you call it? The modern one that's being developed from a much bigger science behind it and that may change over time... My understanding is the name given to the behaviour science that's the Contextual Behaviour Science... and RFT is the name for the theory of behaviour change that emerged from that.

Leah 33: It's not a complicated model either, which I love about it. The fact that "if you do stuff that you care about you might feel better". [laughter]
That's not complicated and that "there might sometimes be things that get in a way if you're doing things that you care about, what's that about?" Just love the simplicity of it really.

Dean 5: I consider myself to be at a lay person's perspective on it because... I'm not an expert on RFT or any of that stuff. I'm not somebody who goes under the bonnet and you know, is deep into the research and the theory underlying it. So, put a lay person's perspective on it and that's probably the best I can do.

However, some practitioners have chosen to understand ACT on a deeper level, by seeking to draw together the application of the model and its theoretical and philosophical underpinnings (Alex 11: The theory underpinning ACT is increasingly linking to me), which is something they often put off, as RFT is universally perceived as being overly technical and scientific, but cold (Alex 15: "RFT workshops are less experiential and much more intellectual"; Rene 46: "it just didn't move me"), whereas ACT is understood as a more 'entry-level' form of contextual behavioural science that is more empathic, compassionate and emotionally resonant with the practitioners, and hence more experiential than academic.

On the other end of the continuum from the 'lay' practitioners lie those practitioners who have a solid grounding in contextual behavioural science and a nuanced, technically-savvy, meta-understanding of ACT as a behaviour analysis project very much in the mould of its founder, Steve Hayes ("Andy 3: he's made a coherent model from top to bottom... you have to understand all those different levels in the same way he does"). Unlike most of the participants, the two behaviour analysts and one academic researcher understood ACT within their broader contextual behavioural knowledge; and as such ACT was positioned as one of many behavioural approaches that draw from this tradition ("Alex 1: Contextual behavioural science informs pretty much everything that I do. I certainly do a lot of things that you wouldn't classically think of under the ACT model."; "Andy 17: I see ACT as an example of Behavioural Science. You've got Behavioural Science and

you've got lots of examples of it"). Indeed, to the behaviour analysts' ACT is entirely consistent with their behaviour analytic framework of understanding human functioning:

Andy 56: the thing about the ACT protocol is that it's pretty consistent with the underlying behaviour analysis, so I don't have to do any interpretation. It's already done for me.

They tended to articulate ACT processes in behavioural analytic terms, and regarded their understanding of the deeper theory behind ACT as a potential benefit to their application in the field:

Alex 14: I holding on to this notion which I think is central to and very unique to ACT, this notion of "transformation of stimulus function" is made-- brought very much into the fore when your ACT work is informed by RFT. I'm not sure it is in the fore if you don't have a grounding in RFT and you're doing ACT, I think your sense-making of it is at the mid-level terms; defusion, self-as-context, and so on... the six core processes.

Moreover, as they understood ACT as a particular technology which has emerged out of Skinnerian behaviour analysis, they perceived themselves to have a unique intellectual understanding of ACT based on this expertise, which possibly differentiates them from most other ACT practitioners:

Andy 3: to be fair, most practitioners out there are going to be technique orientated, and not that bothered by the underlying theory or philosophy... the fact that many people don't connect that and in the sense they don't have to, they're quite happy using the technology, then that's fine.

3.2. Category 2: Learning by doing

Drew 28: It's learning by doing... I think that's what's so great about it

In addition to their intellectual understanding of ACT as above, 'doing' ACT was central to what ACT means to them and their construction of the approach, which was grounded in its experiential nature. Indeed, the process of becoming an "ACT person" involves both learning and working experientially. As participants develop a greater understanding of ACT processes they develop skills in delivering experiential exercises such as self-disclosing and working with values, which are quite different from their previous experiences of formalised, academic learning.

The process of 'learning by doing' typically began for the participants as they accustomed themselves to ACT protocols and developed a more process-based understanding and delivery style. Indeed, 'learning by doing' emphasises the doing as much as the learning, with both informing each-other as individual competency grows through experience.

The diagram below depicts how 'learning' and 'doing' are connected, such that increasing learning results in a better ability to apply ACT more fluidly; while the action of applying ACT serves to increase learning; and how these are linked to the three processes of "working the ACT way", "using and adapting protocols" and "becoming more precise and fluid". Although using experiential methods generally comes before a precise use of language, this is not always the case, and the processes inform each-other. Using and adapting protocols seems to be an integral part of the overall process of learning by doing, and reflects most of the practitioners' flexible attitude towards applying ACT.

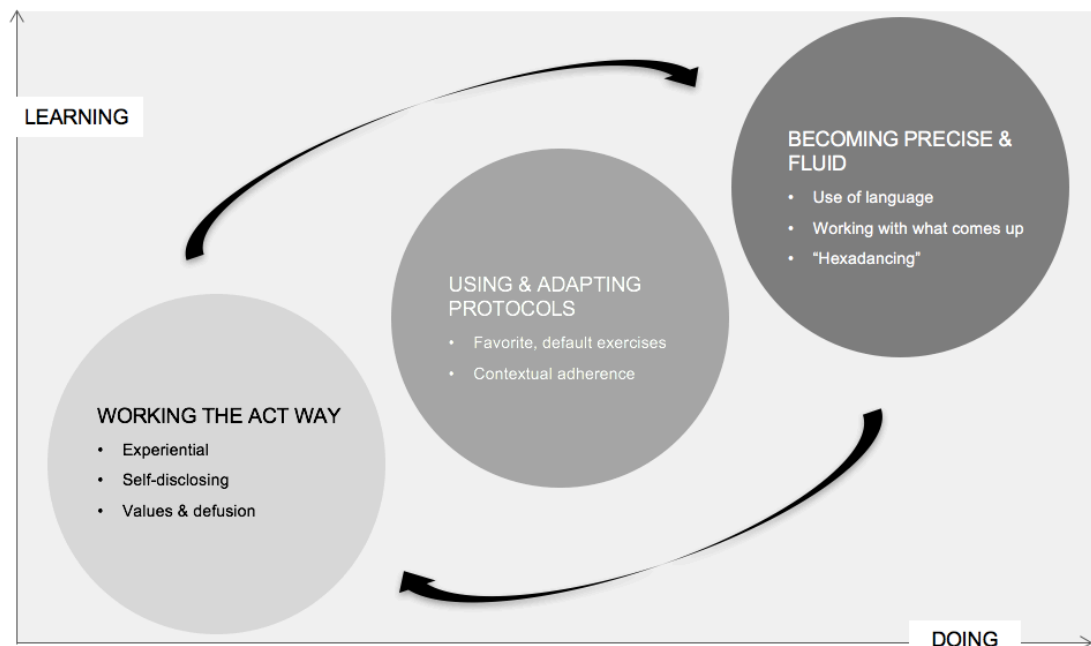


Figure 5: The category "learning by doing", which contains three sub categories "working the ACT way", "using and adapting protocols" and "becoming precise and fluid", and how they relate to learning and doing

3.2.1. Sub-category 2a: Working the ACT way

Without exception, the participants discussed the importance of experiencing ACT processes in themselves and sharing this experience with clients, to be an integral part of the approach (Alex 16: Everybody in ACT talks about that and I think it's paid lip service to by people who haven't experienced it directly). Indeed, the idea that one must experience ACT for yourself before truly understanding it (Luca 27: You can't just talk about it. You've got to embody it) was prominent throughout all participants' accounts and linked to how they apply ACT professionally:

Alex 16: once you've experienced directly core ACT processes taking place in yourself, it... becomes very quickly obvious that if you hadn't done that, you wouldn't really have a clue what ACT is chasing down.

Similarly, they found that their clients did not benefit as much from ACT courses that involved a more non-experiential delivery style:

Andy 27: They come away with a good language around it, but they haven't learnt any skills around it. They haven't done any present moment stuff that will help them deal with their own experiential avoidance.

Working experientially was regarded as a skill that can be developed through continued practice and attending experiential workshops and conferences, which helped the practitioners to find their own delivery style, and develop professionally:

Cory 14: I'm sure I could be a lot more experiential. That's always been what I draw from the workshops that I participate in lately, that is how to be more experiential in my work. How to use less words, more metaphors. Less sitting down, more standing up. That is the development in my practice I need to be better at.

Leading experiential mindfulness exercises in the room with clients was something that most practitioners found particularly challenging (Leah 13: "there was also a challenge for me... because I was a talker more than a listener"; Dean 15: "I had a little bit of an edge around doing that... I felt self-conscious... my mind was telling me that I was doing it wrong"). All the practitioners preferred the use of brief exercises over formal mindfulness techniques ("Cory 17: "I don't use the whole mindfulness exercise that much"). Indeed, the term "mindfulness" was avoided by a few who found it to be an unhelpful term, and positioned more as 'noticing' thoughts and feelings in the present moment:

Alex 29: when I'm facilitating ACT groups, I'm practicing mindfulness and really noticing what's going on as well noticing what's going on in my responses. This frequently hypothesising process, functionally-based hypothesising I think is a cool skill for ACT practitioners.

Cory 19: I use the mindfulness in that kind of respect to all the time draw in, "so how does this make you feel? Is that okay to say that you're embarrassed?" or is that okay to--? In that respect that I use present moment in therapy.

Working in an ACT way also involves the use of self-disclosure by the ACT practitioner, which is actively encouraged as an efficient way to help "normalise" the client's experience (Cory 23: The kind of disclosure that is more like, "This is very normal. I've experienced it too." That's very efficient). Embracing self-disclosure reshaped their professional approaches and although they approached it cautiously at first, over time they came to see the benefits of self-disclosure, when used judiciously in professional practice (Leah 29: That's changed dramatically ... I share stuff about being anxious):

Luca 27: at the start of the training I introduce myself... my frustration, anxiety, depression, whatever, and the breast cancer. I think people can relate.

Tony 20: I'm finding that the disclosure I use in terms of when I'm trying to explain a process or a principle of ACT... I often find that it really helps.

Leah 41: I'm still careful when I'm sharing but it hasn't gone wrong yet. It's generally always been helpful for the client that I'm prepared to be vulnerable or share, that I get anxious too or do something.

Other ACT processes that the participants found most challenging involved working with clients who had ‘fused’ with a version themselves that was unhelpful, but who found it challenging to distance themselves from this. Indeed, the idea of ‘self-as-context’ seemed less easy for the practitioners or their clients to understand, explain and put into practice, in a standalone way:

Alex 21: aspects of the left side of the Hexaflex like defusion, I find that quite difficult to work with, and self as context... I find that stuff quite difficult to work around sometimes and find my own psychological inflexibility show up there.

Although all six core processes of ACT (defusing, accepting, perspective-taking, being present, clarifying values and taking committed action) were interwoven throughout the participants’ accounts, ‘values’ was the ACT process that came up the most. Indeed, regardless of their prior experience of working with ACT, learning to unravel and elicit clients’ values was widely regarded as pivotal to the successful delivery of ACT (Rene 14: “the values type of work that I was doing before was not as skilled”; Alex 24: “I would say ACT practice is only effective if it can help you to get what their core values are”). The practitioners generally agreed that ‘values’ was a good starting point when working with non-clinical clients, although this was not always the case with more complex clients and was related to their capacity to work with ACT:

Dean 33: I always tend to start with values. I think with coaching clients who are coping quite well with life in general, it's an easy and okay place to start. It might be that with someone who's really struggling with life, where having a values conversation will be just pointless at this moment, you might not do that perhaps. They might not be in a place to have that conversation.

Indeed, there was general agreement amongst those who worked across clinical and non-clinical settings that clients facing more complex clinical challenges were not always ready to start with values work (Andy 41: She struggled to get her values, she literally could not write one values-based goal down), sometimes because they needed to work with clients to clarify the term's meaning, and sometimes because the term itself was problematic:

Alex 24: I think people sometimes get confused about what we mean by values in ACT by-- in so far as thinking that they are "qualities that they have, not qualities that they want". So, I think those are two very different things.

However, as their ACT competencies developed the practitioners found they could use challenging moments in sessions to help clients to elicit values more readily, this was linked to adopting a more process-oriented way of working (see below):

Andy 47: If people get emotional, for instance, and start becoming very emotional, in an individual thing. You say, "What's showing up for you here? Why does this matter to you? What does it mean about your life that you're getting upset about this?" You try and use that as you got a 'golden thread' to pull out value.

3.2.2. Sub-category 2b: Using and adapting protocols

Regardless of how proficient or experienced they were with ACT, the practitioners tended to default to their favourite ACT exercises and metaphors (Cory 6: "I pick one or two good defusion exercise, one or two good acceptance exercises and then

just use them all the time”; Andy 13: “Take your mind for a walk.” I’ve used that a lot. It’s great; Tony 15: “the ‘Drop anchor’ grounding exercise, it’s what I tend to use quite often”). These tended to be exercises they had practiced at workshops run by prominent ACT personalities (Andy 12: It’s been much more shaped by those direct training experiences. That would be where my ACT skills have come from), which they used extensively and were most comfortable with. They also had exercises that did not work for them, which they avoided (Rene 47: “the” milk, milk, milk” one doesn’t do anything for me, I don’t do that”). Adherence to protocol also related to how they expanded their professional practice across different contexts and settings:

Rene 48: I don’t follow protocol, I don’t think I’ve ever been able to do that. I like being able to individualise and find the right wording in the right moment to do things. There’s a creative part of it but I’m not going off-piste

Luca 19: When we start a coaching process, I would try to follow a protocol, but after two or three sessions then I see that there’s something -- No, this is not for now so let’s do something else. I do another exercise or we talk about other things. I never really follow the protocol

When participants adhered to protocols and exercises this tended to be more in group settings and for practical reasons, such as undertaking research, sticking to time or ensuring all participants are involved:

Dean 18: I guess in a group it tends to be a bit more structured because there’s many people in there so there’s not perhaps that flexibility to just go along with something that comes up in a one to one session.

Indeed, it could be said that adherence to protocol and the rationale for this is largely expedient, depending upon the setting and the individual. If it was in the practitioner's interest to stick closely to protocol for research reasons, then the evidence base was cited in support of adherence. It was notable that those practitioners involved in research were more reticent about deviating from protocol:

Alex 35: I think this is something which is really important for ACT practitioners and something which we hold dear to our hearts as a community, the protocol is what has the evidence-base... if you haven't got some level of adherence to the protocol, then what you're working with really, like how can you report on that as a procedure with an evidence-base or as a protocol with an evidence-base?

For the practitioners not involved in research, as their confidence grew they developed a better sense of what works best for them in any particular setting. They typically adapted protocols by changing the length (Andy 41: We've basically stretched it out and added a few extra bits in) or swapping certain exercises for their personal preferences (Bryn 21: "you haul out the one that seems to work in this situation"; Tony 18: "you might just tweak it a little bit"). This divergence from the evidence base, and the practice of using protocols was regarded as a normal part of applied ACT practice:

Andy 51: I have not really got any evidence for the adaptation, I've just done it based on what I think will be good for this population of people.

Drew 15: a protocol is a guide, the ends guideline rather than something to stick with. Partially. If this is a well-established protocol and approach, it makes sense to stick to it.

Luca 19: People don't fit in the protocol... I put more compassion in it because I think that's important.

This flexibility was regarded as a strength of the ACT approach and an expansion of their professional repertoire, which gave them a choice to use more established exercises or work more fluidly with 'what comes up'; particularly when working experientially with defusion processes:

Rene 12: Some people I do defusion with, but not everybody because it just depends how whether that has come up or something for them. Some of them I might just do 'passengers on the bus', but some I might teach them with defusion related exercises.

Unlike the group settings, which for most of the participants were grounded to some extent in protocol; none of the participants knew of any evidence-based protocols for one-to-one work. Therefore, they tended to structure their sessions flexibly, using whatever ACT exercises seemed appropriate, while attempting to remain 'ACT consistent'. They described their work less in 'experiential' terms, and more in terms of how 'person-centred' it is (Drew 30: "When I'm with individuals, I have much more possibility to pay attention to them and see what they need rather than what I'm thinking to deliver"):

Dean 19: I guess in a one to one setting you can really sit down with the client and understand what it is they want in a way you can do a proper sort of formulation a case history with them and get under the skin of what they're currently experiencing and where they really want to go. Within a group not so much.

Perhaps because they were not aware of any established protocols, there was less use of established ACT exercises and when they were adopted it was within a flexible and experimental framework:

Tony 18: So, if somebody tries one of the defusion principles for example, and then they're like, "I don't get this". It's like, "Okay, let's try another one". So, it's just experimenting, testing these things out and a person finds something that's suitable for them. I'm continuing to practice on doing that.

3.2.3. Sub-category 2c: Becoming precise and fluid

Once they had mastered the use of ACT protocols and exercises and were confident in working experientially the participants engaged more actively with their use of language. All participants were somewhat interested in the use of language, how central it is to ACT and how it could be used to improve their precision (Bryn 45: The whole technology of ACT is just that loosening of the effects of language; Rene 49: I am aware that there is an issue there around precision of language. How that relates to coaching rather than therapy, I don't know). Indeed, a few who had started to master the approach at a more process-based level – including both behaviour analysts - were more interested in how RFT could improve their use of ACT:

Alex 14: So, what I'm mindful of is that there may not be a great deal of research around this. In fact, I'm not aware of any. So, I feel that ACT is enhanced by having a decent grounding in RFT because I think it increases one's precision when working with what shows up in the room... you can use RFT as a way of increasing precision within your ACT-based intervention.

So, I would say that's quite a precise way, very much informed by RFT to go after transformation of stimulus function.

In addition to language, more advanced techniques involve using body language more effectively, and relating to clients non-verbally, as well as verbally. For example, looking to see how people are doing avoidance moves, if people are narrowing their eyes, for example. ACT techniques around using visual hand signals and reading non-verbal behaviour. This idea of working with what comes up in the moment is presented as particularly effective and linked to moving more adeptly between ACT processes:

Dean 12: I think the thing that's changed over time is just the feeling of competence to manage what shows up in the moment. Probably more adeptness in actually using the stuff that comes up in a session to reinforce the learning... I feel a bit more agile with it now.

Tony 12: Though, the thing about with the ACT, it's like, "Well, this is what's showing up. We can have an agenda during our session but it's what shows up when it's raw... This is when we're going to work.

Some participants refer to this as "hexadancing", a skill in ACT awareness that advanced practitioners seek to develop fluency in, which has trickled down through the ACT community and is an advanced skill that the participants were all aware of, but at different stages of mastering:

Andy 13: They're now doing the hexadancing thing where you move around. That is a much better way I think of really getting to the core processes, rather than just sitting with techniques.

The skill of noticing ACT processes as they appear in the present moment deepened for practitioners over time as their ability to notice and work with ‘what comes up in the room’, increased:

Alex 31: What I do think is a little bit different is the shift in emphasis from technique to working with ‘what’s in the room’... What that means is when you do group-based work, you definitely have to do a lot of ‘working with what’s in the room’ because that’s where the magic happens.

Tony 14: I can see here that one of the ACT processes for example of looking at it from a different perspective or maybe just as a reconnecting with what matters. In the face of everything, at the end of the day, do what matters... It’s just a natural thing for me to do now, is to think about the processes of ACT and the principles and how are they going to work for this particular individual.

3.3. Category 3: Expanding professionally

This category reflects the original focus of the study, before the research question evolved into a study of becoming an “ACT person”. All practitioners worked across multiple settings, which was often the result of coincidental opportunities that they took advantage of. As the participants were all experienced ACT practitioners working across more than one setting, they discussed the processes involved in developing and expanding their professional practice. Half of the practitioners were employed full-time in a clinical-type setting, one was employed full-time in a business setting and the rest were self-employed. All the clinically trained psychologists were engaged in some ad-hoc or part-time coaching or workplace training in non-clinical settings, and three individuals held public workshops.

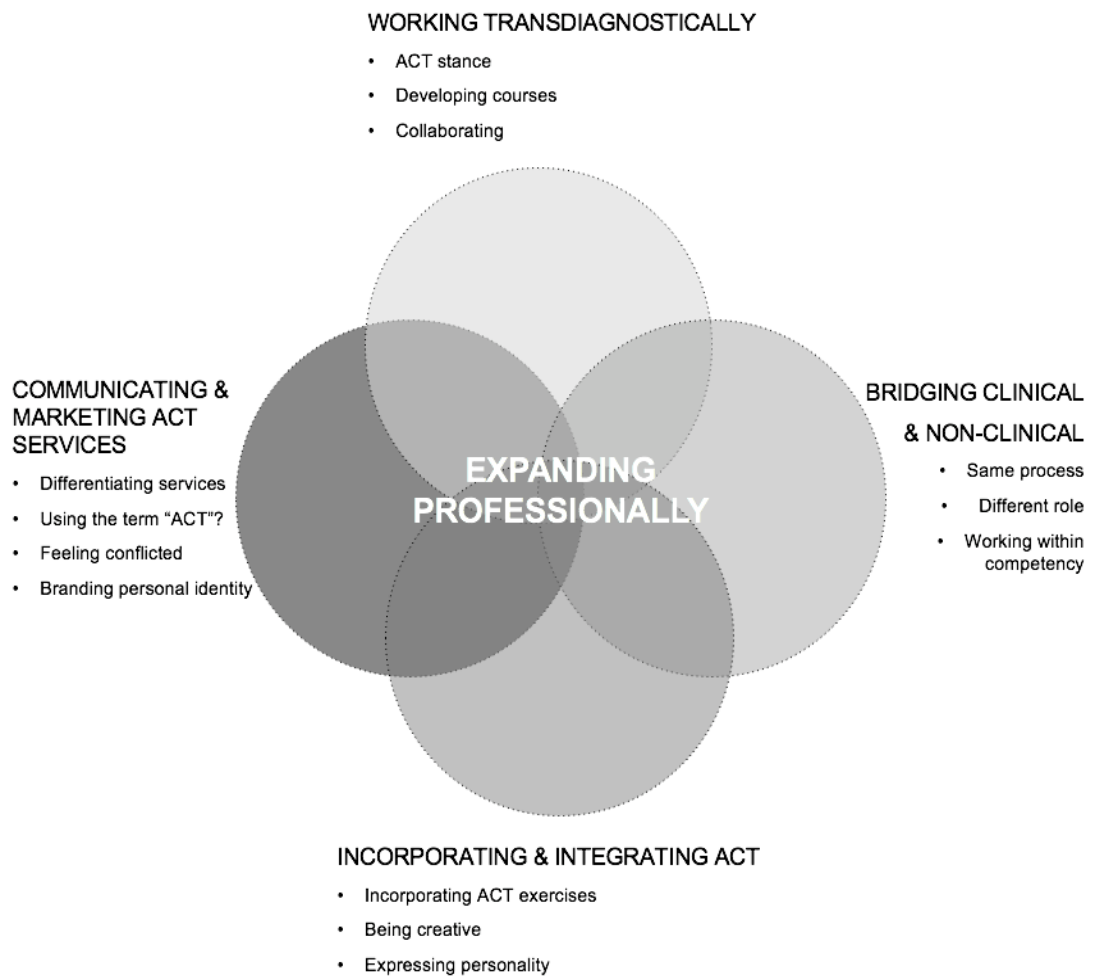


Figure 6: The category “expanding professionally”, which contains four sub categories “working trans-diagnostically”, “bridging clinical and non-clinical” and “incorporating and integrating ACT”, and “communicating and marketing ACT services, which are all mutually connected as a venn diagram.

All the non-clinically trained professionals delivered some aspect of wellbeing or health-related service. Eight of the twelve participants applied ACT to some aspect of organisational or leadership development, while one had applied it to consumer psychology. All participants had delivered ACT workshops or seminars in a staff training or workplace context. Nine participants worked in private practice and for some this was their main source of income, while for others it was in addition to their main jobs. The process of expanding professionally universally involved

working trans-diagnostically; incorporating and integrating ACT with other approaches was essential to meet client needs or for their everyday work environments; all practitioners communicated and marketed their services in unique ways, which involved some personal challenges; most practitioners discussed working across clinical and non-clinical boundaries. All these processes were interlinked, and are represented in a venn diagram.

3.3.1. Sub-category 3a: Working trans-diagnostically

Holding an ACT-consistent, trans-diagnostic viewpoint involves adopting the assumption that humans will thrive by learning and developing the six core ACT skills, irrespective of their current psychological or environmental challenges. Indeed, this overarching assumption which involves the idea that clients do not need to be 'fixed', underpinned their professional practice:

Shay 8: In ACT, the criterion of truth lies in workability. In the variety of other presentations, or unlike the variety of other presentations, I don't make the 'assumption of abnormality'. I don't make the assumption of my client being broken.

Leah 9: You didn't have to diagnose stuff, you didn't have to spend a lot of time, trying to diagnose the person that you have been saying "There's the Hexaflex" and you could find a place on it to work from.

Shay 21: When I work with clients, in a way I approach my work, this is ACT stance... I'm not here to reduce your pain more so I'm here to help you create a meaningful life.

This ACT perspective facilitates the development of courses, products and services that can be applied to a range of clients, and lies at the heart of the expansion of participants' professional practices:

Tony 12: If this is working with me personally, if this is working within my family unit, and it's working well and it's just imparting that knowledge and because it's science based obviously, this could probably work in different areas.

Leah 9: Yes, it pretty much informs most of my practice now, it's very versatile. It's not a clinical model as such. It's not about giving people a diagnosis. It works pretty much in any context, really.

Some practitioners found that working trans-diagnostically brought interesting possibilities of collaborating with other practitioners who may or may not be familiar with ACT. For example, one practicing registered psychologist developed a course in collaboration with a physiotherapist to include physical exercise and movement within an ACT framework:

Cory 34: It's not a valid concept in that way but it's just a concept that points to, it enhances the ACT processes... this is more like you actually make the body open up. We make these parallels also with committed action. She trained them to feel balance and strength and stuff like that so that they can be more ready for the committed action and feel the power in the body to do committed action.

Other practitioners have introduced ACT into medical establishments which primarily use the medical model, focused on reducing pain, which involved collaborating across very different philosophical traditions:

Shay 18: Acceptance of pain is tremendously powerful. It's very difficult to find a collaboration between the medical establishment that panics and jumps in to numb the pain and, when asked, trying to train our clients to open up to it... Yes, absolutely you can work with your medical establishment on reducing pain... and, in the meantime, you can work with me on learning to be with pain.

3.3.2. Sub-category 3b: Bridging clinical and non-clinical

ACT's trans-diagnostic ethos provided practitioners with the philosophical space to work across clinical and non-clinical settings, although there was an understanding that the clients' level of functioning might change the approach or use of language, it did not change the overarching aim of increasing psychological flexibility:

Shay 26: Ultimately, you're working with a human being that you're taking on a journey. If it's non-clinical or clinical, maybe clinical is more challenging sometimes, not necessarily, actually.

Dean 31: you may have to bear in mind, obviously the person's level of functioning... process wise, what is this same... you're trying to help the person develop psychological flexibility.

Practitioners who worked across therapy and coaching found it helpful to differentiate their roles in the two settings:

Cory 25: I'm a very laid back therapist, but I'm very forward moving coach... therapy I really want to listen to where the emotions are, where the thought process is... in the coaching... I feel that people should be empowered in

another way and not in getting their thought process separated like when I do ACT therapy... sometimes the therapeutic work actually translates to the coaching or they end up being a coaching session as well because when people get better with themselves sometimes they want to work with their career stuff. Then it just switches.

In practice, most of the participants who had been trained in health, clinical or counselling professions, expanded across client-types, across group and one-to-one settings, and into non-clinical areas such as coaching, staff training, public speaking or business consultancy:

Tony 12: On Saturday I had my first session with a couple and I felt, "Oh my goodness, I'm now branching out into marriage guidance counselling". I never thought I was going to be doing this.

Shay 6: I've delivered training to professionals... I do groups and workshops for the public. I've done workshops for our local medical staff for community centres. I'm taking over regular ACT day sessions and within the clinical groups I work with adults, adolescents and couples.

Leah 7: I've started off in student counselling. Then I went to addicted behaviours with adolescent NGO organisation. Then I went into organisational psychology doing coaching and selection and leadership programmes... I also do employee assistance programs.

Unlike the health and clinically-trained practitioners, who were at ease with expanding into non-clinical areas of practice, when non-clinically trained practitioners' clients displayed more complex psychological they recognised the additional risk and consequences. They tended to balance their trans-diagnostic perspective against potential client risk and preferred not to work outside the

boundaries of their professional competency, and instead referred clients to clinically trained practitioner psychologists:

Rene 29: I've worked a lot with the supervisor about making sure I'm not treading into areas that I wouldn't want, because I do a lot of work on [workplace] health, I think I attract people who are along the boundary.

Alex 30: I think I feel slightly less equipped to take that practice into, let's say, for example, psychoanalysis. It's not an area of particular expertise for me and whilst I sort of feel confident-- I carry the same basic principles and practices into the practice, I wouldn't. It's high stakes.

However, the same practitioners, who may have been trained in academic, educational, organisational or business-related areas felt more at ease working in health and wellbeing areas that they perceived as not as complex; such as workplace wellbeing, health coaching and psychological resilience training areas:

Rian 19: Wellbeing and coaching. I do exec coaching as well and coaching within businesses with groups and teams and then I use it in the sport context.

Drew 29: It varies broadly, some people will look me up for relationship problems, cheating, not having any sort of purpose in a relationship, or trying to find their way back to each other, other times people look me up with other anxiety, depression.

3.3.3. Sub-category 3c: Incorporating and integrating ACT

Those practitioners not involved in research placed more emphasis on creativity and expressing their own personality, than how closely their sessions adhere to

evidence-based protocols. In some cases, they developed their own exercises and metaphors, products and services, which allowed them to be more authentic in how they apply ACT than using the more established protocols. Notwithstanding the issues with CBT, participants found it easy to integrate ACT with previous training and therapy models, partly because ACT seemed like an expression of their natural and authentic way of working:

Tony 44: There's always been that interlink of health psychology models, practices, and principles... and ACT processes have always been, from day one, part of what I've been doing.

Dean 6: What I liked about ACT actually was it was possible to kind of start to incorporate elements of it into your pre-existing practice. So I just started to incorporate elements of it into the broad frame of [coaching]. Just different exercises, different metaphors, exercises that seemed of a piece with the [coaching] model but got there in a more effective kind of way.

Some participants experimented with incorporating values into leadership workshops, or adding new elements, to the extent their approaches looked somewhat different from traditional ACT (Leah 14: I was doing mainly leadership workshops so, you'd incorporate action plans and values; Drew 11: I think we've done our own thing but it would be closer, mindfulness gained way more importance than normally it does in ACT trainings). This was linked to their trans-diagnostic world view (Rene 13: I think they just all augment each other really) and a perception that ACT, as a flexible model provides them with the freedom to experiment and develop new ideas, grounded (broadly and somewhat opportunistically) in contextual science and evidence-based ACT processes. Some of those trained in one-to-one or group work had expanded their practice to work on a more organisational or systemic way.

The two practitioners who worked most extensively in the business world, and who had less clinical experience, reported a notably more 'laissez-faire' attitude towards their delivery style than the other participants; resulting in highly creative, irreverent exercises, infused with their individual sense of humour:

Rian 27: I personally use a metaphor for the Hexaflex of a boxing ring...

Then I talk about how a boxing ring has four corners, but this boxing ring has six... become aware of which coach we lean on too much, which coach we lean on too little and how to get flexible in running around the ring...

Luca 16: I made an exercise that they really have to fill in the "fuck it" list and it's very helpful... Defusion exercise. "I'm not good enough", "I don't think I can do it", "People won't like me". All the thoughts that stop you doing the things you really want to do. They really write them on "the fuck-it list"

Practitioners incorporated and integrated ACT into their core profession and also areas of particular interest to them, such as sports, the arts, or consumer psychology (Leah 15: I do have a particular interest in working with creative personalities; Drew 16: with the sportsmen and coaches in the UK we've done leadership training). Indeed, some participants were looking ahead into how they could continue to integrate ACT with other approaches:

Cory 44: really feel that ACT could be combined with a lot of different professions, a lot of different therapies.

Drew 23: So now I'm interested in recently, how I'm going to integrate 'flow' with ACT, because I think in high performance situations this is something that plays a big role.

Rene 38: I've been thinking, "Well, how do we use the learning from America around FACT which is basically health behaviour coaching, behaviour change in primary care and using an ACT-based approach, building on motivational interviewing?"

3.3.4. Sub-category 3d: Communicating and marketing ACT services

Cory 49: Well, you can't really make a revolution if people won't buy your stuff.

Most participants developed novel ACT workshops to suit their client base or workplace setting, into standalone products, which they market to their target client base (Rian 19: I've developed a product... a cognitive defusion product, so businesses can just run a one-off work shop). They communicated their ACT courses and products in various ways to attempt to gain more work and increase the scope and impact of their practice. To some audiences they communicated ACT as a mindfulness based or third wave CBT approach, or as an extension of their core area of expertise, such as health psychology:

Rene 9: I'd call it a third wave CBT, because I think doctors generally don't know a lot about the detail of CBT. They always want to know there's an evidence base behind it. I say, it's one of the third wave approaches.

Tony 9: I just think, something that worked really well, something that I have been trained in before, why let go of that? I'm very passionate about that as well so why let go of that?

In some contexts, practitioners used the term “ACT” and drew attention to the science, which meant the same practitioner might call ACT very different things according to context:

Rian 22: In the exec coaching I will absolutely from the get-go let people know they’re dealing with ACT. Because I want them to be able to go forth and learn about it and do a Happiness Trap online if they want to and buy the books and go to the courses it takes for them, if it relates to them.

Applying ACT across different contexts occasioned the need for practitioners to let go of, or tone down, their ideals to fit perceived client needs. The process of expanding their practice across different settings therefore involved differentiating ACT and it was difficult for practitioners to tell where and how they should position themselves in the market:

Cory 46: I need to figure out a way to make it less scary. Maybe I’ll try to just do the functional analysis part and say “just analyse your system regarding what functions do these practices you use help as they do their work on getting people back to work, or don’t they?” so “Can we just make a functional analysis of your organisation or some of the strategies you use?” That could be a bit more approachable for a leader.

Sometimes they opted not to use the term “ACT” in front of their clients (Rian 21: It’s a behind the scenes framework that I’m working with), particularly in business settings, where they had previously encountered rejection or confusion on the part of potential clients. However, some practitioners expanding from clinical to non-clinical domains sometimes felt conflicted in these situations, as if they were disguising what they do:

Rene 17: I don't always tell people that I'm using ACT, as the methodology behind that is on the handout I gave them around. When they're thinking about coaching I mentioned it in there. I don't go "we're going to be doing coaching based on ACT". What I think I'm doing is "helping you develop psychological flexibility through the core processes".

Cory 48: I needed to disguise the ACT parts in what I did even though that was the biggest part of what I did. So I made this as a kind of reaction and now I'm actually in the process of developing a new webpage.

They also faced challenges marketing their services online in ways that would appeal to their clients across different settings (Tony 9: So yes, when you look at my website, it's a little bit like, "God, this person is all over the place; Luca 29: The hard thing for me is to write a good website and a good folder and promotion material). Moreover, there was a general consensus that when marketing to individuals rather than organisations, there was an advantage to drawing upon all their experience and presenting their practice:

Leah 40: I think ACT is really good that it supports that notion, that your experience is all useful, it's why your clients come to you... it actually just meant that I've got clients that are more likely to be a good fit. At least the clients that weren't a good fit to me didn't come. I've been able to be more authentic and I'm much more open about my zigzag path through life.

Further, how they branded and marketed their professional practice was linked to their evolving professional identities (Luca 16: It's like a personal branding) as well as what their clients wanted (Cory 35: they wanted to call it mental balance and my ACT says, "No, I don't want to call it the mental balance." But they wanted that, so

it's called a mental balance). Practitioners also collaborated to sell and market the unique ACT-related services that they had developed:

Tony 44: I'm now thinking, "I've got to branch out maybe or put my focus into an area of trying to see where I can link with other organisations and really sell myself in terms of what health psychology and ACT as an integration can do for your company". That's where I'm at. At the moment.

3.4. Category 4: Discovering ACT personally

Discovering ACT is best understood as an ongoing process, rather than a single moment or 'epiphany'. Participants referred to being on an enjoyable and meaningful journey, which involved both personal and professional elements and a sense of something shared (Drew 21: I think this journey, I imagine is quite similar for most of us"; Rene 47: I'm enjoying being on an ACT learning journey"). Above all, this journey was described as being transformative:

Rene 51: I think it changes your perspective and there's no going back once you start that journey.

Dean 53: I realise how transformative potentially having ACT as part of this life journey has been. I don't say "it's because of ACT" but I do think it's had a role.

Indeed, the transformational impact of this ACT journey was described in personal terms (e.g. "Dean 48: I think it has changed me as a person actually") which was described in enduring and meaningful terms:

Dean 48: I think it began on that day. It has just gently, gently deepened ever since then... I think it has changed me as a person actually.

Luca 23: I think it changed my life... I'm quite clear about my values. I know what I really care about. For me, I care about helping other people with ACT. So I'm doing the things I really like.

A key aspect of participants' journeys included finding ACT to be a good fit with their personal interests and previous training in similar third wave approaches, which was experienced as a 'felt sense' and aligned with their personal sense of mission and purpose. All the participants reported benefitting personally from their use of ACT, which often started with the use of self-help books, and resulted in finding a new perspective, and experiencing better relationships with others as well as their inner events. This journey is depicted in the diagram below:

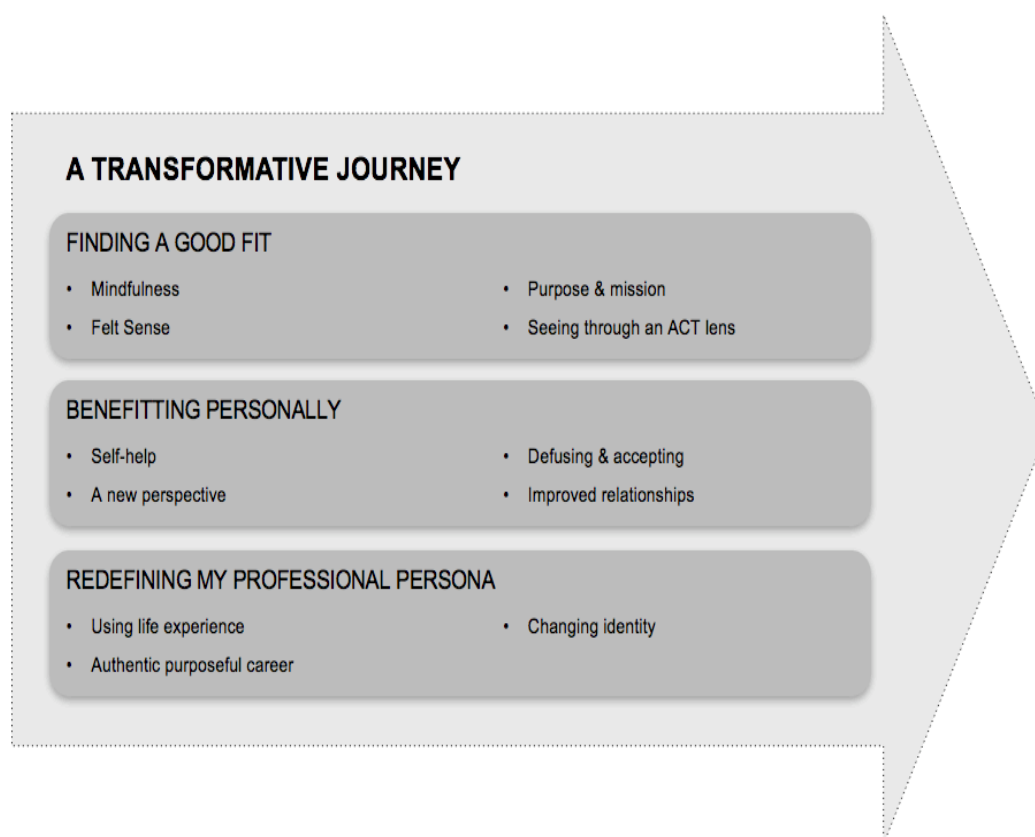


Figure 7: The category “discovering ACT personally” is displayed as a transformative journey, involving the sub-categories “finding a good fit”, “benefitting personally” and “redefining my professional persona”.

3.4.1. Sub-category 4a: Finding a good fit

Tony 38: I'm just like “what? this thing actually exists as a product? as a model?”... I know this is workable because it's working for me personally. In my heart, I know this works.

Participants found ACT to be a good fit because it linked to their interests in related fields, such as mindfulness (Rene 5: I'd been to some Buddhist mindfulness things. I've done yoga all my life. I was aware of Jon Kabat Zinn's work; Drew 4: I'm a Mindfulness based Cognitive Therapist. I led quite a lot of Buddhist retreats and practices) and which ACT helped to clarify for them (Alex 17. doing ACT has helped me to understand mindfulness in a much more helpful, practical, pragmatic, and workable way). However, the ‘fit’ was more often articulated as a felt sense (“Dean 2: It just felt like a really good fit for me personally at that time.”; “Cory 15: Then, when I met ACT, it felt so natural. So I picked ACT in that respect because it just felt so right.”), matching participants’ underlying philosophies and outlooks:

Dean 48: It just made perfect sense to me, not from an intellectual level but it's on a gut level of “this just feels like such a more pleasant way of approaching life, such a more sustainable way of approaching life.

Leah 11: When I started, I really liked person-centred psychology. Carl Rogers and that idea of not being an expert on someone else' life. I think, that ACT fitted with that value system.

Indeed, ACT touched each of the participants in a meaningful way, that was new to their experience, and which lies at the heart of their ACT journey:

Rene 50: When I see ACT done that just feels right for me because, and I'm quite scientific... It's kind of quite funny for me to hear myself say that "it warms me" but that's what it does.

Rian 14: Everything else just felt like it was landing rationally whereas these felt like it was, I know that sounds weird, but... it spoke to the knower behind my thinker.

For most participants, ACT fitted as an overarching framework that matched their professional life to their personal ethos ("Rian 18: There was all that nuanced thinking around ACT, but in terms of it just being a framework it seemed to fit for me"). The personal fit with ACT clarified participants' sense of purpose (Dean 50: I think that has brought with it more of a sense of purpose in life; Bryn 60: Increase worldwide psychological flexibility... I know what my mission is"). Participants described ACT as not just a working model but something they apply to their everyday lives, which can be thought of as 'living ACT' or 'practicing what you preach', which benefits them on a daily basis (Rene 52: "being clear about how to continue in the face of difficulty"; Alex 17: I feel a much, much greater sense of clarity in my life now; Tony 19: I have seen the differences in myself, even on a day to day basis... it doesn't ever go away). Indeed, over time ACT became a filter through which they came to understand the world around them (Tony 14: "For me the ACT is always there"), which participants referred to as having an 'ACT lens' (Leah 29: "I saw my life through an ACT lens once I learnt some modelling."; Rian 44: "I kind of have an ACT lens on the world now. But not because I feel like a slave to ACT"). Indeed, seeing through an ACT lens was associated with more consciously "living ACT" every day:

Dean 46: I think there are some days when I live it much more consciously, and purposefully, and successfully, and consistently than others. But I still think even on my really bad days, I'm still kind of living it because it's the lens through which I see the world.

3.4.2. Sub-category 4b: Benefitting personally

Discovering ACT was meaningful to participants in terms of its personal benefits. Indeed, the attraction and utility of ACT to them personally was in large part down to their exposure to non-academic, 'self-help' books. "The Happiness Trap" (Harris, 2011) was cited by seven participants as being particularly important to their ACT journey:

Dean 48: I think it began almost on day one. I don't think I'd ever had an experience of such a feeling of resonance with anything in this world before in the world of psychology or personal development or anything like that than when I read that book.

Tony 3: I went home and I looked up more about Acceptance and Commitment Therapy. I bought the book "The Happiness Trap" by Russ Harris... It's almost like the first place to start. It did actually become my little bible.

For some participants, finding ACT through self-help books coincided with challenging life moments. They perceived ACT as offering them a different perspective on life, which was useful and accessible in a way they had not encountered before in their experience of traditional CBT and other third wave approaches:

Dean 48: it did coincide with a tricky moment in my life when I was doing some quite harsh self-criticism.

Luca 3: I had mental problems and I went to a psychologist and he used ACT. It was burnout and I felt very bad.

Tony 3: I was experiencing my own struggles in life... I was just becoming more and more drained with trying to refute my thoughts and trying to challenge them and trying to come up with positives.

All the participants benefitted from their personal use of ACT (Alex: that sense of how powerful that can be at transforming a struggle that you've been possibly having is just wonderful). They attributed increased clarity about their own personal psychological traps and patterns to their daily application of ACT principles to their personal life:

Leah 27: For me, on a personal level, it probably made clear some of the challenges that I've had as well, because probably, I'm quite avoidant in certain areas of conflict, and so forth. For me, it's also given me a template of what to watch out for. Which areas I might fall back into old habits.

Benefits included the ability to defuse or 'let go' from intrusive thoughts, and instead 'notice' one's internal processes are key aspects of ACT that the participants have experienced through their own personal practice:

Dean 52: My mind can still tell me "I'm unlucky, this is not fair, and this and the other" but I can't fully collapse back into that story the way that I used to.

Andy 33: I do notice when I flip in and out of my thoughts, when I fuse, when I come back to the present moment. They're often not that helpful.

Cory 44: I've been experiencing more freedom with ACT because of the whole letting go of self-hating stuff.

Added to this is an increased ability to accept or 'be with' those difficult internal experiences, which takes continued practice and is not always something that comes naturally, but which after some practice, provides participants with a fresh perspective on their troubles:

Dean 51: I'm more willing to be with the difficult stuff of life and not struggle with it and beat myself up around it and hate it.

Drew 23: Having increasing amount of moments when I notice what I'm doing and I notice that I am being present and observing that I'm noticing these things, if that makes sense.

Rian 16: looking life in the eye and saying, "Fuck, this really hurts sometimes."... it's really hard at times and it's painful and there's suffering. But it's beautiful and it's hopeful and it's dynamic and it's fascinating.

Other benefits attributed to ACT were not directly associated with ACT core processes, but rather the side-effects of such processes, such as self-compassion, resilience and happiness:

Cory 20: I realised a lot of things during the ACT courses I've been to, and that has suddenly made me much less critical towards myself and towards others.

Rene 52: it's helped me, personally, I think to keep going in the face of when I might have given up previously or other people might feel like I'm giving up.

Luca 38: I think I became more friendly... Realising we all have the same shit. I think the most important thing that happened to me.

Indeed, the relationship that participants had with ACT evolved over time, from being described through its utilitarian benefits, to becoming more philosophical, whereby ACT was regarded as an influence in participants lives (e.g. “Leah 28: I think that it informs your life to some degree, if you're going off track”; Rene 52: I feel like I draw very heavily on applying it to myself as well”). Further, it is regarded as a set of skills that can be developed personally:

Drew 23: this is a learning experience because this takes you to be grounded in the present moment but very task-oriented and almost like a flow experience if you want to go as far.

Tony 33: just in every way work, relationships, everything. It helps me focus on what matters. Though in the great scheme of things, it might be, for example, with my husband or whatever... It just makes you stop and be in the moment. I know it sounds a bit of a cliché but, yes, appreciate every breath you have.

ACT had a particularly beneficial impact on intimate partner and family relationships as the participants were able to utilise their ACT skills to deal with the complexities of life:

Dean 59: I really think it's helped me as a husband and father now because the stuff about being a father I hate, all that puts me in contact with some really tough feelings.

Leah 28: Particularly around parenthood and stuff like that, it has helped me inform where I put my energy. Also, helps me notice if I'm not putting energy into areas that are important to me, where I'm feeling more frustrated and so forth.

Benefits extended to wider friendships and professional and client relationships, which were sometimes cited in terms of core ACT processes, such as developing psychological flexibility, taking actions in line with their values, or being more mindful (Bryn 62: I'm much more flexible. For the people who are important to me, I have much better relationships with them). It helped the practitioners support their friends and family in times of trouble, and fostered a more mindful, loving and compassionate way of dealing with those around them:

Cory 20: I don't know if you say I've become a more loving person, but there is some affection that has grown from using ACT because I find it a very-- it's a very caring and respectful way of treating people and looking at people.

3.4.3. Sub-category 4c: Redefining my professional persona

The process of discovering ACT translated directly into the practitioners' career choices, as drawing upon the ACT model allowed them to utilise all their life experiences within an ACT framework, and concentrate on what is most important in their professional lives and career choices:

Tony 43: it's about taking my entire skillset now. I'm going to take my life's work my skill set I'm going to use within the remit and stay within my ethical way of working and what I can do and just see what happens.

Rene 52: when a colleague will say, "You're taking a big risk making a career change" or whatever. Noticing what comes up for you when they say that and actually being able to still keep going.

Luca 25: We call it job carving. I changed my job to apply more ACT. I did a lot of work so I can do ACT at my job as HRM adviser. I can give the

mindfulness training to my colleagues in the city. I got rid of things I didn't like and someone else took on those things.

Participants disclosed feeling that they are much more effective in the work that they do now because of ACT, in terms of their interaction with clients and the administrative part of their work, because it has helped them with their own experiential avoidance or intrusive thoughts, which may be partly down to their use of ACT and partly due to increased experience:

Dean 55: I like the fact that it encourages you to bring a light experimental energy to the session. To hold things with reverence but with not serious and that feels a good safe space for me... There's always a part of me that always... wants to just flee from that moment and knows that I can break it with a joke. But even now I think that it's possible that practicing in this model has helped me manage that part, so we can occupy that space more consistently.

Leah 48: It used to look like, "Holy fuck, what am I going to do now?" I just don't know what to do. I don't have those moments nearly as often since I've been an ACT therapist. I don't. I'm not panicking as much in the room when I got someone who's really stuck.

Andy 28: Sounds odd for somebody who's over 20 years qualified. I've got a much better idea of what I'm meant to be doing now... Now I've got a much better idea about the processes I'm meant to be following. I can evaluate my practice much more readily now.

Working with ACT has brought a renewed sense of purpose and helped the participants to be much clearer in their own careers. In some cases this involved deep personal reflection that resulted in professional epiphanies and career

changes, or reinvigorated their professional life, which had been flagging in mid-career:

Leah 38: There is a 'born again' sense that it's probably revitalised my ability to be a therapist. I had already been doing it for 10 years before I came across ACT.

Rene 51: I think it's probably changed me quite or changing me quite a bit, I'm having a mid-career change of direction at the moment around this. Moving to doing much more of the coaching, moving to doing the occupational health training, moving back into a clinical environment... Because I think that's where I can best express what matters to me personally.

Indeed, participants felt more able to be authentic in their application of ACT across personal and professional domains:

Dean 53: I get the word authentic is a bit used up now, but more able to bring a bit more of my authentic self in the work that I do, with less fear of being judged and less fear of being-- It's helped just get some of that shit out of the way and show up a bit more authentically and more purposefully in the work that I do.

Rene 50: I like ACT because it fits really well with, just feels like, I don't know. It pretty sounds really strange when you go back and listen to this in one shot. It feels like a really authentic expression of me and that's why it feels really kind of focused because I'm really values-driven.

Indeed, the process of professional 're-discovery' deepened as participants understandings of ACT developed. Some participants redefined their place within

their profession, as to accommodate more behaviourism (Cory 17: “Now, I’ve moved more towards behavioural psychology as well”). For others, this resulted in a shift of professional identity to accommodate the identity of being an ACT practitioner:

Tony 45: “because I am so enthused about ACT it’s beginning to take over my core profession... my core is health psychology so.... I’m not saying I don’t do anything with that. But in my sessions, as a whole, if you was to observe me, I think it would be predominantly the ACT process coming out.

3.5. Category 5: Belonging to the ACT community

Being part of something bigger than themselves was a common thread throughout the participants’ experiences. In the context of becoming an “ACT person” this includes aspects of identity that relate to understanding, belonging and purpose. This involved being part of what was sometimes framed as “the ACT community”, or as being a member of the Association for Contextual Behavior Science (ACBS). Practitioners described a thriving, global community, which they engaged with to varying degrees, and there was a feeling it is dominated by university-based researchers rather than practitioner-scholars (Leah 52: the ACT community really is dominated by the researchers). Indeed, some participants preferred to remain on the periphery of this community (Rian 15: “I think I’ve probably been pretty slack in connecting into the tribe actually”; Leah 35: Part of me is not really a ‘joiner’; Rene 57: “I’m not one of those groupies in ACT at all”). Indeed, the community incorporates different factions and this diversity was generally regarded as a strength:

Andy 58: that's OK we are all part of the same community which is doing something which is useful and be working on different areas, but there's enough common points between us all.

Two aspects emphasised by the participants were the way the community helped to disseminate and share knowledge between peers, and how it functioned as a social movement, which are depicted in the diagram below:



Figure 8: The category “belonging to the ACT community” is depicted as two sub-categories “gaining and sharing knowledge” and “being in a social movement”.

3.5.1. Sub-category 5a: Gaining and sharing knowledge

One of the most tangible benefits the ACT community confers to its members is the ability to share experiences with peers and develop knowledge, learn experientially

and cross-fertilise ideas across boundaries, in keeping with ACT's trans-diagnostic ethos. Participants described a small number of highly prominent, skilled practitioners and thought leaders whose seminars and workshops, conferences and events they attended:

Leah 10: I did the Russ Harris advanced workshop. Then, I probably went just about to everybody that came through... Kelly Wilson, I went to a couple of his workshops. Robyn Walser, John Forsythe and then, I went to the ACT conferences. I did some workshops there with Steve Hayes and I did some workshops with Kirk and Patti as well...

Alex 21: When I see people who are really, really adept practitioners, they do this like poetry, it's like they've just given up the idea that there's any such thing as a fact out there in the world and they're constantly immersed in this contextual way of being, not trying to chase down or argue over facts.

Indeed, as ACT is seldom taught in formal institutions such as universities, there is a strong emphasis on following these thought leaders, attending conferences and chapter meetings (Cory 12: you need to have the real deal coming in from the areas... to hear it from the people that actually made the stuff; Alex 5: Just a ton of workshops and conferences. I've never done an ACT qualification as such). Ten of the practitioners mentioned attended events outside their country, with some travelling extensively across the globe to attend worldwide ACBS conferences (Rian 14: I'd get along to the Australian and New Zealand one but also the global one), where they would immerse themselves, learn from expert practitioners and enjoy a sometimes emotional experience that sustained their everyday work, by linking it to something bigger than themselves:

Cory 16: using perspective taking in the long mindfulness exercises like the whole workshop Kelly Wilson did in Reno, I remember, was a huge eye-opener. It was also very challenging because sitting in this kind of exercises two days workshop. You were just an emotional wreck after that!

All participants actively used the ACT community to further develop their understanding and skills by learning from their peers, which involved joining ACBS online forums, which allowed participants to discuss issues relating to their work online and get advice, or “supervision” from practitioners across the globe:

Tony 5: It's just a huge supervision group because everyday people are posting questions or they're looking at different populations or there's new research that's coming out. People are posting it. So whenever somebody posts a question, you may get back 30 different responses. It's just everyday you feel that you're learning something. It's brilliant.

In addition to receiving supervision from professionals in their core field, some practitioners elected to have additional supervision with ACT experts working in different fields, reflecting their trans-diagnostic outlook:

Rene 29: My supervisor is a clinical psychologist who is an ACT specialist. I went for that rather than somebody who is a coaching supervisor who didn't know about ACT. That's what I wanted because I'm not trying to be a psychologist.

Tony 47: I have monthly supervision with a consultant health psychologist and also with a clinical psychologist for my ACT cases that I take to him. I think if this integration of working is beneficial, I myself just for CPD is trying

to get into documenting how infusing the two together and how that's working.

All the practitioners except one had at some time joined an ACT “interest group”. Most UK members were members of the UK’s centrally-organised BABCP group with many hundreds of members which runs large, organised UK-wide events in association with the ACBS. Practitioners also described being part of smaller, self-organised groups, which they sometimes moved between, before settling on one that would sustain them for a longer time (Leah 34: we had an ACT group here for a while too. We also meet once a month. This month we got to read the RFT book and so forth). These smaller group meetings outside of the UK, often included a variety of practitioners (Shay 14: We have OTs, we have counsellors, we have social workers, psychiatrists, obviously psychologists, a physio).

These groups were increasingly focused on the fluid learning of trans-diagnostic ACT processes such as ‘hexadancing’ which were promoted by ACT community leaders such as Steve Hayes, in more advanced workshops; which then trickled down to even the smallest interest groups of a few interested individuals:

Shay 12: The interest groups have evolved a lot and we've gone through a lot of different stages during which I think “doing is a very important way of learning”. Not didactic necessarily. So, we try to do a lot of doing.

Andy 60: ‘Hexadancing’, there’s a small group of us trying to practice to do that. That’s definitely the area that I’d like to work on more with my ACT skills.

Indeed, the shift from a mechanistic to a process-driven conceptualisation of the approach was regarded as both an expression of the practitioners’ professional

development and reflected a concerted trend within the ACT community, influenced by the ACBS leaders' agenda (Cory 17: it seems like they wanted to teach us the processes, how to practice the ACT processes).

3.5.2. Sub-category 5b: Being in a social movement

Andy 18: It's about trying to make the world a better place and that's very attractive

Although there was a recognition that the ACT community prioritised research and seemed hierarchical in that regard, it was not felt to be exclusive, but a collaborative effort of a diverse community. Indeed, most of the practitioners developed friendships or professional collaborations through their active engagement in the community. There was also a social element which they enjoyed. The community provided a connection to peers who share a passion for ACT and the application of contextual science. There was a sense that this community spans multiple "vertical" disciplines, and provided insights from areas outside of the practitioners' own setting, and which also brought a sense of belonging, fulfilment and joy:

Rene 53: Actually, I'm really loving being part of the ACT community.

Because just so many people that are just like the kind of people that I like to be around.

Tony 5: I'm part of the Association of Contextual Behavioural Science. It's fantastic... It's literally a worldwide association. It's like a big ACT community.

In some respects, the ACT community resembled a social activist movement.

Participants described ACT in terms of a behavioural revolution, which they feel part

of and which they believe is continuously growing and adapting, in much the same way that they regard ACT as something that has evolved to overtake CBT, they regard ACT itself as something that will eventually be supplanted by something 'better' that evolves from the contextualist movement:

Drew 27: I think ACT will grow big, increasingly grow big and... is leading us to a different way of understanding human functioning... and that is important for me.

Rene 47: One of the things that I really want to do the next 20 years is to see ACT flourish, and it will change, I'm sure. The model will be refined. Maybe parts of it will emerge being much more important to us, which aren't so important, and new things that I can think up at the moment, so it will change.

Andy 6: there is a movement within the community to try and develop clinical RFT. Which people think of is actually going to -- the people who are in it, think it's going to replace ACT at some point.

Individuals' motivations for wanting to spread the word about ACT initially came from their individual experiences which led to a desire to share (Luca 9: once I realised how important ACT can be, I just wanted to share it). For some, this extended beyond the confines of revolutionising the psychology profession to a deeper need to change society and a desire to make a difference on a global scale, which can be achieved by spreading the technology of 'psychological flexibility':

Shay 8: One of the huge injustices that we've committed as a profession, is we taught people that anxiety, depression, stress and so on is a problem... we've set up a whole population for failure.

Bryn 26: I want to teach everybody psychological flexibility... to create an Earth that's really nice to live on, and it's sustainable, and works. That's what we're going for... I am a help-the-world kind of guy... Unabashedly.

Participants were motivated to spread the use of ACT in response to the ACT founders' ambitions for global change grounded in contextual behavioural science. (Bryn 57: It's on his website. It says world domination through peace, love, and understanding; Andy 18: Skinner... basically says "We can use behavioural science to make the world a better place and save the planet"). Embracing this mission, some participants trained in the clinical realm were setting their eyes on larger social systems (Tony 33: If I could get ACT in the water then I would), by attempting to influence decision makers and leaders in the hope this would lead to systemic, trickle-down use of ACT in organisations:

Rene 9: a lot of doctors are learning how to use coaching techniques in their consultations as well... they're looking into how they can use ACT as a model for health coaching.

Cory 45: it's a big thing, a big apparatus, big system to turn around and you need to take it one small bit at a time... That was because I thought "if I could start with the leaders and go down with ACT, maybe there could be a different kind of reaction".

Drew 13: we never worked with the athletes but we worked with the coaches only. What we find is that even though we only work with the coaches, the athletes' flexibility increases too.

Bryn 35: these priests... then they will interact with their parishioners, quite the systems intervention there.

As they attended community events and conferences, the participants recognised how the community was evolving (Leah 35: It was really just a handful and then it's just burgeoned into this enormous movement) into a movement with a common mission to spread the influence of ACT and contextualist philosophy across the globe, that offers the possibility to "liberate" people from suffering:

Cory 44: It's just so liberating for them to get these new perspectives. I find that every area you apply ACT in, people sort of get more liberated in a way. It sounds very 'French revolution'.

Shay 24: This is what I do here on this planet. To reduce suffering, I want to free people. I think people are pretty awesome. I think people are amazing, they super pro-social. They thrive in adversity. They will lose their life for their loved one. I think people are awesome. I think if they are free, if they are freed, then we would have amazing world for my kids.

Some participants, particularly those who understand relational frame theory and contextualist philosophically, expressed some concerns that the hybridisation of the approach by others in the ACT community risked diluting the effectiveness of the approach:

Andy 4: there's some recognition, increasing anxiety within the community. It could go the same way that mindfulness, it just becomes a fad, it's very poorly applied, and then kind of undermines itself

3.6. Becoming an "ACT person"

Drew 21: "I think when you go to a conference or you get to introduce to someone in psychology in the industry, they would say "Blah, blah, blah currently is an ACT person".

The idea that an individual identifies themselves as an “ACT person” was introduced by Drew, who also reflected that it may be a component of the phenomenon under investigation in the current study:

Drew 23: “I think talking to you about these things also makes me think that it's interesting you're looking at it, because maybe that wasn't your intention but you are also trying to explore how people become ACT people and what other things that ties people together to become involved in this.”

This type of observation by a participant was rare in the interview and includes the idea that “ACT person” is a professional identity that confers some notion of belonging to individuals, that potentially stretches across professions and infers some sense of belonging. As this central organising construct evolved throughout the analysis, it came to describe a process which transcends professional identity, to encompass the personal and the philosophical. The process of becoming an “ACT person” in the context of the current research involves being on a journey of change, and is linked to how one understands ACT. It is also interlinked with a feeling of belonging to a wider ACT community and involves learning through experience. Becoming an “ACT person” involves participants’ personal change and identity, it is interesting to note that the original aim of the research, to understand how practitioners apply ACT across more than one setting, is now situated as one category within this wider construct of becoming an “ACT person”; which involves a range of social, personal, psychological, behavioural and professional processes.

It is also interesting to note that ‘understanding ACT’ - which had been dropped from the research question at an earlier stage - ultimately emerged as a category of individuals’ processes. Indeed, five categories were eventually co-constructed by

the researcher from participants' accounts "Understanding what ACT can mean"; "Learning by doing"; "Expanding professionally"; "Transforming personally"; "Belonging to a social movement". These are depicted in the diagram below. The three additional processes depicted on this diagram, of "collaborational", "experiential" and "pragmatic yet idealistic", are explored in a further interpretation of the results in relation to the extant literature, which follows after the literature review.

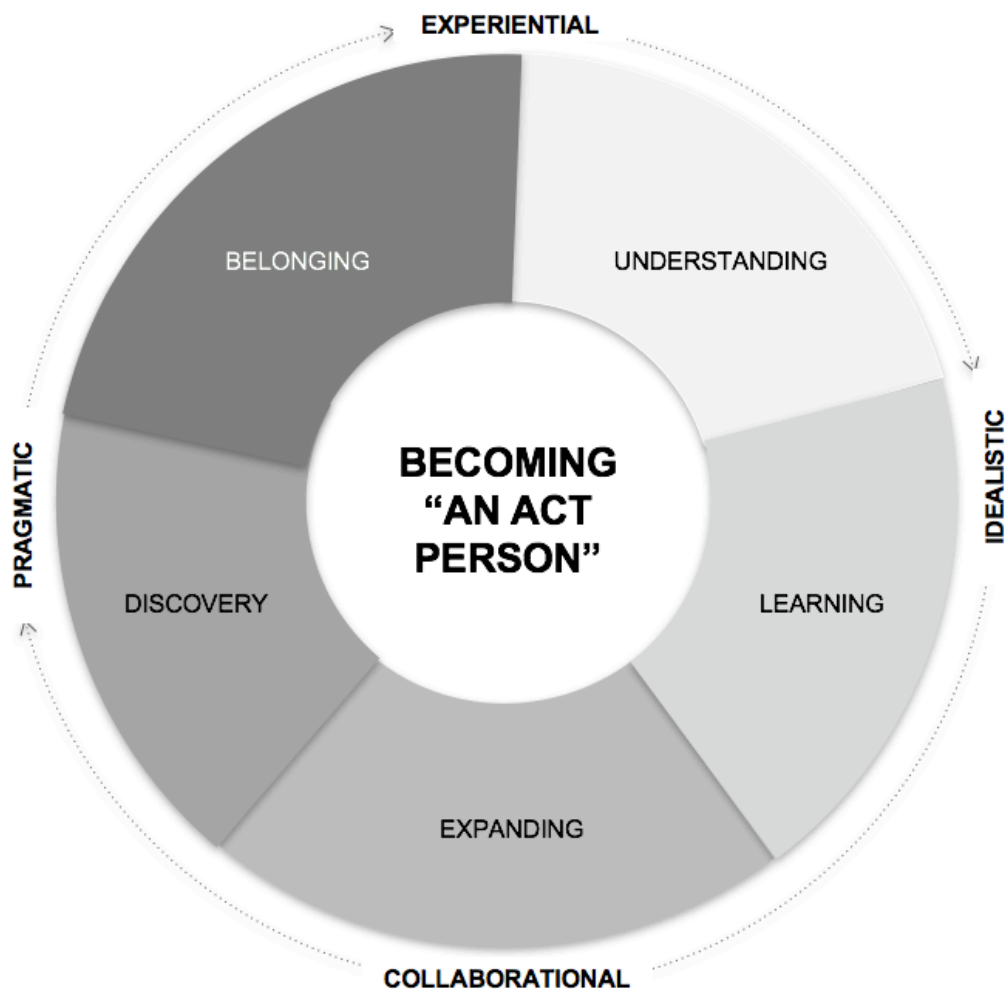


Figure 9: The central organising construct: Becoming an "ACT person" which constitutes five categories: "Understanding what ACT can mean"; "Learning by doing"; "Expanding professionally"; "Transforming personally"; "Belonging

to a social movement”, which are pulled together through a mix of experiential, collaborative and pragmatic processes

It is worth noting that the categories as described in this section overlap in places; they are not intended as distinct, ring-fenced, or standalone concepts as this would not reflect the nuanced complexity of the data provided in the interviews. However, taken together, all these processes help to explain what becoming an “ACT person” entails and means for the participants in the current study.

4. Discussion

4.1. Overview of the analysis

The purpose of this study was not to question or investigate the effectiveness of ACT, its links to basic science, its core processes, or the psychological flexibility model; all of which are supported by an extensive evidence base that currently runs to at least 42 meta-analyses and systematic reviews (ACBS: n.d. b). Rather, the aim was to explore the processes involved in how individual ACT practitioners apply ACT across more than one setting. The rationale for this was supported by the initial literature review and the pilot interviews, which illustrated the extent to which ACT is used across different applied fields.

The analysis reflects the research paradigm “co-constructing process”, which informed all aspects of the study: The questions asked by the researcher and the researcher’s interpretation of the responses given by participants in interviews. Given the extensive range of data collected and produced throughout this analysis, it was not possible to exhaustively present every sub-category or focused code that was constructed; nor would this add value to the overall analysis. Rather, the results attempt to portray a clear analysis that reflects the processes involved in participants’ accounts by examining any relevant categories and sub-categories until ‘analytical sufficiency’ was reached. It is hoped that by focusing on this humble but pragmatic ambition the findings meet the aims established at the outset of the study.

It should be noted that this analysis is only one possible co-construction of potentially endless variations and choices. It is based on decisions made by the researcher and participants on what to include in this study. It is not designed to

provide any generalisable theory, or a model that represents any single “truth”. Indeed, the term ‘Grounded Analysis’ was deliberately chosen to ensure there was no requirement to find a theoretical model – or even move towards one. The findings are presented simply as an analysis of twelve practitioners’ accounts of their experiences. Diagrams are used to assist the reader in navigating the findings, which some readers may perceive as an ‘explanatory framework’, or even a ‘move towards theory’. Such perceptions and conclusions are left to the reader’s discretion and none of them are right or wrong according to this researcher’s perspective. Rather, it is hoped the analysis represents the phenomenon under investigation, which was anticipated to focus on the actions and understandings involved in applying ACT across more than one professional setting. Ultimately this did form a large part of the analysis. However, participants also described important associated processes, which were not initially envisaged by the researcher and which have increased the depth of the study.

Analysis of twelve semi-structured interviews of ACT practitioners resulted in a refocusing of the research around the organising construct Becoming an “ACT person”. The five categories described above (“Understanding what ACT can mean”; “Learning by doing”; “Expanding professionally”; “Transforming personally”; “Belonging to a social movement”) are held together by three underlying processes; “collaborational”, “experiential” and “pragmatic yet idealistic”, which are now explored further.

4.1.1. An experiential process

Becoming an “ACT person” for the participants was a fundamentally experiential process which occurred alongside an academic and/or professional undertaking. The idea that ACT involves experiential learning is not new, and indeed this has

been the underlying thesis of the ACT founders and ACBS since its outset (ACBS: n.d. a; Hayes, Strosahl & Wilson, 1999). In the current study, all categories with the exception of category one heavily reflect the experiential processes involved in becoming an “ACT person”, which straddle learning, working and personal discovery. Notable ‘experiential’ sub-categories include 2a “working the ACT way”, 4a “finding a good fit” and 5a “gaining and sharing knowledge”; all linked together through the experiential nature of ACT. This reflects how ACT practitioners are encouraged to ‘live ACT’ outside of the professional realm, and to practice the use of ACT in their everyday lives and interpersonal relationships in order to develop competency and the ability to model ACT to their clients (Luoma, Hayes, & Walser, 2007; Vilardaga, Hayes, Levin & Muto, 2009).

4.1.2. A social process

Becoming an “ACT person” can be regarded as a social rather than an individual process, which involves a large extent of collaboration. This idea is evident throughout the analysis, perhaps most prominently in category five “belonging to the ACT community”, which discussed collaboration between peers in terms of supervision, sharing ideas and disseminating knowledge, as well as the idea that ACT is a social movement, which cannot exist without its individual members collaborating closely.

The idea of collaboration is also prominent in category 3 “expanding professionally”, which explicitly mentions the collaborative nature of working trans-diagnostically and refers to collaborations across settings, something which is also discussed in sub-category 3d “communicating and marketing ACT services”. The significant role of experiential learning in the ACT community and in particular the importance of attending conferences and experiential workshops run by leading and prominent

practitioner-scholars, is evident in the current analysis (see category 5) and is linked to the idea of “learning by doing” (category 2).

Practitioners disparate understandings of ACT and its theoretical underpinnings are also reflected in the ACT community: Some scholars advise ACT practitioners to familiarise themselves with RFT and contextual behavioural science prior to working with clients (Luoma et al., 2007); others position ACT as an approach that is accessible to any individual, regardless of their professional training or whether they have any understanding of RFT, CBS, or any other psychological or behavioural construct (Harris, 2008; Hayes et al., 1999). The idea that the ACT community is an idealist movement for global change is reflected in a study of advanced ACT practitioners that investigated aspects of learning and competency (Payvarpour, 2017).

4.1.3. A pragmatic yet idealistic process

Becoming an “ACT person” can be described as a ‘pragmatic yet idealistic’ process, which helps explains its multifaceted nature.

Understanding ACT as a trans-diagnostic container (sub-category 1b) and applying it trans-diagnostically (see category 3a) are contextual pragmatic choices that allow practitioners to expand their practices (category 3). Indeed, becoming an “ACT person” for the current participants involved the pragmatic expansion of professional practice as they adopt ‘idealistic’ positions about changing the world (category 5b). This reflects the trickle-down way in which ideas from ACT thought leaders are incorporated into psychological services (see category 3d), career decisions and changing professional identities (see category 4c).

Pragmatism and idealism are not mutually exclusive. Pragmatism is also contextual, and relates to the practitioners' choice and use of ACT as a perceived speedy and effective approach (category 2c). Pragmatism was involved in expanding professional practices and relates to the selective use of and interpretation of the ACT evidence in support of branching out to new business areas. For example, when practitioners exhibited creative ideas in terms of how to develop and market their products, services and personal brand (category 3d), this necessitated a pragmatic decision to extrapolate the evidence for ACT from one area (say, workplace wellbeing) across to other areas (e.g. consumer psychology). Such decisions are defended by pragmatism, such as adopting a trans-diagnostic position (e.g. that ACT is the ultimate container) and idealism (e.g. believing that ACT is potentially beneficial to wider society) as described in category 5b.

4.2. Further review of the literature

The preliminary literature review suggested that few qualitative studies have been conducted into how ACT is applied. Indeed, in comparison to the vast number of quantitative studies, RCTs and meta-analyses outlined in the preliminary literature review, a relatively sparse amount of qualitative studies have investigated the use of ACT. Therefore relatively little is known about individual practitioners' lived experiences, or the meaning-making associated with delivering or receiving ACT therapy or training. The initial sensitising literature review informed the decision to defer a full review of the qualitative literature until after completion of the current analysis. At that time this researcher was aware that ACT had been proposed as a trans-diagnostic unified model of behaviour change, which helps clients to align their goals with their core values and develop workable behaviours that enable them to move in the direction of a more valued personal and professional life (Hayes, Pistorello & Levin, 2012). This researcher was also sensitised to the idea that ACT

is more interested in the development of personal 'workability' than symptom reduction (Wardley et al., 2014), which suited qualitative enquiry across clinical and non-clinical domains.

The decision to refocus the research on the processes involved in delivering ACT across multiple settings was grounded in the data from the initial – pilot - interviews, not from the preliminary review of the literature as outlined above. Therefore, a more complete literature review was left until after the analysis was completed and is presented in the following sub-sections. The process of conducting a literature review at this late stage extends the constant comparison process (to comparing the current analysis against the extant literature) in the expectation that this will add depth to the discussion by highlighting any similarities and novel ideas that may raise questions and guide future research.

That said, the extant qualitative literature relating to ACT is sparse. Although the number of qualitative theses that investigate the experiences and processes of ACT practitioners and clients is rising; it could be construed that ACT scholars may be more concerned with validating the model through the use of quantitative measures and RCTs, than exploring such areas of investigation. Some process studies and transcript analyses can be found in books (e.g. Hayes & Twohig, 2008). However, such qualitative research has rarely been published in peer-reviewed journals. Indeed, prior to 2012 no high quality qualitative papers could be found and the literature was limited to isolated case studies and case series', which included some qualitative elements. Although the ACBS presents a list of twenty qualitative studies on its website (ACBS, n.d. b) and more can be found using online search databases and Google Scholar; some of these studies do not provide clearly defined qualitative method, making it difficult to assess how they have reached their findings (e.g. Casselman & Pemberton, 2015). Some focused more on service assessment

and user satisfaction rather than ACT as a modality, which limited their application to the current study (e.g. Goodwin, Cummins, Behan & O'Brien, 2016). Some provided insufficient qualitative findings (Casselman & Pemberton, 2015; Fogelkvist, Parling, Kjellin & Gustafsson, 2016). Some integrated ACT with other approaches to the extent that the extent or delineation of ACT processes was not obvious to ascertain, meaning any comparison would be fraught with difficulty (e.g. Mathias, Parry-Jones & Huws, 2014; Huestis et al, 2017; Thompson-Janes et al, 2014). This complexity of understanding, communicating and practicing ACT reflects the findings of the current study.

4.2.1. ACT practitioner qualitative studies

A small number of published qualitative studies into ACT practitioners could be found, one of which existed prior to the study commencing (Wardley, Flaxman, Willig & Gillanders, 2014) and three of which have been published while the study was being conducted (Tyrberg, Carlbring, & Lundgren, 2017; Klevanger, Fimland, Johnsen & Rise, 2018; Barney, Lillis, Haynos, Forman & Juarascio, 2018). All of these follow clearly stated qualitative data-collection, quality methods and procedures, and researcher reflexivity typically associated with high-quality qualitative enquiry (Guba & Lincoln, 1985; Ponterotto, 2006). This literature review investigates those qualitative papers, summarising their findings, in relation to the current study. as an increasing number of qualitative theses are being written, across diverse fields of interest. Indeed, one such thesis which examined the experiences of ACT practitioners is relevant to the current discussion and is therefore included in this literature review. These studies and a few more are now discussed, in relation to the findings of the current study.

Three qualitative studies (Wardley, Flaxman, Willig & Gillanders, 2014; Tyrberg, Carlbring, & Lundgren, 2017; Klevanger, Fimland, Johnsen & Rise, 2018) which studied the experiences of psychologists, nurses, and occupational therapists, respectively, will now be considered. All three were concerned with novice practitioners who had recently received ACT training in a workplace context.

In the first study, Wardley, Flaxman, Willig and Gillanders (2014) used an IPA methodology to analyse the experiences of seven practicing psychologists and one trainee, employed at the UK National Health Service, following a workplace ACT training course. This training broadly followed an established three-session protocol (Flaxman, Bond & Livheim, 2013). Three themes were developed. One discussed the role of participants' (somewhat contradictory) personal and professional past experiences, which impacted their experience of ACT training. A second explored participants' self-reflection throughout training, and discussed the blurred line between their role as practitioners and 'ACT trainees'. The final theme presented the impact and influence of the ACT training on participants' personal and professional lives. This final theme provided some insight into how participants used the ACT process of 'perspective taking' to distance themselves from their life struggles. Overall, the findings related the participants' experiences to core ACT and RFT processes. A key finding suggested that non-academic, experiential ACT training can be beneficial in terms of self-care and clinical practice for psychologists. The finding that participants' experience of training relates to the extent to which they engaged in the ACT training programme reflects the finding in the current study; that discovering ACT personally involves finding a good fit with participants' ethos and interest. Similarly to the current study, some practitioners had prior interest in mindfulness, which positively influenced their experience of ACT training. Indeed, the results discussed how the training fitted both intellectually and emotionally, and felt good. This reflects the current study's finding that practitioners

experienced their 'fit' with ACT as a 'felt sense' in sub-category 4c. "redefining my professional persona". Participants also reflected on how the mindfulness elements of ACT helped them with interpersonal relationships and working with challenging internal experiences , which accords with the sub-category "benefitting personally". In terms of understanding what ACT can mean, the participants drew parallels between the ACT training and mindfulness, CBT, hypnosis, psychodynamic, systemic and narrative therapies. Indeed, the study found that ACT gave practitioners a clear structure that pulled together their previous experience, religious beliefs and professional training, which reflects the idea of ACT as a pragmatic, acquisitive model and trans-diagnostic container (see sub-category 1b). Further the study suggested that participants emphasized 'experiencing' over didactic theoretical learning the theory, which reflects category 2, "Learning by Doing" in the current study. The study findings also pointed to a complex relationship between participants' experiences of CBT and ACT, which they regarded as 'similar but different'. However, unlike the current study, none of the participants framed ACT as the antithesis of second wave CBT. Rather they positioned the two as mutually inclusive, they also felt it reflected their religious/spiritual perspectives, which was not as evident in the current study.

In the second study, qualitative content analysis was employed by Tyrberg, Carlbring, and Lundgren (2017). This was conducted alongside a quantitative study; the authors explored nurses' experiences of using ACT in their daily work. It focused on the usefulness of and difficulties associated with implementing ACT as a trans-diagnostic treatment model for improving inpatient care. The study was based on interviews of ten psychiatric nurses who had participated in a minimum of three ACT workshops and subsequently used ACT in everyday ward work as both useful and/or difficult. Results suggested ACT was useful in alleviating patient symptomology, enriching the nurses' working lives, and helping them to relate to

their own inner experiences (thoughts and feelings). Perceived difficulties in using ACT included to a lack of time, and understanding the ACT model itself, which was interpreted using a three response styles model adapted from the psychosis literature (“Open, aware and active”: Oliver, Joseph, Byrne, Johns and Morris, 2013). This idea sits interestingly against the findings of the current study, which suggest that ACT can be understood on very different levels (sub-category 1c). Indeed, it supports the idea that although the ACT model can apply across clinical and non-clinical domains (see sub-category 3b) it may need to be communicated differently across different settings, taking into account prior training, life experience and the client group needs, which may require relabelling or redefining ACT processes (see sub-category 3d). Other findings are broadly in accord with the current study. For example, the usefulness of ACT to the nurses was derived from their flexible and broad application of the model reflects the current study’s findings that participants regarded protocols as guides rather than prescriptive scripts (see sub-category 2b). Further, the finding that staff encountered issues with applying the model across an organisational, individual and patient level reflects the current study findings that practitioners experiences challenges when expanding their practice from clinical or one-to-one settings to larger organisational settings. The study findings also accord with the current study finding that different practitioners gravitate towards their favourite ACT exercises and that this flexibility is appreciated (see sub-category 2b). The current study findings regarding “working the ACT way” (see sub-category 2a) regarding the adoption of ACT processes, mirror the nurse study (Tyrberg, Carlbring & Lundgren, 2017), which also found that values were helpful to their everyday working life. Indeed, the benefits of ACT extended to friends and family, similarly to the current findings (see sub-category 4b). The participants in that study found that combining new ACT knowledge with previous knowledge was particularly challenging, which may reflect the current study’s

findings that ACT is not always easily compatible with second-wave CBT and the medical model (see sub-categories 1a and 3b).

In the third study, Klevanger, Fimland, Johnsen and Rise (2018) investigated occupational rehabilitation therapists' experiences of facilitating an ACT-based 'return to work' programme in an inpatient setting. The study involved therapists who had recently received training from an ACT advisor. They used an IPA design that combined interviews with occupational rehabilitation therapists who were delivering the programme and participant observation of the rehabilitation program. The study, which sought to facilitate a discussion of participants' experiences of using a manualised ACT return to work approach, was again situated within the context of an RCT. The research found that therapists regarded the goals of the approach as a process, rather than a fixed outcome; supporting clients in building a more sustainable ongoing occupational life as well as a more meaningful life outside of work. Much of the analysis reflected therapists' reflections on their patients' processes of change, and their role in facilitating their movement towards a more engaged life, which was broadly in accord with the ACT processes of values and committed action. Indeed, the therapists found ACT to be meaningful as it allowed them to address their clients' lives, which elicited values connected to work participation and family life and ensured the programme was 'personally meaningful' to their clients. This again reflects the current study's emphasis on values as an important aspect of "working the ACT way" (see sub-category 2a). Indeed, the therapists placed great store in ensuring the rehabilitation program was 'personally meaningful', which reflects the important role 'personal fit' plays in discovering ACT personally (see sub-category 4a). Further, the occupational rehabilitation therapists described the utility of helping clients to actively move towards a meaningful life rather than clinical outcomes; they perceived ACT as a facilitative rather than an expert approach; they described ACT as comprehensive and multidimensional,

which allowed them to consider all aspects of life as relevant to the rehabilitation goal. These findings accord with the current study practitioners' positioning of ACT as a radical alternative to CBT and the medical model (see sub-category 1a), and their own experiences of ACT in their everyday life (see sub-category 4b).

Therapists described how they used a protocol in this group-based, research-oriented study, which aligns with the current study findings and that they stuck reasonably close to the protocol but adapted it in fairly minor ways, such as using a blackboard or paying closer attention to bodily sensations depending upon their personal preferences. This reflects both the ACT concept of 'workability' and the current study's finding that practitioners default to their favourite exercises, and adapted protocols accordingly (see sub-category 2b). Finally, the context of this study should be considered in light of the current findings; the study involved occupational rehabilitation therapists, who worked collaboratively with an ACT advisor, which reflects the collaborative nature of ACT work across disciplines (see sub-category 3a). Indeed, "Frequent reference to the compatibility between the ACT approach and RTW research also suggests that they engaged in a process of actively integrating the two goals." (Klevanger, Fimland, Johnsen & Rise, 2018: p.11) mirrors the current findings that as a trans-diagnostic model, ACT can be integrated with other approaches including the medical model (see category 3).

This literature review also considers two studies, which focused on advanced ACT practitioners, similarly to the current study. One, by Barney, Lillis, Haynos, Forman and Juarascio (2018) was limited in scope to examining the ACT process of values. The other, by Payvarpour (2016), is an unpublished thesis and is included in the current review with the caveat that its findings have not been through peer review, because (i) there is such a scarcity of qualitative studies of advanced ACT practitioners (ii) it followed a clearly presented, high-quality and rigorous qualitative methodology.

Barney, Lillis, Haynos, Forman and Juarascio (2018) conducted Thematic Analysis on semi-structured interviews based on topic-guided questions regarding the ACT 'valuing' process, with eleven experienced "ACT experts", defined as masters or doctoral level clinicians trained in, and currently using ACT. The purpose was to assess how 'valuing' is defined and measured, and make recommendations towards the development of a quantitative measure. The valuing process was found to involve three components broadly consistent with the ACT literature. The study findings suggested that valuing is a multifaceted process, interrelated to all the other ACT processes. Indeed, the psychologists in the study conceptualised ACT as a single interrelated construct, which seems to agree with the current study that practitioners can hold both simplified and complex understandings of ACT (see category one). This also potentially reflects the move from mechanism to process based methods as discussed in category 2 "learning by doing". Indeed, the researchers proposed that attempting to break down or distil the model into individual processes may not be particularly useful, which again reflects the processes involved in becoming an "ACT person". An aspect of this study pertinent to the current research is also how the participants were described; as clinical psychologists employed in academic or research settings and who all also worked in non-academic settings such as private practice or training (e.g. directing a clinic, facilitating workshops etc.). This tentatively supports the rationale for the current study to limit its focus to practitioners applying ACT across more than one setting. It also reflects the finding that more advanced ACT therapists tended to work trans-diagnostically across different disciplines and settings (see sub-category 3a) and the finding that experienced, clinically-trained ACT practitioners expanded their practices from clinical into non-clinical settings (see sub-category 3b). The choice of term "ACT experts" was interesting, when compared to the current study, where the participants strongly emphasised ACT's non-expert stance (see category 1a)

however there is no suggestions that the participants referred to themselves in these terms.

Payvarpour (2017) conducted an IPA study involving interviews with eleven advanced, experienced ACT practitioners who were clinical psychologists, recruited via the ACBS email listserve. It aimed to investigate how they learned the ACT model, and how it was related to their backgrounds and personal lives, with an emphasis on mindfulness and spirituality. In the thesis, five 'domains' were developed, which presents a useful comparison with the current study. The first domain "Different ways of learning ACT" outlined how the participants learned ACT through experiential workshops and via their background and interest in mindfulness. This highlighted how participants attended ACBS seminars, global conferences and workshops where Steve Hayes and other thought leaders presented, which closely reflects the current study's emphasis on gaining and sharing knowledge (see sub-category 5a). Similarly, the participants' interest in ACT was linked to their interest in mindfulness, which was also a key aspect of why the current study participants found ACT to be 'a good fit' (see sub-category 4a). The second domain "Experiences of learning ACT processes" cited participants' difficulties working with defusion, which reflects the current study findings that values were more problematic for clinical clients than clients with non-clinical presentation (see sub-category 2a); both studies participants' also agree that self-as-context is difficult to grasp, although Payvarpour highlighted the ACT process of 'creative hopelessness' which was not mentioned by participants in the current study, and did not emphasise 'self-disclosing'. Indeed, the clinical psychologists also positioned ACT as fundamentally aligned with, and an extension of other CBT models, with no suggestion that ACT is incompatible with second wave CBT; which differs somewhat from the practitioners in the current study (see sub-category 1a). Indeed, with certain clients they replaced the cognitive restructuring with cognitive

defusion, which supports the present study's finding that practitioners use and adapt protocols (see sub-category 2b) although in this case they adapted CBT protocols. It also reflects how current study practitioners described their processes of "incorporating and integrating ACT" (see sub-category 3c). However, the domain "Living a life impacted by ACT" included themes about the importance of values in practitioners' lives that were akin to 'purpose' as presented in the current study under the current category "Discovering ACT personally". This domain also discussed the impact of ACT on how practitioners deal with pain and suffering in their lives and how ACT has impacted their interpersonal relationships, which are reflected in the current study (see sub-category 4b) "Benefitting personally". This domain also included a theme titled "activism or pro-social activities" which closely reflects ideas presented in the current study in sub-category 5b "Being in a social movement". Indeed, although the two theses are structured somewhat differently, there are many similarities in the findings of these very different studies of experienced ACT practitioners, which may bear further scrutiny. A major point of difference between the two was the lack of any discussion of 'spirituality' in the current study, unlike Payvarpour's (2017) domain "ACT and spirituality" which was prominent because it was an explicit interest of the researchers. Similarly, Payvarpour (2017) did not reflect the current study's interest in how ACT is delivered across settings and therefore did not emphasise how ACT is communicated and marketed. It also had less emphasis on identity.

A few other practitioner studies have been conducted, which lack the same levels of rigour or 'thick description' as the above studies but nonetheless bear consideration in light of current findings. These include a Thematic Analysis by Pakenham and Stafford-Brown (2013) of written responses included in questionnaires from 43 postgraduate clinical psychology graduate students who had undergone an ACT stress management intervention and clinical training. Trainees described the

workshop as personally helpful and a professionally useful, alternative to CBT, which reflects the current study. The majority of participants found ACT techniques useful in their personal lives with defusion techniques and values cited in sample statements, which mirrors the current study findings. Participants reflected on how the approach is useful in dealing with stress, which is not explicitly covered in the current study, and which may be due to the may be due to the intervention being for 'stress management'. Findings that students intended to use ACT because they really like the concept and they connected with it personally reflected the current study findings. The fact that ACT training was presented as both 'stress management' and 'clinical training' reflects the current study's findings relating to communicating ACT creatively (see sub-category 3d).

Barker & McCracken (2013) studied the experiences of fourteen interdisciplinary team members who transitioned from delivering second-wave CBT to ACT in a pain management setting, using framework analysis. Many of the findings were not pertinent to the current study, as they were related to service service quality and were unrelated to the use of ACT. Further, many of the themes and sub-themes were supported by a single narrative excerpt and as such lacked 'thick description'. However, participants were positively inclined towards ACT's focus on values and an increased ability to be creative in how it is applied, rather than treatment processes, which reflects the current study findings. Most reported that the experience of the ACT model and methods had benefited them personally, which reflects the current study (see sub-category 4b). The study concluded that:

"A carefully pre-scripted protocol can help a therapist to deliver a treatment session. This can be a useful training method, particularly when a therapist is inexperienced. However, experienced therapists often, eventually, want freedom to respond to what happens in sessions based on their own

moment-to-moment observations and on their high level of existing skills.

We suggest that this requires setting aside the script” (Barker & McCracken, 2013; p. 103).

This closely reflects the current study findings on “Learning by Doing” that suggest practitioners move from protocol to process based application of ACT as their confidence grows (see category 2). This also reflects the idea of moving towards “what comes up” in the room (see sub-categories 2c and 2b).

2017 Moyer, Murrell, Connally & Steinberg (2017) conducted an analysis of ten, mainly third year, clinical psychology and counselling psychology doctoral students’ responses to a 5-item questionnaire following enrolment on an ACT course. This data was collected at 4-month follow-up, to add some perspective to quantitative results. Although the study functioned mainly as a service evaluation, some findings are relevant to the current study. Students preference for experiential exercises over traditional learning agrees with category 2a, and was linked to an enhanced capacity to appreciate both the client perspective and their own psychological processes. Several students indicated that the course had influenced how they communicate in intimate partner relationships, which agrees with category 4b. Finally, the study recommended the ACBS community to students seeking to explore ACT further, and emphasised that as a good way to network with ACT professionals, which is reflected in the current study findings (see category 5a “gaining and sharing knowledge”).

4.2.2. How ACT is positioned in qualitative studies

The idea that ACT is a pragmatic, speedy and efficient approach (see categories 2c and 1b) is potentially at odds with Klevanger, Fimland, Johnsen and Rise (2018) or

Tyrberg, Carlbring, and Lundgren (2017) who both reported that participants found ACT time-consuming in the context of their everyday work. This may be because most of the practitioners in the current study are psychologists who framed ACT in comparison to second-wave CBT. Whereas the occupational rehabilitation therapists and psychiatric nurses would have been trained in the medical model, and may have framed the intervention in comparison to medication, which is speedier to administer. The rehabilitation therapists were focused on exploring clients' willingness to explore their internal worlds, which although time-consuming was considered effective. The nurses also reflected on how lack of time prevented the use of the ACT model. In both cases this possibly reflects the fact that they were new to ACT and were still grappling with ACT processes and exercises while conducting everyday work, and as such they would not have developed the fluidity and precision of the more experienced practitioners in the current study (category 2c).

Indeed, "understanding what ACT can mean" raised a question of how, if ACT can be positioned as a pragmatic container, it relates to second wave CBT and the medical model. The idea proposed by some of the current study's practitioners that ACT is the antithesis of CBT is contrary to most of the findings in the above literature, particularly Payvarpour (2017), whose participants identified as CBT practitioners who use ACT, rather than "ACT people" who integrate other elements into ACT as a container. Indeed, those practitioners tended to regard ACT as a part of the wider CBT tradition and family of approaches, while choosing to eschew certain second wave constructions such as 'cognitive restructuring'. Indeed, the literature includes examples of how the two approaches have been pragmatically combined (e.g. Mathias, Parry-Jones and Huws, 2014).

Although ACT may be regarded as an acquisitive and integrative model, Hofmann & Asmundson (2008) have questioned if the approach adds any value above having pragmatically collected together a range of pre-existing exercises. Hayes et al (2006) propose that ACT is indeed capable of adopting and holding many traditional behavioural elements of second wave CBT such as goal-setting and exposure exercises, so long as they are consistent with ACTs underlying philosophy, and target the six core processes of ACT. This account provides some perspective on the current participants' understandings of what ACT can mean, as it allows both the conceptualisation of ACT as 'the ultimate' pragmatic, trans-diagnostic container and explains why the core second-wave proposition of 'thought restructuring' is anathema to ACT doctrine and may be 'swapped out' for defusion activities, rather than disregarding CBT in its entirety. Indeed, holding such a pragmatic, yet nuanced view of ACT supports the idea that ACT can be regarded on numerous different theoretical levels.

4.2.3. ACT non-practitioner qualitative studies

A small but growing literature on non-practitioner, client based studies now exists, which illustrates the extent to which ACT is being explored qualitatively. The findings of these studies are not included in the current review because they are not closely-enough related to practitioners' experiences of applying ACT to be useful. The scope of applied qualitative ACT research is illustrated by the few qualitative studies that have been published to date.

- Bacon, Farhall and Fossey (2013) investigated the experiences of nine outpatients in an ACT programme for psychosis using Thematic Analysis.
- Williams, Vaughan, Huws and Hastings (2014) conducted an IPA study of five caregivers who used ACT for family members with acquired brain injury.

- Thompson-Janes, Brice, McElroy, Abbott, & Ball, 2014 conducted qualitative interviews of an ACT-based group for parents of children with learning disabilities and behaviour problems were scored using Thematic Analysis.
- Mathias, Parry-Jones and Huws (2014) investigated client experiences of an acceptance based pain management programme that incorporated elements of ACT with mindfulness and CBT, focused on psychoeducation, goal-setting.
- Casselman and Pemberton (2015) studied an ACT-based parenting group for veterans with PTSD based on a brief qualitative element derived from 5 questions about their treatment experience at the end of the last session.
- Fitzpatrick and colleagues (2016) studied the experiences of 16 university staff, who undertook a 5-session ACT-based values workshop focused on values clarification and values-congruent behaviour, three months previously.
- Fogelkvist, Parling, Kjellin and Gustafsson (2016) conducted content analysis on 47 questionnaires, which contained three open-ended questions on body image which formed part of a RCT of ACT for individuals with eating disorders and negative body image.
- Wilson, Chaloner, Osborn and Gauntlett-Gilbert (2017) conducted an IPA study into patient experiences of ACT-informed physiotherapy in a residential pain rehabilitation programme.
- Gismervik, Fimland, Fors, Johnsen and Rise (2018) examined behaviour change relating to participants experiences of a trans-diagnostic ACT programme for occupational rehabilitation, using a qualitative focus group design.

- Thompson, Vowles, Sowden, Ashworth and Levell (2018), studied six participants' accounts of interdisciplinary ACT treatment for chronic pain management using Thematic Analysis.

4.2.4. Third wave practitioner qualitative studies

A qualitative review of fourteen studies of MBSR and MBCT practitioners' experiences of training by Morgan, Simpson & Smith (2014) found that it was important for practitioners to gain an experiential understanding of mindfulness, which is reflected in the current study (see sub-category 3.4.: Category 4). The review found that MBSR and MBCT practitioners struggled with overcoming challenges to daily mindfulness practice, which is not reflected in the current study, and which may be due to the lack of emphasis on formalised mindfulness practice in ACT (Hayes, Strosahl & Wilson, 1999). The benefits attributed to mindfulness included improved therapist self-care, wellbeing and self-compassion, which are similar to those found in the current study. While improvements in empathy (or shared humanity) and present moment awareness are not as prominent in the current study, possibly because these are not an end in themselves within the ACT model, which is more focused on psychological flexibility. Morgan and colleagues' (2014) suggested that experienced practitioners often feel isolated, which is the opposite of the finding in the current study relating to the ACT community (see category 5). However, mindfulness practitioners reported gaining similar skills in dealing with their internal experiences, which may be common across the third wave approaches.

As with the ACT literature, relatively few mindfulness studies have investigated advanced practitioners' experiences of delivering MBCT or MBSR, which Irving, Dobkin and Park (2009) suggest may be related to ease of access to student and

trainee populations as they undertake training, as opposed to qualified and experienced professionals who may be working in dispersed or solo practice settings. Further, Morgan and colleagues' (2014) synthesis also found that implementing mindfulness developed an increased openness on the part of practitioners to the internal experiences of their clients, which is reflected in the current study. This suggests that despite their theoretical differences, there may be common experiences across third wave disciplines and settings, which is reflected in the current study's finding that for some participants, discovering ACT was linked to a prior interest in mindfulness (category 4a: finding a good fit).

4.3. Assessing quality

4.3.1. Rigour

Rigour is as important to well-conducted qualitative research as validity and reliability are to quantitative design. Grounded Analysis as described in the current study offers an approach to coding and theme development that provides a high level of rigour. The key steps taken to ensure methodological rigour in the current study were: ensuring initial coding was done at the level of data unit; and continuously revisiting the original data to raise questions and respond to them at all stages of analysis until analytic sufficiency was reached, within the context of the research ambition and the practical limitations of the research context.

As with any qualitative study, the quality of analysis is not necessarily reliant upon recruiting a large number of participants, as would be the case in quantitative studies that rely on statistical power. Instead, qualitative research is evaluated by the way 'rigour' is applied throughout the process of analysis. This involved reflexivity, researcher immersion in the data, and generally prioritises how rich, or

'thick' the description of the data analysis is; such that it offers an explanation of participants behaviours in a way that is meaningful to the reader. Charmaz's (2014) key recommendations to remain open and stay close to the data, keep codes as simple and precise as possible, compare data with data, and move speedily through the transcriptions during initial coding, were followed in the current study. This helped to ground the research in the participants' narratives and reduce the amount of (researcher-centric) ideas based on personal experience and understandings. Indeed, the method that has been developed in the current study consists of Grounded Theory procedures and principles that enabled the rigorous analysis of the data, appropriate to the research aims and ambitions. Constant comparison was engaged in rigorously until it was felt that no new categories could add value to the analysis and any inconsistencies were taken into account.

As the current study is a Grounded Analysis and similar in some ways to Thematic Analysis (see sub-section 2.5.2) the study was assessed against Braun and Clark's (2006) fifteen point checklist, as provided below, and found to meet each of these criteria:

- The data have been transcribed to an appropriate level of detail, and the transcripts have been checked against the tapes for 'accuracy'.
- Each data item has been given equal attention in the coding process.
- Themes have not been generated from a few vivid examples (an anecdotal approach) but, instead, the coding process has been thorough, inclusive and comprehensive.
- All relevant extracts for all each theme have been collated.
- Themes have been checked against each other and back to the original data set.

- Themes are internally coherent, consistent, and distinctive.
- Data have been analysed rather than just paraphrased or described.
- Analysis and data match each other – the extracts illustrate the analytic claims.
- Analysis tells a convincing and well-organised story about the data and topic.
- A good balance between analytic narrative and illustrative extracts is provided.
- Enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase or giving it a once-over-lightly.
- The assumptions about the analysis are clearly explicated.
- There is a good fit between what you claim you do, and what you show you have done – ie, described method and reported analysis are consistent.
- The language and concepts used in the report are consistent with the epistemological position of the analysis.
- The researcher is positioned as active in the research process; themes do not just ‘emerge’.

Further, as this Grounded Analysis borrows significantly from constructivist ideas and methods, it was evaluated against the four evaluative criteria for Grounded Theory research proposed by Charmaz (2006): Credibility, originality, resonance and usefulness. These have been largely adopted in the current study except where they relate to theory generation, which was not a study aim. The remainder of this section responds to these four criteria.

4.3.2. Credibility

Credibility in the current study relates to the wide scope and richness of data collected that helps to inform the reader about the participants' lives. This researcher feels that he has gained a level of insight about their worlds that surpassed his expectations. He was intending to find out about how they applied ACT across different settings, but instead was allowed into their worlds, as they explained not only how they constructed ACT in practice, but how it was constructed in their minds, and gave him an insight into how they position themselves within their "ACT world", how they feel about others in the ACT community; the challenges they have faced and the benefits that have come to them from using ACT personally and professionally. Having completed thirteen semi-structured interviews (twelve of which were included in the analysis) with ACT practitioners this researcher found the amount of data to be sufficient for a Grounded Analysis that does not seek to develop a theory; but rather to explore participants' accounts in depth. Indeed, the process of investigating the data on a line-by-line basis generated a huge volume of codes to be analysed.

Credibility also pertains to the systematic comparisons made between observations and between categories throughout the analysis as described in the methodology section of this paper and the analytical procedures described. Indeed, a large amount of attention was paid to getting the methodology right, to ensure the resulting analysis would be credible. The process of returning to the data with incomplete understandings, or to revisit contradictions, exceptions and negative cases generated more data. Indeed, constant comparative method was applied throughout the study, as the analysis was revisited until analytic sufficiency was reached.

4.3.3. Originality

In comparing the findings of the current research to the extant literature there are some areas where the analysis supports the results from the small number of qualitative studies already conducted; examples of this include presenting ACT as an experiential learning process that confers benefits to practitioners in their professional life and interpersonal relationships. However, the idea of investigating the perspectives of participants who are applying a trans-diagnostic psychological model across more than one setting is original and some of the findings are novel; such as the emphasis on finding a 'fit' with ACT original ideas. Further, the idea that some ACT practitioners undergo a transformational journey that involves changing professional identity, appears to be new. This study also provides a deeper understanding of social and psychological processes that are experienced by ACT practitioners in the field; who professed to enjoy sharing their experience with a researcher and being asked questions that elicited reflective and thoughtful answers.

Further, the results of the analysis challenge ideas about how ACT is positioned with regard to CBT on the part of ACT practitioners; some of whom do not conduct research and do not normally share their thoughts and concerns with the wider ACT community. It extends the literature by providing insight into these practitioners' experiences through an exploration of how they understand and deliver ACT in their everyday practice.

4.3.4. Resonance

The categories in the resulting analysis richly portray the experience of becoming an "ACT person" from the viewpoint of the participants. They extend beyond the boundaries of the individuals concerned to touch upon aspects of identity and levels

of understanding that reveal the participants' assumptions about what ACT can mean for them, which it is hoped will offer them deeper insights about their lives and constructed worlds.

The categories in the current study cover a wide range of topics; from psychological theory and philosophy to the practicalities of building a practice through marketing and branding. Therefore, although the data was generated from semi-structured interviews, it could be said that it drew upon a wide range of participants' observations, relating to their inner worlds, their observations of how the ACT community functions, and about their application of ACT in everyday practice.

4.3.5. Usefulness

The study will hopefully be of use to anyone who is interested in learning more about ACT and how it is understood and applied in practice. More than that, it offers potentially useful ideas for practitioners, such as counselling psychologists, who may be looking to expand their practices; these would include insights into how to position, brand and communicate their services; how to work with protocols and perhaps even gain ideas of how to collaborate with other professionals and be more creative in how they apply ACT outside their area of core competence. Indeed, it may offer practitioners some ideas about how to become more involved in the thriving ACT community.

4.4. Reflexivity

4.4.1. Reflexive statement

I worked reflexively throughout this study, primarily through writing memos, which were central to my grounded analytic process. Sub-section 2.6.5. of the method section outlines how I used memos during data collection and analysis, coding and categorisation stages of the analysis. Memos were my primary reflective tool for capturing conceptual ideas, observations and changes in research direction, and immersing myself in the data.

Reflective and analytical memoing was helpful to my analytic process, as it helped to highlight my personal assumptions and allow me to reflect back and review the data from another perspective (Birks & Mills 2011). Memoing also helped me to reflect on how my own past experiences, personal interests, prior understanding of ACT and assumptions influenced the analysis (Charmaz 2006). How reflexivity has been interwoven throughout this paper is illustrated in the sections outlining my theoretical positioning (see sub-section 2.2.), my choice of a constructivist-informed method, and in how the method was implemented in practice through the application of grounded analytic method (see sub-sections 2.4.-2.6.). However, these details provide few insights into my personal research journey and the challenges and experiences it held for me. The following paragraphs therefore present some of these in a much more personal telling of my journey through this study.

My relationship to ACT

I first became interested in ACT when I was working as a business coach and found that my clients were looking for psychological interventions that would help them with their careers and performance. I had come across mindfulness and was

interested in the role of values in coaching, so I had attempted to integrate these elements together. I struggled through this time, starting a business but lacking the knowledge to take it forward, I suffered mental health issues and lost confidence. I attended counselling and coaching sessions, attended seminars and read popular psychology texts to try and understand myself and the issues I faced. It was this process that spurred my interest in counselling and psychology, which resulted in me going back to university as a mature student and forging a new personal and professional path. I was introduced to ACT at around this time from a coaching client and it seemed like an accessible model that already combined some elements I was somewhat familiar with; so I explored it while I worked through my undergraduate studies in Australia. I attended seminars in ACT, using it personally and with my coaching clients, observing my and their experiences as I started to understand the model. But as I had little understanding of psychology and no professional training in psychological science I felt like a fraud and sometimes worried that I might potentially be doing more harm than good. Hence my decision to train as a practitioner psychologist.

So, engaging in this research was an extension of my psychological journey. Because ACT felt familiar to me, I used it across many settings and I applied it personally for my own psychological development. However, these aspects of my personal experience were very much things I had taken for granted before I reflected on my research topic. I guessed that if I was studying ACT I would be advised to find an approach that would allow me to step back from any presuppositions I might have about the subject and how these could potentially impact the emerging data.

My interest in the specifics of this research also came through my personal experiences, observations and informal discussions with ACT practitioners about

how they deliver ACT in applied settings. At the start of this research I had delivered ACT in non-clinical and clinical settings, in group formats and one-to-one sessions, therapeutically and as a coach. These experiences and an awareness that ACT is being used increasingly across many diverse fields, raised questions in my mind about how practitioners understand and apply ACT.

Throughout my counselling psychology training, I was introduced to ACT as a 'third wave CBT'. However, it was when I applied ACT in my clinical placements that I came to scrutinise my lack of my understanding of ACT theoretically. I faced some challenges when delivering it in different settings, which required adherence to NICE guidelines and institutional protocols within NHS settings. However, I regard myself as being extremely lucky to have had some excellent supervisors who mentored and challenged me as I used ACT in collaboration with Cognitive Behavioural Therapy and Cognitive Analytic Therapy. So, I was not left to my own devices but instead I was challenged and questioned about my use of ACT and how I was integrating or blending it – I started to question my personal philosophical position. These clinical placements were occurring at the same time as my research, which meant that between the first iteration of my study design and the completion of the pilot interviews my appreciation of ACT and of applied psychological practice had grown immeasurably. This greater understanding influenced my interview style and technique, as I was more aware of my assumptions and I was also increasingly aware that my experiences – which initially seemed similar to those of my interviewees – were also quite unique to me. I believe this fostered a humility towards the data which stood the analysis in good stead.

My personal experiences therefore fostered my interest in how ACT is understood and applied in professional practice, which informed the initial research question of

this study. Further investigation revealed that ACT is increasingly used by counselling, educational, sports, coaching and organisational psychologists, as well as non-psychologists (e.g. nurses, general practitioners, speech and language therapists, social workers, counsellors, manual therapists, business coaches and consultants).

It seemed likely to me that practitioners from such different professions may regard ACT differently and such differences may influence how ACT is delivered in applied settings. Given the growth of ACT I determined there was a need to understand how it is delivered from the perspective of the practitioner, which calls for applied, practice-based evidence. However, the preliminary review of the literature suggested there has been limited exploration of how ACT practitioners (including those from diverse, non-academic, non-psychology, non-behaviour analysis, non-expert backgrounds) understand and construct the approach. I was wondering what practitioners' perspectives were towards ACT protocols; did they blend or integrate ACT with other modalities as I had done; and how they deliver ACT in therapy, coaching or training settings in applied practice. I did not expect that practitioners would be working across more than one professional setting (as I had done rather amateurishly, in my view), when this realisation hit me I was hooked and I wanted to find out more. There is no denying that this idea chimed somewhat with my personal experience of working with ACT, applying it in coaching and counselling environments, and blending it with other approaches. However, initially I was concerned that I was potentially too close to the data and this caused some reflection on my relationship to the research.

My relationship to the research

As I worked through this study one of the main threads of my reflexivity was my relationship to the participants, the data and the analysis.

Throughout the analysis I was aware that I was close to the study. In some respects I was perhaps unsure if I was an “ACT person” myself, and I was wary that I might be using this research study to try and help myself in some way.

While analyzing my participants’ descriptions of their understandings, actions and experiences as ACT practitioners, I was faced with my own personal understandings, actions and experiences in the same regard. This obliged me to engage in continuous reflection about my understandings, actions and experiences, which in many cases were – on the face of it - similar to some of those I was hearing and reading about. This process was initially very challenging, as I was unsure about grounded theory method and felt uncertain how to apply it, and whether it was the right methodology to apply to this study. At times it felt as if I was overthinking about - and second-guessing - my own biases and assumptions while having to decide the extent to which these may be influencing the analysis. Over time this became easier as I gained a greater awareness of my preconceptions and noticed them more easily, which allowed me to filter them more efficiently as I became more sensitised to the analysis. Through discussion in supervision I came to appreciate the rationale of applying a grounded theory type approach to the current study – particularly given my proximity to the research - this was a long and arduous process as I struggled at times to grasp some core aspects of grounded theory.

My ‘insider-outsider’ position

In relation to this study I perceived that the participants regarded me as an ACT 'insider' in their ACT worlds. This was evident in how participants engaged with the interviews, and even before interviews, perhaps as a result of participants being contacted through their professional ACT networks. This presumption of an insider position was challenging to negotiate at times. I discussed this in supervision and referred to the literature to help me to develop strategies to work with it (rather than minimise it). In doing so I found a position which I was at peace with - that straddled both insider and outsider without having to deny either (Dwyer & Buckle, 2009).

Although I used ACT personally and contacted participants through their professional networks, these were networks I had joined primarily in order to recruit ACT professionals for this research. I was not active in the ACT community so I felt like an 'outsider' in some regards. Further, in conducting this research I was wearing the hat of a trainee counselling psychologist and only one participant described themselves as a counselling psychologist. Adopting this 'researcher' persona helped to provide distance from my participants with resulting clarity and objectivity. Further, as someone who had dabbled in ACT, I was far from being a 'convert to the cause', rather I felt more like a 'healthy sceptic'; to the extent that I had to be aware not only of the challenges that accrue from being an insider (e.g. an ACT practitioner would be likely to have a predisposition to accept that ACT is beneficial) but also those that accrue from being an outsider (e.g. a researcher seeking to distance themselves from the source of their data may be over-skeptical of what participants might say). Further, I felt more of an 'insider' when interviewing participants who described themselves in terms of practitioner psychologists – who, like myself, had a less deep theoretical and philosophical underpinnings of ACT and who had been attracted to the approach because of its accessibility (e.g. through reading self-help books such as *The Happiness Trap*). I felt myself agreeing with some of their perspectives and empathizing with many of their experiences, which to some extent mirrored my own. Further, my background working in the private and

public sectors reinforced the feeling that I was an ‘insider’ when interviewing these participants. Indeed, to some extent this was true of nearly all the interviews, which often felt like a discussion between two psychologists because the interviews felt more fluid.

It felt different when I was interviewing the Behavior Analysts, when I felt like an ‘outsider’ as I was unsure of much of the technical jargon they used to describe the specifics of their work. In these cases I felt out of my depth at times, as if I could never quite grasp their perspective, and during the analysis of their interviews it sometimes felt like the research was ‘dulling down’ their contributions. I reflected on my insider-outsider position extensively and even refined my chosen ontological and epistemological positioning as I reminded myself that it is impossible to be inside anyone else’s head; and that all I could possibly hope to achieve is a rigorous, co-constructed analysis. Applying the abbreviated method as described above helped me through these challenges, particularly throughout the initial coding and memoing aspects as described above.

Getting stuck in the process

Undertaking this research at times seemed a massive task to me, this was largely due to the vast amount of data that is produced using Willig’s (2001) abbreviated grounded theory method. Indeed, there were many times when I felt as if I was drowning in data, with no clear idea how to navigate through it. Inertia crept in many times as I felt so stuck and – it’s sad to say that - instead of communicating with my supervisor or my peers, or seeking professional help to break the process down into small tasks, I became ‘stuck’. Over time I learned to work with rather than fight against my fears and concerns, recognising and engaging in helpful activities. I started using supervision more extensively. I stopped internalising my struggles,

started communicating with my supervisor and family, and engaged in less displacement activities. Upon reflection, I possibly spent far too much time on the methodology and coding activities, as I was continuously doubting myself.

Ironically, as I worked through the analysis I understood my own behavior in terms of classic experiential avoidance. Although I felt that ACT should help me to work through my stuckness, this knowledge at times exacerbated my struggles, which held up the progress of my research significantly. This experience of my research journey provided much cause for reflection upon my personal psychological and behavioural traps and my relationship towards ACT. Ultimately, I was able to complete this study. In the process I came to understand myself on a deeper level, and with a sense of great humility. Indeed, more than as an intellectual challenge, I look back on this thesis in the main part as my own experiential learning, which I hope to be able to use to the advantage of myself and my clients.

The assumptions I brought into the research

Conducting the research also caused me to reflect upon the assumptions I was bringing with me into the research. One example of this was an assumption that ACT and CBT had the potential to be usefully combined to the benefit of clients. When the participants discussed ACT in terms of how it relates to CBT this prompted an examination of my experience of using CBT in my clinical placement in an NHS wellbeing service. In my second year this was primarily based on the use of manualised protocols with handouts and exercises that undoubtedly helped me to build confidence. It was often surprising and rewarding to me to experience my clients' improving - according to the outcome depression and anxiety outcome measures used in the service. However, I struggled at times with the vast number of protocols used, which at times seemed – theoretically and practically - contradictory

and confusing to me. I fell into a trap of being overly critical of CBT because I was struggling to apply it, and this was reinforced by (i) a general discourse amongst my peers – and some academic staff - which frowned upon CBT for many reasons, and (ii) some evidence that CBT was becoming less effective, which supported the above discourse. So by the end of year two I was a fully signed-up CBT sceptic.

In my third year, I was encouraged to move towards using a more integrated approach to more complex presentations while using CBT. At this time I started to integrate mindfulness and acceptance aspects of ACT into my work and found this to be effective in terms of the CBT outcome measures (and more personally rewarding). Therefore my 'relationship' to CBT evolved, to become more nuanced and I felt that - when I worked in a trans-diagnostic way - I could easily integrate aspects of ACT and CBT without too much difficulty. As I interviewed the participants I realised that many of them had quite different assumptions about the relationship between ACT and CBT than I did. Indeed, some of them echoed my feelings and beliefs at the end of second year.

It was through memoing and reflection that (a) I came to understand the assumptions I held about ACT and CBT, and (b) I was able to use this knowledge to consciously try to be 'neutral' when discussing this topic or analysing the data relating to it. However, regardless of how 'neutral' I strived to be, I cannot deny that the very fact that I was interested in this topic is an example of how this research was influenced by my professional practice. Further, looking back at the research after it has been completed, I can also say that this worked both ways: The research has without doubt also influenced my professional practice as I have gained a greater understanding of how ACT works and a deeper appreciation that my understandings and assumptions may not be shared by peers or clients, which is deeply humbling.

The impact of the research on me

My research journey has been incredibly challenging, at times the research process has felt intimidating, tiring and deflating as I struggled with confidence issues and doubted my ability. At other times it has been stimulating, rewarding and inspiring as I gained confidence and moved through the process. Now, looking back I can see how the research has left a profound imprint upon me, which was wholly unexpected. This impact relates to how I applied a constructivist grounded analytic ethos to my research. For example, by using gerunds at the start of the research study I set in motion a process that continued to focus on 'actions'. Never before in any aspect of my life was I ever as focused on 'process' and less focused on outcome. Indeed, it was this absolute focus that led me to propose Grounded Analysis as an alternative to Grounded Theory; because I regarded 'theory' as an outcome in itself, which I did not want to be restricted to. While my naivety about Grounded Theory undoubtedly led to struggle and confusion along the way, I can now reflect that this was partly because I was looking for outcomes rather than enjoying the process at times. At the start of the research journey I was revisiting the data while attempting to make sense of the vast number of seemingly irrelevant codes, and this was extremely difficult. At some point in this process I realised I was attempting to impose a coherence on the data, rather than moving in flow with it. This reminded me of my struggles with applying CBT, and even issues I have experienced in my personal relationships. I found that the process of going through the research provided me with another angle through which to view my personal and professional relationships. I feel confident that having to endure this struggle in myself as I conducted this research will improve me as a practitioner. In this possibility I can see an unexpected link between my practice and research that also

helps me to end this phase of my training as I move towards working as a qualified psychologist.

4.5. Limitations

Every research study has limitations, which are generally related to the study design, the nature of the sample, or the work conducted. In terms of the sample, having such a heterogeneous group of practitioners is somewhat contrary to the usual application of Grounded Theory, and may have limited the depth of analysis. The focus on experienced, practicing ACT practitioners who are applying a trans-diagnostic model across different settings is a strength of the current study. However, given that the recruitment of ACT practitioners was conducted through online noticeboards, email groups and forums of the BABCP, ACBS, LinkedIn and Facebook professional interest groups relevant to Counselling Psychology and/or ACT, it was likely to represent a graduating sample, which is motivated and enthused about ACT enough to (a) frequent conferences, meetings and seminars and use online channels of communication, and (b) are sufficiently interested in ACT to respond to a request for practitioners. As such, it is likely that ACT practitioners who had less of an active interest in ACT – or indeed had negative experience of applying ACT in practice, would not know about or volunteer their time towards the study, as is the case with all self-selected samples.

It was notable that although recruitment was attempted through online professional channels frequented by counselling psychologists, including some online groups specific to this field, few counselling psychologists responded with an interest in participating in the research. This may mean they had no special interest in ACT, or had not experienced it in a positive way. It is normal when discussing limitations of a small-scale qualitative research study, to point to its small sample size, which

prevents any possibility of generalising the findings. However, this may not be a limitation, in the context of qualitative research that seeks to explore a limited amount of data on a deep level. That said, it is important to emphasise that the findings of this study cannot be extrapolated to any wider meaning than an analysis of twelve semi-structured interviews, of a diverse group of ACT practitioners.

In terms of study design, using an adapted version of an abbreviated version of constructivist Grounded Theory presented some limitations. This study adapted an approach that was designed for theory development in specific isolated settings, to a broad-ranging sample of practitioners across many disciplines and territories, which did not seek to develop a theory.

The study is subject to methodological limitations. The method of analysis used involved line-by-line coding and interpretative analysis, which emphasises the richness of the data, rather than the number of participants. However, data analysis was conducted largely without the assistance of technology, which limited the scope of the researcher to draw linkages between categories, the use in the study of a digital application geared towards the exploration of qualitative data may have enabled deeper analysis of the data. Further, although the findings and the process of analysis were shared to some extent in supervision, all the interviews and data analysis were conducted by one individual only, with no inter-rater or peer input, which will have reduced the quality. As the study encompassed practitioners who worked across many applied settings it may have been beneficial if the research had been conducted by a diverse group of researchers who could have discussed it from different perspectives. The method used in this study is qualitative and constructivist, as such the understandings of the researcher as co-creator of the analysis mean it cannot be taken to be a true account of the participants' experiences, rather it is an abstracted interpretation.

4.6. Questions raised and future directions

4.6.1. ACT research

The ACT community and qualitative enquiry

The findings of the current study suggest that the participants hold the founders of ACT in high regard and they perceive the ACT community to be led by prominent research-based clinical psychologists and behaviour analysts (e.g. see subsection 3.1.1.: Category 1); and they suggest that that ACT learning is disseminated through community events that profile these prominent thought leaders (e.g. see sub-section 3.2.1.: Category 2). However, constant comparison showed the current research had few qualitative studies to be compared to (see sub-section 4.2.), which raises the question of why this is the case. Could it be that the ACT community has not embraced qualitative research? It has been suggested that behaviour analysts hail from a more empiricist tradition and tend to have less interest in qualitative research because it does not involve experimental control (Thyer, 2012; Wolf, 1978). Such a reluctance to use qualitative data could stem from Skinner (1953), the founder of behaviour analysis, who posited that human behaviour can only usefully be studied from a scientific, objectivist perspective. Indeed, some of the ACT qualitative studies in the current literature review were feedback elements of quantitative studies or RCTs, which did not explore participants' accounts in any great detail beyond written responses in mixed methods approaches or service evaluations. Perhaps the growing ACT community could benefit from adopting and embracing qualitative enquiry, beyond the need for it to validate quantitative measures, or enhance quantitative studies such as RCTs.

Although more could surely be done to investigate why ACT qualitative research is historically under-represented in the literature, this section will focus on the opportunities for qualitative research that arise from the current study. Qualitative research provides a means to discover more about individual understandings, contexts and processes of psychological change that the standardised measures typically used in quantitative ACT research. Some possible future directions in this regard are proposed below. As evidenced by the scope of the current study, ACT is now being applied by professionals from many different disciplines including counselling and health psychology, nursing and other allied health professions. The potential therefore exists for an era of probing qualitative ACT research that seeks to explore areas that have been overlooked in the literature. Some future directions are now proposed.

ACT practitioner studies

The findings of the current study suggest that some practitioners engaged with, networked and collaborated within the ACBS and broader ACT community. Others preferred to work more independently away from the spotlight, with fewer links to the ACT community and the evidence base (see section 3.5.: Category 5). This raises the possibility that the literature may be skewed towards the former and raises the question of what can be done to include those who operate 'under the radar' from the ACT community and the ACBS. It is likely these practitioners' experiences and understandings have not been heavily researched and may be hidden because they are a difficult to reach sample (as they do not participate in ACT events or communicate regularly with other ACT professionals).

Participants in the current study tended to move away from protocols over time and developed courses and exercises based on their personal understanding of ACT

processes, philosophy and practice; particularly when delivering ACT in one-to-one settings (see sub-section 3.2.: Category 2). More research into the lives of experienced ACT practitioners could build upon this finding, particularly as the extant qualitative literature (see above literature review) is weighted towards training and student samples; presumably because those samples are relatively easy to gain access to and informed consent from.

Further, if - as the current study suggests - there is a move away from use of ACT protocols towards process-based applied practice (such as 'Hexadancing': see section 3.2.3: Category 2) this raises questions of how ACT processes are understood by advanced practitioners and then applied (when protocols are not adhered to). Indeed, such research would be important in gaining a fuller understanding of what ACT looks like in the field; particularly when practitioners' delivery will therefore be more closely linked to their personal understanding of ACT. After all, the participants in the current study who applied ACT one-to-one with clients did not base their work in any protocols (except those derived from group-work). Books are now being published that look more closely at how ACT skills can be delivered one-to-one (e.g. Villatte, Villatte & Hayes, 2015). Yet, there has been no exploration of how such skills actually look in everyday practice, away from academic institutions and the ACBS community. There is perhaps scope therefore to expand the research base into 'below the radar' areas of independent private practice, to conduct a meta-synthesis or narrative analysis of individual case studies to gain a greater understanding of how ACT is delivered in its many diverse forms.

Links between understanding and applying ACT

The current study highlighted how the participants held distinctive and differing understandings of ACT theory, practice and philosophy (see sub-section 3.1.: Category 1). This raises questions about how ACT practitioners understand and

construct ACT. For example, how do practitioners' perceptions influence their way of working and applying ACT in everyday practice? The current study also suggested that the current participants' held broadly similar trans-diagnostic positions – particularly working the ACT way (e.g. of 'working with the human not the diagnosis') and the belief that ACT can be universally applicable and beneficial (see sub-section 3.2.: Category 2). More research could be conducted to investigate how such beliefs may linked to how - and why - practitioners expand their practice into new areas. This also raises questions about how the evidence base relates to everyday practice; for example whether holding a trans-diagnostic belief increases willingness to work outside traditional competencies or expand professional practice into new professional areas.

Exploring ideas of 'fit' and professional identity

The current study findings suggest that practitioners' professional identity changes over time, as they became aligned with an approach that 'fits' their preferences and/or style (see sub-section 3.4.: Category 4). This raises questions of whether there is there a movement away from established labels such as 'counselling psychologist', 'clinical psychologist' towards 'ACT practitioner' and – if so - is this limited to the ACT community or indicative of a wider trend?

Also, the current research raises the question of whether the participants who dislike CBT because it did not fit their personal experiences, beliefs or styles were more likely to overlook the vast literature that supports it (see sub-section 3.1.1.: Category 1 and sub-section 3.4.: Category 4). Yet at the same time, participants were willing to adapt ACT for use across other settings regardless of whether there was no evidence base to support this (see sub-section 3.3.: Category 3 and sub-section 3.4.: Category 4)). One possibility could be that ACT practitioners are more

willing to take such risks because they are more psychologically flexible themselves. However, no research has been conducted to investigate this. Indeed the idea that practitioners are drawn to the modalities that suit their styles, experiences rather than the evidence base could usefully be investigated further.

All participants in the current study discussed how ACT was a good fit with their previous experiences, preferences or working styles (see sub-section 3.4.: Category 4). Some also described how they fell out of love with other mindfulness based approaches and CBT, and how ACT filled that gap for them (see sub-section 3.4.: Category 4.). This raises the question of whether this is a one-way process or if there are practitioners who have fallen out of love with ACT. No participants in the current study could cite any instances when ACT has not worked for them and most were not aware of any contra-indications in the literature. This raises the question of whether ACT research is dominated by those who already have a preference towards it, which suggests there is scope for more studies to be conducted that investigate the experiences of practitioners who found ACT to be lacking in some way, or ineffective; or who may have tried the approach and found it too challenging to use, or who stopped using it in preference for another modality. Again, this could be explored by qualitative practitioner studies.

4.6.2. ACT practice

The current study suggests that personal experience was as important as the evidence base in expanding participants' ACT practices, developing new exercises, courses, metaphors, products and services in areas beyond their original core training and areas of professional competency (See sub-section 3.3.: Category 3). Indeed, the findings suggest practitioners from diverse fields may potentially drift away from an evidence-based practice rooted in RCT-based protocols and

established evidence; towards a construction of ACT based on its underlying processes as they are individually understood, and practitioners' personal creativity.

A practical question for the ACT community and the ACBS is whether practitioners' development of diluted/hybrid versions such as some of those presented in the current study is good or bad (see sub-section 3.3.: Category 3). The current findings suggest there may be risks when practitioners expand their practice by applying ACT in ways that are unsupported by the evidence base (see sub-section 3.3.: Category 3); in terms of quality and how the ACT 'brand' is therefore perceived. This might suggest there is a need for quality control but how could this be policed? Or, on the other hand, if one takes the view that ACT is a manifestation of a wider worldview that everyone can benefit from the six core ACT processes, then is it worth compromising the evidence base for 'the greater good' of spreading the ACBS' mission to create a better world? The current research suggests there is no single answer to these questions, and individual positions will differ, but it is a conversation that needs to be had. It is hoped this research is a step in that direction.

The current study also found that participants' everyday practice tended to be pragmatic and collaborative (See sub-section 3.3.: Category 3). The findings tentatively suggest that the current practitioners' desires to work in new settings and with diverse clients may be linked to their trans-diagnostic viewpoint of human suffering and potential; and their assumptions about the applicability of the six core ACT processes across different settings (e.g. See sub-section 3.2.: Category 2 and sub-section 3.3.: Category 3). However, when attempting to expand their ACT practices the clinically trained participants struggled to work on an organisational level and non-clinically trained practitioners were nervous about working with clients presenting with clinical problems because of perceived risks and their duty of care.

This suggests there is scope for developing intra-ACT consultancy practices that could work across individual, group and organisational levels in developing novel and creative forms of ACT that can also form the basis for practice-based research (see more on this idea below). Indeed, this study suggests that the extent to which ACT is delivered as ‘evidence based practice’ varies significantly between practitioners, which suggests the literature may benefit from the adoption of more qualitative ‘practice based evidence’ studies.

4.6.3. Implications for counselling psychology

Given that counselling psychologists in the UK are employed across many areas where ACT is used, including the NHS, it is important that counselling psychology is involved in the discussion of what ACT is and where it is going. The current study highlights some implications and opportunities for counselling psychology practice and research, which are now presented.

Exploring crossovers and collaboration

Participants in the current study discussed how ACT can be used pragmatically and integrated with many different approaches, understandings and philosophies (see sub-section 3.1.: Category 1), yet none of them emphasised the role of the alliance in their client work. This suggests there may be scope for fruitful interaction with counselling psychology, which emphasises Humanism and the importance of developing personal agency by helping individuals to improve their personal circumstances according to their potential (Cooper, 2013). This person-centred ethos empathises the importance of the working alliance and ‘unconditional positive regard’ on the part of the practitioner – rather than any particular psychological model or approach (Rogers, 1957). Indeed, Rogers’ (1957) conceptualisation of

unconditional positive regard, nurturing, acceptance and helping people reach their potential are cornerstones of counselling psychology; which straddle the existential, cognitive behavioural, and psychodynamic approaches practiced within the profession. Comparing this to the findings of the current study, where participants adopted a pragmatic, flexible approach to their delivery styles when this was in service of the client (see sub-section 3.2.: category 2) suggests the two traditions share some similar values. Indeed, Ramsey-Wade (2015), posits that despite their dissimilar histories ACT shares much in common with existential-phenomenological therapy, such as the emphasis on non-pathologising positions, acceptance, values and the view of the self (Harris, 2013). This researcher also believes these two philosophical traditions may have much to offer each other. For example, keeping in mind the idea of 'unconditional positive regard' may be useful to ACT practitioners seeking to develop an empathic practice (Rogers, 1957).

Following completion of this research, this researcher has been able to stand back and reflect upon the opportunities that exist for crossover between the counselling psychology profession and ACT tradition. Hayes (2012) sees similarities between contextual behavioural science and the humanistic psychology tradition in that they are both inter-relational and emphasise aspects of self-actualisation; based on values, acceptance, as well as personal agency and working towards something bigger than oneself. Counselling psychology is characterised by the way it sets out to primarily explore individual ambition, expectations and lived experiences; and the incongruences that may exist between them (Cooper, 2013). This is achieved by focusing on each client as a unique individual, with a distinctive set of ambitions, goals and limitations that are reflected in their current situations (Cooper, 2009). Indeed, counselling psychology often seeks to identify and work with any incongruences between a client's life goals and their presenting issues (Cooper, 2013). This is similar to the ACT process of discovering what is important in one's

life through eliciting important values, which helps individuals to ‘become unstuck’ from fused beliefs, and move in the direction of more valued life choices and goal-setting (Hayes & Wilson, 1994). Cooper (2009) posits that working with clients to nurture their human potential rather than their pathologies and symptomologies, distinguishes counselling psychology from many other traditions (Cooper, 2009). This accords with ACT’s emphasis on the development of ‘psychological flexibility’, with any resulting reductions in psychological symptomology can be regarded as ‘beneficial side-effects’ (Hayes, Pistorello & Levin, 2012; Hayes, Strosahl & Wilson, 1999). Counselling psychology also encourages the pragmatic use of therapeutic interventions that are tailored to improving the lived experiences of individual clients, which fits well with the ACT goal of living a more purposeful life (van Deurzen-Smith, 1990; Hayes, 2004). Moreover, there is a shared value of working towards greater social good, which reflects the current findings (see sub-section 3.5.: Category 5). All the above similarities suggest there is scope to investigate further how ACT and counselling psychology may cross-over, interlink and overlap, and whether this could potentially inform new applied forms of applied practice that borrow from both traditions. Moreover, as the two disciplines have not engaged extensively, this leaves much scope for both collaborative working.

Collaborating trans-diagnostically

Participants in the current study discussed a willingness to collaborate with professionals from outside their tradition, which may be linked to their trans-diagnostic worldview (see sub-section 3.1.: Category 1 and sub-section 3.3.: Category 3). This presents areas for collaboration between ACT and counselling psychology scholars and practitioners. Cooper (2009) proposed that counselling psychologists seek to understand their clients through a trans-diagnostic lens, which offers an alternative to diagnostic nomenclature when seeking to understand the

uniqueness of each client. Moreover, trans-diagnosticism helps practitioners to avoid the ‘thingification’ (Levinas, 2003) that can result from clinical reductionism (Cooper, 2009). As ACT has been designed as a trans-diagnostic approach focused on the development of psychological flexibility (Hayes, 2004), with any resulting reductions in psychological symptomology regarded as beneficial side effects, it is congruent with this idea. Indeed, as a trans-diagnostic model focused on developing human potential and the creation of meaningful lives without a need to focus on clinical diagnoses and outcomes, ACT aligns with the core assumptions behind counselling psychology’s humanist ethos. Moreover, Payvarpour’s (2017) theme “ACT and its relation to other therapies” found that participants trained in humanistic psychology found ACT to contain many humanistic elements (see sub-section 4.2.) may reflect the current study’s finding that ACT is an acquisitive model that can contain many other approaches (see sub-section 3.1.: Category 1) and suggests there is scope for further collaboration between the two traditions. The unique position of counselling psychologists specialised in integrative person-centred working, with skills in applied qualitative research, presents them with the possibility to influence the development of ACT. Counselling psychology applied practice involves the integration of ideas and ways of working that may result in new approaches to applying ACT from a more humanist, person-centred perspective. Indeed, there is no reason why the ACT community cannot benefit from learning more about the importance of deep human contact in helping clients to reach their potential (Rogers, 1961).

Supervision and training

One aspect of ACT training and supervision, as described by the participants in the current study, is the emphasis on peer-led training within the social context of ACT and the ACBS community. Although the ACT community has been led by a group of

prominent scholars - as discussed in the current study (see sub-section 3.5.: category 5) - the ACBS has made a conscious decision to attempt to create a peer-led, flat structure where interested professionals can share information and engage in peer-led training (ACBS: n.d. a; ACBS, n.d. c; Hayes, Strosahl & Wilson, 1999).

For example, the ACBS is actively embracing the 'Portland Model' of peer-to-peer supervision, which is one of the ideas that participants' reported trickling down to local ACT interest groups. The Portland Model encourages technical proficiency through observing processes and skills-building techniques, with little or no discussion of presenting issues (ACBS, n.d. c). practitioners to which may be cross-disciplinary and emphasise the development of practitioner skills in applying ACT processes (ACBS, n.d. c). This differs considerably from this researcher's experience of counselling psychology supervision, which has tended to focus primarily on the presenting problem, with additional focus on the therapeutic alliance (although, this is a very personal experience and not regarded as typical of the profession as a whole). Such a model of experiential skills-based supervision that deliberately omits a strong focus on pathology might be of interest to members of the counselling psychology profession.

This researcher also finds it interesting how his personal experience of being 'taught' ACT during his professional training as a counselling psychologist was so different in structure, content and tone than the experiences reported by the participants in the current study. For example, the participants regard ACT as being part of a wider social movement that is undergoing constant change, as it seeks to deliver on its mission to create a better world according to its values, as reported in category 5 in the results section (ACBS, n.d. a). However, within the context of counselling psychology training, ACT was positioned as a third-wave cognitive approach, without detailing its contextual and behavioural roots or its social

activism. This researcher believes that the 'teaching' of ACT to counselling psychology trainees could usefully reflect these social elements of ACT.

4.7. Conclusion

From the outset, this research did not aim to develop a substantive or generalisable theory. Indeed, this researcher felt that imposing such an ideal upon the research process felt at odds with the constructivist ethos he was adopting as a researcher. Rather a key research ambition was to highlight possible questions and issues that may warrant further investigation and new research directions, that might be of practical use to psychologists, clinicians and other professionals delivering ACT across different settings and disciplines, as well as researchers, students, educators and trainers who may be interested in finding out more about ACT (see sub-section 4.6.).

The study resulted in a grounded analysis focused around the organising construct "Becoming an ACT person", which comprised five categories "Understanding what ACT can mean"; "Learning by doing"; "Expanding professionally"; "Transforming personally"; "Belonging to a social movement" (see section 3.). Some findings, such as the emphasis on personal transformation and experiential learning are in accord with the extant literature (see sub-section 4.2.). Other findings are novel: Each practitioner has a unique way of understanding, constructing and delivering ACT (see sub-section 3.1.: Category 1). Participants' personal and professional identities evolved; as each participant started using ACT predominantly in their practice they identified - to differing extents - as an 'ACT person' (see sub-section 3.4.: Category 4). Delivering ACT to the participants involved belonging to a social activist movement seeking global change (see sub-section 3.5.: Category 5). The findings also suggest that the extent to which ACT is delivered as 'evidence based practice'

varies significantly between practitioners (see subsection 3.2.: Category 2 and subsection 3.3.: Category 3).

The current findings are important partly because they highlight through qualitative enquiry aspects of everyday ACT practice that have not been explored before, with implications for the disciplines of ACT and counselling psychology (see sub-section 4.6.). For example, some participants in the current study developed and delivered approaches they refer to as ACT, which are hybrid or adapted models that use some ACT exercises or draw – sometimes loosely - upon its philosophy. This raises questions about what ACT looks like in applied practice; outside of the research departments of universities, or the training seminars and self-help books that seem to be the mainstay of ACT training (see sub-section 3.4.: Category 4).

A co-founder of ACT, Hayes (2012) has expressed a desire to develop ACT by opening it to progressive, humanist ideas and perspectives. This can be achieved by increasing the amount of qualitative research conducted into the ACT tradition in general, and the role of ACT practitioners in particular. Counselling psychologists are well positioned to conduct this research, given the strength of the qualitative research tradition in that profession. Gaining a richer understanding of the experiences of ACT practitioners and the complexities involved in how ACT is applied across different contexts is essential to the development of the approach. After all, if there is little understanding of how ACT practitioners understand and apply ACT away from the view of the research-led ACT community, then it is impossible to understand what they are delivering. It is hoped the current study has moved some way towards bridging that gap.

Indeed, the findings of the current study suggest there is scope for conducting more research into the understanding and delivery of ACT by (a) experienced

practitioners who may have moved away from protocols towards their understanding of process-led practice, particularly in one-to-one work (b) practitioners who operate in private practice without links to research institutions or the ACBS community (c) practitioners – particularly those who are not clinically trained - who may have developed their own unique styles, exercises and process-based approaches they brand as ACT (d) practitioners who integrate ACT or collaborate with non-ACT practitioners in developing hybrid approaches (e) practitioners who market their services as ACT and ‘evidence based’ yet may hold different understandings of what ‘evidence-based’ means (f) practitioners who have found ACT to be ineffective or to have not fitted their personal style, and who may have therefore stopped using it (g) practitioners who expand their trans-diagnostic ACT practice across different settings. Moreover, this researcher calls for more qualitative and mixed-methods studies that rigorously explore practitioner (or other participant) experiences to be undertaken as standalone projects, rather than having them situated within an RCT. If conducted well they could serve to question the assumptions that underlie ACT, which would potentially strengthen the model, through adaptation and change.

In conclusion, the current study provides a rich analysis encompassing a wide-ranging body of data, which pertains to the processes involved in becoming an “ACT person”. It is hoped that this will be of interest to practitioners interested in ACT, particularly novices who may have a limited understanding of ACT as a ‘third wave CBT’ and who may be unaware of its wider social agenda. In addition, it is hoped that the findings will add value to the literature on how practitioners understand and use ACT, which may then inform how ACT is communicated, researched, explored and delivered.

References

- ACBS (n.d. a) Association for Contextual Behavioral Science. ACBS. Retrieved from <https://contextualscience.org/acbs>
- ACBS (n.d. b) Association for Contextual Behavioral Science. State of the ACT evidence. Retrieved from https://contextualscience.org/state_of_the_act_evidence
- ACBS (n.d. c) Association for Contextual Behavioral Science. Portland model of peer-to-peer consult. Retrieved from https://contextualscience.org/portland_model_of_peertopeer_consult
- Archer M, Bhaskar R, Collier A, Lawson, T. & Norrie, A. (1998) *Critical Realism: Essential Readings*. Abingdon, UK: Routledge.
- A-tjak, J. G., Davis, M. L., Morina, N., Powers, M. B., Smits, J. A., & Emmelkamp, P. M. (2015). A meta-analysis of the efficacy of Acceptance and Commitment Therapy for clinically relevant mental and physical health problems. *Psychotherapy and Psychosomatics*, 84(1), 30-36. <https://doi.org/10.1159/000365764>
- Atkins, P. W., Ciarrochi, J., Gaudiano, B. A., Bricker, J. B., Donald, J., Rovner, G., Smout, M., Livheim, F., Lundgren, T., & Hayes, S. C. (2017). Departing from the essential features of a high quality systematic review of psychotherapy: A response to Öst (2014) and recommendations for improvement. *Behaviour research and therapy*, 97, 259-272. <https://doi.org/10.1016/j.brat.2017.05.016>
- Bacon, T., Farhall, J., & 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. <https://doi.org/10.1017/S1352465813000209>

- Baker, C., Wuest, J., & Stern, P. N. (1992). Method slurring: the Grounded Theory/phenomenology example. *Journal of Advanced Nursing*, 17(11), 1355-1360. <https://doi.org/10.1111/j.1365-2648.1992.tb01859.x>
- Barker, E., & McCracken, L. M. (2013). 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(3), 98-106. <https://doi.org/10.1177/2049463713498865>
- Barker, K. (2015). *A Grounded Theory study of the role of interpersonal processes in community sexual offending group work programmes from a counselling psychology perspective*. Doctoral dissertation, London Metropolitan University. Retrieved from <http://repository.londonmet.ac.uk/id/eprint/1101>
- Barnes-Holmes, Y., Barnes-Holmes, D., McHugh, L., & Hayes, S. C. (2004). Relational frame theory: Some implications for understanding and treating human psychopathology. *International Journal of Psychology and Psychological Therapy*, 4, 355-375.
- Barney, J. L., Lillis, J., Haynos, A. F., Forman, E., & Juarascio, A. S. (2018). Assessing the valuing process in Acceptance and Commitment Therapy: Experts' review of the current status and recommendations for future measure development. *Journal of Contextual Behavioral Science*. <https://doi.org/10.1016/j.jcbs.2018.08.002>
- Beck, A. T., Rush A. J., Shaw B. F., & Emery G. (1979). *Cognitive Therapy of Depression*. New York, NY: Guilford Press.
- Birks, M., & Mills, J. (2011). Essentials of Grounded Theory. In M. Birks & M. Mills (Eds.) *Grounded Theory: a practical guide* (pp.11-26). London, UK: SAGE Publications Inc.
- Blackledge, J. T., & Hayes, S. C. (2006). Using acceptance and commitment training in the support of parents of children diagnosed with autism. *Child &*

Family Behavior Therapy, 28(1), 1-18.

https://doi.org/10.1300/J019v28n01_01

Bond, F. W., & Bunce, D. (2003). The Role of Acceptance and Job Control in Mental Health, Job Satisfaction, and Work Performance. *Journal of Applied Psychology*, 88(6), 1057-1067. <https://doi.org/10.1037/0021-9010.88.6.1057>

Bond, F. W., Flaxman, P. E., & Bunce, D. (2008). The influence of psychological flexibility on work redesign: Mediated moderation of a work reorganization intervention. *Journal of Applied Psychology*, 93(3), 645-654. <https://doi.org/10.1037/0021-9010.93.3.645>

Bowen, G. A. (2008). Naturalistic inquiry and the saturation concept: a research note. *Qualitative research*, 8(1), 137-152. <https://doi.org/10.1177/1468794107085301>

Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic Analysis and code development*. London, UK: SAGE Publications Inc.

Braun, V., & Clarke, V. (2006). Using Thematic Analysis in psychology. *Qualitative Research in Psychology*, 3, 77–101. <http://dx.doi.org/10.1191/1478088706qp063oa>

Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. London, UK: SAGE Publications Ltd.

Braun and Clarke (n.a.) Thematic Analysis: Frequently asked questions. Retrieved from: <https://www.psych.auckland.ac.nz/en/about/our-research/research-groups/thematic-analysis/frequently-asked-questions-8.html#41663f5798010827566a5f658efd7613>

Bunting, K., & Hayes, S. C. (2008). Language and meaning: Acceptance and Commitment Therapy and the EI model. In K. J. Schneider (Ed.), *Existential-integrative psychotherapy: Guideposts to the core of practice* (pp. 217-234). New York, NY: Routledge/Taylor & Francis Group.

Burr, V. (2015). *Social Constructionism (3rd Ed.)*. Hove, UK: Routledge

- Callaghan, G. M., Gregg, J. A., Marx, B. P., Kohlenberg, B. S., & Gifford, E. (2004). FACT: The Utility of an Integration of Functional Analytic Psychotherapy and Acceptance and Commitment Therapy to Alleviate Human Suffering. *Psychotherapy: Theory, Research, Practice, Training*, 41(3), 195. <http://psycnet.apa.org/doi/10.1037/0033-3204.41.3.195>
- Cameron, H., & Nunkoosing, K. (2012). Lecturer perspectives on dyslexia and dyslexic students within one faculty at one university in England. *Teaching in Higher Education*, 17(3), 341-352. <https://doi.org/10.1080/13562517.2011.641002>
- Casselman, R. B., & Pemberton, J. R. (2015). ACT-based parenting group for veterans with PTSD: Development and preliminary outcomes. *The American Journal of Family Therapy*, 43(1), 57-66. <https://doi.org/10.1080/01926187.2014.939003>
- Cayoun, B. A. (2011). *Mindfulness-integrated CBT: Principles and Practice*. Chichester, UK: Wiley-Blackwell.
- Charmaz, K. (1995). Grounded Theory. In J. Smith, R. Harre, and L. Langenhove (Eds.) *Rethinking Methods in Psychology* (pp.27-49). London, UK: SAGE Publications Ltd.
- Charmaz, K. (2000). Grounded Theory: Objectivist and Constructivist Methods. In Norman K. Denzin & Yvonna S. Lincoln (Eds.), *Handbook of Qualitative Research* (2nd Ed.) (pp.509-535). Thousand Oaks, CA.: SAGE Publications Inc.
- Charmaz, K. (2003). Grounded Theory. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp.81-110). London, UK: SAGE Publications Ltd.
- Charmaz, K. (2006). *Constructing Grounded Theory: A practical guide through qualitative research*. London, UK: SAGE Publications Ltd.

- Charmaz, K. (2009) 'Shifting the grounds: Constructivist Grounded Theory methods', in J. M. Morse, P. N. Stern, J. M. Corbin, B. Bowers and A. E. Clarke (eds), *Developing Grounded Theory: The Second Generation* (pp. 127–54). Walnut Creek, CA. University of Arizona Press, Routledge.
- Charmaz, K. (2012). The power and potential of Grounded Theory. *Medical Sociology Online*, 6(3), 2-15.
http://www.medicalsociologyonline.org/resources/Vol6Iss3/MSO-600x_The-Power-and-Potential-Grounded-Theory_Charmaz.pdf
- Charmaz, K. (2014). *Constructing Grounded Theory*. London, UK: SAGE Publications Ltd.
- Chilton, R., & Pires-Yfantouda, R. (2015). Understanding adolescent type 1 diabetes self-management as an adaptive process: A Grounded Theory approach. *Psychology & health*, 30(12), 1486-1504.
<https://doi.org/10.1080/08870446.2015.1062482>
- Ciarrochi, J., Robb, H., & Godsell, C. (2005). Letting a little nonverbal air into the room: Insights from Acceptance and Commitment Therapy Part 1: Philosophical and theoretical underpinnings. *Journal of rational-emotive and cognitive-behavior therapy*, 23(2), 79-106.
<https://dx.doi.org/10.1007/s10942-005-0005-y>
- City, University of London (n.d.). Professional Doctorate in Counselling Psychology. Retrieved from <https://www.city.ac.uk/courses/postgraduate/counselling-psychology-dpsych>
- Clarke, A. E. (2005). *Situational analysis: Grounded Theory after the postmodern turn*. Thousand Oaks, CA: SAGE Publications Ltd.
- Cooper, M. (2009). Welcoming the Other: Actualising the humanistic ethic at the core of counselling psychology practice. *Counselling Psychology Review*, 24(3/4) 119-129.

- Cooper, M. (2013). The Intrinsic Foundations of Extrinsic Motivations and Goals Toward a Unified Humanistic Theory of Well-Being and Change. *Journal of Humanistic Psychology*, 53(2), 153-171.
<https://doi.org/10.1177/0022167812453768>
- Cresswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. London, UK: SAGE Publications.
- Crotty, M. (1998) *The foundations of social research: Meaning and perspective in the research process*. London, UK: SAGE Publications Ltd.
- Cutcliffe, J. R. (2005). Adapt or adopt: Developing and transgressing the methodological boundaries of Grounded Theory. *Journal of advanced nursing*, 51(4), 421-428. <https://doi.org/10.1111/j.1365-2648.2005.03514.x>
- Dahl, J., Wilson, K. G., & 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. [https://doi.org/10.1016/S0005-7894\(04\)80020-0](https://doi.org/10.1016/S0005-7894(04)80020-0)
- Darby, M., & Beavan, V. (2016). Grist to the Mill: A Qualitative Investigation of Mindfulness-Integrated Cognitive Behaviour Therapy for Experienced Health Professionals. *Australian Psychologist*, 52(6), 491-502.
<https://doi.org/10.1111/ap.12215>
- Day, W. F. (1969). Radical behaviorism in reconciliation with phenomenology. *Journal of the Experimental Analysis of Behavior*, 12(2), 315-328. <https://doi.org/10.1901/jeab.1969.12-315>
- Dey, I. (1999). *Grounding Grounded Theory. Guidelines for Qualitative Research*. London, UK: Academic Press.
- Denscombe, M. (2014). *The good research guide: for small-scale social research projects*. Maidenhead, UK. McGraw-Hill Education (UK).
- Elder-Vass, D. (2012). Towards a realist social constructionism. *Sociologia, problemas e práticas*, 70, 5-24. <http://dx.doi.org/10.7458/SPP2012701208>

- Faulkner, S. L., & Trotter, S. P. (2017). Data Saturation. *The International Encyclopedia of Communication Research Methods*, 1-2.
<https://doi.org/10.1002/9781118901731.iecrm0060>
- Fitzpatrick, M., Henson, A., Grumet, R., Poolokasingham, G., Foa, C., Comeau, T., & Prendergast, C. (2016). Challenge, focus, inspiration and support: processes of values clarification and congruence. *Journal of Contextual Behavioral Science*, 5(1), 7-15. <https://doi.org/10.1016/j.jcbs.2016.02.001>
- Flaxman, P. E., & Bond, F. W. (2006). Acceptance and Commitment Therapy (ACT) in the Workplace. In R. Baer (Ed.), *Mindfulness-Based Treatment Approaches: Clinician's Guide to Evidence Base and Applications*. London, UK: Academic Press.
- Flaxman, P. E., & Bond, F. W. (2010). Acceptance and Commitment Training: Promoting psychological flexibility in the workplace. In R. Baer (Ed.), *Assessing mindfulness & acceptance: Illuminating the theory and practice of change*. Oakland, CA: New Harbinger Publications.
- Flaxman, P. E., Bond, F. W., & 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.
- Foucault, M. (1971). Orders of discourse. *Social science information*, 10(2), 7-30.
<https://doi.org/10.1177%2F053901847101000201>
- Fogelkvist, M., Parling, T., Kjellin, L., & Gustafsson, S. A. (2016). A qualitative analysis of participants' reflections on body image during participation in a randomized controlled trial of Acceptance and Commitment Therapy. *Journal of eating disorders*, 4(1), 29.
<https://doi.org/10.1186/s40337-016-0120-4>

- Gardner, F. L., & Moore, Z. E. (2007). *The psychology of enhancing human performance: The mindfulness-acceptance-commitment (MAC) approach*. New York ,NY. Springer Publishing Company.
- Georgaca, E., & Avdi, E. (2012). Discourse Analysis. In D. Harper & Thompson, A. R. (Eds.), *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners* (pp.147-162). Chichester, UK: John Wiley & Sons Ltd.
- Gerry, L. (2012). *Accounts of conspiracy beliefs within the general population: a Grounded Theory*. Doctoral dissertation, University of East London.
Retrieved from <http://hdl.handle.net/10552/1877>
- Giles, T., King, L., & de Lacey, S. (2013). The timing of the literature review in grounded theory research: an open mind versus an empty head. *Advances in Nursing Science*, 36(2), E29-E40.
- Gismervik, S. Ø., Fimland, M. S., Fors, E. A., Johnsen, R., & Rise, M. B. (2018). The Acceptance and Commitment Therapy model in occupational rehabilitation of musculoskeletal and common mental disorders: a qualitative focus group study. *Disability and rehabilitation*.
<https://doi.org/10.1080/09638288.2018.1490824>
- Glaser, B. G. (1998). *Doing Grounded Theory: Issues and discussions*. Mill Valley, CA: Sociology Press.
- Glaser, B. G. (2002). Constructivist Grounded Theory? *Forum qualitative sozialforschung/Forum: Qualitative social research* 3(3).
<http://dx.doi.org/10.17169/fqs-3.3.825>
- Glaser, B., & Strauss, A. (1967). *The discovery of Grounded Theory*. London, UK: Weidenfeld and Nicholson, 24(25), 288-304.
- Goodwin, J., Cummins, J., Behan, L., & O'Brien, S. M. (2016). Development of a mental health smartphone app: perspectives of mental health service

- users. *Journal of Mental Health*, 25(5), 434-440.
<https://doi.org/10.3109/09638237.2015.1124392>
- Guba, E. G., & Lincoln, Y. S. (1985). *Naturalistic Inquiry* (75th ed.). London, UK: SAGE Publications Ltd.
- Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp.105-117). London, UK: SAGE Publications Ltd.
- Guba, E. G. & Lincoln, Y. S. (2013). *The constructivist credo*. Walnut Creek, CA. Left Coast Press.
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field methods*, 18(1), 59-82.
<https://doi.org/10.1177/1525822X05279903>
- Hacker, T., Stone, P., & MacBeth, A. (2016). Acceptance and Commitment Therapy—do we know enough? Cumulative and sequential meta-analyses of randomized controlled trials. *Journal of affective disorders*, 190, 551-565.
<https://doi.org/10.1016/j.jad.2015.10.053>
- Harper, D. (2012). Choosing a qualitative research method. In D. Harper & A.R. Thompson (Eds.), *Qualitative Research Methods in Mental Health and Psychotherapy: A guide for students and practitioners*. Chichester, UK: John Wiley & Sons Ltd.
- Harris, R. (2013). *Getting unstuck in ACT: A clinician's guide to overcoming common obstacles in Acceptance and Commitment Therapy*. Oakland, CA. New Harbinger Publications.
- Harris, R. (2008). *The happiness trap: how to stop struggling and start living*. Boston, MA. Trumpeter.
- Harris, T. (2015). Grounded theory. *Nursing Standard*, 29(35).
<http://dx.doi.org/10.7748/ns.29.35.32.e9568>

- Hayes, S. C. (2004). Acceptance and Commitment Therapy, relational frame theory, and the third wave of behavioral and cognitive therapies. *Behavior therapy*, 35(4), 639-665. <http://dx.doi.org/10.1016/j.cpr.2007.09.003>
- Hayes, S. C., Barnes-Holmes, D., & Roche, B. (2002). Relational frame theory: A précis. In Hayes, S. C., Barnes-Holmes, D., & Roche, B. (Eds.) *Relational frame theory* (pp.141-154). Boston, MA. Springer.
- Hayes, S., Bissett, R., Roget, N., Padilla, M., Kohlenberg, B. S., & Fisher, G. (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. [https://doi.org/10.1016/S0005-7894\(04\)80022-4](https://doi.org/10.1016/S0005-7894(04)80022-4)
- Hayes, S., Follette, V. M., & Linehan, M. M. (2004). *Mindfulness and acceptance: Expanding the cognitive-behavioral tradition*. New York, NY. The Guilford Press.
- Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). Acceptance and Commitment Therapy: model, processes and outcomes. *Behaviour Research and Therapy*, 44, 1-25. <http://dx.doi.org/10.1016/j.brat.2005.06.006>.
- Hayes, S. C., Pistorello, J., & Levin, M. E. (2012). Acceptance and Commitment Therapy as a unified model of behavior change. *The Counseling Psychologist*, 40(7), 976-1002. <https://doi.org/10.1177/0011000012460836>
- Hayes, S. C., & Strosahl, K. D. (2004). *A practical guide to Acceptance and Commitment Therapy*. New York, NY. Springer Science & Business Media.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and Commitment Therapy: An experiential approach to behavior change*. New York, NY. Guilford Press.

- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2011). *Acceptance and Commitment Therapy: The process and practice of mindful change*. New York, NY. The Guilford Press.
- Hayes, S. C., & Twohig, M. (2008). *ACT verbatim for depression and anxiety: Annotated transcripts for learning Acceptance and Commitment Therapy*. Oakland, CA. New Harbinger Publications.
- Hayes, S. C., Villatte, M., Levin, M., & Hildebrandt, M. (2011). Open, aware, and active: Contextual approaches as an emerging trend in the behavioral and cognitive therapies. *Annual review of clinical psychology*, 7. <https://doi.org/10.1146/annurev-clinpsy-032210-104449>
- Hayes, S. C., & Wilson, K. G. (1994). Acceptance and Commitment Therapy: Altering the verbal support for experiential avoidance. *The Behavior Analyst*, 17, 289-303. <https://doi.org/10.1007/BF03392677>
- Hayes, S. C., Wilson, K. G., Gifford, E. V., Follette, V. M., & Strosahl, K. (1996). Experiential avoidance and behavioral disorders: A functional dimensional approach to diagnosis and treatment. *Journal of consulting and clinical psychology*, 64(6), 1152-1168.
- Hofmann, S. G., & Asmundson, G. J. (2008). Acceptance and mindfulness-based therapy: New wave or old hat?. *Clinical psychology review*, 28(1), 1-16. <https://doi.org/10.1016/j.cpr.2007.09.003>
- Hollywell, E. (2015). *Genuinely caring: compassion and the healing nature of the therapeutic relationship*. Doctoral dissertation, City, University of London. Retrieved from <http://openaccess.city.ac.uk/14549/1/Hollywell%2C%20Emma%20%28Redacted%29.pdf>
- Huestis, S. E., Kao, G., Dunn, A., Hilliard, A. T., Yoon, I. A., Golianu, B., & Bhandari, R. P. (2017). Multi-Family Pediatric Pain Group Therapy: Capturing

Acceptance and Cultivating Change. *Children*, 4(12), 106.

<https://doi.org/10.3390/children4120106>

Hulbert-Williams, L., Hochard, K. D., Hulbert-Williams, N. J., Archer, R., Nicholls, W., & Wilson, K. G. (2016). Contextual behavioural coaching: An evidence-based model for supporting behaviour change. *International Coaching Psychology Review* 11(2), 142-154. <http://hdl.handle.net/10034/620275>

Irving, J. A., Dobkin, P. L., & Park, J. (2009). Cultivating mindfulness in health care professionals: A review of empirical studies of mindfulness-based stress reduction (MBSR). *Complementary therapies in clinical practice*, 15(2), 61-66. <https://doi.org/10.1016/j.ctcp.2009.01.002>

Jacobson, N. S., & Christensen, A. (1996). *Integrative couple therapy: Promoting acceptance and change*. New York, NY. WW Norton & Co.

Kabat-Zinn, J. (1990). *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain and Illness*. New York, NY: Delacorte.

Kang, C., & Whittingham, K. (2010). Mindfulness: A dialogue between Buddhism and clinical psychology. *Mindfulness*, 1(3), 161-173. <https://doi.org/10.1007/s12671-010-0018-1>

Klevanger, N. E., Fimland, M. S., Johnsen, R., & Rise, M. B. (2018). Unfolding the values of work–therapists’ experience of addressing the return to work process in occupational rehabilitation based on Acceptance and Commitment Therapy. *BMC health services research*, 18(1), 303. <https://doi.org/10.1186/s12913-018-3035-8>

Kohlenberg, R. J., & Tsai, M. (1994). Functional analytic psychotherapy: A radical behavioral approach to treatment and integration. *Journal of Psychotherapy Integration*, 4(3), 175. <https://doi.org/10.1037/h0101264>

Larkin, K., & Thompson, A.R. (2012). Interpretative Phenomenological Analysis in Mental Health and Psychotherapy Research. In D. Harper & A.R. Thompson (Eds.), *Qualitative Research Methods in Mental Health and Psychotherapy:*

- A guide for students and practitioners* (pp.99-116.). Chichester, UK: John Wiley & Sons Ltd. <https://doi.org/10.1002/9781119973249>
- Levinas, E. (2003). *Humanism of the Other*. Chicago, IL: University of Illinois.
- Luoma, J. B., Hayes, S., & Walser, R. D. (2007). *Learning ACT: An acceptance & commitment therapy skills-training manual for therapists*. Oakland, CA: New Harbinger Publications.
- Madill, A., Jordan, A., & Shirley, C. (2000). Objectivity and reliability in qualitative analysis: Realist, contextualist and radical constructionist epistemologies. *British journal of psychology*, 91(1), 1-20.
<http://dx.doi.org/10.1348/000712600161646>
- Mathias, B., Parry-Jones, B., & Huws, J. C. (2014). Individual experiences of an acceptance-based pain management programme: an Interpretative Phenomenological Analysis. *Psychology & health*, 29(3), 279-296.
<https://doi.org/10.1080/08870446.2013.845667>
- Miller, R. (2016). *An Exploration of Mental Health Triage and Support in the Criminal Justice System: Attitudes and Experiences of Professionals Supporting People with Mental Health Needs*. Doctoral dissertation, University of East London. Retrieved from <http://hdl.handle.net/10552/5406>
- Mills, J., Bonner, A., & Francis, K. (2006). The development of constructivist Grounded Theory. *International journal of qualitative methods*, 5(1), 25-35.
<https://doi.org/10.1177/160940690600500103>
- Morgan, P., Simpson, J., & Smith, A. (2015). Health care workers' experiences of mindfulness training: a qualitative review. *Mindfulness*, 6(4), 744-758.
<https://doi.org/10.1007/s12671-014-0313-3>
- Moyer, D. N., Murrell, A. R., Connally, M. L., & Steinberg, D. S. (2017). Showing up for class: Training graduate students in Acceptance and Commitment Therapy. *Journal of Contextual Behavioral Science*, 6(1), 114-118.
<https://doi.org/10.1016/j.jcbs.2016.12.001>

- Murray, M., & Chamberlain, K. (Eds.). (1999). *Qualitative health psychology: Theories and methods*. London, UK: SAGE Publications Ltd.
- Oliver, C. (2012). Critical Realist Grounded Theory: A New Approach for Social Work Research. *The British Journal of Social Work* 42(2), 371-387.
<https://doi.org/10.1093/bjsw/bcr064>
- Oliver, J. E., Joseph, C., Byrne, M., Johns, L. C., & Morris, E. M. (2013). Introduction to Mindfulness and Acceptance-based Therapies for Psychosis, in Morris, E. M., Johns, L. C., & Oliver, J. E. (Eds.). *Acceptance and Commitment Therapy and mindfulness for psychosis* (pp.1-11).
<https://doi.org/10.1002/9781118499184.ch1>
- Öst, L. G. (2008). Efficacy of the third wave of behavioral therapies: a systematic review and meta-analysis. *Behaviour Research and Therapy*, 46, 296-321.
<https://doi.org/10.1016/j.brat.2007.12.005>
- Öst, L. G. (2014). The efficacy of Acceptance and Commitment Therapy: An updated systematic review and meta-analysis. *Behaviour research and therapy*, 61, 105-121. <https://doi.org/10.1016/j.brat.2014.07.018>
- Öst, L. G. (2017). Rebuttal of Atkins et al.(2017) critique of the Öst (2014) meta-analysis of ACT. *Behaviour research and therapy*, 97, 273-281.
<https://doi.org/10.1016/j.brat.2017.08.008>
- Payvarpour, M. (2016). *The process of acquiring competency in Acceptance and Commitment Therapy: An analysis of experiences of master ACT therapists*. Doctoral dissertation, The Wright Institute. Retrieved from:
<https://search.proquest.com/openview/9d98db5ce888b085d556a6b19bbbf01a/1?pq-origsite=gscholar&cbl=18750&diss=y>
- Pidgeon, N., & Henwood, K. (1997). Using Grounded Theory in psychological research. In N. Hayes (Ed.), *Doing qualitative analysis in psychology* (pp. 245-273). Hove, UK: Psychology Press/Erlbaum (UK) Taylor & Francis.

- Ponterotto, J. G. (2006). Brief Note on the Origins, Evolution, and Meaning of the Qualitative Research Concept Thick Description. *The Qualitative Report*, 11(3), 538-549. <http://nsuworks.nova.edu/tqr/vol11/iss3/6>
- Potter, J., & Wetherell, M. (1987). *Discourse and social psychology: Beyond attitudes and behaviour*. London: SAGE Publications Ltd.
- Powers, M. B., Zum V€orde Sive V€ording, M. B., & Emmelkamp, P. M. G. (2009). Acceptance and Commitment Therapy: a meta-analytic review. *Psychotherapy & Psychosomatics*, 78. <http://dx.doi.org/10.1159/000190790>.
- Ramsey-Wade, C. (2015). Acceptance and Commitment Therapy: An existential approach to therapy?. *Existential Analysis*, 26(2). 256-269. <http://eprints.uwe.ac.uk/25740>
- Reichertz, 2010. Abduction: The logic of discovery of Grounded Theory. *Forum qualitative sozialforschung/Forum: Qualitative social research* 11(1). <http://dx.doi.org/10.17169/fqs-11.1.1412>
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of consulting psychology*, 21(2), 95. <http://dx.doi.org/10.1037/h0045357>
- Ruiz, F. J. (2010). A review of Acceptance and Commitment Therapy (ACT) empirical evidence: Correlational, experimental psychopathology, component and outcome studies. *International Journal of Psychology and Psychological Therapy*, 10(1), 125-162. Retrieved from https://www.researchgate.net/profile/Francisco_Ruiz8/publication/224901847_A_review_of_Acceptance_and_Commitment_Therapy_ACT_empirical_evidence_Correlational_experimental_psychopathology_component_and_outcome_studies/links/0912f4fa52f6f4c6ce000000.pdf
- Ruiz, F. J. (2012). Acceptance and Commitment Therapy versus traditional cognitive behavioral therapy: a systematic review and meta-analysis of current empirical evidence. *International Journal of Psychology &*

Psychological Therapy, 12, 333-357. Retrieved online from
<http://www.ijpsy.com/volumen12/num3/334.html>

Segal, Z. V., Williams, S., & Teasdale, J. (2002). *Mindfulness-based Cognitive Therapy for Depression: A new Approach to Preventing Relapse*. New York, NY: Guilford.

Skews, R., & Palmer, S. (2016) Acceptance and commitment coaching: Making the case for an ACT-based approach to coaching. *Coaching Psychology International* 9(1). 24-28. Retrieved from
https://www.researchgate.net/profile/Stephen_Palmer5/publication/316455754_Acceptance_and_commitment_coaching_Making_the_case_for_an_ACT-based_approach_to_coaching/links/58ff2fba6fdcc8ed50d9525/Acceptance-and-commitment-coaching-Making-the-case-for-an-ACT-based-approach-to-coaching.pdf

Skinner, B. F. (1986). Is it behaviorism?. *Behavioral and Brain Sciences*, 9(4), 716-716. <https://doi.org/10.1017/S0140525X00052031>

Skinner, B. F. (1953). *Science and human behavior* (No. 92904). New York, NY. Simon and Schuster.

Smith, J., Jarman, M., & Osborne, M. (1999). Doing Interpretative Phenomenological Analysis. In M. Murray & K. Chamberlain (Eds.), *Qualitative health psychology*. London, UK: SAGE Publications Ltd.

Smout, M. F., Hayes, L., Atkins, P. W., Klausen, J., & Duguid, J. E. (2012). The empirically supported status of Acceptance and Commitment Therapy: An update. *Clinical Psychologist*, 16(3), 97-109. <https://doi.org/10.1111/j.1742-9552.2012.00051.x>

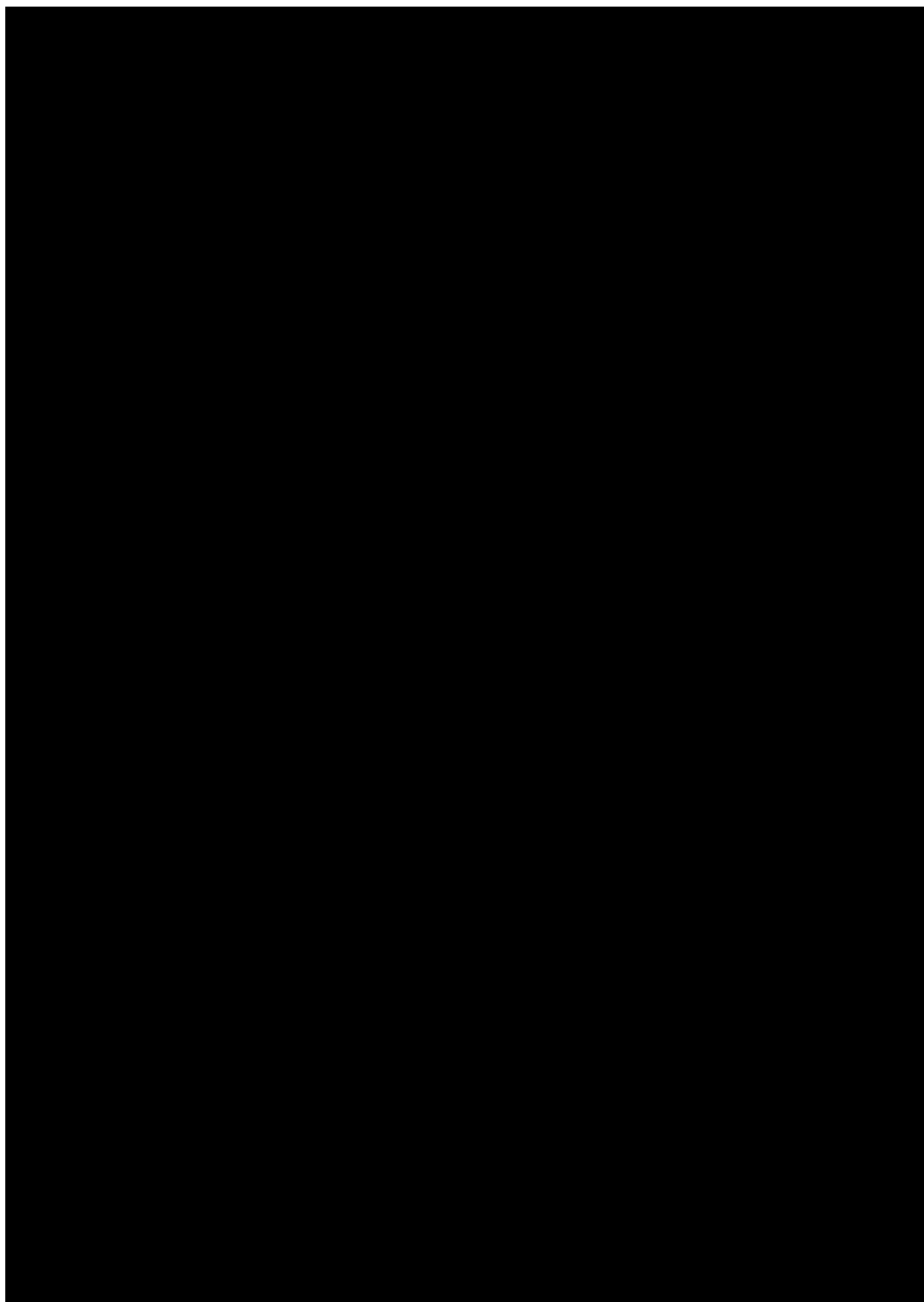
Stafford-Brown, J., & Pakenham, K. I. (2012). The effectiveness of an ACT informed intervention for managing stress and improving therapist qualities in clinical

- psychology trainees. *Journal of clinical psychology*, 68(6), 592-513.
<https://doi.org/10.1002/jclp.21844>
- Strauss, A., & Corbin, J. M. (1990). *Basics of qualitative research: Grounded Theory procedures and techniques*. Thousand Oaks, CA, US: Sage Publications, Inc.
- Swain, J., Hancock, K., Hainsworth, C., & Bowman, J. (2013). Acceptance and Commitment Therapy in the treatment of anxiety: a systematic review. *Clinical Psychology Review*, 33, 965e978.
<http://dx.doi.org/10.1016/j.cpr.2013.07.002>.
- Thompson, M., Vowles, K. E., Sowden, G., Ashworth, J., & Levell, J. (2018). A qualitative analysis of patient-identified adaptive behaviour changes following interdisciplinary Acceptance and Commitment Therapy for chronic pain. *European Journal of Pain*, 22(5). <https://doi.org/10.1002/ejp.1184>
- Thompson-Janes, E., Brice, S., McElroy, R., Abbott, J., & Ball, J. (2016). Learning from the experts: a Thematic Analysis of parent's experiences of attending a therapeutic group for parents of children with learning disabilities and challenging behaviour. *British Journal of Learning Disabilities*, 44(2), 95-102.
<https://doi.org/10.1111/bld.12115>
- Thyer, B. A. (2012). The scientific value of qualitative research for social work. *Qualitative Social Work*, 11(2), 115-125.
<https://doi.org/10.1177/1473325011433928>
- Tweed, A., & Charmaz, K. (2012). Grounded Theory methods for mental health practitioners. In A.R. Harper & D. Thompson (Eds.) *Grounded theory methods in mental health and psychotherapy: A guide for students and practitioners* (pp.131-146). West Sussex, UK. John Wiley & Sons, Ltd.
- Tyrberg, M. J., Carlbring, P., & Lundgren, T. (2017). Usefulness of the ACT model for nurses in psychiatric inpatient care: A qualitative content

- analysis. *Journal of Contextual Behavioral Science*, 6(2), 208-214.
<https://doi.org/10.1016/j.jcbs.2017.04.011>
- van Deurzen-Smith, E. (1990). Philosophical underpinnings of counselling psychology. *Counselling Psychology Review*, 5(2), 8-12.
- Varra, A. A., Hayes, S., Roget, N., & Fisher, G. (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. <http://dx.doi.org/10.1037/0022-006X.76.3.449>
- Vilardaga, R., Hayes, S. C., Levin, M. E., & Muto, T. (2009). Creating a strategy for progress: A contextual behavioral science approach. *The Behavior Analyst*, 32(1), 105-133. <https://doi.org/10.1007/BF03392178>
- Villatte, M., Villatte, J. L., & Hayes, S. C. (2015). *Mastering the clinical conversation: Language as intervention*. New York, NY: Guilford Publications
- Wardley, M. N., Flaxman, P. E., Willig, C., & Gillanders, D. (2014). 'Feel the Feeling': Psychological practitioners' experience of Acceptance and Commitment Therapy well-being training in the workplace. *Journal of health psychology* 21(8). 1536-1547. <https://doi.org/10.1177/1359105314557977>
- Williams, J., Vaughan, F., Huws, J., & Hastings, R. (2014). Brain injury spousal caregivers' experiences of an Acceptance and Commitment Therapy (ACT) group. *Social Care and Neurodisability*, 5(1), 29-40.
<https://doi.org/10.1108/SCN-02-2013-0005>
- Willig, C. (2001). *Qualitative research in psychology: A practical guide to theory and method*. Oxford, UK: Oxford University Press.
- Willig, C. (2013). *Introducing qualitative research in psychology*. London, UK: McGraw-Hill Education.

- Willig, C. (2016). Constructivism and 'The Real World': Can they co-exist? *Qualitative Methods in Psychology Bulletin*, 21. British Psychological Society. Retrieved from <http://openaccess.city.ac.uk/id/eprint/13576>
- Willig, C., & Stainton Rogers, W. (Eds.). (2017). *The SAGE handbook of qualitative research in psychology*. London, UK: SAGE Publications Ltd.
- Wilson, S., Chaloner, N., Osborn, M., & Gauntlett-Gilbert, J. (2017). Psychologically informed physiotherapy for chronic pain: patient experiences of treatment and therapeutic process. *Physiotherapy*, 103(1), 98-105.
<https://doi.org/10.1016/j.physio.2015.11.005>
- Wolf, M. M. (1978). Social validity: The case for subjective measurement, or how applied behaviour analysis is finding its heart 1. *Journal of applied behavior analysis*, 11(2), 203-214. <https://doi.org/10.1901/jaba.1978.11-203>
- Yovel, I., & Bigman, N. (2012). Acceptance and Commitment to Chosen Values in Cognitive Behavioral Therapy. *Meaning, mortality, and choice: The social psychology of existential concerns*, 379-397.
<http://dx.doi.org/10.1037/13748-021>
- Yurdakul, L., Holttum, S., & Bowden, A. (2009). Perceived changes associated with autogenic training for anxiety: A Grounded Theory study. *Psychology and Psychotherapy: Theory, Research and Practice*, 82(4), 403-419.
<https://doi.org/10.1348/147608309X444749>

Appendix 1. Ethics approval letter: PSYETH (P/L) 16/17 86



Appendix 2. Recruitment advert

Research Study

How practitioners apply ACT across multiple professional settings



Department of Psychology: City, University of London

You are invited to participate in a study that seeks to develop an understanding of how practitioners apply ACT across different settings and client groups, some of which may lie outside the typical boundaries of their core professional training.

For more information please e-mail [REDACTED]

The study "How ACT practitioners develop their professional practice" has been reviewed by, and received ethics clearance through the Psychology Department Research Ethics Committee, City, University of London [PSYETH (P/L) 16/17 86]. If

you would like to complain about any aspect of the study, please contact the Secretary to the University's Senate Research Ethics Committee on [REDACTED]

or via email: [REDACTED]

Appendix 3. Participant information sheet



Title of study: How practitioners apply ACT across multiple professional settings

We would like to invite you to take part in a research study. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Please feel free to ask for clarification about anything that is not clear or if you would like more information.

What is the purpose of the study?

Little is known about the process whereby ACT practitioners develop their professional practice as they apply ACT across different settings beyond the typical boundaries, settings and populations of their core professional training. This study seeks to investigate this phenomenon.

Why have I been invited?

You have been invited to participate because you are an ACT practitioner (you must be over the age of 18) who is part of the lead researcher's professional network, a member of an ACT professional interest group, or because you are part of the wider community of practitioners who have undertaken ACT training. Also, because the researcher believes you may have useful contributions towards this field of study.

Do I have to take part?

It is up to you to decide to take part or not. Participation is voluntary and you can choose not to participate in the study. You may choose not to answer any questions

on the information sheets or during interviews, which you may feel to be too personal or intrusive. Taking part in the research will not affect your employment status or rights. If you decide to participate you will be asked to sign a consent form. If you decide to participate, you are free to withdraw at any time up to two weeks after your initial interview, without any need to provide a reason. (Note, there may only be a single interview, or it is possible the researcher may request a further conversation to follow up on themes, which you would also be free to accept or decline).

What will happen if I take part?

First, you will be sent a background information sheet (biographical profile form) requesting brief details about you, your core professional training and areas of specialisation. You will be invited to complete and return this.

Please note that due to the nature of Grounded Theory research (see below), some individuals will not be selected for inclusion in the study, some will be selected towards the start of the process and others will be selected later in the process. This does not in any way reflect the views of the researcher about your standing. Rather, this will be for the purposes of ensuring data is gathered about the subject in question from a broad range of individuals, the focus of which can change as the researcher analyses the data and emerging theory.

Then, it is possible that you will be invited to participate in an interview with the lead researcher, which can be conducted face-to-face at City, University of London, or online via Skype, FaceTime or similar online application. If you are invited to participate you will be invited to give informed consent for your interview(s) to be

audiotaped, transcribed, and analysed (please note that no video recordings will be made).

Interviews are expected to last 60 minutes; however, it is advisable to leave 90 minutes to complete the process. You will be free to discuss any points of interest after this time, or to contact the researcher at any time with additional thoughts if you wish.

You will be invited to answer questions about your personal and professional processes, behaviours and motivations as they relate to how you deliver ACT.

You may be invited to make yourself available to provide feedback or for a further interview, if you wish.

What happens if I am not selected for an interview?

The process of research from this point will firstly be to interview ACT practitioners whose core training was intended for clinical/health settings, and who have developed their practice to include workplace/non-clinical populations. It is then intended to interview ACT practitioners whose core training was in workplace/non-clinical settings and who have developed their practice to include a clinical/health/wellbeing focus.

It is possible that, given the word count limitations of the doctoral thesis, we may be unable to interview all practitioners we would like to, in the event that this is the case for you, the lead researcher will contact you directly to discuss this.

Every person who expresses interest in participating will receive an email from the lead researcher - regardless of whether they are being interviewed or not – to thank them and inform them of the decision. In gratitude, you will also be able to receive a report of the study findings for your own interest, if you wish.

Will I meet the researcher?

Yes, if you are invited to take part in an interview with the lead researcher and can attend a face-to-face interview at City, University of London. However, if this is inconvenient, you will have the opportunity to meet him online if you consent to online interviews via Skype, FaceTime or similar online application. Interviews are expected to last 60-90 minutes at your discretion. You will also be free to contact the researcher at any time with additional thoughts, if you wish. It is possible that you will meet the researcher at ACT networking events, which he attends; it will be entirely your choice to divulge to others if you have participated or not. The researcher will not disclose details of your participation to anyone whatsoever without your explicit consent.

What research methodology is being used?

The study will use a Constructivist Grounded Theory (CGT) methodology, which is well suited to investigating processes within an area that is not well understood. In summary, the research aims to develop a better understanding of how ACT practitioners develop their practice to work across different professional settings.

CGT is characterised by the constant comparative method of analysis, which attempts to facilitate the development of theory; rather than the description of human-social processes that may accord with existing theory.

Throughout the CGT process, the research question evolves over time as it becomes progressively focused over time as new data is collected and analysed. The research is therefore grounded in the data, which should help the researcher to provide an explanatory framework of how practitioners apply ACT to areas outside the core competency of their professional training. The study will not attempt to serve as a definitive explanatory model of ACT in applied practice.

What happens if the focus of the study changes?

As is common in a CGT study, the focus of the research will change over time. You will be informed of any changes in focus that relate to your participation. This may mean that the researcher will contact you to invite you to participate in a follow-up interview you, which you are free to agree to or decline. If you feel the research study no longer applies to you, or for any other reason, you will be free to remove your data from the study. In this event, you will be contacted to thank you for your contribution and you will still be sent a copy of the final study report if you so wish.

Where is the research taking place?

Although the researcher will be based in England and all interviews will be conducted from within England and Wales, it is expected that some participants will be living outside this territory. Anyone resident outside of England and Wales will only be included if they are a member of a professional organisation with a code of ethics and guidelines that they have signed up to.

Expenses and Payments (if applicable)

This is a voluntary, unpaid research project.

What are the possible disadvantages and risks of taking part?

No issues of concern are expected to be raised because the research process will not touch upon any topics that should elicit feelings of distress. However, if you become distressed during your interview the interviewer will use his counselling psychology skills to help contain any distress at that time. He will then discuss with you how and where you may be able to seek further professional help, if required. The lead researcher will also provide contact details of therapists living in and outside the UK.

What are the possible benefits of taking part?

Participating in research provides a useful opportunity to reflect upon one's professional experience, and put it into a wider context. It is a way to contribute towards others, and to provide confidential feedback about how you apply ACT across different settings, to an independent third party. It is possible that potential future benefits will accrue to anyone who delivers or receives ACT therapy, coaching or training in the future.

What will happen when the research study stops?

When the research study ends you will be sent a debrief statement and will have an opportunity to discuss any queries with the researcher and/or his supervisor. You will also be sent a final report of the study, unless you request otherwise.

Will my taking part in the study be kept confidential?

The primary researcher will be the only person who has access to your data before it is de-identified

Your identity and contact information will not be linked to your transcripts and will not be used for any purpose other than to contact you in the course of this study

It is possible that your de-identified audio file may be transcribed by an independent third party, who has been contracted for this purpose, but who will not have access to your contact information

You will not be asked questions about your perceptions of individual practitioners, or to provide feedback on any individual you may have trained or worked with. Any names or other identifiable information you may provide in an interview will be removed during transcription.

All recordings and transcripts will be encrypted, stored securely at the researcher's home in a locked cabinet, and destroyed upon fulfillment of research requirements

The only restrictions on confidentiality would relate to any situation where reporting of violence, abuse, self-inflicted harm, harm to others or criminal activity is required to protect you, or others

What will happen to the results of the research study?

The de-identified results will be used for a doctoral thesis, and may be included in an academic paper, or published in an academic journal, or book.

What will happen if I don't want to carry on with the study?

All participants may withdraw from the study without an explanation or penalty up to two weeks after their initial interview (note: it is possible that only one interview will be conducted). Similarly, you will be informed if the focus of the study changes and you may withdraw your data at that time without consequence, if you wish.

What if there is a problem?

If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through the University complaints procedure.

How do I make a complaint?

To complain about the study, you need to phone [REDACTED] You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is: How practitioners construct and deliver Acceptance and Commitment Therapy.

You could also write to the Secretary at:

[REDACTED]

Secretary to Senate Research Ethics Committee

Research Office, E214

City, University of London

Northampton Square

London EC1V 0HB

Email: [REDACTED]

City, University of London holds insurance policies which apply to this study. If you feel you have been harmed or injured by taking part in this study you may be eligible to claim compensation. This does not affect your legal rights to seek compensation. If you are harmed due to someone's negligence, then you may have grounds for legal action.

Who has reviewed the study?

This study has been approved by City, University of London Psychology Research Ethics Committee, and received the identifier: PSYETH (P/L) 16/17 86

Further information and contact details

Michael Darby

Lead Researcher and Doctoral Candidate

City, University of London

Department of Psychology

Tel: [REDACTED]

Email: [REDACTED]

Michael is co-supervised by [REDACTED], who is contactable at the address below, and who may be contacted by email ([REDACTED]).

City, University of London, Northampton Square, Department of Psychology,

London EC1V 0HB

Tel: [REDACTED]

Thank you for taking the time to read this information sheet.

Appendix 4. Participant consent form



Title of Study: How practitioners apply ACT across multiple professional settings

Ethics approval code: PSYETH (P/L) 16/17 86

Please initial each box:

1.	I agree to take part in the above City, University of London research project. I have had the project explained to me, and I have read the participant information sheet, which I may keep for my records. I understand this process will involve: Completing a background information sheet (biographical profile form) with brief details about me, my professional training and areas of specialisation, and that this is for the purposes of selection for interview Participating in a one-to-one interview(s) with the lead researcher, which can be conducted face-to-face at City, University of London, or conducted by Skype, FaceTime or similar online application. Answering questions about my professional and personal history, competencies, training and processes Allowing the interview to be audiotaped, transcribed, and analysed (no video recordings will be made). Allowing de-identified audio recordings to be transcribed by trusted third party transcription services, if necessary. Possibly making myself available to provide feedback, or for a further interview at the request of the researcher, if I so wish	
2.	This information will be held and processed for the following purpose(s):	

	To ensure my personal accounts are reflected accurately by the researcher in the analysis To help the researcher answer the research questions of the study To help develop a wider understanding of how ACT is applied by professionals across multiple settings To provide data for a research thesis that may be published in a de-identified format in academic journals, books and online	
3.	I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to my employer, my fellow employees or any other party. No identifiable personal data will be published or shared with any other organisation whatsoever.	
4.	I understand that it is possible I may not be invited to participate in an interview, or that my interview data may not be included in the final study if the focus of the study changes over time to make me ineligible for inclusion. I also understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any time up to two weeks after my initial interview, without any need to provide a reason and without being penalised or disadvantaged in any way.	
5.	I agree to City, University of London recording and processing this information about me. I understand that this information will be used only for the purpose(s) set out in this statement and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998.	
6.	I agree to take part in the above study.	

_____	_____	_____
Name of Participant	Signature	Date

_____	_____	_____
Name of Researcher	Signature	Date

Appendix 5. Participant background sheet



Department of Psychology

City, University of London

How practitioners apply ACT across multiple professional settings

Thank you for your interest in this research. In order for us to select participants for this study we would be grateful if you could please complete this form and return to us. This information is used to help the researcher select participants, who may then be invited to participate in interviews. Please feel free to omit any information you wish.

Name:

Age:

Country of residence:

Preferred contact e-mail:

Skype address (if available):

FaceTime address if available):

Mobile number:

Professional accreditation

Please provide details of any professional organisation you are a member of, which has a code of ethics you subscribe to:

Core professional training and primary work setting

What was your core professional training or core discipline?

What is the primary setting you were trained to work in?

Developing/expanding your practice

What other professions or disciplines (if any) have you trained in to develop your practice?

What other settings have you worked in, to develop your practice?

Please add any other information you would like to provide:

Appendix 6. Participant debrief form



Department of Psychology: City, University of London

How practitioners apply ACT across multiple professional settings

Thank you for participating in this study

Many thanks for participating in this research study. By way of thanks, unless we hear back from you to the contrary, we will send you a report of the completed study for your interest.

I am aware that, on occasions, the interview process can trigger thoughts and emotions that are distressing. If you become distressed or concerned in any way following your involvement with this research project please feel free to contact me. I am available to support you entirely confidentially and to offer you assistance, if you feel you need further professional help. Alternatively, you might find it useful to visit a therapist in your area (please see the links at the bottom of this page) or you can visit your local Doctor's surgery for advice.

A recap about the research being undertaken

The current research aims to investigate how practitioners such as yourself develop their professional practice to include settings and client groups outside their area of core practice.

For this study, the researcher is adopting a constructivist Grounded Theory (CGT: Charmaz, 2014) methodology. This is a flexible approach that demands the researcher constantly review the data as he moves towards an emerging theory.

This process involves changing or (re)focusing research direction in response to the increasing amount of data. Therefore, the research question changes over time, as new data is collected and analysed.

CGT allows me to work towards an understanding of how practitioners apply ACT across different settings. However, results from the proposed research will not attempt to serve as a definitive explanatory model of how psychologists apply ACT to different settings. Rather, the findings will be presented as a small-scale exploration of the process of developing a professional practice.

It is hoped that the results will be of practical use to psychologists, clinicians and other professionals working across sub-disciplines, as well as educators and trainers who wish to keep abreast of changes to the marketplace of psychological skills training.

As you are aware, due to the nature of CGT, there is a possibility that as the research focus evolves, the data you have provided in your interview may become marginal or unsuitable for inclusion in the final data set. In such an event, you will be informed about this and offered the opportunity to either participate in a short follow-up interview, or withdraw from the study, if you wish.

I would like to take this opportunity to reassure you that regardless of how much of your data is used in the final study data set, the time you gave up to participate in an interview has been invaluable in the development of this research project.

Yours sincerely,

Mick Darby

Reference

Charmaz, K. (2014). Constructing Grounded Theory. London ; Thousand Oaks, California, Sage Publications.

Ethics approval code: PSYETH (P/L) 16/17 86

'Find a Therapist' listings online:

UK: A list of registered practitioner psychologists is available at this link:

<http://www.bps.org.uk/psychology-public/find-psychologist/find-psychologist>

UK: A list of registered counsellors and psychotherapists is available at this link:

<http://www.itsgoodtotalk.org.uk/therapists>

UK and International: A list of therapists who use ACT around the world is available at this link: <https://contextualscience.org/civicrm/profile?gid=17&reset=1&force=1>

SECTION 2: COMBINED CASE STUDY AND PROCESS REPORT

“Noticing thoughts and stories”

Facilitating acceptance and trust following complex trauma.

**The professional Practice Component of this thesis has been
removed for confidentiality purposes.**

**It can be consulted by psychology researchers on
application at the Library of City, University of London.**

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SECTION THREE: PUBLISHABLE PAPER

**Making the case for Grounded Analysis: A worked example of an abbreviated
Grounded Theory method**

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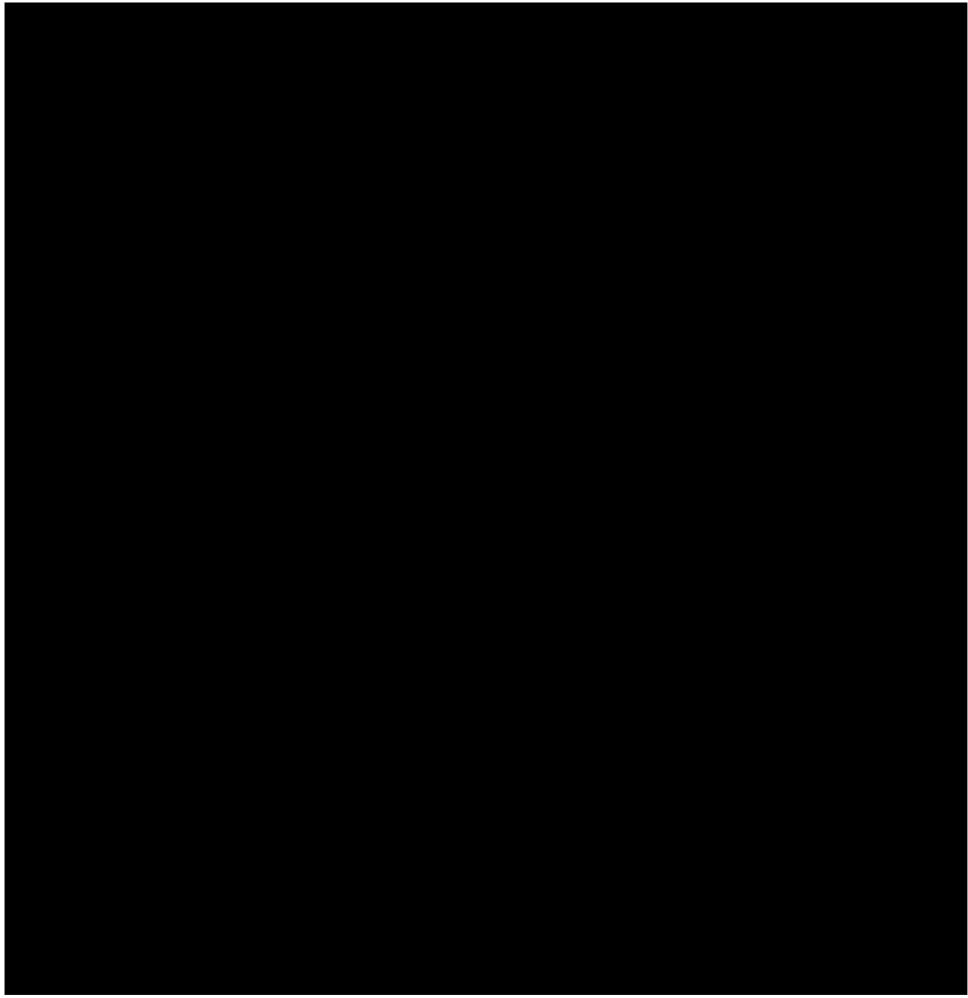
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