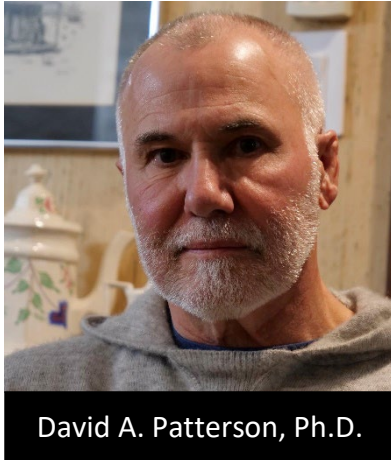


## Acceptance and Integration Training® (AAIT™): The Emergent Evidence Base



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Acceptance and Integration Training® (AAIT™) is an ahistoric, non-narrative iterative model of psychotherapeutic intervention that fosters a path for self-care, emotional regulation, and spiritual growth. AAIT™ interventions engage clients in an empowering approach to interpersonal and behavioral/emotional change that clients find to be both reliable and deeply transformative. While many traditional psychotherapeutic models attempt to unravel client stories to foster insight and effect change, AAIT™ focuses on uncovering energetic tensions and associated polarities keeping clients bound to maladaptive emotions, thoughts, and interpersonal patterns of interaction. AAIT™ employs a spectrum of protocols to integrate polarized psychological energies. Such

integrations tend to resolve the presenting problem, giving relief from suffering while contributing to spiritual wellbeing and wholeness.

The field of psychotherapy has grown through an integrative and iterative developmental process across its history. Even Freudian psychoanalysis, which is often seen as the foundational in psychotherapy, drew upon the Mesmer's work developing hypnotism, Charcot's research in neurology, and Pinel who altered understanding and treatment of the mentally ill in western culture.

AAIT™, Melanie McGhee, L.C.S.W., synthesizes her years of training in Gestalt Therapy, Self-Acceptance Training, Ericksonian Hypnosis, Transactional Analysis, Redecision Therapy, and the integration methods developed by her mentor, Serbian psychologist Zivorad Slavinski. The AAIT™ is centered in nondual philosophy and many of the practices and protocols can lead client to experience nondual states of awareness. In addition to these streams of psychotherapeutic practice, Willey (2021) has identified and described the theoretical and procedural linkages between AAIT™ and several well-established evidence-based practices, including Acceptance and Commitment Therapy (ACT), Mindfulness-based Cognitive Therapy (MBCT), and Eye Movement and Desensitization Therapy (EMDR).

There is a nascent and growing body of evidence supporting the efficacy and clinical utility of AAIT™. Evidence-based practices are commonly developed over the course of many years with the accumulation of research findings produced through increasing sophisticated and controlled studies. The "hierarchy of evidence" pyramid below illustrates the common steps in the process to produce higher quality, well-supported interventions and protocols.



To date, McGhee and other certified AAIT™ practitioners have accumulated numerous case reports of positive clinical outcomes produced by AAIT™ over the course of the last fifteen years. AAIT™ has developed and refined to address range of clinical problems including depression, anxiety, trauma, relationship problems, issues related to sexuality and gender, as well as emotional eating, phobias, addictions, health issues and psychedelic assisted psychotherapy. At its core, AAIT™ is contractual. It's based on what clients want to change,

in consultation with the clinician. This naturally lends itself to aligning with client goals and values.

There are currently fifty-one certified practitioners in eleven states. The development of this model has been influenced and refined through ongoing contact with the community of practitioners through Facebook, email, advanced courses, certification requirements and the AAIT™ Self Care Sanctuary. There is on-going confirmation of the utility and clinical efficacy of AAIT™ by these practitioners. Further, when a protocol does not seem to have the desired response, practitioners commonly utilize a more targeted or allied method to good effect.

Dr. Ali Winters (2018) conducted a qualitative study of seven AAIT™ practitioners, collecting information on their perceptions of the clinical usefulness of the interventions and professional and the personal impact of AAIT™ training. She reports the following.

1. "The overwhelming conclusion based on the data collected from the study participants is that AAIT™ is an exceptionally useful intervention for a variety of different client populations and problem areas."
2. When asked, "In what ways and under what conditions do practitioners not find AAIT™ useful in their practice?" Winters reports, "There was less data to analyze in answering this research question compared to the first research question. The appraisal of AAIT™ was overwhelmingly positive, which left little to construct a response to this research question."
3. "There are numerous personal as well as professional benefits of AAIT™ training among the practitioners who chose to participate in the study."

One of the protocols taught in AAIT™ is Primordial Energy Activation and Transcendence (PEAT). In a 2011 study, Fitch, Schmuldt, and Rudick (2011) tested the effectiveness of PEAT in reducing speech anxiety in a cohort of university students. A control group of 53 completed the CAI before and after giving their first speech in a Public Speaking course. An experimental

group of 14 volunteer students completed the CAI pre-speech and then participated in the 20-minute Basic PEAT protocol (Slavinski, 2005). Following the intervention, the students went to their classroom and delivered their respective speeches. Afterwards, these students returned to the intervention room and completed the post-speech CAI. The intervention group had a statistically significant drop in CAI scores compared to the control group ( $p = .002$ ).

One of the next planned steps in evaluating the efficacy and clinical utility of AAIT™ is study to be conducted this fall by Willey (2022, pp 8-9). The study will “explore the use of Acceptance and Integration Training protocols with college students to address depression and rumination. Using a pre-test post-test quasi-experimental design with a sample of college students who identify as experiencing rumination and depression symptomology, the study will involve teaching students specific Acceptance and Integration Training protocols to address identified ruminations to explore their impact as measured by reliable and validated measures for depression and rumination.”

In summary, the status of AAIT™ as an evidence-based practice can be thought of as an ongoing convergence of emergent research evidence, a growing body of the clinical practice experience the certified AAIT™ practitioners, and theoretical and contractual practice framework that emphasizes client values and goals.



([https://www.library.ucdavis.edu/guide/ebp-resources/ebm-ebp-venn-diagram\\_01/](https://www.library.ucdavis.edu/guide/ebp-resources/ebm-ebp-venn-diagram_01/))

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