

## **Timor-Leste ACT Training 2024, 3-5 June**

*Reflection by Eugene Koh  
Education Fund Sponsorship Recipient*

The Democratic Republic of Timor-Leste, with a population of 1.3 billion, is the newest country in Southeast Asia. Its independence was restored in 2002 after almost three decades of bloody conflict. It also experienced civil unrest in the mid-2000s. More than a decade has passed, and the impact of the conflicts on the mental health of the population is still very much visible. This became a recurring theme that we encountered.

We (Dr Nicholas Pang, Ms Wan Kah Mun, and I) were invited by the Psychosocial Recovery & Development in East Timor (PRADET) to conduct an introductory ACT course in Dili, Timor Leste. To the best of our knowledge, this is the first time ACT training has been conducted in the country.

PRADET covered some of our accommodation and local logistic costs, but the rest are entirely self-funded. Due to the currency exchange rates (USD is used in Timor Leste), the overall price was almost RM5000.00 per head for the one week we were there. As such, we requested support from ACBS MYS for financial support. Gratefully, we were each given a small sum from the educational funds to aid with the cost.

The project started with multiple roadblocks. Information about travelling in the country is scarce and often whitewashed or inaccurate. It took a while to gather the necessary information. Two weeks before our trip, we were informed that PRADET encountered an unpleasant clash with the local bureaucrats. They requested that we postpone the trip, which was impossible due to the extra costs that would be incurred. We had to make significant amendments to our training to ensure the trip was feasible. Luckily, the issue was resolved two days before departure, and everything went back on track. At this point, everyone in the team had agreed on one thing: we needed to maximise our psychological flexibility and make the trip.

After the initial welcoming sessions, we provided the training as planned. The training included 27 mental health practitioners, including counsellors, psychologists, social workers, and community nurses. On paper, they have basic training in mental healthcare, but they are well-versed in providing mental health support to their clients. The training provided has to adjust for this, reducing a focus on theory and increasing a focus on skills and techniques within specified contexts.

One particular context we encountered is the impact of the trauma that the country experienced. The context includes victims of trauma, perpetrators who were impacted by trauma, and mental health conditions that arise from the sequela of trauma in society. Basic introductory ACT does not address these well due to its generalised nature. We had to adjust and emphasise skills and techniques that can help with the context of “trauma” instead.

The language barrier was a significant challenge we faced. The common language used is Tetum, which shares some similarities with Bahasa, but the similarities are biased unilaterally. The participants could understand most of my conversations, but I couldn't understand them when they replied. I had to rely on a translator to ensure accurate communication. Some concepts, such as the ‘observer self’ from self-as-context, were unavailable in the local language. They have words for physical sensations and descriptors for thoughts, but the concept of ‘having oneself-observing oneself’ was indescribable in the local language. We



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tried different metaphors to explain it, but to no avail. Despite these challenges, the participant's mindfulness, i.e. the flexible focus and being present, were exceptional. Something I suspect is related to the absence of awareness of the earlier concept.

I experienced a lot of anxiety throughout. The lack of a consistent program plan, the inability to communicate fluently, and the difficulty in explaining concepts were anxiety-provoking. The anxiety manifested in my appetite and sleep. Interestingly, the experience was a familiar one. It reminded me of my earlier days when I started providing ACT training. I relied on my skills and techniques to maintain psychological flexibility as best as possible. I also ensured that I contacted the ACBS MYS team whenever I struggled with a particular experience. Our president, Ms Lim Sue-Anne, also constantly checked in on us to ensure that we knew that support was just a message away. I was reassured that I am still very aware of my shortcomings in my skills and that I have my back covered.

Overall, I think that the project was successful. We did not produce multiple ACT practitioners, but that is not the point. We enhanced the participants' skill sets on top of their already excellent work. We also laid the seed to expose them to ACT and laid down plans for further improvement and development. Would I return? Yes, if the opportunity arises again.