acceptance and commitment therapy for anxiety and/or depressive symptoms in people with brain injury

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Brain ACT

manual for therapists

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Maastricht University
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COLOPHON

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FORWORD

Dear ACT therapist,

Welcome! These are the instructions accompanying Acceptance and Commitment Therapy (ACT) which have been adapted to meet the needs and concerns of people with a brain injury. Along with these instructions for the therapist there is a workbook for patients. Additionally, audio recordings of session summaries can be made and links to mindfulness exercises can be given.

Existing ACT protocols have been adapted for potential consequences of brain injuries such as cognitive impairments, communication difficulties and fatigue.

The protocol consists of eight sessions in which the six ACT skills are discussed. From the process evaluation of this treatment we know that it is not always feasible to cover the complete protocol in eight sessions. Should this be the case, the protocol can be spread over ten sessions. Each session takes an hour. The sessions are generally structured in the same way. They start with a discussion about the homework. This is followed by an explanation of the ACT skills using a metaphor, then by practising these skills together, and a discussion about the homework for this week. The session is rounded off by a short summary of the session and its key points. Most sessions will start or end with a mindfulness activity. We recommend you provide the patient with links to those mindfulness activities that are commonly used in your country. We often give multiple options for a metaphor or an activity. You can then choose which activity or metaphor to use, but our preference is the one written first and that is underlined in the Table of Contents. Activities that are also in the workbook for the patients are marked in grey. At the start of the session, you can give the patient the relevant section of the workbook, and put it in their file to avoid them reading ahead. It is also possible to pre-emptively remove any activities and metaphors that you aren't going to use for this session from the workbook.

The order of the sessions is not set in stone. It is up to you to decide on the order in which you introduce the individual ACT skills. Based on the information from the intake, you can decide if it is best to start from the 'creative hopelessness' or the 'values' sessions. Do not introduce the session on values too late in the therapy. The pilot study has shown that it can be very valuable to follow up on 'committed action'. We also recommend that 'the self' should be addressed after 'defusion', as they fit together nicely (take a step back from your thoughts and take a step back from your thoughts about yourself). The session about the self also refers back to the session about defusion. The session about 'defusion and here & now' can also be used as a repeat of these skills. We recommend you end with the session called 'resilience'.

Each session is followed by homework. Discuss the homework at each session with the patient and make their assignments as tangible as possible. Discuss what would be the best time be for them to do their homework. This can be written down in the homework schedule in the workbook. In

addition, after each session a summary of the ACT skills and the activities that took place during the session is available. We recommend that you make audio recordings of the session summaries and provide them to the patient. Patients are able to read and/or listen to these summaries. Discuss with the patient if they prefer to read or listen, and encourage them to do so.

When you read through this workbook, you will notice that the 'life bus' metaphor is used repeatedly. It is a common thread throughout this protocol. This metaphor is used to explain each individual skill and to discuss all the skills together at the resilience session. There are also images of the bus in the workbook for the patients. Use these during your discussion of the metaphor. The patient may also want to take these images home and put them up somewhere as mnemonic memory device to apply the ACT skills at home.

A few general important points:

- If a neuropsychological assessment report is available, the cognitive strengths and weaknesses of the patients can be noted. This might be a good time to decide if they should listen to or read the summaries.
- During the sessions, pay close attention to the patient's level of fatigue to avoid them becoming overloaded.
- If necessary, take a break during the session or do a mindfulness activity.
- Regularly ask the patient if they are still able to keep up. Repeat any explanations of activities and/or metaphors as necessary. Keep the explanations short and as concrete as possible and don't say too much at one time.
- Explicitly discuss the relationship between the individual sessions and activities with the patient.
- The content of the protocol is not binding. That is, not all metaphors need to be used; it is better to explain one metaphor very well than to explain two very briefly.
- Encourage the patient to take photos of the activities on a whiteboard or flipchart. This way, the patient has the option to look at them at home. Make sure they actually complete the exercises in their workbook.
- If possible, use the patient's environment. If the patient is open to it, at the second session give the patient the folder about ACT for them to take home so that they can give it to a family member to discuss the therapy together. Add this to the homework tasks for that session. By getting acquainted with therapy and the various ACT skills, the family can ensure integration of the therapy goals and ACT skills into everyday life. Also, they will be prepared when the patient starts telling them about the therapy or the activities.

this protocol is based on:

- *Batink, T. (2017). Stop met vechten, start met leven! Een training gebaseerd op Acceptance and Commitment Therapy: ACT in Action (www.actinactie.nl).*
- *Farenhorst N., & Bol Y. (2016) Acceptance and Commitment Therapy In: Smits P, Ponds R,Farenorst N, Klaver R, Verbeek R. Handboek Neuropsychotherapie. Amsterdam: Boom.*
- *Hayes, S. C., Strosahl, K. & Wilson, K. G. (1999). Acceptance and Commitment Therapy: An experiential approach to behavior change. New York: Guilford Press.*
- *Jansen, G., & Batink, T. (2014). Time to ACT! Het basisboek voor professionals. Zaltbommel:Thema.*
- *Whiting, D. (2016). A trial of Acceptance and Commitment Therapy to facilitate psychological adjustment after a traumatic brain injury. Unpublished doctoral thesis. Wollongong University. Wollongong, Australia.*

Black and white illustrations in the workbook for patients: www.how2act.nl, illustrated by Lotte Berk and used with authorisation.

We would like to thank Peter Smits, Christianne Verwegen, Anja van den Hout, Tim Batink, and Chantal Geusgens for their substantial contributions and Loes Verstegen for the textual advice.

this treatment protocol has been developed as part of the Dutch BrainACT study, conducted at Maastricht University with financial support of ZonMw programme Mental Health. The rationale and description of the treatment can be found here:

- *Rauwenhoff J., Bol Y., Van Heugten C., Batink T., Geusgens C., van den Hout A., Smits P., Verwegen C., Visser A. & Peeters F. (2023) Acceptance and Commitment Therapy for people with acquired brain injury: Rationale and description of the BrainACT treatment. Clinical Rehabilitation;37(8):1011-1025.*

The control therapy in the BrainACT study comprised a combination of psychoeducation and relaxation exercises. Both therapies were equally effective in the short-term. In the long-term BrainACt is more effective in reducing anxiety and depression symptoms. Both therapies can be considered in consultation with the patient.

more information on the results of the BrainACT study can be found here:

- *Rauwenhoff JCC, Bol Y, Peeters F, Smits P, Duits A, Wijenberg M, Blok A, van Heugten CM. Acceptance and Commitment Therapy for people with depressive and anxiety symptoms following acquired brain injury: Results of the BrainACT randomized controlled trial. J Psychosom Res. 2024 Dec;187:111933.*
- *Rauwenhoff JC, Bol Y, Peeters F, van Heugten CM. Acceptance and Commitment Therapy is feasible for people with acquired brain injury: A process evaluation of the BrainACT treatment. Clin Rehabil. 2024 Apr;38(4):530-542.*
- *Rauwenhoff JCC, Bol Y, Peeters F, van den Hout AJHC, Geusgens CAV, van Heugten CM. Acceptance and Commitment Therapy for individuals with depressive and anxiety symptoms following acquired brain injury: A non-concurrent multiple baseline design across four cases. Neuropsychol Rehabil. 2023 Jul;33(6):1018-1048.*

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FIRST SESSION

Introduction

Introduction to the patient, start of building rapport, and a short inventory of problems:
"What brought you here? What sort of problems are you experiencing? What are you struggling with? What do you want to change?"

Discussing housekeeping

- Each of the eight sessions will take one hour and will be spread over the course of four months. Data can be recorded at the beginning of the workbook.
- Discuss with the patient what to do if they can't attend. There is space on the first page for contact details. "Do you already know any dates on which you really will not be able attend? If you are sick or unexpectedly absent, what should we do then? Is there space for a rescheduled/catch-up session?"
- Write down the therapist's email address under the contact details so that the patient can ask questions if any of the homework is unclear.
- Phone off or on silent during the sessions.
- Questions?

Explanation of the workbook (look at the workbook with them): "The dates of the sessions, contact details etc. are written in the front of the workbook. Activities and stories are used at each session. You must bring this workbook to every session. Please do not read ahead in the workbook. A lot will be explained during a session. You do not have to remember everything in one go. We will repeat the important things and you can re-read everything in the workbook. There is also a summary of each session, both written and in the form of audio files. You can either read OR listen to the summaries at home."

Explanation of ACT

"ACT is a relatively new psychological therapy that can help people with various problems. During this treatment you will have eight sessions that will teach you how to deal with your negative thoughts and feelings differently, so that you don't constantly get bogged down. This way you will make time for the things that are actually important (valuable) in your life. During the session you might wonder where we are going with this. Does it have to be done this way? Some of the components will perhaps be more appealing to you than others. We ask you to give the eight sessions time in order to create a balance. Look at it like an experiment. When you have completed all the sessions you will know what you have already gained or will gain in the future.

During the session we are not only going to talk, but we will also be doing a lot in the form of exercises and activities. Now, I would like to start with an activity."

Activity: what do I want more of in my life, and what is holding me back?

Determine personal goals and problem areas. *(Where does the patient want to get to, and what is holding them back? In which general direction, one that is meaningful to them, does the patient want to go?)*

"Together, let's look at and explore those bumps that there are on the road towards the life you actually want to live."

What is missing from your life? What more do you want to get out of your life? What would you like to do if anything were possible? What is standing in the way of this, and what obstacles are there? Describe them with reference to the three areas below. Try to address each obstacle in all three areas. Give explanations if there is any uncertainty about what is meant by thoughts and feelings.

- Thoughts: worries, negative thoughts
- Feelings (name the basic emotions: angry, scared, happy, sad)
- Physical problems

Possible obstacles that could be in the way.

- Fears/tension/stress.
- Mood/sadness/apathy.
- Physical sensations/pain/fatigue.
- Low self-confidence/uncertainty/shyness.
- Worrying about the past (negative experiences).
- Worrying about the future.

(Source: ACT in Action)

Discussing homework for the first time

Emphasise to the patient that it is important for them to do their homework. The patient should be doing between 30 and 45 minutes of homework each day. *"Practice is important when learning new skills. You will gain more from the sessions if you are also practising and applying the content at home, in your daily life".* Emphasise that the patient is not going to be tested. See what is achievable, but emphasise the importance of practising and re-reading at home.

The metaphor entitled 'Getting petrol' can be used for this purpose (there is an image illustrating this metaphor at the start of the workbook). Then explain to the patient that they must 'fill up their petrol tank' once during the session and must 'drive themselves along the miles'. It can also be compared with learning to play the guitar. You cannot learn to play the guitar without practicing and you can't learn to play the chords by just talking about them - you actually have to do it.

Discuss the best time for the patient to do each homework assignment. Ask if they understand what they need to do, and if the plan will work for them. What time of the day is most achievable? This can be written down at the front of the workbook.

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VALUES

Content

homework	discussion of homework from previous session	5 minutes
metaphor	life bus	10 minutes
activity	values sorting task	15 minutes
activity	A or B	15 minutes
A	Gravestone OR	
B	80th birthday	
information	write down most important values	5 minutes
homework	homework session on values	5 minutes

Necessities:

- Therapist's manual
- Patient's workbook
- Pen
- Whiteboard, flipchart, or paper
- Values sorting activity

Discussing the completed homework

Discuss how the homework went with the patient.

Metaphor: your life bus

You can compare your life to a bus journey. You are the bus driver of your bus of life. You decide where you want to drive your bus to. Today we are going to think about where your bus is going. What do you find really important in life? What direction is your bus going in? After a brain injury, you could say that your bus and the state of the road have probably changed a bit. For example, the bus might go slower and there could be more bumps on the road (you get tired or distracted quicker), but the direction in which your bus is going (the direction you find valuable and important) stays the same! During this session, we are also going to be looking for your values. Values are the things that we find really important in our lives. Values are personal. They are explanations of what you want to do with your life, what you want to stand for, and how you want to act.

We can compare values with a compass. A compass that shows you the way during your bus journey. You use your values to decide in which direction you want your life to go. Like a compass, values give your life direction, but not a destination. This brings us to the question of where this will lead you to. During your bus journey you will come up with all kinds of goals. Achieving these goals is not the most important thing. It is all about the journey itself. The goals will form themselves automatically during your bus journey. For example, if family is one of your values then visiting your sister more often can be a goal.

Values ensure that the goals we set for ourselves actually have value. You can create all kinds of goals, such as buying a large car or holding an important position. The question is always what makes this goal so special? What is it that makes your life richer when you achieve a goal? A value is a direction, a goal is a step in that direction.

Activity: values sorting activity

“So, values are the things that you as a person find really important in life. It is important not to confuse them with standards, which you can see more as rules imposed from the outside. These personal values can offer you something to hold on to, they provide direction in your life (similarly to a compass as we just saw). You have probably now figured out that it is not easy to answer the question - what do I actually think is important? The values sorting activity can help you to discover what your core values are by means of self-examination.”

It has been shown that the complete value-sorting activity is too difficult for people with a brain injury to do. Therefore, give the patient five values and ask them to return their two least important values. Discuss why these values are not important. Then give two new values. Repeat this several times. The point of this activity is to get acquainted with what values are and to look at which values are more important than others for the first time.

(Source: ACT in Action and Miller et al., 2001)

Activity A: Describe your own gravestone

When a person is buried, there is usually a short text written on their gravestone that describes their attributes. Visualise your own gravestone. What sort of text would you like to see written there, how would you like to be remembered? This is not an description of your current self, or a prediction of your future self; it is hope, it is an aspiration, it is a wish. What do you want your life to stand for? What do you find really important, to have been or to have left behind?

Important
this activity is not about death, but about life

Discuss
"What is written on your gravestone and why? What does this say about what is important to you, what you stand for and what kind of person you want to be? Which values do you think support this?"

(Source: ACT in Action)

Activity B: 80th birthday

Adapt this activity to the patient. Keep in mind the fact that patients may be missing a family member or friends, for example due to death. This can evoke strong emotions. Reflect on this and take note of it. You can also discuss who would give the speeches beforehand.

I want to ask you to imagine that you are celebrating your 80th birthday and that three people are giving a speech. Remember that this is a fantasy (an imaginary activity), so you don't have to answer logically or scientifically. You might be 80, but your friends might look exactly the same as they do now. You can include people who may have passed away by the time you are 80. If you would like to have kids one day, they can also be included. Don't forget that you aren't trying to make realistic predictions about the future. You are creating a fantasy. Imagine that you could perform magic and could make all your dreams come true, what would your 80th birthday look like then?

I invite you to sit comfortably and close your eyes or focus on one spot. Imagine you are 80 years old, and a birthday party is being organised for you. Everyone who is important to you is there - friends, family, partner, children, colleagues.

Now imagine that someone who means a lot to you (friend, partner, child, parent) gets up to make a speech about you. It is a short speech of three to four sentences. They say something about what you stood for in life. What you meant to them. The role you played in their life. Imagine that this person sincerely means what they say, and that what they say is want you want to hear the most (40 to 50 second pause).

Repeat the last paragraph out loud for the two other people making a speech, and always take a 40 to 50 second break.

Discussion

"What has happened? What did the people say about you? What does that say about what is important to you, what you stand for and what kind of person you want to be? What are the values that you think support this?"

Write down the most important values

If it is clear which values are most important to the patient, write them down in the patient's workbook (compass page 14). The patient does not need to think of exactly four values; three or five are fine too. If the patient has not quite figured them out, assign this as homework and return to it at the next session. When the compass has been filled out, you can encourage them to hang up the compass at home or to put it in the front of their workbook as a reminder.

Values homework task

- Listen to or read values session summary
- Think about your most important values, and also think about which values aren't getting enough attention in your life at the moment.
- What would I want to do with my life if I didn't have a brain injury? What would I have wanted to do if I hadn't had an accident or a stroke?
- This week, take a photo of something in your life that is valuable, something you find important and that gives your life meaning. It is not about taking the perfect photo, but what that photo stands for. Therefore, you don't need a good camera; the camera on your phone or iPad will do. Do this for a whole week (7 days) and try to take seven photos. At the end of the week, line up the photos and describe what each photo stands for, and why it is so valuable. This will give you an overview of the things that you as a person find important in your life.

Summarise the session briefly

"This week, we talked about values. Values are the things that we find really important in life. We looked for your values. We found out that…"

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COMMITTED ACTION - HERE & NOW

Content

homework	discussion of homework from previous session	5 minutes
activity	what is the next stop on your life bus?	15 minutes
activity	keep driving	15 minutes
information	transition to explanation about here & now	5 minutes
activity	raisin/lolly	10 minutes
homework	homework session committed action here & now	5 minutes

Necessities:

- Therapist's manual
- Patient's workbook
- Pen
- Raisin or lolly
- Whiteboard, flipchart, or paper

Discuss the homework from the previous session

Discuss how the homework went with the patient.

Then briefly repeat what was discussed at the previous session.

Activity: what is the next stop on your life bus?

Last session we talked about values and the direction of your bus of life. How can we make sure that your bus actually drives in the direction of your values? By figuring out what the next stop on your bus journey is. In other words: what is the smallest, most minimal, and easiest step that I can take in the next 24 hours to help get my life going a bit further in that direction? Try to devise concrete actions to be carried out!

Examples:

Value: Rest. Next stop: tonight, *I'm going to sit in my room on my own, and take some time for myself*

Value: Family. Next stop: I'm going to ask my sister when it would be a good time for me to come visit.

(Source: ACT in Action)

Activity: keep driving

You now know what your first stop is; it is the one that helps you look back at the most important values in your life. Of course, I hope you can take more than just this one step. Now, think of a more detailed plan of action. Try to think of concrete and achievable actions.
(Source: ACT in Action)

Explain that is it not a bad thing if some parts of the plan don't work. "It is about keeping your values in mind and see if you can still get these values into your life through other goals. It might help to share this plan with the people close to you. They may be able to help."

Now that we have made a plan, it is OK to think about the obstacles that may disrupt the plan. These obstacles could cause your bus to stop going in the direction you want it to. We can lessen the impact of these potential obstacles by now thinking about what they could be. For example, they could be feelings of anxiety, but also physical symptoms such as fatigue and dizziness. Write in and around the drawing of the bus what your obstacles could be.

Here. also mention any obstacles the patient has previously discussed. Write in and around the bus what the patient's obstacles could be. This can be written in the patient's workbook or on a separate piece of paper.

It would now be useful to say to myself that:
…so that these obstacles do not get in my way.

The question is, are you able to experience these obstacles and to give them space, then put them to one side and to choose to keep working towards your values. So that your bus can keep driving in the direction you want it to!

You now have a plan of approach meaning that the things you find important can be more present in your life. Now it is time for action - to actually carry out the plan. Show them this plan at home, maybe someone will want to help you with it. Good luck!

(Source: ACT in Action)

Transition to an explanation of here & now

"In this session we will be outlining and keeping in mind the obstacles that could arise in the future. As human beings, we often think about the future (planning or making 'to do' lists) or worry about things that happened in the past. This happens a lot and often it happens automatically. By constantly thinking about the past, you regularly only really experience half of what is happening around you right now. But the here & now is the only time in which you live and where experiences are gained. The past and the future are products of our mind.

Every moment is there to be experienced. It is best to spend our time focusing on what is happening in the here & now and to start from that viewpoint. The here & now is the only time that you have control over. Contact with the present moment means that you are in the here & now, and fully aware of your experience. This way you gain more from your life, you experience your life in a fuller way, and you may feel that your life has got more value. A different name for focusing on the here & now is *mindfulness*. How can you pay more attention to the here & now? You can do that by means of mindfulness activities.

Mindfulness activities are purely focused on the experience of the here & now. By being in touch with your senses and being conscious of what you are experiencing, the way you experience things will be more intense and therefore much more valuable. Mindfulness focuses on the normal everyday things that we usually either take for granted or ignore. You learn not to judge, but to see things as they really are and not how you would like them to be. When you start applying these activities in your daily life, you develop the skill of direct experience. Mindfulness is a skill; a way of doing things that everyone can learn. The more you practice, the better you will be at feeling your emotions and the world around you."

Activity: introduction to mindfulness: raisin/lolly

Before starting this activity, ask the patient if they have trouble swallowing or if they have a raisin allergy.

Background to the activity:

"Eating is an automatic action. To see the difference between conscious attention and automatic action, we are now going to do a short activity." Keep the introduction short; the patient learns

through first-hand experience rather than verbal problem solving. Understanding comes second during this training.

Ask the patient to sit comfortably and to close their eyes:
“Glass your hands so that I can place a raisin in them. Wait for further instructions. Now open your eyes. I want you to pretend you are from Mars and have never seen or eaten raisins. You can now look closely at the raisin. Look at the colour and size. Can you see where it is lighter, shinier, or duller? Carefully observe the outside of the raisin and register what you see. Hold the raisin between your thumb and index finger, turn it in your fingers and examine its structure. See what it feels like when you squeeze it a little bit. It might be pleasant or unpleasant. You’ll probably notice that your mind wanders every now and then. This is very normal, it’s how the human mind works. You might be thinking about other things, or memories will surface. What you can do is acknowledge these thoughts then turn your attention back to the raisin.

Slowly bring the raisin to your ear and be aware of the movements of your hand and arm. See if you can hear anything and what you can hear when you squeeze the raisin. I will now ask you to slowly bring the raisin to your nose. Do you smell anything? Smell it while you are breathing in and carefully register the scent. Is the sensation the same in both nostrils? Notice when thoughts or images appear in your head. These could be judgements, fantasies, memories etc. Notice how you react to these thoughts or images and then slowly bring your attention back to the raisin that you are still holding in your fingers.

When you are comfortable doing so, close your eyes again and continue to experience your senses of touch and smell with the raisin. Now slowly bring it your mouth and notice the movements of your arm and hand. Is anything happening to your mouth during this movement? Now slowly rub the raisin over your lips. Notice how it feels (no, don’t put it in your mouth yet). You might also feel the touch of your fingers on your lips. Carefully place the raisin on your tongue and while gently sucking it, move it all over your tongue. Do you notice any change in the taste? Register the sensations that you are feeling from its touch on your lips, tongue, palate, and teeth. Do not bite into it but instead, just experience having an object your mouth.

When you are ready, carefully and consciously bite the raisin and take in the flavours that are released. Where are you now? Are you still thinking about the raisin or had your mind wandered? That’s OK. Register where your train of thought is going and bring your mind back to chewing the raisin. Do not swallow it yet. Do you hear sounds in your head when you chew? Do you notice any changes in the shape of the raisin while you are chewing? And what is happening to the saliva in your mouth? When you are ready to swallow the raisin, wait for a little bit longer and focus on the thought of swallowing the raisin. Now you can swallow. Feel how the raisin moves from your oesophagus to your stomach. Register this and the thoughts that occur in your mind. You may now open your eyes.”

Discussion:
"What was your experience of the raisin activity?" Write down the characteristics of the raisin. "What was doing this activity like? What is the difference between this and how you normally eat?" Write down the differences if you would like to.

"This was a mindfulness activity. Mindfulness means that you pay attention in a special way: purposefully, in the moment itself and without making judgement. In this activity we tried to focus your attention on the raisin, but sooner or later our mind will go its own way. Our awareness does very different things. This is often judgement 'this is stupid, this is annoying.' It is important to explore the thought associations the patient has. This regularly gives a good example of a mind that going in all directions. During thus activity the mind tries to focus on this moment, but the mind goes its own way. It is important to point this out!

It is interesting to analyse the thoughts that are associated with the experience in the moment. "Where did your thoughts or images in your head take you? What did you notice?" Digression: "Were you able to acknowledge the thoughts and then return to the raisin?" Link this experience with dealing with problems, pain, fatigue, sadness, or stress. "Do you think there is a link between your experience of this activity and dealing with bodily and psychological complaints?"

(Source: ACT in Action)

Help the patient to achieve the following:

- To become more aware.
- To see that the more attentive they are, the more worthwhile their experience will be.
- To notice earlier that they are in a negative thought pattern.
- To discover underlying patterns.
- To break avoidance responses and realise that negative experiences come and go and that they can handle this.

Preliminary discussion on homework on committed action and here & now

- Read or listen to the summary of this session.
- Talk to someone close to you about your values and what you want to do with them. You can also show them your values compass and plan of action.
- Attentively carry out a daily activity just like you did with the raisin activity. Let the patient choose one activity and write it down in the workbook
- Valuable activity from this week.

Important:
from this session onwards, every week the patient will carry out an action that suits their values. Discuss with the patient which activity they will be doing this week. Also write down the associated value. Ensure that these are concrete actions and at the next session ask if the patient has carried out the action, and why they did or did not do it.

Briefly summarise the session

"This week we talked about having goals within your values. We also looked at how we can turn these goals into actions. Valuable actions! We thought of these goals together...and the smallest step you can take within the coming 24 hours is this... We then talked about paying attention to the here & now."

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EFFECT OF CONTROL

Content

activity	attention to breathing	10 minutes
homework	discussion of previous session's homework	10 minutes
activity	dealing with unpleasant experiences	15 minutes
metaphor	A or B	15 minutes
A	tug-of-war with the monster or	
B	bouncy ball	
homework	discuss the homework for effect of control	5 minutes

Necessities

- Therapist's manual
- Patient's workbook
- Pen
- Whiteboard, flipchart, or paper
- Tea towel or bouncy ball

Activity: attention to breathing

"Sit comfortably in your chair. Try to sit still for a minute and focus on your breathing. You can feel how the outside air flows in through your nose, how your stomach and chest expand. Notice how there is a little pause before you start breathing out and that your stomach and chest contract as your breathe out through your nose. After a short pause, take another breath.

Focus your attention on where the breathing feels the best. For most people, this would be the movement of your stomach. If it helps to keep your mind on this, try 'breathe in...breathe out…in…out…' or try counting 'one in…and out…two in…and out…' etc. until you get to ten. If your mind wanders off, trying to focus on your breathing again.

From here, allow some moments of silence in between the instructions.

- You will notice that your mind tends to wander. When this happens, go back to thinking about where the breathing feels best, in your stomach, for example.
- You don't have to control your breathing. Leave the breathing to your body. You only need to observe it and focus back on your breathing whenever your mind wanders. You don't need to do any more than this.
- Are you thinking? There is nothing wrong with that. That is the nature of the beast. Return your focus back to the movement of your breathing.
- A thought such as, 'I'm not doing it right', or 'this is taking so long' is just an ingrained thought that you don't have to worry about. Return your focus back to your breathing.
- Mind wandered off? Return your focus to your breathing. You don't have to do anything, there is nothing to achieve.
- Whatever the content of the distraction may be, think about it for a second and return your focus to your breathing.
- When you are finished, bring yourself back to the room and open your eyes."

Discussing the homework

Discuss the homework and how it went with the patient. Then briefly repeat what was discussed at the previous session.

"Did you hit any obstacles during your homework? How did you deal with these obstacles. Did your way of dealing with the obstacles ensure that your bus kept driving in the right direction (if you discussed it in the values session)? This week we are going to be talking about how you deal with annoying obstacles. In other words, how you deal with negative thoughts and feelings."

(Source: www.gerschurink.nl)

Activity: dealing with nasty experiences

- How do you deal with those nasty thoughts and feelings that get in your way? What obstacles did you encounter while you were doing your homework? What have you already done and tried to get rid of them? How do you try and control them?

What are your coping (control) strategies?

- How do your strategies work in the short-term (what are the benefits)? Advantages
- How do your strategies work in the long-term (what did it cost you)? Disadvantages
- What did they cost you personally?

Discussion

"I can see that you have put a lot of time and effort into this. I can imagine that would be tiring and frustrating because your problems haven't gone away."

Important

Understand the difference between long-term and short-term. Our strategies often work in the short-term (otherwise we would stop sooner), but they don't help as much in the long-term (the problems can get even worse). This uses up a lot of energy and happiness in life.

People deal with nasty thoughts and feelings in different ways: we can categorise these into three groups (prevention, distraction, and numbing). Prevention (stopping), distraction (the moment you feel something, shift your attention), numbing (you already have the feeling, and you want something to lessen the pain).

Example

Prevention	Distraction	Numbing
No longer going outside	Watching television	Drinking alcohol
Not going to any enclosed spaces	Buying clothes	Smoking
Avoiding certain people	Denial (pretending it doesn't exist)	Eating

Metaphor A: Tug-of-war with the monster

The situation you are now in will seem a bit like the following. Imagine that the monster represents all your troubles. Your brain injury, your pain, your sadness, your physical ailments. It is big, ugly, and very strong. Between you and the monster there is a deep hole that you are slowly being pulled towards. If you lose the tug-of-war, you will fall over the edge and there won't be much left of you. So, you pull and pull to avoid this because you don't want the pain and distress. But the monster is bigger and stronger than you. The harder you pull, the harder the monster pulls and the closer you get to the ravine.

You can actually demonstrate this metaphor in the session. For example, hold one end of a tea towel and ask the patient to pull on the other end of it. Write down what the patients monster looks like next to the metaphor in the book. Ensure you interpret the paragraph to suit the needs of the patient!

(Source: ACT in Action)

Important
in this phase, do not yet explain what to do.

Metaphor B: Bouncy ball

What is the advantage of avoidance? The most important advantage is that you don't have to have any negative thoughts or feelings for a little while; it's like when you throw a bouncy ball against a wall or on the ground. The ball bounces away, and for a moment you don't feel that negative feeling. But sooner or later the bouncy ball comes back twice as hard, meaning you feel the negative feeling twice as much. The harder you throw it, the harder it bounces back.

You can also demonstrate this metaphor in the session. On the bouncy ball, write down a negative thought or feeling the patient has. Then ask the patient to bounce the ball on the ground or the wall. You can also give the patient the bouncy ball to take home after this activity. Next to the metaphor in the book, write down what the patient's bouncy ball is made up of. Ensure you adapt the paragraph to suit the needs of the patient!

Discuss the homework from the effect of control session

- Read or listen to the summary of this session
- This week you are going to keep a diary to write down whenever you have any negative thoughts or feelings. You must also write down how you dealt with these feelings and problems. Look at yourself as if you are using a camera. What are you doing and what do you see?

example

situation	Tonight I'm going to the pub with my friends
feeling	I am nervous, and I don't actually want to go
action	I'm going to cancel

- In this workbook, re-read the story of the monster or the bouncy ball
- *When you have discussed the session about committed action give them the homework sheet about acting. Discuss with the patient which action they will be carrying out this week and write down the value that the action correlates with.*

Briefly summarise the session
"During this session, we talked about different ways of dealing with negative thoughts and feelings. We then realised that these methods work in the short-term, but not in the long-term."

You can also ask the patient to summarise the session and ask what they got from this session.

 exercise

 metaphor

 important

 discuss

 homework

 summary

ACCEPTANCE

Content

homework	discussion of homework from previous session	5 minutes
metaphor	A, B or C	15 minutes
A	tug-of-war with the monster	
B	unwanted guest on your bus of life or	
C	the finger trap	
activity	pain and suffering: glass of water	10 minutes
explanation	pain and suffering	10 minutes
homework	discussion of acceptance session homework	5 minutes
activity	'making room' and 'allowing what is'	10 minutes

Necessities:

- Therapist's manual
- Patient's workbook
- Pen
- Glass or bottle of water
- Tea towel or Chinese finger trap
- Whiteboard, flipchart or paper

Discussion of homework

Discuss how the homework went with the patient.

Provide a short summary of what was discussed in the previous session.

Metaphor A: Tug-of-war with the monster

If, you used the monster metaphor in the control session, use it again.

"Do you remember the monster from last week?" Here, you can ask the patient to tell the story themselves.

Imagine: you are playing tug-of-war with the monster. The monster represents all your troubles. Your brain injury, your pain, your sadness, your physical ailments. It is big, ugly, and very strong. Between you and the monster there is a deep hole that you are slowly being pulled towards. If you lose the tug-of-war, you will fall over the edge and there won't be much left of you. So, you pull and pull to avoid this because you don't want the pain and distress. But the monster is bigger and stronger than you. The harder you pull, the harder the monster pulls and the closer you get to the ravine. It is difficult to understand at this time that if you don't want to fall into the hole, you don't have to win the tug-of-war but you just have to let go of the rope! If you don't let go of the rope the monster won't go away. It will keep shouting at you and demanding your attention. It will chase you…

Discuss again what the patient's monster represents, how the patient is now pulling against the monster and what it would mean to let go. Ensure that the situation is altered to suit the patient. Write this down in the workbook.

(Source: ACT in Action)

Metaphor B: Unwanted guest on your bus of life

Imagine that you are driving around on your bus of life. You now have a good idea what your values are and are trying to drive in their direction. At the next stop, a homeless person, who often causes a nuisance, gets on the bus. He smells bad, immediately goes and sits right behind you and is rude to the other passengers. The bus journey still represents your life, and the homeless person represents the negative thoughts and feelings that you would rather not have. You are annoyed that the homeless person has got on the bus, and decide to throw him off. You feel relieved that he is no longer on the bus, and you keep driving. You stop at the next bus stop and there the homeless man is again. He has run after the bus. Before you know it, he is sitting behind you again and starts being rude to you and the other passengers. You have now really had enough of him, and you kick him off the bus again. This time you stay by the door so that he can't get back on again. This works well, the homeless man can no longer get on the bus. The only thing is that you cannot keep driving and your bus has literally come to a standstill! After a while you decide to leave the door and resume driving; if the homeless man gets on the bus again, so be it. Just as you expected, the man is waiting at the next stop. The moment he gets back on the bus he starts annoying you again, but now there is a difference. Even though he is sitting behind you, you can still enjoy the journey. Of course, it would be better if he got off the bus but at least you are keeping moving. You also notice that if you aren't

constantly trying to get him off the bus, he becomes calmer. He is still annoying you, he still smells, but he is not as distracting anymore. You then realise that the man actually has a good sense of humour, something you hadn't noticed before! He even makes some of your passengers laugh.

Now the question is this: are you prepared to let your homeless man (negative thoughts and feelings) stay on your bus (your life)? Negative thoughts and feelings are simply a part of life. If you are prepared to let them be a part of your life, then you don't have to fight against them all the time.

Also discuss what the homeless man represents to the patient, how the patient tries to get rid of him, and what it would mean if they took the man with them on their bus. Ensure that you adapt the situation to suit the patient. Write this down in the workbook.

(Source: ACT in Action)

Metaphor C: Finger trap

Make sure the patient actually does this activity; it is an experiential activity. Give any necessary explanation with this. Show them the finger trap: "now put your finger in it and try to break free".

Your situation is similar to a Chinese finger trap. The trap is a sort of tube, which is made up of strands of braided material. The aim is that you put both index fingers into the tubes and then try to get them out again. You will notice that pulling will make the trap become tighter. The harder you pull, the tighter the trap will get around your fingers. However, pushing your fingers deeper into the trap will give you more ability to move them. Imagine that your life works the same way as the Chinese finger trap. The question is not how do you get rid of the finger trap, but how much movement do you want to have within the trap. The more resistance you create, the less you will be able to move in your life. If you stop resisting, you will create more room for yourself to make decisions. Here pulling symbolises exercising control, withdrawal and avoiding the situation. Whereas pushing represents surrender, cooperation, willingness and ultimately acceptance. The finger trap represents the unavoidable problems and the pain in life.

Also discuss what the finger trap represents, how the patient tries to extract themselves from it, and what it would mean if they stopped stop pulling. Ensure that the situation is adapted to suit the patient. Write this down in the workbook.

(Source: ACT in Action)

Activity: pain and suffering, glass of water

Ask the patient to hold something heavy (for example a glass or bottle of water). Ask the patient to imagine that it represents unwanted thoughts or feelings. Let's push this away from us because we want to have as little to do with it as possible. "Stretch your arm as far as you can in front of you while holding the glass of water." For patients with concerns about the use of their upper limbs, let them choose which arm they prefer to use.

Now talk about the difference between pain and suffering or a nonsense story…

"What did you notice during this discussion? You probably noticed that your arm is getting heavier and heavier, and you are thinking about it more and more. The question you have to ask yourself is, are you prepared to stop trying to keep to water away from you but instead keep it near you? Not because you enjoy it, but because your arm is no longer aching from trying to hold the glass away from you. This is also how it works when we deal with pain. The more you resist your problems, the more prominently they will feature in your life. Can you try to stop resisting the pain and just carry it with you?"

This activity can explain the difference between pain and suffering.

(Source: ACT in Action)

Explanation: pain and suffering

Everyone struggles with obstacles in their life. These may be negative thoughts, feelings and physical problems, but may also be unpleasant situations (e.g. not being able to do certain things that you used to be able to do easily). We can also call this our pain. Due to the way we deal with our pain (e.g. ignoring the problem) more problems can occur. This is our suffering, the result of trying to lessen our pain. The pain gains even more influence on your life through the suffering. This activity helps you think about your own pain; those methods you use to avoid it that don't seem to work so well, and the suffering that results from this.

This can be linked back to the activity with the glass:

pain	=	glass of water
way of dealing with it	=	stretching arm out
suffering	=	your arm aching

The story of the unwanted guest

pain	=	homeless man
way of dealing with it	=	stay standing at the door
suffering	=	the bus cannot continue on its journey

Adapt this situation to suit the patient.

Discussing homework from acceptance session

- Read or listen to the summary of this session.
- Readiness activity: it is possible to train yourself to be willing to feel and think about things that you want to avoid. You can do this by allowing sad and anxious thoughts in, or by no longer avoiding situations you don't like. Willingness is a skill! If you want to actively train this skill, then it helps to try strange things. These are things that your mind will tell you are ridiculous. These are things that you will normally call strange or weird. For example: showering yourself with yoghurt, walking in the rain with a closed umbrella, eating or drinking something you normally wouldn't, wearing odd socks, driving to work by way of a detour, experiencing the

sound of nails on a chalkboard, putting salt or a lemon on your tongue. Choose an activity together with the patient.

- *When you have discussed the session about committed action give them the homework sheet about actions. Discuss with the patient which action they will be carrying out this week and write down the value that the action correlates with.*

Activity: making room, allowing what is. Allowing your own pain.

1. Take a moment to reflect and think about why you have decided to look for help (example: anxiety, sadness, stress). Think about your problem, try to imagine this as clearly as possible.
2. Determine the feeling that comes up in you when you think about this problem. Notice whereabouts in your body you feel this.
3. Add this feeling to your train of thought. Notice what happens. Be open minded and curious. Try to stay calm. Try not to change anything. Just let it happen.
4. After 5 to 7 seconds, reassess what is happening: has the feeling increased? Has it changed? Has it stayed the same? Do you notice any other sensations? Figure out whereabouts in your body you can feel this. This may be the same feeling or a different one.
5. Focus on these feelings. If nothing happens, focus on the unchanged feeling.
6. After 5 to 7 seconds, reassess how you are feeling. Then go back to step 5.
7. After a little while end the activity. You may want to keep the situation from step 1 in mind.
8. End the activity after a little while, while paying attention to your breathing as it happens moment after moment.

Maybe the feeling has changed, maybe it hasn't. But at least you have given the time and space to the problem at hand, the emotion or pain that you would normally supress.

Discussion

"How was that? Did you notice that you were resisting? Were they any negative experiences; how did you deal with them ? Are you prepared to let these negative experiences into your life?"

(Source: ACT in Action)

 exercise

 metaphor

 important

 discuss

 homework

 summary

DEFUSION

Content

activity	attention to thoughts	10 minutes
homework	discussion of homework from previous session	10 minutes
activity	the passengers in your bus of life (sticky notes)	15 minutes
explanation	defusion	10 minutes
activity	name your mind	10 minutes
homework	discussion acceptance homework session	5 minutes

Optional

activity	sing a song	10 minutes
ending activity	drifting leaves	10 minutes

Necessities:

- Therapist's manual
- Patient's workbook
- Pen
- Whiteboard, flipchart, or paper
- Bus of life on paper to use for sticky notes
- Sticky notes

Activity: attention to thoughts

"In this meditation, we are mindful of our thoughts. Make sure you are sitting comfortably.

You can compare your head to a factory of thoughts. This factory of thoughts is almost never idle. It produces words and thoughts all the time, even in your dreams while you are sleeping. Thoughts may be present in the form of words or sentences (inner speech), but also as images (pictures or videos). If it helps you to keep your focus on this, please say 'thinking' at each thought you have. Bring your focus to the place where you experience your thoughts. This is usually somewhere in the middle of your head.

From here onwards, allow a few moments of silence in between instructions.

Are you thinking? Name it 'thinking' and then turn your attention back to the pure experience of thoughts of stillness or emptiness if there are no thoughts at that moment.

If you notice your thoughts, don't do anything about them. Just let them do their own thing. You don't need to make an effort to achieve anything.

Swept up in thoughts or feelings? No problem. Lean back and open yourself up to thoughts that come up, let them stay a while, and let them disappear.

It is not necessary to understand what you are thinking or to change it. Just notice it and let it happen, whatever it is.

No thoughts? Experience the stillness and emptiness and stay present. Then focus your mind back and open your eyes."

Discussion: "Were you able to notice your thoughts? Did you have any negative experiences? If so, how did you deal with them?"

(Source: www.gerschurink.nl)

Discussion of homework from previous session

Discuss how the homework went with the patient. Provide a short summary of what was discussed at the previous session.

Activity: the passengers in your bus of life (sticky notes)

"We are going to do this using the bus of life metaphor again. Imagine you are driving around in your bus again and are driving towards your values. There are many passengers on board the bus. They are shouting all kinds of things at you 'don't turn here!', 'just take the normal route you always take, new things won't work anyway.' Some of them start being rude and try their best to get your attention and influence the journey.

Write down all the thoughts that are going through your mind on the sticky notes and stick them on the next page. If you don't know what to write down, then 'I don't know what to write down' is a great first sticky note. Use a different note for each thought."

It might take a bit of time before the patient gets going, but they could also start writing lots of notes straight away. As a therapist, feel free to participate too!

Discussion: "How was that, what did you notice? You will probably notice two things. Firstly, it might take a while to get used to thinking so clearly about the thoughts going through your head. Secondly, you will notice that there is no end to this waterfall of thoughts, it just keeps going and going. Our mind never stops producing thoughts, it's just like our heart - constantly active.

In this session we will learn how you can take a step back from all your thoughts (your passengers). In this case, the passengers are shouting all kinds of things at you. As the bus driver, you don't want to be dragged along by all these orders, and you also don't want to have to listen to your thoughts (passengers) all the time. You want to learn to acknowledge them and register them from a distance. 'I have heard you, passengers', but choose to continue driving in the direction that is important for you."

Ask the patient to write down their recurring and frequent thoughts in text bubbles around the bus. Make sure the patient understands that the other passengers do not represent other people talking to them, but they represent their own thoughts.

Explanation: defusion

"Don't freak out, but research from American psychologist Timothy Brown and others has shown that people have around 40,000 thoughts per day. 40,000! And, more importantly, at least 70% are negative thoughts or their function is to cause alarm.

Converted from a percentage, this would mean that you would have 28,000 negative thoughts going through your head each day. Thoughts about things you are scared of, things that make you sad, and things you should watch out for. We bottle up a lot of the things we experience into thoughts and consequently, those thoughts keep coming back every day."
(Source: Think what you want, do what you dream)

As people, we are often tightly bound up with our thoughts (fused). We can try to break free from this (defusion). Defusion means that we accept our thoughts. They come automatically and there is

no point in changing them because they will come back anyway. We are not going to change their content, but we can try to change the relationship between our mind and all of our thoughts.

The point here is to take a more critical attitude when it comes to thinking. With this, it is important that this doesn't turn into a hostile attitude. Your mind can't be fought and will always be with you. From this comes the saying "Your mind is not your friend, and you can't live without your mind."

It is important to know all the things your mind can do. It is often a strict, humourless authoritarian boss who has no idea how to deal with thoughts, feelings, and situations.

Important: the point is not to wonder whether a thought is 'true' or not, but to see if it is usable. Ask yourself if this thought will help you on your journey towards your values? Do what **you** think is important and valuable and don't let your thoughts hinder or distract you.

Activity: name your mind

To start, as a therapist think about your own mind and your own stories. Ask the patient to do this activity and introduce their mind to you.

Give your mind a name. Choose a name that reminds you of someone you like but who is not a close friend. Note the times when you listen to your mind and the times when you don't. As soon as it starts bothering you, confront it. 'Hello, Harry. Is that you again?' This is how you learn to observe your thinking, without getting carried away. Take a detached, but not a hostile attitude towards your mind. Because whatever you do your mind will always stay with you. The question is, are you are still prepared to do what you want to do, even while your mind is shouting so loudly that you feel like you cannot handle it.

Refer back to the passengers in the bus as common thoughts.

(Source: ACT in Action)

Discussion of defusion homework session

- Read or listen to the summary of session 5.
- Watch a video about the bus of life. The link is in the workbook, but if requested you can email the link to the patient: https://www.youtube.com/watch?v=OqqsK_7Pm38
- At home, start doing the short defusion activities every day and preferably more than once a day! You can even do these activities while you are at work, or while doing housework. Discuss with the therapist when you want to do it. There are a number of activities in the workbook. Read through these and choose one. Also choose an activity from this session.
- *From this session onwards, every week the patient will carry out an action that suits their values. Discuss with the patient which activity they will be doing this week and write down the action that goes with it. Here, you can also ask to look out for what their mind is saying during the activity and ask them to write it down.*

Briefly summarise the session

"This week we talked about our mind and the thoughts that are constantly produced by the mind. We have also practised how to take a step back from these thoughts."

Activity: singing a song (optional)

"The good news is that you can practise defusing your thoughts. We are going to do this now. Think of a negative thought about yourself. A thought that troubles you when you think about it. We are now going to sing this thought to the melody of a song (e.g. 'Happy birthday' or 'Jingle bells')."

Discussion: "What did you think of this activity? It might seem like a strange one, but it teaches you not to take the thoughts so seriously. You didn't challenge the thought, you didn't try to get rid of it, you didn't discuss if it was true or not, you didn't try to change it into a positive thought. You just defused it. By adding music to the thought, you now realise that just like the lyrics from a song, the thought is just made up of words."

Closing activity: drifting leaves on a calmly flowing river (optional)

Sit comfortably and close your eyes…Imagine a beautiful, calm, bubbling river. The water is streaming over rocks, past trees and through a valley. Every now and then, a leaf falls into the water and floats down the river. Imagine you are sitting next to a river like this, on a warm and sunny day just watching the leaves go by.

Are you becoming aware of your thoughts? Take your time. Every time a thought crosses your mind, imagine that you put it onto a floating leaf. If you are thinking in words, put them down as words. If you are thinking in images, put them on the leaf as images. The aim is that you stay sitting next to the river and watch the leaves with your thoughts on them go downstream. Try not to let the water go slower or faster and try not to change what is on the leaves. If the leaves disappear, or if your mind is elsewhere, or if your mind is thinking about what is written on one of the leaves, stop and acknowledge that this is happening. Go back to the river bank and keep writing your thoughts down on the leaves that float by.

It is all right if your mind wanders. It is about going back to the river bank, having an observational attitude, and watching the leaves float by. If you get the feeling that this activity isn't working, or that it is childish, then these are also thoughts you have carried with you.

This is a very difficult activity; you are being asked to do something that your mind is not good at. Your attention is not always on the river (your mind may wander at times), the aim is to notice when your mind does wander, and then to redirect your attention back to the activity.

Discussion: "Were there any negative experiences, how did you feel about the activity? Did your mind (name of mind) notice anything else during the activity?"

(Source: ACT in Action)

 exercise

 metaphor

 important

 discuss

 homework

 summary

THE SELF (SELF AS CONTEXT)

Content

homework	discussion of homework from previous session	10 minutes
activity	my self-image	10 minutes
explanation	the self	5 minutes
activity	carefully moving	10 minutes
activity	how well does your self-image fit?	10 minutes
homework	preliminary discussion homework: the self	10 minutes

Necessities

- Therapist's manual
- Patient's workbook
- Pen
- Whiteboard, flipchart, or paper

Discuss the homework from the previous session

Discuss the homework from the last session with the patient, and how it went. Then provide a short summary of the previous session.

Activity: my self-image

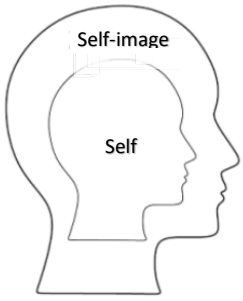
"You have practised taking a step back from your thoughts. This week we are going to try the same thing, but this time with thoughts about our self and our self-image."

Together with the patient, do an activity about positive and negative labels.

Positive labels	**Negative labels**
At my best…	At my worst…
I am: _____	I am: _____

Explanation: the self

Explain that all these views and labels from the previous activity are in the outer layer of the image - the self-image. Just like thoughts, these views of yourself don't have to be true. Write some of the views down in the outer layer.



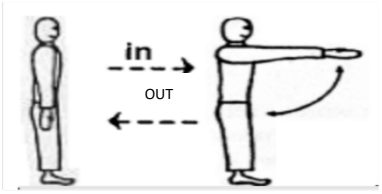
We can distinguish two layers: the 'self-image' and the 'self'. Your self-image is the thoughts you have about yourself (the positive and negative labels in the previous activity). The self always stays the same. Even though negative things happen to us, such as brain injury, the self stays the same.

Explain that the self is always there and always stays the same. "Even though negative things happen to us, such as brain injury, the self stays the same. You might notice that although you have changed due to the brain injury, your self is still there and has not changed."

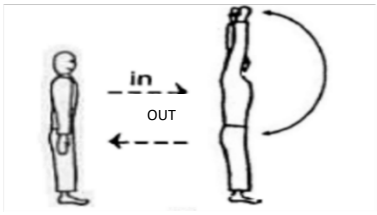
Moving with attention

Every movement is repeated three times. The movements are done carefully and meticulously. Every movement is coordinated with breathing. The first half of the movement is done while breathing in, the second half while breathing out. You don't have to do all the activities; choose a few and calmly go through them

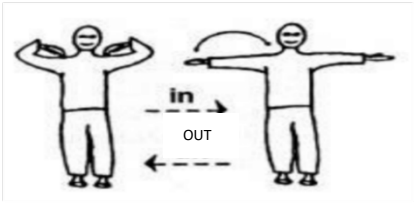
1. Stand with your feet slightly apart, arms out sideways and place your finger tips on your shoulders. Breath in and stretch your arms out to the side at shoulder height, palms facing up. On breathing out, return your fingertips to your shoulders.



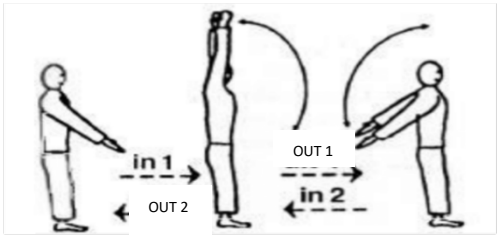
2. Stand with arms slightly raised to belly button height, palms facing each other. Breathe in and slowly raise your arms with palms touching until they are above your shoulders. Breathe out and lower your arms behind your body in a continuous circular movement. Reverse the movement on the next breath. Raise your arms above



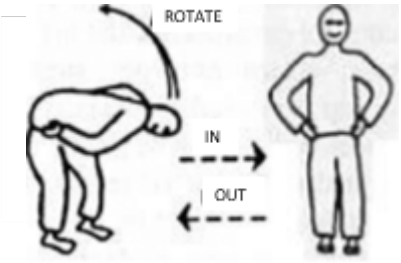
3. With your feet slightly apart, rest your hands on your hips. Bend forward until almost horizontal, keeping your legs straight (if you can). While breathing in rotate your upper body in a wide circle in a clockwise direction. On breathing out, stand back up straight then repeat the movement in the opposite direction.



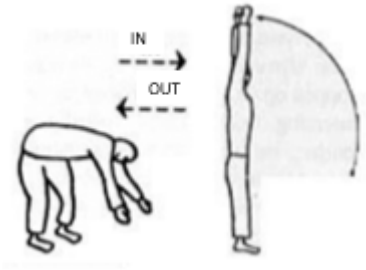
4. Lean forward with your arms hanging down loosely. On breathing in, stretch your upper body back up from your middle then move your arms upwards in a wide semi-circle. On breathing out go back to the starting position.



5. Stand up straight with your hands on your hips, heels together, feet facing outwards. On breathing in, keeping your back straight stand on tiptoe and bend your knees. Keep your hands on your hips and your heels together. On breathing out, stretch your legs and return to the starting position.



6. Stand up straight with your hands on your hips and your feet together. As you breathe in, bring your right knee up until the thigh is horizontal and the lower leg is hanging down. On breathing out, stretch your lower leg until it is straight and point your toes. Breathe in and keeping your knee up, bring your lower leg back to the hanging position. Then while breathing out, go back to the starting position. Repeat with your left leg.



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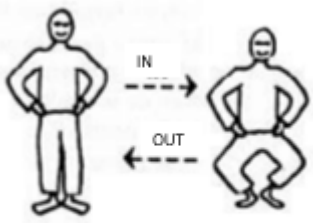

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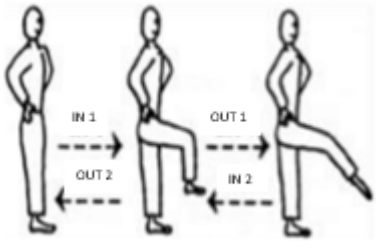

(Source: De Klankschaal, Stichting Leven in Aandacht)

Activity: how accurate is your self-image?

A man walks into a tailor's shop to pick up his new hand-made suit. When he tries the suit on, he notices that it doesn't fit properly. The material is sticking out at the elbow, one of the shoulders is too high, and waist isn't straight. Irritated, the man goes to the tailor and says: "I'm not paying for this. This suit doesn't fit." "Don't worry, sir," the tailor says, "just pull your shoulders up, twist your body a bit and lean slightly to the left. Yes, like that." When the man follows these instructions, the suit fits perfectly. As he walks out of the shop he passes two women. One woman whispers to the other "Look at that poor disabled man," to which the other woman replies "Yes, but don't you just love his suit?"

We find our self-concept very important, and therefore we try to act on it. So, we sometimes change out behaviour, so that the image of ourselves stays the same. Our self-image can make us inflexible/rigid.

Have you worn suits that didn't fit? Who made these suits for you? Did you choose to wear them, or are you just doing this out of habit? What would it be like to take the suit off? What results would this bring?

Discussion: "The different suits that you wear belong in the outside layer (your self-image). Making contact with your 'self' (the inside layer) is also about letting go of your self-image and thoughts about yourself. If we don't have to hold on to pride, guilt or whatever self-image we have, we can make decisions more easily that are based on values, instead of trying to match our behaviour to our self-image (just to maintain it as much as possible)."

(Source: ACT in Action)

Discussion homework about the 'self'

- Read/listen to the summary from this session.
- Which suit bothers you the most, or doesn't fit (or never did fit you)? Try to do the opposite of what you did when you were wearing this suit. For example, if you are normally very helpful and you always say yes when people ask you for help and this bothers you, try to do this less. If you plan everything well ahead of time and this bothers you, try to plan a little bit less this week.
- Mindfulness activity: there are a number of activities that you can provide. Choose an activity and ask the patient to write it down.
- *From this session onwards, the patient will carry out an action every week that suits their values. Discuss with the patient which activity they will be doing this week and write down the action that goes with it.*

Briefly summarise the session

"This week we talked about the self. Just like in the last session, we practised taking a step back from our thoughts. In this session we did this using thoughts about ourselves; our self-image. The self is always there and stays the same. Even though sometimes very intense things such as brain injury happen to us, the self always stays the same. We also saw that sometimes we change our behaviour to fit the image we have of ourselves. This means that sometimes we wear suits that no longer fit us."

 exercise

 metaphor

 important

 discuss

 homework

 summary

DEFUSION AND HERE & NOW

Content

activity	Body scan	10 minutes
homework	Discussion of the previous homework	10 minutes
activity	Make your mind physical	15 minutes
information	Transition to here & now	5 minutes
activity	Attention to breathing	10 minutes
homework	Preliminary discussion homework: defusion and here & now	5 minutes

Necessities

- Therapist's manual
- Patient's workbook
- Pen
- Whiteboard, flipchart, or paper

Activity: body scan

"Sit down comfortably in the chair. Now in a friendly and relaxed way, become as aware of your body as you are able to. You might be used to constantly looking at what is wrong with your body. But the body scan is a method of learning about yourself with openness, without rejecting or criticising yourself. If you are judging yourself, try to do it in a mild and understanding way. Having a respectful and accepting attitude towards yourself is an important aspect of this activity.

Focus your attention on the places where your body makes contact with surfaces. Focus your attention on your stomach and notice how your stomach changes when you breathe in and out. Have an open mind about what you are experiencing in this moment. You don't have to change anything; it is what it is. Follow the rising and falling of your stomach and everything else you notice.

Your attention will most likely wander, this is just how it goes. If you can, try not to judge yourself and calmly focus your attention back on the activity.

Now look at your left foot. Try to focus really hard on your left foot. Try to pay attention to everything that presents itself. Maybe nothing catches your attention, but that's OK.

Now focus on your lower left leg, upper left leg, and pelvis. Then on your right leg, your right foot, right lower leg, and upper leg.

Pay attention to what you feel in the front of your body. Your stomach and your chest. Then from the bottom of your back right up to your shoulders.

You might feel some pain during this activity. First try to focus all your attention on the pain. Analyse all the characteristics of the pain and figure out where you can feel the pain. Observe your reactions to the pain. You might feel a bit resentful, angry, or disappointed. Or it might not affect you at all. Whatever your reaction is, pay attention to it.

Next all your attention should be on your hands. Then your lower arms, your upper arms, your head, and your face. Take the time to see your body as a whole and to feel your breath going in, and out of your body. You don't have to pay attention to anything in particular, just focus on what is happening. Breath comes in and breath goes out, and you are aware of your whole body."

Discussion: "What did you experience during this activity? Were there any negative things, how did you go about them etc. Did your mind (mind's name) notice anything else during the activity?"

(Source: ACT in Action)

Discussion of homework from previous session

Discuss the homework with the patient. Briefly summarise the previous session.

Activity: making your thoughts physical

Ask the patient to tell you what they know about defusion.

Think of a thought that causes you stress, one that gives you a bad feeling in your stomach or chest. Ask the patient to fill write this in the workbook.

If you read that list…

- Which words get to you the most?
- Circle these with your pen.
- Take this thought, close your eyes, and repeat it in your head.
- Imagine you are holding this thought in your hands.
- If it has a shape, what shape would it be?
- What colour would it be?
- Does it have a smell?
- What does it look like?
- Is it heavy?
- Does it have a structure?
- Rub your hands over it.

We all want to get rid of the negative things in our life. We would like to change them. If we didn't like the colour of our living room, we would want to change it.

The thing is, we can't stop these thoughts from happening, everyone has them. They are a part of life, but we can deal with them in a different way.

(Source: Whiting, 2016)

Transition to here & now

Find out if the patient has the tendency to worry about negative thoughts and feelings, and if they still want to get rid of them. Are they still playing tug-of-war? There is space here to repeat a different skill if necessary.

Does the patient choose a life based on rules (*I have to*), avoidance or do they choose to act on the basis of their values? Go back to the example of the gravestone activity from the values session. If necessary, use the bus metaphor again.

"Now that you aren't letting yourself be governed by rules and thoughts, we can start paying more attention to the here & now." Ask the patient to tell you what they know about this.

Activity: attention to breathing

"Sit comfortably and focus on your breathing. You can feel how the outside air flows in through your nose, how your stomach and chest expand. Notice how there is a little pause before you start breathing out and that your stomach and chest contract as your breathe out through your nose. After a short pause, you take another breath.

Pay attention to where the breathing feels the best. For most people, this would be the movement of your stomach. If it helps to keep your mind on this, try 'breathe in...breathe out…in…out…' or try counting 'one in…and out…two in…and out…' etc. until you get to ten. If your mind wanders off, notice this and try to focus again on your breathing. "

From here onwards, allow some moments of silence in between the instructions.

"You will notice that your mind starts to wander. When this happens, go back to thinking about where the breathing feels best, such as your stomach.

You don't have to control your breathing. Leave the breathing to your body. You only need to observe it and return your focus to your breathing whenever your mind wanders. You don't need to do any more than this.

Are you thinking? There is nothing wrong with that. That is the nature of the beast. Return your focus to the movement of your breathing.

A thought such as, 'I'm not doing it right', or 'this is taking so long' is just an ingrained thought that you don't have to worry about. Return your focus back to your breathing.

Wandered off? Return your focus back to your breathing. You don't have to do anything, nothing to achieve.

Whatever the content of the distraction may be, think about it for a short moment and return your focus to your breathing.

When you are finished, bring yourself back to the room and open your eyes."

Discussion: "By focusing your attention on your breathing, your attention will be in the 'here & now'. How was this? Did you find it difficult? Did you feel any resistance or obstacles?"

(Source: Whiting, 2016)

Discussion of homework from sessions on Defusion and Here & Now

- Read or listen to the summary of this session.
- Do a mindfulness activity every day. (Choose an activity and ask the patient to write it down).
- *If you would like to use the bus of life metaphor (Resilience) in the next session, ask the patient to bring an item that represents an important value.*
- *When you have discussed the session about committed action, give them the homework sheet about actions. Discuss which action the patient will be carrying out this week and write down the value that the action correlates with.*

Briefly summarise the session:
"This week we talked about defusion. Taking a step back from your thoughts and not taking your mind so seriously. We then talked about paying attention to the Here & Now'."

You can now ask the patient to summarise the session and ask what they are taking home from this session.

 exercise

 metaphor

 important

 discuss

 homework

 summary

RESILIENCE (PSYCHOLOGICAL FLEXIBILITY)

Content

homework	Discuss homework from previous session	5 minutes
information	All the ACT skills in a row	5 minutes
metaphor	The bus, sum of parts	5 minutes
metaphor	Bus of life, everything together	15 minutes
activity	Bus journey	10 minutes
activity	Keep using ACT in my life	10 minutes
homework	Discuss homework for next session	5 minutes

Optional

activity	ACT for you	15 minutes
activity	Meditation with sound	10 minutes

Necessities

- Therapist's manual
- Patient's workbook
- Pen
- Whiteboard, flipchart, or paper
- Portraying bus of life: valuable object for patient, phone

Discussion of homework from previous session

Discuss the homework with the patient and how it went. Briefly summarise what was discussed at the previous session.

All the ACT skills in a row

Together with the patient, think about the hexaflex and its different components. Summarise and talk about each skill separately.

Values	Discovering what you find really important in life.
Committed action	Setting gaols and undertaking things based on your values.
Here & now (mindfulness)	Connecting with and paying attention to the here & now.
Acceptance	Letting your thoughts, feelings and sensations be what they are without resisting them.
Defusion	Letting go of your thoughts, not taking your thoughts too seriously
Self	Connecting with the observable self and letting go of your self-image

Then, using the metaphor (bus, sum of parts), explain what these skills can do together for resistance.

Metaphor: the bus; sum of parts

If you took a bus apart and stacked up all the screws, shafts, rods, plates, and other parts, you would have a lot of scrap (sum of parts). But as a whole, when all these components are connected, they offer a useful means of transportation.

The same counts for ACT. You can use each of the six components - acceptance, defusion, the self, here & now, and taking action - separately. While these six individual skills are useful, the impact they have separately is limited. However, you will see that if you use these six components together, you will gain a powerful, new, whole resilience.

The whole is therefore more than the sum of its parts. Together, the ACT skills are more than just the sum of the individual components; they ensure resilience in a person.

(Source: vrij oefening ACT in Actie: De Auto, som der (onder)delen.)

Metaphor: bus of life

You can try to depict the bus (just like you would do in group therapy). Ask the patient to bring an object with them that is important and of value to them. Put this in front of them on a chair. Ask the patient to verbalise their negative thoughts and feelings into a phone so that they can listen back to them.

We will now use the bus of life again! Using this story, will help us to discuss all the separate ACT skills.

In the session about values, we thought about where you want to go (values) and what you have to do to get the bus going in the right direction (actions/next stop). After brain injury, you could say that the conditions on the bus journey have changed. For example, the bus drives slower and there are more bumps in the road (you get tired or distracted quicker). But the direction in which your bus is driving (which is what you find valuable and important) stays the same!

If you keep driving in the direction of your value, you will go past different stops. Passengers get on at these stops. The passengers represent your thoughts, feelings, and physical sensations. And while you are driving, the passengers start interfering with way you are going. Go left here, go right here, stop, go back! Some start being very rude and try with all their might to get your attention and influence the journey.

During the session about control, we thought about what happens when we don't want the passengers there (thoughts, feelings, and physical complaints). If you do your best, you can get them off the bus temporarily so that you can have a bit of a rest. You will notice that a rumour starts spreading that the bus driver is trying to kick the nasty passengers off the bus, and now waiting at all the stops are passengers who are there to give you a hard time.

In the session about acceptance, we learned about how you can deal with the nasty passengers (the homeless man). Instead of constantly trying to get them off the bus, or obeying them so that they don't start becoming more difficult, you learn to give them more space without doing anything about their behaviour. The passengers are allowed to sit in the bus while you drive, but you are driving the bus in the direction that is valuable to you.

In the session about defusion, we learned about how to take a step back from all the thoughts that you have. In this case, the passengers are shouting all kinds of things at you (your thoughts). As the bus driver, you don't want to be dragged along by this stream of commands. You also don't want to just meekly obey them. You want to learn to register them from a distance. "I have heard you, passengers. Thank you for your feedback!" You then choose to keep driving in the direction that is important to you.

In the session about the self, we learned how to see that we are more than our thoughts and feelings, we learned that we also exist outside them! The bus is not just made up of passengers (which sometimes seems like the case because it is so full), you are also there as the bus driver. You will always be the driver of your own bus and the passengers on your journey will get on and off the bus. Imagine you are sitting in a bus shelter, and your bus comes driving past. What do you see? We also talked about your self-image and what you expect from yourself. It is possible that you are stuck on the idea that you have to be the best bus driver, which means you are really trying your best to live up to this. This may result in you inadvertently driving in a direction that is not in line with your values.

While you are driving, it is important for you to consciously think about everything that you are experiencing at that moment, both in your own world and the outside world. As the bus driver, you don't want to want to be driving around aimlessly. You want to pay attention to what you are doing and what you are experiencing in that moment; a nice song on the radio, the sunshine etc. During the session about the here & now, we practised this skill. At almost every session we have also done an activity to focus attention on the here & now.

We have met the bus a few times during the therapy process. The bus also shows the way on our journey through the therapy. You can clearly see how the individual ACT skills work together so that you can live your life based around the things you find important, along with the problems you experience. The acceptance part of ACT helps you not to be forced into a fight with your negative experiences. This way, you have more room to do the things you find really important - the commitment part of ACT.

Activity: the bus journey

Which direction do you want to go in? Who are the rude passengers you could meet on your journey? How are you planning to deal with these passengers?

Fill in the picture of the bus together with the patient and motivate them to hang up the picture at home to remind them to continue using the ACT skills.

If you want: "What else do you want to practise today? Which passengers are you having trouble with?" If, as a therapist you notice a lot of fusion/strictness, say so and practise defusion together.

Acknowledge pain and avoidance. Also, if necessary, refer to another metaphor (unwanted anxiety).

(Source: ACT in Action)

Activity: keep using ACT in my life

What are you going to do to keep using ACT in your life? How are you going to make sure you don't fall back into your old patterns? How are you going to keep the ACT ideas fresh?
How are you going to make sure that you keep practicing the ACT skills to make them your own.
Are you going to make sure that you keep using ACT in your daily life?
How are you going to make sure that you continue to live your life on the basis of your values?
Who are the people who could help you with the above points?
How could they help you with them?

(Source: ACT in Action)

Discussion of homework from resilience session

- Read or listen to the summary of this session
- Keep practising the individual ACT skills, use the plan that you made in this session. Together identify and discuss the personal key points. And write them down!
- Integrate ACT into your daily life
- Live your life, so that it is valuable to you! Stop fighting, start living!

Briefly summarise the session
"In this final session, we have talked about all the ACT skills. We have seen that using these skills together allows for resilience. You can start using all these skills in your daily life."

Complete treatment
Thank the patient for their hard work during the therapy.

Activity: ACT for you (optional)

We have now made it to the end of your therapy. All the ACT skills have been covered. In this activity we will think about all the topics we covered. Ask yourself what each topic/theme meant to you. What did the theme have to offer you? Which activities or stories spoke to you the most? Go back through your book if you like!

Together, think about the individual ACT components. Use the hexaflex to do this and provide support wherever necessary if the patient has forgotten anything.

(Source: ACT in Action)

Activity: meditation with sound (optional)

"During this meditation we are going to turn our attention to listening to sounds. If you notice that your mind starts to wander, gently bring yourself back to listening to the sounds in this room."

Sit up straight and check your posture.

Ensure a short break between instructions.

Bring your attention to the place in your mind where you hear sounds. Normally, this is somewhere in your head near your ears.

Don't look for sounds. Open your mind and allow the sounds to come in from all directions.

If it helps to keep you focused, keep the words 'hearing' and 'still' in your mind.

Has your mind wandered? Nothing wrong with that. Bring your mind back to the sounds.

Are you having an emotional reaction to a sound? That's how it goes! Be aware of this, allow it and try to bring your attention back to the sounds and the silence between sounds.

Notice the sound from your mind, of the talking in your head, without doing anything about it.

Are you surprised by a sound, did it scare you and did it bring up some thoughts? Notice the reaction, let it be and bring your attention back to listening.

Be open to sounds and leave everything else in the background.

Bring your attention back and open your eyes."

Discussion: "What did you think of this? What did you notice? Negative experiences?"

(Source: www.gerschurink.nl)

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acceptance and commitment therapy for anxiety and/or depressive symptoms in people with brain injury

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