The use of a Self-Help book based on Acceptance and Commitment Therapy: To improve General Well-being and Reduce Stress among Support Workers in Disability Sector

A thesis

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Abstract

The randomized two group design (control and intervention group) study was used to evaluate the effectiveness of a self-help book based on ACT for support staff working in disability sector. 10 participants in the intervention group engaged with the book and did the exercises for a 7-week period while 12 participants waited. The researcher contacted the participants in the intervention group by telephone every week to discuss the respective section assigned for each week. 10 participants from the intervention group and 12 from the control group completed pre and post intervention measures for acceptance, mindfulness, quality of life, stress, thought suppression, values, general mental health and on thought control. Participants from the intervention group who read the book rated the usefulness of each section, answered if they were able to engage with the material and rated the difficulty level of the section. The questions at the end of each section helped to assess the comprehension of the content. Results of the group data showed that there was significant interaction for acceptance and depersonalization (a measure of burnout) for participants who completed intervention. Large effect sizes for interaction were seen for measures of stress and burnout while medium effect size was seen for quality of life and mindfulness. The current findings partially support the hypothesis that engaging with self-help book on ACT could improve general well-being of support staff working in disability sector. Previous studies have used ACT in form of workshop for support staff, results again suggest that a self-help book along with minimal guidance from therapist can help improve staff well-being and reduce stress.

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Chapter I. Introduction

Stress is a common problem which impacts an individual's physical, psychological and work related productivity. According to Lazarus and Folkman (1984), an individual perceives an event as stressful when the person doesn't have adequate coping resources to deal with the threat. This gap between the threat and the available coping resource causes stress in all facets of an individual's life, i.e., family, work, relationships etc. Occupational stress, commonly known as work stress, is usually considered as a one of the major factors that hampers an individual's physical and psychological well-being (Baer, 2006).

One of the most frequently and commonly heard complaints that people mention at work is about being stressed (Hayes, Bunting, Herbst, Bond & Barnes-Holmes, 2006) .According to Health and Safety Survey conducted in UK, almost half million employees reported being ill as result of work stress and rated their job as either "very" or "extremely" stressful (Bond & Flaxman, 2006). Studies have indicated a strong correlation between work stress and health issues. A recent study which looked at the relationship between changes in job strain and its influence on development of hypertension showed a strong positive correlation between the two (Markovitz, Mathews, Whooley, Lewis, &Greenlund, 2004). Work stress has also been shown to be a strong predictor of other physical health issues such as back pain, gastrointestinal disorders and low immune functioning (Linton, 2000). Stress hampers an individuals both physical and psychological well-being. High work stress can have debilitating effect on an individual's psychological health with problems like depression, anxiety, marital discord etc. (Godin, Kittel, Coppieters, &Siegrist, 2005).

High Stress Population

Work stress is ubiquitous in most working populations but the degree of its ill effects vary among individuals and depend on many factors, e.g., job control, availability of coping resources, work environment, support from supervisors, etc (Bond & Flaxman, 2006). Staffs are considered a valuable asset for any organisation; their well-being is paramount as it has a direct impact on their morale and service delivery (Jenkins, Rose & Lovell, 1997; Hatton Emerson, 1993). Work related stress varies depending on the type of work an individual is engaged is associated with (Schwetschenau, 2008).

Recent research has shown that certain group of workers tend to demonstrate higher level of stress as compared to others; one such group is staff supporting individuals with intellectual disability or autism, mental health workers, rehabilitation workers and teachers who work in special schools (Jenkins et al., 1997; Hastings & Brown, 2002; Mitchell & Hastings, 2001). Staff working in the disability sector can have a range of duties, they may assist client with different activities in the community, and they may help manage the financial needs, emotional and behavioural needs of the clients (Schwetschenau, 2008). Jenkins et al. (1996) suggested that staff working with individuals in the disability sector had moderate to high level of stress because of the unpredictability of the challenging behaviour and because of unsupportive management practises.Staff's working in disability sector have shown high rates of absenteeism, poor staff performances and high staff turnover because of the highly stressful nature of the job (Hatton, Rivers, Mason, Kiernan, Emerson, Alborz& Reeves, 1999).

Staff in mental health care and special education settings have confirmed that clients challenging behaviour, e.g., self-injury, physical and verbal aggression, property destruction etc., causes significant psychological distress for them (Hastings, 2002). These work environments can be highly unpredictable and demanding (Schwetschenau, 2008). A review by Rose and Rose (2005) indicates several other factors such as, perceived support, staff coping styles, emotional reactions to challenging behaviour and role definition also influence staff stress. A health survey conducted in United Kingdom (UK) pointed out that approximately 30% of staff working in the disability sector reported clinically significant levels of psychological distress (Lin, Lee, Yen, Loh, Hsu, Wu & Chu, 2009). This in turn leads to high staff turnover and an increase in usage of sick leave which has a negative impact on the care provided by staff (Blackledge, Ciarrochi& Deane, 2009). Research also indicates that an increase in staff stress or burnout can have a negative impact on staff- client interaction (Devereux, Hastings & Noone, 2009). The use of faulty coping methods such as avoidance has a detrimental effect on work stress and staff mental health in long term, thus active individual focussed training can help alleviate staff stress (Lazarus &Folkman, 1984).

There has been increased interest in understanding staff well-being in the disability sector (Jenkins et al, 1997). A satisfactory understanding of staff stress and its determinants could help prevent both physical and psychological health problems staff can encounter (Lin et al, 2009). Two general approaches commonly used to understand and reduce work related stress are organisation–focussed interventions and individual-focussed interventions. The former interventions focus on redesign of work environment and management processes (Flaxman & Bond, 2006). The latter interventions are commonly known as Stress

Management Techniques (SMT), e.g., coping skills training, programmes based on CBT(Cognitive Behaviour Therapy) such as cognitive restructuring, muscular relaxation, assertive training, educational programs, and biofeedback. These are commonly used as individual focussed interventions to alleviate worry and anxiety (Flaxman & Bond, 2006; Gardner, Rose, Mason, Tyler &Cushway, 2005; Schwetschenau, 2008). Strong social support at work, i.e., regular coaching and feedback by supervisors or mentors, can help alleviate the negative effects of staff stressors (Dyer & Quine, 1998). Several studies have indicated an increase in the number of stress management techniques that have been introduced to tackle work or personal stress, but their efficacy has been shown only in limited context (Gardner et al, 2005).

CBT interventions for stress aim at understanding and challenging an individual's dysfunctional beliefs or thoughts by using techniques such as "challenging irrational thoughts", "thought replacement", "effective problem solving skills".(Brown & Marshall, 2006). These dysfunctional beliefs or thoughts are seen as the cause of stress, anxiety or worry in CBT. In contrast CBT intervention for work stress which mainly target psychological symptoms such as depression and anxiety showed only moderate improvement in mood or work stress. In CBT the therapist help clients to identify maladaptive thoughts and replace them with more adaptive or functional thoughts (Schwetschenau, 2008). This process can be quite demanding for an individual; studies have shown that any attempt to control or avoid a thought consciously might help for short while but can eventually lead to an increase in that thought (Hayes, 2004; Smart & Wegner, 1999). The CBT approach to target change in both maladaptive thoughts and emotions among staff has received low or moderate empirical support.

Studies have indicated a more recent and effective third generation of cognitive behavioural therapy like Acceptance and Commitment Therapy (ACT) tried to understand the relationship or function of the maladaptive though ((Hayes, Luoma, Bond, Masuda & Lillis, 2006). The focus is on how an individual reacted to these maladaptive thoughts rather than attempting to alter the content of the thought (Hayes et al, 2006). Relational Frame Theory (RFT) is a contextual behavioural approach that attempts to change the function of undesired thoughts, feelings or sensations by altering the context in which they occur rather than changing the form or frequency of it (Plumb &Vilardaga, 2010). RFT provides the background to ACT and provides a functional analytic account to understand the emergence of language and associated cognitive skills which is achieved through a history of derived relational responding with social community (Dixon, Dymond, Rehfeldt, Roche &Zlomke, 2003).

RFT central conception is that humans have learned to relate to events either mutually or in combination and these relational responses is influenced by arbitrary contextual cues and stimulus functions (Hayes, 2002). We could explain this with an example, an employee may have experienced a stressful situation while working with a particular client or while taking the client to beach, this same staff could experience the same stressful emotions or feelings when a co-worker mentions that particular client's name. Thus the bi-directional nature of human language and cognition can easily elicit psychological and emotional reactions to a previously experienced painful event to the present (Hayes, Masuda & De May, 2003). Thus RFT attempts to explain how and why we are able to carry around stressful thoughts or hurt around with us and how any vaguely

related sound, smell or sight could elicit worrying thoughts, emotions or sensations.

Most individuals spend a significant amount of time trying to control, avoid or eliminate painful thoughts or emotions (Cullen, 2008). RFT states that the different relational frames allow human being to experience aversive experiences even if there is no direct threat present in the environment, this fusion with unwanted thoughts, feelings or sensations and not having clearly defined values is seen as the underlying cause of stress (Hayes, Bunting, Herbstt, Bond & Barnes-Holmes ,2006 ; Schwetschenau, 2008). Thus humans form strong relational networks with aversive stimulus they would have experienced (Schwetschenau, 2008). According to RFT, it would be hard to eliminate all the stressors in our verbal network; instead RFT teaches us to understand the function with the stressor and helps to change the way we react to these stressors (Hayes, 2002).

Acceptance and Commitment Therapy

ACT is a relatively new form of cognitive-behaviour therapy whose principles are firmly grounded in relational frame theory (Flaxman & Bond, 2006). ACT assumes language as the root cause of all human suffering (Harris, 2006). ACT aims to alter or reduce unwanted thoughts or feelings by helping to understand the function of these maladaptive thoughts and by modifying the psychological context in which they occur (Flaxman et al, 2006). Thus, ACT believes it is not the content of the thought that causes the problem but instead the context in which one experiences these maladaptive thoughts (Schwetschenau, 2008).

According to ACT, rigid and inflexible thinking behavioural pattern are seen as the main problems an individual encounters. Thus the individual spends lot of

time and energy trying to avoid or escape from painful thoughts, emotions, feelings and bodily sensations which keep them from engaging in activities the value or enjoy (Hayes, Masuda & De May, 2003). ACT as therapy doesn't target in symptom reduction instead the focus is to transform the relationship with these unwanted thoughts, feelings or bodily sensations (Harris, 2006).

The two main goals of ACT are: (1) to increase acceptance of unwanted thoughts, emotions, feelings and bodily sensations, and (2) to make a commitment and taking action to live a life they value (Eifert& Forsyth, 2005). This is achieved through a combination of acceptance and mindfulness based strategies that will help increase psychological flexibility or reduce experiential avoidance (Schwetschenau, 2008). ACT uses a combination of metaphors, mindfulness, paradoxes, problem solving techniques and value driven exercises to help clients reduce the entanglement between thoughts and self which in turn helps to alleviate the problem (Hayes et al, 2003 ; Bond, Hayes & Barnes-Holmes, 2006).

The main goal of ACT is to increase psychological flexibility which is the ability to be mindful and fully aware of both internal and external events in the current environment, while continuing with or changing ones behaviour to be consistent with one's values (Bond & Flaxman, 2006). ACT uses six core principles to help client develop psychological flexibility (Harris, 2003), which are:

- *Acceptance* – is one of the core processed of ACT which encourages client to reduce experiential avoidance (Hayes, Luoma, Bond, Masuda & Lillis, 2006). Here the client taught not to avoid any unpleasant thoughts, feelings, emotions or bodily sensations

they experience. Instead they are asked to just allow them to come and leave by just observing them (Harris, 2003).

- *Cognitive Defusion* – teaches the client to alter the function of the thought rather than trying to change the form, content or situation (Hayes et al, 2006). In this clients are taught to perceive thoughts, sensations or painful memories just as what they are i.e. images, words or pictures rather than looking at them as reality (Harris, 2003). This eventually helps an individual to have decreased believability of negative thoughts they encounter (Schwetschenau, 2008).
- *Being Present* – helps an individual to be fully aware and conscious of physical environment, thoughts, emotions and feeling without being judgemental. It helps an individual to be fully aware and focussing on what they are doing now (Harris, 2003).
- *Self as a context (The observing Self)* – it teaches an individual increased psychological awareness of his thoughts, emotions or feelings without being attached to it (Schwetschenau, 2008). The observing self helps to just observe the thoughts, emotions or painful memory mind generates without judging them as good or bad; it helps foster defusion and acceptance. In ACT the observing self is better understood through mindfulness exercises, metaphors and experiential exercises (Hayes et al, 2006).
- *Values* – helps an individual to identify significant and meaningful areas in their life. Here we facilitate clients to live a life more in tune with their values. The above four processes are clear path

which helps an individual to move towards living more valued or vital life (Hayes et al, 2006).

- *Committed Action* – is the final step in ACT in which individual sets goals guided by their values and commits to take effective action to achieve those goals (Harris, 2003).

Areas of ACT research

The use of ACT has now been supported by much research demonstrating its efficacy in treating various clinical conditions like anxiety, depression, chronic pain, workplace stress, drug abuse and few studies have also looked at treating schizophrenia (Harris, 2006 ; Bond &Bunce, 2000; Twohig, Hayes & Masuda, 2006). As mentioned earlier the main goal of ACT is to help an individual reduce experiential avoidance and increase psychological flexibility or acceptance (Eifert, Forsyth, Arch, Espejo, Keller,& Langer, 2009).A study by Zettle and Hayes (1986) used ACT to help individuals with depression; results indicated that clients who received therapy showed reduction in believability of depressogenic thoughts at post treatment as compared to pre-treatment (Zettle& Raines, 1989). A study by Hayes et al. (2003) used a randomized control trial in an inpatient setting for participants who were diagnosed with positive psychotic symptoms. These participants received brief ACT therapy, which mainly used acceptance and defusion techniques, along with their usual treatment. Results showed a reduction in symptom believability and rehospitalisation (Hayes et al., 2003).

A study by Feldner, Eifert and Spira (2003) explored emotional avoidance with two group of participants, the experimental group was asked to accept any anxious thoughts or feelings when exposed to CO_2 enriched air while the control

were asked to suppress any such thoughts. Participants in the acceptance group showed less anxiety and catastrophic thoughts as compared to control group. Several studies have shown that inflexible thinking along with attempts to control unwanted private thoughts or emotions can result in having more of those unwanted thoughts and thus result in poorer quality of life (Eifert et al., 2009; Dahl, Wilson & Nilsson, 2004).Butler and Ciarrochi (2007) looked at the influence psychological acceptance on quality of life in a nursing home for old people; their results showed that individuals with higher psychological acceptance had a better quality of life, better health conditions and better productivity than those with less.

Bach and Hayes (2002) aimed at showing the efficacy of ACT in a hospital sample, diagnosed with psychosis. Participants in the ACT group were subjected to a three-hour ACT intervention and showed 50% reduction in rehospitalisation after a 4 month follow up as compared to the other group which received treatment as usual. Participants in the ACT group also showed a decrease in believability of negative thoughts (Bach & Hayes, 2002). Several studies involving people with chronic pain have shown brief ACT therapy resulted in greater acceptance of chronic pain and, as a result, better psychological, physical and social functioning (Vowles, Wetherell & Sorrell, 2009). A study by McCracken (1998) used AAQ (Acceptance and Action Questionnaire) to measure acceptance of people in pain. The results indicated that individuals who showed greater acceptance of pain had lower pain intensity, less pain related anxiety, less depression and better work status as compared individuals with low levels of acceptance.

To help understand the efficacy of ACT further, Dahl et al (2004) examined the effect of a brief ACT intervention for workers in the public health sector. These workers were generally showing chronic stress or burnout and, in turn, utilized more sick leave. Participants were divided into two groups, both group received medical treatment as usual (MTAU) while one group also received four 1 hour weekly sessions of ACT. Results showed that at post analysis and after 6 month follow up, participants in the ACT intervention showed less use of sick leave even though there was no change in the level of pain or stress. The overall decrease could be attributed to increase in participant's acceptance of pain (Dahl et al, 2004).

A comparative study on pain tolerance was done to examine the effect of 20 min ACT intervention which mainly used acceptance, defusion and values as intervention as compared to a cognitive and emotional change intervention (Gutierrez, Luciano & Fink, 2004). Participants in ACT group showed higher tolerance towards pain and remarkable willingness to persist even when pain was increased compared to other group (Gutierrez et al., 2004). Mindfulness, which is one of the core processes of ACT, is a very crucial tool; a small randomized study indicated that mindfulness training reduced symptoms of depression among group of women with fibromyalgia (Vowles, Wetherell& Sorrell, 2009).

ACT and Work Stress

ACT has attempted to widen its research into areas of stress especially work-related stress, stress among support staff in mental health and disability sector (Devereuz, Hastings & Noone, 2009; Hayes et al, 2006). ACT states that a maladaptive or stressful thought like " I am too stressed to cope with work today"

does not need to be changed to reduce stress; rather it is the context in which it is held and the function of the thought which has to be targeted (Hayes et al., 2006).

Bond and Bunce (2000) explored worksite stress reduction, aiming at increasing psychological flexibility for workers of a large media organisation; participants were divided into three groups the first group received 9 hours of ACT intervention, the second group received 9 hours of behavioural intervention which aimed at teaching workers to remove stressors at workplace and the third was wait list group. Results showed that ACT group showed a significant reduction is psychological distress, depression and were seen to be more innovative at work (Schwetschenau, 2008). The above change was seen in participants who showed more psychological flexibility post-ACT intervention (Bond et al., 2000). This indicates that ACT might have worked for individuals who were willing to accept undesirable thoughts, feelings or sensations rather than challenging or controlling them (Schwetschenau, 2008).

Bond and Bunce (2003) looked at studying the longitudinal effects of psychological acceptance on mental health, job satisfaction and work performance among customer service centre employees at a financial organisation. Results showed that after one year acceptance predicted better mental health and the effects of having more job control was enhanced if the individual showed more acceptance. ACT research shows that psychological flexibility is seen as a good predictor of an individual's well-being (Schwetschenau, 2008).

Staff burnout is a major problem faced by staff who works in rehabilitation settings, disability sector, mental health etc (Devereux, 2009; Lin et al., 2009). A 6 hour one day ACT intervention for drug and alcohol counsellors showed a

decrease in burnout and increase in personal accomplishment in their jobs on a three month follow up (Hayes, Bissett, Roget, Padilla, Kohlenberg& Fisher, 2004). The participants also showed a decrease in negative stigmatising beliefs about the clients, this was achieved through ACT processes like defusion (Hayes et al, 2004). Previous researches have all looked at effectiveness of ACT for different working population but there have been no studies that explored stress among staff in disability sector.

A recent study by Noone & Hastings (2010) looked at implementing acceptance and mindfulness-based intervention called Promotion of Acceptance in Carers and Teachers (PACT) intervention among support staff working in disability sector for 1.5 days. Results indicated that participant's psychological distress reduced post the PACT intervention, but the perceived stressors in the environment did not change. The workshop aimed at promoting willingness in participants so they would engage with negative thoughts and emotions, rather than trying to control those thoughts and secondly to teach defusion techniques which would help them to distance from their thoughts (Noone et al., 2010). Thus it could be suggested that ACT interventions could be beneficial for support staff, especially for staff that are in direct contact with clients who is at risk of high stress (Noone et al., 2010).

Self Help Books and ACT

Self-help books have become quite popular in claiming to help deal with daily stress and even psychological issues like anxiety and depression (Redding, Herbert, Forman &Gaudiano, 2008). Self-help interventions follows an approach of providing standardized intervention for clients with minimal input from

therapist for different disorders like anxiety, depression etc (Johnston, 2008). A study by Maunder, Cameron, Moss, Muir, Evans, Paxton, and Jones (2009) showed that self-help books or intervention are effective in reducing stress and anxiety of individuals not only in the community but also among prison inmates. Self-help books in which the material presented is based on strong scientific theory have been shown to be effective in alleviating anxiety, stress and depression (Redding et al., 2008).

A review of scientific literature shows that most ACT studies used interventions in form of workshops or used ACT specific tools to understand change in ACT variables (Hayes et al., 2006). Few studies have examined the use of a self-help book covering ACT as an intervention to facilitate change among a specific population. One that did was Johnston (2008), who used the ACT self-help book for chronic pain. In this study participants used a self -help book specifically dealing with pain written by Dahl and Lundgren. Participants who used this ACT book showed improvement in acceptance, quality of life and were more satisfied with life. A study by Prya (2008) used a self-help intervention for public speaking anxiety. In this study participants worked through Hayes and Smith (2005), a self-help book based on ACT. Results showed that the self-help book along with minimal therapist contact reduced anxiety of public speaking among participants.

In summary, ACT studies for stress and work stress has shown that psychological flexibility is an important factor that could help in predicting mental health. Few studies have shown that ACT in form of workshop format has been instrumental in decreasing psychological distress. The above findings suggest that acceptance and mindfulness exercise can help an individual to accept

negative and unwanted thoughts or feelings without trying to control them. Few studies that have looked at using a self –help book based on ACT to target anxiety or pain, but results have shown that even self-help books could be useful in facilitating change.

Rationale for the Present Study

There is enough evidence that shows the effectiveness of self-help books (bibliotherapy) as a treatment approach for various problems. And here is growing evidence for the effectiveness of ACT for range of problems. Few previous studies have tried to explore the use of self- help book based on ACT for chronic pain and anxiety disorder. One previous study used ACT in form of workshop as an intervention for support staff. The current study is unique because it aims to explore the effectiveness of using self –help book based on ACT as an intervention to improve the general well being of support staff who works in disability sector. Till date there have been no such studies.

Aim of the Study

The aim of the present study was to explore "If by reading and engaging in exercises from self-help book based on ACT (compiled from various ACT sources) would improve general well-being of support staff who work in disability sector". It was hypothesised that by engaging with the self-help book participants would show an increase in acceptance, mindfulness, improved quality of life, decrease in though suppression, and decrease in stress and burnout.

It was also hypothesised that a change in primary variables could show a change in secondary variables like reduction in thought control, dysfunctional thoughts and psychological morbidity.

Chapter II. Methods

Ethics Approval

Ethics approval for the study was obtained from University of Waikato, through the Department of Psychology Research Ethics Committee. Approval was also obtained from the organisation where the participants worked.

Participants

Participants were recruited through advertisements that were placed on notice boards which were at the reception and in the tea rooms. A copy of the advertisements and an information sheet regarding the study was mailed to respective houses where support staff worked, as most staff worked in residential settings (clients who lived away from home). The researcher also met support staff by taking part in team meetings (all staff participated in team meeting once a fortnight along with managers) where advertisements about the study were handed over to staff. The advertisement briefly explained the study and also mentioned that the study would use a self-help book to help them manage stress in their lives. Those who were interested in being part of the study contacted the researcher by phone or through text messages. The organisation was not informed about which staff took part in the study; this was done to maintain confidentiality for participants. The inclusion criteria for the study were that participant was currently supporting individuals with intellectual disability or Autism. All support workers and few team leaders did meet this criterion. Another criterion was that the person had to be employed by this organisation. The reading and writing level

was not evaluated for each participant, since one of the criteria to be a support worker was the ability to be able to read and write notes about clients.

Twenty-seven people volunteered to participate in the study and 22.2% (n = 6) of these were males and 77.7% (n = 21) were female. Participants were all between 26 and 69 years old with mean age of 46.6 yrs and standard deviation (SD) of 10.7 and the number of years they worked for the organisation ranged between 0.6 and 12.8yrs with a mean 4.9yrs and SD of 3.55. Participants were randomly assigned to either the control group (n=14) or experimental group (n=13). Out of the 13 participants in the experimental group 9 completed the whole intervention; 2 participants completed pre-measurements and started the workbook but discontinued after week III and week V respectively. One participant dropped out of the study even before doing pre-assessment. In the control group (n=14), 12 participants completed the whole study, .i.e. first they completed the pre-measures (p1) and after the waiting period completed the post-measures (p2). Two participants choose to discontinue study and did not complete either pre- or post-measures. For the final analysis, from the experimental group, 9 participants completed the entire study and from control group, 12 participants completed the study. Table (1) gives the demographic details of the groups.

Setting

Once the participant's expressed interest to take part in the study, a meeting was scheduled with participant and the researcher which took place either at participant's residence or at office. Participants who were in the group that filled daily questionnaires had an envelope with empty forms dropped in their mail box every week and at the end of the week the filled forms were collected from their

mailbox. Participants post-measures were collected in a similar way, all the questionnaires were dropped in their mailbox and once they filled them it was collected from mailbox.

Table 1: Demographic details of participants who fully or partially participated in the study

Intervention Group				Control Group			
ID Number	Gender	Age (yrs)	Years in organization	ID Number	Gender	Age (yrs)	Years in organization
1	M	46	0.6	2	M	26	1.2
3	M	56	12	4	F	26	0.6
5	F	55	12.8	6	F	48	6.2
7	F	33	3	8	F	46	0.4
9	F	69	5.3	10	F	38	5.8
11	F	61	6.2	12	M	48	2.2
13	F	43	4.8	14	F	59	7.2
15	F	44	1.7	16	F	50	8.4
17	F	60	1.6	18	F	40	8.4
19	F	40	3.6	20	F	48	1.8
21	F	42	4.6	22	M	33	2.2
23	F	34	3.8	24	F	39	0.6
27	F	32	1.1	25	F	48	6.4
				26	M	60	11

Materials

- *Information sheet.* Participants who volunteered to participate in the study were given an information sheet which briefly explained the duration of the study and also mentioned that the study used a self-help book.
- *Consent forms*

  All participants were given a consent form to sign once they had read the participant information sheet. The consent form also mentioned that participants were free to ask any questions regarding the study and could withdraw from the study at any time. All the participants had to fill and sign a group consent form. Few participants who agreed to fill daily questionnaire as part of the study, filled an additional consent form "Intensive Intervention consent form".
- *Chinese Finger Trap*. The Chinese finger trap (Eifert, Forsyth, Arch, Espejo, Keller & Langer, 2009) is made of woven straw which looks like a tube with five inch length and half inch width. This was tied to the workbook and participants received it along with the workbook. Participants were instructed to only use it when they reached a particular section in the book which instructed them to untie the finger trap and then engage in the exercise. (Below is a picture of Chinese finger trap)

- *Self-help workbook*

The self-help book was compiled by the primary researcher from existing self-help books on Acceptance and commitment Therapy (ACT), relevant journal articles and from websites on ACT. The workbook had eight chapters and also included an introduction which discusses the aim and the benefits of actively using the workbook, along with a table of contents. At the end of each chapter were a list of questions regarding the chapter, participants answered these questions once the finished reading for relevant week. A copy of the self-help book is attached (Appendix A).

Research Design

The study used a randomised group design which consisted of two groups a control group and ACT (experimental) group. A group design was used so that researcher could make a comparison between both the groups and see if the self-help workbook caused any significant change among participants in the ACT group. The battery of tests was filled in at the beginning and end of the study. The battery of tests included measures like acceptance, mindfulness, thought suppression, measure of values,

evaluating staff stress, psychological morbidity, burnout and alternative measures of change.

Group Intervention Design

Once all the participants had filled the initial battery of test, they were randomly assigned to either intervention or control group. Those in the control group were told that the researcher would meet them seven weeks later and they would be administered the battery of tests again and that once they had completed the questionnaires again they would be given the opportunity to start the intervention (workbook). Meanwhile those in the intervention group were given a copy of the self-help workbook which included the reading and exercises for each week.

Within Subject Design (Intensive Intervention Group)

Four participants from the intervention group were randomly selected and given an opportunity to be part of a more intensive study of the intervention which used a multiple-baseline design. Participants were informed about this aspect of the study which required them to fill a questionnaire every day of the week apart from the self-help workbook they were working on. Participants were told that if they were not interested in taking part in filling the daily questionnaire, they could still continue to be part of the intervention group for group design. Participants who agreed to take part in this were given another consent form to sign and also informed that they could discontinue or drop out from this group at any time.

Measures

The measures used for this study were divided into three areas which measured ACT variables, measured stress and burnout and other measures which might have changed. Table (2) lists all the measures used in the study, when the measures were administered and the approximate time taken to complete each measure.

Demographic Information. This self-report form collected information on gender, age, ethnicity, level of education, if participant had any formal qualification in working with individuals with intellectual disability and the number of years they have been working for the organisation. A copy of the demographic sheet is attached (Appendix two).

Stress Measures

Staff Stressor Questionnaire (SSQ). The SSQ (Hatton et al., 1999) is 33 item questionnaire which measures potential stress staff would experience while working in services for people with intellectual disabilities. This questionnaire has seven subscales and it asks staff about the possible sources of stress in their job and they rate the questions on 5 point Likert scale The seven subscales are user challenging behaviour (9 items), poor user skills (7 items), lack of staff support (3 items), lack of resources (3 items), low status job (5 items), bureaucracy (3 items) and work-home conflict (3 items).

The items on each scale are scored as 'not at all'= 1, 'just a little' = 2, 'moderate amount = 3', 'quite a lot = 4' and 'a great deal' = 5. The sum of all the sub scales is used to derive at a final score on SSQ. High total score is indicative of high stress while low scores indicate less stress. The SSQ (Hatton et al., 1999) is found to have good internal consistency with 0.7 score on Cronbach's alpha and mean inter item correlation between 0.2 and 0.4.

Daily Stress Inventory (DSI). DSI (Brantley, Waggoner, Jones & Rappaport, 1987) is a 58 item self- report inventory in which participants report whether or not they encountered a particular stressor during last 24 hours. Participants rate both the frequency of the stressor and also the perceived feelings of stress associated with each item on a 7 point Likert scale , where 1 = ' not stressful" to 7 = ' caused panic'. The items on DSI fall into five areas: interpersonal conflict, personal competency, cognitive stressors, environmental hassles and varied stressors. For the present study we used the total impact score which was derived by dividing the impact of stressors by

the frequency of stressors, which gives an average impact rating. The DSI shows satisfactory internal consistency for impact score, with a Cronbach's alpha of .87.

Table 2: Shows a list of all the measures used in the study

S.No o	**Name of Test**	**What it measures**	**Measures** *ACT/Stress/Others*	**Daily/weekly/pre/post assessment**	**Time Taken (min)**
1	SSQ	Stress of support staff in disability sector	Stress	Pre and Post	10-15
2	DSI	Stressful events in last 24hrs	Stress	Weekly and daily	4-6
3	VLQ	Values	ACT	Pre and Post	2-3
4	AAQ-19	Psychological flexibility & Acceptance	ACT	Pre and Post	2-3
5	QOLI	Quality of Life	Others	Pre and Post	10
6	TCQ	Control of unwanted/aversive thoughts	Others	Pre and Post	2-3
7	WBSI	Thought suppression	ACT	Pre and Post	1-2
8	MAAS	Mindfulness & acceptance	ACT	Pre and Post	1-2
9	PSS	Perceived stress	Stress	Pre and Post	2-3
10	MBI	Burnout	Stress	Pre and Post	2-3
11	DAS	Cognitive distortions	Stress	Pre and Post	2-3
12	VLQS	Values	ACT	Pre and Post	1-2

Perceived Stress Scale (PSS). The PSS (Cohen, Kamarch & Mermelstein, 1983) is a 10 item scale which measures the extent to which an individual appraises a situation as stressful. The questions on this scale ask participants to about their thoughts and feelings they found stressful during last month. Participants rate each item on the scale on a 5 point Likert scale ranging from 0 (never) to 4 (very often). The sum of the all the questions is taken to get a final score and high scores are indicative of high perceived stress. The PSS has been shown to have good reliability across student and adult population with alpha scores of .84 and .85. A test-retest reliability of .85 was also seen (Cohen & Williamson, 1988).

The Maslach Burnout Inventory (MBI). The MBI (Maslach, 1982) is a 22 item questionnaire with three subscales: Emotional Exhaustion (9 items), Depersonalization (5 items) and Personal Accomplishment (8 items). Participants are asked to rate how often they experience symptoms of burnout on a 7 point scale with 1 (never) to 7 (everyday). Scores for subscales are obtained by summing the scores obtained for each item and a total score of burnout is obtained by summing emotional exhaustion and depersonalisation subscale. The subscales can also be interpreted: high scores on EE is indicative of more burnout, high scores on PA indicates less burnout and high scores on D indicates more burnout. The MBI has been shown to have very strong psychometric properties (Bakker, Demerouti & Schaufeli, 2002). The reliability coefficients for the subscales were following: Emotional Exhaustion (EE) = .90, Depersonalization (D) = .79 and Personal Accomplishment (PA) = .71.

ACT Measures

Acceptance & Action Questionnaire (AAQ 19). The AAQ (Bond & Bunce, 2003) is an instrument which is widely used in ACT studies as it measures experiential avoidance or an individual's willingness to accept undesirable thoughts and feelings. For the purpose of this study a longer version was used, even though shorter versions are available. The AAQ 19 has 19 items in which participants are asked to rate statements on a 7 point Likert scale of 1(never true) to 7 (frequently true). The total score for AAQ 19 is derived by summing the scores for each item; (after reverse scoring the negative worded items). High scores on AAQ indicate more acceptance and less emotional avoidance. The AAQ 19 shows adequate internal consistency (.70) and test-retest reliability (.64).

Valued Living Questionnaire (VLQ). The VLQ is an instrument which is commonly used in ACT studies. It is 10 item questionnaire which asks participants to rate how important different areas of life is for an individual, on a scale from 1 ("not at all") to 10 ("very important"). After which participants are asked to rate how much they had engaged with the valued domain in last one week with 1("not at all") and 10 ("fully engaged") (Wilson, Sandoz, Kitchens & Roberts, 2010). The ten domains in VLQ are family, marriage/couples/intimate relationship, parenting, friendship, work, education, recreation, spirituality, citizenship and health. The scores are derived by taking the sum. Psychometric properties show good reliability for the importance scale and adequate reliability for consistency scales of (.79) and (.58) respectively.

White Bear Suppression Inventory (WBSI). The WBSI (Wegner & Zanakos, 1994) is a 15 item scale which is used to measure thought suppression in individuals. Items in this scale are scored on a five point scale from strong disagree (1) to strongly agree (5). The total score is obtained by summing the responses provided for each item. The total score can vary from 15 to 75 and high scores indicate greater tendencies to suppress thoughts. WBSI has been shown to have very good internal consistency, alpha scores ranging from .87 to .89 (Wegner et al., 1994). The inventory also showed excellent convergent validity, with good correlation between WBSI and measures of Beck's Depression Inventory.

The Mindfulness Attention Awareness Scale (MAAS). The MAAS (Brown & Ryan, 2003) is a 15 item scale that measures a person's tendency to be mindful of their moment to moment experience. The focus is on attention and awareness of what occurs in the present. Participants are asked to rate how often have the experienced what each statement describes using a 6 point Likert scale were 1 (" almost always") to 6 (" almost never. The total score is obtained by summing the responses provided for each item and higher scores on this scale reflect more mindfulness. The MAAS was found to have good internal consistency with alphas ranging from 0.82 in student sample and 0.87 in adult sample (Brown et al, 2003).

Valued Living Questionnaire (personal communication Prof S. Noone, May 2010) is an 11 item questionnaire which is developed to measure the importance of different areas that staff value in their work with regards to clients. This scale measures different areas in staff like have been improved or not while working with individuals with Intellectual Disability. Participants

are asked to rate on a 7 point scale with 1 (“not at all important”) to 7 (“extremely important”). The scores on each item are summed to get a single score for this scale.

Other Measures

Thought Control Questionnaire (TCQ). The TCQ (Wells & Davies, 1994) is a 30 item questionnaire which measures the various techniques used by individuals to control unpleasant and unwanted thoughts. TCQ provides 5 subscales for assessing thought control: distraction (D), social control (SC), worry (W), punishment (P) and re-appraisal (R). Participants are asked to read each statement and indicate how often the statement is true 1 (never) to 4 (almost always). The sum of the scores for each scale is obtained. Three questions on social control subscale are reverse scored. The total score is obtained by summing up all the subscales total scores. High scores on the subscales worry, punishment and distraction indicative of maladaptive attempts to control thoughts. The TCQ shows good internal consistency for all the subscales with Cronbach’s Coefficient Alpha’s scores of D = 0.72, SC = 0.79, W = 0.71, P = 0.64 and R = 0.67 (Wells & Davies, 1994). It also shows acceptable to very good test-retest reliability of 0.83.

General Health Questionnaire (GHQ-12). The GHQ-12 (Goldberg, 1978) is a 12 item scale which measures an individual’s general mental health or psychological morbidity. The items on this scale are rated by participants on 4 point Likert scale ranging from 0 (“not at all”) to 3 (“much more than usual”). High scores on this scale are indicative of poor general mental health. Total score is obtained by summing up responses of each question. The scale was

found to have good internal consistency (alpha = .84) and also showed good convergent validity with depression and anxiety (Koeter, 1992).

Dysfunctional Attitude Scale (DAS). The DAS (Weissman & Beck, 1978) is a 40 item scale designed to identify and measure cognitive distortions that may relate to or be causal factor for depression. Participants are asked on a 7 point scale ranging from 1 ("totally agree") to 7 ("totally disagree"). Total score for DAS is obtained by summing up scores for each item, items that are not answered are scored zero. Lower scores on this scale is an indication for more adaptive beliefs and fewer cognitive distortions. The DAS has been shown to have strong psychometric properties with internal consistency ranging .84 to .92 and excellent concurrent validity with measures of depression (Weissman et al, 1978).

Procedure

During the first meeting with the researcher, the participants were given a participation information sheet which briefly described the study. Once they expressed interest to participate in the study, participants signed the consent form and they were informed that all information would remain confidential and they had an option to leave or discontinue study at any point. All participants filled the battery of tests and a weekly time was arranged for researcher to contact the participants. Participants were reminded that they would be contacted during the agreed time slot and if there was any change in the agreed time slot participants usually informed the researcher in advance. All participants were designated a unique identification number which was used throughout the study. Completing the battery of tests took approximately 40 – 45 minutes.

The researcher contacted participants in the intervention group each week. Each phone call started with three standard questions during the (1) Were you able to do all, some or none of the reading and exercises for last week? (2) Would you rate the reading level as easy, medium or hard? (3) How would you rate this section, very useful, moderately useful or as not useful? The researcher discussed the questions in the workbook for the week. Once a participant in the intervention group had completed the reading and the respective exercise for all the eight sections, they repeated the battery of tests and finished the study. All the participants were allowed to keep the copy of the workbook which they used for the study.

The control group was also contacted weekly at the prearranged times and the researcher asked a standard set of questions about the past week; these were (1) How stressful did they find last week? (2) Was last week more or less stressful as compared to previous week? (3) How did they deal with stress they encountered? The participant's responses were written down verbatim. After seven weeks, the control group participants repeated the battery of tests and each was given the opportunity to take part in the intervention i.e. to use the workbook. If they agreed to do this then the same procedures which were used by the intervention group were followed. Once they had completed all the sections and exercises of the workbook, they were administered battery of tests for third time.

Within Subject Design (Intensive Intervention Group)

Four participants from the intervention group were randomly selected and given an opportunity to be part of a more intensive study of the intervention which used a multiple-baseline design. Participants were informed about this aspect of the study and what would be required of them and told that if they were not interested in taking part then they could still continue to be part of the intervention group for group design. Participants who agreed to take part in this were given another consent form to sign and also informed that they could discontinue or drop out from this group at any time.

Once these participants had completed the initial battery of tests, they were not given the workbook immediately, instead they were asked to collect baseline data. They were asked to complete the Daily Stress Inventory (DSI)

every day of the week. The completed DSIs for each week were put in an envelope and were collected by the researcher at the end of the week either from office or from participant's mailbox. To check if the measures from the DSI were stable, the frequency of stressors, impact of stressors and total impact scores were plotted against days. If the graph showed an upward trend or stable levels of stress across several days, then the participant started the self-help workbook. If the graph showed a downward trend or that the measure was not stable, the participants were asked to fill DSI for another week till the graph showed stable pattern. They started engaging with the workbook once the data showed a stable trend. Participants in this group continued to fill DSI everyday of the week throughout the time they completed all the reading and exercises of the workbook.

Chapter III. Results

The aim of the study was to evaluate the use of self-help book based on ACT; the ideas given in this book were taken from different ACT books, journals and ACT websites. The study aimed to check if the support staffs's physical, psychological and work related outcomes would be improved by reading the self-help and engaging in the exercises.

Statistical analysis

The data were analysed using the latest version of Statistical Package for the Social Sciences (SPSS)(PSAW version 18). Once data collection was completed for both groups of participants, repeated measures *ANOVA*s and dependent *t*-tests were carried out to compare all the measures for both the groups. The alpha level for statistical significance taken as .05.

Effect sizes were also calculated. These give the magnitude any change from pre to post intervention (Dunst, Hamby & Trivette, 2004; Cohen, 1988). They provide a way to analyse the importance of change that happens from pre to post irrespective of sample size (Johnston, Foster, Shennan, Starkey & Johnson, 2009). Statistical effect sizes were calculated for the *t* tests using Cohen's *d*. Cohen suggested *d*s of 0.10 to 0.20 indicated small, those of 0.29 to 0.50 indicated medium and 0.50 to 0.80 indicated large effects.

Group Comparisons

The data from the two groups, the intervention group and control group, were compared. The first administration of the measures is referred to as the pre-

assessment phase or P1 and the second administration of the measures is referred to as post-assessment phase or as P2. Table 3 (a) shows the number of participants (N), mean and standard deviation of primary variables for both control and experimental group for pre and post measures. Table 3(b) shows number of participants (N), mean and standard deviation for secondary measures for both control and experimental group for pre and post measures.

Table 3: Shows number of participants (N), mean, Standard deviation (SD) of both control and experimental group for both pre and post conditions across all primary measures.

		Control Group			Experimental Group		
	Measures	**N**	**Mean**	**SD**	**N**	**Mean**	**SD**
Pre	AAQP1	12	44.8	10.3	12	48.6	10.9
Post	AAQP2	12	5.0	3.4	10	5.0	3.7
Pre	MAASP1	12	88.0	10.5	12	82.3	9.5
Post	MAASP2	12	84.5	9.4	10	91.6	13.4
Pre	WBSIP1	12	68.3	9.1	12	64.0	9.8
Post	WBSIP2	12	69.2	9.4	10	70.8	10.4
Pre	PSSP1	12	42.3	12.1	12	40.3	11.0
Post	PSSP2	12	39.4	12.8	10	39.1	6.0
Pre	VLQP1	12	16.1	3.3	12	16.7	2.7
Post	VLQP2	12	15.5	2.8	10	14.8	1.8
Pre	QOLIRP1	12	10.0	3.4	12	8.8	2.9
Post	QOLIRP2	12	9.2	2.6	10	8.9	1.7
Pre	QOLIPP1	12	16.3	3.2	12	14.0	2.2
Post	QOLIPP2	12	16.0	2.4	10	12.7	2.8
Pre	QOLITP1	12	10.0	3.1	12	8.8	1.6
Post	QOLITP2	12	9.2	3.3	10	7.4	1.5
Pre	MBIP1	12	13.9	3.1	12	14.9	3.1
Post	MBIP2	12	13.2	3.0	10	14.7	2.1
Pre	MBIEEP1	12	76.8	12.8	12	81.5	12.4
Post	MBIEEP2	12	79.1	11.2	10	84.6	10.6
Pre	MBIPAP1	12	3.0	1.1	12	2.8	1.1
Post	MBIPAP2	12	2.7	1.1	10	3.5	0.9
Pre	MBIDP1	12	58.8	28.3	12	55.3	26.6
Post	MBIDP2	12	51.5	28.5	10	71.2	21.3
Pre	SSQP1	12	53.6	8.9	12	52.1	8.8
Post	SSQP2	12	51.2	8.9	10	57.2	6.9
Pre	VLQSP1	12	24.7	7.5	12	23.1	8.1
Post	VLQSP2	12	23.2	7.0	10	16.9	4.7

Table 4: Shows number of participants (N), mean and Standard deviation (SD) of both control and experimental group for both pre and post conditions across all secondary measures.

		Control Group			Experimental Group		
	Measures	**N**	**Mean**	**Std Dev**	**N**	**Mean**	**Std Dev**
Pre	GHQP1	12	45.6	7.0	12	45.3	6.5
Post	GHQP2	12	42.6	8.2	10	48.3	7.1
Pre	TCQDP1	12	16.1	3.3	12	16.7	2.7
Post	TCQDP2	12	15.5	2.8	10	14.8	1.8
Pre	TCQPP1	12	10.0	3.4	12	8.8	2.9
Post	TCQPP2	12	9.2	2.6	10	8.9	1.7
Pre	TCQRP1	12	16.3	3.2	12	14.0	2.2
Post	TCQRP2	12	16.0	2.4	10	12.7	2.8
Pre	TCQWP1	12	10.0	3.1	12	8.8	1.6
Post	TCQWP2	12	9.2	3.3	10	7.4	1.5
Pre	DASP1	12	34.3	9.4	12	32.9	10.8
Post	DASP2	12	34.2	9.0	10	25.1	7.6

Results of treatment effect for each measure

To analyse the effect of intervention between the two groups, i.e. control and experimental groups, across time and between participants was carried out by ANOVA. The statistical effect sizes were also calculated for ANOVA (partial η_2) and an effect size was considered small if it was 0.01, medium for 0.06 and large for 0.14 (Dunst et al, 2004). The within-subjects main effect showed if there was any significance effects across time, the interaction showed any significant differential effects over time for the two groups and the between-subjects main effect showed any significant difference between groups.

Table 4(a) shows the results of repeated measures of ANOVA for each of the primary measures across three conditions and this table also shows partial eta which helps to predict the strength of effect size and table 4(b) shows the results for all the secondary measures of ANOVA which includes the degrees of freedom (df), F= ANOVA statistic, p = <.05 is considered significant and effect size is given by P η_2 (partial eta) across three conditions. The results of ANOVA include data of all the participants who completed both pre and post assessment for both the control and experimental group is presented below. Here and in all the following ANOVAS, Mauchly's Test of Sphericity was not significant and so Sphericity was assumed.

Dependent *t* test were carried out to compare the pre and post internevtion measures for the control and the intervention groups. In both the tables statistically significant values are underlined, bolded values represent large effect sizes and italicised value represent medium effect size according to Cohen's criteria for effect size. Table 5 (a) shows the results of the dependent t tests for

each of the primary measures for control and intervention group. And Table 5 (b) shows the results on the dependent t test for each secondary measures for control and intervention group.

Table 5: Shows results of the repeated measures of ANOVA for each of the primary measures.

Measure	Time				Treatment Group			Between group		
	df	*F*	*p*	pη²	F	p	p η2	F	p	pη²
AAQ	1,20	0.731	0.403	*0.035*	4.527	.016	**0.185**	0.101	0.754	0.005
MAAS	1,20	2.945	0.102	*0.128*	1.669	0.211	*0.077*	0.091	0.767	0.005
WBSI	1,20	0.997	0.330	0.048	0.164	0.690	0.008	0.065	0.802	0.003
PSS	1,20	1.281	0.271	*0.060*	0.936	0.345	0.045	0.093	0.764	0.005
QOLIR	1,20	0.003	0.957	0.000	1.846	0.189	*0.085*	1.232	0.280	0.058
QOLIP	1,20	0.010	0.922	0.000	1.803	0.194	*0.083*	1.452	0.242	*0.068*
QOLITS	1,20	0.001	0.982	0.000	1.871	0.187	*0.086*	1.321	0.264	*0.062*
MBI	1,20	4.376	0.049	**0.180**	0.388	0.540	0.019	0.216	0.647	0.011
MBIEE	1,20	7.061	0.015	**0.261**	2.542	0.127	*0.113*	1.943	0.179	*0.089*
MBIPA	1,20	0.214	0.649	0.011	3.417	0.079	**0.146**	1.233	0.280	0.058
MBID	1,20	0.005	0.946	0.000	5.821	0.026	**0.225**	0.911	0.351	0.044
SSQ	1,20	2.562	0.125	*0.114*	3.336	0.083	**0.143**	0.457	0.507	0.022
VLQS	1,20	0.012	0.913	0.001	1.479	0.238	*0.069*	0.030	0.865	0.001

df= degree of freedom, *p* = significance (p< 0.05) i.e. the scores underlined are significant , Pη2= Partial eta squared (**bold** = large and *italics* = medium) , F= ANOVA Statistic, AAQ= Acceptance & Action Questionnaire, MAAS = Mindfulness Attention Awareness Scale, WBSI= White Bear Suppression Inventory, PSS= Perceived Stress Scale, QOLIR= Quality of life-raw, QOLIP- Quality of Life-Percentile, QOLIT- Quality of Life-Total, MBI- Maslach Burnout Inventory, MBIEE- Emotional Exhaustion, MBIPA- Personal Accomplishment, MBID- Depersonalisation, SSQ- Staff Stress Questionnaire, VLQS- Valued Living

Table 6: Shows the results of the repeated measures of AVOVA for each of the secondary measure

Measure		Time			Treatment Group			Between group		
	df	F	p	P η_2	F	p	P η_2	F	p	P η_2
TCQ	1,20	2.432	0.135	*0.108*	0.617	0.441	0.030	36.932	0.000	**0.649**
TCQD	1,20	3.266	0.086	**0.140**	0.982	0.334	0.047	0.000	0.994	0.000
TCQP	1,20	0.412	0.528	0.020	0.254	0.619	0.013	0.378	0.545	0.019
TCQR	1,20	1.752	0.200	*0.081*	0.438	0.516	0.021	7.072	0.015	**0.261**
TCQW	1,20	8.274	0.009	**0.293**	0.821	0.376	0.039	1.663	0.212	*0.077*
VLQ	1,20	1.174	0.292	0.055	0.686	0.417	0.033	1.670	0.211	*0.077*
DAS	1,20	0.151	0.702	0.007	0.049	0.827	0.002	3.395	0.080	**0.145**
GHQ	1,20	0.986	0.333	0.047	0.186	0.671	0.009	4.953	0.038	**0.198**

df= degree of freedom, *p* = significance ($p<0.05$) i.e. the scores underlined are significant , Pη_2 = partial eta squared (**bold** = large and *italics* = medium) ,F= ANOVA statistic, TCQ= Thought Control Questionnaire, TCQD = Distraction, TCQP = Punishment, TCQR = Re-appraisal, TCQW= Worry, TCQS = Social control, VLQ = Valued Living Questionnaire, DAS = Dysfunctional Attitude Scale

Table 7: Shows the results of the dependent t test for each primary measures for both control and experimental group.

	Intervention Group				Control Group			
Measures	**df**	**t**	**p**	**Cohen's(d)**	**df**	**T**	**p**	**Cohen's(d)**
AAQ	9	1.779	0.109	**0.81**	11	1.080	0.303	0.35
MAAS	9	1.632	0.137	*0.67*	11	0.427	0.678	0.10
WBSI	9	0.346	0.737	0.13	11	1.231	0.244	0.23
PSS	9	1.538	0.158	**0.89**	11	0.115	0.911	0.05
QOLIR	9	0.675	0.517	*0.63*	11	1.622	0.133	0.29
QOLIP	9	0.768	0.462	*0.66*	11	1.307	0.218	0.26
QOLIT	9	0.724	0.488	*0.64*	11	1.517	0.157	0.27
MBI	9	2.614	0.028	**0.80**	11	0.916	0.379	0.01
MBIEE	9	3.069	0.013	**0.93**	11	0.752	0.468	0.21
MBIPA	9	0.773	0.459	0.44	11	2.189	0.051	0.39
MBID	9	1.695	0.124	0.46	11	1.726	0.112	0.44
SSQ	9	1.643	0.135	0.32	11	0.389	0.705	0.04
VLQS	9	0.674	0.517	0.12	11	1.356	0.202	0.16

df= degree of freedom, *p* = significance (p< 0.05) i.e. the scores underlined are significant , *d* = Cohen's effect size (**bold** = large and *italics* = medium) , *t*= t obtained from independent groups t-test, AAQ= Acceptance & Action Questionnaire, MAAS = Mindfulness Attention Awareness Scale, WBSI= White Bear Suppression Inventory, PSS= Perceived Stress Scale, QOLIR= Quality of life-raw, QOLIP- Quality of Life-Percentile, QOLIT- Quality of Life-Total, MBI- Maslach Burnout Inventory, MBIEE- Emotional Exhaustion, MBIPA- Personal Accomplishment, MBID- Depersonalisation, SSQ- Staff Stress Questionnaire, VLQS- Valued Living Questionnaire

Table 8: Shows the results of the dependent t test for each secondary measures for both control and experimental group.

	Intervention Group				Control Group			
Measures	**df**	***t***	**p**	**Cohen's(d)**	**df**	***T***	**p**	**Cohen's(d)**
GHQ	9	0.921	0.381	*0.68*	11	0.434	0.673	0.17
TCQ	9	0.654	0.530	0.25	11	1.530	0.154	0.37
TCQD	9	1.560	0.153	**0.81**	11	0.774	0.455	0.19
TCQP	9	0.089	0.931	0.03	11	0.883	0.396	0.27
TCQR	9	1.048	0.322	*0.51*	11	0.715	0.489	0.12
TCQW	9	3.207	<u>0.011</u>	**0.86**	11	1.283	0.226	0.26
VLQ	9	0.222	0.829	0.27	11	1.232	0.244	0.19
DAS	9	0.091	0.930	0.11	11	0.605	0.557	0.09

df= degree of freedom, *p* = significance (p<0.05) i.e. the scores underlined are significant , *d* = Cohen's effect size (**bold** = large and *italics* = medium) , *t*= t obtained from independent groups t-test, GHQ= General Health Questionnaire, TCQ= Thought Control Questionnaire, TCQD = Distraction, TCQP = Punishment, TCQR = Re-appraisal, TCQW= Worry, VLQ = Valued Living Questionnaire, DAS = Dysfunctional Attitude Scale

Acceptance as measured by AAQ -19. Figure 6 (a) shows bar graphs of acceptance scores for all the participants in the intervention group. These participants' acceptance scores increased post intervention for 8 of the 10 participants who completed the intervention. Figure 6 (b) shows bar graphs indicating acceptance scores for all the participants in the control group. The post assessment acceptance scores in the control group increased for 4 and decreased for 8 of the 12 control participants, Figure 6 (c) shows the means and standard deviations for AAQ (acceptance) and it can be seen that acceptance increased overall for intervention group post treatment while for the control group the graph shows a decrease in acceptance level. Table 4(a) shows the ANOVA for acceptance resulted in no significance main effect of time and no significant between group main effect in, and a significant interaction between time and group. The dependent *t* tests on pre versus post measures for the control and the experimental group (Table 5(a) & (b)) were not significant, however, there was a large effect size (Cohen, 1988) for the experimental group with AAQ increasing. The control group AAQ showed a decrease, these two effects gave rise to the significant interaction.

Mindfulness as measured by MAAS. Figure 7 (a) shows the mindfulness scores for all participants in the intervention group and Figure 7 (b) shows the control group data. Figure 7(c) shows the means and standard deviations of these scores for each group. In both groups, approximately half of the scores increased and half decreased post intervention, while the overall means increased. Table 4(a) ANOVA for mindfulness shows no significant effect of time with a medium effect size (Cohen, 1998), no significant interaction but a medium effect size and no significant between groups main effect. The dependent *t* tests (Table 5(a) & (b))) on pre and post data for the control and the intervention groups showed no

significant effect for either, however, there was medium effect size for the experimental group with mindfulness scores increasing

Thought suppression as measured by WBSI. Figure 8 (a) shows the WBSI scores for all the participants in the intervention group and Figure 8(b) shows them for the control group. Figure 8 (c) shows the means and standard deviations for both groups. Approximately half of the scores in both groups increased and half decreased post intervention. There was very little change in the means between pre and post for both the groups. Table 4 (a) show the ANOVA resulted in no significant effects nor did the t tests (Table 5(a).

Perceived stress as measured by PSS. Figure 9(a) and 9(b) show the participants' pre and post perceived stress score for both the intervention and the control groups. The mean and standard deviation for the control and the intervention groups are plotted in Figure 9 (c) for both pre and post intervention. For the intervention group 7 of the 10 showed decreases in scores, while 9 out of 12 did so for the control group. The means of both groups decreased post-intervention. Table 4 (a) shows the results of the ANOVA with perceived stress, the main effect of time for PSS was not significant and the effect size was medium. There was no significant interaction or between group main effect. Repeated-measures t test scores (Table 5 (a)), showed no significant difference between pre and post data for both group, but the experimental group had a large effect size (Cohen, 1988).

Quality of life as measured by QOLI. Figure 10 (a) and 10 (b) shows bar graph for participant's pre and post quality of life score for both the intervention and the control group. The mean and standard deviation for the control and the

intervention group are plotted in Figure 10 (c) for both pre and post intervention showed that mean increased for experimental intervention but decreased for control. For the intervention group, 7 out of 12 shows an increase in quality of life scores while 5 out of 12 showed an increase in score in the control group. From Table 4 (a) ANOVA for main effect of time, interaction and between group measures for quality of life was not significant for all the three conditions but interaction and between group showed medium effect size. Dependent t test scores are shown in Table 5 (a), even though there was no significance between pre and post condition for both group, but the experimental condition showed medium effect size.

Burnout is measured by MBI. Figure 10 (a) and 10(b) shows bar graph for participant's pre and post burnout score for both intervention and control group. The mean and standard deviation for control and intervention group are plotted in Figure 10 (c) for both pre and post intervention in which the mean decreased for experimental condition and remained same for control. In the intervention group, 7 out of 10 showed a decrease in burnout scores whereas 5 out of 12 showed a decrease in the control group. The main effect of time (Table 4a) for burnout was found to be significant with large effect size. Both interaction and between groups were not significant. The dependent t test (Table 5a) on pre versus post condition for control and experimental group was significant and showed large effect size (Cohen, 1988) for the experimental group with MBI decreasing.

Emotional exhaustion is measured by MBI. Figure 11 (a) and 11(b) shows bar graph for participant's pre and post emotional exhaustion score for both intervention and control group.. In the intervention group, 8 out of 10 showed a decrease while 10 out of 12 showed a decrease in the control group. The mean and

standard deviation for control and intervention group are plotted in Figure 11(c) for both pre and post intervention which showed a decrease in mean for experimental condition while the control remained same. The main effect of time (Table 4 (a)) for emotional exhaustion was found to be significant with large effect size. Both interaction and between groups were not significant but both showed medium effect size. The dependent t test on pre versus post condition for control and experimental group was significant and showed large effect size (Cohen, 1988) for the experimental group with emotional exhaustion decreasing.

Personal accomplishment is measured by MBI. Figure 12 (a) and 12(b) shows bar graph for participant's pre and post personal accomplishment score for both intervention and control group. 6 out of 12 participants showed an increase in the intervention group and 3 out of 12 showed increases in the control group. The mean and standard deviation for control and intervention group are plotted in Figure 12(c) for both pre and post intervention , the means increased for experimental group and decreased for control. The main effect of time from Table 4 (a) shows there was no significance across main effect if time, for interaction or between group. But results showed that interaction showed a large effect size (P η_2) in which personal accomplishment increased for intervention group but showed a decrease in control group which could have lead to interaction (Cohen, 1998). The dependent t test on pre versus post condition for control and experimental group was not significant.

Depersonalization is measured by MBI. Figure 13 (a) and 13(b) shows bar graph for participant's pre and post depersonalization score for both intervention and control group. In the experimental group, 4 out of 12 showed decreases while the same was seen in the control group. The mean and standard deviation for

control and intervention group are plotted in Figure 13(c) for both pre and post intervention, the mean for both group remained same.. From Table 4 (a) is shown that there no significance across main effect of time, interaction and between group. The dependent t test on pre versus post condition for control and experimental group was not significant.

Stress is measured by SSQ. Figure 14 (a) and 14(b) shows bar graph for participant's pre and post stress score for both intervention and control group. In the intervention group, 8 out of 12 showed a decrease in stress levels while 5 out of 12 showed decreases in the control group. The mean and standard deviation for control and intervention group are plotted in Figure 14(c) for both pre and post intervention, the means decreased for experimental group and slightly increased for control group. From Table 4(a) ANOVA results show that the main effect of time for stress was not significant but showed medium effect size. Even though interaction was not found to be significant but it showed large effect size while the between group showed no significance. The dependent t test on pre versus post condition for control and experimental group was not significant.

Values for staff are measured by VLQS. Figure 15 (a) and 15(b) shows bar graph for participant's pre and post values score for both intervention and control group. In the intervention group, 5 out of 10 showed an increase while 3 out of 12 showed an increase in the control group. The mean and standard deviation for control and intervention group are plotted in Figure 15(c) for both pre and post intervention, the means of experimental group slightly increased while the control group showed a slight decrease. ANOVA for group shows there was no significance in any group but there was a medium effect size for interaction. The

dependent t test on pre versus post condition for control and experimental group was not significant.

Psychological morbidity was measured by GHQ. Figure 16 (a) and 16(b) shows bar graph for participant's pre and post psychological morbidity score for both intervention and control group. In the intervention group, 4 out of 10 showed a decrease while 5 out of 12 showed a decrease in the control group The mean and standard deviation for control and intervention group are plotted in Figure 16(c) for both pre and post intervention, the means for experimental group showed a decrease while control group remained almost same. From Table 4(b) ANOVA is not significant in any of the condition but in between group condition shows a large effect size (P $\eta^{2)}$, which indicates there is a change from pre to post condition between both groups. The dependent t test on pre versus post condition for control and experimental group was not significant but showed medium effect size.

Thought control was measured by TCQ. Figure 17(a) and 17(b) shows bar graph for participant's pre and post thought control score for both intervention and control group. In the intervention group, 6 out of 10 showed decreases while 8 out of 12 showed decreases in the control group .The mean and standard deviation for control and intervention group are plotted in Figure 17(c) for both pre and post intervention, the mean for both the group were almost same. ANOVA from Table 4 (b) shows that there was no significance but the between group showed large effect size (Partial $\eta^{2)}$. The dependent t test on pre versus post condition for control and experimental group was not significant.

Distraction was measured by TCQD. Figure 18(a) and 18(b) shows bar graph for participant's pre and post distraction score for both intervention and control

group. In the intervention group, 6 out of 10 showed decreases while 6 out of 12 showed decrease in the control group. The mean and standard deviation for control and intervention group are plotted in Figure 18(c) for both pre and post intervention, the mean for intervention group showed a decrease while the control group remained same. The ANOVA for effect of time, interaction and between group for distraction was not significant but effect of time showed large effect size. The dependent t test on pre versus post condition for control and experimental group was not significant but the experimental group showed a large effect size (Cohen, 1998).

Punishment was measured by TCQP. Figure 19(a) and 19(b) shows bar graph for participant's pre and post punishment score for both intervention and control group. In the intervention group, 4 out of 10 showed decreases while 4 out of 12 showed decrease in the control group. The mean and standard deviation for control and intervention group are plotted in Figure 19(c) for both pre and post intervention, the mean for experimental slight increased while control slightly decreased. Table 5 (b) showed that scores for ANOVA was not significant and the dependent t test also didn't show any significance.

Re-appraisal was measured by TCQR. Figure 20(a) and 20(b) shows bar graph for participant's pre and post re-appraisal score for both intervention and control group. In the intervention group, 3 out of 10 showed an increase while 3 out of 12 showed an increase in the control group. The mean and standard deviation for control and intervention group are plotted in Figure 20(c) for both pre and post intervention, the means for experimental group increased while control group remained same. From Table 3 (b), ANOVA for the main effect of time for re-appraisal was not significant but showed medium effect size. There was no

significance for both interaction or between group and the latter showed a large effect size. The dependent t test on pre versus post condition for control and experimental group was not significant but the experimental group showed medium effect size (Cohen, 1998).

Worry was measured by TCQW. Figure 21(a) and 22(b) shows bar graph for participant's pre and post worry score for both intervention and control group. In the intervention group, 8 out of 10 showed a decrease in worry while 8 out of 12 showed a decrease in worry in the control group .The mean and standard deviation for control and intervention group are plotted in Figure 22(c) for both pre and post intervention, the means for experimental group decreased while control remained same. From Table 3 (b) ANOVA for the main effect of time was found to be significant with large effect size (Cohen, 1988). There was no significance for interaction or for between group and medium effect size was seen for between groups. The dependent t test on pre versus post condition for control and experimental group was significant and showed large effect size (Cohen, 1998). Worry for experimental group was shown to have significantly reduced from pre to post but for the control group it remained the same.

Values are measured by VLQ. Figure 23(a) and 23(b) shows bar graph for participant's pre and post values score for both intervention and control group. In the intervention group, 4 out of 10 showed an increase while 8 out of 12 showed an increase in values in the control group. The mean and standard deviation for control and intervention group are plotted in Figure 23(c) for both pre and post intervention, the means for both the group were almost same. Table 3 (b) shows ANOVA for the main effect of time, interaction effect and between group was found to be insignificant. The between group measure showed a medium effect

size (Cohen, 1998). The independent t test on pre versus post condition for control and experimental group was not significant.

Dysfunctional attitude was measured by DAS. Figure 24(a) and 24(b) shows bar graph for participant's pre and post values score for both intervention and control group. The mean and standard deviation for control and intervention group are plotted in Figure 24(c) for both pre and post intervention. In the intervention group, 2 out of 10 showed a decrease while 5 out of 12 showed a decrease in the control group. The main effect of time for dysfunctional attitude was not significant but it showed large effect size. The independent t test on pre versus post condition for control and experimental group was not significant.

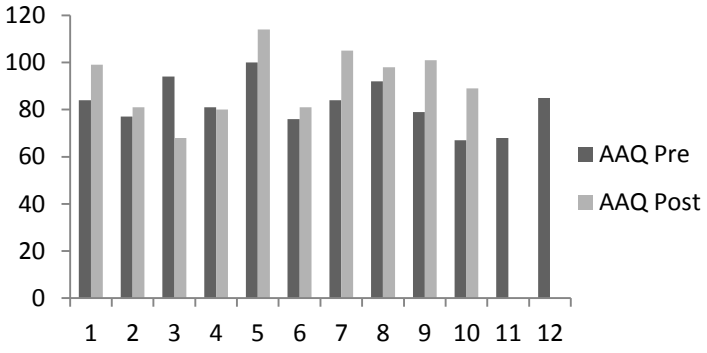

Figure 6 (a) :The pre and post AAQ (acceptance) scores across all the participants in the intervention group.

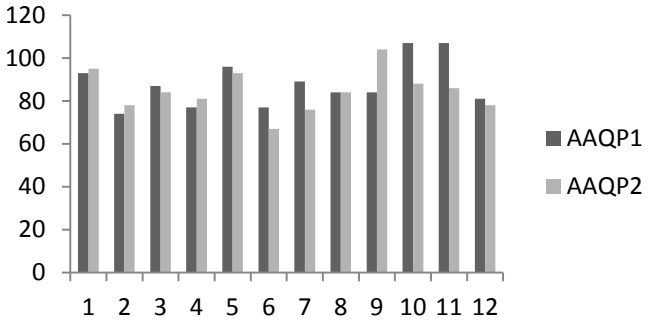

Figure 6(b): The Pre and Post acceptance scores across all the participants in the control group

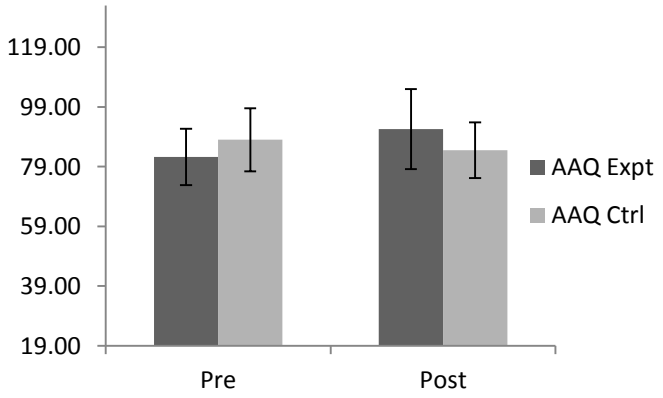

Figure 6(c): The mean AAQ scores for the intervention and the control groups pre and post intervention, with error bars indicating one standard deviation

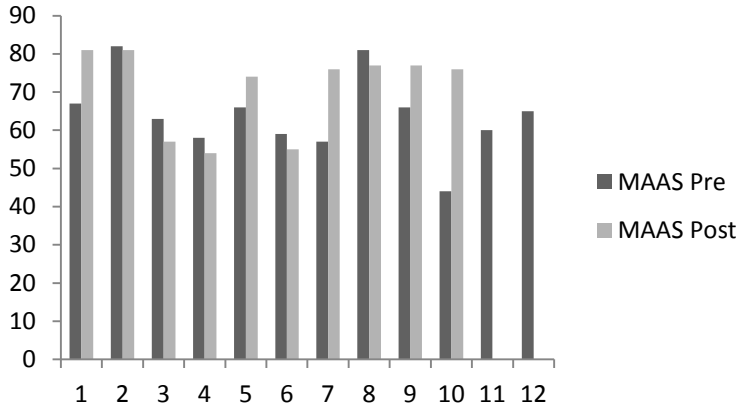

Figure 7 (a). Shows pre and post MAAS scores for intervention group across all the participants

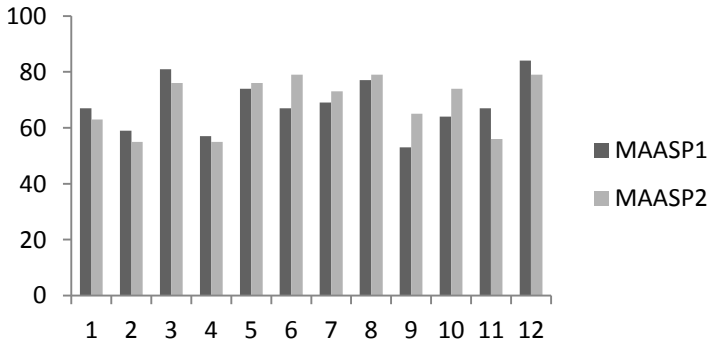

*Figure 7(b.)*Shows pre and post MAAS scores for control across all the participants

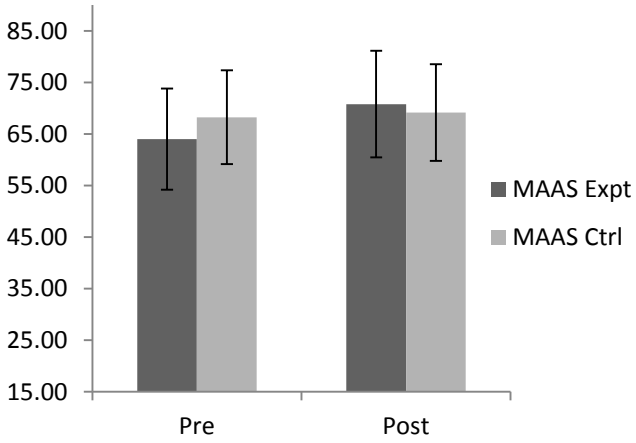

Figure 7(c). The mean MAAS scores for the intervention and the control groups pre and post intervention, with error bars indicating one standard deviation.

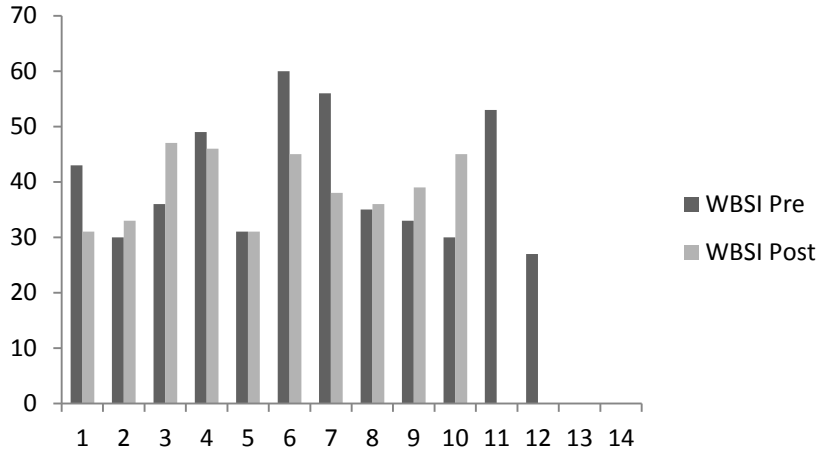

Figure 8(a). Shows pre and post suppression scores across all the participants in intervention group on WBSI

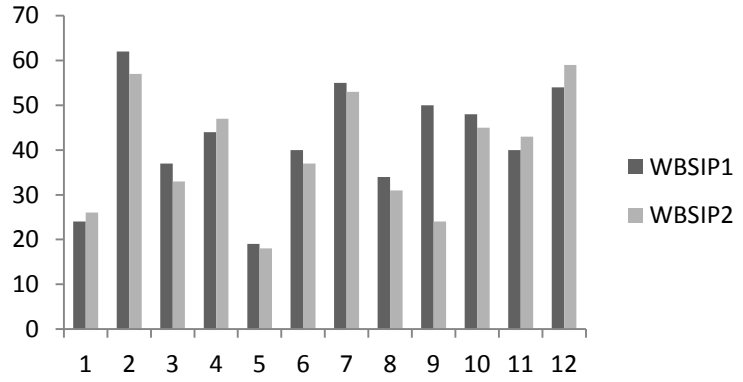

Figure 8(b). Shows pre and post suppression scores across all the participants in control group on WBSI

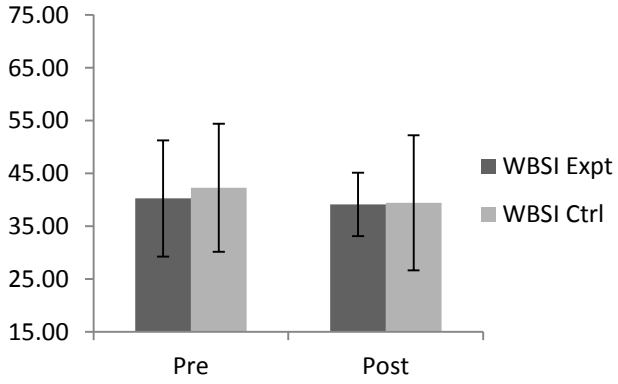

Figure 8 (c). Mean suppression scores for experimental (intervention) and control groups at first administration of WBSI (pre) and at second administration of WBSI (post), with error bars indicating one standard deviation.

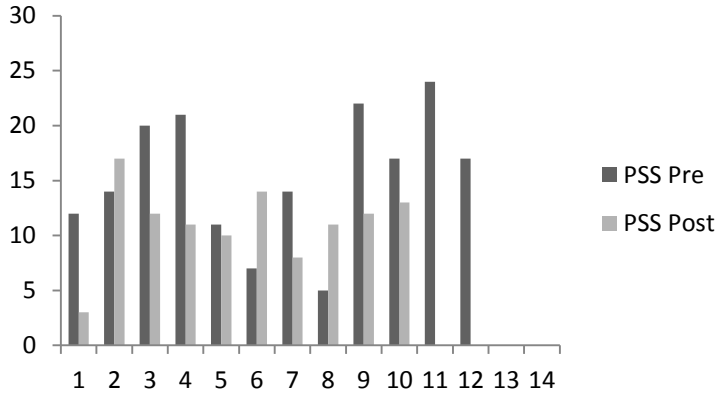

Figure 9(a). Shows pre and post perceived stress scores across all the participants in intervention group on PSS

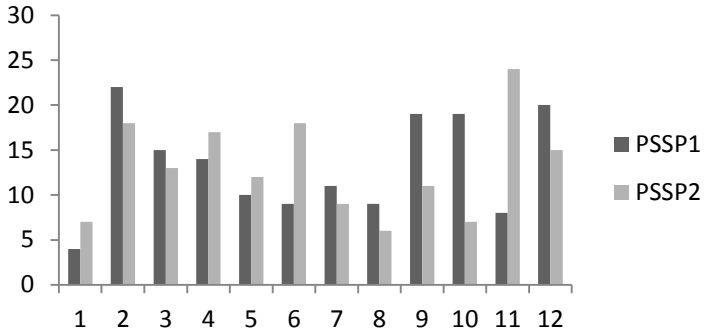

Figure 9(b). Shows pre and post perceived stress scores across all the participants in control group on PSS

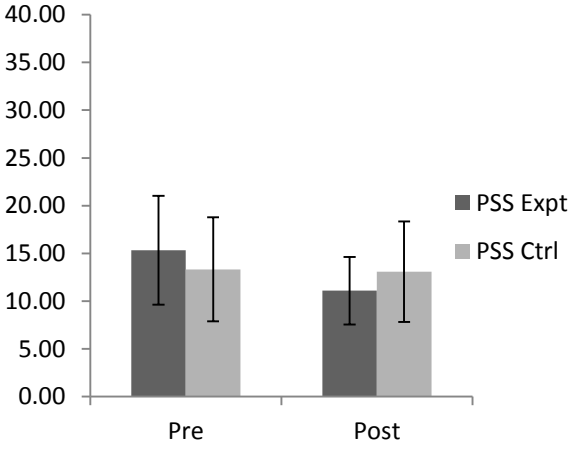

Figure 9(c). Mean perceived stress scores for experimental (intervention) and control groups at first administration of PSS (pre) and at second administration of PSS (post), with error bars indicating one standard deviation.

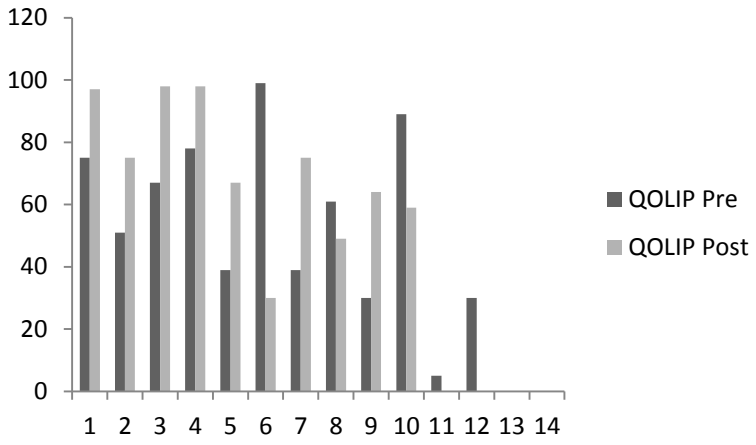

Figure 10 (a). Shows pre and post quality of life - percentile scores across all the participants in experimental group on QOLI

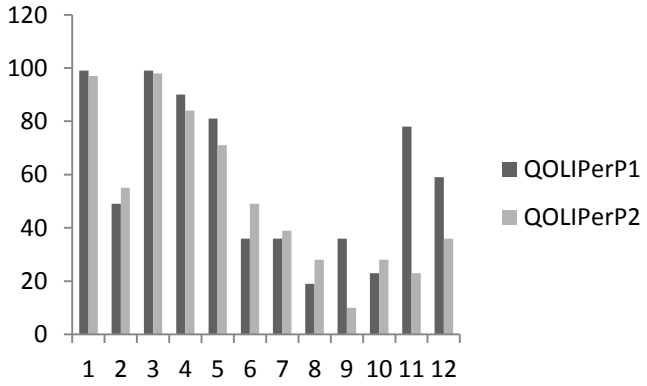

Figure 10 (b). Shows pre and post quality of life - percentile scores across all the participants in control group on QOLI

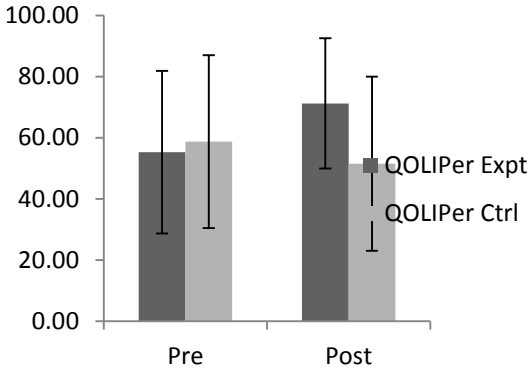

Figure 10(c). Mean Quality of Life- percentile scores for experimental (intervention) and control groups at first administration of QOLIP (pre) and at second administration of QOLIP (post), with error bars indicating one standard deviation.

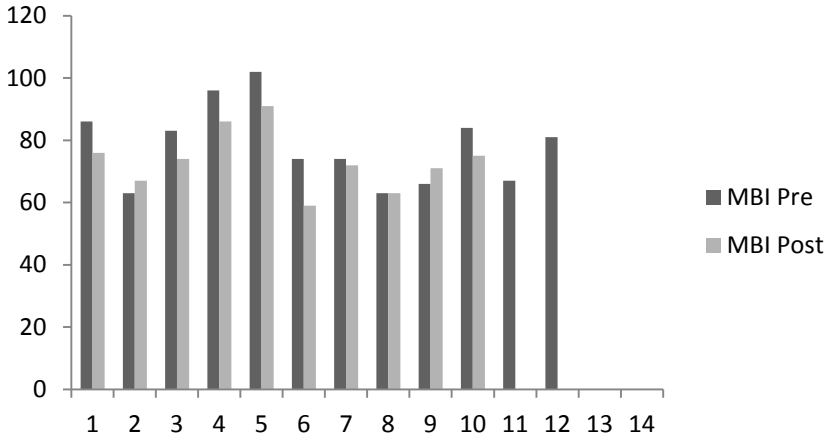

Figure 11(a). Shows pre and post burnout scores acrossall participants experimental group on MBI

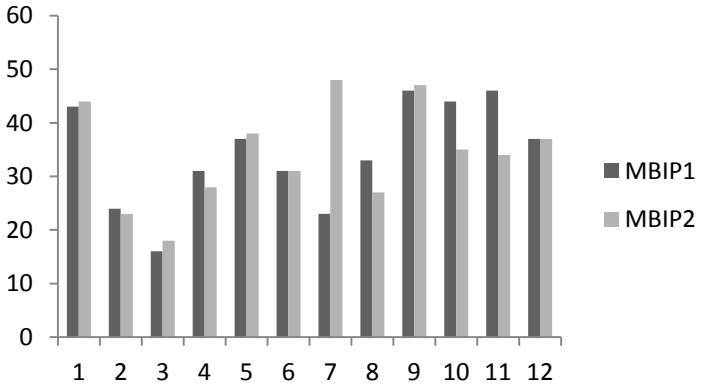

Figure 11 (b). Shows pre and post burnout scores across all participants in control group on MBI

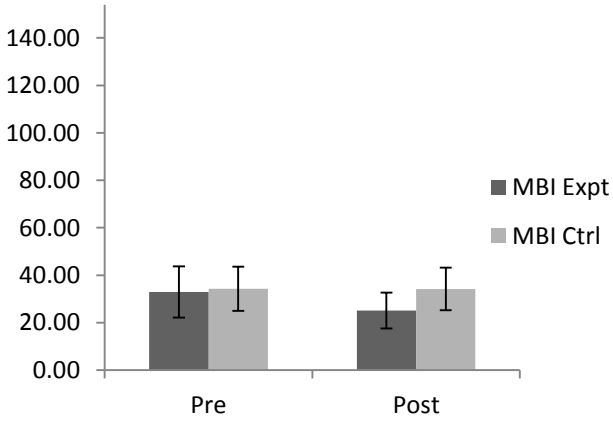

Figure 11 (c). Mean burnout scores for experimental (intervention) and control groups at first administration of MBI (pre) and at second administration of MBI (post), with error bars indicating one standard deviation.

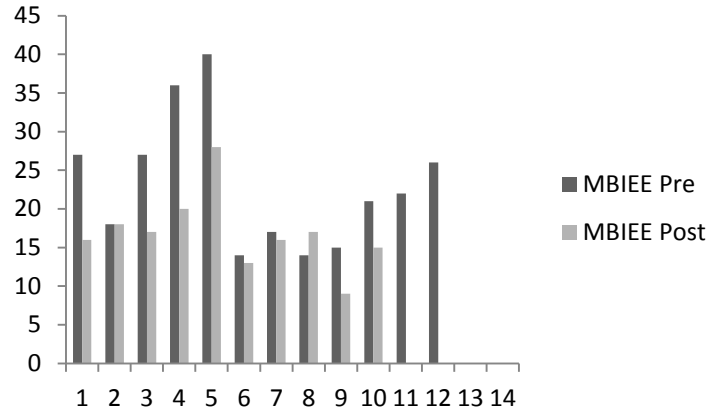

Figure 12(a). Shows pre and post Emotional exhaustion scores across all the participants in experimental group on MBIEE

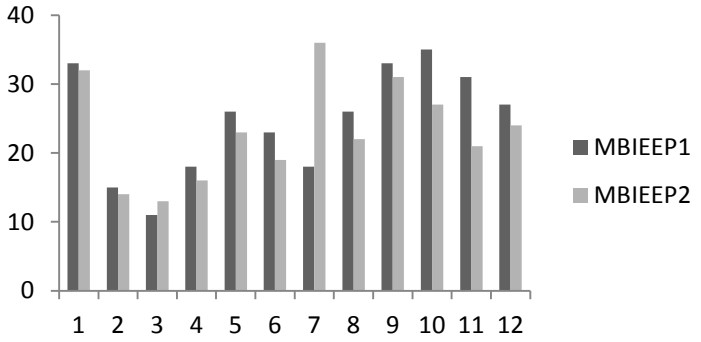

Figure 12(b). Shows pre and post Emotional exhaustion scores across all the participants in control group on MBIEE

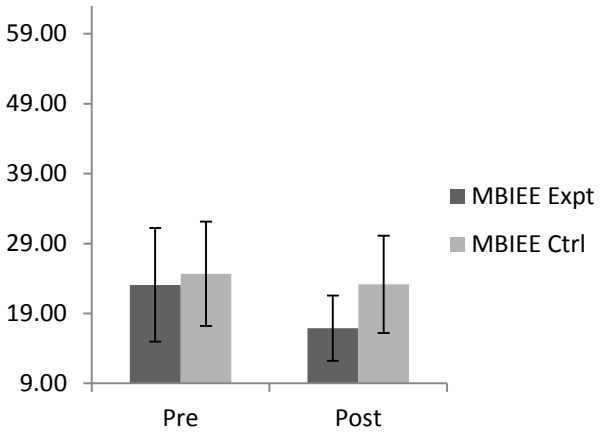

Figure 12(c). Mean emotional exhaustion scores for experimental (intervention) and control groups at first administration of MBIEE (pre) and at second administration of MBIEE (post), with error bars indicating one standard deviation

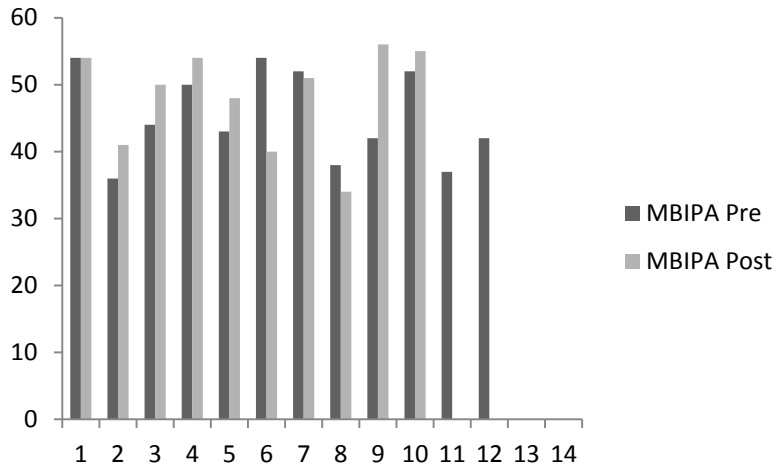

Figure 13(a). Shows pre and post Personal Accomplishment scores across all the participants in experimental group on MBIPA

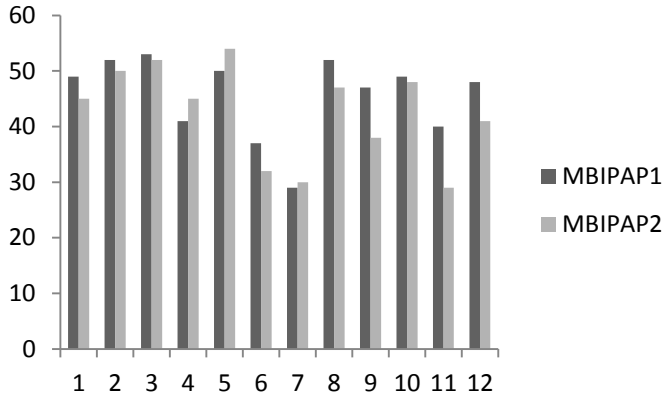

Figure 13(b). Shows pre and post Personal Accomplishment scores across all the participants in control group on MBIPA

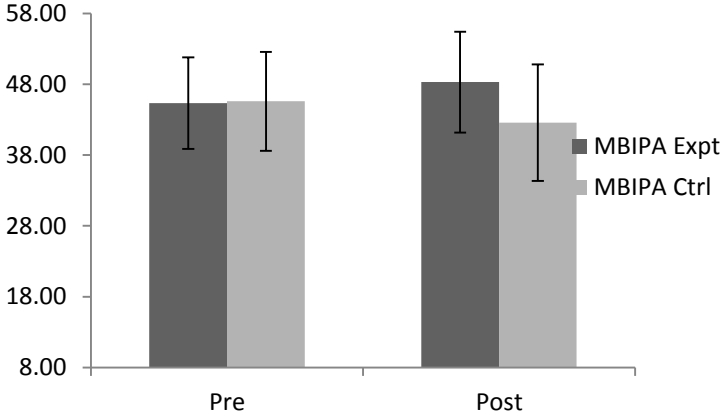

Figure 13(c). Mean personal accomplishment scores for experimental (intervention) and control groups at first administration of MBIPA (pre) and at second administration of MBIPA (post), with error bars indicating one standard deviation.

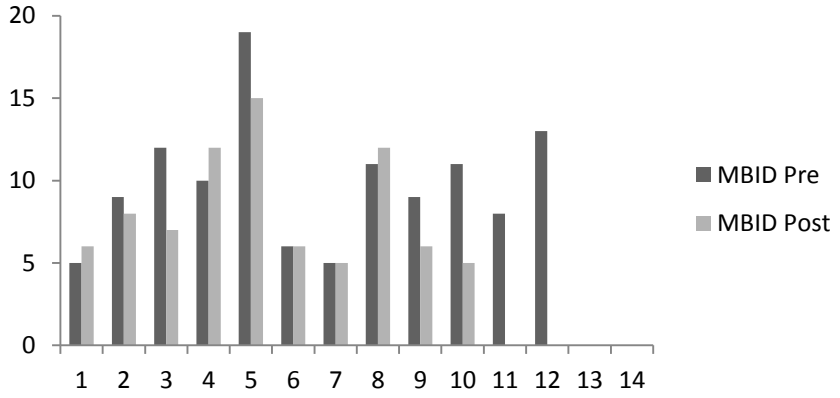

Figure 14(a). Shows pre and post Depersonalization scores across all the participants in experimental group on MBID

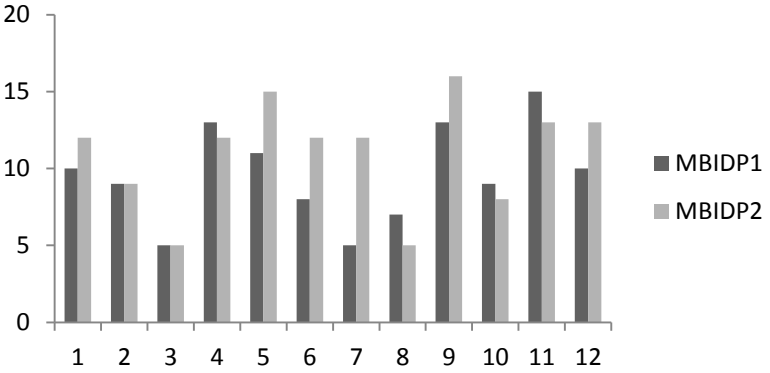

Figure 14(b). Shows pre and post Depersonalization scores across all the participants in control group on MBID

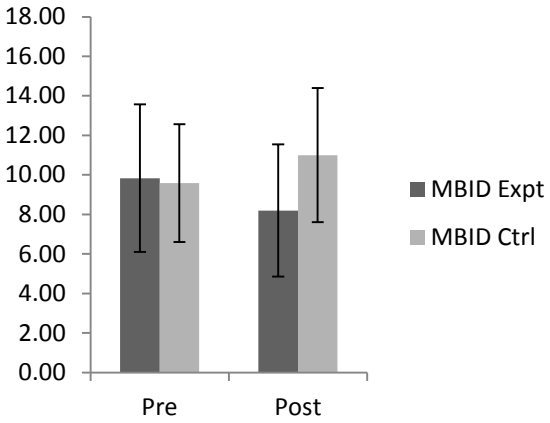

Figure 14(c). Mean depersonalization scores for experimental (intervention) and control groups at first administration of MBID (pre) and at second administration of MBID (post), with error bars indicating one standard deviation

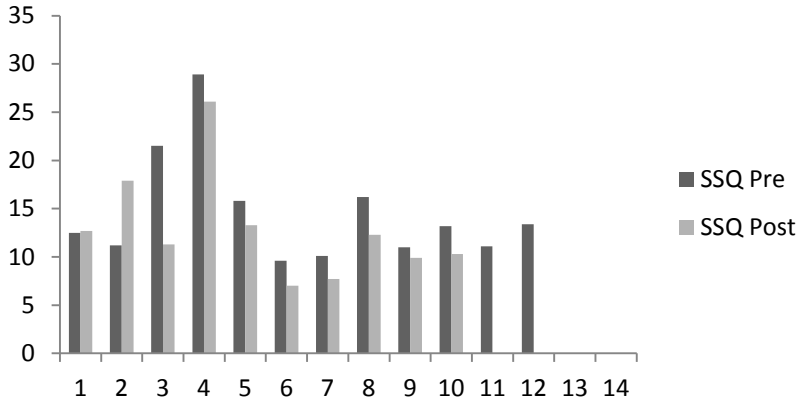

Figure 14(a). Shows pre and post Stress scores across all the participants in experimental group on SSQ

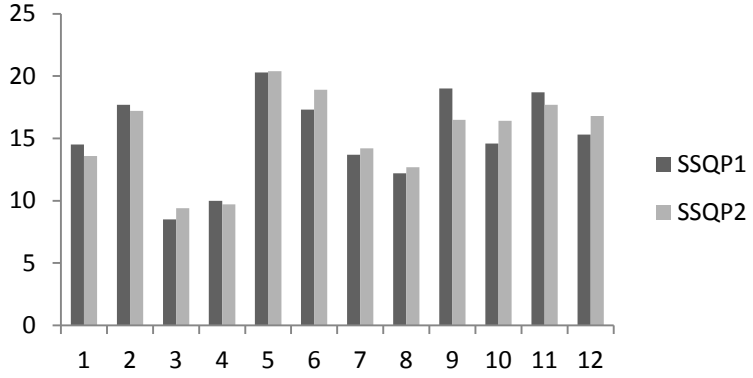

Figure 14(b). Shows pre and post Stress scores across all the participants in control group on SSQ

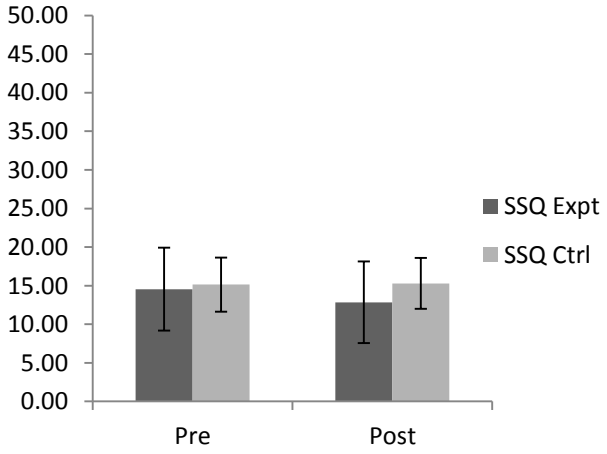

Figure 14(c). Mean stress scores for experimental (intervention) and control groups at first administration of SSQ (pre) and at second administration of SSQ (post), with error bars indicating one standard deviation.

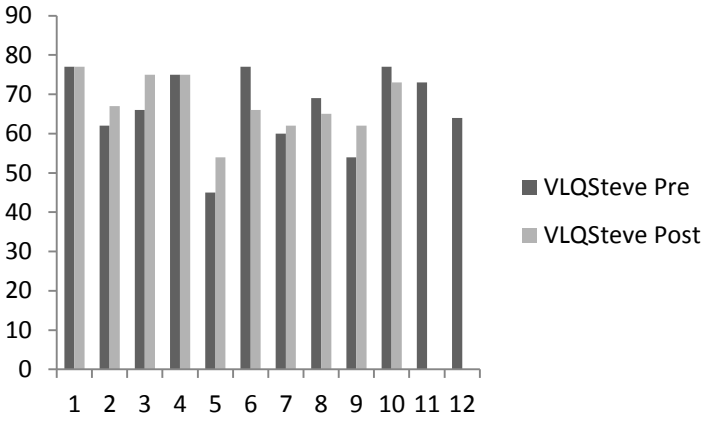

Figure 15(a). Shows pre and post values (staff) scores across all the participants in experimental group on VLQS

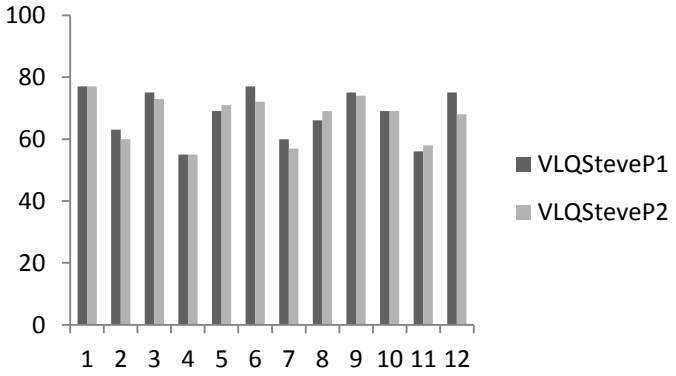

Figure 15(b). Shows pre and post values (staff) scores across all the participants in control group on VLQS

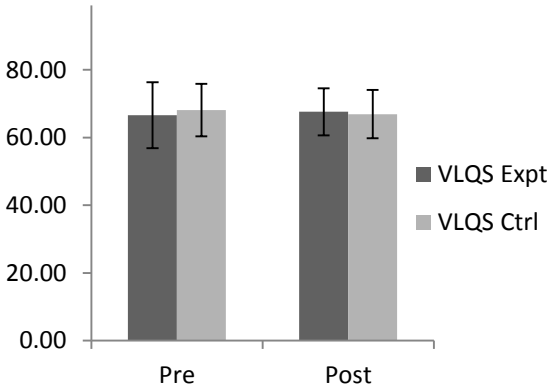

Figure 15(c). Mean values scores for experimental (intervention) and control groups at first administration of VLQS (pre) and at second administration of VLQS (post), with error bars indicating one standard deviation

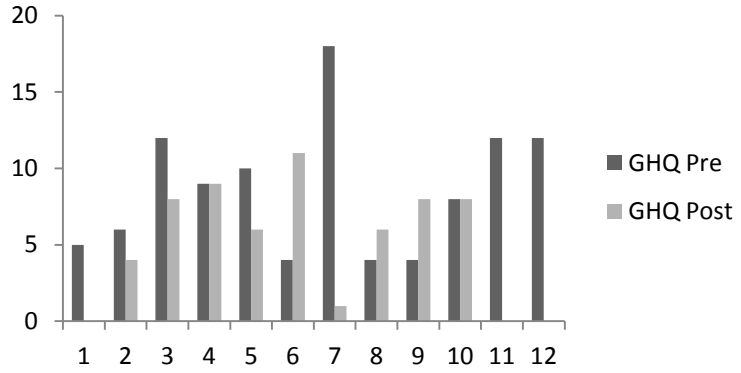

Figure 16(a). Shows pre and post values (staff) scores across all the participants in experimental group on GHQ

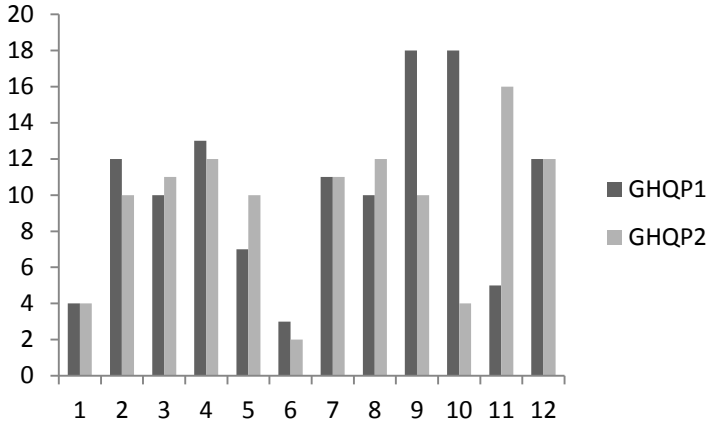

Figure 16(b). Shows pre and post values (staff) scores across all the participants in control group on GHQ

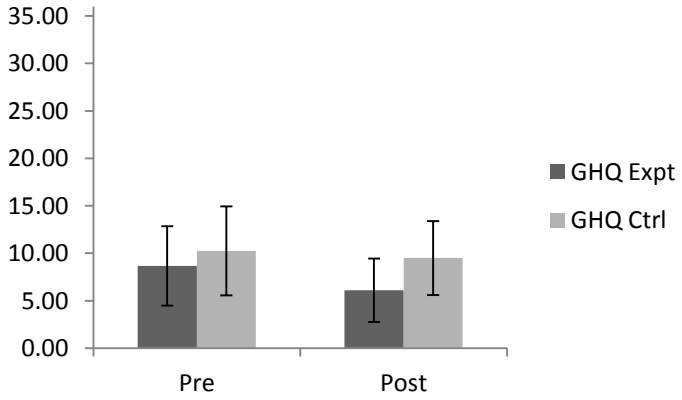

Figure 16(c). Mean psychological morbidity scores for experimental (intervention) and control groups at first administration of GHQ (pre) and at second administration of GHQ (post), with error bars indicating one standard deviation.

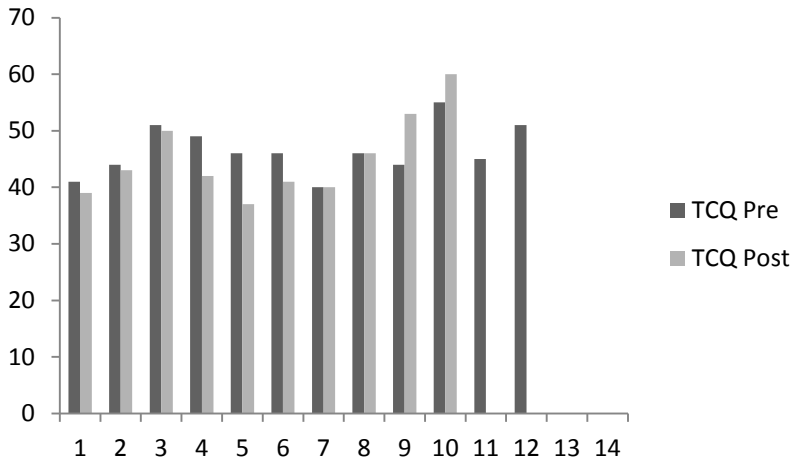

Figure 17(a). Shows pre and post total thought control scores across all the participants in experimental group on TCQ

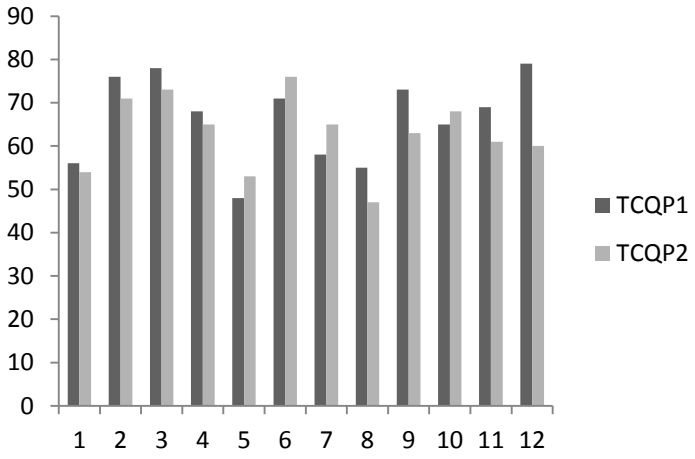

Figure 17(b). Shows pre and post total thought control scores across all the participants in control group on TCQ

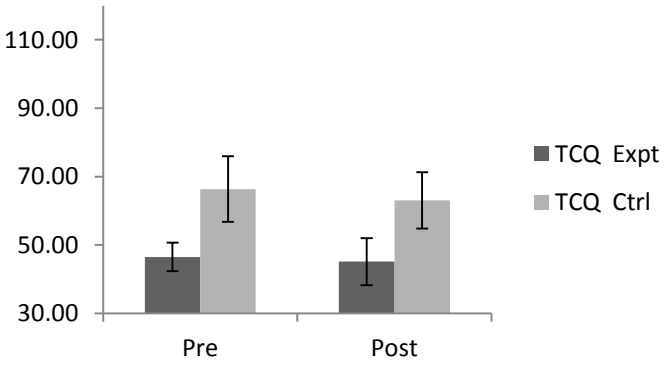

Figure 17(c). Mean total thought control scores for experimental (intervention) and control groups at first administration of TCQ (pre) and at second administration of TCQ (post), with error bars indicating one standard deviation

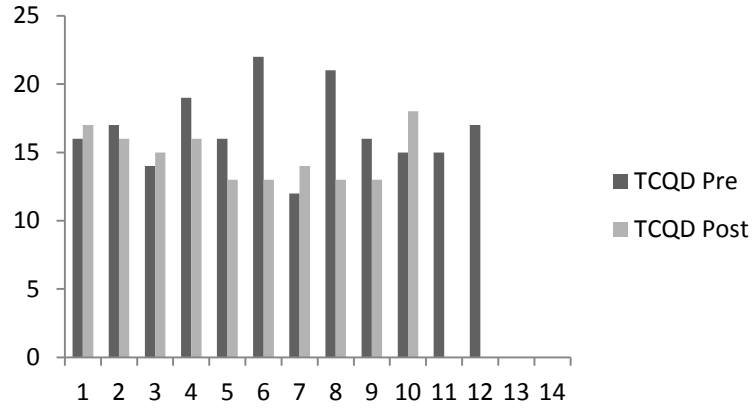

Figure 18(a). Shows pre and post Depersonalization scores across all the participants in experimental group on TCQD

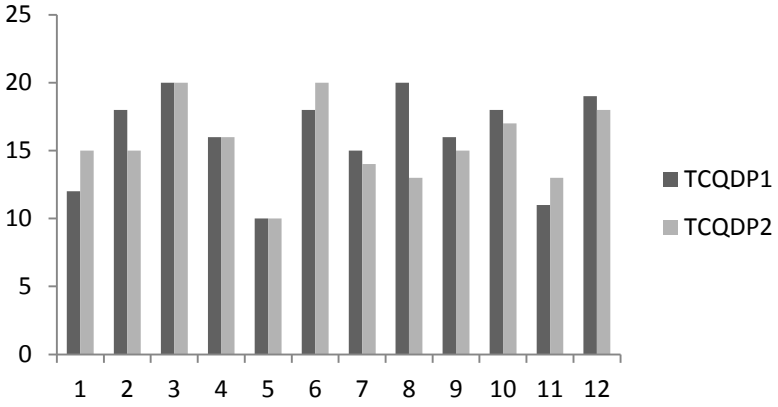

Figure 18(b). Shows pre and post Depersonalization scores across all the participants in control group on TCQD

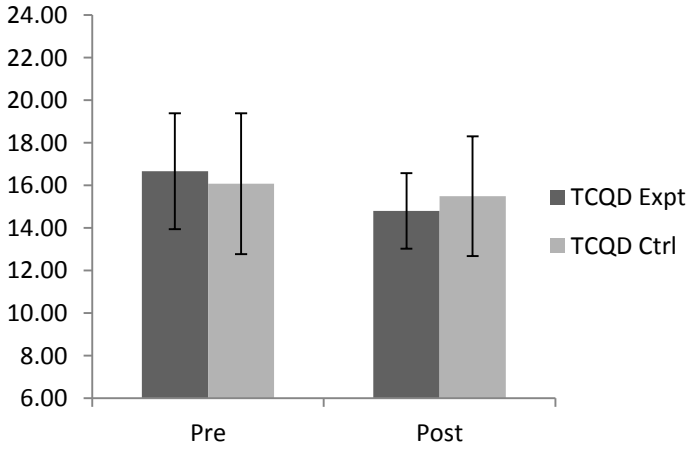

Figure 18(c). Mean distraction scores for experimental (intervention) and control groups at first administration of TCQD (pre) and at second administration of TCQD (post), with error bars indicating one standard deviation.

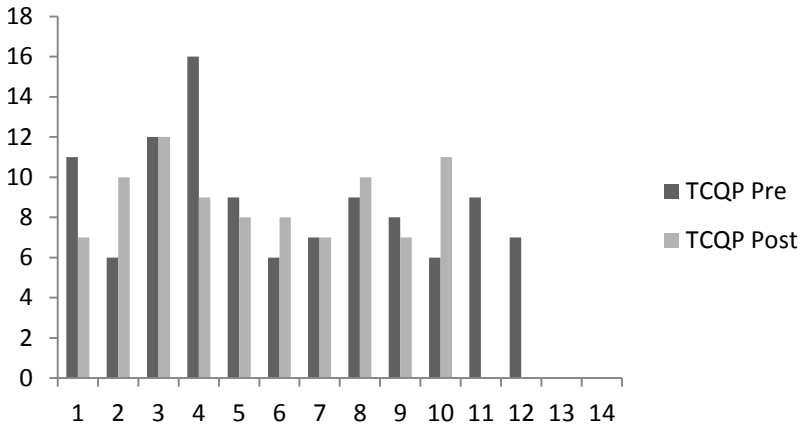

Figure 19 (a). Shows pre and post punishment scores across all the participants in experimental group on TCQP

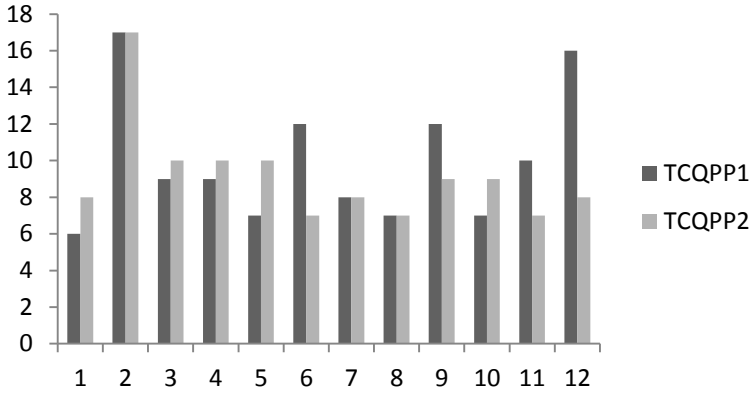

Figure 19(b). Shows pre and post punishment scores across all the participants in control group on TCQP

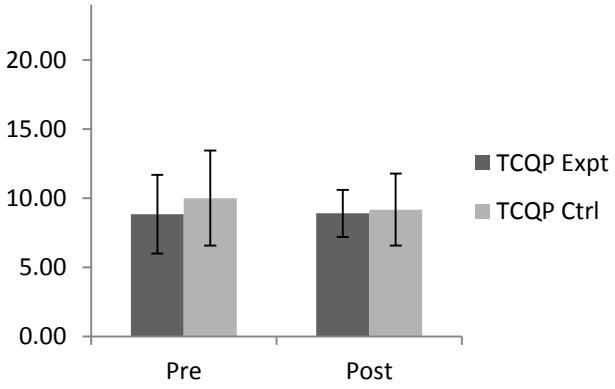

Figure19 (c). Mean punishment scores for experimental (intervention) and control groups at first administration of TCQP (pre) and at second administration of TCQP (post), with error bars indicating one standard deviation.

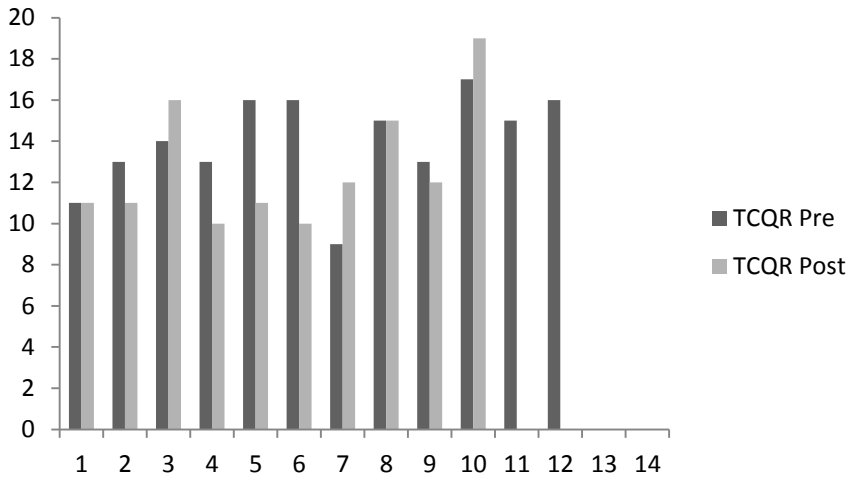

Figure 20(a). Shows pre and post re- appraisal scores across all the participants in experimental group on TCQR

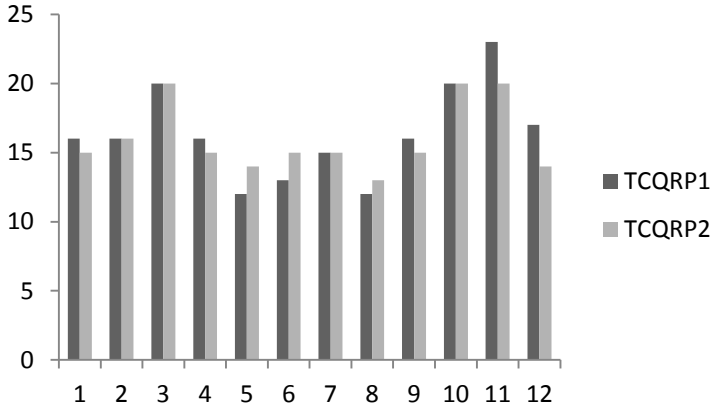

Figure 20(b). Shows pre and post re-appraisal scores across all the participants in control group on TCQR

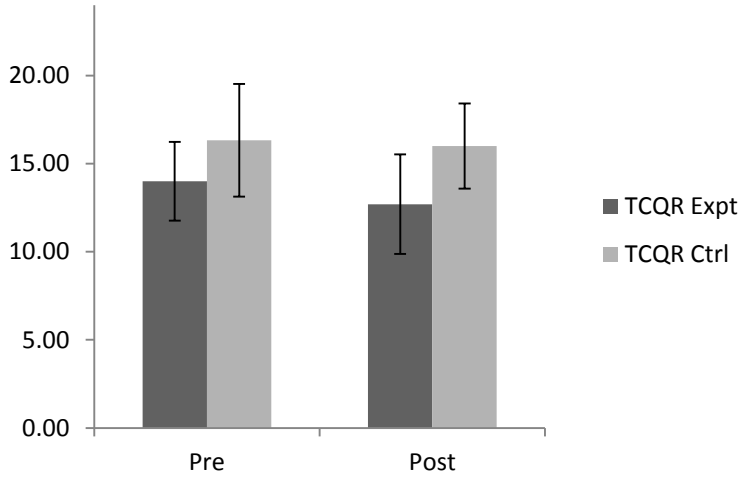

Figure 20(c). Mean re-appraisal scores for experimental (intervention) and control groups at first administration of TCQR (pre) and at second administration of TCQR (post), with error bars indicating one standard deviation.

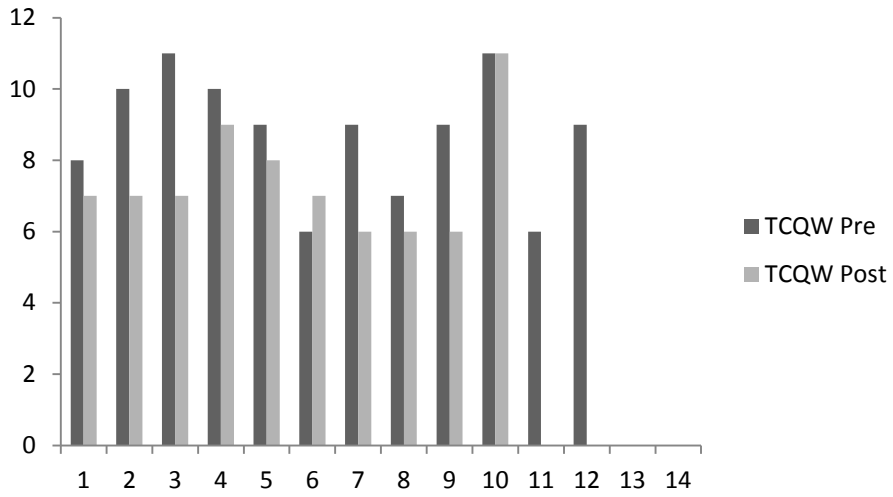

Figure 21(a). Shows pre and post worry scores across all the participants in experimental group on TCQW

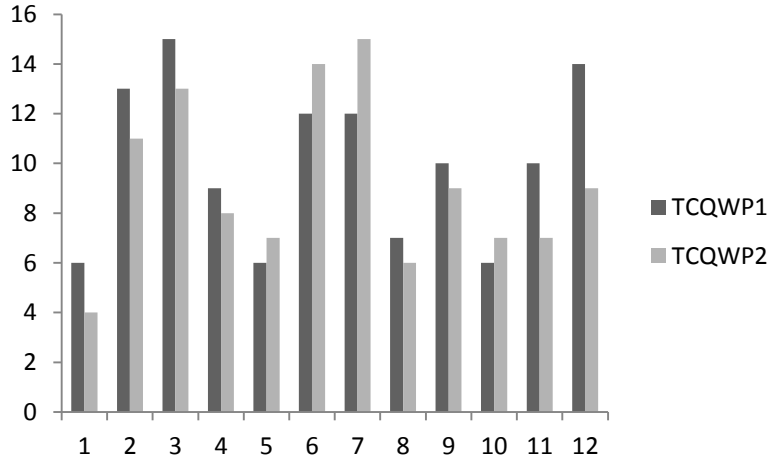

Figure 21(b). Shows pre and post worry scores across all the participants in control group on TCQW

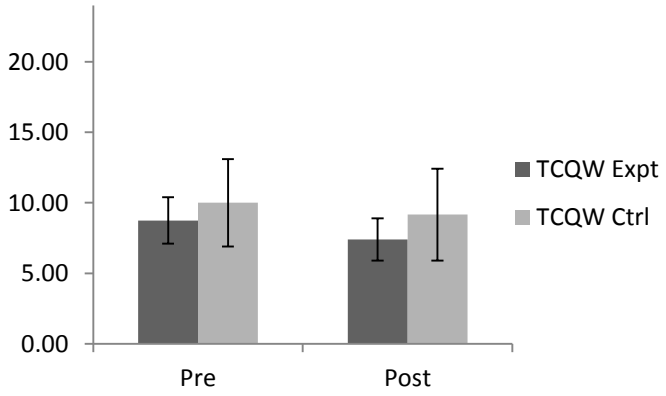

Figure 21(c). Mean worry scores for experimental (intervention) and control groups at first administration of TCQW (pre) and at second administration of TCQW (post), with error bars indicating one standard deviation.

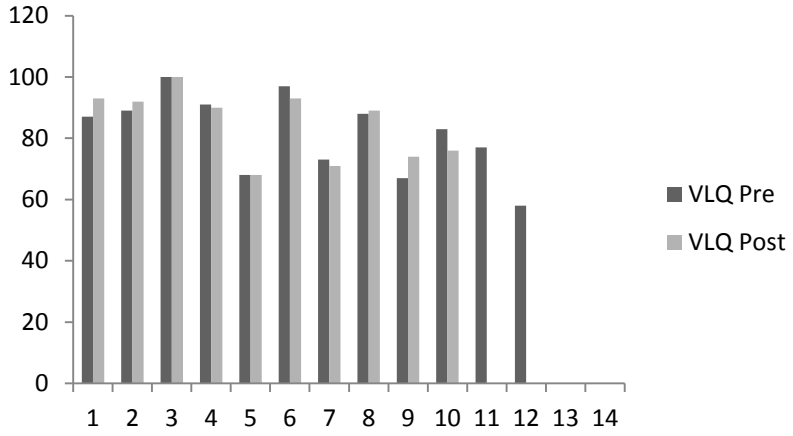

Figure 22(a). Shows pre and post values scores across all the participants in experimental group on VLQ

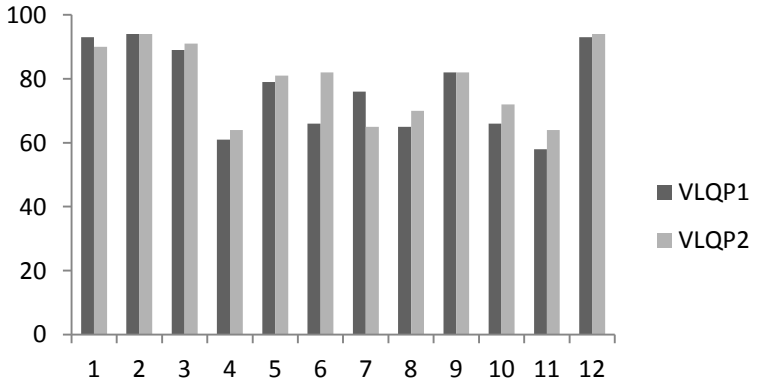

Figure 22(b). Shows pre and post values scores across all the participants in control group on VLQ

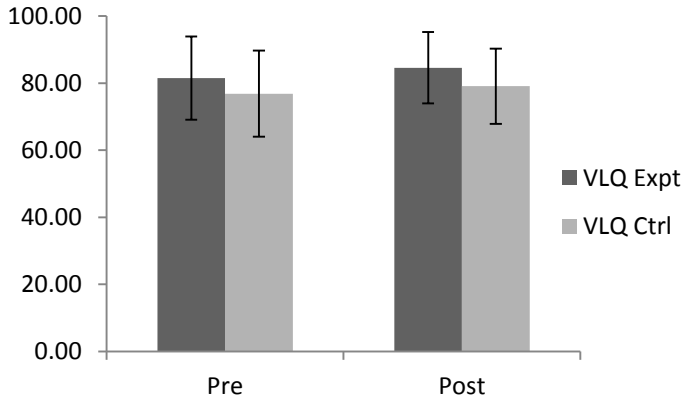

Figure 22(c). Mean values scores for experimental (intervention) and control groups at first administration of VLQ (pre) and at second administration of VLQ (post), with error bars indicating one standard deviation.

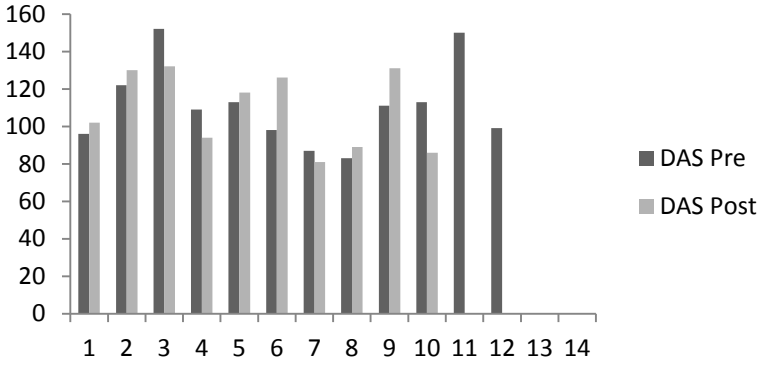

Figure 23(a). Shows pre and post dysfunctional thoughts scores across all the participants in experimental group on DAS

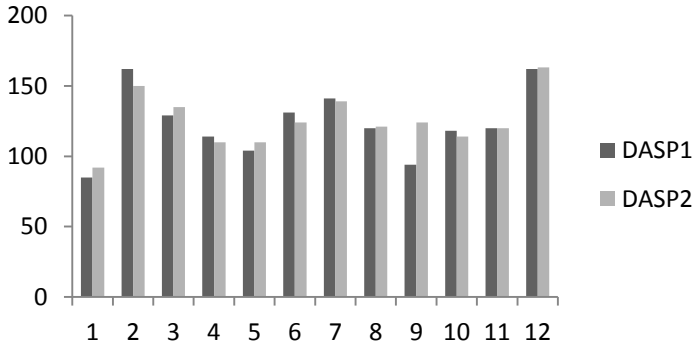

Figure 23(b). Shows pre and post dysfunctional thoughts scores across all the participants in control group on DAS

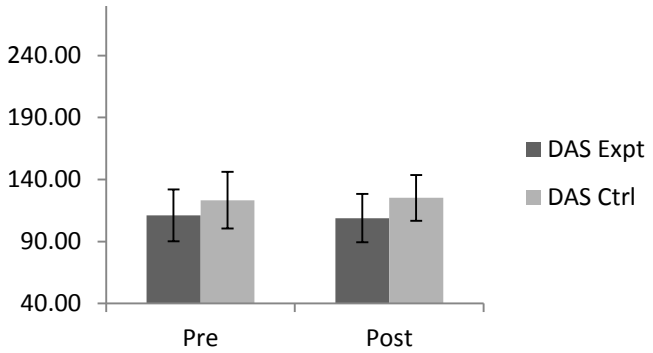

Figure 23(c). Mean values scores for experimental (intervention) and control groups at first administration of DAS (pre) and at second administration of DAS (post), with error bars indicating one standard deviation.

Chapter IV Discussion

The aim of this study was examine the effectiveness of using a self-help book on ACT as an intervention; this book was compiled from ideas in various ACT research papers, books and websites. The main hypothesis was that participants who engaged in the self-help book would show an improvement in their general wellbeing, i.e., psychological and work related outcomes. Thus one aim was to see if participants who engaged with the workbook would show increases in acceptance and in mindfulness, and would show improved quality of life, and decreases in thought suppression and in stress and burnout. The secondary hypothesis aimed to explore whether any changes in acceptance would be associated with changes in the secondary variables, such as reductions in thought control, dysfunctional thoughts and psychological morbidity.

Intervention Effectiveness

Acceptance

The first hypothesis was marginally significant as participants who took part in the intervention condition showed a statistically significant interaction for acceptance on AAQ. This means that participants in the intervention group showed a significant increase in acceptance level on AAQ on post assessment, while participants on control group showed a decrease in acceptance at post intervention. Acceptance was also seen to have shown a large effect size. Results on dependent t test showed that acceptance on AAQ had large effect size. Acceptance is one of the core processes of ACT and one of the main aims of the workbook was to increase acceptance and psychological flexibility of participants

who took part in the intervention. The workbook used various metaphors and activities to teach participants not to control or avoid a painful feeling, thoughts or sensations but instead be willing to engage with it. A study by Bond and Bunce (2003) showed that participants who had higher acceptance level were seen to predict better mental health and showed better work performance when ACT was used as an intervention.

Previous research has suggested that acceptance and mindfulness interventions which aimed to increase acceptance or reduce avoidance are extremely beneficial for support staff who works in intellectual disability sector (Noone & Hastings, 2010). Bond and Bunce (2000) used ACT to manage worksite stress and found psychological acceptance to improve participant's worksite stress not by changing the stressors in the environment instead by improving staff acceptance. As the book clearly states that engaging in the self-help book will not eliminate stress or painful feelings or sensations, but instead it helps the individual to accept these unpleasant sensations. This finding corroborate with more recent findings (Noone & Hastings, 2010) in which support staff working with clients with intellectual disability who received a brief ACT intervention workshop reported reduced psychological distress despite of no change in perceived level of work stressors. Thus from a support worker's perspective ACT could be very effective in helping them manage stress since it takes an individual focussed approach and attempts to alter the relationship staff have with the stressor rather than trying to change the stressor (Flaxman & Bond, 2006).

A study by Johnston et al (2010) also used a self-help book based on ACT to treat individuals with chronic pain; results showed that participants who engaged with workbook showed a significant increase in acceptance and quality of life.

Thus support staff working in disability sector could benefit from a self-help book based on ACT like the one used in this study since staff working in this area have shown high stress and burnout.

Even though acceptance and psychological acceptance was the central theme of the workbook, it's only later in the workbook during section 5 that acceptance and willingness was introduced.

Burnout

Results for ANOVA table showed that participants in the intervention group showed a significant interaction for one of the measures of burnout called depersonalization which was indicated by MBID. This shows that participants in the intervention condition showed a significant decrease on depersonalization scores given by MBID while participants in the control group showed an increase in depersonalization. From ANOVA table it can also be noted that there was also a significant change for total burnout scores (MBI) and Emotional Exhaustion (EE) which was seen as the change over time. Results from the dependent t test indicate there was a significant change from pre to post assessment for experimental group for total burnout score and emotional exhaustion given by MBI and MBIEE. Medium effect size was seen on one personal accomplishment (MBIPA).

Staff burnout is commonly seen among support staffs who work in the disability sector. The use of faulty coping strategies designed to avoid unpleasant emotional responses could lead to burnout and stress among staff (Noone et al, 2010). A recent study showed that staff who engaged in wishful thinking (an avoidance coping strategy) showed a relation between perceived work demands and emotional exhaustion burnout (Devereux, Hastings & Noone, 2009). Studies

indicate that interventions that attempt to increase acceptance and psychological flexibility may help to decrease stress and burnout among staff (Blackledge, Ciarrochi & Deane, 2009). Staff that work in the disability sector could benefit from ACT intervention since it could help staff to increase psychological flexibility or acceptance and so could lead to fewer incidents of challenging behaviour in their clients (Blackledge et al, 2009). According to Bond and Bunce (2000) there is a strong correlation between job demand and burnout, thus more acceptance can work as a buffer and reduce burnout. The focus of ACT is not to eliminate stress but to teach ways to accept it, to live a valued life and to have committed action. A study by Hastings and Brown (2002) has shown that use of avoidance and maladaptive coping strategies is a main cause of burnout. Thus ACT intervention could be highly effective for staffs that are potentially at risk of burnout. The third section in the workbook was on cognitive defusion which used different activities and exercises to teach staff to distance themselves from unhelpful or distressing thoughts that they encounter either at work or in personal life. This section, along with section 5, attempts to teach acceptance and willingness skills that could help staff to use more adaptive coping strategies.

Mindfulness

Mindfulness technique is one of the six core processes of ACT which aims to teach an individual to be aware of their present without judging the moment (Johnston et al, 2010). In the self-help book, section 6 was on mindfulness and this section introduced lot of activities like chess board metaphor, awareness of body exercise, breathing exercise and leaves on stream. The purpose of all these exercises was to increase participant's acceptance and their awareness. Mindfulness showed medium effect sizes on MAAS over time, this significance

was seen as the change over time. There is emerging evidence that mindfulness based intervention are effective for support staff working in intellectual disability service, mindfulness intervention helped improve staff learning once they were added to the training they received (Noone & Hastings, 2010). Mindfulness is a skill that requires constant and prolonged practise to be mastered. Since the current self-help book had mindfulness section towards the end of the workbook, participants would not have had sufficient time to engage or rehearse the exercises mentioned in this section. By having mindfulness as one of the initial sections in the workbook, it would give staff sufficient time to engage and practise the activities. It might be useful to do a follow us after few months to see what skills staff was able to retain by engaging in self-help book and to see if any further changes has happened on mindfulness.

Quality of Life

Even though the Quality of Life measure showed no statistically significant differences between the groups on QOLI. A medium effect size was seen in interaction in both group comparison. Results of dependent t test for quality of life shows that the intervention group shows an increase as compared to the control group in which it actually shows a decrease.

Results of dependent t shows medium effect size, which indicate that quality of life for participants in intervention group showed a change from pre to post intervention as compared to control group.

A study by Butler and Ciarrochi (2007) tried to explore the influence psychological acceptance had on quality of life in an elderly population; the results clearly show that participants who scored high on acceptance were seen to have shown an improvement in quality of life. Negative life changes may

decrease objective quality of life; factors like age, health and marital status could also be few factors but subjective quality doesn't show a decrease (Butler et al, 2007). There are no studies which have tried to look at quality of life specifically for support staff, the values section in the workbook helps participants to identify areas in their life they consider very important and also helps them to identify if they are living a life they value. There is some evidence which illustrates the use of a self-help book based on ACT as an intervention for participants, but this present study doesn't show any significant change in quality of life.

Stress

For the purpose of the study stress was measured using two measures, perceived stress was measured using PSS and stress among support staff was measured using SSQ. Results show that there was no significant difference for perceived stress on scores of ANOVA measured by PSS. But PSS showed medium effect size on its effect across time. Staff stress was measured using SSQ and even though it showed no statistical significance, but they showed large effect size in terms of interaction. A study by Bond and Bunce (2003) aimed at using ACT intervention to manage worksite stress, the study aimed at altering the relationship with the stressor and not in changing the stressor. Noone and Hastings (2010) used ACT intervention in the form of workshop for support staff that work in disability sector which aimed at reducing stress and improve psychological wellbeing. The results indicate that post intervention staff showed a decrease in psychological distress but did not show any change in stress level. The aim of ACT is not to change the stress present instead to change the relationship staff have with those stressors. Thus a self-help book on ACT for support staff in disability sector could help staff to accept client challenging behaviour or stress at

work rather than trying to control of avoid them which could eventually leads to more stress (Deveruex et al, 2009). Section 3 in the self-help book attempted to teach staff defusion technique, which would allow them to distance themselves from negative or maladaptive thoughts. These defusion techniques can be useful for support staff as there is evidence from literature which mentions that support staff who fuse with negatively charged thought try to escape from stressful situation and thus lead to more stress and burnout (Noone et al, 2010).

Secondary variables

From the anova table it was seen that one of the scales on thought control called worry mentioned by TCQW showed a change in time effect with a large effect size. Psychological morbidity which was measured using GHQ also showed significance between the groups on ANOVA with large effect size. Data from independent t test show that there was a significance change from pre to post intervention for the intervention group on worry scale of TCQW. There was no significant interaction that could be noted for any of the secondary variables.

Non- Significant Treatment Effects

Participants in the ACT condition did not demonstrate improvement in several measures that were expected to change like thought suppression, Staff values and few secondary measures. Studies have shown that individuals who show an increase in acceptance would generally show a decrease in avoidant techniques or thought suppression (Bond & Flaxman, 2006). This could also be explained because participants might not have engaged with section in the workbook that aimed to teach techniques that increases acceptance and reduces control. Values

are one of the core components of ACT which is essential and helps to improve staff wellbeing according to ACT. The lack of significance in values score could be explained either because staff found the values section hard or more challenging to engage in as compared to other sections. The section below will discuss the about the self-help book and participant engagement with each section.

About the Book

The main purpose of compiling the self-help book by the primary researcher was so that staff would find it easy to engage and understand the material. Most participants indicated that they understand the respective section while they were contacted during weekly discussion of each section. Given below is the a summary of each week and how participants engaged and understood the section (Appendix E)

Week I – What is ACT? What causes suffering?

All the 12 participants said that they engaged or did all the reading for the week. 10 of participants found the reading for this section to be easy while two of them found it medium. Seven participants said it was very useful and five said it was moderately useful. The accuracy for week I showed that 5 participants got 100% accuracy, six of them got 80% and one got 60% accuracy on the questions.

Week II – Control is the problem

All the participants reported that they engaged with the material. Most participants reported the section to be easy and just one participant reported the section to be hard to comprehend. Nine participants found it very useful and three found it

moderately useful. Four participants showed 100% accuracy, six of them showed 75% and two of them 50% accuracy.

Week III – Defusion and Taking control of your life

All the participants reported that they engaged and read the section. One participant dropped out after week II, 8 participants said they found the material to be easy and 3 of them said it was of medium difficulty. 7 participants found the section very useful, 3 moderately useful and for one it was not useful. Three participants received 100% accuracy, 5of the them showed 80% accuracy and 3 of them showed 60% accuracy.

Week IV- Values

All the participants reported that they engaged and read the section. 5 of the participants found the section easy, 5 reported it was easy and one said it was hard. 8 participants reported the section to be very useful while 3 of them mentioned it was not useful. This could possibly use to explain that few participants did not find it comfortable to engage in this section, as they had mentioned it asked too many personal and difficult questions, this could have led to reduced engagement with the material. All participants showed 100% accuracy on the questions.

Week V – Acceptance & Willingness

It can be seen that out of 11 participants 9 participants reported 100% accuracy for the section on Acceptance and Willingness while two of them showed 66% accuracy on the questions after the section. And out of 11 participants 7 said that they found the reading material easy to understand while three of them of them found it medium and the last one found the reading hard. And 8 out of the 11

participants reported the section to be very useful and three of them said it was moderately useful. All the 11 participants reported that they engaged and did all the reading for the section.

Week VI – Mindfulness

All the participants reported that they engaged and read the section. 6 participants said they found the section easy, 3 of the said it was medium and 1 of them found the section hard. 5 participants said it was very useful and 6 of them said it was moderately useful. 9 of the participants showed 100% accuracy and one showed 66% accuracy.

Week VII – Committed Action

All the participants reported that they engaged and read the section. 8 participants reported the section to be easy while two of them reported it to be medium. 6 participants reported it to be useful and 4 of them moderately useful. And all participants showed 100% accuracy on all the questions.

Strength

The workbook used a recent treatment approach of Acceptance and commitment Therapy which used a combination of different exercises, metaphors to teach participants different strategies to deal with range of problems. Participants had an opportunity to learn and use different approach to look at problems they have encountered or to effectively deal with them. Participants enjoyed working through the self-help book and two participants mentioned that they were happy to receive a personal copy of the workbook for future reference. Almost all participants enjoyed engaging in using the Chinese finger trap as a method of

demonstrating control. Few participants mentioned that they would try to engage with the book often so they could use the skills mentioned in the book more often. Overall most participants mentioned that they enjoyed the workbook.

Weakness

The study used a small sample size and there were few participants who started the study but dropped in between. A larger sample could be used in future studies. Future studies could look at screening for support staff that might show high stress or anxiety and to see if by engaging in self-help book if it could bring about a change. Future studies could also look at having a follow up session for the intervention group to check if there are any significant changes in the variables.

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Appendix One

DEMOGRAPHICS SHEET

Please do not write your name on this form. It will be stored separately from any other information that you complete during this study and will not be linked with your responses any way. The information will allow us to provide an accurate description of the sample.

For the following items, please select one response that is most descriptive of you or fill in the blank as appropriate.

Gender: Female ☐ Male ☐

Age: ____ Yrs or **Date of Birth**: ___/___/___

Ethnicity: New Zealand European ☐
Maori ☐
Cook Island Maori ☐
Samoan ☐
Tongan ☐
Chinese ☐
Niuean ☐
Indian ☐
Other (Such as Dutch, Japanese, Tokelauan) ☐
If other please specify _____

What is the highest level of education that you have achieved?

Elementary School Education (1st – 6th grade) ☐
Junior High School Education (7th – 9th grade) ☐

Senior High School Education (10th-12th grade) ☐

Junior, Vocational or Technical College ☐

Diploma Courses ☐

Bachelors Degree ☐

Post Graduate Degree (Masters/Doctoral) ☐

Do you have any formal/professional qualification relating to the care or education of people with intellectual disabilities (social worker, nurse, etc)

Yes ☐ No ☐

How long have you been working with people with intellectual disabilities?

___ Years ___ Months

How long have you been working in this organisation?

___ Years ___ Months ___Weeks

Appendix Two

Poster

Want To Live Life To Fullest? Come Join Me Mate☺

Hi, my name is **Leny Philip Thomas** doing my **Masters in Applied Psychology** at **University of Waikato**. I would like **to invite *support staff*** who would be interested to take part in this study which aims at **reducing stress of staff in disability sector**.

This study uses a ***self help*** book which may help you develop life skills to manage life better. This ***book*** is based on **principles of Acceptance and Commitment training**.

As part of the ***intervention,*** you will be **asked** to **respond to a series of questionnaires** before, during and after the study. The study could **span for few weeks**. During that time you would be asked to **read a designated section** from the ***self-help book*** for each week, which will be **followed by few simple exercises**. This ***self help book*** may provide you with **valuable skills** to deal with **stress at home and work**.

If you would like to know more about the study or participate in the study, please contact me on **lenyphilipthomas@gmail.com or 0211661312.** You could also contact my supervisors **Professor Mary Foster at m.foster@waikato.ac.nz** or **Dr. Nicola Starkey at nstarkey@waikato.ac.nz**. This study has received ethical approval from the Department of Psychology, University of Waikato Ethics Committee.

Appendix Three

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THE UNIVERSITY OF WAIKATO
Te Whare Wānanga o Waikato

The use of a Self-Help book based on Acceptance and Commitment Therapy: To improve General Well-being and Reduce Stress among Support Workers in Disability Sector

Contact: Leny Philip Thomas,
Department of Psychology,
University of Waikato

Telephone: 0211661312
Email: lenyphilipthomas@gmail.com
Supervisors: Prof Mary Foster & Dr Nicola Starkey (University of Waikato)

Participant information Sheet (Within Subject Design)

What is Study About?

I would like to invite participants to take part in research project which will use a self-help book to reduce stress and improve physical and psychological well being for support workers. Since working with clients who have intellectual disability who display challenging behaviour can be stressful, this study will see if using a self help book will help reduce stress.

What does participant have to do?

As a participant you would be expected to

- Once the participant has been randomly selected to intervention group, the primary researcher will give opportunity to four participants from this group to be

part of more intensive intervention group. If participants agree to be part of the intensive intervention group, they are immediately given a consent form to be filled in.

- Participants will be given an envelope with a questionnaire and date written on it for one whole week. Then participants have to fill the questionnaire for each day and put it back in the envelope. This will take 5-7 minutes to fill in. At the end of the week primary researcher will come in and collect the filled forms.
- After that, primary researcher will meet each participant individually and they will be given a set of questionnaires to fill, which will take almost an hour.
- Then the first participant in the extensive intervention group will engage in reading a self-help book on weekly basis and this involves
    - Reading the assigned chapter for the week
    - Reading summary of the chapter at the end of the workbook
    - To complete exercises after each chapter
- The primary researcher will phone participant of extensive intervention group on weekly basis, to find out if they found the material to be useful or difficult and also ask few questions regarding chapter. You could also discuss any difficulties you face while engaging in these chapters and exercises.
- In this group participants will continue to fill a questionnaire on daily basis and also engage with the workbook..
- At the end of the intervention, the primary researcher meets the participant to fill last set of questionnaires.

Rights and Confidentiality:

1) All the information provided by participants will be kept confidential and for the purpose of anonymity numbers will be used instead of names.

2) Participants are free to refuse to be part of the extensive intervention program but can still continue to be part of the group intervention

3) Participation is totally voluntary.

4) The participant has the right to withdraw from the study at any point.

5) They can ask any queries about the study at any time during study.

6) At the end of the study participants can request for a summary of research findings.

Contact Information

If you have any queries or clarification, please contact

Primary Researcher- Mr. Leny Philip Thomas, Psychology Department, University of Waikato, Mob: 0211661312 Email: lenyphilipthomas@gmail.com.

Supervisors – Prof T.M Foster, Psychology Department, University of Waikato Email: psyc0182@waikato.ac.nz & Dr Nicola Starkey, Psychology Department, University of Waikato, Email: nstarkey@waikato.ac.nz

Appendix Four

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THE UNIVERSITY OF WAIKATO
Te Whare Wānanga o Waikato

University of Waikato
Psychology Department

CONSENT FORM (Group Intervention)

PARTICIPANT'S COPY

Research Project: Effectiveness of Acceptance and Commitment training, to deal with stress among support staff in disability sector: A self -help format.

Name of Researcher: Leny Philip Thomas

Name of Supervisors: Prof. Mary Foster & Dr. Nicola Starkey

I have received an information sheet about this research project or the researcher has explained the study to me. I have had the chance to ask any questions and discuss my participation with other people. Any questions have been answered to my satisfaction.

I agree to participate in this research project and I understand that I may withdraw at any time. If I have any concerns about this project, I may contact the convenor of the Research and Ethics Committee (Dr Robert Isler, phone: 838 4466 ext. 8401 e-mail r.isler@waikato.ac.nz)

Participant's Name:
_____Signature:_____Date:_____

==========

Appendix Five

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THE UNIVERSITY OF WAIKATO
Te Whare Wānanga o Waikato

University of Waikato
School of Psychology

CONSENT FORM (Group Intervention)

RESEARCHER'S COPY

Research Project: Effectiveness of Acceptance and Commitment training, to deal with stress among support staff in disability sector: A self -help format.

Name of Researcher: Leny Philip Thomas

Name of Supervisors: Prof. Mary Foster & Dr. Nicola Starkey

I have received an information sheet about this research project or the researcher has explained the study to me. I have had the chance to ask any questions and discuss my participation with other people. Any questions have been answered to my satisfaction.

I agree to participate in this research project and I understand that I may withdraw at any time. If I have any concerns about this project, I may contact the convenor of the Research and Ethics Committee.

Participants Name: _____Signature:_____
Date:_____

Appendix Six

Appendix Six

A MINDFULLNESS AND ACCEPTANCE BASED SELF – HELP BOOK: TO IMPROVE QUALITY OF LIFE AND REDUCE STRESS

Acceptance and Commitment Training Workbook 2010

Compiled by:

Leny Philip Thomas

Supervisors:

Prof. Mary Foster & Dr. Nicola Starkey, University of Waikato

This workbook is compiled from different self-help books on ACT, journal articles & ACT websites. (Please see the references for further details)

ACKNOWLEDGEMENT

This book would be incomplete without an acknowledgement section, I would like to thank each and every person who have shown their support and helped me through this process of compiling the book.

Thank you Prof. Mary Foster and Dr. Nicola Starkey for your mindful support, guidance and expertise throughout this journey of writing and compilation of this workbook. I would also like to thank you for proof reading and editing the workbook. It's been a great learning curve for me and thank you for facilitating this learning.

Thank you Jeffin for helping me by drawing the cartoons and painting them for me, you have been great support.

I would also like to thank Betty for proof reading this workbook and providing valuable comments.

Finally, I would like to thank my family for their constant support and motivation during this whole journey.

INTRODUCTION

This workbook is based on material from several different books on Acceptance and Commitment Therapy (ACT), ACT websites and relevant journal articles. The material that you need to use during the study is also enclosed in this package.

How to Use the Book:

The study will take seven weeks to complete and each week you are required to do some reading and complete some exercises.

- The book is divided into ***seven sections*** and each week you will read a specified section (e.g. for Week 1 this is Section 1).
    - Change doesn't happen in one hour or overnight, but engaging with each section will bring results at the end.
    - There is no right time to read the book, what matters is reading the section consistently and not rushing through the exercises.
- You should do the exercises for each section as you come across them. When you have finished reading a section make sure you have done all the exercises for that section.

- At end of each section there are questions, try and answer these and I will discuss these with you during my weekly phone call.

- These questions will help me to evaluate the book and will initiate discussion about how you find the book. **They are not tests.**

- The workbook has been designed to allow you sufficient time to work through each section and engage in the exercises at the end of each section.

- I will phone you once a week to check if you have any queries regarding section and to have a chat about the section.

- A list of what you should read each week is on the next page.

The Aim of the Book Is:

- To help enhance the quality of your life.
- To help you understand what causes psychological suffering and what can improve psychological flexibility.
- To equip you with effective techniques to deal with day-to-day problems.
- To help you understand "Acceptance" and "Mindfulness skills".

Workbook Reading

Week	Required reading	Title	References
1	Introduction & Section 1	What Is ACT? What Causes Suffering?	Books 3,4 and 5
2	Section 2	Control Is The Problem	Books 2, 3 and 4
3	Section 3	Defusion & Taking Control Of Your Life	Books 1 and 2
4	Section 4	Living By Your Values	Books 1, 2, 3,4 & 6
5	Section 5	Acceptance & Willingness	Books 3 & 4
6	Section 6	Mindfulness In Practise	Books 1,2,3 & 4
7	Section 7 & Conclusion	It's Time To Take Action: Committed Action	Books 1, 3 & 4

References

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Lejeune, C. (2007). *The worry trap.* Oakland, American: New harbinger Publications, Inc (**Book 2**)

Hayes, S., Strosahl, K., & Wilson, K. (1999). *Acceptance and commitment therapy: An experiential approach to behaviour change.* New York, London: The Guilford Press. (**Book 3**)

Forsyth, J., & Eifert, G. (2007). *The mindfulness and acceptance workbook for anxiety.* Oakland, American: New Harbinger Publications, Inc. (**Book 4**)

Hayes, S. C., & Smith, S. (2005). *Get Out of your Mind and into your Life*. USA: New Harbinger Publications. (**Book 5**)

Dahl, J., & Lundgren, T. (2006). *Living beyond your pain: Using acceptance and commitment therapy to ease chronic pain*. Oakland, American: New Harbinger Publications, Inc. (**Book 6**)

Harris, R. (2006). Embracing your demons: an overview of acceptance and commitment therapy. *Psychotherapy in Australia, 12, 4.*

Harris, R. (2008). *The happiness trap: How to stop struggling and start living.* Boston: Shambhala Publication. (**Book 7**)

Hayes, S. C., Masuda, A., & De Mey, H. (2003). Acceptance and Commitment Therapy and the third wave of behaviour therapy. *Gedragstherapie (Dutch Journal of Behaviour Therapy), 2*, 69-96.

Strosahl, K. D., & Robinson, P.J. (2008). The mindfulness & acceptance workbook for depression. Oakland, American : New Harbinger Publications, Inc. (**Book 8**)

Week 1. What is ACT? What Causes Suffering?

"I am stressed" or "I want to be happy" are statements we often hear. As we go through life we frequently confront and have to deal with a range of problems and issues, such as loneliness, low self esteem, feelings of worthlessness, feelings of boredom, feelings of rejection, a lack of meaning to life, issues in coping with distressing events, anxiety, stress, depression etc.

When confronted with a stressful situation, we all use different coping strategies. Some of the coping techniques we use are helpful in the short term but can be destructive in the long run.

Acceptance and Commitment Training (which I will refer to from hereon as ACT) states that stress and mental suffering are the result of our *rigid* and *inflexible thinking*. And that thinking gets us stuck in our suffering. Thus ACT aims at helping us move from inflexible thinking to improve our **psychological flexibility** (6).

ACT believes the root cause of human suffering is because of "language".

Humans use language both publicly and privately (7).

1. *Public use of language* – we use language for speaking, communicating, writing, singing, dancing, shouting etc.

2. *Private use of language* – we use language for day dreaming, wishful thinking, imagining, problem solving, planning, worrying etc.

Human language use can also be categorized into constructive and destructive.

1. Constructive side – to predict, plan, problem solving, learn from our experience etc.
2. Destructive side – to lie, manipulate, deceive, crib, gossip, consider self-defeating statements like 'I am guilty', 'I'm good for nothing', 'good things will never happen to me,' etc.

So language which might be helpful in one situation, e.g. to plan and communicate, could have the opposite effect when we have to deal with self-defeating statements.

Emotional Avoidance

According to ACT the main cause of human problems is that we are constantly using our energy and time to avoid or escape from aversive private experiences such as unpleasant thoughts, feelings, memories and bodily sensations. In ACT this is called **Emotional Avoidance** (picture below); we are constantly in a battle with our own thoughts and feelings trying to control our feelings, thoughts or sensations. .

The Emotional Avoidance Detour Metaphor.

Problem solving is an adaptive skill and when used in our outside world, it helps us to deal with daily problems. Thus, we naturally think that the same procedure could be useful in our inside world, i.e., to control anxiety, worry, loneliness, guilt etc.

But trying to get rid of unwanted private emotions, thoughts etc. will just create more suffering. At times it might cause temporary relief but not for long. Usually the same problems will hit back with more intensity.

Given below is a small illustration which will give you more clarity about "Emotional Avoidance"

Let's see how emotional avoidance can be used to explain an addictive behaviour (7):

- Imagine a person is very bored, anxious, stressed or depressed
- To get rid of disturbing thoughts / feelings, the person decides to have a smoke or a drink or go gambling
- It works as a quick fix; makes the person feel good as the worrying thought is kept out of mind
- Remember guys - it works only for a short period
- And so the person engages in more of the addictive behaviour.

- And this cycle continues like the car in the picture above – going round and round and never getting anywhere

Keeping on trying the same – but ineffective – solution is described as being inflexible. Thus, the main goal of ACT is to try to help increase psychological flexibility and let the person step out of the vicious cycle of emotional avoidance. ACT is useful when emotional avoidance hampers normal functioning of an individual and when person is psychologically rigid.

A simple acronym used to explain **ACT** is:

A = Accept your thoughts, feelings and be present

C = Choose a valued direction

T = Take action.

The Quicksand Metaphor

Imagine you come across someone stuck in middle of quicksand and there are no ropes that could be used to help. The person shouts for help and starts to do what most people would do – which is trying to get out it, by moving, wriggling trying to walk etc.

But with quicksand it is a bad idea to try any of the above – because when the person lifts one leg the other leg now carries double the pressure and so the person sinks deeper and deeper into the quicksand. The harder they struggle the deeper they

go.

You see this, and because you understand how quicksand works, you ask them to lie flat, to spread themselves so they can maximise contact with surface and eventually they roll out to safety.

You asked them to do the opposite of their natural reaction to being stuck, in order to solve the problem.

A person trying to get out of mud may never realise that the only way to survive is to get along with the mud. This metaphor explains that the normal problem solving methods we have been using for years may itself be the source of problem, just like trying to get out of quicksand.

ACT helps us to deal with Emotional Avoidance and increase our psychological flexibility to open up to painful emotions and feelings through six core processes.

The six core processes are described briefly below. You will read more about these processes in the later sections.

1. ***Acceptance*** – allows you to make room for painful thoughts, emotions, feelings or bodily sensations which are out of our control. Here an individual accepts these emotions without judging them. Accepting them doesn't mean that we like these feelings, but instead of trying to control them we acknowledge them.
2. ***Defusion*** – this means to try to detach oneself from thoughts, images or memories. For example, when an individual has a thought like "I am incompetent", instead of getting worried

about that thought, they learn to allow it to come and go like passing cars on a motorway.

3. ***Self as Context (Observing self)*** – this concept will show us that we can approach our problems from two perspectives, one called the *observing self*, which will always observe our thoughts or feelings without judging them. The second one is called the *thinking self*, which generates all sorts of thoughts that might not be helpful.
4. ***Values***–Every human being has values but most times we are disconnected from our values. ACT helps us to reconnect to our values and, by doing so; it improves the quality of living. For example, being a loving husband, partner or wife could be a value; it is something that we do throughout our life.
5. ***Mindfulness***– is described as being fully in the present moment and being aware of it. Most of the time we are thinking and worrying about either past events or future events. Mindfulness techniques teach us to enjoy the present moment and to feel more connected to our body and surrounding. In this workbook, exercises like imagining one's thoughts as they are floating like leaves in a river, will be used to help you learn to live in the present.
6. ***Committed Action*** – this the last core process in ACT. ACT teaches us to move in the right direction guided by our values. It teaches us to live by our values even if doing so could bring discomfort. When an individual lives by his/her values, living life becomes more meaningful.

The most important thing you need to keep in mind while working through this workbook is: Whenever you have a thought, feeling or

emotion, you need to ask yourself if this thought is helping you live a life you like or if it is stopping you from living a life you value and hence causing more stress. If the thought is helping you, it is good. If not, this book will teach you how to deal with those disturbing/unhelpful thoughts.

NB: The next few pages will have a series of cartoons which you could quickly go through; this is a pictorial representation of our general approach towards a problem and how this book will help us to change the faulty strategies we have been using in our lives.

Week 1: Questions

1) According to ACT, what causes stress and mental suffering?

2) What did you understand by the term “Emotional Avoidance”?

3) Were you able to relate to the quicksand metaphor?

4) What does the acronym ACT stand for in this section?

5) What are the six core processes of ACT?

Week 2. Control Is The Problem

Let me start this section by asking you to do a small activity, I want you to try your best to control your thoughts.

> Sit in a comfortable position; once you are seated comfortably please try your best not to think of your last shift at work. Try as hard as you can not to think anything related to that shift, where you worked, whom you worked with and what activities you did with the client, please do this for a minute.

What did you experience? Were you able to control your thoughts?

Let's do another activity:

> If you have a television in your house, please switch it on to your favourite channel. Now keep increasing the volume until you reach maximum, now it will have reached a point that causes discomfort. So an automatic reaction would be to try to control volume and bring it down to a level which is not too loud.

These exercises are to illustrate how control works in our external world and how *control doesn't work in our internal world*. Mostly we don't realise this difference because our instinctive response to most situations is to control.

Let's try another activity (8):

> Try to think of the first car that you owned. Now hold on to that thought in your head for approximately 45 seconds. OK, now try to get rid of that thought from your mind completely.

How was it? Were you able to do it successfully? If you think you got rid of the thought, just try thinking about it and you will realise it is still there.

These activities illustrate that thoughts, feelings, and emotions are not easy to control and we have much less control over them than we think. Right from childhood we have been taught to control our feelings, and emotions, e.g., don't cry, don't be afraid, get over it, and don't be a chicken. We have been taught that feelings are something we could control, as if they have a switch which can be "turned off" and "turned on" when we needed to. But in reality the more we believe in such thoughts, the more we are a slave to the misconception of control.

Person in the Hole [(2)]

This is an illustration suggested by psychologist Steven Hayes and his colleagues to explain how control does not help in dealing with stress, anxiety, or worry. In this metaphor a person with a problem is compared to a person in a hole. When we are confronted with a problem which doesn't have a solution we might feel like being trapped at the bottom of a huge pit. The person is desperately looking for a way to fix the problem (i.e., to get out of the hole) and soon they find a shovel, and the person is overjoyed to find it. The person starts to dig straight down as soon they find the shovel.

Do you think there is a problem here?

Well the person in the hole doesn't, they found a tool (shovel) which they know how to use and the person is doing their best with it.

Mostly, when faced with problems like stress, anxiety, and worry our first response is to control – just like the person in the hole. Control is equivalent to using the shovel, and this control response - which works so well in outside world - is automatically used to help solve our inner world problems. But, like the person in the hole, what we think is the solution (shovelling or controlling) is actually the problem here. Always remember this - "In terms of painful or worrying internal experiences, ***if you aren't willing to have it, you will end up getting more of it"***

I will use an acronym for the common problems discussed in this book –

SAW – this stands for:

S = Stress

A = Anxiety

W = Worry

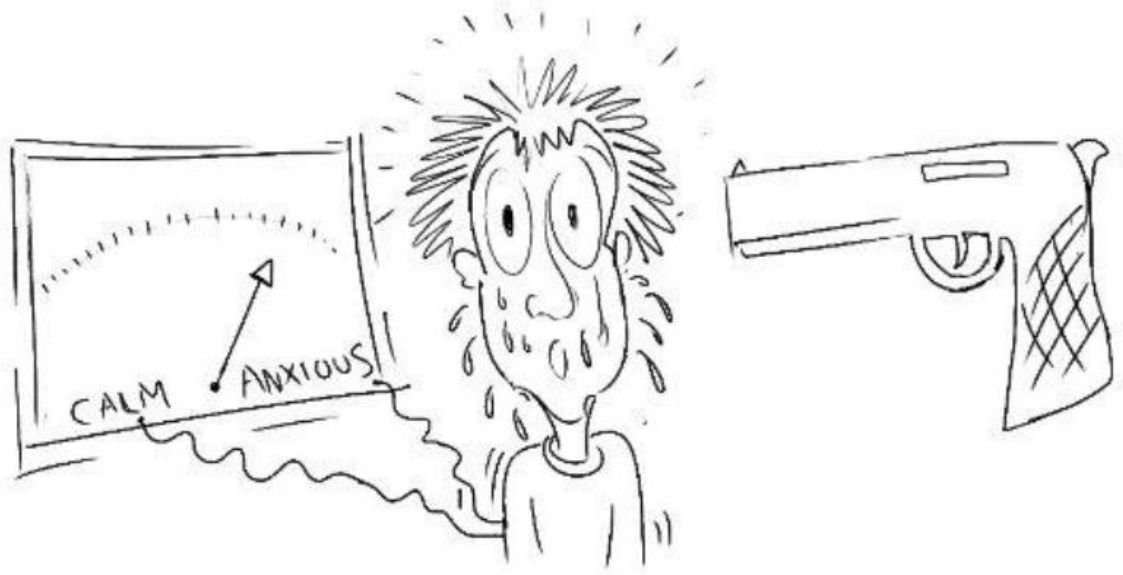
I will quote the serenity creed at this point, this is:

"Grant me the courage to change the things I can, the serenity to accept things I cannot change, and the wisdom to know the difference"

Most of us have come across this creed at some point in our life. It just tells us that there are some things we cannot change and that we need to know when control works and when it doesn't work. At this point you might be thinking that this book is asking you to be helpless and accept a life of unhappiness (8). But the answer is **NO;** on the

contrary, we are trying to demonstrate how destructive the illusion of control can be.

The Super-Sensitive Polygraph Metaphor



The Polygraph Metaphor.

Let's go through another activity to better understand what we have been discussing in this section, i.e., trying to *control* stress, anxiety, or worry is not the solution instead it creates more of it.

> Imagine you are part of a research project which is exploring the effectiveness of control (4). As part of the research you are connected to the best and most sensitive polygraph machine which is capable of detecting even the slightest change in anxiety levels. Your task is quite simple; all you have to do is stay calm and relaxed while you think of a recent incident when you were stressed and anxious.
>
> So think of a situation in which you were anxious but make sure you don't get anxious now because even slightest trace of anxiety will be picked up by the super-sensitive polygraph machine.

Imagine now that we will give you a $10,000 reward if you are able to remain totally calm while imaging the anxious situation.

There is one catch here; the super-sensitive polygraph is designed to deliver a huge deadly shock through the gun in front of you and kill you if it detects any anxiety. So all you have to do is stay relaxed while thinking of the anxious situation because even the slightest anxiety will be detected by machine which will deliver activate the gun and kill you. So just relax.

Please take a moment and write down in space below what you think could happen here.

Remember even the slightest anxiety reading will activate the gun and kill you, so we can guess what would happen.

This exercise once again shows that trying to control worries, anxiety, or stress will just increase those feelings. You could put on a straight face and pretend that you are fine, but if you are honest to yourself you would realise that you are in a constant struggle with your worrying thoughts, emotions, and sensations.

All the illustrations and activities in this section should have helped you to realise that CONTROL is not the way to deal with a problem and that there could be other ways to deal with our SAW. The next logical question flashing across your mind might be – WHAT NEXT? Keep reading and you will find out …

End The Tug-of-War With SAW

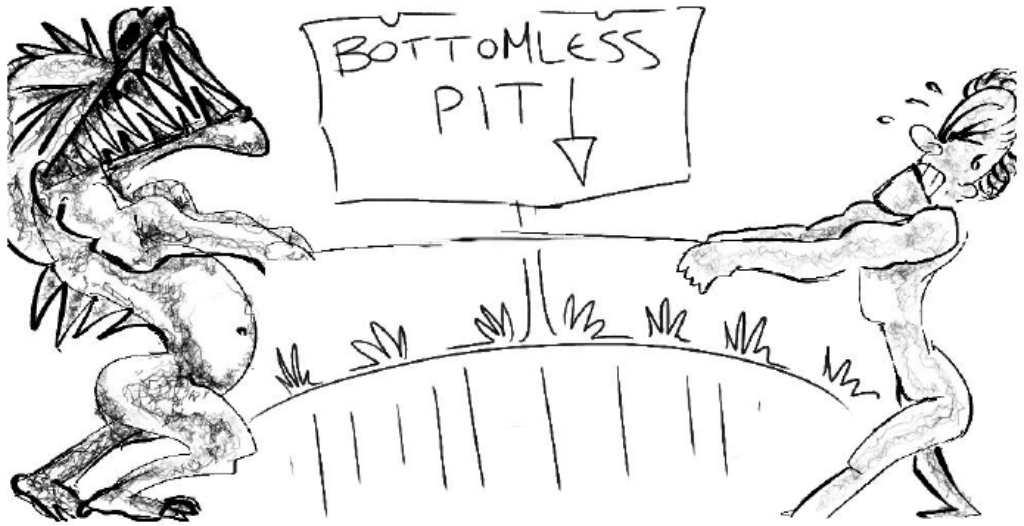
You will have realised by now that all the strategies used to control and get rid of SAW just caused more distress. Some of these emotional avoidance strategies help you for short term but they end up causing more damage in the future. Since we are looking at doing something different with our SAW, has it ever crossed your mind that probably the best way to deal with these issues is to do the opposite of control, i.e., *to let go of the struggle and surrender* (Book 4). You might have sat back after reading that and said to yourself "What the hell does the book mean?" You might also be thinking that surrendering to your *entire SAW and painful sensations* would be as good as suicide. And your mind would be providing you with all sorts of messages about the impossibility of the idea.

What we suggest will help you deal with all those issues, so firstly take a moment to just observe what thoughts your mind is producing, try not to convince or argue with the thoughts, instead *just observe them.* Once you have done that for 30 seconds, continue reading.

I will explain what ***letting go*** means. It means allowing you to experience stress, anxiety, or worry as it comes, instead to trying to avoid or control it. It means you can learn to experience those

unpleasant thoughts and feelings and learn how to distance yourself from them so that you can carry on doing the things that you value.

It is also important at this point to acknowledge that SAW is part of every human being's life and we need to stop equating a happy life to a life free of SAW. Now you have made the choice to let go of your SAW and stop controlling them, you have just taken first step towards tackling your SAW.



The Tug-of-War with a Monster Metaphor.

I will illustrate this with help of a metaphor and the picture above so as to bring more clarity to it.

Imagine that you are having a tug-of-war with the SAW monster, you at one end and monster at the other end. It doesn't matter

how hard you pull the SAW monster pulls back more strongly and harder than you, so you have to try and pull even harder.

It might look like you don't have any other option in this battle but to pull harder and harder to keep out of the pit. You pull harder; you have both hands firmly holding on to the rope and your feet are dug into ground to give you maximum strength to pull. And this battle just keeps going back and forth.

As this battle continues, you can feel that you are getting more and more worked up – your hands are hurting, your chest is tightening, you are clenching your teeth, sweating, feeling strain all over your body and your legs are feeling stiff. It looks like an endless and gruelling fight.

Take few minutes to think about what you could possibly do in this situation, knowing that you don't have too many options. Please write a few ideas in space provided below.

Your mind might have come up with few options such as pull even harder, get a better grip on the rope etc. or with other strategies to win the situation.

Here is an alternative – you don't have to win this fight. What do you think would happen if you decided to stop the fight and drop the rope? Think about that possibility for a minute.

Just imagine if you decided to stop fighting and dropped the rope, notice the change in feeling. Notice how your hand feels, the fact that your legs are no longer digging into ground and that your chest is relaxed. By **letting go** - your mind and body is feeling more relaxed and imagine being able to use your mind and body for something other than fighting the SAW monster.

To give you a better understanding, try visualizing something very important in your life, for example, meeting your child or partner who is waiting to spend time with you, or imagine you are about to go on holiday with your partner. All of this is waiting for you to finish **fighting**, so you can do the things which you value most.

Week 2. Questions

1) How did you find the first activity of trying to control not thinking about your last shift? Were you able to control your thoughts?

2) What does the acronym SAW stand for?

3) What did you understand by the polygraph metaphor?

4) What did the illustration of tug of war with SAW explain about control?

Week 3. Defusion & Taking Control of Your Life

In this section, we will talk about our thoughts and whether our thoughts are helping us or limiting us to live a life we value. ACT teaches us that *you* and *your thoughts* are not the *same* (6). Behaving as if they are the same is called *cognitive fusion*. The concept of cognitive fusion has been explained using an acronym (4), **FEAR**, in which:

F = False

E = Evidence

A = Appearing

R = Real

Cognitive fusion is when words or thoughts have the same effects as the things they represent even though they are just that – words or thoughts - and so they cannot affect us. Let's do a small activity:

> Imagine you have (7) a juicy mandarin in your hand. You first feel the mandarin and look at it, and then you slowly start peeling off the skin. As you peel the skin the oil from the skin spurts out and you get the fresh smell of mandarin. After you finish peeling all the skin, you separate it into segments and take one piece and put it in your mouth. Finally you bite into that juicy piece of mandarin.

Now, what happened as you read about the mandarin? You must have imagined the shape and colour of the mandarin, felt the texture of it, and probably your mouth would have started watering. Finally you would have felt the taste of the mandarin. It is important to note that there was no mandarin in front of you, just words describing it, the words entered your mind and had the same effect as a real mandarin.

I will illustrate this point with one more example to show how thinking can cause unpleasant sensations:

> Imagine you are sitting at your dining table and are just about to eat your favourite pasta. You slowly take one spoonful of pasta and put in your mouth, enjoying all the flavour. As you take the next spoon you find a cockroach struggling to crawl in your bowl of pasta. You have a closer look and you realise there are two cockroaches in it, one of which is dead and is in pieces while the other one is still alive and struggling. There is nothing to worry about, just imagine taking them out with the spoon and imagine continuing to eat your favourite pasta.

Did you find it hard to imagine eating the pasta? Did you just arch your back and make a yucky face? Well this is how most of us would react. The idea behind this example was to make you understand that words alone can make you feel exactly how you would feel if you were really in that situation. That is, words or thoughts alone can be powerful and damaging.

We discussed earlier the dominance of language and words in our lives. Dr Russ Harris - in his book *The Happiness Trap* - talks about *three distinct factors*. He talks about *thoughts as words* in our head, *images we have as pictures* in our head and *sensations we feel as*

feelings inside our body. It is important to understand these three aspects because when confronted with SAW, it is usually interpreted in these three areas.

One reason why people become (2) frightened or stressed by their thoughts is because they confuse a SAW thought with the actual event itself. For example, think about a person who has a thought "I will have a panic attack if I go for an interview". The person reacts to this thought as if it they were really in an interview – they are frightened just by the thought and so treat it like a real threat. Some other examples are, the thought of having an accident or the thought of working with an aggressive or difficult client – just a thought about these events or situations can trigger the same stress response as when we are in the actual situation.

The problem comes when you respond to words like "panic" or "anxiety" and events related to these words as real and not as just words. When this happens a word like "panic" or just thinking about panic can make you experience all the pain and anxiety you feel when you are in a real panic situation.

When words have the same effects as the situations they are related to, it is termed as fusion. Fusion is when two things blend together and it becomes hard to separate them or pull those apart (7). The thought and the situation it refers to are seen as one, rather than as separate. We react to the word mandarin, as if the mandarin is really present – the word "mandarin" has similar effects on us as a real mandarin – they are fused. Sometime this is fusion is good and adds to life but sometimes this fusion results in problems.

Now take a moment and reflect on the question: *How often do you think?* Some might say few times a day or week and others might say we are always thinking. In reality we are always thinking, it could be about the past, the present or the future and it is when we think excessively – that it ends up with us ***WORRYING.***

According to Dr. Russ Harris, when we are in a **state of fusion:**

- Thoughts are reality; we believe that it is actually happening right now.
- Our thoughts are nothing but the truth, we totally believe them.
- We assume our thoughts are very important and give them all our attention.
- We believe our thoughts are like orders – we robotically obey them.
- We believe that our thoughts are wise and follow them blindly. We label some thoughts as good or bad, or as a threat/unpleasant and do everything possible to get rid of them.

"ACT teaches us that, the most important thing is not if a thought is true or not, but if this thought is helping or limiting our lives"

Sometimes fusion of thought is fine, but mostly fusion can cause lot of trouble. ACT teaches us to use *defusion* – which helps us to simply observe &distance ourselves from the thoughts our mind generates (6). ***Defusion*** teaches us the ability to watch a thought as it comes and goes, without attaching ourselves to it. Defusion allows us to have thoughts without allowing them to lead or navigate our life. Also, defusion helps us to drop the rope in our tug-of-war with the SAW monster (mentioned in the section on control).

Exercise: Getting tangled with SAW (from Anxiety workbook)

Take a moment to think of an emotion, thought, or worry that upsets you, or of something that causes stress for you. I will provide an example below:

My Experience	**What comes to mind?**
Anxiety -	- Increased heart rate
A presentation at	- Sweaty palms
the university	- Shortness of breath
	- Scared if I will make a fool of myself

My Experience	**What comes to mind?**
_____	_____
_____	_____
_____	_____
(An unpleasant thought/feeling/memory)	_____
	_____
	_____

This exercise will make you realise that you're SAW thoughts are not **you** but just **part of you**. You will learn that by just having a SAW thought will not make you that thought. You will gain more clarity on this thought once we do few more defusion activities. After doing these exercises you will be able to observe your thoughts as they just come and go &defusion will help you achieve this task.

Let's Do A Small Activity: [4]

> Be seated comfortably and then close your eyes and imagine that you are a piece of *broccoli*. Keep thinking that you are a piece of broccoli for the next ten seconds.

What happened? You probably imaged a piece of broccoli, and probably saw the colour and texture of it also. You may have even imagined the taste of it, but did the thought turn you into a piece of broccoli? Now think of any SAW thought that your mind feeds you in regular intervals. It is just like this thought of broccoli.

It is important to remember, that we are not asking you to defuse from **all thoughts** that you **experience** but only from thoughts which are not helpful or which cause psychological inflexibility. Sometimes fusing with your thoughts is the logical and helpful thing to do, like thinking about pleasant events, or when repairing your DVD player, or fixing your car.

Exercise: The Thought Observer [6]

> For this activity, you will have to look for a street where there is considerable amount of traffic. Try and find a street like this and then find somewhere to sit and watch. As each car passes by just try to name the make of car and try not thinking about anything

else. For example, think “there is a Ford Mondeo, that’s a Mazda” and so on. Now see how long you are able to do this without thinking about anything else. Note the length of time you are able to do this in the space below.

Our mind is like a radio it doesn’t stop producing thoughts, so if you are like most of us, you will be able to do this activity of observing and naming cars, and not thinking anything else for a short period. You might be having all sorts of feelings – both negative and positive ones. In the space provided below write all the thoughts that you experience for next 5 mins:

Now let’s pick the entire list of thoughts you have written down in above space and imagine the street in which you were observing cars pass by. With every passing car, imagine you can attach one of your thoughts to it and watch it pass by.

Now try doing this with every thought that you are having right now, as you have it - if you are having a thought like “this is a

lame exercise" please attach that to one of the cars as you watch it pass by. And if you have a thought like "this is real cool stuff" attach that to a car and watch it pass by. Do this for few minutes and watch your mind.

While you are watching your mind, do you come to a point when you stop watching thoughts that come to your mind and instead become judgemental about what you are doing either by praising or criticizing yourself or your performance on this exercise?

If that happened, you have fallen into mental trap. Your mind will tell you to stop and tell that this exercise is useless, so attach all those thoughts to a car and see it pass.

This activity is a very useful tool to distance you from SAW thoughts and to get to look at them as just thoughts.

Exercise: I AM HAVING A THOUGHT THAT[7]

To begin this activity, think about a SAW thought which upsets you and recite it in this form "I am X" for example "I am a failure" or "I am stressed". It is best to pick a thought that you frequently experience and which upsets you. Now think of that upsetting thought and believe it as much as possible for next 10 seconds.

Now, take the same thought and in front of that thought add this phrase "I'm having a thought that ….." Now repeat that same thought with this new phrase in front of it, i.e., "I am having the

thought I am X". As previously do this for 10 seconds and observe how you feel.

Now we are going to make the phrase a bit longer, i.e., "I notice I am having a thought that I am X". Again, do this for 10 seconds and notice the difference.

This is also a very good exercise to distance you from SAW thoughts.

Please remember you won't be able to get much out of these exercises if you just read them. All these exercises are effective only if they are practised regularly. You can do this exercise with any unpleasant thought you feel.

Thanking Your Mind: Our mind is a great story teller it is constantly telling us stories like - I am fat, I am a looser and it goes on and on. It keeps generating lots of stories like this, and unfortunately many of the stories can have negative themes. And if we believe these stories to be true, they can cause problems in our life. For example, imagine you were in a hurry to reach the office in morning and you forgot your office keys. Mostly our mind will start blaming us and making statements like – "I am such an idiot," and "I am irresponsible," and at times this will continue the whole day. Sometimes when we are stressed, anxious or worried, our mind will remind us of how incompetent and terrible we are.

A good approach to tackle this situation is, each time our mind generates the same old story of being incompetent or stressed. Simply thank your mind for the thought, "Thank you mind". When you thank your mind, don't be rude or nasty instead be warm and do it with humour, appreciate your mind for its story telling capability.

According to Dr Russ Harris, when we are in a **state of defusion**:

- The thoughts are just words, sounds or stories our mind generates.
- These thoughts are not always true and we don't have to automatically believe them.
- All thoughts generated by mind are not important; we pay attention only if they are helpful.
- We don't have to obey every thought our mind produces.
- Thoughts are not a threat, even the most frightening or painful thought does not represent the actual situation.

Given below are few points that should be remembered about defusion:

- The main aim of defusion is not to get rid of unpleasant feelings, thoughts or emotions but instead to see them as mere thoughts or words. These thoughts will keep coming, so please remember we are not teaching you to get rid of them but to understand them.
- These techniques are not meant to make you feel good; the feel good factor is just a by-product. The main aim of defusion is to help you disentangle yourself from unhelpful thoughts so you can concentrate on more useful thoughts.

Week 3. Questions

1) What does acronym FEAR stand for?

2) What happened when you did the exercise – eating your favourite pasta?

3) Did you find it hard to eat the pasta? Do words bring similar effect as the real situation?

4) What did you understand about – Imagine you are broccoli activity? Did it change your perspective in any way?

5) How did the activity “I am having a thought” help you?

Week 4. Living By Your Values

I would like to start this section with a quote given by one of the pioneers of ACT:

"Life is a choice. Anxiety is not a choice. Either way you go, you will have problems and pain. So your choice here is not about whether or not to have anxiety. You choice is whether or not to live a meaningful life" – Steven C. Hayes (2005).

Most of us come across the word *"value"* in our day-to-day life in a variety of contexts and it might have different meanings in different contexts. Values are one of the core components in ACT. Have you ever asked yourself, what makes your life worth living? Let me start this section by asking you to write down few of your values on paper or in the space provided.

We will come back to the values you have listed here later in this section, once we have defined and explained the function and significance of values.

Most of us go through life following the same routine, which can lead to a monotonous life, and we ***crib*** about living a boring and uneventful life. According to Dr. Russ Harris, to have a meaningful, prosperous, and happy life, it is important to know what we are doing with life and why we are doing those things. Let us do bit of brainstorming and see if you have ever thought about these questions (7).

- Have you ever thought what is important to you as a person? List at least five things that you would consider most important or that you highly value in your life. Example: family, friends. Spending time with children etc.

_____

_____

_____

_____

- What kind of person would you like to be? e.g., helpful, caring, involved in sports and fitness etc.

_____

_____

_____

_____

- How would you want to be known by others?

_____

_____

_____

- What type of relationships would you like to develop?

- If you didn't have any SAW thoughts, emotions or fear. How would your life be? And what would you do with your life?

The next section will try and help you identify and connect with these questions.

Let's do a small activity:

Please write down a response to each of the questions in the space provided. This activity will be helpful only if you write down the answers, because doing this will help you to concentrate better and to retain the thoughts.

Now, imagine you are 90 yrs old and sitting comfortably in a rocking chair, take few deep breaths and imagine looking back on your life. Try to complete these statements:

- During my 90 yrs , I spent too much time worrying about …

- During my 90 yrs, I spent too much time doing things like…

- These are the things that I would do differently, if I could go back in time…

The purpose of this exercise is to see if you are living your life according to your values.

What Are Values?

Values can be seen as things that are most important for you. They help you to find out what you enjoy doing, like spending time with children, helping disabled people, etc. this will help you to invest your time , resources and energy in things that you enjoy doing. Values will help identify areas in your life that are very important to you, and help make your life worth living (2).

Note: Values are not your morals, beliefs or philosophy of what you believe is right or wrong. Values are not something that can be evaluated. And every person has their own values, so you can never compare your values with those of another person.

"Your values are your values"

Values refer to actions

For example, helping others might be something *that you value* – but *if* you don't act on your values *they will just remain as* empty beliefs.

Another example would be choosing between working long hours for more pay or having little less money and having more free time to spend time with family, partner, children, etc. Please remember I am not talking about working long hours occasionally. If a person who values spending time with their family, consistently works long hours then they would be going against their values and this will eventually make them unhappy.

*Values work like **a map or compass,** leading us along a path in a direction that is important to us in our life. Without values a person will feel directionless, hopeless, and empty and will have no sense of meaning for his/her life (worry trap).*

Your values should be chosen because they help to point you in directions that are meaningful and fulfilling for you, they should not be not chosen just because society accepts them or just because they are ‘appropriate’.

At times moving in a valued direction might make you feel a bit uneasy. For example, say ‘being honest’ is something that you value and in a particular situation you might be honest and tell a person you didn’t approve of what they did. It might be unpleasant for you at that moment but later you will feel good thinking of your actions.

Shopping At Pak ‘n Sav – Values Special [2]

Imagine that you are going shopping to Pak ‘n’ Save this weekend and the special for this weekend is that values are up for sale. The store is divided into seven sections and you can buy as many items as you want or you can choose to buy nothing. You are given $100 and that’s all you can spend at the store, nothing more than this amount. The prices for items in each section vary as they have been randomly assigned, enjoy your shopping. Please make a note of the items you choose to buy, either here or on a piece of paper

Relaxation Lane		Number
Travelling	$6	
Learning new things	$8	
Enjoying hobby or sport	$5	
Relaxation & meditation	$7	
Enjoying art, music or movies	$6	

		_____
Family & Friends Lane		
Helping loved ones in need	$9	_____
Hanging out and laughing with loved ones	$8	_____
Emotional intimacy & personal sharing	$6	_____
Meeting new people	$7	_____
Belonging to club/group	$5	_____
Love Store		
Long–term commitment & fidelity	$8	_____
Companionship & shared interests	$5	_____
Physical intimacy & sex	$7	_____
Romance & excitement	$8	_____
Emotional connection with partner	$9	_____
Career Specials		
Making a lot of money	$8	_____
Doing challenging or creative work	$7	_____
Helping others	$8	_____
Flexibility & autonomy	$5	_____
Doing something easy & low-stress	$9	_____

Spirituality Lane

Prayer & meditation	$7	_____
Believing/practising a specific religion	$9	_____
Belonging to a cultural group	$5	_____
Feeling connected to higher power	$6	_____

Community Lane

Being politically aware/involved with activities	$8	_____
Volunteering to help others	$6	_____
Protecting the environment	$6	_____
Being ethical & fair	$7	_____

Mind-Body Connection Lane

Eating healthy foods	$7	_____
Exercising regularly	$9	_____
Psychological awareness	$6	_____
Managing stress well	$7	_____
Living as long as possible	$6	_____

Thank you for shopping at **Values specials** at Pak ‘n Save. How did you find the whole experience? Did you shop more from one section as compared to the others? Look at the things that you bought and the sections you bought from, these could probably be the things that you value most.

Few Common Myths about Values

- *Values are not morals (worry trap)* –People might think that living according to your values is the same as being moral or following rules to live a good life. But in ACT values do not fall into this category, instead they are something which is personal.
- *Values cannot be evaluated* – your values are your own and they cannot be categorised as good or bad. They cannot be compared with another person's values. If you ever try to determine which value is the 'best', then you are trying to compare with another person. It is important to understand only **you** can identify what gives meaning to **your** life.
- *Values are not feelings* – another common misunderstanding is for people to confuse your values with how you feel about someone or something. It is important to understand that how you **feel** is something that comes and goes and it can differ from situation to situation. But when you live according to your values, then this will eventually make you feel happy. For example, there could be days when you had a good day at work and at times could have a bad day at work. Having a job and working is something you value, so just because you had a good/bad day it doesn't mean you will stop valuing having a job.
- *Values are not goals* – it is important to understand the difference between goals and values. Goals are things you can write on a piece of paper that you can tick off once you have acc**ompl**ished them. For example, you could have goals of buying a car, getting married, and having a child

while a value might be being a loving and caring partner. I hope you can see the contrast; a goal is something that can help you move in valued direction. As *another example, ima*gine you are doing the dishes; ask yourself these questions – *Why am I doing this? - What am I trying to accomplish with this goal? Where am I heading with it?* The answers could be – by helping with dishes you are being a supportive and caring partner or son/daughter – doing the dishes is in accord with this **value**.

Valued Directions [4]

In this section we will look at filling a small worksheet. The purpose of doing this worksheet is to help you identify your values a*nd their importance. Following this is a rating scale that I would like you to complete concerning* aspects of your life.

Step I – First, you will rate how important each area is to you.

Step II – Then you will rate how satisfied you are with yo**ur qu**alityy of life in each area and how connected you feel to the area.

Step III – The last step will be to write your intentions with regard to the areas you rated as moderately important or important. For each of these areas you will write a statement or a sentence about how you would like to live your life in this area. Please remember - valued intentions are not goals, which mean valued intentions have no end point at which you could say "I have accomplished it". We have provided a few

questions in each area to provide guidance for you in coming up with a valued intention statement.

Below are areas of life that some people value. We are concerned with your quality of life in each of these areas. One aspect of quality of life involves the importance you put on different areas of living.

First, rate the importance of each area by circling the number 0, 1, or 2. Not everyone will value all of these areas, or value all areas the same. Rate each area according to *your own personal sense of importance*. If you rate an area as unimportant (0), move right on to rate the importance of the next area. If you rate an area moderately or very important (1 or 2), then make a rating of how satisfied you are with the quality and depth of your experience in this area of life (0, 1 or 2 again). Lastly, if you rate an area as 1 or 2 in importance then write a statement or a sentence about how you would like to live your life in this area.

For each are the ratings are:

How important is this area to you?

0 = not at all important 1 = moderately important 2 = very important

Overall, how satisfied are you with the quality and depth of your experience in this area of life?

0 = not at all satisfied 1 = moderately satisfied 2 = very satisfied

<u>Family (other than marriage or parenting):</u> How do you want to

interact with your family members? What type of sister or brother do you want to be? What type of son or daughter do you want to be?

Importance: 0 1 2

Satisfaction: 0 1 2

Statement of intention:

Intimate Relationships (e.g., marriage, partners, couples): What is your ideal relationship like? What type of relationship would you like to have? What kind of partner do you want to be in an intimate relationship? How would you treat your partner?

Importance: 0 1 2

Satisfaction: 0 1 2

Statement of intention:

Parenting: What type of parent do you want to be? How do you want to interact with your children?

Importance: 0 1 2

Satisfaction: 0 1 2

Statement of intention:

Friends / Social Life: What type of friend do you want to be? What does it mean to be a good friend? How would you behave toward your best friend? Why is friendship important to you?

Importance: 0 1 2

Satisfaction: 0 1 2

Statement of intention:

Work / Career: What do you value about your work? Financial security? Intellectual challenge? Independence? Prestige? Getting to interact with other people? Helping people? What type of work would you like to do?

Importance: 0 1 2

Satisfaction: 0 1 2

Statement of intention:

Education / Training: Why is learning important to you? Are there any skills you'd like to learn?

Importance: 0 1 2

Satisfaction: 0 1 2

Statement of intention:

Recreation/Fun: What type of activities do you enjoy? What type of activities would you really like to engage in? Why do you enjoy them?

Importance: 0 1 2

Satisfaction: 0 1 2

Statement of intention:

Spirituality: This domain is about faith and spirituality rather than organized religion. Why is faith important to you? If this is important in your life, what is it that makes this so important?

Importance: 0 1 2

Satisfaction: 0 1 2

Statement of intention:

_____

_____

_____

_____

_____

Citizenship/Community Life: What can you do to make the world a brighter place? Are community activities (e.g., volunteering, voting, recycling) important to you? Why?

Importance: 0 1 2

Satisfaction: 0 1 2

Statement of intention:

_____

_____

_____

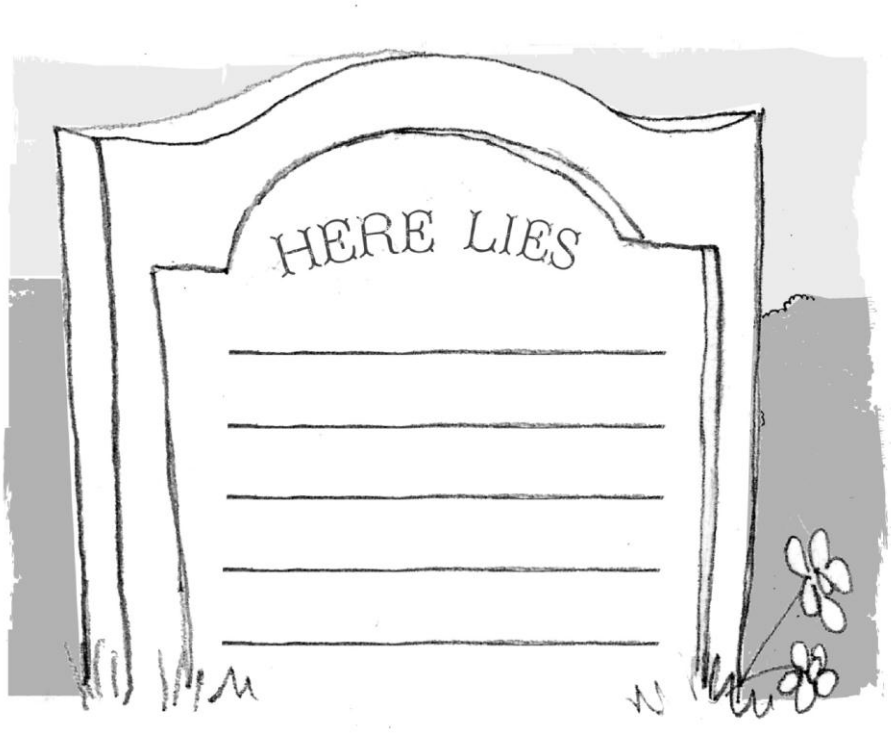
Health/Physical Self-Care: What issues related to health and physical well-being do you care about (e.g., sleep, diet, exercise)? Why and how do you take care of yourself?

Importance: 0 1 2

Satisfaction: 0 1 2

Statement of intention:

The Valued Epitaph Activity [4]



I hope you have already filled in the ratings and intentions above - if so this should have helped you identify some of the areas in your life you value. It should also have helped you work out how you would like to move in that direction.

For this next activity imagine that you could live your life free of all SAW thoughts, sensations or feelings. Now assume that the headstone in the above picture will be the one used on your grave. You must have noticed that the head stone is blank – your epitaph (words describing your life) has not been written yet. Now think for few minutes what writing would you like to have on your headstone or how would you like to be remembered.

> For example, "Here lies X who spent most of his/her life worrying about things and was stressed out", or something like

"Here lies X who was a wonderful son/daughter, helped others who were in need of help etc".

Just imagine if you could live your life free from all SAW, give yourself few minutes to think about what would be really important for you and how you would like to be remembered. Please write theses thoughts down on a piece of paper or in the space provided. *Remember these will be in the inscriptions on your headstone.*

Your mind might come up with thoughts like "this is a bizarre activity", or "it's a stupid activity", at that point just thank your mind and continue the activity. This is to help you identify how to define your life.

Week 4. Questions

1) What are values?

2) How do values differ from goals?

3) Did the exercise “Valued Direction” help you to get more sense of your values?

4) Would you like to be living a life more in terms with your values?

5) How do you feel once you identified your values?

Week 5. Acceptance & Willingness

In one of the previous sections in this workbook we discussed "control" and problems of trying to control our internal world. Let me ask you a question, what do you think could be the opposite of the word *control*? Think about it for 30 seconds and then jot down whatever comes to your mind on paper or in the space provided.

Your mind probably generated a lot of words that could be defined as the opposite of control. For this section, I'm going to use *acceptance and willingness* to describe opposite of control.

Let's illustrate this with help of an example:

> Imagine that you are going for a trip to the mountains and assume this trip is the ultimate trip that you have been planning for the last year. This beautiful valley is where you want to spend the rest of your life; it has all the things that you value in your life. Let us call this place the *"Valued Valley"*.

And imagine that on your way to the Valued Valley you come across your SAW thoughts, emotions and feelings. As soon as these SAW beasts start attacking, you engage in a battle to get rid of them and eliminate them. The more you battle the more they battle back. This process continues and at the end of each struggle you end up feeling tired. Just when you feel that you have got your SAW beasts under control and start moving towards your valley, they hit back with more energy and vigour. You try to deviate from the main route to try and avoid these SAW beasts and you end up in an emotional avoidance detour.

The Emotional Avoidance Detour Metaphor.

The problem is that you keep going in circles so as to avoid or control your SAW beasts and the price you pay is that you end up not reaching the Valued Valley.

Imagine what it would be like if you could just stop and put these SAW beasts in the back of your car and take them with you towards the Valued Valley. Now you realise that once you stopped fighting with these beasts, you are able to move towards your valued direction. And you realise that these beasts are not as bad as you thought, they just make lot of noise but don't cause any physical harm.

Acceptance and willingness involve taking our SAW thoughts as passengers, as in the above example, instead of fighting them. It is better to make some room for them and accept them as natural and experienced by everyone.

The problem is we take acceptance to be something negative – and that accepting indicates that we have got a raw deal.

Our Understanding*:*

Acceptance = to give up things, to be weak, to loose something, to be happy with what you got even though it isn't really what you wanted. (4)

ACT View:

Acceptance = the willingness to engage with your SAW thoughts, emotions or feelings rather than trying to control, avoid or deny them (6). ACT helps us to live our life in a valued direction and acceptance is one of the core components that will help us in this journey. It

means you can **make space** to accommodate things you cannot change which will **facilitate new solutions** (4).

Difference Between Willingness and Wanting [2]

It is important to understand that there is a difference between being **willing** to experience SAW and **wanting** these experiences.

- Being willing to experience your SAW doesn't mean that you like them or you want them – *It just means that you are willing to make room/space for them.*
    - As an example, imagine your SAW as difficult in-laws, you might not be happy to see them but you still welcome them. Why would you do that? You do so because making room for difficult in-laws works well for your marriage.
    - Similarly making room for SAW works because it allows you to do things that are important to you.

Difference Between Acceptance and Giving Up

- By acceptance we don't mean to say that your problems with SAW don't have a solution and you need to accept being miserable.
- Accepting your SAW is not the same as accepting feeling miserable.
- Please remember it is *not your SAW* that is *responsible* for your *misery* instead it is the *relationship* you *develop* with *them*.

The Chinese Finger Trap [4]

To illustrate making space for your SAW, I would like you to do a small activity.

There should be a small woven tube attached to this work book, please remove it from the workbook and hold it in your hand. Now slide one index finger into each end of the tube. Once you have fully inserted both your fingers, try pulling them out. What happens?

You should noticed that the more you pull to get your fingers out, the tighter the tube gets and it can get to a point where it causes some discomfort because it restricts circulation. You might find it a bit bizarre because pulling out would be the most logical response a person can think of to get out, but it doesn't work.

The harder you try to pull the tighter it gets and so the more stuck your fingers become. This is exactly how it works when we are dealing with our SAW. This **"finger trap"** illustrates that our natural solution to our psychological or emotional problems will often create pain and suffering. Pulling away from your SAW seems to be the natural response but you should have realised by now that it just increases your SAW.

You don't need to panic; there is a solution to this problem which is supported by lot of scientific research. We need to do something that goes against our natural instinct, we need to push in and create more room so you can easily release your fingers. This is exactly what *ACCEPTANCE is* about.

In acceptance you acknowledge your SAW thoughts/emotions and feelings and learn to make room to accommodate these experiences. You are not trying to do anything to make them go away, but making room will help you to move around and live your life to its fullest.

Let Us Imagine Now

Most of you work with clients with intellectual disability and some of them can present very challenging behaviours. **Let's take a hypothetical scenario**, imagine that you are **a new staff member working with a client, Derek**, who has been invited by **another client, Brian,** to his **21st birthday party**. This is a very flash birthday party, hosted by Brian's parents, with lots of food and activities. You take Derek to the party and he seems to be enjoying chatting with other clients, having food and participating in the activities.

Brian has a habit of making a very loud screechy noise about every 10 minutes or so. Everyone at the party **knows Brian** and is used to his behaviour. Since you are new to this organisation, you are not aware of Brian's behaviour and this loud noise starts annoying and irritating you. You decide to go and talk to his staff about this concern, but they tell you that **Brain** has been like this all his life and he usually stops making that noise after few hours.

But you are so disturbed by the noises he makes that it starts to **wind you up**, and you are not able to enjoy the party. There are all sorts of thoughts flashing through your head and listed below are few:

1. I need to teach **Brian** to behave properly and only then will I go to parties with him.
2. I need to numb myself from **Brian's noises** by smoking or distracting myself.
3. I will avoid any future parties or social meetings.
4. I must not show I'm upset so I will suppress my reactions by acting busy or doing some work.

5. I must accept **Brian** completely just as what he is, i.e., he will make loud noise occasionally, and I will continue to enjoy the party.

Which of these options would you choose? _____

If you selected one of the first four options this means that you are not going to enjoy the party. Some of the options, although tempting, could result in you not going to any more parties at all.

The best solution out of all the options would be to accept Brian and his presence, but in doing that, you accept that Brian has some imperfections and that this is part of his disability. And by struggling to control your reactions to Brian's behaviour, you end up missing out on the fun.

This example aims to help explain the essence of Acceptance: to live with what you cannot control, even though it could be unpleasant, and to actively pursue a life you value.

Remember, we mentioned the serenity creed in an earlier section, and this is a bit of it "... grant me the serenity to accept things that I cannot change ..."

> **NB:** Please remember, when we talk about acceptance you cannot choose to say "I will give it a try" - there is nothing like 'a little' acceptance or 'a bit more' acceptance. *You either choose to accept or you don't want to accept.*

Let me illustrate how it works, so try to touch your toes. Wait, I said "try" to touch your toes, what happened? Can you actually "try" to touch your toes? Either you can touch your toes or you cannot touch them.

What Do We Mean By Willingness? (2)

According to Dr. Chad Lejeune, willingness has two components to it. These are:

Inside Willingness = Acceptance

As mentioned earlier, acceptance is being willing to feel or experience the painful/stressful thoughts which we encounter in a situation or when we take an action.

Outside Willingness = Commitment

Commitment is very important especially when we need to do things or move in a direction we value, we need to be committed to that.

ACCEPTANCE + COMMITMENT = WILLINGNESS

This means that the more willing we are to accept thoughts and feelings (inside), the more willing we are to take action (outside).

Willingness is when you choose to experience SAW for what it is – to look at your SAW as a combination of feelings, thoughts/images and not as a monster which has to be controlled and dominated as your mind may think it should be (Anxiety).

In short, SAW is something which all of us experience and it is part of most of our lives, it will keep coming and going – *Willingness* is about finding a way to make *space* for the SAW thoughts and sensations and to live a *meaningful* and *productive life* with the SAW.

NB: *ALWAYS REMEMBER* – When you are stuck or feeling terrible, you have two choices either to be accepting and willing or to waste all your energy trying to control and fight the SAW situation.

Exercise: The Willingness Switch

The Willingness Switch Metaphor.

Fig 1. Willingness Switch

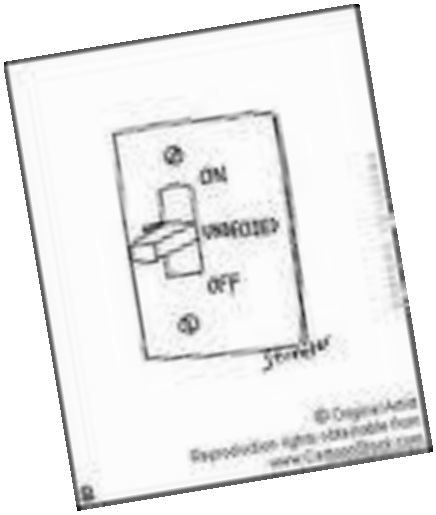


Fig 2. SAW Switch

Please look at the above figures, imagine you have two switches with you. Fig 1 shows the Willingness Switch which can be moved to 'willingness to feel' and 'unwilling to feel' and this switch seems to be working fine.

Now look at Fig 2. The SAW Switch, this also has an on/off but this on/off toggle on this switch does not work. This means we cannot switch off/on the SAW thoughts/feeling/sensations.

When you started working on this workbook, you must have been hoping to find an on/off switch for SAW and knowing that it is not working might make you feel helpless.

But I have ***good new***s for you - it really doesn't matter if the SAW switch is working or not. What **really matters** is if the Willingness switch is functioning or not and this is the one that could make a difference in your life.

Unlike the SAW switch, you **can control** the Willingness switch and your actions can toggle between the on/off on the willingness switch. The **choice is yours**, when confronted with a SAW situation, you can decide if you want to switch yourself into willingness mode and live a life you value.

Or you can choose to have your unwillingness mode switched on and continue to wrestle constantly with your SAW monsters and to keep trying to controlling them.

NB: REMEMBER YOU ARE THE MASTER OF YOUR WILLINGNESS SWITCH.

As we mentioned earlier in the section, WILLINGNESS is not about TRYING, either you are DOING, i.e., WILLING or you are NOT WILLING to do. There is no such thing as I'M A BIT WILLING to do an act.

As we mentioned in the defusion section, always remember thoughts are just thoughts and you can just observe them and not believe every thought your mind generates.

Let's Sign The Willingness Contract

THE WILLINGNESS COMMITMENT

I am willing to take my SAW thoughts/feelings along with me as I use my hands and feet to move myself in the direction that

I want my life to take me

_____

_____

Signature Date

Week 5. Questions

1) Did the exercise “Valued Valley able to convey any message?

2) What did you understand by term “Acceptance”?

3) What did the activity “Chinese finger trap” try to demonstrate?

4) What did you understand by “Willingness”?

5) What does the willingness switch exercise try to explain?

6) Did you sign the “Willingness Contract”?

Week 6. Mindfulness In Practise

Welcome to another aspect of ACT, this is another crucial section of this workbook. Imagine you are craving "Fish 'n' Chips" so you go to a shop and order some fish and some chips, but after 15 minutes of waiting they come and give you just chips - stating that they ran out of fish. How would you feel? Unhappy/ unsatisfied/ incomplete? An ACT workbook without a section on Mindfulness would be incomplete.

Have You Ever Experienced This?

You are talking to your friend and while they are talking, your mind wanders – addressing other thoughts such as what chores you have left for the day, or you play with your mobile or laptop and think about what to do next etc.. After few minutes you realise that your mind had wandered off and you weren't paying attention.

Have you ever experienced this? Have you ever asked yourself where did your mind wander? And how did it come back to the conversation?

I guess all of us must have experienced this at some point, at times our lives are too fast paced, and as a result we fail to enjoy or to experience the beauty of little things or activities around us.

What Is Mindfulness? (4)

"Mindfulness is an active, fully conscious approach towards your mind, body and your life experiences".

This means you simply observe your SAW thoughts/feelings without judging or evaluating them.

> ***NB:*** *Please remember, it doesn't mean you like them or agree with them.*

Things to remember about mindfulness:

- Mindfulness is a skill that can be mastered only through practise, so please practise the exercises described in this section.
- Mindfulness is not a feeling/emotion.
- Mindfulness helps to develop skills which will help you deal with your judgemental mind or with the emotional hurt that you experience with gentleness and softness.
    - Please remember being soft or gentle to our inner world is not a sign of being weak or scared. Instead it prevents us from getting stuck with the struggles in our lives.
- Mindfulness is the skill of being able to actively observe our experiences in our internal and external world.
- Mindfulness does not mean being religious, even though many religions use mindfulness techniques.
- Mindfulness has been extensively studied by researchers and is an effective tool which helps people to live a positive life.
- Mindfulness makes room for new solutions.

"The main emphasis of Mindfulness is to look at thought as a thought and not get entangled in the content of the thought".

Thinking Self and Observing Self [7]

In ACT we can divide "THE SELF" into three categories which will help us to better understand it. It is divided into the *physical self*, the *thinking self* and the *observing self*. We will be concentrating on the thinking self and the observing self in this section.

Thinking Self – this is the part of us that plans, thinks, evaluates/judges situations or people, remembers events, constantly brings up thoughts about what went wrong in our past, guilt, worry etc. We have very little control over this part of our self.

Observing Self – the main difference from the thinking self is that the observing self does not think. Instead it just observes what is happening to us, builds awareness and is attentive to things around us. It just observes any thought, be it good or bad as it comes and goes.

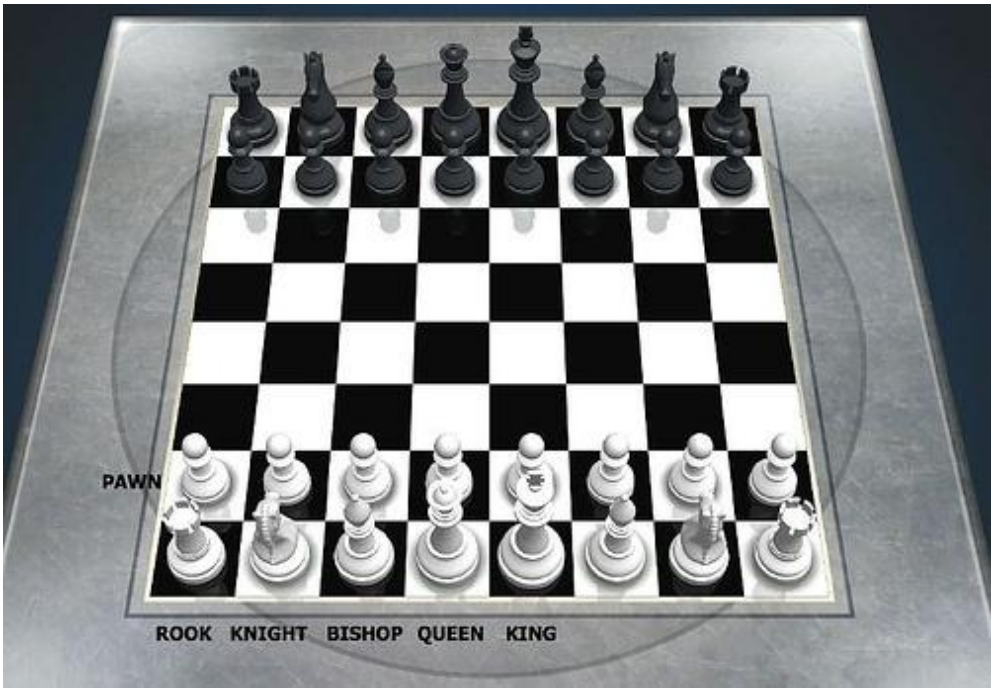
> **Example**: Imagine while playing soccer, you are the goalkeeper and the game has gone into a penalty shoot out. The *observing self* will be focussed on the ball to see which direction it would go – you won't be thinking about the ball.
>
> And if you have thoughts like "How hard will he kick?" "Will I fail to stop the ball?" "Am I capable to stopping this ball?" All these are contributed by *thinking self*. The more thoughts that are generated by the *thinking self*, the more disconnected you get from your *observing self*.

Advantage of being an Observer Self: As I mentioned earlier, the Observer Self helps you just watch what is going on.

> **Example:** If you are having a thought like "I am very incompetent or I am stressed/worried" then, by being an observer, you will be able to look at these statements as just

thoughts and not facts. This will help you not to take sides, i.e., either believe the thought or start fighting that thought.

The Chess Board Metaphor [4]



This exercise will give you more clarity about being your observer self. Think about a game of chess. The game is usually played by two players, one person with white pieces while other with black pieces. Each player engages in all sorts of moves to outsmart the opponent and win the game. Now imagine that you are part of this game, the black pieces are all your SAW thought/feelings/sensations or anything that triggers them while the white pieces are the usual strategies you use to deal with these SAW.

Let's assume one of the black pieces attacks, for example, you have a thought like "I am worried or anxious". Immediately you counter strike with a white piece – such as a response like "I must distract myself or I should control this thought". Please remember, your SAW thoughts/feelings don't stop when you do

this, they might go away temporarily but they come back with more vigour.

There is this constant battle between your SAW thoughts and feelings and your anti-SAW thoughts. There is a ***problematic side*** to this chess game, unlike other chess games there aren't two teams or players. In this game the two rival teams are part of **YOU**, the SAW thoughts/feelings and the Anti-SAW thoughts/feelings are both YOU.

Thus both teams know each other's moves, no matter which side is winning at any given point, one part of you is always loosing. This is a war which cannot be won, because it is a battle fought within you. You start feeling frustrated and hopeless, as this fight has been going on for years and you can't win or either stop fighting.

Let's take a moment to think, what if those chess board pieces are not you, who else could you be? ..... ***What if you are the chessboard?***

Now imagine you are the board and your role is crucial, because without the board there is no game. The advantage of being the board is that you don't have to take sides; all you have to do is observe. If you are the player, the outcome worries you because you want to get rid of SAW and win the fight.

But the board doesn't care who wins or loses, it just provides space for it to happen. As the board - your role is of an observer and you don't have to get entangled in that futile struggle.

Tune into Radio Miserable 99.9 FM

Imagine our thinking self is like a Radio Miserable 99.9 FM which cannot be switched off, it always keeps playing in the background but mostly the theme is SAW thoughts and feelings. This radio is good at constantly reminding us of what we did wrong in the past, how we failed in certain areas and what bad things could happen in future. Once in a while it will play something good or useful.

If we are constantly listening to this station and believe everything that is being broadcast, there is nothing more you need to make you feel stressed and miserable. Sometimes the radio will stop by itself for few minutes, but there is no way we can do anything to stop it ourselves. Indeed the more you try to stop it - the louder the broadcast will be.

Don't worry; we are not in a helpless situation. Have you ever been so engrossed or mindful in an activity that you forget about the radio that is playing in the background? With the help of the defusion techniques that were discussed in the earlier section on defusion, we can successfully deal with it.

- If the **Thinking Self** is broadcasting something useful, then the **Observing Self** can tune into the station.
- If the **Thinking Self** is broadcasting things that are not useful or destructive, then the **Observing Self** can just acknowledge it and continue doing to do what it was doing.

Why Do We Have To Be Mindful?

1. We all have just one life to live, if we are constantly worrying about our past or future, we lose out on enjoying the present. As an example, when you are trying to listen to your favourite

music and having a discussion with your roommate, you won't be fully enjoying either of the activities.

2. The **power of now** is something we might have heard of all our life. We can't change what happened in the past and the future does not yet exist, so the power is with the present.
3. We need to take action in the present context, by this we mean that we should stop nurturing our SAW and take action to move in a valued direction.

    A = Accept your thoughts/feelings and be present in this moment

    C = Connect with your values

    T = Take effective action

Activity: Awareness of Body [7]

In this activity, you will be asked to follow certain instructions. You need to do this activity to know its effect. Please sit in a comfortable position:

- Be conscious of your feet.
- Be conscious of the position of your legs.
- Be conscious of your sitting position- straight back or stooping.
- Be conscious of breathing pattern, rhythm, speed.
- Be conscious of your arms.
- Be conscious of your body temperature, if you are feeling cold or warm.

- Scan your body from head to toe and identify if there is any tension.
- Scan your body from head to toe and identify if there is any pleasant or unpleasant sensation.

You must have realised being aware of the body is very different from thinking about the body. If you didn't feel the distinction between the two, please try repeating the exercise.

Exercise: Let's Be Aware Of Our Breathing

You have reached this activity and so as you start reading, notice your breathing for 30 seconds:

- Become aware of inhaling.
- The rise of your rib cage and air moving in through your nostrils and mouth.
- Follow the air and see how your lungs expand.
- Observe how your tummy goes upwards
- Now become aware of exhaling.
- The air leaving your nostrils and your chest relaxing.
- Follow the air as it leaves your nostrils and empties your lungs

Breathing exercise is a technique that has been used for more than thousands years in eastern culture. If you are able to practise this activity frequently, it will help you to improve your awareness of your own body and become more mindful.

Remember: Mindfulness has been scientifically shown to help people alleviate stress/ anxiety or worry and live a positive life. And this can only be achieved through practise. – So practice this breathing exercise as frequently as you, whenever you remember, or when you need to re-focus on the present.

Exercise: Mindfulness Of Thoughts – Leaves On The Stream

For this exercise, make sure you are able to get some quiet time when you won't be disturbed by anyone.

- Please sit in a comfortable position quietly for 5 seconds, after that close your eyes.
- Now imagine that you are sitting next to a beautiful stream and there are leaves flowing through that stream.
- Now shift your focus onto your breathing, concentrate on your breathing for 10 seconds.
- Now slowly start noticing the thoughts that come to your mind.

- As you start noticing these, be it any kind of thought – it could be words, images, sentences etc.
- Imagine putting these thoughts onto the leaf as it floats onto the stream.
- Put each thought that comes up on the leaf and watch it float away.
- There is no need to hurry to put the thoughts on the leaf, just put them as it comes.
- Your attention might wander in between which is quite natural, as soon as you notice that come back to the activity and continue putting your thoughts on the leaf.
- After five minutes, bring your attention back to your breath, open your eyes and become aware of your environment.

*If you refer back to **defusion section**, you will remember that we did a similar exercise, in which we observed **cars** passing by and as it passed by we attached our thoughts to it – these exercises are done to **help us distance from our thoughts, to see thoughts as just thoughts and also to increase our awareness**.*

In one of the previous section we did an exercise about the smell of a mandarin, the next exercise involves using a real mandarin (or orange).

Exercise: Peel a Mandarin or an Orange (8)

It is important understand that mindfulness can be practised as part of our daily activities. To illustrate this

and to teach you about mindfulness please get a ripe mandarin or orange. Once you have one of these find a quiet place where you can sit comfortably at a table. Now close your eyes for few seconds and clear your mind of any thoughts or judgements, do this for 40 seconds. Then place the ripe mandarin in front of you on the table.

Rest your hands in your lap and study the mandarin or orange. *Observe the shades of colour and its size, can you smell it?*

At this point your thinking mind will generate lot of thoughts like reminding you about things that need to be done etc. Don't resist these thoughts, it is natural for them to happen, just allow the thoughts to come and go. ***And return your attention to the mandarin or orange – keep observing it.***

After observing the mandarin or orange for around 2 minutes, place your hands on it. *Touch it with each hand and feel its texture.* How would you describe it? Is the surface smooth or bumpy? Is it hard or soft? When you are ready, with your fingernail slightly pierce the skin. Do you feel the oil coming out of the skin? What does it feel like? Smell your finger and observe the thoughts and feelings that come about the mandarin or orange. Observe all this for few minutes and let it go.

Now remove the peel slowly and be aware of every move you make. Your thinking self will bombard you with thoughts like "finish quickly", just allow them to pass and continue peeling slowly. Once you have peeled all the skin off, observe the

mandarin or orange once again, especially the lines that divide it into segments.

When you are ready slowly open up the mandarin or orange – separating the segments. Once you have opened it up look inside at how the segments were connected to each other inside the mandarin. Now when you are ready, slowly separate one of the segments from rest. Bring it close to your nose, take a deep breath and smell it. Now place it in your mouth for 10 seconds without chewing it, when you are ready chew that piece of mandarin or orange and swallow it.

When you swallow it - feel its path from your mouth, through your throat and finally into your stomach. Now do this with the rest of the pieces – this is mindfully engaging in eating. Finally hold a piece of the peel and observe it for few minutes.

A Few Questions:

1. What happened as you went through this exercise?
2. Did you have moments when you were fully present or connected to the mandarin or orange?
3. Did you observe your thinking mind generating thoughts?
4. Were you able to redirect your attention and focus back to the mandarin or orange?

If you were not successful in engaging with the piece of fruit, do not panic. You can do it again and can do it with other food and in other places, as I mentioned earlier mindfulness can be attained only through practise.

The main purpose of this exercise was to help you understand how to expand your sense of presence with touch, smell etc and learn to appreciate its properties.

Week 6. Questions

1) What is “Mindfulness”?

2) What is difference between “Thinking Self and “Observing Self”?

3) How did the chess board metaphor try to demonstrate?

4) Have you experienced radio miserable 99.9 FM in our life?

5) How did you feel after doing “Awareness of body exercise”?

6) Do you think breathing exercise helped you to be more mindful?

7) Were you able to practise leaves on stream exercise? And how did you feel after doing that exercise?

Section 7. It Is Time To Take Action: Committed Action

"Life Is What You Make Of It. Always Has Been, Always Will Be." – Grandma Moses

We have come a long way in this journey and I would like to praise you for being determined and honestly engaging with the book. You deserve a pat on the back for developing the skills to help you understand your SAW monsters better. This last section is about committed action, a crucial aspect of ACT.

Committed Action = Choosing to do something + Doing it (Action)

What Is Commitment?[8]

In ACT we use the term "Committed Action" as a contract you sign with yourself to take a specific action and move in a valued direction irrespective of the SAW monsters that show up.

> NB: Your "Thinking Self" will probably have started telling you things like, "It is going to be hard to make a change", "Why does committed action matter?" etc. If you have noticed this, just thank your mind and come back into the present moment.

Committed Action is what the SAW monsters fear the most, just as Vampires is scared of light. Committed Action basically ends the "thinking mind's" dominance over you and makes space for changes in your life.

Important Points About Committed Action:

- Committed Action is a choice.
- Committed Action is the step you take to move in your valued direction.
- Committed Action is an ongoing process, not an outcome.
- Committed Action is never perfect.
- Committed Action is not measured by the size of your action but instead in the act of choosing and how consistent that choice is with your values

Exercise: Let's Try and Understand Committed Action

This exercise illustrates that, although the magnitude of committed actions can vary, being committed is the essence of them. To do these exercises please collect together a newspaper, a book (such as the yellow pages) and a chair.

Please remove your shoes or jandals before doing this exercise.

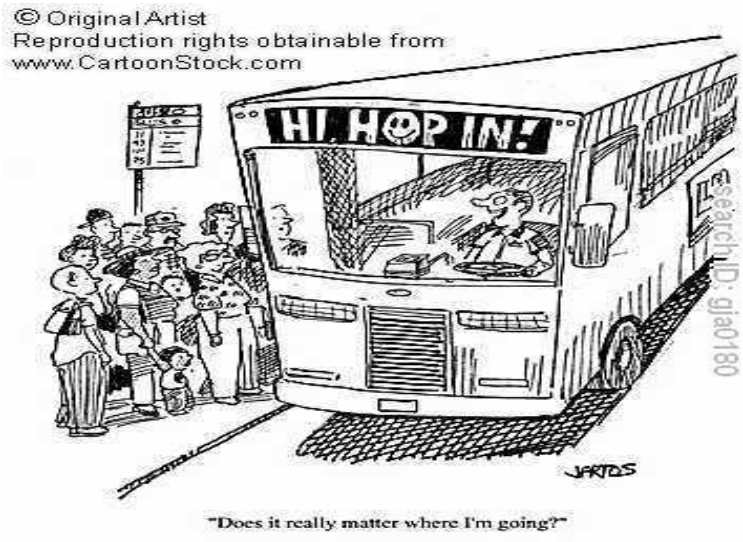
- The first step will be to make a commitment that you will do the activity, which will involve jumping. Are you willing to commit?
- If so - place the newspaper on the floor and stand on top of it, when you are ready jump off the paper onto the floor.

- Now you are set for the next step, put the book on the floor and stand on the book. When you are ready jump off the book onto the floor.
- Finally stand on the chair with both feet, when you are ready jump off the chair onto the floor.

What did you notice as you went through the exercise? You must have realised there is a height difference between the three jumps. You have probably realised the act of jumping is the same for all three, your feet move up in the air and you need to bend your knees which is the essence of jumping. **We did this exercise to show that the size of the act is less important but committing to engaging in the act is more important**.

"***Acceptance*** and ***mindfulness*** can change your perspective towards life but are ineffective if you don't have ***commitment*** to make that change"

Exercise: Passengers On The Bus (2)



This exercise is to illustrate the concepts of acceptance, commitment and willingness. This exercise teaches us that when we consider

important things in our life, the things which we enjoy or want to do, and if we want to move in particular direction then we are like a bus driver who is committed to drive a specific route. There are stops along the route where you can pick up passengers that can help or hinder you moving in the desired direction.

Imagine that you own a bus and that you drive this bus everyday. The destination sign on the front of the bus, displays "My Life". You drive along a designated route and you pick up passengers (these are your thoughts and feelings) from each stop. Some of these stops are called "Getting a New Job", "Family", "Work", and "Personal Life" etc. Some of the passengers are really friendly and you are really happy to see those passengers.

But every now and then you get passengers whom you don't like, dirty looking SAW monsters, passengers who are constantly moaning and complaining about things, passengers who like to hurt, who have bad body odour and who look intimidating in some manner. For example, imagine you came to a bus stop named "*Looking for a New Job*" and a number of unpleasant passengers get on board like "Will I be able to give an interview?", "What if I cannot do the job?" etc. You might also get passengers like "Anxiety", "Stress", and "Worry". All these passengers look threatening and can be distracting.

Our thinking self comes up with different strategies to deal with this situation. One way of responding to the situation would be to pull the bus over to the side of the road and to try to kick out all these SAW passengers whom you don't like. The problem with this move is that you will end up wasting a lot of time and energy fighting with these passengers (that is the thoughts and feelings) to try and get rid of them

and while you are fighting them your bus has come to a halt and you are not going anywhere.

Even if you are successful in throwing out these unwanted passengers, guess what? You find them waiting in the next stop or after few stops. This strategy - to try to throw SAW passengers out of the bus - is a CONTROL STRATEGY. As we know - this can be exhausting and won't work in the long run.

Another strategy which you might use to get rid of these unwanted passengers or to keep them quiet would be to follow whatever those SAW passengers say so that you can avoid any conflict or stress. And if one of the SAW passengers, Mr Worry, manages to get onboard, you make a deal with him. You tell him that if he manages to keep a low profile and sits at the back of the bus, you will take him wherever he wants. So instead of driving on the beautiful highway with lots of greenery along the route you want to take, you are forced to drive on damaged roads, which you totally dislike.

Remember this strategy might work for a while, you follow the route Mr. Worry wants to go, and he will keep quiet, but if you make any attempt to come to the main highway he starts playing up and threatening you. And so then you will follow another narrow, dirty bumpy, road to keep him quiet and this cycle just keeps going.

This strategy of AVOIDANCE and PROCRASTINATION (meaning to avoid dealing with the situation and so delay needing to do so) will not work instead, as we know by now; this will end up causing more damage.

Thinking Time: Food For Thought **(2)**

- If you are the one who is driving the bus, whom do you think should be in control of where it goes?
- Are you using strategies of control and avoidance to maintain control over your thoughts and feelings or are your thoughts and feeling controlling you?
- What do you think will allow you to move in valued direction?

By now I think you will know the answers to these questions, and the last few sections will have helped you to come up with them.

- The willingness to make room for the SAW passenger in your bus, rather than controlling it.
- By mindful acceptance of a SAW passenger and by allowing it to sit anywhere on the bus, means that instead of fighting these guys you can concentrate on the road.
- Your commitment would be to stick to your desired route using mindfulness and acceptance skills when the SAW passengers show up.

"ACT would like to remind you that even in midst of anxiety, worry or pain – you can still engage in activities that make you feel happy and move you in valued direction. Commitment is the final step to complete this process"

Exercise: Testing For Vitality

Over the next week, try to be mindful about your daily activities and see if you are engaging in activities that make you feel vital or non-vital, which means you will look at whether you are living a life you

value or if you are constantly trying to avoid or control your SAW thoughts, feelings and sensations.

Vital Activity = means an activity that helps you live according to your values.

Non-Vital Activity = means an activity is done for temporary relief from SAW monsters.

For the next week check whether each of the activities that you engage in is vital or non-vital. Please make a note of the activities or actions and tick to show whether you felt that action was a vital or a non-vital one. Use either the following table or the forms for this exercise at the back of this book. Please remember there are no right or wrong answers here, if the action helped you move in your valued life direction, then it is a vital action for you, otherwise it is non-vital for you.

Activity or Action	**Non Vital**	**Vital**

How did you feel after doing the vitality exercise? Were you able to identify the times in the week you engaged in vital and non-vital activities? If you decided that majority of activities fell in the non-vital category, you probably need to take some committed action so you can live a life you value.

In few words can you describe below how a vital and a non-vital activity felt.

A vital activity felt like …

A non-vital activity felt like …

Points to Help You Identify Being Vital and Non-Vital

- Most people say that they feel totally energetic and alive in mind, body and spirit when they do a vital activity; this is mainly because the person has committed and acted on something they value a lot.
- In some cases the situation might be scary or intimidating and your thinking mind and the people around you might say different things. For example, you may be really looking forward to going on holiday with your partner and kids, as spending quality time with them is something you value, but your thinking self may come up with ideas like "we can do it next year", "we don't have enough money" etc. *NB: Guys - this is your life and you decide the quality of your life.* So ask yourself if you are willing to sacrifice the quality of your life and your values because of your mind or others views?
- Always keep in mind that the liveliness and oomph you feel when you take steps that help you live according to your values is what will reinforce your commitments and make them stronger.
- Once you start realising that committed action is making you feel more alive and energetic, and then it becomes much easier to follow your commitments.
- And when you learn to take these steps and move in a valued direction irrespective of your SAW thoughts, feeling or sensations showing up, then you are truly set to live a life you want irrespective of what shows up.

Please remember stress, anxiety, and worry are part of every persons' life, they keep coming and going. There is nothing good or bad about them. Our main purpose is to help you not get stuck with these things and to use ACT skills instead to navigate through and with them.

Last but not least, the skills introduced in this book are useful or effective only if you engage in or practise them.

Please remember there are no shortcuts to learn them.

Week 7. Questions

1) What does “Committed Action” mean?

2) Were you able to relate to passengers in bus activity? How did you find that illustration?

3) What is difference between vital and non vital activity?

Summary: ACT In Nutshell

Let me start this section with a very famous quote

"Don't wait until everything is just right. It will never be perfect. There will always be challenges, obstacles and less than perfect conditions. So what. Get started now. With each step you take, you will grow stronger and stronger, more and more skilled, more and more self-confident and more and more successful." – Mark Victor Hansen

Before I go any further I would like to congratulate you for getting this far, and for doing the readings and engaging in the respective activities for each section. By doing so, you have made a commitment to engage in a more valued life.

You have reached the end of this workbook and the aim of this section is to provide an outline of the key concepts of ACT covered in the previous sections.

The following is a summary of the main points. Throughout this workbook we have suggested exercises and activities, some of these were to illustrate key concepts while others were exercises that have to be practised regularly to master various skills. In each section below I have mentioned those activities that would be useful for you to keep practising.

Section 1:

The main purpose of ACT is to help us improve our "psychological flexibility" and understand that inflexible thinking is not the solution

but is the problem. ACT also teaches us that language has different functions and these can be either constructive or destructive.

When confronted with a problem, stress, anxiety worry etc our most common strategy to deal with the stressor is avoidance. ACT describes the tendency to spend energy and time avoiding any unpleasant thoughts, feelings, emotions, memories or bodily sensation as "emotional avoidance".

ACT can be taken to mean:

A – Accept your thoughts, feelings and be present

C – Choose a valued direction

T – Take action

ACT uses six core principles which are divided into different sections in this book. The six core principles of ACT are:

- Acceptance
- Cognitive Fusion
- Self as a context (Thinking self Vs Observing self)
- Values
- Mindfulness
- Committed Action

Section 2:

We love to control almost everything around us. While it might be possible to control most things in our external world this strategy is a total failure when we try and apply it to our internal world.

It is not easy to control our feelings, emotions etc which belong to our internal world, in fact attempting to control them can be a disaster.

We called the common problems that we face in our daily life **"SAW"**

S – Stress

A – Anxiety

W – Worry

Different exercises in this section like "the polygraph metaphor" and the "tug of war with SAW monster" were to try and show you that - at times – it's worth trying 'not to control'.

Section 3:

ACT argues that *cognitive fusion* gives rise to many of our problems.

What cognitive fusion involves is illustrated by the acronym **"FEAR"**

F – false

E – evidence

A – appearing

R – real

This mainly happens when our words and thoughts have the same effects on us as the actual/real event.

Defusion can be seen as one of the essential ACT tools that an individual has to learn to deal with their SAW. It helps us learn to counteract cognitive fusion.

Mastering the defusion techniques mentioned in this section doesn't happen over night but only with consistent practise.

Defusion helps us to distance ourselves from our thoughts. It helps us to see a thought as just a combination of few letters, sounds or words and not as an actual threat.

ACT teaches us that, the most important thing is not **if a thought is true or not**, but **if this thought is helping or limiting our lives**.

NB: All the defusion exercises have to be practised regularly to be beneficial for an individual.

Two important points to remember about defusion:

- The main aim of defusion is not to get rid of unpleasant feelings, thoughts or emotions but instead to see them as mere thoughts or words. These thoughts will keep coming, so please remember we are not teaching you to get rid of them but to understand them.
- These techniques are not meant to make you feel good; the feel good factor is just a by-product. The main aim of defusion is to help you disentangle yourself from unhelpful thoughts so you can concentrate on more useful thoughts.

We provided some activities that could be practised to help you gain better defusion skills – these are "The thought observer" (page 29) and "I am having a thought" (page 30).

Section 4:

In ACT "values" are very important as they help us to identify a sense of purpose or meaning for our existence. They help us to identify

what we enjoy doing in our life and this helps us to live a life we value.

Values work like **a map or compass,** leading us along a path in a direction that is important to us in our life. Without values a person will feel directionless, hopeless, and empty and will have no sense of meaning for his/her life

Values and goals are not the same. Goals are things that you could write on a piece of paper and you could strike a goal off the list once you achieve it. Example: buying a new Holden car is a *goal* but being a caring and loving parent is a *value*. I hope you can see the difference; values are something that you will "do" across your life.

NB: The activities in this section will help you identify your values and then help you move towards your valued direction.

Studies have shown that the closer you live a life that you value, the happier you will be.

The activity "Valued Direction" (page 44) is one which you could engage in when you feel unsure about areas in your life that you value.

Section 5:

Remember control is problematic in our internal world, the key skills required to deal with issues in our internal world are "acceptance" and "willingness".

Acceptance = the willingness to engage with your SAW thoughts, emotions or feelings rather than trying to control, avoid or deny them. This means making space to accommodate things you cannot change and by doing so facilitating new solutions.

Willingness has two components and acceptance is just one part of it.

Inside willingness = **Acceptance**

Outside willingness = **Commitment**

So, Acceptance + Commitment = Willingness

Willingness is about finding a way to make *space* for the SAW thoughts and sensations and to live a *meaningful* and *productive life* with the SAW.

Section 6:

Once we learn defusion skills, identify our values and are willing to be more accepting of things we cannot change, then the next skill we could learn to help us in this journey is mindfulness.

Mindfulness can be defined as an active, fully conscious approach towards your mind, body and your life experiences which means that you simply observe your SAW thoughts/ feelings/sensations without judging or evaluating them.

NB: Please remember this doesn't mean you like your SAW or you agree with them.

Mindfulness teaches us how our mind can be divided into the thinking self and observing self.

Thinking self is the one who keeps generating thoughts, keeps reminding us about the past, the mistakes we made, the goof ups we had, guilt, worry, etc.

Observing self does the opposite, its does absolutely no thinking instead it just observes what is happening to us,

makes us more aware and attentive to things around us without judging them.

All the activities and exercise mentioned in this section will teach you the benefits of being an *observer* rather than the *thinker* in certain situations and they will also equip you to be more mindful.

Mindfulness is an act that can be mastered only with practise. Activities like "awareness of body" (page 75), "Let's be aware of your breathing" (page 76), "leaves on the stream" (page 77) and "peel a mandarin" (page 78) are excellent activities to increase mindfulness.

Section 7:

For us to tie up all that we have learnt so far in this workbook we need to be committed to practising these skills and to living a life we value. In ACT we call this as "committed action",

> Committed Action = Choosing to do something + Doing it (Action).

"***Acceptance*** and ***mindfulness*** can change your perspective towards life but are ineffective if you don't have ***commitment*** to make that change"

> For us to complete this journey we need to be committed to the course of action and the statement below describes this best
>
> *"ACT would like to remind you that even in midst of anxiety, worry or pain – you can still engage in activities that make you feel happy and move you in valued direction. Commitment is the final step to complete this process"*

NB: The workbook has been arranged in the order it is for a purpose, only if you read the designated section for each week and engage truthfully in the activities will you be able to reap benefits of ACT.

Thank you for mindfully engaging in ACT☺