



ACCEPTANCE AND COMMITMENT THERAPY STRATEGIES GUIDE

FOR

ANXIETY AND TRAUMA-RELATED PROBLEMS IN LIVING

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INTRODUCTION

Anxiety, depression, and trauma-related disorders are highly comorbid in Veteran populations (Knowles et al., 2019; Lippa et al., 2015), and Veterans with depression and anxiety may be at increased risk of suicide in relation to Veterans with depression alone (Pfieffer et al., 2009). Transdiagnostic treatment approaches have shown emerging evidence to effectively treat depression and anxiety in Veterans with anxiety and trauma-related disorders (Gros, 2019), and such approaches have the potential to increase treatment efficiency by providing a set of methods that can be applied to individuals with different diagnoses, as well as comorbid diagnoses within the same individual (Craske, 2012). Emerging data suggest that transdiagnostic treatment produces similar improvement in anxiety outcomes when compared to diagnosis-specific protocols, and that transdiagnostic treatment may produce better outcomes in the treatment of depression comorbid with anxiety or trauma-related disorders (Newby et al., 2015).

Acceptance and Commitment Therapy (ACT; Hayes, et al., 2012) is a transdiagnostic form of behavior therapy that incorporates mindfulness, acceptance, and behavior-change strategies to help individuals achieve behavioral goals in accordance with their personal values. The research to date suggests that ACT is an effective treatment for Veterans with depression (Walser et al., 2015) and for anxiety disorders in non-Veteran populations (Arch et al., 2012; Bluett et al., 2013). Additionally, research suggests that ACT may outperform standard Cognitive Behavioral Therapy (CBT) among individuals with comorbid anxiety and mood disorder (Wolitzky-Taylor et al., 2012). ACT also has relevance to patients who are struggling with suicidal ideation and anxiety. Not only is there preliminary evidence that ACT is associated with reduced suicidal ideation and symptoms related to suicidal behavior (Walser et al., 2015), this approach also focuses on identification of personally held values – sources of vitality and meaning – that may engender reasons for living and future-oriented thinking (Weinstein et. al, 2021).

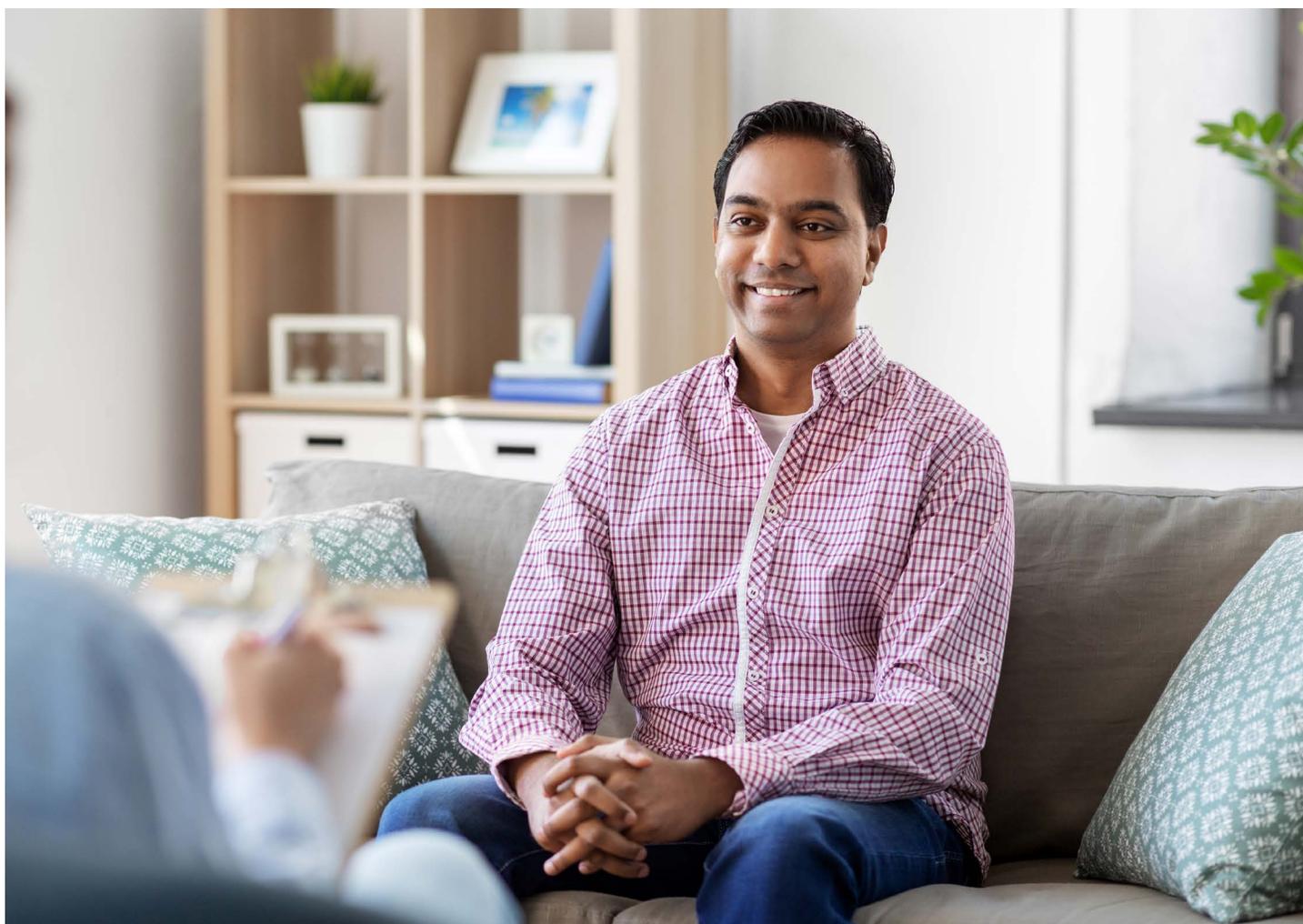
PURPOSE OF THE GUIDE

The aim of this clinician's strategies guide is to provide a toolkit to supplement the current Veterans Affairs' (VA's) Evidence-Based Practice (EBP; ACT for Depression (ACT-D)) protocol by including additional information and treatment materials relevant to anxiety and trauma-related disorders. *As such, it is a general guide and not a treatment protocol.* It is meant for clinicians with some prior training and experience in the ACT model, such as those who have completed (or are completing) the ACT-D EBP or comparable training.

The guide begins with a general discussion of clinical anxiety and exposure therapy from an ACT perspective, including case examples. The remainder of the guide is organized into sections according to the core ACT processes, each with a clinician-facing introduction followed by Veteran-facing handouts and exercises for each process. The aim of the clinician-facing introductory sections is to provide a brief overview of each process as it relates to anxiety and trauma, as well as to discuss suggested uses for the Veteran-facing

handouts and exercises in that section. The introductory sections also list exercises and activities from the VA's ACT Coach and Mindfulness Coach mobile/tablet applications that may be used to support work relevant to that process area. These mobile applications are available for free download at <https://mobile.va.gov/appstore/mental-health>.

The Veteran-facing handouts and exercises have either been developed by the authors or adapted from various empirically supported ACT protocols for anxiety, trauma, and depression. In those instances when exercises have been adapted, we have included a citation of the source, and readers are encouraged to consult those resources as well. We have made each Veteran-facing item freestanding so that clinicians may select and implement the different handouts and exercises as they see fit, according to individual case conceptualization. We have also structured each exercise so that it can be distributed to Veterans, as needed, through print or electronic media. They are meant to be sample exercises and not an exhaustive compendium of techniques; and as such, we encourage clinicians to supplement, alter, or replace them with other ACT-consistent methods as they see fit.



ANXIETY AND ACT

Anxiety may be generally conceived as a response to perceived threat (Abramowitz, et al., 2019), the psychological experience of which may be variously labeled fear, worry, panic, apprehension, or stress. It is the body's way of preparing a person to respond to perceived dangers by fighting, fleeing, or freezing, and thus has tremendous survival value. However, difficulties may arise when anxiety is experienced as a problem that needs to be solved or actively resisted. For example, an intrusive memory of a traumatic event or a sensation of physiological arousal may be interpreted as "bad" or "intolerable" and elicit anxiety. To make matters worse, an individual might believe that others may see them as foolish, weak, or incompetent if they display anxiety. This leads to a vicious cycle of anxious thoughts precipitating and perpetuating further physiological arousal, which may impair the ability to respond effectively to whatever situation was perceived as threatening in the first place. Essentially, anxiety becomes something else to be anxious about (Abramowitz et al., 2019; Hayes et al., 2012).

Research suggests that this misperception may occur for a number of reasons (Abramowitz et al., 2019). Individuals may come to overestimate the likelihood and severity of a feared outcome; and underestimate their ability to cope with it. Or, they may believe they are unable to tolerate uncertainty, or that anxiety may lead to physical or mental harm (Abramowitz et al., 2019). From an ACT perspective, these thoughts are not necessarily problematic; rather, difficulties arise when people interpret thoughts and feelings literally and engage in excessive attempts to control their internal experiences (Hayes et al., 2012). For example, an individual may have the thought, "I'm going to have a panic attack" on the way to a job interview. An ACT therapist would not see this thought as necessarily impairing and might ask a question like, "How can you respond to this thought in a way that is consistent with your values?" (Hughes, 2018).

As individuals habitually perceive more and more objectively safe situations or stimuli as threatening or aversive, they begin to avoid or escape these fear cues (Abramowitz et al., 2019). When feared situations can be averted with relative ease, an individual may simply avoid those situations or behaviors that may put them at perceived risk. For example, an individual with social anxiety might refrain from initiating conversations or asking questions in class for fear of being seen as inept or incompetent. Other feared experiences, such as traumatic memories or catastrophic predictions about the future, may not be so easily avoided. In these instances, individuals may engage in behaviors to attenuate, escape, or reduce the perceived likelihood of these experiences, such as repeatedly seeking reassurance, staying close to a "safe" person in situations that are reminiscent of traumatic events, or engaging in worry, rumination, or distraction. Since avoidance often results in rapid reduction of physiological sensations of anxiety, avoidant behavior supports the idea that feared stimuli are actually dangerous and increases the probability of future avoidance.

The end result of these avoidant and escape behaviors is that they narrow behavioral repertoires and prevent individuals from learning new ways of responding to these feared situations. This is because behavior under strong aversive stimulus control tends to be relatively inflexible and insensitive to any consequences other than removal or attenuation of the perceived threat (Hayes et al., 2012). In a sense, anxiety does not cause “anxiety disorders” (Harris, 2019), and some avoidant behaviors may be functional in certain contexts, such as those where real danger is present. Rather, relative inflexibility in thoughts, emotions, and behavior contributes to and maintains problematic relationships with anxiety. Interventions that increase psychological flexibility can thus broaden response options to feared stimuli and enable individuals to respond to anxiety in a values-consistent manner (Eifert & Forsyth, 2005).



ACT AND EXPOSURE THERAPY

ACT employs a number of methods and processes to increase psychological flexibility, which may be defined as the ability to openly encounter whatever thoughts, emotions, physical sensations, or urges are present in a given situation while persisting with or changing behavior according to personal values (Hayes et al., 2012). Some of these processes, such as defusion, are typically associated with the ACT model; whereas other processes, such as valuing, commitment, and mindfulness skills intersect with other therapeutic models. Any process or method that produces psychological flexibility may be incorporated within an ACT framework, regardless of whether that approach is also a component of other models, such as “traditional” Cognitive Behavior Therapy (CBT; Hofmann & Hayes, 2019).

Exposure is one such method that can be used to facilitate psychological flexibility within the ACT model. This method consists of assisting an individual to approach and engage with anxiety-producing stimuli in objectively safe situations, without engaging in escape or avoidance behaviors (i.e., “coping” or “safety” behaviors, Abramowitz et al., 2019). The reduction of anxiety during exposure does not appear to be necessary for functional clinical improvement (Craske et al., 2008) and may not be the principal mechanism of change. Acceptance and cognitive defusion appear to facilitate exposure outcomes (Luciano et al., 2014), especially for individuals who have multiple problems (Wolitzky-Taylor et al., 2012), or high levels of avoidance behavior (Davies et al., 2015).

From an ACT perspective, exposure may be conceptualized as the “organized presentation of previously repertoire-narrowing stimuli in a context designed to ensure repertoire expansion” (Hayes et al., 2012, pp. 284). Repertoire expansion may be accomplished by decreasing the impact of internal experiences (i.e., thoughts, urges, physical sensations, emotions; Luciano et al., 2014), shifting the context away from aversive control with values interventions (Hebert et al., 2021), and reinforcing more adaptive values-based responses (Twohig et al., 2020). For example, an individual might learn to relate to memories of combat as a life experience that is part of her history but does not define her and allow herself to experience any related emotions without defense. She might choose to talk with a Veteran group or Sunday school class about her experiences, because she values connection with others and her story conveys principles of courage and resilience that she finds meaningful. In this context of acceptance and values, thoughts such as, “I won’t be able to stop thinking about it,” or “I’ll lose control,” become less important and have less of an effect on her behavior.

The purpose of exposure within the ACT model is not to reduce distress but to foster acceptance of emotional experience and to broaden a person’s response options in contexts where behavior has been constricted by aversive control. The focus is on fostering new learning and behavior in accordance with personal values. Given this purpose, the entire psychological flexibility model could be seen as a form of “exposure therapy” (Hayes et al., 2012), and many ACT techniques could be employed within

this framework. Much of this work occurs organically within the therapy session and across the arc of treatment, applied according to the individual context and case conceptualization. As a general guide, earlier sessions in the course of therapy may focus on psychoeducation via experiential learning and setting the context for change with creative hopelessness. Next, it is important to clarify personal values and to explore acceptance, mindfulness and defusion skills. The remainder of therapy continues to hone psychological flexibility skills through various types of exposure tasks. These may be framed as chances to engage in valued activities while experiencing anxiety, with the end goal of pursuing a more workable, meaningful life (see Eifert & Forsyth, 2005). We will next briefly discuss ACT-consistent procedures for implementation of exposure as planned, repeated opportunities to practice valued action in the presence of feared stimuli (Abramowitz et al., 2019).

CONCEPTUALIZATION AND RATIONALE FOR EXPOSURE

Therapists should work with Veterans to help them understand that the work is about learning to respond differently to anxiety, and that this does not necessarily mean changing the experience of anxiety. Veterans should be helped to understand their challenges as consisting of three parts: (1) internal experiences such as physical sensations, emotions, thoughts, urges, and memories; (2) efforts to control or attenuate these experiences (avoidance and safety behaviors); and (3) the costs of control efforts in terms of valued action and quality of life (Abramowitz et al., 2019). Metaphors and exercises (see Table 1, pp. 6) are used to help Veterans realize that avoidance and safety behaviors are easier to control than their internal experiences and that a decreased adaptability and engagement in meaningful activity generally results from the avoidant behavior rather than the internal experiences themselves.

Table 1. Examples of Additional Metaphors and Exercises

Process	Metaphors and Exercises
Acceptance	Tug of War with a Monster (Hayes et al., 2012, pp. 276) Feeding the Tiger (Eifert & Forsyth, 2005, pp. 138-139) Polygraph (Hayes et al., 2012, pp. 182) Looking for Mr. Discomfort (Hayes et al., 2012, pp. 285) Tin Can Monster (Hayes et al., 2012, pp. 287) Physicalizing (Hayes et al., 2012, pp. 286)
Defusion	Take Your Mind for a Walk (Walser & Westrup, 2007, pp. 94-102) Computer Screen (Harris, 2019, pp. 151) Hands as Thoughts/Feelings (Harris, 2019, pp. 128-129) Phishing (Hayes et al., 2012, pp. 253-254) Anxiety News Radio (Eifert & Forsyth, 2005, pp. 184-185) Bad Cup Metaphor (Hayes et al., 2012, pp. 264-265)

Present Moment	Dropping Anchor (Harris, 2019, pp. 113-115) Going Along with the Process (Stoddard & Afari, 2014, pp. 94-96) Music Mindfulness and Defusion (Stoddard & Afari, 2014, pp.103-105)
Self as Context	Chessboard (Hayes et al., 2012, pp. 231-232) Whole, Complete, Perfect (Hayes et al., 2012, pp. 226-227) Anxiety Volleyball (Eifert & Forsyth, 2005, 180-182) Stage Show Metaphor (Harris, 2019, pp. 292-293) Sky and the Weather (Harris, 2019, pp. 293)
Values	What Do You Want Your Life to Stand For? (Hayes et al., 2012, pp. 304) Valuing as Choice (Hayes et al., 2012, pp. 301-302) Bullseye (Hayes et al., 2012, pp. 307-308) Two Kids in the Car (Harris, 2019, pp. 216) Magic Wand (Harris, 2019, pp. 220)
Committed Action	Passengers on the Bus (Hayes et al., 2012, pp. 250) Skiing (Hayes et al., 2012, pp.332) Bubble in the Road (Hayes et al., 2012, pp. 338) Gardening (Hayes et al., 2012, pp. 330-331) Path up the Mountain (Hayes et al., pp. 333)

SELECTING EXPOSURE TASKS

The full range of stimuli that are relevant to anxiety and trauma-related disorders can be chosen for exposures. Stimuli that evoke uncertainty and obsessive thoughts for obsessive-compulsive disorder, interoceptive exercises and public spaces for panic disorder, situations that may lead to embarrassment or rejection for social anxiety, trauma cues and memories for posttraumatic stress disorder, and conversations about worries or descriptions of worst-case scenarios for generalized anxiety disorder are all potential options (Abramowitz et al., 2019). Therapists should work with Veterans to identify a range of situations and internal experiences that Veterans are responding to in ways that interfere with valued action. The main criteria for selection are the extent to which the stimuli are linked to Veterans' values and their relative willingness to experience them. Tables 2-7 (pp., 9-12) lists common antecedents, behaviors, and potential forms of exposure organized by anxiety diagnosis (Abramowitz et al., 2019).

Instead of anxiety determining what Veterans are willing to do, a range of tasks are collaboratively selected according to Veterans' willingness to do things they typically avoid. Willingness can be rated from 0 (completely unwilling, fighting with thoughts, feelings, bodily sensations, and urges, or trying to avoid or control them) to 100 (completely willing, which means not fighting inner experiences or trying to push them out of the mind at all; welcoming them in). The items can be ranked according to willingness level, but the Veteran does not have to proceed through the list in a particular order. Rather, the list can be used to identify a reasonable starting point; and to gauge progress as the Veteran is able to successfully navigate more challenging items through the course of therapy. Additionally, moving through the exposure list in a nonspecific or varied order (vs. the traditional hierarchical approach) may produce greater long-term benefit in terms of generalization of extinction learning and positive functional outcomes (Craske et al., 2014).

TRACKING AND REINFORCING FLEXIBILITY PROCESSES

The methods and behavioral indicators used to track ACT processes within and between exercises should be individualized. You may wish to use willingness ratings to track levels at various points throughout an exposure exercise, or between exposure sessions. In addition to this, you may wish to periodically check in to assess and coach relevant ACT processes. Questions that could be asked to facilitate this are included in Table 8 (pp. 13). For example, a statement like, “My thoughts really can’t keep up with what I’m choosing to do here. They keep telling me I can’t do what I am already doing” might reflect emerging defusion and perspective-taking skills. “It’s funny how fast my heart beats when I think about this” might reflect present moment awareness and defusion. “This reminds me how close I was to some of the people in my unit,” and “I’m thinking about reaching out to some of them” are statements that may reflect valuing and committed action. Note also when Veterans may spontaneously decide to engage in behaviors that are likely to induce more distress or begin to apply their skills to novel situations outside therapy (Abramowitz et al., 2019; Twohig et al., 2020).

You should also endeavor to foster learning using experiential exercises and metaphors, while remaining alert to Veterans’ behavior becoming too rule-governed (see Table 1 for examples). An example of this may occur when a Veteran seems to be looking for guidelines to apply “whenever I get anxious” or “at all times,” even when these maxims appear to be ACT-consistent. When this occurs, you may respond by saying something like, “That’s one way of looking at it. How will that help you live your values and reach your goals? How does that idea fit with your experience?” (Abramowitz et al., 2019; Twohig et al., 2020).

ENDING AND DEBRIEFING EXPOSURES

Exposure practices may be concluded when an individual has had sufficient opportunity to encounter anxiety and related internal experiences, while fully contacting a previously avoided situation or stimulus without engaging in safety behaviors (Abramowitz et al., 2019). For instance, an exposure might end when an individual finishes a meal in a crowded restaurant while being willing to experience anxiety without sitting with her back to the wall or constantly scanning the perimeter for potential threats. Or an individual with panic disorder might mow his yard without moving too slowly or stopping to take his pulse or calm his body down. For exercises that involve internal experiences alone, repeated practice may be conducted until the individual reports increased willingness to be with these experiences and improved functioning when the experiences occur incidentally outside deliberate practice (Twohig et al., 2020).

It is also important to debrief these tasks. Examples of questions that could be asked are listed in Table 8 (Villatte et al., 2016) (pp. 13). You might ask if Veterans encountered more difficulty being willing at certain points during the exercise, as well as what they were struggling with at those points. Veterans might also be asked to reflect on whether and how being willing was different from their typical response of struggling. It is also important to reflect on how the exercises are related to their values, as well as their sense of the workability of the skills they are learning (Abramowitz et al., 2019, Twohig et al., 2020).

CONTEXTUALLY BASED APPROACHES TO EXPOSURE

Table 2. Panic Disorder

Elements of Context for Panic Disorder	Forms of Exposure to Disrupt Avoidant Patterns
<p>Antecedent:</p> <ul style="list-style-type: none"> • Situations, settings, or other stimuli that elicit feared physical sensations and/or emotions • Sensations of arousal (increased heart rate, respiration) • Fears about a negative physical or mental health outcome (i.e., dying, losing control) <p>Behavior: Hypervigilant physiological monitoring, frequent trips to the emergency room, limiting bodily movements and/or exercise, use of substances to manage hyperarousal, avoidance of situations or stimuli associated with feared body sensations or health concerns</p> <p>Consequences: Amplified fear/anxiety, greater frequency of panic attacks, increased avoidance</p>	<p>Imaginal: Construct narrative in which Veteran experiences feared physiological experiences and worst case scenario fear occurs. Use narrative to conduct imaginal exposure.</p> <p>Interoceptive: Simulate encountering of antecedent (i.e., increased heart rate, shortness of breath) by engaging in physical exercise in session (i.e., running in place, push-ups, etc.).</p> <p>In-vivo: Ask Veteran to encounter external situations, places, and objects that trigger fear/panic.</p>

Table 3. Obsessive-Compulsive Disorder, Contamination-Related Subtype

Elements of Context for Obsessive-Compulsive Disorder, Contamination-related Subtype	Forms of Exposure To Disrupt Avoidant Patterns
<p>Antecedent: Contacting a contaminated source, surface, or physical object (i.e., toilet seat, trash can, door knob).</p> <p>Behavior: Physical avoidance, overt or mental rituals, attempts to clean or purify.</p> <p>Consequences: Disgust, anger, fear; organized, repetitive, and difficult to explain rituals and practices.</p>	<p>Imaginal: Construct a brief narrative in which Veteran contacts one, or several, of the feared or disgust-inducing stimuli (e.g., specific contaminant) in a worst-case scenario situation, without being able to use rituals.</p> <p>In-vivo: Use exposure list to facilitate contact with feared contaminant. Veteran approaches feared contaminant from exposure list (i.e., doorknob, toilet seat, trash can); practices willingness to violate rules for interaction with the contaminant and does not engage in rituals.</p>

Table 4. Posttraumatic Stress Disorder

Elements of Context for PTSD	Forms of Exposure To disrupt Avoidant Patterns
<p>Antecedent:</p> <ul style="list-style-type: none"> • Experiencing a traumatic event, such as exposure to death, threatened death, serious injury, or sexual violence • Memories, thoughts, images, flashbacks, and nightmares associated with a previous traumatic event <p>Behavior:</p> <ul style="list-style-type: none"> • Avoidance of triggers, such as memories, people, and places believed by the Veteran to be related to the traumatic event • Hypervigilance when in the presence of perceived triggers <p>Consequences: Difficulty relaxing/feeling keyed up, fatigue, increased worry, decreased tolerance/acceptance of anxiety, anger, depression, isolation</p>	<p>Imaginal: Retelling index trauma narrative, Retelling “hot spots,” writing trauma narrative.</p> <p>In-vivo: Veteran practices repeated encountering of anxiety triggers (i.e., visiting a crowded place, driving, etc.).</p>

Table 5. Generalized Anxiety Disorder & Excessive Rumination

Elements of Context for Generalized Anxiety Disorder, Excessive Rumination	Forms of Exposure To Disrupt Avoidant Patterns
<p>Antecedent: Making a mistake at work, awaiting medical test results, receiving an unexpected bill</p> <p>Behavior: Worry and rumination about worst-case scenario outcomes, perfectionistic behavior, excessive implementation of control strategies, reassurance seeking, avoidance, repeatedly analyzing/ ruminating/attempting to problem-solve</p> <p>Consequences: Difficulty relaxing/feeling keyed up, fatigue, increased worry, decreased tolerance/ acceptance of anxiety, sleep disruption</p>	<p>Imaginal: Construct a script to guide Veteran in imagining feared worst outcome (i.e., making a mistake a work and then being fired from a job); repeat iterations in session and for homework.</p> <p>In-vivo: Assign Veteran homework of repeated practice of encountering anxiety triggers in real-life (i.e., purposefully making a small mistake/ finishing a task quickly or imperfectly at work).</p>

Table 6. Agoraphobia

Elements of Context for Agoraphobia	Forms of Exposure To Disrupt Avoidant Patterns
<p>Antecedent: Examples: Being in open or enclosed spaces, standing in line, being in crowded spaces, using public transportation</p> <p>Behavior: Avoiding using public transportation, ordering delivery of items to home to avoid going to restaurants/ stores, examining for and remaining close to escape routes/exits when in public places</p> <p>Consequences: Confinement to the home, increased isolation, increased anxiety in the presence of antecedents, panic attacks</p>	<p>Imaginal: Construct imaginal narrative in which Veteran encounters feared situation/stimuli (i.e., visiting a store, navigating crowds, and standing in line, etc. without remaining near exits; imagining experiencing a panic attack or medical problem in a crowded place).</p> <p>Interoceptive: Simulate panic-like symptoms by breathing through a straw as quickly as possible for one to two minutes or, engage in physical exercise, or other activity to generate body sensations experienced in panic attack. Practice observing sensations, thoughts and emotions about the discomfort and willingness to remain in the exercise with discomfort.</p> <p>In-vivo: Assign Veteran homework of repeated practice of approaching feared antecedents outside of therapy.</p>

Table 7. Social Anxiety

Elements of Context for Social Anxiety	Forms of Exposure To Disrupt Avoidant Patterns
<p>Antecedent: Examples: Public speaking, teaching, eating in public, crowded settings</p> <p>Behavior: Avoiding meeting new people or entering unfamiliar situations; remaining silent around, avoiding interactions with, or excessively critiquing self in interactions with unfamiliar others or authority figures.</p> <p>Consequences: Limited social network; isolation and loneliness; greater anxiety when speaking to strangers or performing in front of others; missing out on opportunities for educational or career advancement</p>	<p>Imaginal: Construct imaginal narrative in which Veteran’s worst interpersonal – related fears are experienced (i.e., Veteran attends a party alone; receives performance feedback from superior). Veteran imagines approaching the situation without reliance on safety behaviors (i.e., initiate a conversation with an unfamiliar person for five minutes; remain present and attentive to superior’s words)</p> <p>In-vivo: Conduct role play of feared social situation with therapist in session. Outside of session, Veteran approaches feared social situation without leaving the situation early (i.e., Veteran attends a social event alone and talks to an unfamiliar person for five minutes; asks for feedback from a superior and practices mindful listening).</p>



Table 8. Process and Debriefing Questions

Process Questions	Debriefing Questions
<p>Before you start, what are your thoughts about doing the exercise?</p> <p>Where would you say your willingness is?</p> <p>Give me a values-based reason to be doing this work right now.</p> <p>Are you watching your thoughts, or getting caught up in them?</p> <p>Are you allowing your fear/anxiety to be there or trying to push it away?</p> <p>If I were you just as you were beginning to get upset, what sensations, memories, emotions, or thoughts would I be having?</p> <p>If this feeling didn't have to go away for you to do something really important, what would that be?</p> <p>When was another time you had this feeling? How long has this feeling been with you?</p> <p>What does this feeling "say" to you about the future or past? Is something important missing?</p> <p>Was something important taken from you? Is something about to be taken from you?</p>	<p>Where would you say your willingness is?</p> <p>What are your thoughts now that you have done the exercise? Are they any different from your thoughts before the exercise? If so, how are they different? Do you notice any new ways of thinking about the experience?</p> <p>Was the exercise easier or harder than fighting or pushing away your inner experiences?</p> <p>If you can't do everything that's important to you right now, is there some smaller step that would move you in the right direction?</p> <p>Were there parts where it was harder to be willing? What got in the way?</p> <p>Does this seem like something that will work in your life outside of therapy?</p> <p>How do you feel about yourself after making the choice to do this exercise?</p>

CASE EXAMPLES FOR CLINICIANS

EXAMPLE 1

The Veteran is a man in his 40's who had completed alcohol and drug treatment and had been successful in maintaining sobriety over the past year. He realized that much of his drinking was focused on attenuating or avoiding memories and other internal experiences associated with his combat experiences during a prior deployment to Iraq. He was particularly bothered by the memory of a firefight that occurred when his Humvee was ambushed. He reported intrusive memories and nightmares, as well as feelings of guilt. He also endorsed significant hypervigilance and irritability that interfered with his relationships and work performance.

Values assessment revealed that the Veteran valued physical fitness and connection with others. Tolerance for others and ethnic diversity were also strong values, as well as spiritual growth and service to others. Assessment of feared situations and contexts resulted in the following list of items for potential exposure tasks:

- Go to the gym in mornings when it is crowded to work on accepting feelings of anxiety and focusing on the task at hand, because fitness is important to him. Willingness level: 65
- Take his partner out for a date to a crowded restaurant, because he values connection. Willingness level: 60
- Go to softball games where there is a small crowd to practice connecting with others, without “checking out” or spending an inordinate amount of time playing on his cell phone. Willingness level: 55
- Strike up a conversation with an individual at his gym who physically and ethnically resembles a military service age Iraqi, to practice connection and tolerance. Willingness level: 50.
- Reach out to former comrades on social media to be of service and connected with others. Willingness level: 40
- Recount the Humvee ambush incident, because he would like to be able to talk to others about this if he chooses. Willingness level: 30

Exposures began with going to the gym, which the Veteran tolerated well. There was a young male individual of apparent Middle Eastern ethnicity at the gym who repeatedly approached the Veteran for workout advice. The Veteran began informally coaching this person and eventually formed a friendship with him. The Veteran was also successful at going out for dates and attending sporting events. Exposure to the memory of the ambush was conducted concurrently, using mindfulness and defusion techniques during these exercises. The Veteran was able to identify and process feelings of guilt that emerged as he realized this was when he started to “profile” people who resembled his attackers at this time, which was dissonant with his values of tolerance and diversity. The Veteran spontaneously began looking through pictures of his time in Iraq and

reconnecting with former comrades. He started attending church services again and joined a Veteran support group, where he shared about his experiences in combat. He was eventually promoted in his job, enjoyed a good relationship with his partner, and reported clinically significant improvement in symptoms over the course of treatment and at the time of his discharge from therapy.

EXAMPLE 2

A male Veteran in his 60's reported that he had panic attacks weekly, which were reliably tied to fears that he would display physical symptoms (i.e., tremor, gastrointestinal distress, fainting) in public and be negatively evaluated by others. He had significant worry about having these panic attacks and severely restricted his activity to avoid situations such as crowds and social gatherings. Although these symptoms had varied in severity over time, he reported that he had had these difficulties since he served in the Navy some 40 years prior. He stated that, while in the Navy, he became ill with gastrointestinal problems aboard ship and began to have significant fears of being ridiculed or judged by others if he appeared sick. He also witnessed an incident in which two of his shipmates were lost overboard. He sometimes had nightmares and disturbing memories of this incident but did not display other symptoms of posttraumatic stress disorder (PTSD). He had an additional medical diagnosis of severe gastroesophageal reflux disease.

Values assessment revealed that the Veteran valued spirituality, independence, connection with family and friends, expressing himself by playing music, parenting, and recreation. Assessment of feared stimuli and situations yielded the following list of items for potential exposure tasks:

- Interoceptive exposure to feelings of dizziness to work on acceptance and self-compassion. Willingness level: 70
- Interoceptive exposure to feelings of nausea and distress elicited by imagining being at sea. This was done to work on staying in situations such as church services or family gatherings without needing to go home when he felt ill. Willingness level: 65
- Imagining being in public to work on accepting anxiety so he can visit family and friends. Willingness level: 60
- Attending church services, to work on accepting anxiety and to practice fellowship and enact his value of spirituality. Willingness level: 55
- Travelling out of town with his gospel music group to work on accepting anxiety and to play music and enjoy connection with others. Willingness level: 50
- Attending a parade or sporting event to work on accepting anxiety while remaining open to other experiences such as interest and excitement. Willingness level: 45.

The Veteran began to explore changing his relationship with anxiety by practicing mindfulness exercises. These initially consisted of simple awareness and nonjudgmental noticing of internal events, then progressed to mindfully noticing more challenging internal experiences. The Veteran then began practicing the interoceptive and imaginal exercises noted above. He reported benefit from this and began applying these skills to progressively more challenging situations in vivo, such as attending church services and

sporting events. He would sometimes take additional steps to challenge himself such as sitting in the front row at church or performing solos with his gospel music group. He reported that he started using his mindfulness skills to practice contacting the memory in which his shipmates were lost. He stated that he had fewer nightmares as a result and started talking with other Veterans about his experiences in the Navy, to include positive experiences he had as well. He also met a number of valued living goals such as attending his son's college graduation, travelling a considerable distance out of town to visit relatives, and hosting family gatherings at his home. He exhibited and maintained significant decreases in measures of anxiety and depression over the course of treatment.



ACCEPTANCE

ACCEPTANCE: OVERVIEW FOR CLINICIANS

Acceptance is technically defined as “the voluntary adoption of an intentionally open, receptive, flexible, and nonjudgmental posture with respect to moment-to-moment experience” (Hayes, et al., 2012, p. 272). This posture facilitates approach to aversive private events—thoughts, memories, imagined catastrophes, physical sensations—that Veterans may avoid in ways that interfere with valued action. Acceptance allows Veterans with histories of anxiety and trauma to remain present to these aversive events so that newer ways of responding are possible. Indeed, these approach behaviors themselves are likely new ways of responding to the Veteran’s internal life. Acceptance forestalls rigid, experientially avoidant behavior to support greater variability in responding, which in turn supports valued action in the presence of aversive stimuli. Listed below is a general description of the Veteran-facing clinical tools in this section of the guide, as well as suggestions for their application.

- **Acceptance Handout**
 - » This handout provides basic information to support experiential learning about acceptance.
- **Noticing and Accepting Physical Sensations, Thoughts, Feelings, Urges** (Eifert & Forsyth, 2005)
 - » This is a mindfulness exercise* designed to promote a more open stance to internal events in general and is a way for Veterans to begin to practice noticing physical sensations, thoughts, emotions, and urges in a more accepting, nonjudgmental way.
- **Emotion Watching Worksheet** (McKay & West, 2016)
 - » This self-monitoring worksheet allows Veterans to observe and record emotionally triggering events and associated responses that may occur between sessions. This allows Veterans to practice mindful observation, and the recorded events may serve as the basis for values-based exposure exercises.
- **Leaning into Anxiety Exercise** (Eifert & Forsyth, 2005)
 - » This mindfulness exercise is designed to practice intentionally experiencing challenging private events and noticing associated behaviors, sensations, and urges.
- **Acceptance Exercises**
 - » This tool offers a framework for organizing and monitoring interoceptive and imaginal exposure exercises in an ACT-consistent way. The specific exercises should be determined collaboratively with the Veteran.

- **VA App Activities/Exercises**

- » ACT Coach App

- Observe Emotions Mindfulness Exercise
- Coping Strategies Log
- Willingness Log
- Mindfulness Coach App: Mindfulness of Emotional Discomfort

****Note: When delivering the mindfulness exercises in this guide, you may find it helpful to adopt a slow, deliberate pace. This may be accomplished by pausing briefly after each instruction.***

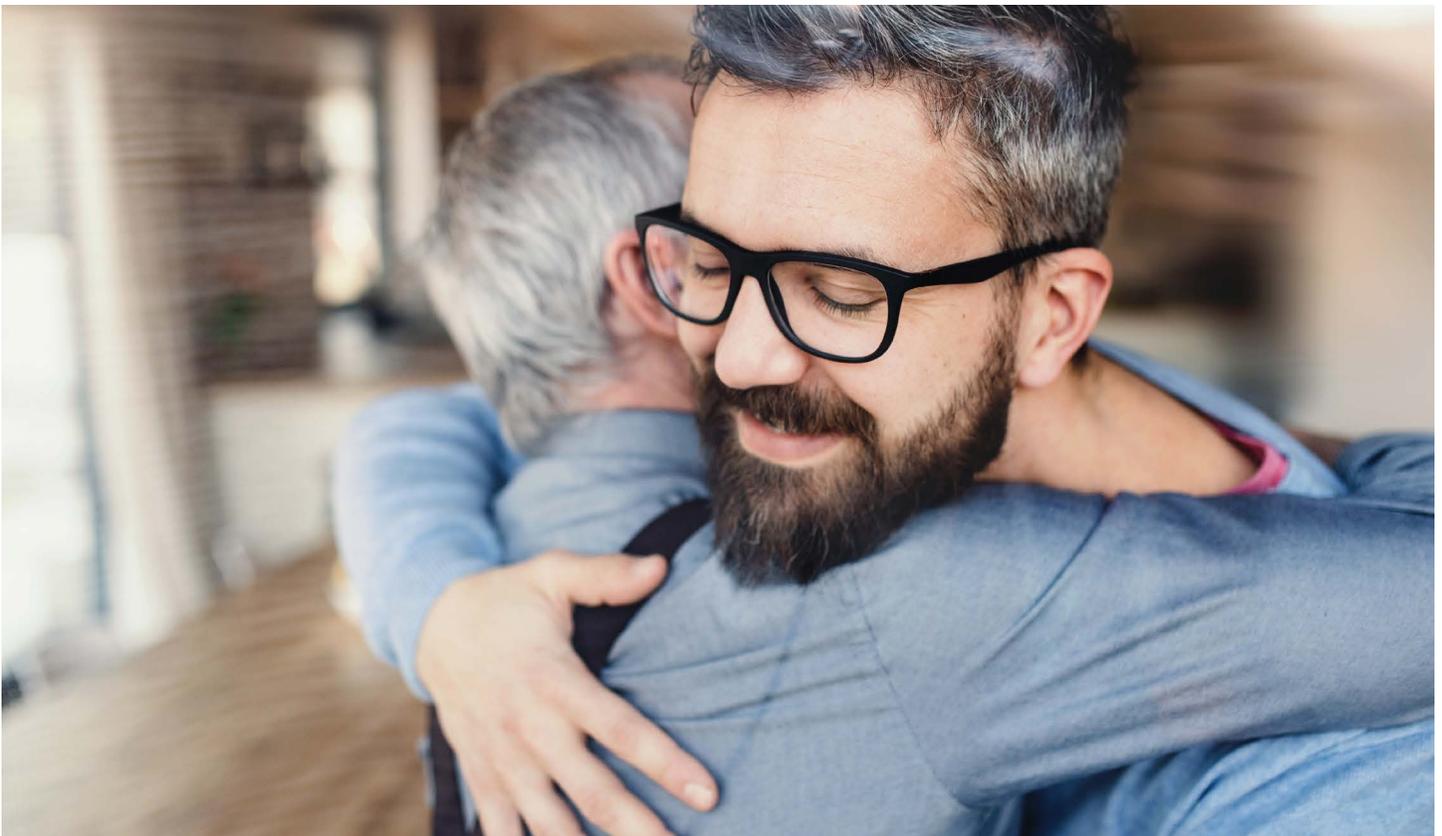


ACCEPTANCE HANDOUT FOR VETERANS

Acceptance is the act of taking or receiving what is offered. By accepting our life experiences (even the difficult ones), we can let go of the struggle with our thoughts and feelings so we have more energy for the things we really care about. This does not mean “giving in” or not changing situations that can be changed for the better. Rather, we are talking about being open to the thoughts, feelings, physical sensations, and urges that may come up when we act on the things that matter to us. Not because we want to have challenging thoughts or feelings, but because we are willing to have those feelings.

For example, people who want to make friends might also remember times when they were rejected or let down by others. The same people might also remember times when they let others down or did not act like a good friend. They might have lost friends in combat or experienced other traumatic events. So, when these people has the opportunity to reach out and connect with others, they are likely to have some anxiety, or perhaps even sadness, anger, or grief.

We can avoid those tough feelings by not reaching out to others. Then we would be safe but also lonely. However, if we can say yes to experiencing the feelings that life offers us, then connection is possible; and we may also find friendship, joy, and belonging. There are many ways to practice acceptance, and your therapist will work with you to find the acceptance skills and practices that suit you best.



NOTICING AND ACCEPTING PHYSICAL SENSATIONS, THOUGHTS, FEELINGS, URGES FOR VETERANS¹

Let's start by sitting in a position where we're relaxed but still alert. Go ahead and close your eyes, or if that makes you uncomfortable, just let your gaze rest softly on the floor or the wall. Take just a moment and notice the weight of your body in the chair. Notice the places where it contacts the chair: your back, hips, and arms. See if you can notice the weight of your arms. You may have to let your shoulders relax a bit to do that. Perhaps press your feet gently into the floor if you'd like. Notice the firmness of the floor beneath them. Maybe wiggle your toes around a bit, and notice any sensations there.

And now, if you'd like, just notice your breath. Notice where it comes in, and flows down your windpipe and into your lungs, filling your chest. Notice if you're breathing from your chest or your belly. Just let the breath breathe itself. If you really pay attention, you may notice that it's kind of cool when it comes in, and then it's warmed by your body so it's warmer as it flows back out. Cool air flowing in, warmer air flowing out. Just breathe in knowing that you're breathing in; and breathe out knowing that you're breathing out. Notice how your breath goes on, without your even trying. Sustaining you. As best you can, bring a gentle attitude of allowing your breath to be just as it is....

And now, if you're willing, just notice any physical sensations that arise in your body. Just check in with your body and notice anything that shows up, just noticing each sensation in turn. We don't have to do anything about them, just notice each. Notice the location and shape of each, as you breathe in and out. Notice if they change in any way. Or, if they stay the same, just notice that as well. As best you can, bring an attitude of kindly allowing each. Softening to the sensations, breathing into them. Noticing each in turn....

And now, you may notice that you have thoughts about the sensations. Perhaps judgments or evaluations that some are good or bad, pleasant or unpleasant. Maybe wondering how long they will last, or if you're doing the exercise correctly. Or your mind may give you something completely different. It may wander into the future or the past. Or maybe a memory or a mental picture comes up. Whatever you notice, just gently acknowledge the thoughts and mental pictures. Your mind is working just fine. It's the mind's job to wander. As you notice each thought or mental picture or memory, just acknowledge it with kindness. And gently bring your attention back to your breath, then just notice the next thought or image that comes up, and again, gently come back to your breath, and so on.

And now, if you're willing, notice any emotions that you have in this moment. As best you can, see if you can label them, give words to what you feel. Perhaps contentment, or perhaps fear, or anger, or joy. Maybe sadness shows up. Again, bring an attitude of gentle allowing to your emotions. If you notice your mind giving you thoughts about whether the feelings are good or bad, or whether you should be having them in the first place, just thank your mind for doing its job of thinking. Let your mind know we can get back to it later.

And just notice your emotions. Is there one or are there many? Does any one of them stand out? Maybe pick the one that seems to capture your attention the most. If this

emotion had a shape, what would it be? What color is it? What would it feel like if you could touch it? Is it hot or cold? Heavy or light? As best you can, see if you can open up and make a space for it. If you can put it to the side for a moment, do other emotions show up?

And now, notice any urges that may come up. What do you feel like doing in this moment? Is there a tendency to turn away? Or to get caught up in your thoughts? Or perhaps you feel curious? Perhaps you feel like reaching out to someone, or, just the opposite, perhaps you feel like withdrawing. Is there an urge to fight or struggle? Get up and move around? Just check in to see if any urges show up for you in this moment, and see if it's the case that there is a space between urge and action. See if there is a moment of choice in there, a space where choice is possible.

And just breathe, gently allowing your breath to breathe itself. And notice your body here in this moment, the weight of it. Notice your feet on the floor, and the weight of your arms. Notice any sounds around you. Open your eyes and look up, expanding your attention to take in this moment, and bring this awareness and openness to the rest of your day.

¹ Adapted from *Acceptance and commitment therapy for anxiety disorders: A practitioner's guide to using mindfulness, acceptance, and values-based behavior change strategies* (pp. 139-143), by G.H. Eifert and J.P. Forsyth, 2005, New Harbinger. Copyright 2013 by Georg H. Eifert and John P. Forsyth.



EMOTION WATCHING WORKSHEET FOR VETERANS²

Use this worksheet to record triggering events (if known) and the four parts of your emotional response to the event.

Trigger	Physical Sensation	Thoughts	Urges	Feelings
<p><i>Example: Paying bills and making monthly budget</i></p>	<p><i>Feel tense, heart racing, can't catch my breath</i></p>	<p><i>I don't know how I'm going to make ends meet. I can't provide for my family like I used to. What if I have a nervous breakdown, and I'm not able to work?</i></p>	<p><i>Feel like crying. I just want to get away from everybody and everything. I can't let anyone see me like this.</i></p>	<p><i>Anxious, scared, frustrated, sad</i></p>

EMOTION WATCHING WORKSHEET INSTRUCTIONS

- Trigger Event: Anything that causes you to have a noticeable emotional reaction. If you are not sure what caused it, just put the setting you were in when you experienced the strong emotion.
- Physical Sensation: This is a sensation you feel in your body. Examples include racing heart, shortness of breath, funny feelings in your chest or pit of your stomach, muscle tension, etc.
- Thoughts: This is the content of your thinking, such as “I can’t stand feeling this way,” or “I’ve got to get out of here right now!”
- Urges: These are impulses to do or not do something. Examples include running away, yelling, withdrawing, seeking reassurance, checking, using substances, etc.
- Feelings: These are the labels that you give to your emotional experiences. Examples include joy, interest, fear, anger, sadness, boredom, disgust, etc. It is OK to have more than one feeling at the same time.

² Adapted from *Emotion efficacy therapy: A brief, exposure-based treatment for emotion regulation integrating ACT and DBT* (pp. 20-23), by M. McKay and A. West, 2016, Context Press. Copyright 2016 by Matthew McKay and Aprilia West.



LEANING INTO ANXIETY EXERCISE FOR VETERANS³

In this exercise, we are going to practice acceptance by actively noticing any unwanted thoughts, feelings, memories, or mental images that you may have. We will practice leaning into rather than away from struggle, so that we can learn to take a more compassionate and open stance to our experience. This means making a space to experience your thoughts, emotions, memories, and physical sensations as what they are, rather than what your mind tells you they are. In this space you may notice there is more room to consciously choose how you respond, to move in the direction of having more freedom and vitality in your life. Are you willing to do this exercise to help us do that?

Start by getting into a comfortable position where you are relaxed but alert. Allow your eyes to close gently, or let your gaze softly focus on a neutral spot. Take just a moment and notice the weight of your body in the chair. Notice the places where it contacts the chair: your back, hips, and arms... And now, if you're willing, just notice your breath.... Cool air flowing in, warmer air flowing out.... Just breathe in knowing that you're breathing in, and breathe out knowing that you're breathing out...

As best you can, bring a gentle attitude of allowing your breath to be just as it is, and bring this acceptance to the rest of your experience now. Your experience doesn't need to be anything other than what it is...it's not a problem to be solved or fixed. See if you can make room to have whatever shows up for you in this moment.

Notice your mind doing its job of wandering and thinking. It may wander to worries, or memories, physical sensations, or emotions. Take this opportunity to just notice your thoughts and feelings. Acknowledge them and stay with them. There is no need to make them go away or to resolve or process anything. As best you can, give yourself space to have whatever shows up for you in this moment...bringing kindness and compassion to your experience.

Let yourself be present to your fears, worries, and struggles. Just acknowledge them without trying to fix them. See if you can find a moment of choice here to notice your values and commitments. Ask yourself: What matters most to me in this moment? What do I want to be about? Who am I becoming in this moment?

Now focus on a thought, memory, or situation that has been challenging for you. Kindly but firmly lean into the discomfort. Notice where you feel it in your body, allowing those physical sensations to be just as they are, softening, making room for them. Breathe into the discomfort, kindly holding it in your awareness.

You may notice urges to resist what you're experiencing, to turn away from it or push it away. Notice these urges as they show up, making space for them, too. Finding in that space a moment of choice, and choosing to be with your experience in this moment. Must this discomfort be your enemy? See if you can make a space for it, with openness, kindness, and curiosity.

You may notice thoughts about what you're feeling. Your mind might label it as bad or dangerous, or tell you it's something you can't stand. You may notice judgments about what you are feeling or what it means about you. Just notice these thoughts as well. Allow

them in without getting hooked by them, as best you can. Your mind is just doing its job. It's working just fine. As best you can, treat your thoughts with kindness. Just notice thoughts as thoughts, physical sensations as physical sensations, emotions as emotions, urges as urges.

Notice your anxiety or discomfort for as long as it captures your attention. When it starts to slip away, just let it go. Take as long as you need for this.

When you are ready, expand your attention to the sounds in the room, the weight of your body in the chair, your breath. When you are ready, open your eyes or look up, and bring this awareness to the rest of your day.

³ Adapted from *Acceptance and commitment therapy for anxiety disorders: A practitioner's guide to using mindfulness, acceptance, and values-based behavior change strategies* (pp. 163-166), by G.H. Eifert and J.P. Forsyth, 2005, New Harbinger. Copyright 2013 by Georg H. Eifert and John P. Forsyth.



ACCEPTANCE EXERCISES FOR VETERANS

Before the Exercise			After the Exercise	
<p>Exercise:</p> <p><i>Example: do "Leaning into Anxiety" exercise</i></p>	<p>Thoughts/feelings about doing exercise:</p> <p><i>I feel anxious and I'm not sure I will get it right. I have been struggling with worry for a while. Maybe it's time to try something new.</i></p>	<p>Willingness (0-100):</p> <p><i>50-I'm not sure what to expect.</i></p>	<p>Thoughts/feelings after doing exercise:</p> <p><i>There were a few times when I noticed I was stuck in my thoughts, but I was able to take a step back. It helped me to notice how much tension I carry in my body.</i></p>	<p>Willingness (0-100):</p> <p><i>75-I can see how this might be useful and I'm willing to keep practicing.</i></p>
<p>Exercise:</p>	<p>Thoughts/feelings about doing exercise:</p>	<p>Willingness (0-100):</p>	<p>Thoughts/feelings after doing exercise:</p>	<p>Willingness (0-100):</p>
<p>Exercise:</p>	<p>Thoughts/feelings about doing exercise:</p>	<p>Willingness (0-100):</p>	<p>Thoughts/feelings after doing exercise:</p>	<p>Willingness (0-100):</p>
<p>Exercise:</p>	<p>Thoughts/feelings about doing exercise:</p>	<p>Willingness (0-100):</p>	<p>Thoughts/feelings after doing exercise:</p>	<p>Willingness (0-100):</p>
<p>Exercise:</p>	<p>Thoughts/feelings about doing exercise:</p>	<p>Willingness (0-100):</p>	<p>Thoughts/feelings after doing exercise:</p>	<p>Willingness (0-100):</p>

INSTRUCTIONS FOR ACCEPTANCE EXERCISES

1. Take a few minutes to get present. Take a few mindful breaths.
2. Notice and record your thoughts and feelings about doing the exercise before you begin. Here are some questions you might ask yourself:
 - a. What are my thoughts about doing this exercise? What do I think it will be like? Am I just watching my thoughts or am I getting caught up in them?
 - b. Am I allowing my fear/anxiety to be there or trying to push it away?
 - c. How is this exercise connected to my values?
3. What is my willingness level right now? Rate your willingness from 0 (completely unwilling, which means I am fighting with my thoughts, feelings, bodily sensations, and urges, or trying to avoid or control them) to 100 (completely willing, which means that I am not fighting my inner experiences or trying to push them out of my mind at all; I am welcoming them in).
4. Engage in the exercise that you decided to practice in your work with your therapist. During the exercise, pay attention to anything that you do (or may want to do) to lower your anxiety, and practice just letting any unwanted thoughts, feelings, bodily sensations, or urges be there without fighting them.
5. Record any thoughts you have about the exercise you just completed. How do these compare to your thoughts before the exercise? You might ask yourself the following questions:
 - a. Was the exercise easier or harder than fighting or pushing away your inner experiences?
 - b. What are your thoughts about doing the exercise? Are they any different from your thoughts before the exercise? If so, how are they different? Do you notice any new ways of thinking about the experience?
 - c. Were there parts where it was harder to be willing? What got in the way?
 - d. Does this seem like something that will work in your life outside therapy?
 - e. How do you feel about yourself after making the choice to do this exercise?
6. Rate your willingness to experience the thought, image, memory, or physical sensation after completing the exercise (0 = completely unwilling, 100 = completely willing and open). Remember that willingness is not the same as wanting.
7. Work with your therapist to decide which exercises to do each week, for how long, and how often. Stick with the plan that you come up with. Be sure to record your thoughts and ratings, and share them with your therapist at your next meeting. Remember, willingness is like a muscle: it gets stronger the more you use it.

DEFUSION: OVERVIEW FOR CLINICIANS

Fusion refers to the excessive dominance of verbal stimuli and processes (e.g., words, thoughts, rules, expectations, mental images) over other forms of behavior regulation. The dominance is excessive in the sense that it is pervasive and insensitive to context.

As you read the words on this page, your behavior is likely being regulated by verbal stimuli. You can glean information and concepts from these words. The text that you are reading even implies a contingency that, if you try these techniques you are reading about, it may help you empower Veterans to make meaningful changes in their lives. You might even think about particular Veterans as you read this information, and imagine how they might respond to the techniques. Fusion is useful in this context.

However, these same verbal processes can regulate behavior in unhelpful ways. The evaluative labels we apply to our experience can change the quality of that experience and our response to it. Thoughts and feelings that are “bad” or “dangerous” need to be avoided and may then function as barriers to valued action. We can imagine feared futures and worry about them to the point of diminishing returns. Conversely, we can rehash the past, assign blame, and harbor guilt and resentment.

Defusion is the process of bringing these verbal processes under appropriate contextual control. This may be accomplished through skills that facilitate awareness of the ongoing process of thinking. Thoughts, mental images, sensations, and urges can then be seen for what they are, and the regulation of behavior by these processes is weakened. Defusion then creates a space where behavior is more susceptible to direct experience and personal values. Listed below is a general description of the Veteran-facing clinical tools in this section of the guide, as well as suggestions for their application:

- Defusion Handout
 - » This handout provides basic information to support experiential learning about defusion.
- Defusion Mindfulness Exercise
 - » This is an example of a mindfulness exercise to facilitate defusion.
- Fill in the Blanks Exercise (Follette & Pistorello, 2007)
 - » This is an exercise designed to assist Veterans in identifying fused content.
- Ways of Speaking Exercise (Follette & Pistorello, 2007)
 - » This is an exercise for practicing the use of language conventions as a defusion skill.
- Defusion Strategies Guide (Follette & Pistorello, 2007)
 - » This is a list of defusion techniques that Veterans may find helpful.
- VA App Activities/Exercises
 - » ACT Coach App
 - Observe Thoughts Mindfulness Exercise
 - » Mindfulness Coach App
 - Leaves on a Stream Exercise

DEFUSION HANDOUT FOR VETERANS

Fusion refers to looking at the world from your thoughts. It involves taking what your mind says as the literal, capital “T” truth. This can be very useful for solving problems like deciding what car to buy, planning a vacation, learning from others’ experience, avoiding unnecessary dangers, and a host of other things.

But fusion can have a downside. When we get too fused with our thoughts, we interact with the world based on what we think is happening and forget to check in with our own experience of what is really going on in the present and what works for us. We can compare ourselves to others and judge ourselves in ways that aren’t helpful or imagine and come to fear the ways that others may be judging us. We can imagine terrible future catastrophes and re-experience past traumas. We can label our own thoughts, feelings, urges, and physical sensations as bad or dangerous, so that we constantly struggle with our own experience. We can plan and dream... which are fine abilities. But when things don’t work out as we had planned, we can lose things that we never really had in the first place.

One fundamental challenge that we all face is learning when to listen to what our minds say, and when to just notice our thoughts while redirecting our attention to the here and now (Hayes et al., 2012). Defusion is looking at your thoughts so that you are aware of the ongoing process of thinking. It involves taking a step back from your thoughts so that you can put them in perspective. These skills let you create some space so you can see your thoughts for what they are, so your thinking doesn’t push you around in ways that are unhelpful and inconsistent with the sort of person you want to be.

Some thoughts are easier to get caught up in—or stickier—than others. Some particular types of thinking that can be challenging are:

Judgment: Judgments seem to help us attend to our flaws or inadequacies and provide a sort of standard for conduct. However, we may come to see ourselves as weak or flawed for having worries, regrets, fears, and sadness. We may wonder, “Why can’t I just get over my anxieties or memories of terrible things from the past?” This is partly because we compare what we have going on inside us with what other people show on the outside, such that others often seem to be handling things better than we are. We can get caught up in questions of fairness, of what we or others deserve, which can lead to resentments and impair our relationships and sense of connection to others.

Prediction: Predicting catastrophic events in the future gives us a sense that we can plan for and avoid bad outcomes and may motivate us to take action. While this is true to an extent, we can also get so caught up in predictions about the future and default assumptions about how the world works that we lose contact with the present and with effective problem solving. We act as if worrying itself prevents bad outcomes. We can treat our predictions as certainties or real things or worry and plan to the point of diminishing returns. Or worse, we can allow our worry to rob us of opportunities and experiences in the present.

Explanation: We seek to explain things because we may believe that if we can understand why bad things have happened, we can prevent similar things from happening in the future. The problem occurs when there is no clear or easy explanation for why, as is often the case for past injustices or traumas. When this is the case, we may feel helpless or blame ourselves for what happened, which can lead to deeper anxiety and depression (McKay & West, 2016).

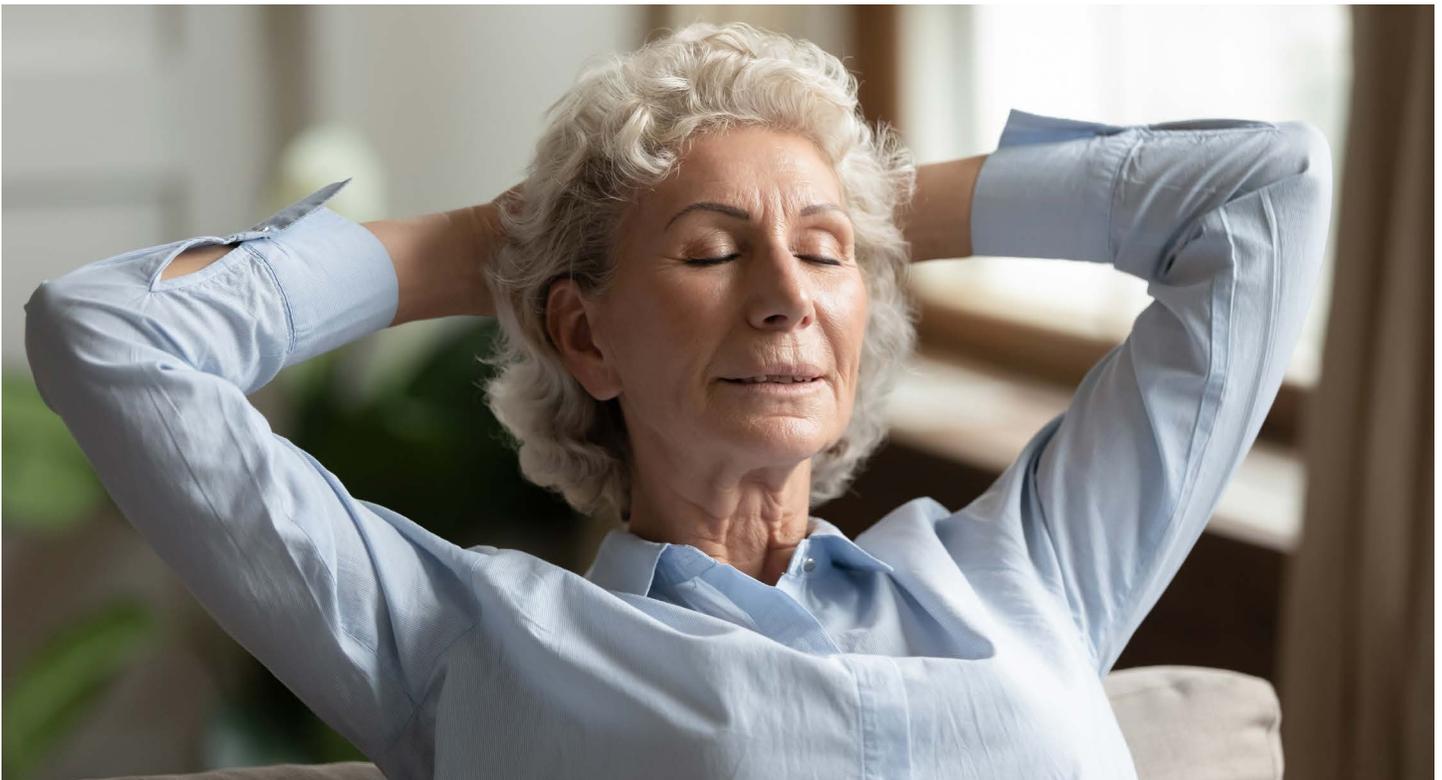
DEFUSION MINDFULNESS EXERCISE FOR VETERANS

Take a few moments now to get centered. Close your eyes or let them gently rest on some neutral space. Notice the sounds around you... Notice the temperature of the air in the room, how it's different in the spaces where your skin is exposed versus covered up... Notice the weight of your body and how the soles of your feet rest on the floor.

And now, if you're willing, just follow your breath...Notice the cool air flowing in and the warmer air flowing back out. As best you can, kindly allow the breath to breathe itself... Notice how you don't have to do anything, that your breath goes on, sustaining you...as best you can, let go of trying and just notice.

Eventually thoughts will come up. This is your mind doing its job. When this happens just gently acknowledge each thought. Thank your mind for doing its job. When you notice your awareness drifting from your breath, see if you can name or describe the thought that has shown up... is it in words, pictures, or both?...Where does it live in your head?... How old is it?...See if you can give it a label: Is it Judgment?...Explaining?...Predicting?... Just welcome each thought that comes, and gently return to your breath...then when the next thought shows up, welcome and label it as best you can...And return to your breath with kindness. Just keep going like this: notice and label each thought, then come back to your breath. Do this as many times as you need to. (continue about five minutes)

Now, notice again the weight of your body and the soles of your feet...Notice the sounds in the room. Notice the temperature of the air. Open your eyes and/or look up. Notice how the light plays off different objects in the room. Perhaps have a stretch if you'd like and bring this new awareness to the rest of your day.



FILL IN THE BLANKS EXERCISE FOR VETERANS⁴

I feel the best about myself when people say that I am _____.

I really hope that other people see me as _____.

I secretly fear that other people will find out that I am _____.

I get really mad when people say that I am _____.

For my mom/dad/parent figure, the best attribute for a person to have is _____.

For my mom/dad/parent figure, the worst attribute for a person to have is _____.

The thing that I am most afraid will happen is _____

_____.

The event from my past that I try the hardest to forget or most wish never happened is _____

_____.

The feelings that I try the hardest not to feel are _____

_____.

The thoughts I try the hardest not to think are _____

_____.

The situations where I get the most upset have to do with _____

_____.

While filling out the blanks above, I noticed the following thoughts, emotions, physical sensations, and/or urges: _____

_____.

⁴ Adapted from *Finding life beyond trauma: Using acceptance and commitment therapy to heal from post-traumatic stress and trauma-related problems* (pp. 124-125), by V.M. Follette and J. Pistorello, 2007, New Harbinger. Copyright 2007 by Victoria M. Follette and Jacqueline Pistorello.

WAYS OF SPEAKING EXERCISE FOR VETERANS⁵

Situation	What I usually say	New way of speaking
I want to go to my daughter's graduation, where there will probably be a big crowd.	"I should go to my daughter's graduation, but there will be a big crowd, and I will be too nervous. "	"I will go to my daughter's graduation, and I will probably notice some anxiety because there will be a crowd. "
My supervisor compliments me on my work and offers me a promotion. I think that she must be trying to flatter me and that I am not really capable of doing the work.	"That's ridiculous! I'm such a loser! I've got to stop thinking this way and have more confidence in myself or I'm never going to succeed!"	" Thanks, mind! I know you understand how much my work means to me and you're just trying to protect me from failure. I can still take on this challenge if I want, because it is something that could really be meaningful for me."
I need to have a difficult conversation with my spouse/partner.	"I better not say anything. There's no use. They probably don't care anyway. I really don't want to do this."	" I'm willing to have this conversation even though it might not go the way I want. I can choose to be kind and civil even if I get angry. It's important to talk about hard things sometimes if I really want to bring my whole self into this relationship."
I am at the supermarket when I suddenly notice that my heart is racing. I think I am having a panic attack.	"This anxiety is terrible! I have to get out of here right now!"	" <u>I'm having the thought that this anxiety is terrible and that I have to get out of here right now.</u> "

Situation	What I usually say	New way of speaking
Situation to use and instead of <i>but</i> :		
Situation to thank your mind:		
Situation to say <i>willing</i> instead of <i>want</i> :		
Situation to say "I'm having the thought..."		

⁵ Adapted from *Finding life beyond trauma: Using acceptance and commitment therapy to heal from post-traumatic stress and trauma-related problems* (pp. 133-134), by V.M. Follette and J. Pistorello, 2007, New Harbinger. Copyright 2007 by Victoria M. Follette and Jacqueline Pistorello.

DEFUSION STRATEGIES FOR VETERANS⁶

The strategies here are just some ways of learning to relate to your thoughts when you notice that you might be entangled, stuck, or hooked by them in ways that aren't helpful. It's ok if some of them seem to fit you better than others, just use the ones that work for you. You can even work with your therapist to come up with your own strategies and write those in the blank spaces.

Naming The Story	Name the “stories” or habitual patterns of thinking that you may struggle with, such as the “I’m not good enough” or “Don’t trust anyone” stories. When you notice them, pause and ask yourself if you want more than what those stories can offer you—orient toward your values.
Saying it Slowly	Say the thought really slowly, noticing the emotions, physical sensations, and urges that may show up when you do so.
Age of This Thought	Do your thoughts seem really familiar? Have they been around a long time? Do they reflect what really matters to you, or are they just habits?
Personification	Imagine that you could picture the part of your mind that tends to think in ways that hook you, for example, your inner critic. What would this person or character look like? What do they sound like when they speak? Try drawing a picture or find an image that looks like them. Practice extending compassion toward them and taking them along with you as you live your values.
Thanking Your Mind	When you notice anxious thoughts, realize that this is just your mind doing its job. Thank your mind for offering its input and trying to protect you; then orient toward your values.
Thoughts on Cards	Write your stickiest thoughts on index cards. Practice carrying the cards with you throughout your day. When you are planning a valued activity, ask yourself which thoughts are most likely to show up, and take those cards with you as you act on your values.
Thoughts in Motion	Imagine your thoughts in motion. For example, you might see them as leaves on a stream or clouds in the sky. Practice noticing as they flow into your awareness, then let them move on out of sight. Take 5-10 minutes each day to practice.

<p>Clothesline Metaphor</p>	<p>Describe your failures as dirty laundry. What would they look like if they were clothes? Draw the articles of clothing on your clothesline, and label them. Now imagine how cold, wet and soggy they all are. How do they feel to put on? And now, think about the sun coming out and a gentle breeze picking up. The clothes get nice and soft in the breeze, and warm and dry in the sun. What would it mean for your failures to dry in the sun and soften in the breeze? (Porosoff & Weinstein, 2018, pp. 117-120).</p>
<p>On Your Plate</p>	<p>I'd like you to imagine two or three struggles you've been having as if they were food placed on your plate, like a buffet line. If your struggle was a food, what food would it be? Some struggles might take up a giant portion of your plate; some might not but are really intense. Write what food each struggle is. You could even draw the food, so you can see the size and shape of it on your plate. So this is the meal that life has served you this week. What are you planning on eating? If I had to eat burnt toast, I would add strawberry jam. If my burnt toast represents having to take my car in for repairs, what in life is the jam I can put on that toast? Maybe while I wait for my car, I can read an article I've been meaning to check out (Porosoff & Weinstein, 2018, pp. 90-93).</p>

⁶Adapted from *Finding life beyond trauma: Using acceptance and commitment therapy to heal from post-traumatic stress and trauma-related problems* (pp.134-136), by V.M. Follette and J. Pistorello, 2007, New Harbinger. Copyright 2007 by Victoria M. Follette and Jacqueline Pistorello.

PRESENT MOMENT: OVERVIEW FOR CLINICIANS

Present moment processes are relevant throughout treatment and interact with all the other core processes. This process is essentially the flexible, intentional allocation of attention to the here and now, so that behavior can be brought under appropriate contextual control and new learning can occur.

Veterans struggling with anxiety or trauma-related difficulties are often said to be living in the past or inordinately preoccupied with the future. For example, the “flashbacks” and intrusive recollections characteristic of PTSD can overwhelm and captivate the experience of the present and lead to unhelpful avoidance behaviors. Individuals experiencing chronic anxiety may ruminate about past mistakes or faux pas far past the point any lesson has been well and truly learned. Conversely, individuals may worry excessively about possible catastrophes or potential negative consequences of future events, or even worry about having more anxiety or trauma-related symptoms in the future. Present moment skills allow Veterans to return to the now when their focus drifts to the past or the future. Listed below is a general description of the Veteran-facing clinical tools in this section of the guide, as well as suggestions for their application:

- Present Moment Handout (Roemer & Orsillo, 2020)
 - » A handout providing information about present moment processes, as well as common types of worry and rumination
- Being in the Now
 - » This exercise promotes present moment awareness and engagement in everyday activities. It can also be used to facilitate behavioral activation when worries or rumination interfere with enjoyment and a sense of accomplishment.
- Mindful Grounding Exercise (Harris, 2019)
 - » Adapted from Harris’s “dropping anchor” exercise, this exercise provides a way for Veterans to reorient to the present and chose an effective way to respond to emotionally challenging situations.
- Sitting Meditation
 - » This is exercise is a mindfulness practice that focuses on nonjudgmentally noticing various aspects of experience and returning attentional focus to the breath.

- VA App Activities/Exercises:
 - » ACT Coach App:
 - Mindful Breathing
 - Mindful Walking
 - Mindful Eating
 - Observation of Sensations
 - » Mindfulness Coach App:
 - Awareness of Breath
 - Body Scan
 - Mindful Listening, Looking, Movement



PRESENT MOMENT HANDOUT FOR VETERANS⁷

One of the main problems with getting caught up in our thoughts is that it can keep us from paying attention to what is actually happening here and now, in the “present moment.” It can be like going through life on “auto pilot,” without really engaging in the world around us. Take a moment to think about a time when this may have happened to you.

If you struggle with anxiety or trauma, it can be really hard to tell when you are not paying attention to the moment, because your memories of the past or worries about the future can seem very real and powerful. The feelings and physical sensations that come up at these times can also seem overwhelming. But, with practice, you can learn to notice when you are stuck or overwhelmed. Then you can make room for your thoughts, emotions, physical sensations, and urges; and refocus on what matters to you and what can be done here and now. The table below lists some reasons people can get stuck in thoughts about the past, or *ruminating*, and/or the future, or *worrying*.

Intended Purpose	Worry (future)	Rumination (past)
Getting Motivated	It seems like anticipating all the things that my go wrong, or what it will feel like if things do go wrong, will motivate me to prepare.	It seems like focusing on past mistakes and self-criticism will motivate me to do better in the present
Avoidance	It seems like worrying will help me to avoid feared outcomes, or it feels like worrying makes it less likely that bad things will happen in the future.	It seems like going over past mistakes will help me avoid making them again, or it feels like remembering how badly something went wrong will make it less likely to happen again.
Problem Solving	It seems like focusing on a potential future problem is a good first step to solving it, but the problem is unlikely and/or out of my control.	It seems like identifying what went wrong in the past is a first step in avoiding future problems, but the problem has passed and I am not able to let it go.
Distraction	Worrying about less important matters distracts me from more distressing and serious problems.	Focusing on figuring out what happened in the past to contribute to my suffering is a way to avoid taking risks and acting on my values in the present.

⁷Adapted from: *Acceptance-based behavioral therapy: Treating anxiety and related challenges* (p. 133), by L. Roemer and S.M. Orsillo, 2020, Guilford. Copyright 2020 by The Guilford Press.

BEING IN THE NOW EXERCISE FOR VETERANS

1. Choose a task that you do all the time. It should be something you do automatically, almost without thinking. Give yourself bonus points if this task involves interacting with another person.
2. Before you begin the task, decide that today you will notice exactly what you are doing. For example, if you are showing your daughter how to use a washing machine, you might keep up an internal dialogue on each step you take. To help you focus, you may use the word now to describe each step. For example, you might start this way: “I am now showing Emily how to wash her clothes. I am now helping her separate the dark- from the light- colored clothes. Now I am getting the detergent and measuring cup from the shelf. I am now measuring out half a cup...” and so forth, until the task is done.
3. The next time you have a free moment, find a quiet spot and think about the effect that providing yourself with a commentary had on you. Did you see and experience things that you had not noticed before? Did you notice little changes in Emily’s facial expressions or posture when you showed her the different steps of the task. Did she ask questions, or say anything when you were teaching her? How was this experience different from other times you have done this task automatically, almost without noticing what you were doing?
4. Each day pick a different activity and do this exercise. Keep practicing, and if you find yourself getting distracted, just notice that and come back to the task at hand.

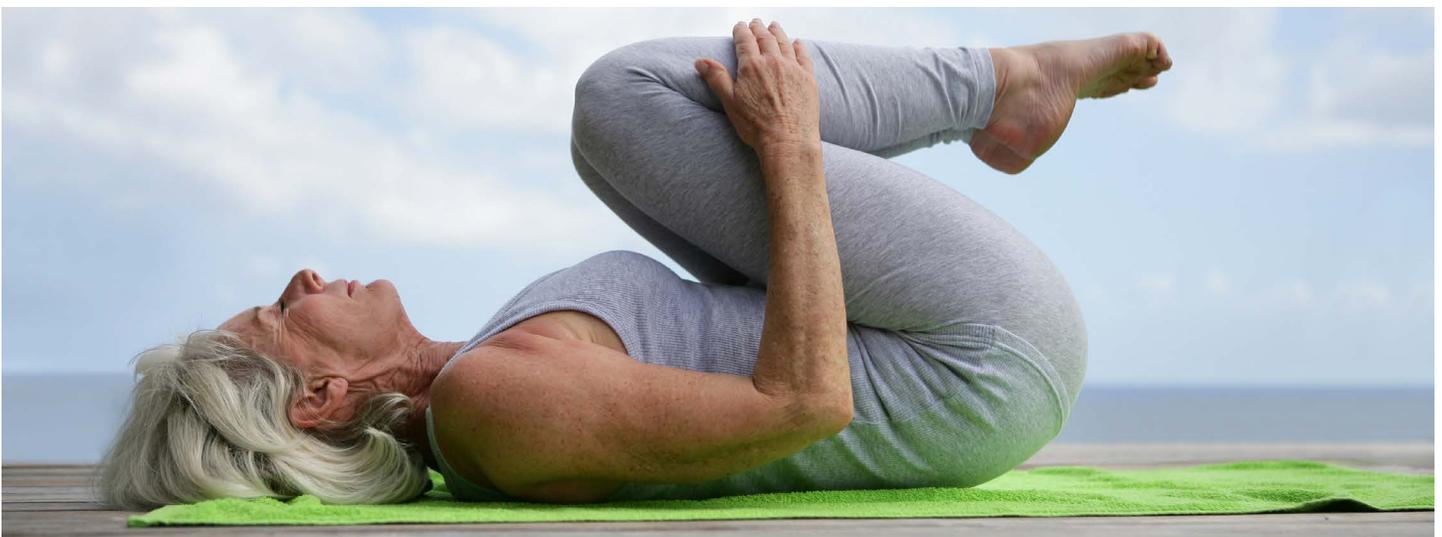


MINDFUL GROUNDING EXERCISE FOR VETERANS⁸

This is a good exercise to use when you want to center yourself and get fully present in the moment. You can do it at any time, but you might find it especially helpful when you are caught up in your thoughts or emotions and need to get some clarity and stability before you decide how to respond in a way that's consistent with your values.

1. Take a moment to notice your experience. Notice any struggle you may be experiencing. Take note of where you feel it in your body, also noticing any thoughts, emotions, or urges that go with it. If it helps, you can imagine it has a color or a shape, like an object. You don't have to do anything with it or make it go away. For now, just acknowledge that it's here.
2. Do something with your body. Like stand up and walk around, or have a stretch, or press your feet into the floor and notice how it's firm beneath you. Just check back in with the struggle briefly, just notice it's there and where you feel it, but also notice that you have a body that surrounds it that you can control. Again, do something with your body--- like take a few deep breaths, or have another stretch.
3. Look around and notice the sights around you. See if you can name five things that you can see around you. Notice what you can hear. Name three to four sounds that you can hear around you. Do you notice any tastes or smells? Touch something near you and notice its texture.
4. Check back in with the struggle. Just notice if it is still there, or if it has changed in any way. As best you can, see if you can just let it be. And,, again notice that you have a body around it that you can control. Notice the sights and sounds around you.
5. Notice what you are doing. See if you can fully engage in the task at hand. If it's not clear what to do, check in with your values. Notice who you want to be and how you want to respond in this moment and take action. If you are still overwhelmed or still feel stuck, repeat the steps above two to three times, or until you are able to make some room for the struggle and identify a values-based action.

⁸Adapted from *ACT made simple, 2nd Edition* (pp. 113-115), by R. Harris, 2019, New Harbinger. Copyright 2019 by Russ Harris.



SITTING MEDITATION FOR VETERANS

Find some time to sit in a comfortable place, where you won't be disturbed. Sit in a position where you are relaxed but still alert: sitting up in a dignified posture with your back straight, head balanced on your shoulders, arms and shoulders relaxed and resting in a comfortable position.

Consider your intentions in this moment. See if you can give yourself a gift of stillness. This is an opportunity to switch from your normal mode of doing, planning, moving, and reacting to one of simply being. Just notice whatever happens in your awareness, right here and right now.

Just notice the sensations of your breath. Just notice your abdomen on the inbreath and the outbreath. Notice the subtle movement of your chest and shoulders. Notice the air as it flows through your nostrils: cool on the inbreath, warmer on the outbreath.

Pay attention to the entire cycle of the breath. It's all one motion, but it has its phases. Notice the inbreath and the outbreath. Notice the space between them, the pause between breathing in and breathing out.

You'll notice that your attention will stray from your breath from time to time. This is OK. It's your mind's job to wander. When you notice this, as best you can and without giving yourself a hard time, gently bring your attention back to your breath.

See if you can let go of any need to control your breathing. Imagine floating on the surface of the ocean...riding the waves up and down. You don't control how high or low the wave goes, or how long it lasts. Simply ride the waves of your breath.

You may notice there are sounds other than those of your breathing. Sounds near and far. Just notice when your attention moves to the perception of sound. Notice the qualities of the sound: its volume, tone, and intensity. Notice your mind's tendency to label the sounds: there's traffic, someone walking down the hall, the wind in the trees (use your own examples). As best you can, see if you can separate the labels from the experience of the sound, listening with curiosity as if you were hearing these things for the first time. And when you've done that, gently come back to your breath.

Notice any judgments that may come up. Opinions about whether you like or dislike this experience, or wondering if you're doing it right. Notice your judging mind and your critical mind if they show up now. And as best you can, realize that there is nothing that needs to be fixed here... you don't have to process anything or work it out. Just notice your experience in this moment. And gently come back to your breath....

You may notice that your attention shifts to bodily sensations. They may be pleasant, like a sense of warmth, relaxation, or comfort. Or they may be more like a sense of tension, or an ache or an itch. When you notice these sensations, there are a couple of options; and neither is better than the other. The first is to notice where the sensation is, how intense or large it is. And, if it's something you need to fix, first form the intention to act, then do whatever it is you need to be more comfortable. For example, you might notice tension at some place in your body, as well as an urge to stretch or change position to alleviate the discomfort. First form intention to move, then do what you need to do to be more

comfortable. The second way would be to just observe the sensation with curiosity and see if you can stay with it just for a moment longer. Imagine you can breathe into the sensation. Notice where it is, and what shape it would take if you could trace its outline in your body. Notice if it changes in any way...or if it doesn't change, just notice that as well. Just notice you can stay with it without reacting to it.

So, you have two ways of responding to physical sensations that come up. Whichever option you choose, just notice that you do so as a conscious choice.

Just gently notice whatever comes into your awareness; thoughts, memories, emotions, physical sensations, urges. See if you can welcome each in turn. As you notice each, realize that this is a moment of awareness. And then gently come back to your breath. Just notice the process of coming back, again and again, as many times as you need to, with kindness.

As this meditation draws to a close, bring your awareness back to the weight of your body here in the chair. Open your eyes or look up and notice all the sights and sounds. Congratulate yourself for taking this time for yourself, giving yourself a moment of stillness.



SELF-AS-CONTEXT: OVERVIEW FOR CLINICIANS

SELF-AS-CONTEXT: OVERVIEW FOR CLINICIANS

Self-as-context refers to a stable point of reference from which one can notice ongoing experiences and shift perspective as needed. Practically, this comprises three key tasks: disentanglement from the conceptualized self, awareness of ongoing experience, and perspective-taking (Hayes et al, 2012). Disentanglement from narratives and labels that may be rooted in past trauma or that prescribe how one interacts with the world (e.g., “I’m an anxious person,” “I am broken,” “I’m not someone who talks about feelings,”) can free up energy to be directed more adaptively to responding in the present moment. Defused awareness of ongoing experience supports acceptance and exposure processes by providing a safe, stable context in which to contact challenging thoughts, emotions, and physical sensations. Finally, perspective-taking skills support defusion and acceptance by changing the context in which one relates to troubling memories of the past and anxious predictions about the future. Self-as-context exercises promote a stable sense of self across time, a self that is not a sum of his/her internal experiences nor defined by those experiences but rather holds those experiences. Perspective taking across persons supports a more compassionate, accepting stance toward others and the self.

- Observer Self Handout and Exercise (Hayes et al., 2012): A handout briefly describing the concept and benefits of taking an observer perspective, as well as an experiential exercise to contact the observing self
- Perspective-Shifting Exercises (Strosahl & Robinson, 2015): Exercises designed to facilitate shifting perspectives across person, place, and time
- Self-Compassion Mindfulness Exercise: A mindfulness exercise designed to promote compassion for self and others
- Child Exercise (Walser & Westrup, 2007): A perspective-taking experiential exercise designed to promote self-compassion
- VA App Activities/Exercises
 - » Mindfulness Coach App
 - Building Compassion
 - Loving-Kindness Meditation
 - Mountain Meditation

OBSERVER SELF HANDOUT FOR VETERANS⁹

Taking an “observer perspective” means developing a stable sense of yourself that is not limited by your thoughts, emotions, urges or bodily sensations. This bigger sense of self allows you to notice your thoughts and feelings without judgment. Also, developing this larger sense of self allows you to realize that you don’t have to be controlled by your thoughts and feelings, so that you can make better choices that are guided by what really matters to you. When you learn to accept even your most painful thoughts and feelings, you can be kinder to yourself and others. Finally, developing this observer self allows you to realize that, even if you have been through very difficult experiences in your life, there is a part of you that has remained stable and strong throughout these experiences.

Observer Exercise

Relax, close your eyes if you’re willing, and picture yourself here in this room. Just notice your body and any sensations you may be having. Notice any emotions that you are having. Notice any thoughts. Take some time to get in touch with the part of you that noticed these thoughts, emotions, and sensations. This is the you-yourself, the observer you. From this observer perspective notice the following aspects of your experience:

Your body is constantly changing. Once you were a little baby, and then you grew into a child, and then that child grew into the person you are now. Your body may become heavy or light, strong or weak. Sometimes your body may be sick or hurt. You may have had illnesses or been injured. Over time, these hurts have either healed or perhaps they are with you even now. Notice these things, but also notice that there is a “you” that has been there all along. Even though your body has changed, the person that is you—the observer—was there all along.

Now, notice your roles. You have many of them. You are constantly playing a role. Perhaps you play a role at work, or as someone who is retired or disabled. You may play the role of a spouse or a parent. You play the role of a son or a daughter. You play the role of a service member or a Veteran. You play the role of someone of a certain race, age, ethnicity, or belief system. Your roles are constantly changing, and you change in and out of them like suits of clothes. Even now you might be playing the role of someone in therapy. If you were to try to not play a role, then you would be in the role of someone who does not play a role. Allow yourself to notice this as a fact that you have experienced: I have many roles, but the roles are not me. You are there all along, observing your many roles.

Now, notice your emotions. They are constantly changing. There may be things that you liked at one time that you do not like now. Or there may be things that you did not like at one time, that you now like. Sometimes you may have more than one emotion at the same time. Sometimes these emotions contradict themselves. Even now you are experiencing emotions, but they are not you. You have been there all along, observing these many emotions. The emotions are like waves, but you are like the ocean. Allow yourself to experience this as a fact: you have many emotions, but these emotions are not you.

PERSPECTIVE SHIFTING EXERCISES FOR VETERANS¹⁰

Inside/Outside Shifting

This is an exercise to practice deliberately shifting your focus from something in your environment to something internal. For example, you might spend five minutes observing the wind blowing through the trees, the number and pattern of tiles in the floor, or a piece of art or music. Next, you would shift attention to your breath, or perhaps any sensations you might notice in your body, or a sense of pressure or warmth, or the soles of your feet on the floor. Set a timer on your phone, or watch to signal when to shift back and forth between internal and external focus.

Social Inside/Outside Shifting

Similar to above, but practice shifting from noticing your internal experience to the activity of others around you. This might work best at a place where you can “people-watch,” like a park or mall, store, or class. Take some time to notice the behavior of others around you, their posture, tone of voice, facial expressions, etc. Then shift your attention to your internal experience of your thoughts, emotions, and urges, and vice-versa. Alternate between inside and outside yourself by using a timer for a signal.

*** If you want to “level-up” this experience, try shifting back and forth from observer to participant. For example, at a work meeting you might intentionally take some time to observe your coworkers, then intentionally engage in the meeting, then shift back to observation.

Now/Then Shifting

Find a photo album, electronic or physical. Pick three pictures from different parts of your life. Ideally, the pictures should be at least a year apart. Answer the following questions for each of the pictures:

- How old were you? What is happening in the picture? What was going on in that time of your life?

- What physical sensations were you experiencing at that time?

- What thoughts might you have been having?
- What emotions were you feeling?
- What thoughts, feelings, and emotions are you experiencing now as you reflect back on this scene?

¹⁰Adapted from *In this moment: Five steps to transcending stress using mindfulness and neuroscience* (pp. 75-76), by K.D. Strosahl and P.J. Robinson, 2015, New Harbinger. Copyright 2015 by Kirk D. Strosahl and Patricia J. Robinson.



SELF-COMPASSION MINDFULNESS EXERCISE FOR VETERANS

Start by sitting in a position where you're relaxed but still alert. Go ahead and close your eyes, or if that makes you uncomfortable, just let your gaze rest softly on the floor or the wall. Take just a moment and notice the weight of your body in the chair. Notice the places where it contacts the chair: your back, hips, and arms. See if you can notice the weight of your arms. You may have to let your shoulders relax a bit to do that. Perhaps press your feet gently into the floor if you'd like. Notice the firmness of the floor beneath them. Maybe wiggle your toes around a bit and notice any sensations there. And now, if you'd like, just notice your breath.

Now, if you're willing, bring to mind someone who is dear to you. Imagine that this person is experiencing some sort of struggle, in a dark night of the soul. Perhaps the person is sad, or angry, or afraid. Take a moment and notice the person's facial expression, posture in this moment of pain. Notice how your heart goes out to the person.

Now imagine you can approach this dear person in this moment of suffering. Do whatever you need to get their attention. Say:

"I see you. I see you in this moment of pain; and I have known pain, too. May you be free from suffering. May you know peace." Imagine you can physically comfort the person at this time, perhaps through a hand on the shoulder, or an embrace.

Now, let that image fade.

Next, imagine yourself experiencing some sort of struggle, a dark night of the soul. Perhaps you are sad, or angry, or afraid. Take a moment and see yourself in that moment of pain. Notice your facial expression and posture in this moment of pain. Notice how your heart goes out to yourself in that moment.

Now imagine you can approach yourself in this moment of suffering. Do whatever you need to get your attention. Say:

"I see you. I see you in this moment of pain, I remember this moment. May you be free from suffering. May you know peace." Imagine you can physically comfort that person who was you, perhaps through a hand on your shoulder, or an embrace. Notice as this person dissolves into the you that is here, now.

And just breathe, gently allowing your breath to breathe itself. And notice your body here in this moment, the weight of it. Notice your feet on the floor and the weight of your arms. Notice any sounds around you. Open your eyes and look up, expanding your attention to take in this moment, and bring this sense of compassion to the rest of your day.

CHILD EXERCISE FOR VETERANS¹¹

Take a few moments to get centered, taking a few mindful breaths.

Now, imagine that you have a photo album before you. It could be an actual book, or an electronic album in a phone or computer. The key is that this album has pictures from throughout your life until now. Just take a moment, and in your mind's eye look through the album. Now, see if you can go to the part of the album that covers last summer. Just scan through the pictures from last summer until you find yourself lingering at a certain picture. Pause and see yourself there. Really put yourself into that scene, as the person behind your eyes in that moment. Notice what you were doing. Who was there with you? Picture all the sights and sounds. What are you thinking and feeling in that moment? Really take in the scene.

Now, when you are ready, leave that scene (knowing you can come back later if you want) and start looking through the part of the album that is your childhood. See if you can find a moment where you experienced some early hurt...a time when you were alone and sad, or afraid. Maybe six or seven years old, but whatever age seems right to you. Really see yourself in that moment. Look down and notice how small your hands are. Notice all the sights and sounds around you. Notice what you are feeling and thinking as the child who was there in that moment.

Now, imagine that the adult you, the present day you, enters that scene. Just picture what it's like to open the door now and walk into that moment. Look on that child who was you in that moment of pain. Notice the child's facial expressions and posture. Take a moment and notice what you feel now, looking upon this child. See if it's the case that your heart naturally inclines to the child that was you. What does the child need in this moment? Imagine that you can give that child whatever it needs in this time of suffering. If it's words, imagine yourself saying what that child needs to hear. Say it out loud in this very moment.

Now, imagine you come up to this child you, and embrace it. Notice what it's like to have the child in your arms. And now, as you hold the child, imagine that it dissolves and absorbs into the adult you. Take a moment now to embrace yourself, transmitting kindness and compassion.

And again, notice your breath. Notice the sounds in the room and open your eyes. Take a few moments to reflect on your experience.

¹¹ Adapted from *Acceptance and commitment therapy for the treatment of post-traumatic stress disorder and trauma-related problems* (pp. 186-190), by R.D. Walser and Darrah Westrup, 2007, New Harbinger. Copyright 2007 by Robyn D. Walser and Darrah Westrup.

VALUES: OVERVIEW FOR CLINICIANS

Values are verbally constructed, continuous patterns of activity that are personally, intrinsically rewarding (Wilson & Sandoz, 2008). The act of engaging in valued behavior is what produces motivation for further behavior in line with that value. As such, values are directions that guide behavior, as opposed to discrete behavioral goals. They are qualities of actions, such as being kind, or brave, or acting with a sense of integrity. For example, people who valued parenting might set themselves a goal of spending 30 minutes, four times per week, engaging in a preferred activity with their child.

Individuals who struggle with anxiety and trauma may encounter many barriers to valued living. Worry and rumination may make it difficult to engage in valued action in the present moment. For example, a man who values connection in relationships may spend so much time ruminating about his behavior in a past relationship or worrying about making the same mistakes that he fails to pursue a relationship in the here and now. Or the same individual might be so fused with the ideal of having a “perfect” relationship or “getting it right” that he is not psychologically flexible enough to function well in his current relationships. Feelings of guilt or shame related to past trauma might lead to an avoidance of commitment and intimacy.

In short, valued action often entails contact with avoided thoughts, emotions, urges, and physical sensations. Values can provide a context of meaning and purpose to motivate the difficult work of finding new ways to relate to these challenging experiences. Listed below is a general description of the Veteran-facing clinical tools in this section of the guide, as well as suggestions for their application:

- Introduction to Values (Follette & Pistorello, 2007)
 - » A handout that provides information about values as well as an experiential exercise to encourage acceptance in the service of valued action.
- Sweet Spot Exercise (Wilson & DuFrene, 2009)
 - » An experiential exercise designed to encourage contact with the lived experience of values. This is a good exercise to use early in therapy and helps to build rapport.
- Emotions and Values Audit (Porosoff & Weinstein, 2018)
 - » A self-monitoring tool to assist Veterans in noticing the connection between emotions and values.
- Values Checklist (Harris, 2019)
 - » A checklist of common values, with ratings of importance.
- Valued Domains and Actions Worksheet
 - » A worksheet to facilitate identification of values and values-based actions in several life domains.
- VA App Activities/Exercises
 - » ACT Coach App
 - Live Your Values Exercise

INTRODUCTION TO VALUES HANDOUT FOR VETERANS¹²

Values are words or statements that describe who you want to be and how you want to behave in the world. They are life directions that guide your actions. Think of them like the directions on a compass. Let's say you are in Chicago and want to go to Las Vegas. You would head west until you got there. Las Vegas would be the goal. But you could always go further west from there. West doesn't really have an end point.

Values are like that. They are ongoing. Let's say that some people value physical fitness. They may set a goal of losing 20 pounds. But once that goal is achieved, they still can enact that value for as long as they choose. What that behavior looks like over time may change. Those people will get older or have injuries and might have to change their diet or the exercises that they do. They may set new goals for themselves based on this but can still choose to live their value of fitness.

Coping with anxiety or trauma can be a challenge to enacting values. For example, people who struggle with anxiety or trauma may avoid public places but also value friendship, connection with others, and fitness. Those individuals might avoid going to a gym or attending a party because those are situations that make them anxious. Over time they might continue to pull away from these activities connected to their values and may feel depressed as a result. This is because acting on our values is often connected to challenging thoughts, feelings, urges, or physical sensations.

So, to live our values, we often need to be open to having those types of experiences. Are you willing to try an exercise to illustrate this point? You will need a pen and some notecards.

STEP ONE: Choose some activity, relationship, or area of your life that's important to you, but you've noticed yourself avoiding or pulling away from. Think of some words that describe how you want to be in this area of your life. What are the values that you want to live in this area? Go ahead and write those words at the top of one of the cards. For example, someone might want to be patient and loving with their family.

STEP TWO: Think of one or two actions that you could take that would show the values that you wrote at the top of the card. An example might be to eat dinner with my family and spend 30 minutes talking. Write the actions that you come up with on the card under your values.

STEP FOUR: Turn the card over so the blank side is facing you. Take a few moments to close your eyes, and imagine engaging in one of the actions that you just wrote. Notice any thoughts, emotions, physical sensations, or urges that come up. Now, open your eyes and write down any difficult thoughts or feelings that might show up if you take the action. For instance, in the example above, the individual might write: "Felt jittery and nervous. Anxious that one of them will make me angry or hurt my feelings. I don't deserve to have a family anyway because of the things that happened in my past."

STEP FIVE: Take a moment now and look at both sides of the card. Do you have to make the difficult things go away? Imagine you threw the card in the trash. If you could throw away the hard stuff, would the values go with it too? Imagine that you could make room for the difficult thoughts and feelings, so that you could do the things that you care about. Try keeping the card with you over the next week, and look at it periodically to remind you of the value you chose. Notice what it's like if you do the actions you wrote down. Or if you don't do them, notice what that is like as well.

¹² Adapted from *Finding life beyond trauma: Using acceptance and commitment therapy to heal from post-traumatic stress and trauma-related problems* (pp. 181-183), by V.M. Follette and J. Pistorello, 2007, New Harbinger. Copyright 2007 by Victoria M. Follette and Jacqueline Pistorello.

EMOTIONS AND VALUES AUDIT FOR VETERANS¹⁴

What can your emotions reveal about what matters to you?

I Felt...	when...	Because I care about...
Angry/annoyed		
Excited/interested		
Happy/content		
Safe/OK		
Afraid/worried		
Surprised/confused		
Sad/pensive		
Disgusted/bored		

¹⁴ From *Two for one teaching: Connecting instruction to student values* (pp. 106-111), by L. Porosoff and J. H. Weinstein, 2020, Solution Tree Press. Copyright 2020 by Solution Tree Press. Adapted with permission.

VALUES CHECKLIST FOR VETERANS¹⁵

Listed here are some values. These are just some examples. None is more important than the other, and it is OK if some apply to you more than others. Look through the list and write a letter next to each value to indicate how important it is to you: V = very important; I = somewhat important; and N= not important. The list is not exhaustive, so please feel free to write in any values not listed in the blanks marked "Other."

- _____ Acceptance: to be open and nonjudgmental of myself, others, life, etc.
- _____ Adventure: to seek out new and interesting experiences
- _____ Authenticity: to be genuine and true to myself
- _____ Compassion: to act with empathy and kindness to myself and others who are suffering
- _____ Connection: to be fully present and engaged in my relationships with others
- _____ Courage: to be bold and brave in the face of fear, danger, or adversity
- _____ Creativity: to make things of art or beauty; to find new ways of thinking or solving problems
- _____ Encouragement: to support behavior that I value in myself and others
- _____ Engagement: to be fully present and engaged in what I am doing
- _____ Fairness: to be just to myself and others
- _____ Forgiveness: to extend forgiveness to myself and others
- _____ Friendliness: to be friendly to myself and others
- _____ Fun: to seek out and engage in activities that are exciting and/or enjoyable
- _____ Gratitude: to be thankful and appreciative of myself, others, and life
- _____ Intimacy: to be emotionally and/or physically open and genuine with others
- _____ Kindness: to be considerate and/or caring to myself and others
- _____ Love: to act with love and/or affection to myself and others
- _____ Physical Fitness: to attend to and/or improve my physical and mental health
- _____ Respect: to be considerate of myself and others
- _____ Responsibility: to be reliable and accountable for my actions
- _____ Safety: to protect or ensure my own safety or that of others
- _____ Trust: to be trustworthy and sincere
- _____ Other: _____
- _____ Other: _____

¹⁵ Adapted from *ACT made simple, 2nd Edition* (pp. 228-229). by R. Harris, 2019, New Harbinger. Copyright 2019 by Russ Harris.

COMMITTED ACTION: OVERVIEW FOR CLINICIANS

Committed action is an essential component of the ACT model and a major index of therapeutic outcome. Psychological flexibility skills are shaped in the service of values-based action. The precurent behavior of making a commitment may help to set the stage, but the actual committed action happens in the choices an individual makes in the moment, guided by personal values. Exposure-based exercises may be opportunities to practice acceptance and defusion skills, and present moment and self-as-context processes orient to the now and produce a distinction between the self and challenging internal events. These skills create the moments of choice when committed action is possible. Listed below is a general description of the Veteran-facing clinical tools in this section of the guide, as well as suggestions for their application:

- SMART Goal Handout (Harris, 2019)
 - » A handout with information on parameters for developing effective values-based action goals.
- Committed Action Worksheet
 - » A worksheet and monitoring form for recording values-based actions and their outcomes.
- VA App Activities/Exercises
 - » ACT Coach App:
 - Willingness Log
 - Live Your Values Exercise



SMART GOALS FOR VETERANS¹⁶

<u>S</u>pecific	Identify a specific action that you will do. Use enough detail so that you will know when you have completed the action and can track your progress.
<u>M</u>otivated	Your goal should be consistent with one or more of your values.
<u>A</u>daptive	Your goal should be something that has the potential to really make a difference in your life.
<u>R</u>ealistic	Your goal should be attainable given your current strengths, skills, and resources.
<u>T</u>imely	Specify the time period during which the action is completed.

¹⁶ Adapted from *ACT made simple, 2nd Edition* (pp. 241-242), by R. Harris, 2019, New Harbinger. Copyright 2019 by Russ Harris.

COMMITTED ACTION WORKSHEET FOR VETERANS

Value (s)	Values-Based Action Goal	What do you need to make room for?	Did you do it? Yes/No	What was it like?
<p><i>Example:</i></p> <p><i>Connection, Engagement, Family, Intimacy, Fun</i></p>	<p><i>Eat dinner with my family, and spend 30 minutes talking to them.</i></p>	<p><i>Feeling jittery and anxious, one of them might make me mad or hurt my feelings</i></p>	<p><i>Yes</i></p>	<p><i>I felt nervous, and I was able to use my skills to stay present. My kids said they have missed talking to me like this, which made me feel good and also a little sad because I have missed them, too.</i></p>

INSTRUCTIONS FOR COMMITTED ACTION WORKSHEET

- Values: List the values that are the basis for your Values-Based Action Goal.
- Values-Based Action Goal: List the specific action(s) that you will take that are consistent with your values.
- What do you need to make room for?: List any potential physical sensations, emotions, thoughts, or urges that might come up during your values-based action.
- Did you do it?: Record whether you engaged in the values-based action.
- What was it like?: Record your experiences of engaging in your values-based action. Or, if you did not engage in the action, record what it was like to make the choice not to engage in the action.



REFERENCES

Abramowitz, J. S., Deacon, B. J. & Whiteside, S. P. H.. (2019). *Exposure therapy for anxiety, 2nd ed.: Principles and practice*. Guilford Publications.

Arch, J. J., Eifert, G. H., Davies, C., Vilardaga, J. C.P., Rose, R. D., & Craske, M. G. (2012). Randomized clinical trial of cognitive behavioral therapy (CBT) versus acceptance and commitment therapy (ACT) for mixed anxiety disorders. *Journal of Consulting and Clinical Psychology, 80*(5), 750-765. <http://dx.doi.org/10.1037/a0028310>.

Bluett, E. J., Homan, K. J., Morrison, K. L., Levin, M. E., Twohig, M. P. (2013). Acceptance and commitment therapy for anxiety and OCD spectrum disorders: An empirical review. *Journal of Anxiety Disorders, 28*, 612-624.

Craske, M. G. (2012). Transdiagnostic treatment of depression and anxiety. *Depression and Anxiety, 29*, 749-753. DOI 10.1002/da.21992

Craske, M. G., Kirkanski, K., Zelikowsky, M., Mystkowski, J., Chowdhury, N., & Baker, A. (2008). Optimizing inhibitory learning during exposure therapy. *Behaviour Research and Therapy, 46*(1), 5-27.

Craske, M. G., Treanor, M., Conway, C. C., Zbozinek, T., & Vervleit, B. (2014). Maximizing exposure therapy: An inhibitory learning approach. *Behaviour Research and Therapy, 58*(1), 10-23.

Davies, C. D., Niles, A. N., Pittig, A., Arch, J. J., & Craske, M. G. (2015). Physiological and behavioral indices of emotion dysregulation as predictors of outcome from cognitive behavioral therapy and acceptance and commitment therapy for anxiety. *Journal of Behavior Therapy and Experimental Psychiatry, 46*, 35-43.

Eifert, G. H., Forsyth, J. P. (2005). *Acceptance and Commitment Therapy for anxiety disorders: A practitioner's treatment guide to using mindfulness, acceptance, and values-based behavior change strategies*. New Harbinger: Oakland, CA.

Follette, V. M., & Pistorello, J. (2007). *Finding life beyond trauma: Using acceptance and commitment therapy to heal from posttraumatic stress and trauma-related problems*. New Harbinger.

Gros, D. F. (2019). Efficacy of transdiagnostic behavior therapy across the affective disorders. *American Journal of Psychotherapy, 72*, 59-66. doi: 10.1176/appi.psychotherapy.20190007

Harris, R. (2019). *ACT made simple, 2nd ed.* New Harbinger: Oakland, CA.

Hayes, S. C., Strosahl, K., & Wilson, K. G. (2012). *Acceptance and commitment therapy, 2nd ed.: The process and practice of mindful change.* Guilford Publications.

Hebert, E. R., Flynn, M. K., Wilson, K. G., & Kellum, K. K. (2021). Values intervention as an establishing operation for approach in the presence of aversive stimuli. *Journal of Contextual Behavioral Science, 20*, 144-154.

Hofmann, S. G., & Hayes, S. C. (2019). The future of intervention science: Process-based therapy. *Clinical Psychological Science, 7*(1), 37-50.

Hughes, S. (2018). The philosophy of science as it applies to clinical psychology. In Hayes, S.C., & Hofmann, S.G. (Eds.), *Process-based CBT: The science and core clinical competencies of cognitive behavioral therapy* (pp. 23-44). Context Press.

Knowles, K. A., Sripada, R. K., Defever, M., & Rauch, S. A. (2019). Comorbid mood and anxiety disorders and severity of posttraumatic stress disorder symptoms in treatment-seeking veterans. *Psychological Trauma: Theory, Research, Practice, and Policy, (11)* 4, 451-458. <http://dx.doi.org/10.1037/tra0000383>

Lippa, S. M., Fonda, J. R., Fortier, C. B., Amick, M. A., Kenna, A., Milberg, W.P., & McGlinchey, R. E. (2015). Deployment-related psychiatric and behavioral conditions and their association with functional disability in OEF/OIF/OND veterans. *Journal of Traumatic Stress, 28*, 25-33.

Luciano, C., Valdivia-Salas, S., Ruiz, F. J., Rodriguez-Valverde, M., Barnes-Holmes, D., Dougher, M.J., Lopez-Lopez, J.C., Barnes-Holmes, Y., & Gutierrez-Martinez, O. (2014). Effects of an acceptance/defusion intervention on experimentally induced generalized avoidance: A laboratory demonstration. *Journal of the Experimental Analysis of Behavior, (101)* 1, 94-111.

McKay, M., & West, A. (2016). *Emotion efficacy therapy: A brief, exposure-based treatment for emotion regulation integrating ACT and DBT.* Context Press.

Newby, J. M., McKinnon, A., Kuyken, W., Gilbody, S., Dalgleish, T. (2015). Systematic review and meta-analysis of transdiagnostic psychological treatments for anxiety and depressive disorders in adulthood. *Clinical Psychology Review, 40*, 91-110. <http://dx.doi.org/10.1016/j.cpr.2015.06.002>

Pfeiffer, P. N., Ganoczy, D., Ilgen, M., Zivin, K., & Valenstein, M. (2009). Comorbid anxiety as a suicide risk factor among depressed veterans. *Depression and Anxiety, 26* (8),752-757. doi: 10.1002/da.20583.

- Porosoff, L., & Weinstein, J. H. (2020). *Two-for-one teaching: Connecting instruction to student values*. Solution Tree Press.
- Porosoff, L. H., & Weinstein, J. H. (2018). *Empower your students: Tools to inspire a meaningful school experience, grades 6-12*. Solution Tree Press.
- Roemer, L., & Orsillo, S. M. (2020). *Acceptance-based behavioral therapy: Treating anxiety and related challenges*. Guilford Publications.
- Strosahl, K.D., & Robinson, P. J. (2015). *In this moment: five steps to transcending stress using mindfulness and neuroscience*. New Harbinger: Oakland, CA.
- Stoddard, J.A., & Afari, N. (2014). *The big book of ACT metaphors: A practitioner's guide to experiential exercises and metaphors in acceptance and commitment therapy*. New Harbinger.
- Twohig, M. P., Ong, C. W., Petersen, J. M., Barney, J. L., & Fruge, J.E . (2020). Acceptance and commitment therapy and exposure exercises. In Levin, M.E., Twohig, M.P., & Krafft, J. (Eds.), *Innovations in acceptance and commitment therapy: Clinical advancements and applications in ACT* (pp. 97-109). Context Press.
- Villatte, M., Villatte, J.L., & Hayes, S.C. (2016). *Mastering the clinical conversation: Language as intervention*. The Guilford Press: New York, NY.
- Walser, R. D., Garvert, D. W., Karlin, B .E., Trockel, M., Ryu, D. M., Taylor, C. B. (2015). Effectiveness of acceptance and commitment therapy in treating depression and suicidal ideation in veterans. *Behavior Research and Therapy*, 74, 25-31.
- Walser, R. D., & Westrup, D. (2007). *Acceptance and commitment therapy for the treatment of posttraumatic stress disorder and trauma-related problems*. New Harbinger.
- Weinstein, J. H., Kroska, E. B., & Walser, R. B. (2021). The empowerment plan: Enhancing the safety plan with a CBS approach to repertoire expansion. *Journal of Contextual Behavioral Science*, 20, 101-107.
- Wilson, K.G. & Dufrene, T. (2009). *Mindfulness for two: An acceptance and commitment therapy approach to mindfulness in psychotherapy*. Oakland, CA: New Harbinger.
- Wilson, K.G., Sandoz, E.K. (2008). Mindfulness, values, and the therapeutic relationship in Acceptance and Commitment Therapy. In S.F. Hick & T. Bein (Eds.), *Mindfulness and the therapeutic relationship*. New York: Guilford Press.
- Wolitzky-Taylor, K. B., Arch, J. J., Rosenfield, D., & Craske, M. G. (2012). Moderators and nonspecific predictors of treatment outcome for anxiety disorders: A comparison of cognitive behavioral therapy to acceptance and commitment therapy. *Journal of Consulting and Clinical Psychology*, 80 (5), 786-799.