



Acceptance and Commitment Training (ACT) for Mental Health Promotion

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Reducing Mental Illness Stigma and Promoting Valued-Living

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SECTION 1: INTRODUCTION

Acceptance and Commitment Therapy/Training (ACT) is an evidence-based behavioural therapy program that has been used effectively to address psychological challenges and human suffering across different populations. ACT has been applied to reduce the stigma of mental illness and promote psychological empowerment in marginalized communities.

Purpose of this handbook

ACCEPTANCE AND COMMITMENT TRAINING (ACT) FOR MENTAL HEALTH PROMOTION is a training manual developed by **Dr. Kenneth Po-Lun Fung**, University of Toronto and University Health Network, and **Dr. Josephine Pui-Hing Wong**, Toronto Metropolitan University (formerly known as Ryerson University) for use with the ***Strength-In-Unity*** Project, funded by the Movember Foundation (Canada).

The goal of this handbook is to engage Asian boys and men in Calgary, Vancouver, and Toronto to address stigma of mental illness. As described in the [project background](#), the research team will work closely with the intervention associates hired at each of the three cities to implement and evaluate the effectiveness of ACT – used alone or in combination with Context-based Empowerment Education (CEE) – in reducing enacted or self-stigma.

The purpose of this training manual is multifold:

- To provide clear and concise instructions on how to implement the Acceptance and Commitment Therapy/Training in a group setting;
- To support project team members in implementing ACT intervention activities effectively and consistently;
- To promote adherence to the implementation process so that intervention activities are carried out as designed and intended;

To provide the materials required for the evaluation of how well ACT has been implemented

How to use this handbook

The ACT handbook is structured in three sections designed to indoctrinate interveners in the strategies used to empower clients and set them on the road to recovery

1. **Section One** introduces the use of ACT as an intervention in the Strength-In-Unity project, outlines the purpose of the training manual, and describes the fundamental principles of adult learning and facilitation strategies that underly the ACT intervention activities;
2. **Section Two** provides a concise explanation of the ACT model, including the theoretical concepts and values underpinning the model. It is essential for project team members, especially the intervention associates, to demonstrate a critical and clear understanding of the ACT model so that implementation adherence or fidelity will be achieved.
3. **Section Three** consists of detailed instructions of all the ACT intervention activities to be implemented in the Strength-In-Unity project. A common template is used to outline the objectives, processes, and required resources for each ACT activity. These detailed instructions will enable project team members to carry out the ACT intervention activities consistently across all groups and to achieve a high level of adherence. It is critical for project team members engaging in ACT implementation to familiarize themselves with these instructions.

Additional information:

1. Materials required for all training sessions: pens, name tags/labels, flip chart paper, water-based markers, masking tape, a timer and a mindfulness bell.
2. Each training session requires the presence of two facilitators.
3. Instructions for each ACT training activity are provided in a template to enhance consistency in delivery. For more complex activities, an additional column with comments for facilitators has been included to provide team members and intervention associates with detailed descriptions of potential participant dynamics and debriefing strategies.
4. Handouts or other materials required for specific ACT training activities are included in appendices at the end of each activity template to enhance easy access. Team members and intervention associates are expected to prepare the required materials accordingly.
5. A set of 22 ACT cards has been developed to enhance learning. Facilitators are to provide each participant with a relevant ACT card at the end of each ACT activity.
6. At the end of each training session, facilitators are to provide participants with a post-session feedback form to complete at the session's end. See appendix on the next page. The feedback may prompt the facilitators to address certain issues in the following session.
7. Facilitators prepare honoraria for participants and have participants sign the honorarium acknowledgement form upon receipt of the honoraria.

Appendix S1 - Session Feedback Form

Date:	Name of Intervention Group:				
Feedback statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The contents and activities of the session met my learning objectives.					
The topics we discuss are relevant to my health and wellbeing.					
The facilitators created a safe space for group discussion and interactions.					
The facilitators were knowledgeable of the topics discussed.					
<p>1. The main points of today's session are:</p> <p>2. After today's session, I might do or think about the following differently in the next week:</p> <p>3. The things that I still have questions about in today's session are:</p> <p>4. Other feedback or comments about today's session:</p> <p><i>Thank you for completing this feedback form</i></p>					

Background : Using ACT in the Strength-In-Unity Action Research Project



Strength-in-Unity, completed in 2017, was the first comprehensive community-based action research that mobilizes men in the Asian Canadian communities to address mental illness stigma and promote mental wellbeing. It was an innovative study that combined the use of psychotherapeutic, collective empowerment, and critical health promotion approaches to meaningfully engage East, Southeast and South

Asian men, and communities to advocate for system change to achieve mental health equity.

Importance of the Study

About one in five people in Canada and worldwide experience mental health challenges in their lifetime. Many people experiencing mental illness do not seek help or services due to the fear of stigma and discrimination. Racial minority groups, immigrants and refugees experience a disproportionate burden of mental health disparities associated with systemic barriers to social determinants of health, resulting in a lack of access to adequate income, employment, housing, and culturally inclusive health services. These challenges are further compounded by everyday experiences of racism and multiple forms of social exclusion. Asian communities, which make up of 15% of the Canadian population and represent the fastest growing ethnoracial population in Canada, encounter barriers to mental health care. Further, men in Asian communities are faced with additional access to care related to gendered expectations of being strong, successful and self-sufficient.

The Strength-In-Unity Study

Strength-In-Unity is a community-based action research funded by The Movember Foundation to build capacity among Asian men in Calgary, Toronto and Vancouver, and to mobilize them to become Mental Health Ambassadors (MHAs). The objectives of study included: (1) raising awareness about the social determinants of mental health, misconceptions of mental illness, and knowledge of community mental health resources; and (2) building capacity among Asian men to identify their mental health needs, address mental illness stigma, and advocate for effective and inclusive mental health care for Asian men and communities.

Stigma associated with mental illness has a detrimental impact on the health and wellbeing of individuals living with or affected by mental illness. It leads to social isolation and creates fear that prevents individuals experiencing mental health challenges from seeking help and getting early diagnosis and treatment. Research has shown that such stigma affects some groups more than others. Societal gender norms present help-seeking as a feminine trait or a sign of weakness so that boys and men are less likely to access mental health services. Furthermore, systemic barriers such as racism and xenophobia, and other sociocultural factors pose additional challenges for boys and men in some minority communities in need of timely diagnosis and treatment.

The Strength-In-Unity Interventions

Strength-In-Unity applies two interventions to address mental illness stigma and mobilize Asian men:

(a) **Acceptance and Community Therapy (ACT)** — an evidence-based behavioural therapy that promotes psychological flexibility through experiential learning activities of acceptance, mindfulness, value clarification, and committed action.

(b) **Contact-based Empowerment Education (CEE)** – a community-based empowerment education that focuses on skills development and increased understanding of mental illness through the opportunity to interact with individuals living with or affected by mental illness.

Study Participants

Strength-in-Unity is a national project that engages Asian men in three sites – Calgary, Toronto and Vancouver. The project team is made up of academic researchers, mental health professionals, and community partners. Over 1200 Asian men of diverse ages (17 to 80), sexualities, and ethno-cultural backgrounds were randomized into four groups – control group with one 2-hour session of psychological education on mental health and mental illness, ACT only group, CEE only group, and a combo ACT+CEE group. Participants who completed the ACT and CEE training were mentored to become community mental health ambassadors (MHA)

The interdisciplinary, multi-site project represents the first comprehensive anti-stigma intervention study in Asian communities, which constitute the fastest growing immigrant population in Canada. The goal is to mobilize boys and men to become **Community Mental Health Ambassadors (CMHA)** to address stigma in their cultural communities. We will engage two groups of Asian boys and men: (a) individuals living with or affected by mental illness (“LWA”), and (b) formal and informal community leaders (“CL”) from faith-based, media, arts, and activism sectors in evaluating two anti-stigma interventions.

Lessons learned

This study showed the following important findings:

- The mental health of Asian men and communities are influenced by myriad of individual and structural factors that range from their pre-migration contexts to post-migration experiences of (un)settlement and (non)integration.
- Asian men’s understanding of and responses to mental illness stigma are complicated by their social identities and minority positions.
- The ACT and CEE interventions are effective in addressing many psychological and social aspects of mental illness stigma.
- Evidence of community action taken by trained MHAs to address mental illness stigma and promote mental wellbeing in Asian communities
- Effective stigma interventions for racialized and immigrant men in Canada must consider the intersecting effects of social determinants such as racialization, ethnicity, gender, age, socioeconomic status, education and length in Canada.
- Effective mental health programs and services must be coordinated and implemented at multiple levels to reduce the burden of stigma and access barriers.

This ACT training manual was developed by Dr. Kenneth Po-Lun Fung, University of Toronto and University Health Network, and Dr. Josephine Pui Hing Wong, Toronto Metropolitan University (formerly known as Ryerson University) for use with the Strength-In-Unity Project, funded by the Movember Foundation (Canada).

SECTION 2: THE ACT MODEL

People suffer, not only from physical pain, but also from various forms of psychological pain: difficult emotions, unpleasant memories, unwanted sensations, fear, worries, etc. At the same time, people also demonstrate resilience, courage, and compassion, as Steven C. Hayes (2005) observes, “Knowing they can be hurt, humans still love others. Knowing they will die, humans still care about the future. Facing the draw of meaninglessness, humans still embrace ideals. At times, humans are fully alive, present, and committed (p.1).”

The ACT model is about supporting people to move beyond suffering to fully engage with meaningful and committed living.

What is ACT

ACT (pronounced as one word and not as an acronym A-C-T), or Acceptance and Commitment Therapy/ Training, is a relatively new, evidence-based ‘third wave’¹ behaviour therapy. ACT differs from classical cognitive therapy in numerous ways (Hayes, 2005):

- ACT highlights the paradox of psychological problem-solving: Our psychological challenges worsen when we try to get rid of these problems (e.g., people’s anxiety often worsens when they keep telling themselves, “I must not be anxious.”).
- ACT differentiates between pain and suffering: All people experience different kinds of pain; pain is part of living. However, avoidance of pain and unwanted experiences can lead to additional pain and suffering.
- ACT promotes a counterintuitive and unconventional concept: Accepting pain is an important step towards reducing our suffering; we can begin living a life we value starting now – we do not need to wait until all our problems are solved or our pain has disappeared.

ACT promotes awareness of our constant critical and evaluative mind (or non-stop judgmental thoughts) and our internalized rules. It supports us to recognize and accept thoughts and feelings that emerge beyond our control. At the same time, ACT supports us to find new ways to relate to these thoughts and feelings so that we can free ourselves from constant struggle and suffering. ACT also enables us to develop compassion towards ourselves and others so that we can engage in full lives.

ACT echoes the serenity creed: “Accept with serenity what you cannot change, have the courage to change what you can and develop the wisdom to know the difference (Eifer & Forsyth, 2005, p. 8-9).”

In a nutshell, ACT consists of three steps (Eifer & Forsyth, 2005):

1. **Accept** our thoughts and feelings, including the unwanted ones (anxiety, guilt, pain, sense of inadequacy), by ceasing to struggle with them and recognizing them for what they are – as our thoughts and feelings.
2. **Choose** our directions in life by identifying and focusing on what really matters to us and what we truly value in life.
3. **Take action** to realize our life goals by making a commitment to change what can be changed and to live a meaningful and engaged life.

1. The ‘first wave’ behavior therapy began in the 1950s and focused on classical conditioning and operant learning. The ‘second wave’ emerged in the 1970s and focused on information processing; its classical form – cognitive behaviour therapy (CBT) – is currently the dominant psychotherapeutic modality worldwide (Ost, 2008; Kahl, Winter, & Schweiger, 2012). The ‘third wave’ came about in the 1990s and it focuses on contextual and experiential change strategies (see further elaboration in the next section).

Concepts and ideas behind ACT

ACT is one psychotherapeutic modality within the larger family of behavioural and cognitive therapies (CBT). However, unlike classical CBT, which presupposes that identifying, analyzing and correcting distorted thoughts is required for clinical improvement, ACT focuses on the entirety of psychological events, that is, contents and contexts and not only elements that are considered to be problematic.

ACT builds on **Relational Frame Theory (RFT)** – a science-based psychological account of human language and thinking.

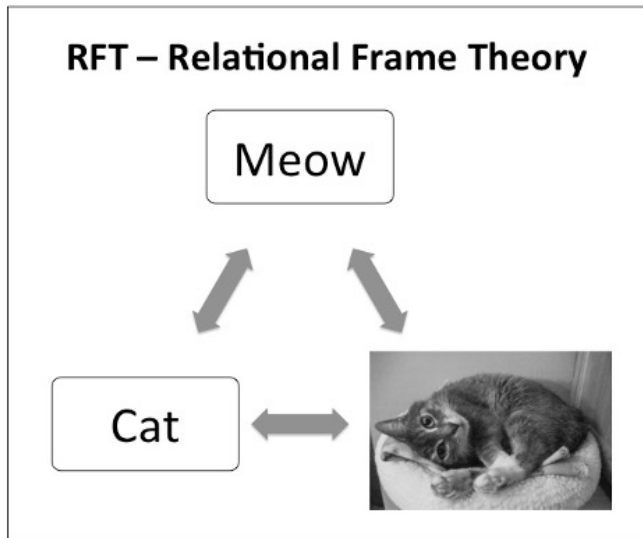


Figure 1. An illustration of RFT. Most English-speaking children in Canada are able to associate the word 'meow' with the word 'cat' and an image of a cat in their mind without the actual presence of a cat in their immediate environment.

RFT captures our ability to form complex and sometimes arbitrary relationships between objects or aspects of the world. This can occur even in their absence in the actual environment through the use of symbols and language and the resulting psychological associations and relationships. This ability has enabled humans to advance in many aspects of their lives (e.g., caring, trade, technology, arts, communication, etc.), but it has also increased our suffering when we are not able to distinguish our ongoing process of thinking from the products of thinking, i.e., our thoughts. Consequently, we mistake our arbitrary language and thoughts as the absolute reality and the essence of our being. For example, suffering occurs when we are not able to differentiate between 'I am too skinny' as a thought and 'I am too skinny' as a fused self-concept.

ACT is also grounded in **functional contextualism**, in which psychological events are conceptualized as “a set of ongoing interactions between whole organisms and historically and situationally defined contexts” (Hayes, 2004, p. 646). Within this paradigm, a clinician or researcher focuses on the entirety of each psychological event, paying attention to how and when psychological events are related, and the function or impact these events have on the psychological wellbeing and functioning of the person.

“Thoughts may be related to particular emotional and overt behavioral events, but only in historical and situational contexts that give rise both to these thoughts *and to their relation to subsequent emotions and actions*” (Hayes, Levin, Plumb-Villardaga, Villatte, & Pistorello, 2013, p.182, emphasis in original).

ACT is also a mindfulness-based therapy

As described above, RFT enables ACT researchers and clinicians to gain a critical understanding on how language and cognition are implicated in human psychological suffering. However, the focus of ACT is not solely on research or problem identification related to psychological inflexibility or suffering. ACT is also a science-based psychotherapeutic intervention that integrates mindfulness into change processes that promote psychological flexibility and wellbeing.

What is mindfulness

Mindfulness is a practice that has existed across different cultures, especially in Asia, as a spiritual practice (not necessarily religious) for thousands of years. In Western societies, mindfulness has become popular since the 1970s and is often adopted as a psychological intervention to address health challenges and promote health. However, within the Western science paradigms, there is still not an agreed upon definition of mindfulness. The following definitions of mindfulness may be useful in supporting our understanding of ACT mindfulness-based processes.

- Thich Nhat Hanh¹ (2008): “I define mindfulness as the practice of being fully present and alive, body and mind united. Mindfulness is the energy that helps us to know what is going on in the present moment... Mindfulness brings concentration. When we drink water mindfully, we concentrate on drinking. If we are concentrated, life is deep, and we have more joy and stability. We can drive mindfully, we can cut carrots mindfully, we can shower mindfully. When we do things this way, concentration grows. When concentration grows, we gain insight into our lives.”
- Jon Kabat-Zinn (1994) defines mindfulness as “paying attention in a particular way: on purpose in the present moment, and non-judgmentally” (p. 4).
- Sona Dimidjian² and Marsha M. Linehan³ (2003) conceptualize mindfulness as a set of skills that are “the intentional process of observing, describing, and participating in reality nonjudgmentally, in the moment, and with effectiveness” (p. 230).
- Ellen Langer⁴ (2000) defines mindfulness as “a flexible state of mind in which we are actively engaged in the present, noticing new things and sensitive to context,” which she distinguishes from mindlessness, when we “act according to the sense our behavior made in the past, rather than the present ... we are stuck in a single, rigid perspective and we are oblivious to alternative ways of knowing” (p. 220).

1. Thich Nhat Hanh is a renowned Vietnamese Zen master, poet, and founder of the Engaged Buddhism movement. He was nominated by Martin Luther King Jr. for the Nobel Peace Prize in 1967.
2. Sona Dimidjian is Associate Professor in the Department of Psychology and Neuroscience at the University of Colorado Boulder and author of Behavioral activation for depression: A clinician's guide.
3. Marsha M. Linehan is the Director of the Behavioral Research and Therapy Clinics, and the creator of Dialectical Behavior Therapy (DBT), which combines behavioural science with Buddhist concepts such as acceptance and mindfulness.
4. Ellen Langer is a social psychologist and the author of many books, including Mindfulness; The Power of Mindful Learning; and Counterclockwise: Mindful Health and the Power of Possibility.

- Bishop et al. (2004) developed an operationalized definition of mindfulness that consists of two parts: (1) “the self-regulation of attention so that it is maintained on immediate experience, thereby allowing for increased recognition of mental events in the present moment” and (2) “a particular orientation toward one’s experiences in the present moment, an orientation that is characterized by curiosity, openness, and acceptance” (p. 232)

See full reference on p. 116.

Hexaflex: The ACT model of psychological flexibility

The ACT model of psychological inflexibility/flexibility consists of six pairs of psychological processes of challenges and interventions. The following table consists of highlights of these processes (Fletcher & Hayes, 2005; Hayes et al., 2013)

Repertoire-narrowing processes that contribute to psychological inflexibility (See Figure 2 ; (Hayes et al, 2013))	Repertoire-expanding processes that contribute to psychological flexibility (See Figure 3 ; Fletcher & Hayes, 2005)
<p>Cognitive fusion occurs when we treat our thoughts literally as reality. Cognitive fusion helps us function and make sense of the world. We usually don't question what our thoughts tell us. For example, "the sun is round", "fire is hotter than ice", and "hell is hotter than earth" all sound real and logical to you. As you read and think about them, they become transparent to you that they are just thoughts in your head. No matter how "true" or how "false" the thoughts are – they are actually all just thoughts. In some cases, cognitive fusion can be harmful. For example, one may become fused with evaluative judgments (e.g., "mental illness is shameful") and treat it as if it is reality, allowing them to guide one's actions – to stigmatize someone or to feel ashamed.</p>	<p>Defusion occurs when we "deliteralize" from our thoughts, that is, we recognize thoughts as just thoughts. Many cognitive defusion techniques have been proven to be effective; for example, watching thoughts like watching TV; word repeating; label the ongoing process of thinking – "I am having the thought that 'I am useless'." These defusion techniques foster our capacity to experience thoughts as thoughts, rather than just "knowing" (thinking) that "thoughts are just thoughts" or getting caught up in trying to evaluate the "truthfulness" of thoughts.</p>
<p>Experiential avoidance is the attempt to avoid unwanted thoughts, feelings, bodily sensations or memories even though the attempt is costly to one's wellbeing, ineffective, or unnecessary. In many cases, experiential avoidance actually reinforces psychological struggles. For example, when a person worries about being judged and tries to avoid the unpleasant feelings through social withdrawal, her/his anxiety may worsen, his/her functioning may be limited, and overall suffering is increased.</p>	<p>Acceptance is "a moment by moment process of actively embracing the private events evoked in the moment without unnecessary attempts to change their frequency or form..." (p. 319). ACT exercises enable a person to increase his/her willingness to experience their psychological events (e.g., anxiety, shame, or craving) more fully as an alternative to avoidance or control strategies.</p>
<p>Dominance of the conceptualized past and feared future refers to a way of being, whereby we are stuck in our thoughts of the past and/or concerns about the future. Often times, when we have been hurt before in the past (e.g. bullied or abused) or we have done things we regretted, they continue to dominate and influence our present life. Similarly, worries about things that have not happened yet (e.g. 'my mental illness will get worse in the future', 'I cannot cope', and 'I can never be a good partner') may constrict our life.</p>	<p>Contact with the present moment refers to shifting our attention to what is happening here and now, including our thoughts, feelings, bodily sensations and external stimuli (sound, sight, smell, etc.). Training our ability to attend to the present moment can decrease the dominance of our thoughts about our past/future. It can also help us appreciate and enjoy what is currently before us in the present moment and respond more fully and effectively to the present situation and demands.</p>
<p>Attachment to the conceptualized self (or self-as-content) refers to our getting fixated on a fused identity based on evaluations, concepts, and stories we have about who we are. While concepts of ourselves can be helpful (e.g. knowing you are a mother helps you play that role), but being stuck with it means you can feel like losing a sense of self when this fused role is lost (e.g. losing a son to suicide.) Being fused with our stories (e.g. "I'm always the odd, unloved, and unpopular person") can also constrict how we lead our lives and what we choose to pursue.</p>	<p>Self-as-context refers to freeing oneself from a restrictive fused identity or conceptualized self, and connecting to one's higher consciousness, or gaining a transcendent sense of self or pure awareness (p. 321). Instead of being fused with our psychological "contents" (i.e. our thoughts, feelings, emotions, roles, stories), we are able to be in touch with our selves as the "context" in which psychological events occur. This is also called the "observer self." From your experience and perspective, "you" have always been "you" throughout your whole life, while all other things about you (that isn't actually you) constantly change – e.g. thoughts, feelings, body, roles, stories, memories, etc.</p>

<Continued on next page>

<p>Lack of values clarity refers to not being in touch with our chosen values, or what really matters to us. Instead, our actions may be guided by our fusion and other unworkable rules and stories, and we feel stuck. We may also be busy avoiding things that provoke negative emotions like fear, anxiety, and sadness. (E.g. if others know I have a mental illness, no one will like me.... better not get help from others...)</p>	<p>Values refer to meaningful, chosen life directions that support us to disengage from cognitive processes that drive us to act based on social compliance, avoidance or fusion, and to take purposive action based on what matters to us. Values are different from goals in that they are not something one can attain, but rather, are ever-present directions that guide us. (E.g. embracing or learning new things as a value does not end with formal schooling; it also means that if one cannot continue with academic schooling due to mental illness, learning can still continue, such as learning to garden).</p>
<p>Inaction, impulsivity, or avoidant persistence refers to patterns of behaviors (e.g., reactive, socially withdrawn, etc.) that reinforce our psychological struggles and prevent us from engaging in mindful living. For example, we may not take actions towards our values (e.g. "there is injustice out there, but someone else will take care of it so I never speak out"); impulsively react to our emotions, thoughts, and stories (e.g. "my sick family member made me angry – so I yell at him/her and vow never to speak to him/her again"); or avoid unpleasant internal experiences and external situations (e.g. "I don't really want to expose myself to situations that remind me I have judgments and stigmatizing thoughts").</p>	<p>Committed action refers to engaging in patterns of behavior or action that are consistent with our chosen values. For example, if one of our chosen directions is to have self-compassion, then taking time each day for self-care and reflection is a committed action. Commitment requires acceptance and defusion of barriers that inevitably get in the way. Commitment is not about being perfect and never failing, but about the willingness of making a 100% commitment in the present moment. If one fails, one persists and gets back on track again. Committed action can be built from small steps to larger steps. Committed action is also about the process rather than the outcome. (e.g. the value in loving a mentally ill relative is expressed through the meaningful committed actions of caring for him/her, rather than the outcome and whether s/he will necessarily get better or become appreciative)</p>
<p>Mindfulness as integrated processes in ACT Mindfulness, in the context of ACT, refers to a set of related processes – acceptance, defusion, contact with the present moment, and a transcendent sense of self – that work in concert to support us in defining clear values and a chosen life direction and taking committed action that liberates us from suffering and allows us to move towards a meaningful life.</p>	

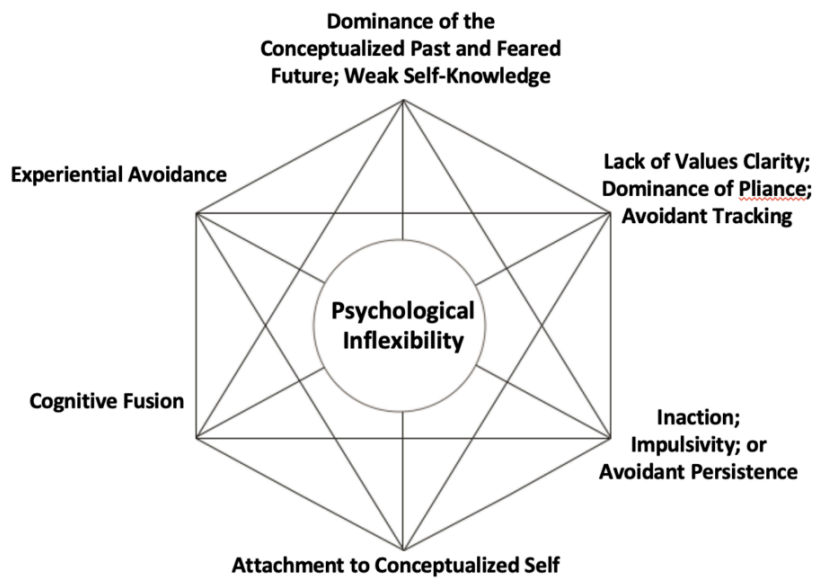


Figure 2. Processes that contribute to psychological inflexibility (Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). Acceptance and commitment therapy: Model, processes and outcomes. *Behaviour research and therapy*, 44(1), 1-25.; with permission.)

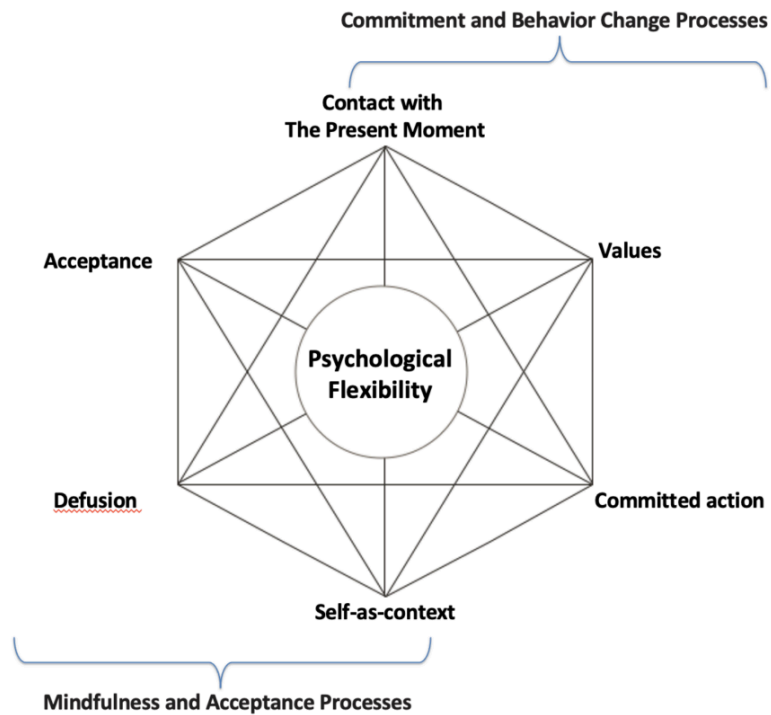


Figure 3. Processes that contribute to psychological flexibility (Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). Acceptance and commitment therapy: Model, processes and outcomes. *Behaviour research and therapy*, 44(1), 1-25.; with permission.)

SECTION 3: ACT INTERVENTION TO REDUCE STIGMA OF MENTAL ILLNESS

This section consists of detailed instructions to guide the implementation of ACT intervention activities in the Strength-In-Unity Project.

Overview of ACT intervention activities

Session Activities	ACT Processes
Session 1 (3 hours)	
Light meal and informal networking (30 minutes)	
1.1. Introduction (20 minutes)	
1.2. Group Goals and Rules (20 minutes)	
1.3. ACT and stigma reduction (25 minutes)	All
1.4. The Marker Exercise (20 minutes)	Defusion/ Acceptance
Break (10 minutes)	
1.5. Inclusion/ Exclusion Circle (45 minutes)	Defusion/ Values
1.6. Mindfulness & Leaves-on-a-stream Exercise (20 minutes)	Defusion/ Present Moment
1.7. Homework & Closure: Mindful Activity (20 minutes)	Present Moment
Session 2 (8 hours)	
2.1. Welcome Back & Centering/ Mindfulness (30 minutes)	Present Moment/ Values
2.2. Review of Homework (30 minutes)	Present Moment/ Committed Action
2.3. Stigma Sculpture (45 minutes)	Defusion/ Acceptance
Break (15 minutes)	
2.4.1. Sharing stories and rules regarding stigma (45 minutes) 2.4.2. Label (35 minutes: 15 minutes before lunch + 20 minutes after lunch)	
LUNCH BREAK – 40 MINUTES	
2.4.3. Paired singing (40 minutes)	
2.5. Lego Exercise (30 minutes)	Self-as-Context
2.6. 100th Birthday Party (20 minutes)	Values
Break (15 minutes)	
2.7. Cultural and Personal Values (20 minutes)	Values
2.8. Bull's-Eye Exercise (25 minutes)	Committed Action & Values
2.9. Bus-Driver (45 minutes)	All
2.10. Mindful Committed Action Plan & Closure (45 minutes)	Committed Action & Values
Session 3 (3 hours)	
3.1. Centering/ Mindfulness (20 min)	Present Moment
3.2. Review of Homework (20 min)	Committed Action
3.3. Review of ACT Model (20 min)	All
3.4. Forgiveness Card Exercise (45 min)	All
Break (15 minutes)	
3.5. Origami with fortuneteller (30 min)	All
3.6. ACT Goodbye (30 min)	Committed Action

General Instructions for Facilitators

- While adhering to the protocol, the facilitators at the same time need to uphold and model ACT principles when delivering to the group:
 - Being compassionate
 - Model acceptance and willingness
 - Being open to participants' experience
 - Apply techniques in a flexible manner
- In leading typical ACT experiential exercises:
 - give a preamble and context to orient participants
 - lead the exercise while closely observing participants' reactions and level of participation
 - facilitate reflection:
 - draw from participants their actual experience and sharing
 - there are no “wrong” experiences – even when a participant draws an opposite conclusion to what the intent of the exercise is; in this case, depending on the situation, find out more about the experience or thank the participant for sharing; sometimes gentle questions may help participants gain additional perspectives including the intent of the exercise; inviting others' experience will often help
 - bring out important points of each exercise – highlighting participants' shared experiences
 - try to connect the experience with previous exercises, concepts, or participants' shared stories where relevant
 - Summarize discussion.
- After each exercise, give out a corresponding ACT Exercise Card – templates can be found in Appendix 4 after all the activities templates. Invite one of the participants to read the back of the card out loud. Give out the 6 core ACT process cards after the review in Session 3.

Activity 1.1 Introduction

Objectives:

- To facilitate trust, mutual respect, and group cohesion

Participation Format:

- Arrange all the chairs in a large horseshoe shape, with co-facilitators sitting across each from other at the open end of the horseshoe
- Each participant takes a turn to introduce himself in the horseshoe circle.

Number of Facilitators:

- 2

Time Required:

- 20mins

Activities & Instructions

Instructions for participants

1. **Facilitator #1:** "Hello everyone, welcome to the first session of the Acceptance and Commitment Training. My name is _____, and I am an Intervention Associate for the Strength in Unity Project. I will be co-facilitating all our training with my colleague _____. My background is _____. I look forward to working with all of you. I will now invite my co-facilitator _____ to introduce herself/himself.
2. **Facilitator #2:** "Hello everyone. My name is _____. I am also an Intervention Associate. My background is _____. Right now, we would like to invite you to introduce yourself. Tell us briefly, in a minute or so, (i) your name, (ii) whatever you wish to share with the group about yourself, and (iii) a colour you choose for today and why. It does not even have to be your favourite colour.
3. When every participant has taken a turn, **Facilitator #2 says:** "Thank you, everyone, for sharing. We will get to know each other more as we go through the training sessions together. Notice that each of us may choose a different colour from others, and even if we do choose the same colours, we may have different meanings behind it. So we all bring in our own unique perspectives and experiences, and there is room for this. And together, we have a wider spectrum of colour!"
4. **Facilitator #1:** Before we go on to our next activity, I just want to take care of a few housekeeping items..."
Facilitator #1 provides participants with information on training facilities (e.g., washroom, any announcement, honoraria, etc.)

Activity 1.2 Group goals and rules

ACT Processes:

- Values

Objectives:

- To establish a set of collectively agreed principles and rules to guide individual behaviours within the intervention group
- To promote group safety, which is essential for meaningful participation
- To set parameters for individual behaviours between training sessions
- To promote group interactions that value everyone's input

Participation Format:

- Participants sit in a large horseshoe and all of them take part in setting the ground rules and group goals

Number of Facilitators:

- 2

Time Required:

- 20 mins

Materials Required:

- Flip chart paper
- Markers(water-based to reduce allergies)
- Masking tape
- [Overview of ACT intervention activities](#)

Activities & Instructions

Setup

- Facilitator #1 leads the participants in identifying and agreeing on ground rules and Facilitator #2 writes these ground rules on flip chart paper.

Instructions for participants

1. **Facilitator #1:** “The next activity we are going to do is to collectively come up with a list of ground rules and guiding principles that we as a group will follow. How many of us here have heard of the term “ground rules”?
Facilitator #1 acknowledges participants’ familiarity and unfamiliarity with the term “ground rules.”
2. **Facilitator #1 continues:** “In simple terms, ground rules are rules that we all agree upon and will be used to guide how we interact with each other throughout the training and also how we relate to each other between training sessions. Based on your previous group experience, you are invited to share ground rules that you feel are important and useful to support us to function as a group.”
3. **Facilitator #2** writes down participants’ suggestions of ground rule on flip chart paper.
4. **Facilitator #1** clarifies with participants what they meant when participants name one or two words as a ground rule. For example, if a participant says: “Confidentiality;” **Facilitator #1** will follow up by saying: “Yes, confidentiality. Can you say more about what you meant by confidentiality?”
5. **Facilitator #1** reviews the list of ground rules suggested by participants at the end of the activity. [A number of ground rules are essential for group interaction within the Strength in Unity Project.](#) If participants have not mentioned the items on this list, Facilitator #1 will bring these up and establish them as ground rules.
6. **Facilitator #2** posts the list of agreed upon ground rules on the wall of the training room, and says: “I am posting these ground rules on the wall here so that we can refer to them throughout all the training sessions. We will review these ground rules at the beginning of each training session. During the training, if you think of another ground rule that would support positive interaction among all of us as a group, we invite you to share it and we will add it to the list.”
7. **Facilitator #1:** The second part is to generate a list of Group Goals. We want to explore what you would like to get out of the group. You can share your personal goals in attending this group – i.e. how this may change or help you in your own life – or group goals – i.e. how you would like the group to achieve as a whole.
8. **Facilitator #2:** Writes down participants’ suggestions of ground rule on flip chart paper.
9. Where appropriate, facilitators may want to probe further to:
 - i. turn vague goals about **controlling** thoughts & emotions into S.M.A.R.T. behavioural goals (Specific, Measurable, Attainable, Realistic, Timely)
– e.g. “less anxiety/worries about having a mental illness” -> (Facilitator: “if you do have less anxiety/worries, what would you be able to do?”) -> “I would be able to speak to my friends again”)
 - ii. and (only) if time permits, explore underlying broader values behind goals:
– e.g. “I want to know how to speak to my younger sister with schizophrenia, as we always end up arguing” -> (Facilitator: “why is this important to you?”) -> “I wish to have a closer, mutually respectful relationship with my sister and my family.”

Items to be included in the list of ground rules

- Confidentiality: “Everything personal that is shared in this room will remain in this room, that is, each one

of us agree not to reveal any personal sharing to anyone outside of this group.”

- Help the group distinguish the difference between personal information (names, detailed experiences, etc.) from generic teaching points that can be shared e.g. the ACT model, the effect of stigma, etc.
- If it does not come up, address the issue of interactions outside the group e.g. greeting each other outside the group while maintaining confidentiality about how they met.
- Mutual respect: “Each one of us agree to respect each other as a fellow human being, and respect each other’s opinions and ideas, even when we may not agree with each other. This also means sharing time and giving each person the opportunity to share their ideas and opinions.”
- Use the “I” statement: “To demonstrate respect, we invite everyone to agree on using the “I” statement. This means each one of us agrees to take accountability for what we say and share. An example of an “I” statement is ‘I feel that most Asian children have lost their connections to their parents’ culture.’”
- Punctuality: “Since our goal is to learn together as a group within a limited set of time, what are you thoughts on punctuality?” (After participants define punctuality, Facilitator #2 summarizes on flip chart – “Punctuality: arriving on time, return from lunch and breaks on time.”)
- Homework: “An important component of our training is homework, or practicing the assigned activities between the training sessions. May we invite everyone to make a commitment in doing the homework activities?”
- Absence: “The ACT training is part of an intervention research, which means we are testing the effectiveness of ACT in promoting psychological flexibility and supporting us to address mental illness stigma. In order to evaluate ACT, all of us have to be here to go through the training. Therefore, the team has established that each participant cannot miss more than 2 hours of the entire ACT training. Anyone, who misses more than 2 hours of the training, would be considered disqualified from the project due to our research protocol. Does anyone have any question about this?” (Facilitators answer questions and queries.)
- Other items: cell phone on silence/vibrate, etc.

Activity 1.3 ACT and Stigma Reduction

ACT Processes:

- All

Objectives:

- To provide a short introduction on ACT and how it is related to stigma reduction
- To provide a short introduction on the nature of experiential exercises and how to get the most out of the training

Participation Format:

- Arrange all the chairs in a large horseshoe shape, with co-facilitators sitting across each other at the open-end of the horseshoe

Number of Facilitators:

- 2

Time Required:

- 25mins

Materials Required:

- Laptop
- Projector
- [Appendix 1.3.1 – Hexaflex ACT Model](#)
- [Appendix 1.3.2 – ACT and Stigma PowerPoint](#)

Activities & Instructions

Instructions for participants

Facilitator uses PowerPoint Presentation “ACT and Stigma Reduction” to provide a short introduction on ACT and what to expect in the ACT training

The PowerPoint has 3 major parts:

(I) What is ACT?

Facilitator #1 and #2 take turns talking about the 6 core ACT processes. For each one, Facilitator #1 begins by explaining repertoire-narrowing processes that contribute to inflexibility, and Facilitator #2 finishes by explaining the ACT process that leads to greater flexibility. (see [Hexaflex: The ACT model of psychological flexibility](#))

(II) ACT & Stigma

In addition to increasing participants' general resilience, Facilitator #1 and Facilitator #2 can take turns explaining on page 12 why ACT is used specifically in this project to deal with stigma and to train MH Ambassadors:

Self – ACT can help each participant on an individual level by:

- decreasing the negative impact of internalized stigma of mental illness and/or other self-labels
- decreasing the power of stigma and/or other labels in constraining our behaviours (e.g. a person fused with being a 'shy person' may be reluctant to promote mental health in an outspoken way)
- decreasing our tendency to believe in/act out our own stigmatizing thoughts against others (e.g. our own stigma against other people with mental illness, our judgment against others, etc.)

Others – ACT can facilitate our relationship with others:

- we can relate to our friends, families, co-workers, etc. with acceptance and mindfulness in a value-consistent manner, including in our role as MH Ambassadors
- we can forge new relationships through acceptance, mindfulness, and a value-based approach, reaching out to others we may have been previously reluctant to approach or even actively avoided, including others with mental illness, community leaders, etc.
- in all of our relationships, we will be less affected by any process of stigmatization / marginalization as an MH Ambassador, and we will be less inclined to stigmatize others.

Community/Society – ACT can help us in our stigma reduction and mental health promotion work in the community, as we can:

- approach our communities/society in an ACT-consistent manner (with an acceptance, mindfulness and valued-based stance vs. an adversarial,blaming stance)
- deal with obstacles in an ACT-consistent manner (e.g. when we encounter societal/community pushback, criticisms, and resistance)
- disseminate the ACT approach itself to communities/society as a vehicle for decreasing stigma and increasing acceptance

(III) How to get most out of training?

- Spotlight – sometimes, we look at stigma and other issues as problems being “out there”; in this training, allow yourself and your own experiences to be the centre of your focus
- Mirror – in focusing on yourself, allow yourself the space for self-reflection and self-analysis

- Open Window – Self-reflection and the ACT training can be more effective if you allow yourself to “open-up” – at least to yourself, and to the extent that you are willing, to others in this group
- Heart – as we become more open with ourselves and with each other, we need to do this with compassion – with ourselves and with each other
- Baby Swimming – Just as learning to swim is not possible by only reading books and not getting wet, ACT training is all about learning through experiences, and not just intellectually grasping it. You do have to get wet in the water. Approach it as a baby would – with openness and curiosity. At the same time, you do not need to force yourself to go too deep – you can go at your own pace.
- Emotions – Part of the getting wet is to allow yourself to be in touch with your emotions to the extent that you are willing to do so. This may also mean allowing others in the group to feel the emotions that they would need to feel. You can support each other without controlling each other’s emotions or telling people how they should feel.
- Footprints in the sand – Finally, the ACT training is an experiential journey. Each activity we do will build on the previous one. Approach each activity with patience, openness, and reflection as we journey towards the valued direction of becoming Mental Health Ambassadors.

References & Sources

- Adapted and modified from: Fung, K. (2011). Introduction to ACT. A presentation to parents of children with autism spectrum disorder (ASD), Toronto, ON

Appendix 1.3.1 – Hexaflex ACT Model

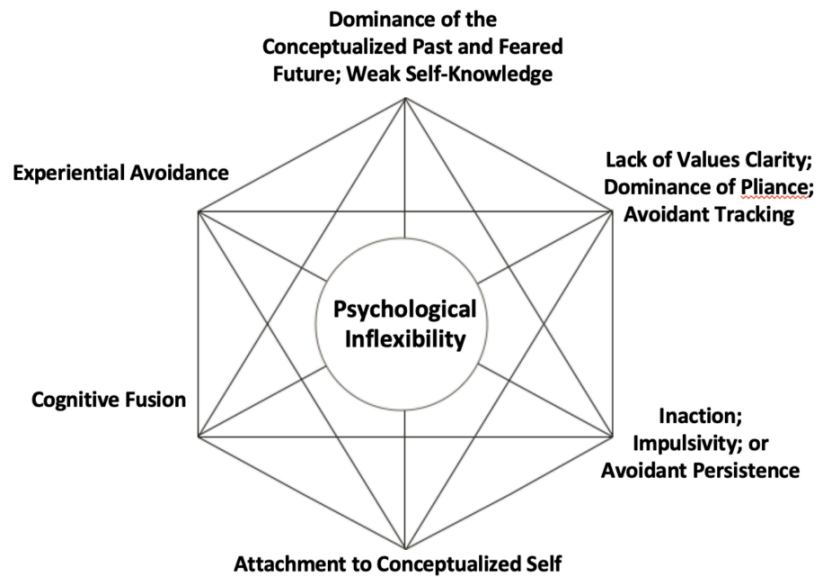


Figure 2. Processes that contribute to psychological inflexibility (Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). Acceptance and commitment therapy: Model, processes and outcomes. *Behaviour research and therapy*, 44(1), 1-25.; with permission.)

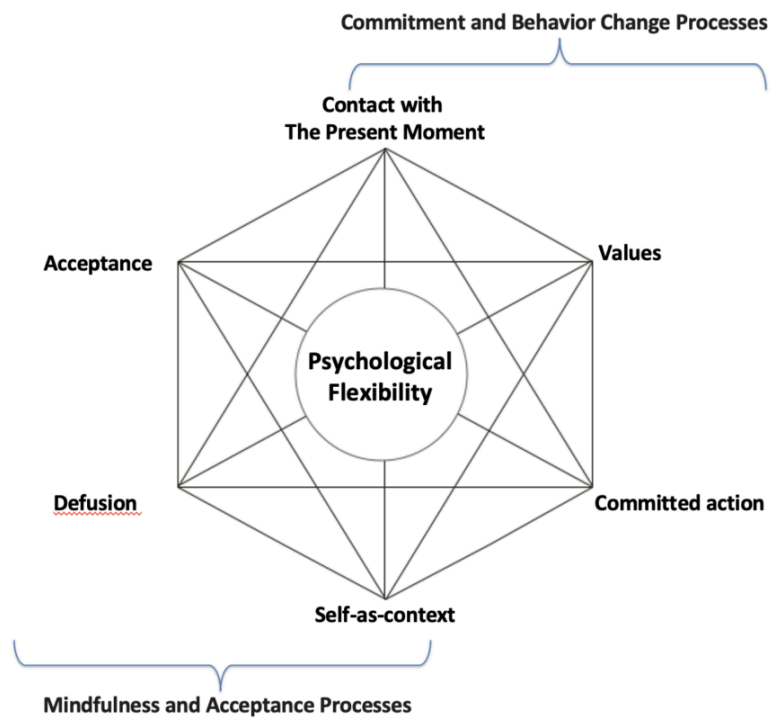


Figure 3. Processes that contribute to psychological flexibility (Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). Acceptance and commitment therapy: Model, processes and outcomes. *Behaviour research and therapy*, 44(1), 1-25.; with permission.)

Appendix 1.3.2 – ACT and Stigma PowerPoint Handout

ACT & STIGMA

5

Applying ACT to Stigma

- * Self
- * Others
- * Community / Society

6

HOW TO GET MOST
OUT OF THE
TRAINING?

7



8



9



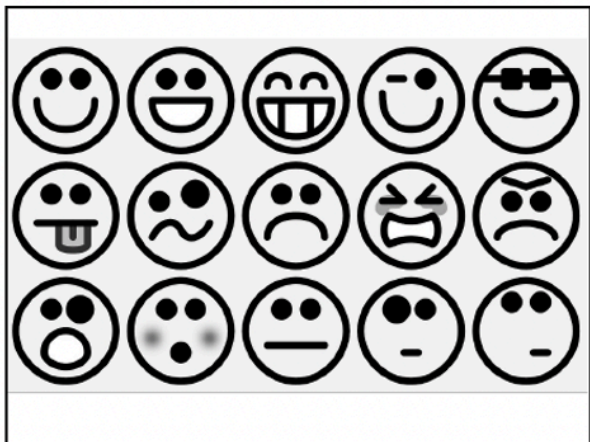
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11



12



13



14

Activity 1.4 The Marker Exercise(Deconstructing Labeling)

ACT Processes:

- Defusion

Objectives:

- To highlight the arbitrariness of judgments and stigma
- To promote appreciation of different perspectives in connection to stigma
- To begin addressing internalized stigma or shame

Participation Format:

- Participants sit in a large horseshoe with sufficient room in the center for participation and interaction

Number of Facilitators:

- 2

Time Required:

- 20 mins

Materials Required:

- Flip chart paper
- Water-based markers
- Masking tape

Activities & Instructions

Setup

- Co-facilitators sit across from each other at the open end of the horseshoe.
- **Facilitator #2** gives instructions for the activity and Facilitator #1 takes notes on participants' sharing on flip chart.

Instructions for participants

- **Facilitator #1** places a marker in the centre inside the circle.
- **Facilitator #2** invites participants to voice what they see: “Take a look at this object in the middle of the circle here. You may come up and take a closer look, or touch it. You may even pass it around. Share with us what you see.”
- **Facilitator #2** then asks the follow questions one by one to bring out even more reactions from the participants:
 - What are the physical properties of this marker?
 - What is your impression?
 - What is your opinion about this marker?
 - What do you like or dislike about this marker?
- **Facilitator #2** discourages participants from debating which responses are better or more accurate. The key purpose is to have everyone share their opinions and impressions.
- **Facilitator #1** records participants’ responses on the flip chart.
- After 10 or 12 minutes of sharing by participants, Facilitator #1 refers to the flip chart notes:
 - **Facilitator #1:** “Let us take a look at all the responses I have captured here on the flip chart. I am going to use a red marker to circle all the responses that describe the physical properties of the marker Everyone can help me.”
 - **Facilitator #1** circles all the responses in red, and points out to the participants that all the un-circled words reflect our arbitrary opinions, judgments, and impression on a simple object like the marker.
 - **Facilitator #1** further points out that even language is arbitrary: “If we think about it, even the words or language we use to describe the physical properties of the marker or any other object are often arbitrary. For example, why do we call the ‘sky’ – sky and an ‘apple’ – apple?”
 - After participants discuss the arbitrariness of language and words, Facilitator #1 further encourages participants to reflect: “Reflecting on our judgment and impression on the marker, how are they similar or different to judgment and stigma in everyday life, between our ‘self’ and others, especially stigma of mental illness?”
 - “In fact, our minds automatically label and mark up everything – just like the function of this marker ... so our mind is the ultimate marker... ironically, the marker itself is being marked even as we use it to make marks on other things ...”
- **Facilitator #1** wraps up this activity by highlighting the arbitrariness of language, judgment and stigma.

References & Sources

- Adapted and modified from Bad Cup Metaphor (Hayes et al., 1999, p 169)

Activity 1.5 The Inclusion/Exclusion Circle Game

ACT Processes:

- Defusion
- Values

Objectives:

- To promote empathy and connection among participants
- To illustrate the power of arbitrary rules
- To encourage committed action guided by chosen values

Participation Format:

- Participants will gather in the centre of the room and walk around and then be sent outside the circle.

Number of Facilitators:

- 2

Time Required:

- 45 mins

Materials Required:

- A set of different colour cards. The number of cards should correspond with the number of participants in the group learning session. The idea is to have half of the cards be white (representing privileged statuses) and the other half of the cards be different colours (representing different marginalized statuses). Do not inform the participants about the significance of the different colour cards.
- A facilitator guide with descriptions of the different colour-coded case scenarios of social identities, statuses, privileges, and marginalization. See [Appendix 1.5b](#).
- A bell to capture participants' attention during the game.
- Signs labeled "Station #__" to be placed on the walls. The number of signs required depends on the number of marginalized statuses used in the game. A minimum of 6 and a maximum of 8 marginalized identities/statuses is recommended in this game to achieve optimal effectiveness.

Activities & Instructions

Setup

- Arrange all the chairs in a large circle and ensure that there is sufficient space in the centre for participants to move around and interact safely and comfortably; also to have sufficient space for participants to stand at the assigned stations outside of the circle (see [Appendix 1.5a](#)).

Instructions for participants

1. Facilitator #1 shuffles the different colour-cards and randomly distributes one card to each participant, without disclosing the significance of the different colours. The number of cards should correspond with the number of participants in the group learning session. The idea is to have half of the cards be white (representing privileged statuses) and the other half of the cards be different colours (representing different marginalized statuses).
2. Facilitator #1 invites all participants to enter the circle in the centre of the room and mingle. Explain to participants that at the sound of the bell, everyone will stop and listen for further instructions.
3. After participants have mingled for 10 to 15 seconds, Facilitator #1 rings the bell to capture participants' attention.
4. Facilitator #1 reads the description of colour-coded description #1. The game starts with the description of the marginalized identities/statuses; the purpose is to illustrate that only members with privileged statuses will be left in the centre of the circle.
5. Facilitator #1 states: "If you are holding a [e.g., blue] colour card, this is about you." Facilitator then reads the description of the [e.g., blue] colour identity/status, and finishes by saying, "If you have a [e.g., blue] card, leave the circle and go to Station #[e.g., 1] and stay there. Do not allow anyone else into your station."
6. Instruct the participants inside the circle to mingle between the facilitator's narration of each colour-coded identity/status. Repeat the above process until the descriptions of all the colour-coded marginalized identities/ statuses cards have been read out and all the participants representing these marginalized identities/statuses have been sent to the different stations around the room.
7. Read out the description of the privileged identities/statuses represented by the white colour cards, and instruct the participants holding these cards to stay and mingle within the circle.
8. When all the cards have been read, ask the participants to return to their original seats and go over the exercise.

Debriefing Points

1. Ask the participants to share their experience in doing this exercise.
Probes:
 - a. What was it like taking part in this exercise? How did you feel?
 - b. What came to your mind when you were sent away from the circle?
 - c. What came to your mind when others were sent away from the circle?
 - d. What came to your mind when you were kept in the circle?

2. Questions to promote critical reflection and emancipation dialogue:

Probes:

- a. Why did you leave the circle when you were asked to?
- b. How many of you wanted to resist the instructions? What happened?
- c. What did you notice about the people outside the circle? What could have been done about the situation?
- d. If you engage in this exercise again, would you play the game differently? How?

Notes to Facilitators

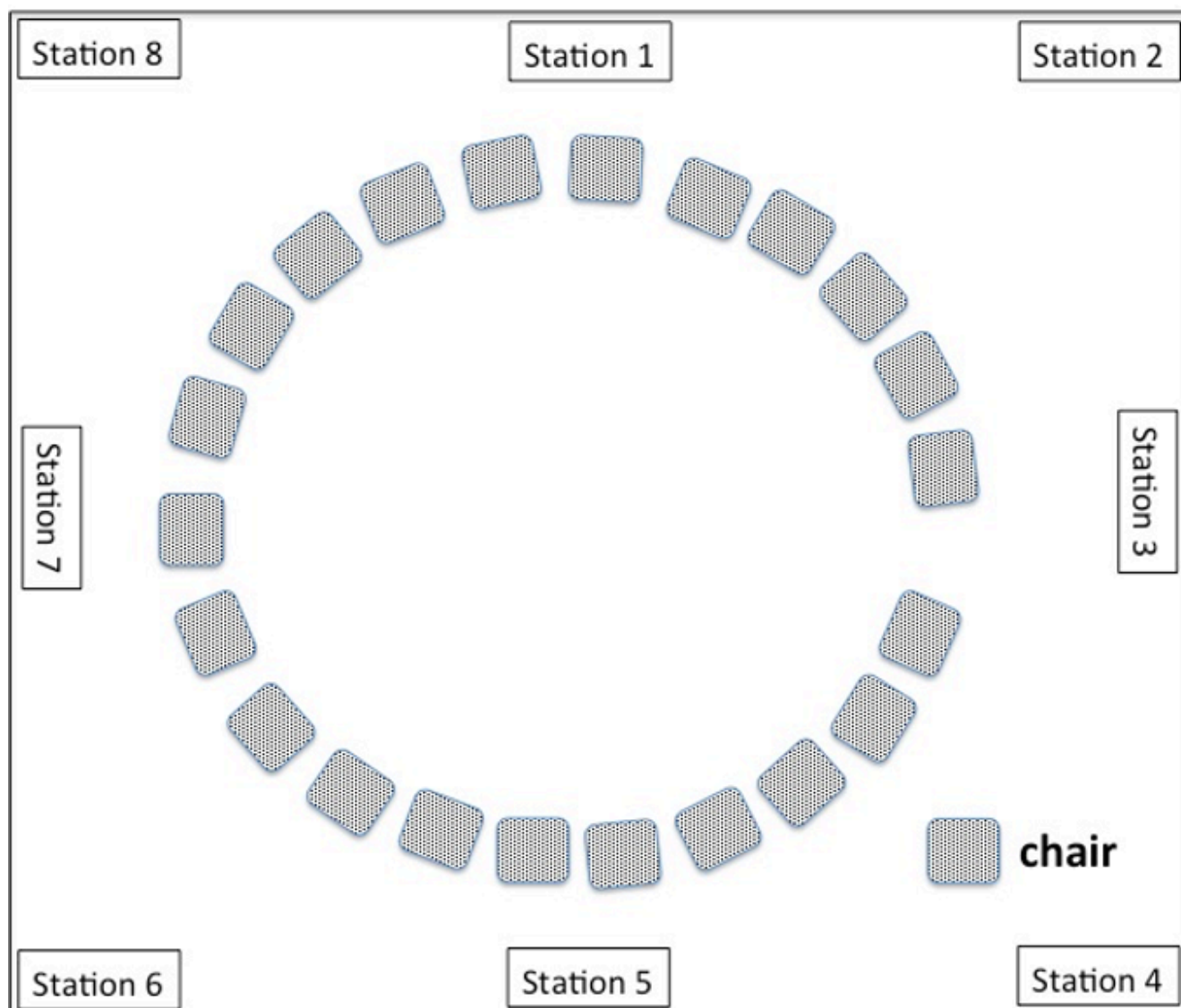
This exercise has been well tested with many groups. Common reflections that have been generated by participants include (prompt as necessary):

- The voice of authority made participants feel they need to obey;
- The fear of being 'kicked out' of the circle kept participant docile and silent instead of speaking out;
- Participants who were instructed to leave the circle, upon reflection, felt they could have and should have reached out to each other at the different station to become a collective force;
- Participants through this experiential learning developed empathy for each other, including those left inside the circle;
- Participants left inside the circle did not enjoy their 'privileges' any more; they did not like the arbitrary unfairness associated with social exclusion.
- The reported outcomes of this exercise suggest that compassion is a human quality and value that we can tap into to promote collective committed action towards social change and justice.
- With more mindful awareness and attunement to our values, we can stop the automatic following of arbitrary rules that discriminates and marginalizes people.

References & Sources

- Wong, J. P. & Li, A. T. (in press). The Exclusionary Circle Game: A tool to promote critical dialogue about HIV stigma and social justice. *Progress in Community Health Partnerships: Research, Education, and Action*.

Appendix 1.5a – Diagram for space arrangement (Exclusionary Circle)



Appendix 1.5b – Case scenario cards

Descriptions of Marginalized and Privileged Identities

1. **COLOUR: RED**

If you are holding a red card, this is about you. You were trained as an engineer in your country of origin. You had ten years of professional experience before you immigrated to Canada two years ago. You tried to find work in the engineering field in Toronto and you have not been successful. You are currently working as a part-time sales representative. You feel discouraged and worried about your future. If you are holding a red card, leave the circle and go to Station #1. Stay there and do not accept anyone else into the station.

2. **COLOUR: BLUE**

If you are holding a blue card, this is about you. Your father has frequent outbursts of anger. Whenever he is angry, he beats your mother and yells at you. Last week your father went into a rage again. Your mother took you and your little sister to a shelter. You now have to attend a different school near the shelter. You feel embarrassed about telling your new classmates where you are living. If you are holding a blue card, leave the circle and go to Station #2. Stay there and do not accept anyone else into the station.

3. **COLOUR: PINK**

If you are holding a pink card, this is about you. You are 15 years old. You are gay. You have been bullied at school since Grade 4 for being different. You have tried to talk to your parents about your sexuality but they always change the topic. You feel anxious when you go to school; you cannot stand how other students have been making fun of you. You have decided to drop out of school. If you are holding a pink card, leave the circle and go to Station #3. Stay there and do not accept anyone else into the station.

4. **COLOUR: ORANGE**

If you are holding an orange card, this is about you. You are a 12-year-old of East Asian background. When you watch TV or movies, it really bugs you that most East Asian characters are portrayed either as “nerds” or “Asian gangsters.” Although your parents were born in Canada, people always ask you where your parents were from. Your teachers at school expect you to do well in math and ignore you when you try to make it on the football team. If you are holding an orange card, leave the circle and go to Station #4. Stay there and do not accept anyone else into the station.

5. **COLOUR: PURPLE**

If you are holding a purple card, this is about you. You are a transgender Asian person. Your family disowned you when you came out to them about your gender identity. When your employers and co-workers found out that you are a trans-man, they used different excuses to prevent you from getting a permanent job. You moved to downtown Toronto because you feel unsafe on the streets in suburban areas. One time, you ran out of money and had to stay at a men’s shelter, but the fellow residents harassed you; they called you names and wanted to send you away. If you are holding a purple card, leave the circle, go to Station #1, and ask – “Can I join you?” Once you are rejected, move on and go to the next station to ask if you can join. Again, you will be rejected. Keep moving to the next station until you get to Station #5 where you will stay. This is a reminder that all those in Stations #1, 2, 3, and 4 are not to accept anyone else into your own station.

6. COLOUR: YELLOW

If you are holding a yellow card, this is about you. You are a new immigrant. Your spouse is seven months pregnant. You arrived in Toronto with your spouse last week. You found out that there is a three-month waiting period before you are able to access the Ontario Health Insurance Plan. You cannot afford to pay for an appointment with an obstetrician. If you are holding an orange card, leave the circle and go to Station #6. Stay there and do not accept anyone else into the station.

7. COLOUR: GREEN

If you are holding a green card, this is about you. You are a 16-year-old of South Asian background. When you entered high school, everyone at school told you to join the cricket team, even though you were really interested in football. Every time there is a news story on the so-called honour killing, other students would ask if you know the victim. Some of your classmates also wanted to know if you would have an arranged marriage once you finish school. If you are holding a green card, leave the circle and go to Station #7. Stay there and do not accept anyone else into the station.

8. COLOUR: BROWN

If you are holding a brown card, this is about you. You grew up with strong religious beliefs and affiliation. After you immigrated to Canada two years ago, you have continued to be an active member in your church. Being a new immigrant, you rely on the social network and support at church. However, you are not able to disclose to your church leaders or other church members that you have depression and an addiction problem. The strong doctrine of purity and moral living makes you feel judged and ashamed. If you are holding a brown card, leave the circle and go to Station #8. Stay there and do not accept anyone else into the station.

9. COLOUR: WHITE #1

If you are holding a white card, this is about you. You are 16-years-old. You have many friends at school. In the last two weeks, you noticed that one of the boys in your class stopped coming to school. He was a quiet guy; he seemed nervous whenever he had to speak in class, and he could not stop shaking his legs when he sat in class. But he seemed to be a kind person. You wonder if he dropped out because your classmates were calling him a 'freak'. You also wish you had stood up for him when other students were bullying him. Since you are holding a white card, you get to stay in the circle. You can continue to mingle.

10. COLOUR: WHITE#2

If you are holding a white card, this is about you. You live in an affluent neighborhood with your wife and two sons. You seldom worry about your sons being stopped and searched by the police. You also do not have to worry about being shot in your own neighborhood. You are pleased that your oldest son has been accepted to study law at the University of Toronto. Since you are holding a white card, you get to stay in the circle. You can continue to mingle.

Activity 1.6 Mindfulness and leaves-on-a-stream exercise

ACT Processes:

- Mindfulness

Objectives:

- To introduce the concept of mindfulness;
- To facilitate the experience of observing rather than engaging in thoughts among the participants;
- To support participants in de-literalizing thoughts; and
- To support participants in getting in touch with the here-and-now.

Participation Format:

- Participants sit in a large horseshoe ; co-facilitators sit across from each other at the open end of the horseshoe.

Number of Facilitators:

- 2

Time Required:

- 20 mins

Materials Required:

- A mindfulness bell
- [Appendix 1.6](#) – Print and distribute to participant at the end of the session: one side consists of an image of leaves on a stream; the other side consists of links to free online audio recordings on mindfulness meditation at <http://marc.ucla.edu/body.cfm?id=22> , and 'leaves on a stream" mindfulness exercise at <http://www.drluoma.com/media/Leaves%20on%20the%20stream.mp3>

Activities & Instructions

Instructions for participants

Facilitator #2: “Now we are inviting you to take part in an exercise called mindfulness. How many of you have heard of mindfulness?” After participants respond, Facilitator continues, “Mindfulness means connecting to the present moment or the here-and-now”.

Facilitator #2 continues to give the following instructions:

1. Take a deep breath in and breathe out slowly. Do this a couple of times.
2. Now relax your body. Let your shoulders drop.
3. Sit in a comfortable position. Close your eyes gently, or lower your gaze to a fixed spot on the floor in front of you.
4. If you are willing, see if you can allow yourself to imagine that you are walking along a forest path... you can take in the colours of the forest ... feel the sun shining on your face through the branches overhead... a gentle breeze ... the smell of the forest ... crunching of leaves beneath your feet ... up ahead, you can hear the gentle sound of water ... as you emerge through a clearing, you find yourself on a river bank...
5. Visualize yourself sitting by the bank of a gently flowing stream with leaves floating along the surface of the water. (Pause 10 seconds.)
6. For the next few minutes, notice whatever shows up in your mind ... it may be a thought or an image ... see if you can place it on a leaf... and allow your thought or image float away on the stream.
7. Do this with each thought or image that shows up next – pleasant, unpleasant, happy or painful, or neutral. Place them one by one on a leaf and watch them float away. (Pause 20 seconds)
8. If no thoughts enter your mind, just continue watching the stream. Sooner or later, your thoughts or images will start up again. Again just put them on the leaves and watch them float away (Pause 20 seconds.)
9. Let your thoughts and the leaves go at their own pace; there is no need to hurry them.
10. If you have the thought – “This is strange” or “this is boring” or “this is too hard or easy” or “I’m not doing this right” – place these thoughts on the leaves too and watch them flow by. (Pause 20 seconds.)
11. If a difficult or painful feeling arises, simply acknowledge it. Say to yourself, “I notice that I am having a painful feeling.” Place those thoughts on leaves and let them float along. (Pause 20 seconds)
12. From time to time, your thoughts may hook you and take you away from being fully present in this exercise. This is common. You may even forget that you are doing this exercise. As soon as you realize that you have become distracted by your own thoughts, gently bring your attention back to the exercise. You do not need to judge yourself... and if there is judgment, let the judgment sit on a leaf too and flow ...”
13. After 10 minutes of mindfulness exercise, Facilitator #2: “... see if you can let your thoughts, the leaves, the river go ... gently bring your attention back to your breath ... notice that it has been there all along ... gently guide your awareness to the fact that you are sitting here... in this present moment now... you can become aware that you are here with us in a group and in your mind’s eye, see if you can visualize the room and the pattern on the carpet or floor ...it is time for us to reconnect. When you are ready, gently open your eyes feeling alert and refreshed.”
14. Facilitators pause for a few seconds and allow all participants to reconnect with the space and the group.
15. Facilitator #1 invites everyone to share their experience in doing the mindfulness exercise. Facilitators keep in mind the following points:
 - Having ongoing thoughts is common for human beings.

- If you found yourself struggling to remain fully present and mindful, be patient and compassionate with yourself. You may have less and less struggle with the practice.
- If you experience some painful and difficult thoughts during this exercise, recognize them for what they are – they are thoughts. With practice, you may be able to transform how these thoughts affect you.
- Mindfulness helps to free us from suffering related to thoughts that interfere with meaningful living.

16. Facilitators bring out the following points to introduce the concept of mindfulness:

i. Being present in the moment (vs. past and future)

- Often we may find ourselves thinking about the past ... bothered by something bad that happened to us that made us sad or angry ... or bothered by something we did and feeling regretful and guilty... conversely, we may be worried about things that have not happened yet ... it may even be so scary that we avoid doing certain things... when we did this exercise just now or even on your way to attend this training today, you may have had thoughts about what you may do tonight when you get home ... notice how easy it is for us to miss being in the present moment and get caught up with past or future ...

ii. Being present attentively (vs. auto-pilot)

- ...have you ever found yourself being on “auto-pilot”? You may be in a car, and before you know it, you are there ... quite likely, on your way here, you may not have noticed the colour and number of trees... mindfulness is helping us to switch off the “auto-pilot” and attend to the present moment...

iii. Observing compassionately (vs judging)

- ...mindfulness is also about being non-judgmental and cultivating compassion ... this includes the judgment that we are not being mindful ... instead, take on the role of an observer – observe thoughts, feelings, images or whatever comes up in the moment – as thoughts, feelings, images ... without the need to evaluate, judge, or figure them out in some way ...






17. Facilitator #1 wraps up by encouraging participants to integrate mindfulness as an everyday practice.

References & Sources

- From Hayes et al, 1999, p 159 and adapted and modified from Schenck, L. (2011). “Leaves on a stream” – cognitive defusion exercise. Retrieved June 24, 2014 from <http://www.mindfulnessmuse.com/acceptance-and-commitment-therapy/leaves-on-a-stream-cognitive-defusion-exercise/>

Appendix 1.6 – Free online audio guide on Leaves-on-a-stream & Mindfulness Meditation

(Print in black and white, cut, and give each participant one resources link)

	<p>Leaves-on-a-stream: http://www.drluoma.com/media/Leaves%20on%20the%20stream.mp3</p> <p>Mindfulness meditation: http://marc.ucla.edu/body.cfm?id=22</p>
	<p>Leaves-on-a-stream: http://www.drluoma.com/media/Leaves%20on%20the%20stream.mp3</p> <p>Mindfulness meditation: http://marc.ucla.edu/body.cfm?id=22</p>
	<p>Leaves-on-a-stream: http://www.drluoma.com/media/Leaves%20on%20the%20stream.mp3</p> <p>Mindfulness meditation: http://marc.ucla.edu/body.cfm?id=22</p>
	<p>Leaves-on-a-stream: http://www.drluoma.com/media/Leaves%20on%20the%20stream.mp3</p> <p>Mindfulness meditation: http://marc.ucla.edu/body.cfm?id=22</p>
	<p>Leaves-on-a-stream: http://www.drluoma.com/media/Leaves%20on%20the%20stream.mp3</p> <p>Mindfulness meditation: http://marc.ucla.edu/body.cfm?id=22</p>

Activity 1.7 Homework on mindfulness and closure

ACT Processes:

- Mindfulness
- Present Moment
- Committed Action

Objectives:

- To promote deepening of present moment awareness
- To illustrate that mindfulness is possible at any moment in our everyday life
- To highlight that connection to the present moment requires committed action in mindfulness practice
- To wrap up Session 1 with a closure activity that promotes group connection

Participation Format:

- Participants sit in a large horseshoe; co-facilitators sit across from each other at the open end of the horseshoe.

Number of Facilitators:

- 2

Time Required:

- 10 – 20 mins

Materials:

- [Appendix 1.7 – Homework reflection on mindfulness practice](#)

Activities & Instructions

Instructions for participants

- Facilitator #1: Our first session on ACT is coming to an end. After you leave this session and before you return for our next session (Session #2), we would like you to carry out a very simple mindfulness exercise. We invite you to do one ordinary thing mindfully – it can be brushing teeth, taking a shower, eating breakfast, or taking a walk. Doing it mindfully means you give 100% of your attention to this task. We will

ask everyone to share their experience when you return in the next session.

- Facilitator #2: Now I am going to do a closure exercise with everyone. Please stand up mindfully; turn to the two persons standing next to you (on your right and on your left) and shake each other's hand gently and mindfully. After that, we will get back as a group and each one of us will say one word about our experience in taking part in this first session of ACT training.
- Both Facilitators thank participants for being there; provide participants with a session feedback form to complete; give out honoraria; and remind participants of the time and date for the next training session of ACT.

Appendix 1.7 – Homework reflection on mindfulness practice

(Facilitator prints the following on a half sheet of paper (4.25" x 5") and gives each participant a copy to take home. Remind the participants to bring them to Session 2.)

ACT – Session 1: Homework on mindfulness practice

Instructions:

- After you leave this session and before you return to our Session #2, we invite you to do one ordinary thing mindfully – it can be brushing teeth, taking a shower, eating breakfast, or taking a walk, etc.
- Doing it mindfully means you give 100% of your attention to doing this task. We will ask everyone to share the experience when you return in the next session.

Date: _____ Time: _____

Place: _____

Mindful Activity: _____

Reflection on the experience:

Activity 2.1 Welcome back and mindfulness/centering

Objectives:

- To promote connection and group cohesion through the use of a mindfulness exercise;
- To support participants in focusing on the present moment, and
- To support participants in getting in touch with their values

Participation Format:

- Participants sit in a large horseshoe; co-facilitators sit across from each other at the open-end of the horseshoe.

Number of Facilitators:

- 1

Time Required:

- 30 minutes
 - 10 minutes to welcome participants back and announcements;
 - 10 minutes for mindfulness exercise and
 - 10 minutes for debriefing.

Activities & Instructions

Instructions for participants

Facilitator #1 welcomes participant back to the second session and completes announcements and other housekeeping items.

Facilitator #1 then invites participants to take part in a centering exercise by providing the instructions below in a gentle calming voice:

- “Welcome back, everyone. We will begin today’s session with a mindfulness exercise to bring us to the present and to become centered.
- Sit on your chair; find a comfortable position; keep your body upright and sit slightly away from the back of the chair.
- Close your eyes gently. Rest your hands on your lap; keep your feet slightly apart and rest them firmly on

the floor.

- Notice the sensation of your body where it touches the chair. (Pause 15 seconds.)
- Now focus on your breathing. Breathing in, notice the sensation at your nostrils and in the small area above your upper lips, breathing out, notice the sensation in the same area. (Pause 30 seconds.)
- Breathing in, and breathing out – effortlessly – notice the sensation of your belly as you breathe in and out. (Pause 30 seconds)
- You may notice other things that pull your attention away from your breath; it might be sounds or another sensation. So for a moment, notice the sounds, inside or outside this room, just notice these sounds without being caught up in a story about what these sounds are about. (Pause 30 seconds)
- It could also be a sound of silence. (Pause 1 minute.)
- Now, let go of the listening and return to your bodily sensations. Notice which sensation calls out to you; just notice these sensations in your body, pleasant or unpleasant, just notice them without judgment or rejection. Just notice them. (Pause 1-2 minutes.)
- You may notice thoughts coming in and out of your mind. Acknowledge them as thoughts – without judgment, just notice that ‘Ah, I have a thought’ and go back to noticing your breath – in and out – effortlessly. (Pause 1-2 minutes.)
- Now, see if you can allow yourself to get in touch with your values. What is important to you about being here? What is the meaning to you about becoming a Mental Health Ambassador? (Pause 1 minute)
- Breathing in – you are aware of the present; breathing out – you feel grounded. (Pause 10 seconds.) Now bring your focus back to this room (Pause 10 seconds); to the sounds (Pause 10 seconds); to the awareness of sitting in a circle with others in this room (Pause 10 seconds) and that each of us are bringing with us our values, while sharing some collective values and goals (Pause 10 seconds). As in every sphere of your life, you are not on your own in isolation, and see if you can get in contact with the part of yourself that is also inherently connected with others – your interdependent self (Pause 10 seconds). When you feel ready, slowly open your eyes.”

Facilitator #1 spends 5-10 minutes exploring with participants their experience in doing this exercise: “What was it like for you in doing this exercise?”

References & Sources

- UCLA Mindful Awareness Research Centre (n.d.) Free guided meditations. Available at <http://marc.ucla.edu/body.cfm?id=22>
- Fung, K. (2015). Acceptance and commitment therapy: Western adoption of Buddhist tenets?. *Transcultural Psychiatry*, 52(4), 561-576.

Activity 2.2 Sharing homework experiences and insights

ACT Processes:

- Present Moment
- Committed action

Objectives:

- To engage participants in reflecting on their experiences in doing the 'being present' homework;
- To promote understanding of mindfulness practice among participants;
- To explore barriers and commitment towards mindfulness practice among participants, and
- To identify strategies that support participants to overcome the identified barriers.

Participation Format:

- Participants sit in a large horseshoe; co-facilitators sit across from each other at the open-end of the horseshoe.

Number of Facilitators:

- 2

Time Required:

- 30 mins

Activities & Instructions

Instructions for participants

Facilitator #2: "Our next activity is to share our experience in doing our homework on mindfulness? Who would like to share?"

Facilitator #2 continues and probes:

- "What was the experience like for you?"
- "What did you notice?"
- "What made it easy or difficult to be mindful?"

- “What would support you to practice mindfulness?”

Facilitator #2 concludes the discussion by reminding participants that mindful living is a practice; the wonderful thing is that we can connect with the present moment any time we focus our attention on the here-and-now.

Activity 2.3 Chair sculpture of stigma

ACT Processes:

- Acceptance

Objectives:

- Identify the use of avoidance and control strategies to avoid internalized stigma and other unwanted thoughts and feelings and their costs
- Observe that despite best efforts, avoided thoughts and feelings persist
- Foster acceptance of avoided thoughts and feelings, including internalized stigma

Participation Format:

- At the start, the group is sitting in a horseshoe shape. After orientation, Facilitator #1 will put his/her chair in the centre. As outlined in the instructions below, participants will one by one pile their chairs in the middle around the facilitator's chair. After debriefing, the participants will retrieve their chairs and reseal themselves for final debriefing of the exercise.

Number of Facilitators:

- 2

Time Required:

- 40 mins

Materials Required:

- Chairs that participants are sitting on;
- Post-it notes (optional)

Activities & Instructions

Instructions for participants

1. Introduction

Facilitator #1 describes the overall purpose of the exercise.

- Have you ever been stigmatized or shamed in some way by others? In this exercise, we will explore how we deal with these thoughts and feelings that come up.

Notes for facilitators:

Connect where possible to previous discussions about shame and stigma.

2. Set up the space

Facilitator #2 stands up and pushes his/her own chair to the centre of the room.

3. Physicalize our internalized stigma and shame.

Facilitator #1 asks participants to share some common thoughts and feelings that are associated with stigma and shame.

- If you are willing, think back to an instance when you were shamed and stigmatized by others. What kinds of feelings and thoughts came up for you?
- See if you can project these unwanted thoughts and feelings on to the chair...these are the thoughts and feelings you wish to disappear or avoid...this chair is now the Chair of Shame.

Notes for facilitators:

Participants may spontaneously share their back-stories about being shamed. Empathize with the story, while clarifying, focusing on, and highlighting the unwanted thoughts (e.g. "I'm no good") or feelings (e.g. "I feel abandoned") that come up as a reaction to the event. Do not let the group to get too caught up in the details at this stage.

4. Identify coping and control strategies and form the Chair Sculpture of Shame

Facilitator #1 asks participants to share their way of coping with stigma and shame. As each of the participants takes a turn to respond, ask them to get up, use their chair to represent their coping strategy, place their chair in a representative relationship to the center chair, and return to stand at their original spot. As participants contribute their coping strategies, a pile of chairs will be haphazardly stacked or placed in the middle of the room, and many participants will be left standing around it.

- Can anyone share with us how you have dealt with these thoughts and feelings that come up for you when you feel stigmatized or shamed? How do you cope? How do you help yourself feel better?
- Thanks for sharing... can you please stand-up? Let your chair represent this coping strategy – this is now the 'Chair of [type of coping strategy]'...
- Can you please show us how your coping strategy relates to your feelings of stigma and shame – by placing your 'Chair of [type of coping strategy]' in a representative way in relationship to the centre 'Chair of Shame'? You can position your own chair in any way – e.g. upside down or on the side – anywhere you like – e.g. stacked on top of the centre chair or far away from it... you cannot move the centre chair though...

- Thanks ... can you please return to where you were and keep standing? Who else would like to share next?

Notes for facilitators:

The facilitator ideally should remain standing in the entire exercise. When participant volunteers an answer, the facilitator may choose to walk closer to the participant to engage in a dialogue. Allow brief stories to emerge, as long as they do not dominate the exercise. If needed, offer the participant help when moving or stacking the chair.

As a concrete example, a participant may share that s/he tries to “forget about the problem”; s/he may choose to stack his/her “Chair of Forgetting” upside down on top of the centre “Chair of Shame”.

Note that the “Chair of Shame” represents the internal thoughts and feelings. It does not represent the actual person doing the shaming or the problem itself.

The facilitators may clarify and thank the participants for sharing, but do not comment, judge, evaluate, or discuss the coping strategies.

Depending on the size of the group, time allotted, and the engagement of the group, the facilitator may elect to involve most or all group members.

Optional – depending on the concreteness of the group, one may elect to stick Post-it notes to label the centre chair as Stigma and Shame and each of the other chairs as they are being named e.g. “calling a friend”.

5. Observe and reflect the Sculpture

Facilitator #1 asks the group to observe and reflect on their experience and the mass of chairs in front of them.

- Would anyone like to share what you observe here?
- We can call this our Chair Sculpture of Shame.

Important points of discussion to draw out include:

i. Empathize with our human efforts against suffering

It seems like that we all try quite hard to cope with our unwanted emotions and thoughts when we feel hurt; we do try our very best, and it’s not our lack of trying

- We are quite creative too, and we use many different strategies
- Do you notice that you may use some of the strategies that others have mentioned too? Observe our common struggle against the issue of shame and stigma

ii. Persistence of hurtful thoughts and feelings

- What has happened to the Chair of Shame? Has it disappeared?”

- Though it may be surrounded or even buried, it's still there.
- iii. Cost of our efforts – Explore the costs of our avoidance and control efforts, including the time, energy, activities, and opportunities expended.
- What are the costs of our efforts?"
 - Notice – how much space does our sculpture take up? Does it just take over the space in the room and our collective energy and attention? ...just as it is that we may find our lives revolve around trying to cope with our hurt and our pain, with our coping strategies adding to our suffering and taking up so much space in our lives..."
 - Notice – are you able to sit? Instead of sitting comfortably as a group, we are left standing, as we expand and sacrifice our energy – our very own chairs. We are even pushed to the periphery and up against the wall if we put more chairs in the middle.
- iv. Looking at the function of our actions rather than judging them categorically
- Notice that you may be drawn to judge the strategies that are mentioned and even label some of them as good strategies and some of them as bad. Yet when we use any of them to avoid and control, they only add to the Sculpture of Shame
 - The good strategies – it's not that we should not do them, but when we use them to avoid and control our thoughts and feelings, you can see what happens. So, if you meditate or exercise – do this in the service of your values, rather than using them to control and avoid your thoughts and feelings.

Notes for facilitators:

The facilitator may want to highlight that everyone encounters challenges and we often struggle in a very similar way with them. This often builds group cohesion and empathy for one another.

Some participants may have self-blame or encounter messages from others that they should not be feeling the way they feel (e.g. they should" be thinking "positively they should" be able to let go and accept things. Or they should be trying harder) The facilitator can use this exercise to empathize and emphasize that they indeed have tried hard and there is no further need to blame themselves. It is just that in some contexts, like dealing with our thoughts and feelings, efforts to avoid, control, and problem-solve may not be workable.

Participants may dislike the sculpture and be struck by its chaos and disorganization... just as our lives may be quite disrupted and chaotic when we are busy controlling and avoiding.

On the other hand, some participants may actually admire it... just as we can admire our patterns of behaviours – it is a work of art – our intellect, efforts, and sophisticated defenses – though not without costs...

Some participants may have mentioned poor coping strategies in a self-deprecating way (e.g. I drink – I know I shouldn't do that) while others may have mentioned "good" coping strategies (e.g. thinking positive, being accepting and mindful, meditating, etc.) Gently point out that in this

context, they serve the same function and result in the same consequence – adding to the sculpture.

Some may feel so struck by the exercise that they want a memento of it – facilitators can invite them to take a photo of the sculpture with a cellphone.

6. Acceptance: dismantle the sculpture and release the chairs.

Have the participants take back their own chairs and return to their seats, leaving only the facilitator's Chair of Shame in the centre. Ask them to reflect on the difference between the Sculpture and the lone Chair.

- Please take a last look at our Chair Sculpture of Shame. If you could please retrieve your chair and return to your seats Observe again the Chair of Shame, what is this like now?"
- What is it like if we simply accept the sculpture be willing to have it here with us?

Notes for facilitators:

Facilitators can use this opportunity to discuss acceptance – as our willingness to experience (our internal thoughts and feelings), just as they presently are. It does not mean giving up. It does not mean we need to love our negative emotions or thoughts in a masochistic way. It does not mean we cannot work to change our situation and environment through our actions. In fact, even if we choose not to accept, they (the internal thoughts and feelings) are here anyways (the centre Chair).

References & Sources

- Based on Fung, K. P., & Zurowski, M. (2016). Chair Sculpture of Suffering.
- Inspired by Box Full of Stuff Metaphor (Hayes et al, 1999, p 136-138)

Activity 2.4.1 Stories and rules about stigma

ACT Processes:

- Present moment
- Defusion

Objectives:

- To support participants in identifying unspoken, internalized rules or stories (i.e. thoughts) that perpetuate internalized and enacted stigma;
- To support participants in making the connection between these rules or stories and behaviours;
- To highlight the suffering associated with actions based on these internalized rules or stories.

Participation Format:

- Participants sit in a large horseshoe; co-facilitators sit across from each other at the open end of the horseshoe.
- Part A – each participant works on his/her own; Part B – participants share their internal dialogue and rules; and Part C – facilitator debriefs the exercise.

Number of Facilitators:

- 2

Time Required:

- 45 mins

Materials Required:

- A copy of the Activity Worksheet for each participant
- Pens, flip chart paper, water-based markers and masking tape
- Provide each participant with a pen and an [Appendix 2.4.1 Worksheet](#) on exploring rules and stories about stigma of mental illness

Activities & Instructions

Setup

- Facilitators print appendix 2.4.1 as a worksheet for participants.

Instructions for participants

Part A (10 minutes):

- Facilitators provide each participant with Activity Worksheet 2.4 and a pen.
- Facilitator #1: We have just given everyone an activity worksheet. On this worksheet, you will find a list of issues, ideas, or situations related to the stigma of mental illness. We invite you to take a moment to fill out your thoughts on three of these contexts/situations. What kinds of thoughts come to mind when you hear “mental illness” paired with these other items on the worksheet? You may have certain opinions about it or certain stories may come immediately to your mind. Write these thoughts down, and how these thoughts have guided your actions – including what you DO and what you DON’T DO because of it. See if you can complete 3 of the items that seem most important to you. You have about 8 minutes to do this.”
- Facilitators check with participants after 8 minutes to ensure that participants have completed at least one item in the worksheet

Part B (20 minutes):

- Facilitator #1: We now invite you share with us what you have written down. Who would like to share with us?
- Facilitator #2 writes down what participants share on flip chart using two columns.
 - In Column A, make notes on what the participants share about the thoughts/rules related to the contexts/situations listed in the worksheet.
 - In Column B, make notes on the participants’ reported behaviours or action related to the different context/situation as a result of Column A thoughts/rules.

Part C (15 minutes):

- When participants finish sharing, Facilitator #1 debriefs the activity by pointing out the connection between the thoughts (or internal rules) described by the participants and the behaviours or action of the participants. The key purpose is to highlight how following these internalized rules (thoughts) contribute to suffering and act as barriers for participants to follow their chosen values, affecting our personal lives, how we interact with others, and participation in activism to address the stigma of mental illness.
- This pattern of rule-following behaviors may apply both at the individual level as well as at the societal level.
- There may be interactions between the individual and societal levels. For example, societal rules may have an impact on individual rules, and an individual may follow these rules or react in opposition against it.

References & Sources

- Fung, K. P., & Zurowski, M. (2011). ACT protocols for CHAMP Study. Toronto, ON: Committee for Accessible

AIDS Treatment.

- Inspired by Dahl, J., & Lundgren, T. (2006). *Living beyond your pain: Using acceptance and commitment therapy to ease chronic pain*. New Harbinger Publications. (See p.64)

Appendix 2.4.1 – Worksheet on exploring rules and stories about stigma of mental illness

Instructions:

The following is a list of common topics/contexts about mental illness:

1. Mental illness and violence
2. Mental illness and recovery
3. Mental illness and the future
4. Mental illness and acceptance
5. Mental illness and the family
6. Mental illness and community / society
7. Mental illness and social justice / advocacy

Choose 3 topics from the above list. Use the worksheet below to explore some of your own and societal rules or stories about mental illness. Do not think too hard about it – just write down any rules/stories that pop into your head for 3 of the topics we have suggested. Once you've written down your rules in the left-hand column, write what each rule/story leads to in the right-hand column.

(1) Rules/Stories about _____ (choose 1 topic from above list; e.g., mental illness and the family)	What these rules and stories lead to (i.e., how they affect attitudes, behaviours, and practices)
Personal	Personal
Societal	Societal

(2) Rules/Stories about _____ (choose a second topic from the above list)	What these rules and stories lead to (i.e., how they affect attitudes, behaviours, and practices)
Personal	Personal
Societal	Societal

(3) Rules/Stories about _____ (choose a third topic from the list)	What these rules and stories lead to (i.e., how they affect attitudes, behaviours, and practices)
Personal	Personal
Societal	Societal

Activity 2.4.2. Label exercise

ACT Processes:

- Defusion
- Self-as-Context

Objectives:

- To promote increased understanding on the effects of words and language on our sense of being;
- To support participants in recognizing that detachment from words and language is possible;
- To support participants in realizing that our personal fears and self-criticism may be similar to others; and
- To provide an opportunity for participants to experience some freedom of action despite their previous or current reservations related to a sense of shame, guilt, anxiety, and self-stigmatizing thoughts.

Participation Format:

- Participants sit in a large horseshoe; co-facilitators sit across from each other at the open end of the horseshoe.
- Participants work independently in this activity

Number of Facilitators:

- 2

Time Required:

- 35 mins
 - Part A – 15 minutes for instructions and guided activity; participants carry out this activity during lunch break (40 minutes).
 - Part B – 20 minutes for large group debriefing after lunch.

Materials Required:

- Small notepads or paper, and pens
- Adhesive labels (1 per participant) and several markers shared by participants

Activities & Instructions

Setup

- Arrange all the chairs in a large circle.
- Co-facilitators sit apart from each other to enhance integration with participants.

Instructions for participants

Part A

- Facilitators give each participant an adhesive label.
- Facilitator #2: "During lunch time, we are going to do an activity called the label exercise."
- Facilitator #2 continues, "As we have talked about in previous activities, words are very powerful in keeping us stuck in believing and behaving in certain ways that do not promote our wellbeing; for example, judging ourselves and others harshly, avoiding certain actions or interactions with others, etc. But what is important for us to know is that we can break free from the restrictions imposed on us by words or our thoughts no matter how powerful these words may come across. So in this exercise, you have an opportunity to challenge yourself to face some of these words."
- Facilitator #2 continues, "We now invite you to think of 3 words to describe what you do not like about yourself, and write them down on your notepad. For the first word, write down one negative adjective that you feel quite comfortable to share with others. For example, you may share this easily as your weakness on a job interview and you feel quite ok to share it with everyone here. For the second word, write down one adjective that is more stigmatizing and more difficult to share with others. It is something that you may or may not share with others. For example, you may have a 50-50 chance of talking about it with others today. For the third word, write down one adjective that you feel is most stigmatizing and impossible to share with others. You are probably never going to talk about it with anyone here. We will not ask you to hand in your sheet of paper, and if you are worried that others may peek, you can even write these words in tiny hard-to-read hand-writing and scribbles."
- Facilitator # 2 continues after participants are done, "We have given each one of you a label. Choose one of your 3 words, write it on the label with a thick marker we are passing around, and stick it to the front of your chest right underneath your nametag. You will be wearing this label throughout lunch time. Here is an opportunity for you to challenge one of these words. See if you can write down one of the more difficult words – if you are willing to do so. Gauge for yourself which one will be right for you to share at this moment."
- Facilitator #2 continues, "During lunch time, each one of us is free to look at others' labels, but we will not make any comment on others' labels. You cannot ask others about what the word means or why they chose that word. You also do not need to reassure others. Do not make any comment on our own label either. There is no need to explain why you wrote your chosen word down. Just wear the label and go about having lunch, talking with each other, but without commenting on any of the labels."
- Facilitators check to see if participants have any questions about the label exercise. Participants put their labels on and then take part in lunch. The facilitators need to also do the same – having a negative adjective on a label on their own chest.

Part B

- After lunch, participants return to sitting in a large circle.
- Facilitator #1 debriefs the exercise by asking participants to share their experience in doing the label exercise:
 - How easy or difficult was it for you to find the three adjectives to describe yourself?
 - What helped you to decide which label you will wear on your chest?
 - After putting the label on, what was it like for you? How did it change over time?
 - What was it like for you when you looked at others' labels, or when others looked at your label?
 - Do you feel that you identify with some of the words that are on others' chests?
- Facilitator #1 concludes the sharing and debriefing by highlighting that “We all struggle with our own words and labels, and in fact, we may even share in struggling against some of the same terrorizing words. Words or labels may appear to be powerful in making us feel stigmatized, embarrassed, ashamed, anxious, or guilty if we take these labels seriously. We may feel that we need to hide this from ourselves or others, or we may need to work so hard at changing them, as if we are not acceptable to ourselves or others. However, if we recognize them for what they are – just labels and words, then we have the opportunity to get unstuck from these internal rules and thoughts and not let them bully us or scare us. We can cultivate more acceptance of ourselves and others. We are not our labels.”

References & Sources

- Adapted and modified from: ACT Experiential Workshop with Steven Hayes, Philadelphia, 2005

Activity 2.4.3 Pair singing of stories and rules about stigma

ACT Processes:

- Defusion

Objectives:

- To weaken the literal meaning of stories and rules among participants
- To weaken the perceived barriers to more effective action among participants; and
- To encourage greater flexibility towards action among participants

Participation Format:

- Participants work in pairs. Participants move their chairs around to get into pairs.
- Co-facilitators walk around to observe the interactions in different dyads.

Number of Facilitators:

- 2

Time Required:

- 40 mins

Materials Required:

- A mindfulness bell
- A watch/clock for timing
- [Appendix 2.4.3: Cognitive Defusion Techniques](#)

Activities & Instructions

Instructions for participants

- Facilitator #2: The next activity we are going to do is sharing stories. We would like you to get into pairs. You can move your chairs around so each pair has some space to engage in sharing. You should be seated face to face as close to each other as you feel comfortable. (Pause until each pair has settled in their space.)
- Facilitator #2 continues: In each pair, one of you will be the storyteller and the other person will be the listener. The storyteller will speak for 2 minutes while the listener listens. Then you will hear a bell. We will

take a one-minute break, and we will then ask you to switch roles, so that the listener will become the storyteller and speak for 2 minutes while the other listens. Decide who will be the storyteller first. Raise your hand so that we know that each pair is clear on who is going first.”

- Facilitator #2 continues: When it is your turn speak, we invite you to tell your partner a story or a difficult area in your life, and share with him/her the suffering you have experienced. If at all possible, share a story around your label or one of the other negative adjectives you have written down about yourself. When you are the listener, your role is to listen without making any comment, gesture, or response. You do not need to provide counselling or advice. Just maintain eye contact and listen attentively and compassionately.
- Ensure that the participants are clear with the instructions.
- Facilitator #2 continues: Let’s begin the exercise with a minute of silence. Look at each other in appreciation that you are about to share some personal stories with each other. Be present for this experience and honour this moment. While this exercise may depart from your usual behaviours, see if you are willing to allow yourself this moment to act differently in the service of being present, opening up, and making a compassionate connection with your partner.
- After this, facilitators can sound the bell to start the exercise and time the sharing. Instruct participants to stop at 2 minutes by sounding a bell. Allow the talking to die down, and have another minute of silence, with the participants again looking at each other and being present with one another in appreciation. Facilitators restart the exercise again, time the second set of sharing, and stop the activity after 2 minutes. This will be followed by another minute of silence.
- Facilitator #2: Now we will ask you to take turns to share the same story again except this time, you will not speak about your story but sing your story in any tune you like. Again, each of you has 2 minutes to do this. (If participants protest that they do not know any songs, reassure them that they can pick any song – even birthday song or national anthem or rap. The facilitator demonstrating a few bars of song is helpful. If someone is really stuck, they can retell the story in a different voice e.g., an imaginary cartoon character’s voice.)
- Start with another minute of silence. Facilitators then time the singing and instruct participants to stop after 2 minutes. After a minute of silence, facilitator continues to time the second set of singing and stop the activity after 2 minutes. After a minute of silence, allow the participants to thank each other, and bring all participants back to the large circle for debriefing.
- Facilitator #2: Now we invite you to come back to the large circle and share with us what this experience was like for you.
 - Did you feel any difference between telling your story and singing your story?
 - How did singing your story change the experience for you?
- After participants share their experience, Facilitator #2 highlights how Activities 2.4.1, 2.4.2, and 2.4.3 have worked in concert to show us that:
 - Internalized rules and stories about mental illness, about what is wrong with us or others, and about who we are can be powerful in influencing our behaviours, especially when we are unaware of their influence and take them for granted as the reality or as unbreakable rules that we have to follow.
 - We can free ourselves from these arbitrary rules by treating them as what they are – words and thoughts and stories – and use different ways such as singing to loosen their grip on us. We sometimes call this defusion, which means getting unstuck from our thoughts. We do not have to take

our thoughts so seriously. It is the opposite of 'fusion' – or getting stuck with our thoughts – even when it is harmful to us or others.

- “Today we explored singing to each other about our stories. There are many other ways we can practice defusion – seeing our thoughts as thoughts, no matter how true they seem. (Give out handouts.) It would be great if you can try out some of these other methods at home too.
- We can learn to see and appreciate ourselves for who we are as human beings and not our labels or stories, just as we can learn to look at others compassionately as fellow human beings, and not as their labels or stories we hear”

References & Sources

- • Adapted and created based on Create A Song (Hayes & Smith, 2005, p. 80)

8. **Buying thoughts**

Distinguish between thoughts that just occur and the thoughts that are believed (e.g., “I guess I’m “buying” the thought that I’m hopeless”).

9. **And how has that worked for me?**

When you are buying a thought, back up for a moment and ask yourself, “How has that worked for me?” and if it hasn’t worked ask, “Which should I be guided by, my mind or my experience?”

10. **Create your own defusion strategy!**

Activity 2.5 The “Lego” exercise

ACT Processes:

- Self-As-Context

Objectives:

- Increase the awareness of the continuity and stability of a self while allowing a more flexible relationship with the contents and identities of the self
- Increase the awareness that despite numerous life changes, challenges, and adversity, the sense of self-as-context or the observer-self persists
- Expand the repertoire of behaviour that is less constricted by concepts of oneself

Participation Format:

- Participants sit in a large horseshoe; co-facilitators sit across from each other at the open end of the horseshoe.

Number of Facilitators:

- 2

Time Required:

- 30 mins

Materials Required:

- Bucket of small Lego building blocks – enough for about 10-15 pieces per participant
- Paper plates (one per participant)
- Water-based markers

Activities & Instructions

Instructions for participants

1. Introduction

Facilitator #1 describes the overall purpose of the exercise.

- As we have explored, oftentimes our thoughts are not what they seem. This may even apply to thoughts about ourselves. This exercise is called the Lego or Let-go Exercise. It will help us explore our sense of self – that is – our sense of who we are.

Notes for facilitators

If this exercise is done after defusion exercises are done, make reference to them.

2. Distribute the materials for the exercise.

Facilitators pass out paper plates to each participant. Invite each participant to use a marker to write down their name on the inside surface of the plate. Pass around a bucket of Lego pieces, and allow participants to take some pieces and put them on their plate.

Facilitator #1:

- Please write down your name on the plate so you can identify which plate is yours.
- Have you played with these before? They are small construction blocks. Please grab a handful of them and put them on your plate.

Notes for facilitators

You may notice that some participants take a longer time to pick up specific pieces. Some may want to trade pieces with others. Some will focus on whether they have enough pieces. Reassure them that whatever they have are fine for the purposes of the exercise.

3. Identify a memory from last summer.

Have participants become quiet and mindful of the present moment. Facilitator #1 directs participants to fully recall a memory of an event last summer. Ask them to note that there was a “self” that observed everything that was happening at the time – the same “self” that is here now recalling the memory.

- Please put down your plate. If you are willing, please close your eyes or fixate on a point in front of you. We will just spend a few moments to become aware of the present and our breath.
- Now let’s think back to something that happened to you last summer. It may be a good event or bad event – just something that comes to your mind now. See if you can recall that event as clearly as you can. Notice what you were seeing, hearing, doing, feeling, or thinking at the time. Notice where you were and who you were with. Notice that you were there observing all these things and experiencing all these things and check out that this is the same “you” that is here right now, recalling all of this. Note that “you” have been ‘you’ all this time.

- let us return to our breath and being here for a few moments. Whenever you are ready, you may open your eyes.

4. **Recreate the memory with Lego pieces**

Have participants recreate the scene with the Lego pieces they have on their plate.

- Now being fully here, see if you can recreate what happened last summer with your Lego pieces.”

Notes for facilitators

Observe participants’ actions. Some may take longer time than others. If they start talking to each other or exchanging pieces, encourage them to focus on their own work quietly. Ideally, allow time for most people to finish.

5. **Letting go and recreating a memory from younger years.**

Have the participants reflect on this experience and their creation. Ask them to take the pieces apart. Then, ask them to recall another memory from younger years. Have them recreate the scene again with the Lego pieces.

- Please stop building if you have not already finished. Whatever stage you are at, take a moment to just observe the memory of that event from last year, and notice that you are here now observing this. You may take one last look at your creation. Now, let’s pull the pieces apart. notice anything that shows up for you when taking them apart...”
- “Looking at the pieces in front of you, recall another event from your younger years – as a teenager... Notice all that you were seeing, hearing, doing, thinking, and feeling... Notice that your role then may be quite different from your role now... Notice that your body may be quite different from now... Maybe every single cell in your body was different back then... Yet notice that the “you” that was then is the same “you” that is here now recalling all this, looking at these Lego pieces...”
- “... Now being fully here, see if you can recreate what happened in your teen years with your Lego pieces.”

Notes for facilitators

If some people have not finished, reassure them that they can just notice whatever feelings and thoughts that show-up, such as “not having enough time to finish,” and let them go, so that they can continue with the exercise.

6. **Letting go and recreating a memory from childhood.**

As before, have the participants reflect on this experience and their second creation. Ask them to take the pieces apart. Ask them to recall a memory from childhood. Have them recreate the scene again with the Lego pieces.

- Please stop building if you have not already finished. Whatever stage you are at, take a moment to just observe the memory of that event from your teenage years, and notice that you are here now observing this
- You may take one last look at your creation. Now, let's pull the pieces apart. Notice anything that shows up for you when you take them apart. Looking at the pieces in front of you, recall another event from even farther back, when you were a child. Notice all that you were seeing, hearing, doing, thinking, and feeling. Notice that your role then was quite different from your role now. Notice that your little body was very different from what it is now. You did not know or experience a lot of things yet ... still, notice that the "you" that was there back then is the same "you" that is here right now, recalling all this, looking at these Lego pieces. This "you" has never been me or someone else; "you" have been "you" your whole life. Now being fully here, see if you can recreate what happened in your childhood with your Lego pieces."

7. **Debrief and Sharing of the exercise.**

Have the participants reflect back on the exercise and share their experiences.

- Please stop building if you have not already finished. Whatever stage you are at, take a moment to just observe the memory of that event from your childhood in front of you, and notice that the same "childhood you" is here now – observing all this as an adult.
- Let's let these memories go and return to this room in the present moment with all of us "
- "Would anyone like to share their experience of this exercise?"

Important points of discussion to draw out include:

i. **Introduce Self as Perspective/Observer**

The sense of self as a perspective "I" ("not-you") and the "observer-self" (the experience of the same "I" who is aware and observing) is continuously present throughout our lives.

- "... notice that "you" have always been "you" throughout your whole life; "you" (pointing around) have not been "me" (pointing to self). Although everything else that is not our "selves" are ever changing, including our thoughts, feelings, body, social roles, just like our Lego pieces"

ii. **Persistence of "Self" through challenges of life**

- "...notice that "you" remain "you" throughout your life, through good times or bad times, from distant events to recent events..."

iii. **Being constricted by our own stories**

We can easily confuse our "selves" with ideas and concepts about ourselves, like our self-descriptions, stories, or social roles, and feel bound by these things

- You may say to yourself, "I'm a man and I'm not a dancer" – so you may never have that experience and now what if you say to yourself "I'm a shy person and I'm someone who never speaks up against issues like stigma"?

iv. **Feeling loss of self when things change**

- When we feel defined by our self-descriptions, stories, and roles, we feel quite vulnerable. We may guard against such changes at a cost to us... When changes do occur, we may feel completely lost..."
- "...You may say to yourself "I'm my ____ (job)" What happens if you cannot keep that job because of mental or physical illness? If you identify yourself as a mother, what happens if you lose your child to suicide? So even though knowing our roles and our values behind our roles help us function, our sense of self need not be tied to them in a suffocating way.

Notes for facilitators

Observe whether participants can spontaneously come up with the discussion points themselves.

Participants may comment on how much they like the building process itself or share about their particular memories. The sharing may be felt as quite helpful both to the individual and to the group. While demonstrating empathy, be careful not to get caught up with the content. If participants come to certain rigid insights or conclusions about themselves, this can lead naturally to the discussion points.

Give relevant examples of how identities and stories may be constricting depending on the group composition – e.g. "I'm a community leader; I must appear perfect in the community"; "I'm a consumer survivor; I'm less than others"; "I'm a parent; I'm a failure because my son has issues"

Some may feel reluctant to take apart their Lego creations – just as it is hard for us to let go of our identities and stories, even when it comes time to change.

Some may feel that they lack the pieces to perfect their Lego creations or want to trade with others – just as we get caught up with our stories about what we don't have and how others may have what we want and don't have.

Some may feel that there is not adequate time or they do not have the skills to perfect their Lego creations to be truly representative of their experience – just as sometimes, we may spend a lot of time trying to analyze and gain insights and understanding about ourselves, even when this "perfect" understanding may not be possible or helpful.

Take-home Metaphor

Ask if the participants can look at their plate of Lego pieces and find themselves in it. The metaphor of self-as-context, that we are the context of our experiences but not the content of our experiences, is that we are the plate. Participants can keep the paper plates to take home, while the facilitators can retrieve the Lego pieces for reuse.

- Looking at this (lift up your plate of Lego blocks) – where are you in this? Are you the blue piece or the red piece?
- You are the plate that contains the Lego pieces... not the pieces themselves, which have always been changing. The plate even has your name written on it.
- So whatever difficult experiences and memories we have seen depicted by the Lego blocks, we are still

here, as is the plate. And we can be open and flexible to the ever-changing experiences of life and not hang on to past stories or other rigid beliefs.

- We are the container of our experiences. We have our thoughts but we are not our thoughts. We have our memories but we are not our memories. We can realize this when we are in touch with our observer self.

References & Sources

- Inspiration drawn from two exercises: Self-as-context Exercise and Chessboard Metaphor (Hayes et al, 2012, p 231-235).

Activity 2.6 At the 100th birthday party

Objectives:

- To support participants in gaining a clear understanding of their values;
- To support participants in developing a sense of the continuity of values throughout their adult lives; To promote awareness and identification with self-defined valued directions among participants.

Participation Format:

- Participants work independently for a few minutes and then share in a large circle
 - ** This activity can be done as homework if previous activities take longer (See [Appendix 2.6](#) as homework). If this is assigned as homework, give a brief description of what values are (see Notes for facilitators below) before the Bull's Eye activity.

Number of Facilitators:

- 2

Time Required:

- 20 mins

Materials Required:

- blank paper and pens
- flip chart paper, markers, and masking tape

Activities & Instructions

Instructions for participants

- Facilitators provide participants with a piece of paper and pen.
- Facilitator #2: The following is an exercise to help you examine your own values. This is about what is most important to you in your life – what you stand for or care passionately about. In this exercise, we invite you to imagine that this is your 100th birthday. Imagine that your life has unfolded perfectly as you wished. Your friends and family have organized a birthday party for you, and some of your family members, friends, coworkers, or perhaps even other people in the community have prepared speeches about you. Now we would like you to take a few minutes to write down ideally who might be making a speech and what you would like them to say about you in terms of:
 - what you stood for or cared about throughout your adult life,

- what path or actions you have taken in life
- Facilitator #1 posts the above questions that have been written on a flip chart.
- Participants take 3 to 5 minutes to write down their thoughts.
- Then Facilitator #2 continues: Now suppose you could read everyone's mind at your birthday party but they are not aware that you have this super mind-reading power. What would you be most afraid that your loved ones thought about you in terms of:
 - what you stood for or cared about throughout your adult life,
 - what path or actions you have taken in life
- Facilitator #1 posts the above questions that have been written on a flip chart.
- Participants take 3 to 5 minutes to write down their thoughts.
- Facilitator #2 debriefs the exercise by inviting participants to share:
 - What have you learned about your values and your actions in doing this exercise?
 - How does this exercise provide you with new motivation to pay attention to certain aspects of your life?
- Facilitator #2 concludes this activity by reminding participant that this activity shows us how our values are freely chosen directions that are often difficult to strive towards because of the complex demands or distractions in different aspects of our life. Living a full and meaningful life requires us to pay attention to what we truly value and follow our chosen directions through committed action.

Notes for facilitators

During debriefing, bring out the following four key points about values using participants' examples:

i. Values as endless directions:

- Values are our chosen directions in life, and so, they are not something that can ever be achieved or completed. Like going east. You can always go further east – from here, we can go to a street east of here, to the east coast ... across the ocean, to another continent, and still you can go further. Just like being a caring parent (or spouse) – this value does not vanish with the changing of the 100th diaper (or the 100th hug). It's not like you can just get a certificate "caring parent (spouse)" and you can stop doing being a caring parent (spouse). (Use specific values mentioned by participants... the quality is important here – e.g. what kind of spouse?)

ii. Values versus Goals:

- What helps us along the way as we strive to maintain our values is to set goals. Graduating from school is a goal. Reaching to my close friend about mental illness is a goal. We are mapping points along our paths or bus stops along a bus route. We can carry out a committed action along our path as we travel in our valued direction in our journey of life. (Use participants' examples of actions being consistent with values.)

iii. Barriers – going off course and re-orienting ourselves:

- Once we know our directions, like stars in the sky, our values guide our actions. We can commit to them. If we ever deviate off the path while encountering distractions and obstacles, which seems inevitable from our sharing here, we can pause and reflect; get our bearings; and resume our journey. (Use obstacles mentioned by participants, for example, what they fear people may say or other barriers participants may share.)

iv. Barriers – being flexible and staying committed:

- Knowing our valued directions is also important because it helps us remain flexible. Imagine that you are going east and there is road construction – and it is impossible to pass. When we know our direction, we can take an alternate route that is consistent with our true valued directions. If I was in school, but I had to stop my studies for now because of physical or mental illness, I can still pursue other kinds of learning to further my values in my personal growth. (Draw examples from participants.)

References & Sources

- Informed by the Exercise: Attending Your Own Funeral (Hayes, 2005, p. 166)

Appendix 2.6 – My 100th Birthday Party

Purpose: This exercise helps you to examine your own values, or what is most important to you in your life – what you stand for or care passionately about.

Instructions:

1. Imagine this is your 100th birthday. Imagine that your life has unfolded just as you wished. Your friends and family have organized a birthday party for you, and some of your family members, friends, coworkers, or perhaps even other people in the community have prepared speeches about you. Now take a few minutes to write down:

Ideally, who might make a speech?	What I would like them to say about me in terms of:	
	What I stood for and cared about throughout my life?	What paths or actions I have taken in life?

2. Suppose you could read everyone's mind at your birthday party but they are not aware that you have this super mind-reading power, what would you be most afraid that your loved ones thought about you in terms of:

Loved ones or people important to me	What I would be most afraid that they thought about me in terms of:	
	What I stood for and cared about throughout my life?	What paths or actions I have taken in life?

3. Reflection: What have you learned about your values and your actions in doing this exercise?

Activity 2.7 Cultural and Personal Values Exercise

ACT Processes:

- Values

Objectives:

- Facilitate participants' reflection on their own socio-cultural and collective values from family, communities, and society
- Facilitate participants' reflection on their personal values
- Promote awareness of the influence of socio-cultural context on one's values and the potential for conscious choice in ones' values

Participation Format:

- Participants work independently for a few minutes and then share in a large circle

Number of Facilitators:

- 2

Time Required:

- 20 mins

Materials Required:

- Appendix 2.7 List Of Examples of Full Living Values

Activities & Instructions

Instructions for participants

1. Introduction

Describe the overall purpose of the exercise.

- As we discussed, we all have our own set of values that guide us through our lives. In this exercise, we will explore our cultural and personal values and their relationship to one another.

Notes for facilitators

Connect with previous exercises about values (i.e. 100th birthday exercises).
See if participants have any questions about the concept of values as life directions that can guide our actions (vs. goals or outcomes).

2. Identify Cultural and Personal Values.

One facilitator hands out the list of sample words for values (Appendix 2.7 List of Examples of Full Living Values) and reads the instructions. Clarify if there are any questions. Allow the participants to work on their own for about 6 minutes.

Notes for facilitators

Remind participants that they are free to add to the list any particular value that is important to them.

3. Debrief the exercise in large group.

Invite participants to share their values and their reflections on them:

- Would anyone like to share their cultural and personal values?
- Do you notice any relationship between the two sets of values?
- In what way are your cultural values helpful? In what way have you found them problematic?

4. Conclude.

Summarize all the reflections shared about this exercise, noting that the participants are free to choose their values – including some which may be identical to their cultural values; some which may have evolved or adapted from their cultural values; some that may have no relationship with their cultural values; and some that may be in opposition to their cultural values.

Notes for facilitators

Participants may complain that they have more (or less) than 3 values. Acknowledge that the number of values (3) is arbitrary for the sake of the exercise. In fact, point out that different kinds of values may become relevant in different contexts – which leads into the next exercise (Bull's Eye).

References & Sources

- A non-exhaustive list based on various values lists, including those commonly ascribed to major cultural or religious values.
- <http://www.barriedavenport.com/list-of-400-values/>
- <https://sites.google.com/site/welcometoindianculture/home/ethnicity/indian-values-and-beliefs>
- <http://en.wikipedia.org/wiki/Taoism>
- <http://en.wikipedia.org/wiki/Confucianism>
- <http://en.wikipedia.org/wiki/Buddhism>
- [http://en.wikisource.org/wiki/Catholic_Encyclopedia_\(1913\)/Cardinal_Virtues](http://en.wikisource.org/wiki/Catholic_Encyclopedia_(1913)/Cardinal_Virtues)
- Cheung F. M., Cheung. S. F., Wada, S., Zhang, J. (2003). Indigenous measures of personality assessment in Asian countries: A review. *Psychological Assessment*, 15(3):280–9.
- Fung, K. P. (2004). *Study of alexithymia in Chinese Canadians*. Master's thesis. Toronto: University of Toronto.

Appendix 2.7 List Of Examples of Full Living Values

1. Please circle the top 3 Cultural Values that most reflect your up-bringing and your socio-cultural values from your family, community, and society, and write “CV” beside them;
2. Please circle the top 3 Personal Values of your own choice, which may or may not be the same as above, and write “PV” beside them. If there are important values that are not listed, please feel free to add them to the list.

- Acceptance
- Advocacy
- Altruism
- Assertiveness
- Authenticity
- Autonomy
- Awareness
- Balance
- Benevolence
- Calmness
- Caring
- Charity
- Choice
- Closeness
- Collectivism
- Compassion
- Competence
- Conformity
- Connectedness
- Conscientious
- Consideration
- Consistency
- Contribution
- Cooperation
- Courage
- Creativity
- Curiosity
- Dedication
- Deference
- Dependability
- Determination
- Dignity
- Diligence
- Discipline
- Diversity
- Efficiency
- Empathy
- Enthusiasm
- Equality
- Equanimity
- Excellence
- Expressiveness
- Fairness
- Faithfulness
- Family
- Filial Piety
- Flexibility
- Forbearance
- Fortitude
- Freedom
- Friendliness
- Gallantry
- Generosity
- Gratitude
- Growth
- Harmony
- Helpfulness
- Honesty
- Honor
- Hopefulness
- Humaneness
- Humility
- Humor
- Inclusion
- Independence
- Industry
- Ingenuity
- Inspiration
- Integrity
- Interdependence
- Intimacy
- Joy
- Justice
- Kindness
- Knowledge
- Leadership
- Learning
- Logic
- Loving
- Loyalty
- Mastery
- Meticulousness
- Mindfulness
- Moderation
- Motivation
- Mutuality
- Naturalness
- Nurturing
- Openness
- Order
- Participation
- Patience
- Peace
- Perceptiveness
- Practicality
- Preparedness
- Presence
- Productivity
- Prudence
- Purity
- Purpose
- Reasonableness
- Reflection
- Renunciation
- Resilience

- Respect
- Rite
- Sacrifice
- Security
- Self-control
- Sincerity

- Spirituality
- Stability
- Strength
- Temperance
- Tolerance
- Trust

- Truthfulness
- Understanding
- Virtue
- Vision
- Vitality
- Wisdom

Activity 2.8 Bull's Eye Exercise

ACT Processes:

- Values
- Committed Action

Objectives:

- Introduce a way to conceptualize values as being embedded and manifested in multiple life domains
- Facilitate participants' reflection of their current actions and their values in multiple domains
- Introduce a tool that participants can use to visually track their progress towards their values

Participation Format:

- Participants sit in a horseshoe formation. The facilitators are in front with the flip-chart with a large bull's eye on it. Participants will do work on their own. Then, some participants will volunteer to come up to interact with the facilitators and use the flip-chart to share their work.

Number of Facilitators:

- 2

Time Required:

- 25 mins

Materials Required:

- Flipchart and masking tape
- water-based colour markers
- [Appendix 2.8a – Bull's Eye: Valued Living](#)
- [Appendix 2.8b – Values, Goals, and Life Areas](#)
- [Appendix 2.8c – Values And Goals Worksheet](#)

Activities & Instructions

Instructions for participants

1. Introduction

Describe the overall purpose of the exercise.

- As we discussed, we all have our own set of values that are really important to us and give our lives a sense of direction and meaning. In this exercise, we will explore our values in our various life domains.

Notes for facilitators

Connect with previous exercises about values.

2. Draw a bull's eye and divide it into quadrants.

One facilitator uses a marker to draw 5 concentric circles on a flipchart to make a bull's eye. Divide this into quadrants. Label each quadrant: Self-care, Work, Family, and Friends/Community. The other facilitator can distribute handouts of the bull's eye.

3. Have participants reflect on their current behaviors.

Ask participants to think about their current behaviours in these four domains and whether they are consistent with their values; they can record them on the handout of the bull's eye.

- We have many different areas of our lives. Let's begin with these four major areas.
- In each of these quadrants, place an 'X' on the place where you think you're at when you look back at the kinds of things you're doing or not doing with respect to your values. How satisfied are you with your own actions if you use your own values as a yardstick to measure?
- In the context of our project, see if you can especially reflect on your values about the promotion of mental health in the four different life domains.
- For example, if your value is that you will promote your own wellbeing by taking care of your physical and mental health in the 'Self-care' domain in this quadrant, but you find yourself never exercising, not taking care of your diet, not getting enough sleep, smoking, and never going for a check-up, etc. you may find that your actions are not that consistent with what you value. You'll put an 'X' pretty far off from the centre, like out here.
- Note that we're looking for the consistency of your own actions with your values, and not evaluating any idealized outcome. So in the previous example, you may actually find yourself putting an 'X' in the centre area if you take excellent care of yourself, even if you have a serious mental and physical illness, since your actions are already perfectly 'on target' and inline with your values. Your own actions are constantly taking you slightly closer towards health in this case even if you have lots of illnesses.
- At the bottom of the sheet, note down what supports you and what hinders you as you strive to move forward towards your values.

Notes for facilitators

Facilitators can expand on each domain giving relevant examples, using what the participants have talked about in the group up until this point, including the previous two exercises – 100th Birthday Party Exercise and the Cultural and Personal Values Exercise.

4. Allow participants to share.

Ask participants who are willing to share the results of the exercise in the group. Get them to come up to the front and use a colour marker to put an 'X' in each of the quadrants. Use a different colour (or symbols such as different shapes or initials) for each volunteer.

- Would anyone like to share what this exercise is like for you?
- Were there any surprises?
- Can you please come up, choose a colour marker, and put an 'X' in each of the four quadrants. Please share with us why they are not in the centre.

Notes for facilitators

Participants may want to tell stories about why the values are important to them and why they have not been able to act on them. Empathize with their sharing. Help them identify their values, desired actions, and barriers.

Sometimes participants may put an 'X' far out because they focus on external factors – e.g. reactions of others, limitations of illness, societal forces, etc. Direct them to focus on their own efforts and actions – i.e. what they can control.

While competing priorities of values do occur, it is quite often that stories get in the way or they are used as rationale to avoid more difficult areas in our lives. For example, “because my children are important, and my son still has struggles with mental illness, I can't address problems in my marriage and I have no time to fight for any social causes.” In this case, ask the participant whether it may be possible to pursue more than one of these values and whether they may not be mutually exclusive.

5. Conclude.

Summarize all the reflections shared about this exercise, especially about the nature of values. Note that the bull's eye is a tool that we can use to track our own progress. Discuss the many different areas of our lives and give out the values handouts (Appendix 2.8 b and c). We use the four domains as a starting point, and participants may want to do the same exercise with other areas. This will help us determine which areas we need to work on.

Notes for facilitators

Review: nature of values to be emphasized – they are not something to attain like a goal – but a direction that guides the goals we set and behaviours we want to pursue; when one route is blocked, we can always be flexible and detour around our barriers as we endeavour to move our 'X's towards the centre.

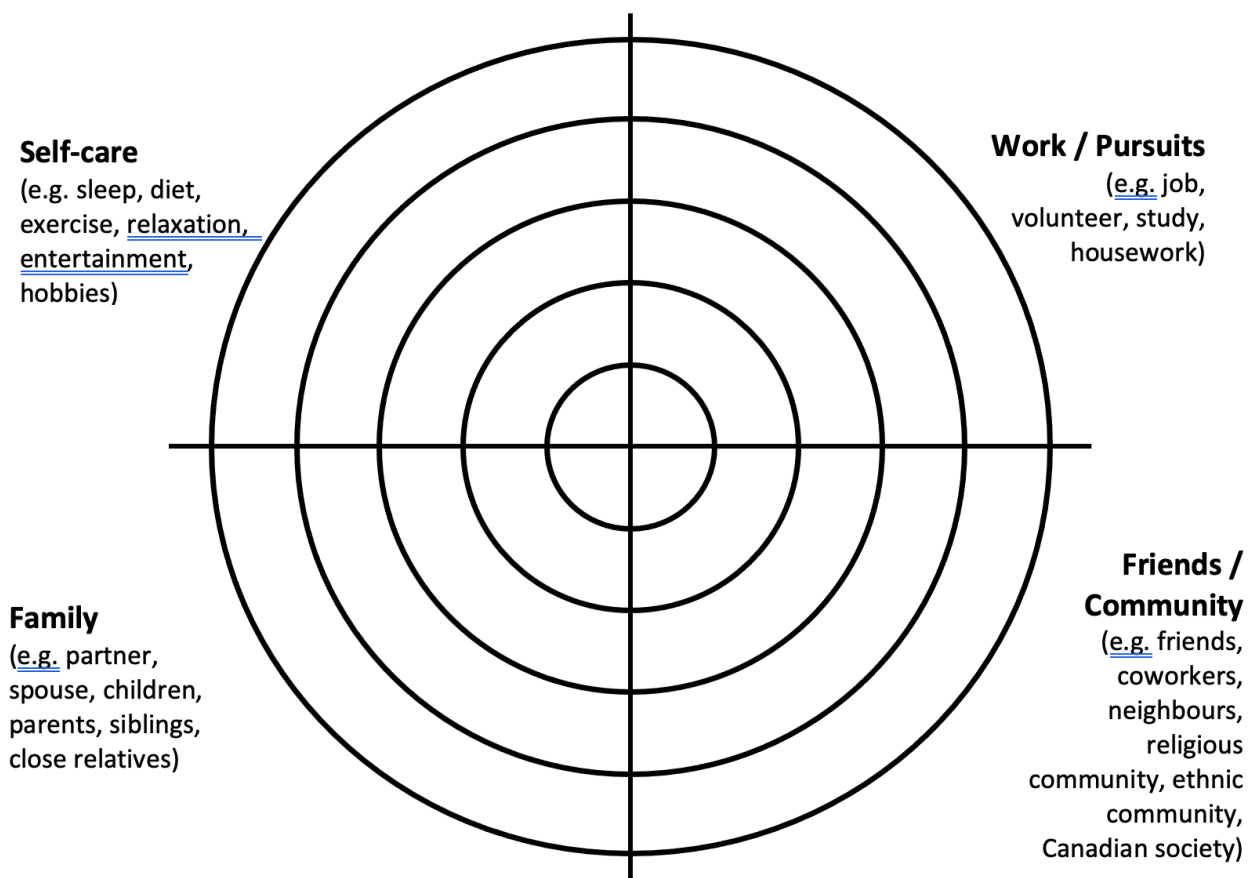
References & Sources

- Adapted and modified from Bull's Eye (Dahl and Lundgren, 2006, p. 139-142)
- Adapted from Values Worksheet (Hayes et al, 2012, p. 311-315)

Appendix 2.8a – Bull’s Eye: Valued Living

Are you pursuing what is important to you? When our values and our actions are aligned, we will be in the centre of the bull’s eye. Please rate the consistency of your current actions with respect to your own values in the following four areas of life by putting an “X” in each quadrant. For example:

- Mary is dying of cancer. She puts an “X” in the centre in the self-care quadrant because she values an active lifestyle and is regularly exercising
- Johnny is physically healthy and values an active lifestyle, but he doesn’t exercise anymore. He marks an “X” in one of the outer circles, because he is not pursuing what he values as important.
Tom doesn’t care about having an active lifestyle. He puts an “X” in self-care because he is already taking care of himself in all the other ways that are important to him by eating well and getting enough sleep.



Explain why you put the “X”s where they are (e.g. what supports you or what gets in your way):

Self-care:

Work:

Family:

Friends/ Community:

Appendix 2.8b – Values, Goals, and Life Areas

1. **Friendships/social life.** What sort of qualities would you like to bring to your friendships? If you could be the best friend possible, how would you behave toward your friends? What sort of friendships would you like to build?
2. **Career/employment.** What do you value in your work? What would make it more meaningful? What kind of worker would you like to be? If you were living up to your own ideal standards, what personal qualities would you like to bring to your work? What sort of work relations would you like to build?
3. **Marriage/couples/intimate relations.** What sort of partner would you like to be in an intimate relationship whether or not you are in a relationship now? What personal qualities would you like to develop? What sort of relationship would you like to build? How would you interact with your partner if you were the “ideal you” in this relationship?
4. **Education/personal growth and development.** What do you value about learning, education, training, or personal growth? What new skills would you like to learn? What knowledge would you like to gain? What further education appeals to you? What sort of student would you like to be? What personal qualities would you like to apply?
5. **Recreation/fun/leisure.** What sorts of hobbies, sports, or leisure activities do you enjoy? How do you relax and unwind? How do you have fun? What sorts of activities would you like to do?
6. **Family relations.** What sort of brother/sister, son/daughter, uncle/aunt do you want to be? What personal qualities would you like to bring to those relationships? What sort of relationships would you like to build? How would you interact with others if you were the ideal you in these relationships?
7. **Citizenship/environment/ community life.** What type of neighbour would you like to be? How would you like to contribute to your community or environment, e.g. through volunteering, or recycling, or supporting a group/ charity/ political party?
8. **Spirituality.** Whatever spirituality means to you is fine. It may be as simple as communing with nature, or as formal as participation in an organized religious group. What is important to you in this area of life?
9. **Parenting.** What sort of parent would you like to be? What sort of qualities would you like to have? What sort of relationships would you like to build with your children? How would you behave if you were the “ideal you”?
10. **Health/physical well-being.** What are your values related to maintaining your physical well-being? How do you want to look after your health, with regard to sleep, diet, exercise, smoking, alcohol, etc? Why is this important?

Appendix 2.8c – Values And Goals Worksheet

Choose one or more life areas from the “Values, Goals and Life Areas” handout to work on below. Only choose Life Areas where pain has held you back from achieving your goals. For each life area identify values, goals and short-term committed action using the example below. Be sure to write about what you value, not what you think your friends’, family’s, or society’s expectations are.

Examples:

1. Life Area: <i>friendships/social life and family relations</i>
Values: <i>be a supportive and reliable friend and sister; be an open listener and share about myself</i>
Goals: <i>spend more time talking with my friends and with my sister & brother</i>
Short-term committed action (i.e. in the next week): <i>talk to or see at least one friend or sibling this week</i>

1. Life Area:
Values:
Goals:
Short-term committed action (i.e. in the next week):

2. Life Area:
Values:
Goals:
Short-term committed action (i.e. in the next week):

3. Life Area:
Values:
Goals:
Short-term committed action (i.e. in the next week):

4. Life Area:
Values:
Goals:
Short-term committed action (i.e. in the next week):

5. Life Area:
Values:
Goals:
Short-term committed action (i.e. in the next week):

Activity 2.9 Bus-driver role play exercise

ACT Processes:

- All

Objectives:

- Facilitate exposure to thoughts and feelings (including reasons, stories, stigmatizing thoughts, judgments, assumptions, etc.) that act as barriers to engaging in mental health promotion
- Weaken the power of unpleasant feelings and literal thoughts through defusion and acceptance
- Evoke and reinforce commitment to mental health promotion in the service of values related to compassion, social justice, and equity

Participation Format:

- At the start, the group is sitting in a horseshoe formation. The facilitators will be standing at the front beside a flip-chart with a large bull's eye drawn on it. A volunteer from the group playing the Bus Driver will be invited up to the front to interact with the facilitators. Then, Passengers will be invited to the front to join the Bus Driver for a role-play. Other group members can move their chairs closer to where they can see more clearly. After the role-play, a facilitator will sit down with the Bus Driver to debrief the experience and formulate a committed action. Finally, the exercise will be debriefed with the Passengers and the whole group.

Number of Facilitators:

- 2

Time Required:

- 45 mins

Materials Required:

- flip-chart on a stand
- water-based markers and masking tape

Activities & Instructions

Instructions for participants

1. Introduction

Describe the overall purpose of the exercise.

- As we try to pursue our values, we often encounter obstacles. The Bus Driver Exercise will help us explore what it is like to face challenges and barriers that get in the way when we try to do important and meaningful things in our lives and show us how we can commit to our values through our actions.

This exercise works best if participants have some understanding about values and feel engaged. Check to see if people have questions about the importance of values.

2. Identify the Bus Driver

Engage a volunteer to role-play as the Bus Driver (BD).

- We will act out a little story with your help, and so, we will need several volunteers. To start off with, we need one of you to volunteer to play the lead role of the Bus Driver.
- We hope that you will be willing to share with us some of the difficulties that have stopped you from doing something that aligns with your values and so this would be an area of your life you would wish to change
- The focus of our group – if you are willing – will be to reflect on values that you may have in the area of promoting good mental health, whether this is promoting mental and physical wellbeing in yourself, to help someone you care about, or to advocate for someone or something in the community at large.

If necessary, give several examples relevant to the context (age, background) of the particular group about what is meant by promoting mental health and well-being – generally along three spheres; e.g., (i) self: engage in a diet and exercise program; seeking counselling; (ii) family/friends: visiting grandmother in a nursing home; recommending friends or family to seek help; speaking out against (cyber-)bullying; (iii) community/ society: campaigning against mental health stigma; volunteering at a settlement agency, etc

As BD plays a central role in this exercise, especially encourage and select a participant who is both willing and has the capacity to reflect, share, and articulate his/her values and perceived barriers clearly to the group.

3. Identify the Bus Driver's Values and desired Actions

Invite the BD to come to the front of the group. Find out from the BD what kinds of actions s/he would like to engage in and the value behind them.

- Thanks so much for volunteering. Can you please share with us what you would like to do to promote good mental health?”
- Think about what kinds of actions you would like to do, but you’re not currently doing. Suggest an area in which you wish to effect change. Can you also share with us why this is important to you? What does it mean for you to be able to implement these actions?

After the BD shares the kinds of actions s/he wants to do (e.g. call up my friends more often to see how they are doing), gently explore the values – i.e. the meaning of these actions to the BD (e.g. I want to be the kind of friend who reaches out to support my friends actively and compassionately). Focus on the quality of BD’s actions (e.g. compassionate, caring) and not the outcome or others’ reactions (e.g. so my friends will appreciate me more). Ensure that the actions and values are personally important to BD.

4. Evaluate the consistency of BD’s current Actions with respect to Values

Engage the BD to reflect on how consistent his/her current actions are with his/her underlying values. Invite the BD to mark the bull’s eye on a flip chart with an “X” (see Bull’s Eye activity).

- If the centre of the bull’s eye means that your current actions are 100% in line with your values, how far away from the centre are you?

As in the Bull’s Eye activity, we want to focus on how the BD’s actions align with his/her values, and not on the outcomes of those actions. (e.g. if BD frequently visits a brother with severe mental illness and offers help in an open way, the actions may be near the centre even if the brother does not show appreciation.)
If the BD puts an ‘X’ close to the centre and/or the actions being discussed are not actually something the BD wishes to change/improve, then go back to step 3.

5. Identify barriers to Value-driven Actions

Identify five barriers to the BD’s taking actions that align with his/her values. Write them down in brief point form somewhere on the flip-chart outside the bull’s eye. (e.g. “no time”; “not enough confidence”; “I’m too old”; “I’m too shy”; “my friend is too mean”; “people don’t care”)

- Can you share with us some of the barriers that cause you to be here, where you’ve placed the X as opposed to the centre?

Observe the participant’s emotional reactions as s/he is articulating the barriers. Check to ensure

that they include all the important barriers. Sometimes, you may need to probe several times (e.g. If these 3 barriers you mentioned magically disappear, will you be perfectly doing XXXX and be in the centre?, What else stops you from taking action today?) If there are more than 5, ask the participant to rank the top 5.

6. Identify volunteers to role-play Passengers

Identify five volunteers to role-play the BD's Passengers, who will personify the stated barriers. Ask them to come to the front of the group, and have each of them identify with one of the barriers.

- Are there some volunteers willing to help us out by playing these five barriers?
- Your job will be to role-play these barriers listed here that have been getting into the Bus Drivers way when he really wants to be doing XXX.
- Who is willing to personify the first barrier?

If there are two facilitators, the second facilitator can help orient the barriers – e.g. “thanks, please come over here to this side; you are the first barrier ‘no time’”

7. Brief and position the BD and the Barriers

Introduce the basic story and roles in the role-play. Position the BD facing the flip-chart, with the Passengers (barriers) lined up at right angles to the BD to get on the imaginary bus. The remaining participants are invited to gather around and find a position where they can best watch the action.

- Has everyone taken the bus? The long red and black ones we see on the street that come every so often? They are pretty great at transporting us to our destination.
- You, as a bus driver, want to drive your bus towards the main station. So put on your cap and have your hands on the wheel and eyes on your target – the main station. You five are the barriers. You are the unruly passengers that are going to each come on the bus and try to boss the bus driver around. So one by one, line up here. when we start, as each of you get on, you're going to scare the BD and tell the BD why s/he can never do action XXX... you are just like the negative thoughts inside BD's head.

Describe the scenario (the local bus system, etc) that reflects the local context to engage the whole group.

If there are two facilitators, one can orientate the bus driver and the other can orientate the passengers.

Encourage the bus driver to physically get into role – with hands raised as if steering the wheel.

8. Start the Role-play.

Ask the Bus Driver to spend a moment (about 30 seconds) connecting with how important the actions and values are for him/her. Invite the Passengers (“barriers”) one by one to enter the bus. Each will enter the bus, stand right in front of the BD, turn face to face towards the BD, and tell the BD a reason why s/he cannot do the valued actions. The facilitators help the BD avoid facing the barrier after hearing what the Passenger has to say by pivoting the BD by about 35 degrees, and direct the Passenger to “enter” the bus, standing behind the bus driver. Invite the next Passenger and so forth. By the end, the BD should be facing 180 degrees away from the flip-chart, with a single line of Passengers behind the BD.

- Please take a moment and connect with the bull's eye in front of you... how much you wish you could be doing XXX to express your values of YYY”
- To Passenger: Remember – you’re the bully (‘barrier 1’) – do your best to scare the BD!
- To BD: enough of this, let’s avoid this (pivots the BD after the ‘barrier’ is articulated in a scary tone...)
- To Passenger: Get on the bus behind the BD (or the previous Passenger).Let’s have the next passenger come on the bus.”

If there are two facilitators, one should stand beside the BD to give emotional support and to help pivot the BD. The other facilitator can help guide the movement of Passengers.

Order the sequence of Passengers approximately from the “easiest” to the “hardest” based on what appears to most resonate with the BD.

You may need to coach the passengers to act as “bullies.” e.g. “You are so old – no one will ever care to listen to you! Don’t ever think you can really do XXX!” in a scary tone

The BD may spontaneously rationalize and “talk-back” to the passengers. e.g. “I know it’s not really true...I was successful before” You do not necessarily need to intervene. Interrupt only if it gets too long.

The BD may want to “kick” a Passenger off the bus. Tell the BD that the Passenger has paid the fare, and is here to stay.

The BD may get emotional facing certain barriers. Pace the exercise accordingly to give BD the needed support.

9. Debrief the Role-play

Debrief by helping the BD to reflect on the experience and notice which direction s/he is driving. What was it like to be facing your barriers?

- Which ones were especially hard for you?
- Any particular surprises in this experience?
- Take note of the direction you are driving. Are you getting closer or moving farther away from your values (bull's eye)?

Depending on the situation, the BD may want to discuss more about the experience at this point, including some more stories and explanations about the barriers. Some barriers may be surprisingly "easy" or surprisingly "hard" to face. Support the BD and take time to empathize with the experience.

10. **Re-do the role-play with acceptance and defusion**

Invite the BD and passengers to re-do the role-play, this time coaching the BD to welcome the passenger on to the bus and stay facing the target.

- Let's do this role-play one more time – this time, let's try something a little different. Are you ready?
- This time, when a passenger gets on, see if you can welcome him or her. You don't have to talk back to them. Just something very brief. Just say, "Welcome aboard" or something like that of your choosing.

The BD may lapse into arguing back with the Passengers. If so, gently remind BD to just welcome the Passenger on board.

11. **Debrief with the Bus Driver (BD)**

Thank and invite the passengers to return to their seats. Sit down and debrief with the BD, with the two facing chairs at a 45-degree angle in front of the group. Explore the BD's experience with the whole exercise, including sharing the barriers and doing the role-play twice.

- Would you like to share with us what this experience was like for you?
- What was it like to share your values, desired actions, and barriers?
- What was the role-play like the first time around?
- How was it different the second time around?

Facilitate the BD to reflect on the differences between the two role-plays; how s/he was able to welcome the Passengers; the emotional reactions to the Passengers; and the sense of being in control of his/her “bus.” Note that the Passengers are still present by the end of the role-play. Acknowledge that the Passengers may still seem scary.

12. Elicit Committed Action from the BD

Have the BD identify one committed action that s/he is willing to do based on the experience of doing the exercise. Check to ensure that the BD is committed to doing this.

- Now that you have this experience, what is one action you are willing to do within this week to further commit to your values?
- It can be a small step or a big step... just as long as you are willing to take this step and it takes you one step further in your desired direction
- How sure are you that you will do this – from 0 – 100%?

Facilitate the BD to choose a concrete action. Be as specific as possible. (e.g. “I will jog twice this week for 20 minutes each time”; “I will call my sister tonight”; “I will sign up to volunteer with the mental health association on Saturday,” etc.)

If the BD endorses a low likelihood of following through (e.g. below 80%), see if there is a smaller action that the BD is willing to commit to. (e.g. “I will take a walk once for 15 minutes after dinner”; “I will look up my sister’s phone number tomorrow night”; “I will get a brochure from the mental health association on Wednesday, ”etc.)

13. Debrief with the Passengers and the rest of the group

Invite the Passengers to share their experience. After that, invite other group members to share their reflections and experiences.

- What was it like role-playing the barriers?
- What did you notice about yourself? About the bus driver?
- To everyone – have you experienced similar kinds of thoughts in your head that prevent you from carrying out intended actions?

Group members may want to offer support, suggestions, or advice to the BD. Empathic comments

and suggestions can be helpful. If there is any doubt, check with the BD whether it is helpful, and remind the group that all of our struggles are different – what works for one, may or may not be suitable for someone else. Although our struggles may be different, our experiences of being bullied by our internal thoughts and feelings as barriers may be the same.

References & Sources

- Adapted and modified from Thoughts as Passengers Hayes et al, 2012, pp 250-252

Activity 2.10 Mindful Committed Action Plan

ACT Processes:

- Values
- Committed Action

Objectives:

- To engage participants in deeper reflection on their values – especially in the domain of community;
- To engage participants in formulating specific goals – especially in the area of mental health promotion and reduction of mental illness stigma;
- To support the participants in identifying their willingness to engage in action, and the anticipated barriers and facilitators in community action;
- To encourage participants to take committed action.

Participation Format:

- Participants work in small groups of 4 to 6 people (depending on the number of participants). Participants move their chairs to positions that allow them to work in small groups.
- Participants return to sitting in a horseshoe formation during large group sharing and debriefing.

Number of Facilitators:

- 2

Time Required:

- 45 mins

Materials Required:

- Water-based markers, flip chart paper and masking tape
- Flip chart with pre-written terms for the activity
- [Appendix 2.10 – Mindful Committed Action Plan Worksheet](#)

Activities & Instructions

Instructions for participants

1. **Facilitator# 1** divides participants into 3 small groups by asking participants to take turns counting the numbers: 1, 2, 3, 1, 2, 3 ... until every participant is in a group).
2. Once all the participants are in small groups, facilitators provide each group with a flip chart paper and a marker. Also make sure that each person has their own paper and pen to write with.
3. **Facilitator #1 continues:** “As you know, you are about to complete ACT training to become a mental health ambassador – MHA. Our next activity consists of two parts. First, we invite you to reflect on your own personal values and goals as an MHA. For values – just what kind of MHA will you become? See if you can think of a couple of words or a short phrase to capture this ...use the list of values words to inspire you ... Will you be ... an assertive advocate to speak up for the marginalized? A compassionate listener for people who have been silenced? Or perhaps a caring helper to promote people’s mental health and recovery? To express your values, think about a couple of concrete goals regarding how to serve your family and your communities, especially in the areas of mental health promotion, mental illness prevention, treatment, and recovery, and reduction of stigma associated with mental illness. For example, if your value as an MHA is to become an assertive advocate, you may choose to set this goal “I will focus on speaking out against discrimination towards people with mental illness”... or if your value is to become a caring helper for those suffering, you may set this goal “I will devote my energy to help women who suffer from domestic abuse”. Finally, think of 1 very concrete action that you can do within 1 month that will take you closer towards your goal. For the two examples, a concrete action may be: “write one letter to the editor in an ethnic newspaper to speak up against discrimination” and “sign up for one shift to volunteer at a women’s shelter.” Write all of this down on a piece of paper – your value as a MHA, your goal, and 1 action item. You have 5 minutes to do this.”
4. After 5 minutes, **Facilitator #1** “Now we would like you to share what you have written with your group members. Then, your group will decide on one collective value that you share as a group, think about one common goal, and brainstorm and write down a list of up to 10 potential action items that would express your chosen group value and make progress towards your group goal. See if you can come up with at least 5 items together. These action items may all be individualized to each group members or they can be part of a coordinated group project. Rank each item in terms of degrees of difficulty of implementation. After each group finishes ranking the list, we will share in the large group. You have 15 minutes to develop this list. Please choose a member to record them on the flip chart paper.
5. **Facilitator #1:** Now, we will invite each group to briefly share what the group has come up with. Each group will have 2 minutes to present. Which group would like to go first?
6. **Facilitator #1 continues:** Tell us your group’s most important chosen value and goal and the potential actions that your group has ranked as the most difficult to achieve, and explain why. **Facilitator #2** records the sharing on the flip chart.
7. Then **facilitator #1** encourages all participants in the large group to suggest strategies to address the identified challenges and barriers. **Facilitator #2** continues to record participants’ suggestions corresponding to each action and related challenges.
8. After the debriefing, facilitators give each participant a Mindful Action Plan Worksheet and asks them to record the chosen value, goal, and action items. Then Facilitator #1 explains, On this worksheet, you will find 3 columns. You may work on your personal or group value, goal, and action items. One column is for you to record your action items based on your chosen value and goal; the second column is for you to record the level of difficulty that you have identified. Now another very important column is for you to rank

your willingness to take committed action to actualize your value despite the different levels of difficulty your group has identified for each action item. Willingness is an all-or-nothing commitment. You cannot be half pregnant; you cannot climb half a step on a ladder; and you cannot half jump from a diving board. When you feel ready and committed, you may be ready to go for a small leap or a big leap off the diving board. Please take a moment to rank your willingness for each of the action item, with 1 being a small step and 10 being a big leap.

9. **Facilitator #1** concludes the activity by reminding participants that challenges and barriers do not necessarily prevent us from actualizing our chosen values (make reference to the bus driver exercise); and invite participants to choose one of their action items to carry out as homework.
10. **Facilitator #1** then leads a closure exercise by inviting each participant in the large circle to share one committed action from their list that he will take between now and the next ACT training session.

Notes for facilitators:

- **Facilitator #2** posts a flip chart which states “Values in serving your communities in the areas of mental health promotion, mental illness prevention, treatment, and recovery, and reduction of stigma associated with mental illness” to enhance clarity and support the participants to stay on track with the exercise.
- Under the broad statement, draw a 3-column chart (values, goals, and actions) and give examples for clarity.
- **Facilitator #2** uses a timer to keep track of time, and uses a bell to help the participants move from task to task.
- Facilitators circulate among different groups and encourage participants to be specific in terms of articulating their values and potential action, that is, values that are specific to them and not in general terms. For example, “I am committed to...” or “I am willing to...” or “it is important to me...”
- The ranking exercise with large discussion supports the participants to take action in multiple ways:
 - It enables participants to realistically assess the potential challenges in taking action in stigma reduction;
 - It enables participants to gain awareness of collective strengths and the potential opportunities in addressing stigma of mental illness and related social justice issues.
- The Mindful Action Plan consists of an additional item for ranking – that is, the willingness for participants to take on the listed action. The willingness ranking exercise supports the participants to open up in two ways: (1) perceived difficulty does not need to be translated into rigid ideas of impossibilities; they have the freedom to choose and rank their level of willingness; (2) it provides an opportunity for participants to practice committed action – that is, going beyond thinking and talking about values to ACT.

Appendix 2.10 – Mindful Committed Action Plan Worksheet

Mental illness Stigma Reduction Action – Hierarchy of Difficulty and Willingness

Value: _____

Goal: _____

List 10 possible actions that lead to mental health promotion/mental illness prevention/stigma reduction as services to your community based on your chosen value above.

- Rank each action in terms of potential level of difficulty related to barriers and challenges – from 1 (not difficult) to 10 (very difficult).
- Then rank your level of willingness to take action from 1 to 10. Willingness itself is 100% commitment – like a leap off a diving board. If willingness is a committed leap, rank each action based on its height relative to the others, from 1 (a small leap) to 10 (a giant leap).

Action	Rank	
	Perceived difficulty	Willingness to take action
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
<p>HOMEWORK</p> <p>The action I am willing to commit to: _____.</p> <p>Experience and outcome:</p>		

Activity 3.1 Mindfulness and centering

ACT Processes:

- Mindfulness
- Present moment
- Defusion

Objectives:

- To facilitate the experience of mindfulness among participants
- To support participants in getting in touch with their moment-to-moment experiences
- To engage participants in becoming more mindful of their sensations, thoughts and feelings.

Participation Format:

- Participants sit in large circle

Number of Facilitators:

- 1–2

Time Required:

- 10–20 mins

Materials Required:

- Provide each participant with 3 raisins.

Activities & Instructions

Setup

- Arrange all the chairs in a large circle.
- Co-facilitators sit apart from each other to enhance integration with participants.

Instructions for participants

Facilitators give each participant a small box of raisins (one-serving size), and Facilitator #1 introduces the idea of eating raisins.

- Raisins are a common snack. When we eat raisins, often we just pop them in our mouths without much thought. Today we invite you to discover a different experience in eating raisins.
- First. Take a raisin and eat it as you usually do, that is, just pop it in your mouth and eat it.
- Now get another raisin, put it in the palm of your hand and examine it in detail. (Pause.) Notice the wrinkles on its skin, the various shapes of these wrinkles. (Pause.) Notice the reflection of the light off its surface. (Pause.) Look at it from a different angle and notice any changes. (Pause.) Take out a second raisin and place it next to the first one. Notice how unlike they are. Are the two raisins the same size? (Pause.) Notice the space they take up on your palm, in this room, in this world and in the universe.
- Now pick up one of the raisins and roll it around between your fingers. (Pause.) Feel the texture on the outside of the raisin, and the softness inside. (Pause.) Notice the slightly sticky traces it leaves on your fingers as you move it back and forth. (Pause.)
- Pick it up and hold it close to your nose. Notice any smell. (Pause.)
- Hold it now close to your ear. Notice any sound. (Pause.)
- Now place the raisin in your mouth. Do not swallow it. Roll it around inside your mouth, over and under your tongue. (Pause.) Roll it to the side between your jaw and cheek. Do not eat it. Hold it inside your mouth for 30 seconds. When you are ready, eat the raisin slowly and note its taste. (Pause.) Note the way it feels on your teeth as you chew it. (Pause.) Feel how it slide down your throat as you swallow it.
- Now eat the second raisin, but eat it super slow. Chew the raisin as many times as you can until it turns into liquid mush in your mouth. (Pause.) Is the flavor of the raisin different when you eat it super slow? (Pause.) What does it feel like in your mouth as it falls apart? (Pause.) How does it feel when you swallow it? (Pause.)
- After 5-7 minutes, Facilitator #1 checks to see if participants have all finished eating a raisin super slow, and invites participants to share their experience.
- Facilitator #1 concludes by highlighting:
 - Mindfulness can be practiced at all moments in our everyday life (eating, bathing, answering the phone, etc.) – when we stop multi-tasking; turn-off the auto-pilot; and be present to observe our experiences.
 - As we develop new awareness and embody mindfulness through practice, we will be able to gain new experiences on many things that we do in a taken-for-granted manner.
 - Mindful practice enables us to defuse from rigid ideas and inflexible practices.

References & Sources

- Hayes (2005), *Get out of your mind and into your life*. (p.111). Oakland, CA: New Harbinger Publication, Inc.

Activity 3.2 Sharing of homework experiences and insights

ACT Processes:

- Acceptance
- Values
- Commitment

Objectives:

- To engage participants in reflecting on their experiences in doing the “Mindful and Committed Action” homework;
- To promote meaningful living through committed action
- To promote collective action to reduce the stigma of mental illness

Participation Format:

- Participants will form into 3 groups for the first half of the exercise; for the second part, the large group will reform and sit in a horseshoe formation, with the facilitators sitting across from each other at the open end of the horseshoe.

Number of Facilitators:

- 1–2

Time Required:

- 20 mins

Activities & Instructions

Instructions for participants

Facilitator #2: Our next activity is to share our experience in doing our homework on mindful and committed action. At the end of our last activity, we divided ourselves into 3 groups. Let’s reform the groups and share with one another your progress over the next 10 minutes, discussing the following:

- What actions were taken and what was it like?
- Was there anything you learned from the ACT training that helped with your actions?”

- What would support you in continuing to do this work?

You will have 10 minutes to do this. One group member can volunteer to take notes, summarize, and report back.

Facilitator #1: Let's get back together in the large group. Can we have each group representative share the group's experience for 2 minutes?

Facilitator #2 concludes the discussion by highlighting the power in our willingness to act and the strategies that we can draw on to do committed action.

Activity 3.3 Review of ACT Training Activities

Objectives:

- To support participants in making clear connections of all the ACT activities to the ACT model
- To enhance an increased understanding of the ACT processes and how they can be applied after the training

Participation Format:

- Participants sit in a horseshoe initially; facilitators stand at the open end of the horseshoe circle; participants will then gather together in small groups around tables to do a card sort.

Number of Facilitators:

- 2

Time Required:

- 20 mins

Materials Required:

- Prepared flip chart page with list of ACT activities that have been carried out (see Activity 3.3. Review of ACT Training Activities)
- Prepared flip chart with the ACT process hexaflex (see Appendix 1.3.1 – Hexaflex ACT Model)
- Water-based colour markers, flip chart papers, and masking tape
- Sets of spare ACT Cards

Activities & Instructions

Setup

- Arrange all the chairs in a horseshoe shape
- Co-facilitators stand at the open end of the horseshoe

Instructions for participants

- Facilitator #1 will review the 6 core processes of the ACT model, and distribute the corresponding cards.

(see Hexaflex: The ACT model of psychological flexibility on page 12 for brief descriptions of the core processes.)

- Together the facilitators will demonstrate and explain the hand gestures in the following sequence (see cards), asking participants to follow along:
 - **Defusion** – Separating the hands – creating a distance between us and our thoughts
 - **Acceptance** – Turning palm upwards – being open and accepting to our thoughts, feelings, and inner experiences
 - **Present Moment** – Centering the edge of one hand on the palm of the other – being in the present moment
 - **Self-As-Context** – Cupping the bottom palm to cradle the upper hand which curls into a fist – being the flexible holding self rather than fusing with its contents
 - **Values** – Cupping with both hands – being in touch with what we value
 - **Committed Action** – Hooking pinkies together – committing to act in the service of our values
- **Facilitator #2** puts people together into 3 groups based on proximity and convenience, and asks each group to work together over 3 to 5 minutes to sort a set of ACT activities cards under the 6 core process cards; if none of the participants in a group has brought back their ACT cards, lend them a set for temporary use; ask them to gather around a table to do this; the 6 core process cards should be laid out on the table with the image-side face up in a horizontal row, and ACT activities cards are to be sorted beneath them with the word-side facing up; the colour of the ACT exercise cards is a potential clue, and it is fine if participants figure this out; the two ACT exercises that are to be covered later in this session will not be included in this exercise
- **Facilitator #1** will begin the debriefing by posting up a list of ACT exercises on a flip-chart with the most associated ACT process beside it; discuss any differences between the groups' answer with the facilitators' list; in most cases, the answers are not wrong as most ACT exercises can illustrate more than one ACT core process; if there is a misunderstanding, clarify as needed

References & Sources

- Hexaflex (Hayes et al., 2013, p. 184)

Appendix 3.3 – ACT Activities Covered in Training Session 1 & 2 Summary

ACT Activities	ACT Processes
Session 1	
1.4. The Marker Exercise	Defusion & Acceptance
1.5. Inclusion/Exclusion Circle	Defusion and Values
1.6. Mindfulness & Leaves-on-a-stream Exercise	Present Moment & Defusion
Session 2	
2.3. Stigma Sculpture	Acceptance & Defusion
2.4.1. Stories & rules regarding mental health/illness 2.4.2. Label Exercise 2.4.3. Paired singing	Defusion & Acceptance
2.5. Lego Exercise	Self-as-Context
2.6. 100th Birthday Party	Values
2.7. Cultural and Personal Values	Values
2.8. Bull's-Eye Exercise	Values & Committed Action
2.9. Bus-Driver	All ACT processes
2.10. Mindful Committed Action Plan	Committed Action & Values

Activity 3.4 Forgiveness Card Exercise

ACT Processes:

- All

Objectives:

- Recognize the suffering caused by fusion with past experiences
- Foster a defused relationship with the past as history
- Allow opportunity, if the participant is ready, to choose to let go of the past in the presence of acceptance and values

Participation Format:

- This will be a 2-part exercise. For the first part, participants will do this on their own; for the second part, the exercise will be done in pairs.

Number of Facilitators:

- 2

Time Required:

- 45 mins

Materials Required:

- [Appendix 3.4](#) forgiveness Card (print on heavier paper if available – 2nd page should be printed upside down)

Activities & Instructions

1. Introduce the topic of forgiveness. Draw a big hook on the flipchart with 2 small fish on it.
 - When someone has wronged us before in the past, it can be a very natural and reasonable reaction to feel angry, even when it consumes us and hurts us further. From an ACT perspective, we can look at this metaphor*:
 - Imagine how there is a huge fish hook – a “wrong” has been committed – it hooks both you and the offender together like two fish on a hook ... it is undeniably painful, and what is more, if you don’t let the other person off the hook, you are also not free from it – so you are both on the hook together

2. Distribute a handout and have participants complete it based on their past experience of hurt.
 - With this in mind, let's do an exercise on forgiveness. Please fill in the handout. (see Appendix 3.4.1) Think about a situation in which you have been wronged; something that you still feel quite upset about and wish you could bring yourself to forgive. Now, on the side with the hook, on the bottom left, write down just a few lines about how you have been wronged by the other person under "Story", and on the right side write the consequences of how you suffer. These may be a few words about how angry or hurt you feel or what you can no longer do. For example, on one side you may put down how you have been teased by a childhood friend, and on the other side you may put down "anger" and "avoid making friends."
 - Then please flip the page around. We are often hurt because within that story we feel as if our values are somehow being undermined. See if you can reconnect with your values underneath your pain and suffering. What kind of relationship would you have liked to have with that person who wronged you – if you have somehow miraculously and completely forgiven the person? If that's impossible to imagine, then imagine that the wrong was somehow never committed. On the box beside it, think about what actions you would like to be able to do in the service of your values if you can move past the hurt.

3. Paired Sharing.

- Once you have finished, turn over the paper in your hand several times. Notice that they are on the back of each other and are interconnected. Certainly, the story and suffering had occurred and we can never go back and change them – and they are on a page recorded in your book of life. The other boxes on the flip side are what you have just consciously reconnected with today – your values and the actions you would like to carry out. Take a moment to flip this paper over back and forth several times – and choose – at this moment – which side of the page you would like to be on – the historical side or the present values you have just connected with. Be honest with yourself. Which side are you willing to be on – at least for this moment in time?
- Now, please fold the paper in half so that the side you choose is on the outside. It will fold just like a horizontal greeting card – one side with either a circle or hook on it, and the backside with 2 written boxes. Please find a partner, sit opposite with each other, and share what this exercise has been like for you. You can place your paper like a greeting card on your lap – with the symbol facing the partner, letting him/her know that you are either feeling "centered and open" or feeling "hooked" right now. Feel free to choose what and how much to share – including the 2 boxes facing you or what you know is inside the card.

4. Large Group Sharing & Debriefing

- What has the experience been like for you?

Bring out the following points:

(i) What hurts us in the present moment is fusion:

- What happened did hurt us, and our suffering continues when we get fused and "hooked" by the story.

(ii) Forgiveness is about our choice:

- Notice the relationship of the 2 sides of your card – inner and outer. We can choose to have our story be the inner history and build our compassionate values and actions on that history, or the opposite, we can get hooked into expressing our story and hurt, when really, buried inside are our cherished values and

committed actions. Which side do we want to nurture and highlight and which side would you like to be the backdrop?

- In our lives, we may encounter many people who wrong us... if we decorate our desk full of these greeting cards – how would you like to place them?
- Forgiveness and moving on is about our choice then from moment to moment – to reconnect with our values and compassion as opposed to getting caught up with the story.

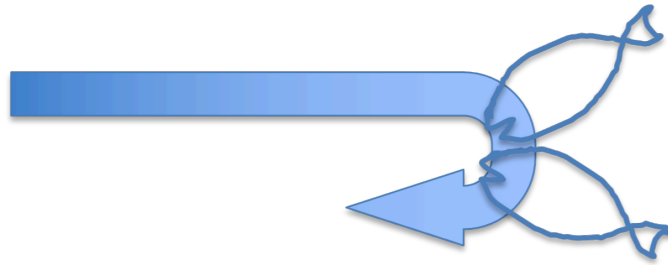
(iii) What forgiveness is not:

- Denial: forgiveness does not mean we condone the story or erase the story or rewrite the story. Our feelings of anger and hurt may also hang around, attached to the story. It is whether we are caught up with the story and suffering – like the anger and the constricted action patterns. So it is acceptance – willingness to have our story and suffering as part of that history.
- Conditional: forgiveness does not depend on other things to happen. It does not depend on the person apologizing and being punished. These wishful thoughts are just part of that same story and about how wrong that person is. Focusing on this is just adding more to our story and suffering. Do we want more of this – to make our story longer? Forgiveness is available to us ... right now
- Permanent: notice that the card flips easily. It is not uncommon that when we think we have forgiven the person, we still feel angry later on when triggered. So forgiveness itself is a valued direction based on compassion – and our committed action in forgiveness is choosing at any given moment which side to fold the paper.

References & Sources

- Fish hook metaphor – Hayes et al, 1999, p 253

Appendix 3.4 – orgiveness Card

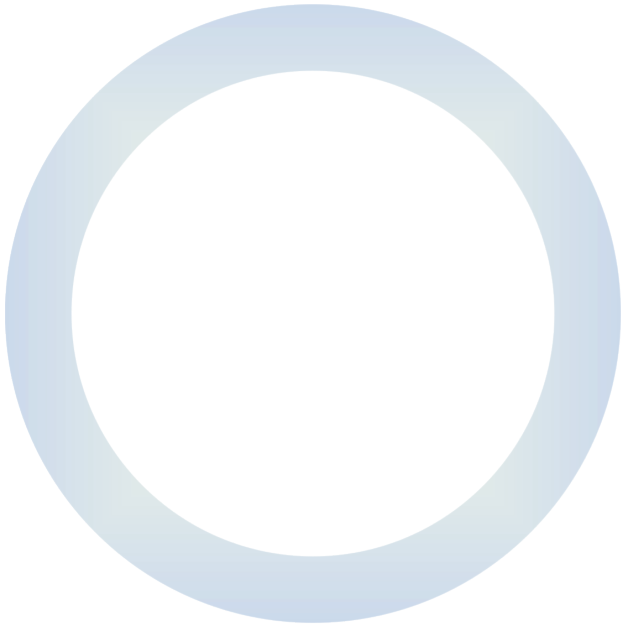


My Story

My Suffering

My Values

My Actions



Activity 3.5 Origami with fortuneteller

ACT Processes:

- All

Objectives:

- Review the ACT Model
- Construct and physicalize the ACT Model
- Have a take-home device that promotes the ongoing use of ACT skills

Participation Format:

- The main task is paper folding. Participants can sit in a horseshoe shape and do this on their laps. Some may need a desk or help from others.

Number of Facilitators:

- 1–2

Time Required:

- 30 mins

Materials Required:

- Paper for paper-folding – pre-cut square pieces are recommended to save time
- [Appendix 3.5](#) Fortune Telling Paper Folding Template

Activities & Instructions

1. Distribute square pieces of paper for paper-folding.
2. Introduce the exercise.
 - The last exercise is a paper-folding exercise. We will learn to make a fortune-teller. It probably originated from Japan in the 1600s, and this has been popular in many parts of the world. It will help us make a final revisit of the ACT model.
3. Teach the participants to fold a fortune-teller (cootie catcher).
 - Reference:

– [http://www.wikihow.com/Make-a-Cootie-Catcher-\(Origami-Fortune-Teller\)](http://www.wikihow.com/Make-a-Cootie-Catcher-(Origami-Fortune-Teller))

4. Instead of putting numbers and fortunes on it, here are the instructions for labelling:

- On the 4 corner tabs, please write down the 4 main value domains from the Bulls eye exercise – Self-Care, Work/Pursuits, Family, Friends & Community.
- On the 8 shaded small triangular tabs, please write down the typical barriers for you that show up when pursuing your values (e.g. no time, stigma is too strong, I'm not good enough, etc.).
- On the 8 innermost triangular tabs, write down different inspiring or helpful things you learned in the ACT training that will help you remain committed to your values; this can be: (1) simple words that captures something important for you – like “acceptance”, “mindfulness” or “compassion”, etc. or (2) metaphors or sayings that you found helpful from us or other participants – like “dropping the rope in a tug of war,” “pain is inevitable, suffering is optional” or (3) activities we experienced together or something you could do on your own – like “meditation”, “bus driver”, “exclusion circle”, “chair sculpture”, etc.

On the flip chart, write down – “words”, “sayings”, and “activities.”

Participants may need to complete this at home – see if they can at least put 4 of the barriers and 4 of the ACT reminders. The blank “barriers” can also represent barriers to come.

5. Have participants share a few of the inspirational words, sayings, or activities that they put down as self-reminders.
6. Demonstrate how this ACT-fortune-teller works.
 - In many Asian countries, we often put down the 4 cardinal directions on the outside tabs – just as we now have the four valued directions labelled. They represent where we want to go.
 - Along the way, we may randomly encounter any number of barriers or obstacles in the middle layer.
 - When we do, we can appeal to and remind ourselves of what we have experienced here together in the final layer.
 - Notice how you – as a person – can carry all of this with you and walk with it to anywhere you go; so when you go home, you can carry with you your values, the barriers that you face, and the ACT approach that can accompany you... and ultimately – use it to make and shape the future for you and the community.

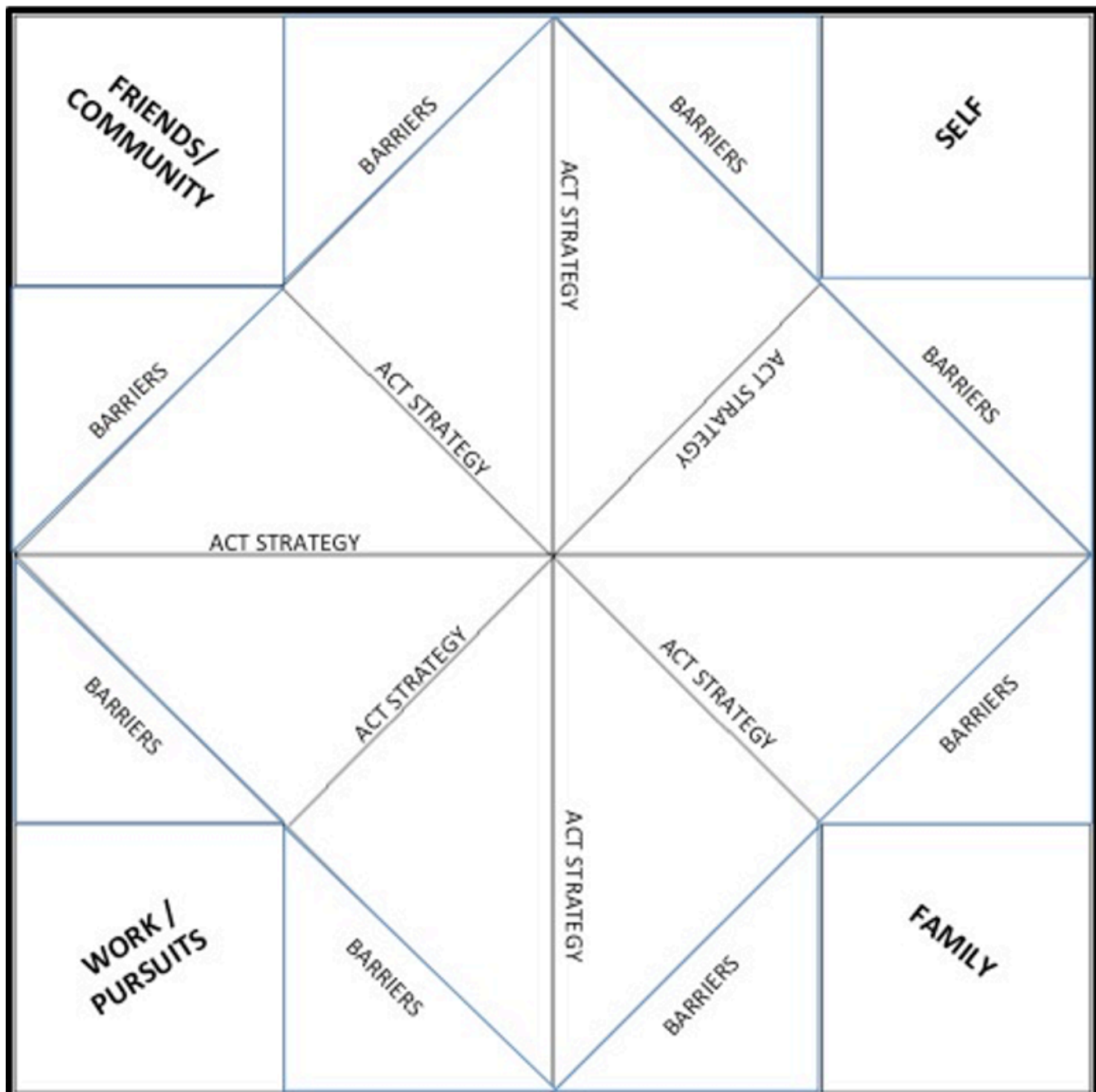
References & Sources

- Fung, K. P. (2011) The ACT “fortuneteller”, developed for ACT groups for parents with children with ASD.

Appendix 3.5 Fortune Telling Paper Folding Template

Instructions:

1. In the shaded outer triangular tabs, write down the barriers that prevent you from pursuing your values or value-guided goals.
2. In the inner most triangular tabs, write down things that will support you to commit to your values (e.g., ACT processes – mindfulness, defusion, self as context, or words of wisdom/ inspiration that you have learned from each other – compassion, reflection, get connected, take a leap of faith, etc.)



Activity 3.6 ACT goodbye

ACT Processes:

- All

Objectives:

- Provides an opportunity to reflect on and share personal experiences of the group and to thank the other group members
- Provides a chance for each participant to commit to a single action in the service of their values
- Gives a sense of closure for the ACT group in anticipation for the follow-up phase of the study

Participation Format:

- Participants seated in a horseshoe shape.

Number of Facilitators:

- All

Time Required:

- 30 mins

Activities & Instructions

- Ask the participants to take turns to share what they want to say to the group and commit to a single value driven action.
- Write "1. Connect – presently; 2. Share – openly; 3. Act – committedly." on the flip chart.
- As we approach the final minutes to our group, we would like to close out the group with an "ACT Goodbye." We will all take turns doing this. When you feel that it is your turn to go, please stand up and we would like to ask you to do 3 things in an ACT manner – being present, being open, and being committed:
 1. spend a second to look at and connect with each person in the group in the present moment;
 2. share openly about your experience of the group and if you would like, you can also thank the group; and finally,
 3. let us know one single action that you will commit to in the service of your values to promote mental health – whether it is for yourself or for the community.

References & Sources

Adapted and elaborated based on: ACT Experiential Workshop with Steven Hayes, Philadelphia, 2005

ACT Cards and Handouts Download

A collection of handouts/ appendixes found in Section 3 can be downloaded from here:

https://pressbooks.library.torontomu.ca/strengthinunity/wp-content/uploads/sites/389/2024/02/Appendixes_small.pdf

The set of 22 ACT cards with pictures on one side and words on the other have been printed for distribution to participants at all 3 sites.

ATC cards download(print on both sides of the papers): <https://pressbooks.library.torontomu.ca/strengthinunity/wp-content/uploads/sites/389/2023/10/ACT-cards.pdf>

ACT Cards # and Names

1. Acceptance & Commitment Cards
2. The Marker
3. Leaves on a stream
4. Inclusion/Exclusion circle
5. Chair of Stigma
6. Stories and Rules
7. Labels
8. Paired singing
9. Lego
10. 100th Birthday
11. Bull's eye
12. Bus Drivers
13. Raisin Exercise
14. Mindful Committed Action Plan
15. Forgiveness Card
16. Fortune-teller
17. Defusion
18. Acceptance
19. Self-as-context
20. Present Moment
21. Values
22. Committed Action

References

- Bishop S. R., Lau M., Shapiro S., Carlson L., Anderson N. D. Carmody J., Segal Z. V., Abbey S., Speca M., Velting D. Devins G. (2004) Mindfulness: A Proposed Operational Definition *Clinical Psychology: Science and Practice* 11(3): 230–241
- Dahl, J., & Lundgren, T., (2006). *Living Beyond Your Pain: Using Acceptance and Commitment Therapy to Ease Chronic Pain*. Oakland, CA: New Harbinger Publication, Inc
- Dimidjian S. D., & Linehan M. M. (2003). Mindfulness practice. In W. O'Donohue, J. Fisher & S. Hayes (Eds.), *Cognitive behavior therapy: Applying empirically supported techniques in your practice* (pp. 229-237). New York, NY: Wiley
- Fletcher, L., & Hayes, S. C. (2005). Relational frame theory, acceptance and commitment therapy, and a functional analytic definition of mindfulness. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 23(4), 315-336. doi:10.1007/s10942-005-0017-7
- Fung, K. P., & Zurowski, M. (2016). Chair sculpture of suffering exercise. *Keeping reflection fresh: Top educators share their innovations in health professional education*. Kent State University Press
- Hayes, S.C. (2005). ACT Experiential Workshop, Philadelphia.
- Hayes, S. C. (2004). Acceptance and commitment therapy, relational frame theory, and the third wave of behavioral and cognitive therapies. *Behavior Therapy*, 35(4), 639-665. doi:10.1016/S0005-7894(04)80013-3
- Hayes, S. C., Levin, M. E., Plumb-Villardaga, J., Villatte, J. L., & Pistorello, J. (2013). Acceptance and commitment therapy and contextual behavioral science: Examining the progress of a distinctive model of behavioral and cognitive therapy. *Behavior Therapy*, 44(2), 180-198. doi:10.1016/j.beth.2009.08.002
- Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). Acceptance and commitment therapy: Model, processes and outcomes. *Behaviour Research and Therapy*, 44(1), 1-25. doi:10.1016/j.brat.2005.06.006
- Hayes, S. C., & Smith, S. (2005). *Get out of your mind and into your life*. Oakland, CA: New Harbinger Publication, Inc.
- Hayes, S.C., Strosahl, K., & Wilson, K.G. (1999). *Acceptance and commitment therapy: an experiential approach to behavior change*. New York: Guilford Press.
- Hayes, S.C., Strosahl, K., & Wilson, K.G. (2012). *Acceptance and commitment therapy: the process and practice of mindful change*. New York: Guilford Press.
- Langer E. J., (2000) Mindful learning *Current directions in psychological science* 9(6): 220–223
- Nhat Hahn, T. (2008 May). The moment is perfect. *Shambhala Sun*. Retrieved June 22, 2014 from http://shambhalasun.com/index.php?option=com_content&task=view&id=3206&Itemid=244
- Russell, S. S. (2006). An overview of adult-learning processes. *Urologic Nursing*, 26(5), 349.
- Wood, B. P. (2010). Twelve universal principles of adults as learners. *Academic Radiology*, 17(5), 672-673. doi:10.1016/j.acra.2009.12.016

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Dr. Josephine Pui-Hing Wong's program of research is underpinned by the principles of social justice and equity. She is committed to doing research "with" and not "for" the affected communities. She seeks to answer the "so what" and "what then" questions in all her research. Being mindful of the need and urgency to go beyond understanding specific phenomena about health inequities, she works closely with the affected communities to develop socially innovative solutions that promote collective resilience and social change. Her areas of research include: social identities and health practices; HIV, sexual health, and mental health in diasporic and transnational communities. She has led and is leading numerous intervention studies on stigma reduction and health promotion in the Asian, Black and Latinx communities in Canada as well as among university students in China and women In India.