

## ACT based Step 1 session NOTES:

### 1. Beginning of session –

- Welcome – My name is Jonny. I like that I have the ability to help people get unstuck. Please tell me your name and something that you like about yourself. Notes:

It is anxiety inducing for me to be put on the spot and say something about myself like that. Is it the same for you? What kinds of thoughts, emotions, bodily sensations did you notice while preparing to respond and responding? How did you carry on with the task of responding effectively? This kind of exploration is similar to what we can do regarding anxiety in other situations such as studying or taking exams.

### • Task 1 – Brief mock exam:

- Instructions: We're going to have you complete a shortened mock exam. You are on question 5 and you were not sure about 1 of the previous 4 questions and know that you did not know the answers to the others. You also know that you have already spent too much time on a bunch of questions that you may well get wrong. Now, turn your attention to question 5, while you're attempting to answer the question just notice the thoughts that are coming up for you.
- Mock question 5: See page 5 of these notes
- Identify/reflect upon internal experience (anxiety):
  - Reflections, comments, questions:

### 2. Brief psycho-education on anxiety and test anxiety:

- How do you define anxiety?
- Anxiety is adaptive, think fight or flight, when humans are in a situation with actual threat to survival. Anxiety sometimes persists when essentially benign situations are incorrectly interpreted as involving imminent harm. When we were in the jungle earlier in evolution and we sensed a predator, anxiety signaled us to act fast, to avoid that particular situation. Also, more commonly experienced, our efforts to control anxiety often only worsen it and the problem is no longer the problem - our attempts at solving it become the problem.
- Test anxiety includes both anxious thoughts and feelings, and these features interact to produce the overall experience of anxiety in a testing situation.

### 3. "Creative hopelessness" exercise: Our first goal is to see that our usual, natural practice is to employ methods to control our experience such as avoidance or problem solving at every, in this case anxiety related to testing and/or studying. Avoidance may have worked well in the jungle, but not the OR. Problem solving works in the external world quite well like the OR when there is artery needing ligated, or when you hear a clunking sound in your car, you use problem solving to get it to a mechanic who uses problem solving to fix it. There is good evidence, however, that problem solving our internal experience creates more problems or gets us more stuck, so to speak. This is what it means when the problem is no longer the problem, but that our attempted solution becomes the actual problem.

#### • Examples of this:

- The polygraph metaphor (Hayes et al., 1999 - The exercise demonstrates how difficult it is to control internal experiences in high-stakes situations, such as tests): I think at least some of you are familiar with this one from last week. Imagine that the only way to prevent being shot in the head by a gun wired to a polygraph machine is to remain completely calm and free from anxiety. How are you feeling about trying to control your anxiety?
- Mind reading metaphor (Difficulty of thought suppression): I know exactly what you will be thinking in about 15 seconds. It may seem unrealistic, but in 10 seconds I guarantee you will be thinking this word. Just listen to this, Mary had a little \_\_\_\_\_. Now I am going to do the same thing in 10 seconds and whatever you do, do not think that word now or then, Mary had a little \_\_\_\_\_. In this case, the next test is

a cue to us to have certain thoughts, suppressing them does not seem to work without exhausting effort.

4. *Willingness*, an alternative to thought control, and its 3 components: *Awareness, Defusion, and Acceptance*
  - Willingness is the ability to **maintain openness** to the experience of distressing thoughts, feeling, images, and sensations. To be open and maintain it requires the 3 components. Remember a time when an alarm clock went off early and you felt extremely tired and reluctant to leave your warm bed and you did anyway to achieve something important. I don't think any of us particularly enjoy the experience of anxiety that a test evokes and yet we are willing to experience that anxiety to accomplish an important goal that is linked to one or more key personal values. I am anxious about doing a good job teaching you this right now and I carry that with me because I value sharing this different point of view, which has helped me so much in an effort to support others to do the same. When we open up to our experience this way, we learn that rather than expending energy to suppress or escape from distressing internal experiences, efforts can instead be directed toward accomplishing an important goal (i.e., a good score in an examination) and we then have the opportunity to master this important set of skills.
    - Awareness/practice – Awareness is the basis of consciousness, it is the ability to observe or notice, and nothing more. You must first **notice** to be able to **choose** what you do next in both your inner world and the external world. If you can remember only one thing from this whole talk, it is **NOTICE and CHOOSE**. You can notice your inner experience, especially when you want it to be different, and choose to open up to it, get some distance from it and then choose what to do next in the external world. 3 minute brief meditation, reflection on previous meditation experience...
    - Defusion/exercises – Defusion skills help us step back and create psychological distance from unhelpful (e.g., anxious) thoughts and feelings. It starts with noticing (awareness of) the unhelpful and/or discomforting thought, then can be as simple as saying it slowly, in a funny voice, repeating the main word until it loses all meaning, write them down.
      - To that potential end, this is a thought defusion record, which I have renamed with the mnemonic STUDY Record (see handout). It has some additional defusion techniques in the far right column. I'll walk us through it. **S** – Teaching this session; **T** – The students won't find this helpful, so it will be a waste of time, plus I don't really have time to do it well. **U** – I consider cancelling the session to avoid this dilemma. **DY** – I am (once again) having the thought that this won't be helpful, that it is a waste of time and that I am too busy *and* I am going to carry those thoughts and related feelings with me as I do the best I can to be helpful. This is sort of a combination of the following examples.
        - *Getting off your butts metaphor*: "I want to study, but I feel anxious." Replace the word "but" with the word "and" (i.e., "I want to study, and I feel anxious") to emphasize that uncomfortable sensations can be experienced while one is still acting in accord with the value of good academic performance.
        - *Noticing practice*: "I'm having the thought/feeling that...", where this phrase is added to an anxious thought ("I don't know any of the answers on this test" becomes "I'm having the thought that I don't know any of the answers on this test") to gain distance from the thought (Hayes et al., 1999).
    - *STUDY record exercise*. Please turn to the study record I provided to you.
      - Questions, comments, reflections:
  - Acceptance/exercise – Acceptance, sometimes referred to as *radical* acceptance, is opening up to our experience as it is. Practicing acceptance is an alternative to attempting to control internal experiences or to believe they should be otherwise. This means embracing anxious thoughts, feelings, memories, and physiological reactions.
    - *Tug of war with the monster metaphor* (Hayes et al., 1999 – demonstrates that ceasing to struggle with test anxiety allows them to have more attentional resources devoted to the test): Imagine you're in a tug of war with a test-anxiety monster. You've got one end of the rope and the monster has the other. In between you is a bottomless pit. You're pulling backward as hard as you can, but the monster keeps pulling you ever closer to the pit. What's the best thing to do

in that situation? Pull Harder? That's what comes naturally, but the harder you pull, the harder the monster pulls. You're stuck. What do you do? Drop the rope? Yes. The monster is still there, but you are no longer caught up in a struggle with it and can do something more useful.

- Willingness exercise:
  - *Passengers on the bus metaphor*: (Hayes et al., 1999 – demonstrates how the three concepts unify to allow individuals to act in accordance with their values). I am the driver of the CH Transit bus, you are each passengers who say their anxious thoughts out loud and describe their sensations out loud. As the bus driver, when I engage with each of you I have to stop driving the bus or risk a major accident. I can struggles to quiet the passengers (thoughts), but you see then that we are not getting to campus in time for class. An alternative is to utilizes willingness to remain aware of the situation, accept what is happening and defuse from the struggle (with inner experience) so that I am able to accomplish my goal of driving. How might this related to your experience of test taking anxiety?
  - Questions, comments, reflections on any of the exercises:

5. Handling loss of focus:

*Gentle refocusing*: Adapted from MBSR and DBT skill manuals, these skills can be used when you notice getting caught up in the struggle with thoughts or feelings during examinations or during studying. Traditionally speaking this involves that at each occurrence, no matter how frequent, you notice the distraction without judgment and gently. More robust examples: Progressive muscle relaxation, with which you may be familiar; Neck rolling with the breath during a test question that has triggered a struggle with unhelpful thoughts; Mindful movement during studying as a break from the struggle of unhelpful inner experience (i.e., pattern of thoughts, feelings, sensations).

- Questions, comments, reflections:

6. **Optional if time:** Task 2 – Studying:

This is the night before the exam, and you have been spending all day studying. You are just about to be done studying for the examination but have one more paragraph to read. Please use the strategies you've learned to help yourself cope with unhelpful thoughts that I will verbalize while you are reading the paragraph provided. (Verbalize some of the previously identified anxious thoughts while the participants are reading the paragraph)

- Example paragraph: See page 7 of these notes
- Questions, comments, reflections:

7. Task 3 – Mock Q95: See page 6 of these notes

You've made it to the last handful of questions. Your mind is reeling about at least 20 questions that you are unsure of, including a 5 or more that include stuff that you frankly don't recall ever even being mentioned in your study materials. Please use the strategies you've learned to help yourself cope with unhelpful thoughts that occur while trying to answer the exam question, perhaps consider *starting* with a brief gentle refocusing practice...

8. End of session:

Questions, comments, reflections:

- Thanks for your attention. Just notice what your thinking and experiencing and use that space to choose to drop any struggle that is taking place. **NOTICE and CHOOSE!**
- You can: 1. Notice your inner experience, especially when you want it to be different or think it *should* be different; 2. Choose to open up to it and get some distance from it and; 3. Choose what to do next in the external world.
- You are provided with a written summary of some strategies to use from today, a STUDY record with recommendations for practicing prior to the exam, during studying sessions and during your exam(s).

Exam Question 5: A 20-year-old man comes to the physician's office for a scheduled health maintenance examination. His father died of a myocardial infarction at age 55 years. Physical examination shows a tendon xanthoma on the elbow. His serum total cholesterol concentration is 360 mg/dL. A mutation is most likely to be found in which of the following genes?

- (A) apoA2
- (B) apoC2
- (C) apoE- $\epsilon$ 4
- (D) LDL receptor
- (E) VLDL receptor

Once answered, please jot down some thoughts, feelings, body sensations you noticed when trying to complete this question:

Please use the strategies you've learned to help yourself cope with unhelpful thoughts that occur while trying to answer the exam question, perhaps start with gentle refocusing...

Exam question 95: A 72-year-old man who is a retired construction worker comes to the physician because he has had a lesion on his face for 3 months. Physical examination shows a 6-mm, red, ulcerated lesion with heaped borders. A biopsy specimen of the lesion shows atypical, dysplastic keratinocytes within the epidermis and dermis. Which of the following is the most likely diagnosis?

- (A) Actinic keratosis
- (B) Discoid lupus erythematosus
- (C) Melanoma
- (D) Squamous cell carcinoma
- (E) Mycosis fungoides

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Asbestosis is associated with asbestos inhalation from exposure to shipbuilding, insulation around plumbing, roofing material, floor tile, and ceiling tile. Asbestos fibers deposit inside the alveoli when inhaled. Alveolar macrophages phagocytose the asbestos fibers and coat them with iron, creating golden brown, fusiform, dumbbell-shaped rods within the macrophages called asbestos bodies or ferruginous bodies. Unlike coal workers' pneumoconiosis (CWP) and silicosis, asbestosis predominantly affects the lower lobes. Asbestosis usually causes benign calcified pleural plaques, which are not malignant precursors. Asbestosis is associated with an increased risk of mesothelioma, a malignancy with a poor prognosis that arises from the pleural serosa and eventually encases and traps the lung. Despite the strong association with mesothelioma, the most common malignancy associated with asbestosis is bronchogenic carcinoma. Asbestosis can cause interstitial fibrosis and may also present with Caplan's syndrome. There is no increased risk of tuberculosis with asbestosis.