

Implication Of Acceptance And Commitment Therapy For Aggression In Pakistani Culture: A Case Study

Saima Abbas¹, Anam Pirzada², Maham Rasheed^{3*}, Motasem Mirza⁴, Asra Fatima⁵, Iqra Gulzar⁶

Abstract

Aggression, a complex emotional and behavioral phenomenon, challenges individuals' well-being, often resulting in adverse outcomes in personal and professional contexts. Acceptance and Commitment Therapy (ACT), a mindfulness-based behavioral therapy, offers a promising approach to managing aggression by promoting psychological flexibility, emotional acceptance, and value-driven actions. This paper presents an in-depth case study of a 35-year-old male client who exhibited aggressive behaviors and emotional dysregulation. Over eight therapeutic sessions, ACT techniques were employed to address the root causes of the client's aggression and emotional challenges. This case study aimed to explore the efficacy of ACT as a therapeutic intervention for reducing aggressive behavior and fostering psychological flexibility. The client gradually learned to manage his¹ emotional triggers more effectively using mindfulness practices, cognitive defusion, acceptance of negative emotions, and commitment to values. The study highlights how ACT enabled the client to respond more adaptively to stress and frustration, reducing instances of aggression and enhancing overall emotional regulation. The article will discuss the theoretical underpinnings of ACT in the context of aggression, the therapeutic process, and the role of value-based interventions in promoting behavioral change. The results, limitations, and future implications of ACT in managing aggression will also be explored in-depth, providing insights for clinicians and researchers working with aggressive individuals.

Keywords: *Acceptance and Commitment Therapy, aggression, case study, mindfulness, behavior change, psychological flexibility.*

Introduction

Everyone experiences anger, and when people lack practical coping skills to deal with anger, aggressive behaviors are common (**Down et al., 2010**). Verbal or physical actions aimed at hurting or intimidating another person are aggression (Anderson & Bushman, 2002). Aggression is a natural instinctive response to a perceived threat or frustration; however, it is a

¹Phd Scholar, University of Cyberjaya, Malaysia

²Department of Applied Psychology, University of Central Punjab, Lahore Pakistan

³Clinical Psychologist at Out of Box Consulting (OOBCON) & Nabta Health Clinics, UAE

⁴MS Scholar in Clinical Psychology, Department of Professional Psychology, Bahria University, Lahore Pakistan

⁵MS Clinical Psychology, Department of Professional Psychology, Bahria University, Lahore Pakistan

⁶MS Clinical Psychology, Department of Professional Psychology, University of Lahore, Pakistan

*Corresponding Author's Email: mahamrasheedgcu@gmail.com

problem when it happens in inappropriate circumstances or causes harm. Individuals with chronic aggressive behaviors often struggle with forming interpersonal relationships, workplace relationships, and general well-being (Kassinove & Tafrate, 2011). Traditionally, aggression is treated through reducing anger or controlling behavioral outbursts. However, the methods may not help to change the emotional and cognitive patterns that are emotionally based but underlying aggressive behavior.

Acceptance and Commitment Therapy (ACT) is a contemporary behavioral and cognitive therapy that aims to increase individuals' psychological flexibility when interacting with thoughts, emotions, and sensations through six core therapeutic processes of acceptance, cognitive defusion, mindfulness, self-as-context, committed action, and valued living (Hayes et al., 2013). ACT, a behavioral and mindfulness practice, is an alternative framework for dealing with aggression. This is the case where, in contrast to the decrease in symptoms, ACT recommends psychological flexibility, i.e., accepting unpleasant emotions and thoughts and proceeding to action by values (Hayes et al., 2011).

The person may feel aggressive because of his weak emotional regulation and his inability to control his stressors. The teaching of the ACT framework is in response to this by teaching people how to accept emotional experience rather than controlling or suppressing it and emphasizing a central role of values in guiding and motivating actions toward valued directions in life. ACT employs methodologies that educate you to use mindfulness techniques like present moment awareness and cognitive defusion, allowing you to observe your thoughts and emotions rather than get snared in them. The approach enhances psychological flexibility by teaching clients to respond to values consistently rather than spontaneously and emotionally impulsively responding to trigger situations (Zarling et al., 2015).

This case study aims to show how ACT can be used with a client with aggression problems. The ACT techniques were learned in structured sessions with the client to help him manage his emotions, accept his aggression tendencies, and make behavioral changes aligned with his values. This paper aims to document the ACT process and add to the increasing literature recommending ACT as an approach to treating aggression and other types of emotional dysregulation.

Literature Review

The use of ACT as an intervention for aggression among adults has shown strong support. However, further research is needed. Most evaluations were done using quasi-experimental designs, and only a few randomized controlled studies have been carried out (Eisenberg et al., 2017; Zarling et al., 2015). "More randomized controlled trials or single case designs would give more significant support and allow for systematic reviews (Tolin et al., 2015). In addition, it was found that military personnel (Donahue et al., 2017; Harvey et al., 2017) and domestic violence offenders (Berta & Zarling, In Press; Zarling et al., 2017a; Zarling et al., 2015). are the focus of almost all of the existing literature. This means we do not know if treatments based on ACT work well with other groups. Various methods were used to measure what happened and how things happened, but there is no clear description of these in the intervention literature for adolescents and young adults.

In a specific research, there was a comparison between CBT and admission-and-acceptance therapy about aggression and mania in Bipolar Disorder patients. In general, the findings showed that CBT and ACT have successfully reduced patients' physical aggression and anger but found no difference in verbal aggression and hostility. Between the two treatments, no statistically significant difference in the anger component of the subject was established (Baghooli & Mehryar, 2020). To help clients better regulate their anger and lessen the symptoms of aggressive behavior, the study of Buanasari et al. (2020) suggested that family psychoeducation, acceptance and commitment therapy, and standard nursing intervention would be preferable options.

ACT group training on aggression and anxiety in individuals with panic attacks was considered. The study randomly selected patients aged 20-40 and divided them into two groups: those exposed to ACT and those not exposed to ACT intervention. The findings also provided a clear indication that ACT training has a different impact and thus has great potential to help reduce anxiety and aggression in patients with panic disorders (Ebrahimi Moghadam et al., 2018). The effect of ACT group therapy on perceived stress and aggression in women with premenstrual syndrome was examined. A cross-sectional, non-randomized controlled trial was conducted on 30 women who lived in Hafez Shiraz city. These findings highlighted the effectiveness of these interventions since perceived stress and aggression scores were significantly different (Barzegar et al., 2018).

ACT showed a significant effect on psychological flexibility (PF) and perceived stress (PS) with the sample of nurses working within psychiatric units. Eight two-hour ACT-based training sessions were conducted with the experimental group's participants while other participants received the standard intervention. PS and PF were also measured on all subjects before and after the intervention. The PS and PF levels were significantly higher in the experimental group than in the control group. Thus, it can be stated that ACT might enhance PF and decrease stress levels (Zarvijani et al., 2021).

A study is related to Acceptance and Commitment Therapy (ACT), delivered in low-intensity form as a population-based universal prevention program in schools for adolescents. The study involved participants who included grade nine students and were categorized into either the wait list control group or the ACT group. As a result of six biweekly group sessions, the ACT group observed a significant reduction in avoidance and hyperactivity/inattention. However, whereas ACT reduced the levels of avoidance, the number of hyperactivity and focus remained grossly unchanged. The study discovered two relationships between emotional/behavioral difficulties and ACT core processes: The first is an improved value of committed action and the clarity of personal values, and the second is a decreased score in avoidance, emotional problems, and hyperactivity/inattention (Takahashi et al., 2020).

Researchers examined whether or not ACT is beneficial in reducing interpersonal problems and increasing the psychological flexibility of female high school students diagnosed with Social anxiety disorder (SAD). This study employed 30 subjects selected from five regions of Isfahan and randomly divided into experimental and control groups. There was a highly significant difference in the pre-test and post-test on the Inventory of Interpersonal Problems and the Acceptance and Action Questionnaire after ten sessions of ACT. In light of this, the study revealed that ACT has the potential to impact Interpersonal problems and psychological flexibility (Azadeh et al., 2016).

Methodology

Client Background

In this case study, XYZ is a 35-year-old male who approached for therapy to deal with his aggression. XYZ was reported to have had a history of aggressive behavior on a personal and professional level, including frequent arguments with family members and colleagues. He was much more aggressive than he had been over the previous year due to increased financial stress and relationship issues. XYZ knew his behavior was not good, but he could not stop his outbursts that often overtake him emotionally.

The client had a history of 'losing it' quickly, usually if he was criticized or disrespected. He said that he was quick to anger and that his anger would become out of control, involving shouting, verbal abuse, and, infrequently, physical actions like slamming doors or throwing things. He worried his temper hurt his career, family relationships, and reputation.

The client knew his actions were wrong but could not control himself. He had once tried some anger management techniques; he had tried deep breathing and counting to ten, and none of it

worked. Acceptance and Commitment Therapy (ACT) was referred to XYZ to work through the emotional issues that were driving his aggression.

Initial Assessment

The results indicated that the client had high levels of anger (scoring 4.5/5) and physical aggression (scoring 4.0/5), with a significant degree of experiential avoidance (high AAQ-II score). He had low mindfulness scores, particularly in "acting with awareness" and "non-reactivity."

In the first session, XYZ did several self-report assessments to help us understand how in-depth his aggression was, his emotional regulation, and his mindfulness skills. These included:

1. An assessment of the Aggression Questionnaire measures physical aggression, verbal aggression, anger, and hostility (Buss & Perry, 1992).
2. The Five Facet Mindfulness Questionnaire (FFMQ; Baer et al., 2006) measures mindfulness skills such as observing, describing, and acting with awareness.
3. The Acceptance and Action Questionnaire-II (AAQ-II; Bond et al., 2011) measures psychological flexibility and experiential avoidance.

The results suggest the client had significant levels of anger (4.5/5) and physical aggression (4.0/5), and his high AAQ-II score suggests significant experiential avoidance. He scored low in mindfulness, especially in 'acting with awareness' and 'non-reactivity.'

Therapeutic Approach

XYZ was treated with twelve sessions of Acceptance and Commitment Therapy (ACT) over twelve weekly sessions. The therapist modeled the ACT for each session by adding mindfulness exercises, defusion techniques, acceptance of destructive emotions, and value clarification. The therapist's goal was to help John learn psychological flexibility—the ability to accept emotions without judgment while responding to life in a way that aligns with values.

Session Outline

Session 1: Building Rapport and Introduction to ACT

The first session was about establishing rapport and explaining what ACT was about. "Passengers on the Bus" was the metaphor used to represent why negative thoughts and emotions (passengers) attempt to take control, but the client does not have to. XYZ was asked to reflect on how his aggression had compromised his overall success and whether his leadership actions aligned with his long-term values.

Therapeutic Goal: Opens rapport, introduces the ACT framework, and opens the exploration of XYZ's values in the context of a leader.

Metaphor: Thoughts and emotions are like passengers on the Bus. The client can decide where to go with all the noise from the passengers.

Homework: Think about what kind of leader XYZ wants to be and how he is or is not behaving as someone who holds that vision.

Session 2: Clarifying Values

During this session, the client clarified his professional and personal values. The therapist saw the values as guides toward meaningful life directions using the "Compass" metaphor. Therefore, the therapist discussed how his aggressive behavior was pushing him off course to his values of respect and collaboration.

Therapeutic Goal: Explain XYZ's core values and the gap between his aggression and core values so these can be persuaded to help him resolve the issue.

Metaphor: Compass values are like compasses—they show us how we wish to go, but it does not always go smoothly.

Homework: Write in a log all instances of the client violating his values or acting in a way that was different from his values.

Session 3: Mindfulness and Present-Moment Awareness

The client was first introduced to mindfulness using the "chessboard" metaphor. His thoughts and feelings were like pieces on a chessboard, moving and fighting, but John was the board itself, stable and unchanging. This helped him understand that he could see his thoughts and feelings before him without getting involved. Body scanning and mindful breathing exercises were practiced.

Therapeutic Goal: Develop present-moment awareness and the ability to monitor thoughts without becoming lost in them.

Metaphor: XYZ is the stable board observing the pieces (thoughts and emotions) on the board (thoughts and emotions) moving as what we could call "Chessboard" XYZ.

Homework: Use mindfulness techniques, especially during work stress.

Session 4: Cognitive Defusion Techniques

In this session, the client learned to create cognitive defusion and distance himself from negative or unhelpful thoughts. The metaphor "Leaves on a Stream" was used, in which the client, like leaves floating down a stream, could see his thoughts without getting attached to them. This allowed him to look at thoughts like "They do not respect me as thoughts, not facts."

Therapeutic Goal: XYZ can use help to break himself from ultra-violent thoughts and their aftermath effects.

Metaphor: "You can observe a leaf on a stream, but you cannot get it out of the stream to observe it." This is how the client refers to thoughts without taking action, similar to observing a leaf on a stream.

Homework: When the client is experiencing aggressive thoughts, practice cognitive defusion.

Session 5: Acceptance of Difficult Emotions

The client was then introduced to emotional acceptance through the metaphorical concept of 'Struggling in Quicksand.' The therapist explained that you will sink deeper if you struggle in quicksand; the harder you pull against your emotions, the more trapped you will become in them. He was encouraged to stop fighting and allow his emotions so he could stay grounded on values.

Therapeutic Goal: Help the client to accept difficult emotions just as they are (rather than trying to control or suppress them).

Metaphor: "Struggling in quicksand." Struggling with feelings intensifies them, but taking steps to accept them can stop you from sinking deeper.

Homework: When you are angry, think about how it feels and how you accept that feeling even though you are not acting on it.

Session 6: Triggering Anxiety

The therapist and the client discovered where his aggression was being triggered. In this session, a metaphor, "Radio Station," is introduced, in which the client's automatic reactions are compared to playing music on a radio. He learned how to 'tune in' to these reactions before they snowballed. This enabled him to respond from values rather than from alternatives.

Therapeutic Goal: Practice responses in which the client is unaware of triggers and automatic thoughts and increase his awareness of these.

Metaphor: Automatic thoughts are like background noise, like a radio station, to which the client can tune in and notice or change the channel.

Homework: Try to log triggers that would help you tune into other responses.

Session 7: Committed Action

This session was about turning value into real action. The therapist explained that just like a house gets built one brick at a time, XYZ's action-by-action, values-based actions are helping him build the kind of manager he wants to be. To practice value-driven responses, they role-played challenging scenarios.

Therapeutic Goal: Support the client in committing actions based on his values, regardless of his emotions.

Metaphor: In 'Building a House,' the client builds his life; each values-based action is like laying a brick.

Homework: Improve your value-driven behavior at work and look back at outcomes.

Session 8: Self-Compassion and Emotional Regulation

The "Holding a Baby Bird" metaphor taught the client self-compassion. The therapist told him he could tend to his emotions like a bird he cradled in his hand, as opposed to vice versa. Doing this helped the client be gentle and kind with his emotions, which caused his anger to lose severity.

Therapeutic Goal: Improving XYZ's emotional regulation by inducing self-compassion to reduce the intensity of his reactions.

Metaphor: As in holding a Baby Bird in the Palm of your hand, emotions should be treated with gentleness.

Homework: At moments of stress, practice self-compassion, especially after engaging in aggressive behavior.

Session 9: Managing Setbacks

The client discussed a recent setback, which the therapist compared to the 'Falling off the Horse' metaphor and accepted as usual. The therapist described it as follows: There are setbacks, as in when you fall off a horse; you can get right back on one and keep going. The client and the

therapist explored the apparent setback to determine what led to it and how he could handle it similarly better the next time.

Therapeutic Goal: Use ACT techniques to normalize setbacks and encourage resilience.

Metaphor: Setbacks are falling off the Horse; what is essential is that you get back on the Horse and keep going.

Homework: Consider what caused the setback and how you might better employ ACT skills to get back on track.

Session 10: Building Psychological Flexibility

This session was all about psychological flexibility. The therapist used the "Tree in the Wind" metaphor to show the client how flexibility can keep him rooted even while bending during life's challenges. The therapist taught him to be more flexible with his thinking and behavior, so he did not react; he responded.

Therapeutic Goal: Enhance psychological flexibility and empower the client to make more value-based decisions on the job.

Metaphor: "Tree in the Wind" Flexibility in the face of stress is the same as a tree bending in the wind but maintaining its roots in the ground.

Homework: Notice when you get rigid and try flexible responses.

Session 11: Consolidating Skills and Action Planning

The toolbox metaphor was used for the client to review the skills he had learned with the therapist. John now has a toolbox of skills (mindfulness, defusion, acceptance, etc.) that he can use in future challenging situations, said the therapist. They developed a long-term action plan for continued growth.

Therapeutic Goal: Consolidate your skills and develop a long-term action plan to manage stress and conflict later in life.

Metaphor: The client has a toolbox of ACT skills to turn to when he feels or needs to respond to difficult emotions and situations.

Homework: The client can continue practicing the ACT techniques at work to implement the action plan.

Session 12: Termination and Future Planning

Finally, the client's progress is reviewed, and the "Road Trip" metaphor reinforces the practice's long-term goals. The path may be bumpy, but the therapist said the client has direction and tools to overcome challenges. If suitable, they discussed future follow-up sessions.

Therapeutic Goal: Let us celebrate the progress and cement it.

Results

1. Pre- and Post-Treatment Aggression Scores

Before and after the twelve sessions of therapy, the client, XYZ, completed a validated self-report measure of aggression. Buss and Perry's (1992) Aggression Questionnaire, which contains subscales of verbal aggression, anger, physical aggression, and hostility, was used. Scores range from 1 to 5, with a higher score indicating greater aggression.

Table 1: Pre- and Post-Treatment Aggression Scores

Measure	Pre-Treatment Score	Post-Treatment Score	Percentage Change
Physical Aggression	4.2	2.5	-40.5%
Verbal Aggression	3.8	2.2	-4.2%
Anger	4.5	2.7	-40.0%
Hostility	4.0	2.06	-35.0%
Total Aggression Score	4.13	2.5	-39.5%

After twelve weeks of ACT, XYZ's total aggression score reduced by 39.5%. All subscales decreased significantly, with the most significant reduction in verbal aggression and anger (> 40% reduction). This shows that the client has fewer aggressive impulses and controls better physical and verbal aspects of anger.

2. Mindfulness and Emotional Regulation Scores

XYZ also completed the Five Facet Mindfulness Questionnaire (Baer et al., 2006), which assesses five aspects of mindfulness. The higher the score on any facet, the better the mindfulness and emotional awareness, with a maximum score of six per facet.

Table 2: Pre- and Post-Treatment Mindfulness and Emotional Regulation Scores (Five Facet Mindfulness Questionnaire)

Mindfulness Facet	Pre-Treatment Score	Post-Treatment Score	Percentage Change
Observing	3.0	4.8	+60.0%
Describing	3.2	4.5	+40.6%
Acting with Awareness	2.9	4.6	+58.6%
Non-Judgment of Experience	3.0	4.4	+46.7%
Non-Reactivity	2.8	4.2	+50.0%
Total FFMQ Score	2.98	4.5	+51.0%

After treatment, the scores increased by 51% in all aspects of mindfulness in the client. One of the most significant improvements is his ability to observe his thoughts and emotions without reacting, which is critical to decreasing his impulsive and aggressive behaviors.

3. Psychological Flexibility and Acceptance

To assess XYZ's level of psychological flexibility, central in ACT, XYZ completed the Acceptance and Action Questionnaire-II (AAQ-II; Bond, Hayes et al., 2011). Scores range from 7 to 49, with a lower score indicating greater psychological flexibility.

Table 3: Pre- and Post-Treatment Psychological Flexibility (Acceptance and Action Questionnaire-II)

Measure	Pre-Treatment Score	Post-treatment Score	Percentage Change
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AAQ-II Score	38	22	-42.1%
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XYZ's psychological flexibility performance on the AAQ-II improved by 42.1% (38 to 22). The client became much better at accepting his feelings without trying to avoid or control them so that they would disappear, and he could respond to stress more adaptively.

4. Aggressive Episodes (Self-Reported Frequency)

XYZ started to log aggressive incidents throughout therapy. These were then broken down into minor (e.g., raised voice, passive-aggressive comments) and major (e.g., shouting, verbal threats). The total number of incidents is shown below:

Table 4: Frequency of Aggressive Episodes (Self-Reported)

Type of Aggression	Pre-treatment (12 weeks prior)	Post-treatment (12 weeks prior)	Percentage Change
Minor Aggressive Episodes	10	3	-70%
Major Aggressive Episodes	5	1	-80%

Following the ACT intervention, both minor and major aggressive episodes were significantly reduced. Improvement in XYZ's ability to control his aggression in everyday situations was seen with a decrease in minor aggressive behaviors by 70% and a decrease in major incidents by 80%.

Discussion

This case study confirms the treatment of aggression with Acceptance and Commitment Therapy (ACT). Some of the principles of ACT, including psychological flexibility, mindfulness, and values-driven behavior, helped deal with XYZ's aggressive tendencies. He learned to accept rather than suppress his emotions and started reacting to anger and frustrations normally.

ACT's nonjudgmental approach to emotions was shown to be necessary on the therapeutic journey. While traditional cognitive behavioral therapy (CBT) often views it as essential to change thought patterns, ACT leads clients to accept and allow their emotions and thoughts to be a part of the human experience. Knowing this focus shift allowed XYZ to see that anger and frustration were normal emotions, but he did not need to act impulsively. Instead, he learned to watch his emotions and act according to his core values, not just his feelings.

XYZ's progress in therapy was central to mindfulness. Present moment awareness is mindfulness, and the research has repeatedly shown that increasing emotional awareness and self-regulation can reduce impulsive reactions, such as aggression (Heppner et al., 2008). By doing mindfulness exercises, he got a gap between what prompted his emotions and his responses, and he got to decide what actions he could take that were consistent with what he stands for.

In addition, the cognitive defusion techniques helped XYZ to handle his aggressive thoughts. He was able to reduce the intensity of his emotional reactions and keep behaviors that might lead to aggression from escalating by learning to see thoughts as just passing mental experiences rather than some truth. Mainly related to defusing cognitions, cognitive defusion has been demonstrated to be especially effective at reducing cognitive rigidity characteristic of aggressive behavior while promoting more flexible and adaptive responses (Masuda & Tully, 2012).

Conclusion

Finally, this case study shows that Acceptance and Commitment Therapy could be an efficient method to help decrease aggressive behavior and to create emotional regulation in clients dealing with anger management. XYZ was shown through a series of structured ACT interventions, such as mindfulness practices, acceptance of negative emotions, cognitive defusion, and values-driven action, as well as how to gain more control over his emotions and act according to his values.

Additionally, the therapeutic process emphasized the significance of psychological flexibility in the management of aggression and the value of ACT's distinctive method of emotional acceptance as an alternative to standard anger management techniques. The study's results support the growing literature on the use of ACT to treat emotional dysregulation and indicate that this work can be constructive for clients who suffer from experiential avoidance and impulsive behaviors.

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