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RESEARCH ARTICLE

ACCEPTANCE AND COMMITMENT THERAPY FOR A YOUNG ADULT FEMALE WITH BORDERLINE PERSONALITY FEATURES: A CASE STUDY

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ABSTRACT

Acceptance and Commitment Therapy (ACT) is one of the novel approaches that claim to help people live a meaningful life while also learning to accept and cope with the inevitable suffering of existence. This is one of the finest treatment approaches for patients suffering with various internalized difficulties like depression, anxiety, obsessive compulsive disorders, Borderline personality disorders etc. This study presents a case of Acceptance and Commitment Therapy (ACT) with a 22 year old Hindu Bengali female student with Borderline Personality features. Case conceptualization is followed by the identification of the requirements of strategies to overcome unhelpful ruminating thoughts and reducing emotional difficulties in different life-domains related to everyday thought, emotion and actions using valued actions and commitment to change. The study highlighted the journey from psychological inflexibility to valued living, following the application of an Acceptance and Commitment Therapy (ACT) framework.

INTRODUCTION

First-wave behavior therapy is mainly focused on predicting and changing maladaptive behaviour pattern after detailed analysis and observation (Watson, 1953) Later Cognitive Therapy (Beck, 1991) and Rational Emotive Behaviour Therapy (Ellis, 1957) emerged as second wave therapies when researchers reexamined the link between dysfunctional cognitions and maladaptive behaviours and sought to help individuals reappraise distorted thinking patterns using guided discovery and direct refutation. Critics of second wave therapies stated that further researches haven't proved the benefit of combining cognitive transformation and traditional behaviour therapy (Longmore, 2007) which led to the formation of new psychotherapies over the past two decades, known as the third wave of cognitive behaviour therapy, which advocate for novel approaches to coping with troubling inner experiences. Acceptance and Commitment Therapy (ACT) is a generally accepted and empirically supported third wave therapy for adults and children with anxiety and depression, psychosis, chronic pain, phobias, social anxiety, intellectual disability, autism, borderline personality disorders, etc.

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ACT has spurred research on psychotherapy implementation and expanded pragmatically supported therapies for mental disorders in recent time. ACT is based on Relational Frame Theory, which says that the root of psychological problems is psychological inflexibility, which is caused by cognitive fusion and avoiding experiences. The founder of ACT, Steven Hays, illustrate a diagram called a "Hexagram" to show a set of six core processes that make the therapy work. It was explained with each part in its own corner, to show that each process is made up of a number of functional units working together. Each of the elements can be thought of as a "positive psychological skill" that must be developed for Psychological flexibility. ACT uses both direct and indirect verbal processes to help people experience more psychological flexibility. This is mostly done through acceptance, defusion, establishing a transcendent sense of self, contact with the present moment, values, and building larger patterns of committed action linked to those values. In ACT, there is no "order" that has to be followed like there is in the traditional treatment manual. This treatment aims to improve psychological flexibility by using acceptance and mindfulness processes that lead to a life valued through committed action. In the face of pain, sadness, loss, disappointment, illness, fear, and anxiety, ACT encourages psychological flexibility to help people engage in meaningful life activities despite negative thoughts, feelings, or other barriers. "Workability" is a key part of the ACT model. It helps people become more aware of their own behaviours and see if

they "work" to solve problems and move them toward their goals (Hayes, 2011). Borderline Personality Disorder (BPD) is a condition characterized by intense and fluctuating negative emotions, anger outbursts, acting in potentially self-harming ways on impulse, deliberate self-harm, frantic attempts to avoid abandonment, unstable and intense interpersonal relationships, and disturbances in one's self-image, feelings of emptiness, dissociation, transient psychosis like symptoms etc. (Cooper, 2001). From an ACT point of view, BPD symptoms are caused by a severe problem with emotional dysregulation, which is caused by avoiding experiences and fusing them with a negative idea of the self (Morton et al., 2012). In other words, it is the avoidance of negative experiences, which tends to make them worse, the fusion of negative thoughts with positive ones, and the person's unhelpful choices about action, especially actions that go against the person's core values." (Morton et al., 2012). Data on the effectiveness of ACT shows that it helps with affective and posttraumatic stress symptoms (Tan, 2011), interpersonal relationships and the quality of life of people with BPD (Morton et al., 2012). In the public sector, brief ACT-based interventions have been a useful addition to the usual treatments for people with BPD symptoms (Morton et al., 2012). Among the various third wave therapy investigations in India, a lesser number of researches have been conducted so far on exploring the role of Acceptance and commitment therapy on the young people having the Borderline personality traits.

Present case study is aimed to describe and discuss the effectiveness of acceptance commitment therapy for a client with Borderline Personality disorder feature. The client is a 22-year-old female student who came with emotional problem, interpersonal difficulties, and family and anger issues. Following case conceptualization, sessions were designed to improve the client's emotional acceptance, help him untangle from unhelpful thoughts and to help him uncover what she valued, so she could get her life back on track.

Case Presentation: A 22-year-old girl, unmarried, Bengali-speaking Hindu female student of undergraduate honors course, hailing from an urban background, self-referred to the Psychotherapy alone with the complaints of rumination over her previous failure to crack medical entrance examination examination for three times, difficulties in adjustment with her family members, particularly with her mother, feelings of emptiness, difficulty maintaining a harmonious relationship with her partner, and lack of interest in daily life activities and anger issues. The client reported that she was doing well five years ago. Her trouble began when she finished her tenth grade exam. It began with a history of being in a stressful atmosphere due to high study pressure, as well as her mother's expectation that she would pursue a career as a medical student, and extreme emotional challenges and anger. She also felt empty inside as she thought no one cares for her as much as she care for others. Her friendships, on the other hand, are pleasant. She was a good student, but her academic performance has gradually declined since then. She was involved in a relation preparing for the medical entrance examination in a distant district from her hometown. The client has been anxious about her appearance since puberty and was unhappy with it. She was insecure and afraid of rejection. So she became emotionally involved with one boy who studies with her in an institute, despite the fact that she received no reciprocation from her partner over time. She also had disagreements with her boyfriend over communicating with other boys. Her partner showed doubtfulness regarding her communication with other boys of her age. And those incidents made her feel lonelier, and she has been feeling empty inside since then. She grew impatient, short-tempered, and occasionally argumentative. In terms of her family background, she came from a middle-class household. The patient reported her household situation as chaotic, hostile, and distressing due to recurrent disagreements between her parents over various matters. Due to her mother's bossy character, family rules were rigid and inconsistent. Her relationship with her father was strained. There was also a history of parental conflict and arguing since early childhood. She was cooperative, coherent, and kempt during the mental state examination. Her speech was well-structured. She was generally depressed, with a normal affect and no other abnormalities present. Acceptance and commitment therapy was used to uncover and change basic beliefs and values as well as to lessen mood fluctuations and anxiety. Regular follow up sessions were recommended to alleviate her suffering by optimizing psychological flexibility.

Implementation of Acceptance and Commitment Therapy: ACT was implemented for this case as it was found that marked psychological inflexibility might act as one of the main sources behind the significant emotional disturbances for the client. Use of value and diffusion based approach was important to work on the areas of understanding and insights of her difficult experiences, feeling of emptiness, bringing hope and reducing distress. Areas to be focused were to her difficulties to deal with hassles of everyday living. Before going for the therapy sessions informed consent were obtained from the client to continue the therapy.

The Session details are as follows

Session 1-4:

Case history, Mental Status Examination and relevant Assessments: Detailed case history was taken from her as she disagreed to bring her parents with her and mental status examination was also conducted. Therapist administered International Personality Disorder Examination ICD 10 module – Screening Questionnaire and the client scored 6 in this which indicates the presence of borderline personality features. During intake the client completed Acceptance and Action Questionnaire II (Bond, 2011) Cognitive Fusion Questionnaire (Gillanders, 2014), Valued Living Questionnaire (Wilson, 2011), The Five-Factor Mindfulness Questionnaire (Baer et al., 2006), Difficulties in Emotion Regulation Scale (Gratz, 2004) and Core Self-Evaluations Scale (Judge, 2003). Acceptance and action Questionnaire II (Bond, 2011) is the most commonly used measure of psychological flexibility originally developed by Hayes et al. (2004). Updated version was developed by Bond et al., 2011 and was administered to assess experiential avoidance, psychological flexibility in the client. Higher score indicates lower psychological flexibility. It was found that her score is 33 which is quite high in this regard and indicates Psychological inflexibility. Cognitive Fusion Questionnaire (Gillanders, 2014) is a seven item scale, a self-report measure of cognitive fusion, validated in English language for a wide variety of clinical and non clinical populations. This measure aims to evaluate cognitive fusion, i.e., the extent to which a person tends to get entangled with their internal experiences (e.g., thoughts, emotions or memories). Respondents should indicate how the situation described in each item applies to them. Client scored 38 in this

scale which showed high level of negative internal experiences in the client currently. Valued Living Questionnaire (Wilson et al., 2010) was developed as a tool for use in Acceptance and Commitment Therapy, this 20-item questionnaire asks the individual to first rate the importance of values in 10 areas of life (e.g., family, work, education, relationships), and then the consistency of action taken during the last week towards those values. Valued living composite score was found to be low in the domain of family, friends, work, education and physical care. The Five-Factor Mindfulness Questionnaire (Baer, 2006) is an instrument is based on a factor analytic study of five independently developed mindfulness questionnaires. The analysis yielded five factors that appear to represent elements of mindfulness as it is currently conceptualized. The five facets are observing, describing, acting with awareness, non-judging of inner experience, and non-reactivity to inner experience. The client scored low in acting with awareness, non-judgment and non-react domains. Score on different domains of observing, describing, acting with awareness, non-judging of inner experience, and non-reactivity to inner experience are 24, 40, 30, 21 and 20 respectively. Difficulties in Emotion Regulation Scale (Gratz, 2004) is a 36-item self-report measure of six facets of emotion regulation. Items are rated on a scale of 1 to 5. Score of 50 indicate difficulty in emotion regulation for the present client. Core Self-Evaluations Scale (Judge, 2003) is a stable personality trait which encompasses an individual's fundamental evaluation about oneself, these evaluations are identified by self-efficacy, emotional stability, inner locus of control and self-esteem. Score of 45 indicate high level of self evaluation in the client currently. Responses in different scale reflected experiential avoidance, psychological inflexibility, presence of negative emotional experiences, difficulties in emotion regulation. Next session was focused on psycho-education of the current problem and the therapy.

Session 5

Psycho-education related to Current problems of the client: Psycho-education has been given for developing a better understanding of her symptoms and the circumstances contributing to her problems. Psycho-education was also provided about the psychosocial aspects, symptoms, etiology, epidemiology, role of environmental, and vulnerability factors of Borderline personality features and the effectiveness of ACT treatment in this area. Various important common relevant terms of ACT approaches (For example, "getting hooked" and "fused") were discussed. The client was asked to provide consent for the next follow up sessions after discussing importance of further sessions, homework as well as future outcome.

Session 6

Case conceptualization: For case formulation case conceptualization form, a conception of Luoma et al., 2007 (16) and Harris, 2013 (Harris, 2013) ACT principal had been followed (as their resources are free to be reproduced for research purposes).

Client initial goals (What does he/she want from therapy?):

A. She came to counseling because she wanted to get out of her distress, which is affecting her academic performance. She wants to prioritize studies because those are crucial to her future career. Overall, she wanted to be known as a fine and affluent person with therapeutic help. She also had other duties, such as working for herself in order to earn a living.

What core thoughts, emotions, memories, sensations, situations is the client unwilling to experience?

Thoughts: e.g., "I am not good looking"-that is why I was unable to have a stable relationship; "maybe I am very mediocre - causing me remain unsuccessful in various entrance examinations after 12th grade", something is wrong in me - I have experienced difficulties, I am not attached to my parents, I am unable to keep good relations with them).

Emotions: *Feeling of* distress pervasive sadness, emptiness, and hopelessness.

Memories: Memories of different negative events

What is she fusing with? (Identify problematic fusion, including reasons, rules, and judgments regarding past, future, and self-description)

From an ACT perspective (Luoma et al., 2007), the girl was fused with various thoughts (e.g., "I am not good looking"; "maybe I am not that much studious or meritorious", something is wrong in me as I have experienced difficulties in relationship) and memories of perceived failures from his distant and recent past, including failure in exams, unsuccessful relationships, dissatisfaction in educational achievement, challenging family environment which may referenced as evidence that she is doubtful about her future success in different spheres of her life. This cognitive fusion was accompanied by feelings of depression, emptiness, and hopelessness. Her rumination about her past, and fear about the uncertainty of her future, left her with little time for present-moment contact with herself and her values.

What domain of life and what values seem most important to this Client? Does she has any values which are congruent goals or ongoing valued activities

She wanted to become a Successful researcher, teacher and wants to be a recognized individual; her dream is to being independent. Though, her negative thoughts and wrong actions are making it difficult for her to focus on her goals.

What are the barriers to change/What stand in her way?

Challenging family environment, Parental rigidity which may referenced as evidence that she is doubtful about her future success in different spheres of her life.

What does the client do to avoid this experiences/What unworkable action she is taking?

As reported by the girl she tries to suppress negativities by distancing herself from her friends and family, keeping herself involved in entertaining activities, staying out of her house mostly. She is also trying hard to get self employed so that she can stay alone someday. Though, all her thoughts, behavior and actions are indicating of short term distress relief and lack of long-term values clarity. When the girl was confronted with distressing memories and thoughts, she engaged in various avoidance tactics to reduce or distract from distress.

Unsupportive home environment is also creating environmental barriers for further positive changes.

What are the environmental barriers to change?

Challenging family environment, Parental rigidity which may referenced as evidence that she is doubtful about her future success in different spheres of her life.

Factors contributing to psychological inflexibility (e.g., excessive rule-governance, "being right," reason giving, figuring things out, low distress tolerance, lack of present-moment awareness, excessive attachment to the conceptualized self):

Failure in choosing the right perspectives, lack of present moment awareness as she is dwelling into her past more often, failure in focusing what is currently important for her (focusing on academics), rigidity of her parents

Session 7-8

Cognitive Difusion

The aim of defusion is to raise the client's awareness of their cognitive process, then accept any unhelpful thoughts and release control over the client's behaviours. The sessions' goals were to assist the client comprehend cognitive defusion, to give him experience with it, and to provide some out-of-session defusion tasks to help the client attain the therapy's goals. The 7th session began by instilling in the client a sense of 'creative hopelessness' (Hayes, 1999). The goal of creative hopelessness is to assist the person in identifying the strategies that do not work. As a result, people will be more inclined to test a new option. First, the girl was questioned, "What tactics have you followed to get rid of these thoughts and feelings?" Among the tactics mentioned by the client were 'going for walks,' 'listening to music,' 'getting out,' 'viewing TV,' and 'distracting myself.' 'Has this ever permanently stopped a thought or feeling?' the client was then asked. When it was determined that the client's earlier techniques had not effectively eliminated the thoughts and sensations, the concept of diffusion was introduced. First exercise was given to the client to jot down any unhelpful thoughts that were now bothering them (Hayes, 1999).

The client covered a whole sheet of A4 paper with these ideas. (Figure 1) The client was then asked to hold the sheet up to his face and rate how credible these thoughts are right now on a scale of 1 to 10. He was then asked what it would be like if he simply put the thoughts down in his lap, where he was aware they were there but did not bother her. This image was used to convey the concept of being 'fused' with a thought (where it is in front of our eyes and is all we notice) or 'defused' from a thought (where it is in our awareness but we are not paying it much attention). It was underlined that the goal was not to get rid of thoughts, but rather to gaze at them with admiration and wonder. Few basic defusion exercises were then tried during the 7th session, such as "singing your thought to the tune of your favorite songs", "or uttering it loudly in a funny voice" (Hayes, 1999), "Just Observing or Saying to you". "I notice I'm thinking of...", "Labels your inner experience", "Thanking your Mind like when encountering tough ideas, tell your mind, "Thank you for the feedback," or "Thank you for this intriguing thought." Therapist told the client "It helps if you do it in a sarcastic tone so you don't take your thoughts too seriously. Keep in mind that your goal is to alter your relationship with your thoughts."

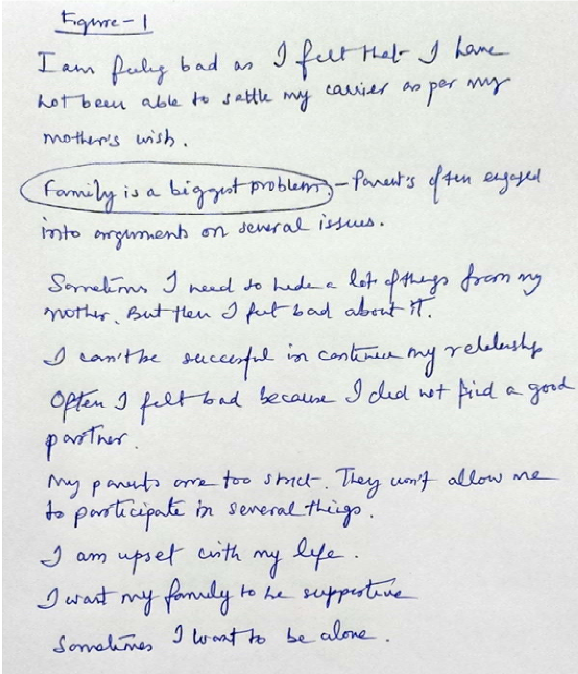


Figure-1

I am feeling bad as I felt that I have not been able to settle my carrier as per my mother's wish.

Family is a biggest problem — Parent's often engaged into arguments on several issues.

Sometimes I need to hide a lot of things from my mother. But then I feel bad about it.

I can't be succesful in continue my relationship

Often I felt bad because I did not find a good partner.

My parents are too strict. They won't allow me to participate in several things.

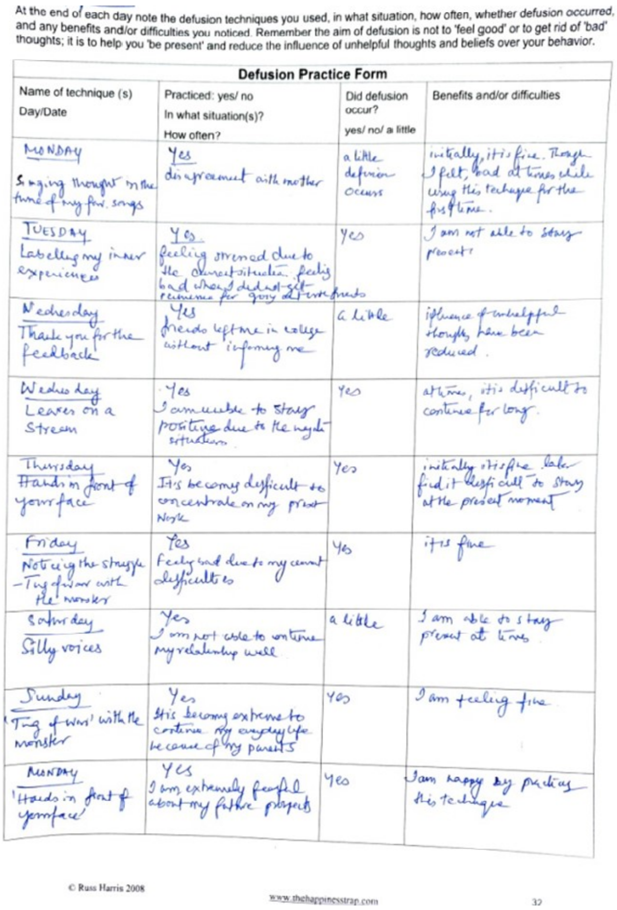
I am upset with my life.

I want my family to be supportive

Sometimes I want to be alone.

Figure 1. Unhelpful Thoughts written by the Client

The client was then given a defusion practice sheet (Figure 2) and instructed to fill up the date and time, thought, defusion techniques, level of belief, and any other observations. He was then given the homework of practicing defusion every time the thoughts appeared during the next week.


At the end of each day note the defusion techniques you used, in what situation, how often, whether defusion occurred, and any benefits and/or difficulties you noticed. Remember the aim of defusion is not to 'feel good' or to get rid of 'bad' thoughts; it is to help you 'be present' and reduce the influence of unhelpful thoughts and beliefs over your behavior.

Defusion Practice Form

Name of technique (s) Day/Date	Practiced: yes/ no In what situation(s)? How often?	Did defusion occur? yes/ no/ a little	Benefits and/or difficulties
MONDAY Singing thought in the tune of my fav. songs	Yes disagreement with mother	a little defusion occurs	initially, it is fine. Though I felt bad at times while using this technique for the first time.
TUESDAY Labelling my inner experiences	Yes feeling stressed due to the current situation. feeling bad when I did not get permission for going at [illegible] friends	Yes	I am not able to stay present
Wednesday Thank you for the feedback	Yes friends left me in college without informing me	a little	influence of unhelpful thoughts have been reduced.
Wednesday Leaves on a Stream	Yes I am unable to stay positive due to the negative situation	Yes	at times, it is difficult to continue for long.
Thursday Hands in front of your face	Yes It's becoming difficult to concentrate on my present work	Yes	initially it is fine later find it difficult to stay at the present moment
Friday Noticing the struggle -Tug of war with the monster	Yes Feeling bad due to my current difficulties	Yes	it is fine
Saturday Silly voices	Yes I am not able to continue my relationship well	a little	I am able to stay present at times
Sunday 'Tug of war' with the monster	Yes It is becoming extreme to continue my everyday life because of my parents	Yes	I am feeling fine
MONDAY 'Hands in front of your face'	Yes I am extremely fearful about my future prospects	Yes	I am happy by practicing this technique

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32

Figure 2. Diffusion Practice Sheet

Leaves on a Stream: Close your eyes and sit still. Think of a stream that moves along in front of you. Every time you have a thought, put it in a leaf, float it down the stream, and watch it float away.

Hands in front of your face: You can't see anything; cover your face with your hands. Now move the hands back slowly. It's like that is how you think.

Noticing the Struggle - 'Tug of war with the monster': "You have one end of the rope while the monster has the other. A huge pit exists between the two of you. You pull as hard as you can, but the monster is too powerful and draws you closer to the pit. You have no chance of victory.

What should you do? Your goal will be to Drop the rope! Not to win the war... Yes, the monster is still there, but you're no longer fighting him. The same holds true for our thinking. When you give up the fight, you take away its force."

Silly voice: The next time you catch yourself saying something very negative to yourself, write it down and read it out loud in a funny voice, like Donald Duck. Read it again and again. It's just words; it's not true.

When the old negative thought comes back, you should always hear it in the same silly voice. In the eighth session, the client stated that he had used the defusion exercises a few times in the previous week, i.e. after the seventh session, and had felt well, but was 'still a little afraid that it may happen again.' Discussion on her experience was continues and Diffusion exercises were repeated and the client was asked to practice those.

Session 9-10

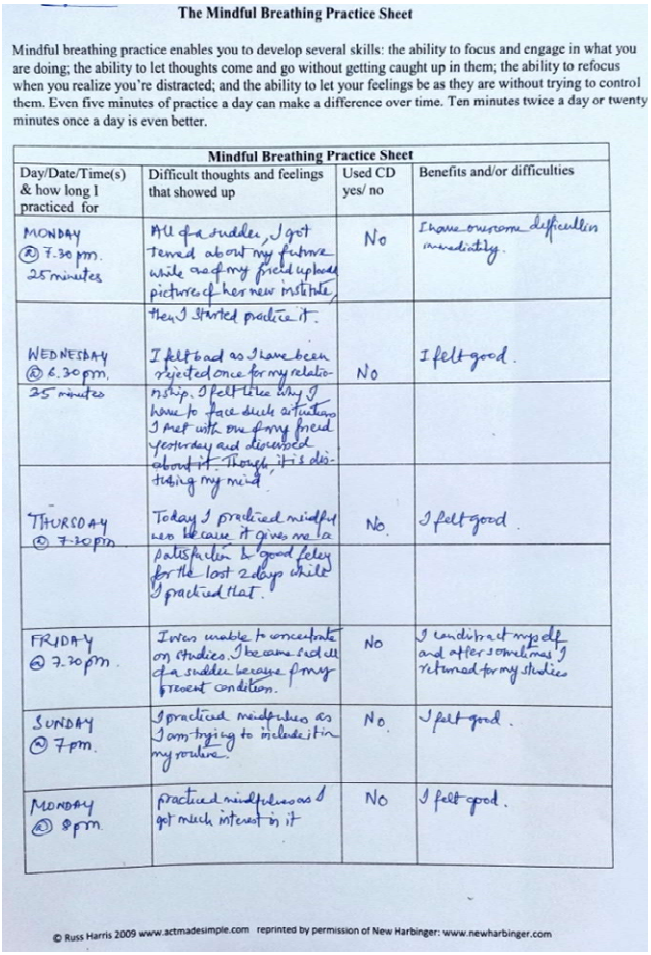
Acceptance

The ninth session was planned at helping the client to 'deal with emotional setbacks'. The session was crucial for understanding the reason behind the dark feeling and the nature of avoidance and to increase emotional acceptance. First the client was asked to describe the triggers of those thought and the situations when she felt unworthy and helpless. The triggers were the thoughts she was having that have been already discussed during the defusing sessions. Next quicksand metaphor was discussed.

The quicksand metaphor: It was used to describe how coping with emotions is similar to becoming caught in quicksand: 'the more we struggle, the harder they drag us in.' this was used to assist the client in understanding how to manage his emotions.

The struggle switch notion: The struggle switch notion was also given. This is the concept of having a 'on' or 'off' switch for dealing with emotions. When the switch is turned on, you battle and fight the feeling; when the switch is turned off; you strive to be more accepting of the sensations that come.

It was decided in session that she would practice the defusion exercises again this week and also take some time to notice and observe his level of acceptance. The client was then given the acceptance scale to help him quantify how much he thought he could tolerate a feeling during the next week.



The Mindful Breathing Practice Sheet

Mindful breathing practice enables you to develop several skills: the ability to focus and engage in what you are doing; the ability to let thoughts come and go without getting caught up in them; the ability to refocus when you realize you're distracted; and the ability to let your feelings be as they are without trying to control them. Even five minutes of practice a day can make a difference over time. Ten minutes twice a day or twenty minutes once a day is even better.

Mindful Breathing Practice Sheet

Day/Date/Time(s) & how long I practiced for	Difficult thoughts and feelings that showed up	Used CD yes/ no	Benefits and/or difficulties
MONDAY @ 7.30 pm. 25 minutes	All of a sudden, I got tensed about my future while read my friend upload pictures of her new institute, then I started practice it.	No	I have overcome difficulties immediately.
WEDNESDAY @ 6.30 pm. 35 minutes	I felt bad as I have been rejected once for my relationship. I felt like why I have to face such situation. I met with one of my friend yesterday and discussed about it. Though, it's distressing my mind.	No	I felt good.
THURSDAY @ 7.30 pm	Today I practiced mindfulness because it gives me a satisfaction & good feeling for the last 2 days while I practiced that.	No	I felt good.
FRIDAY @ 7.30 pm.	I was unable to concentrate on studies. I became sad all of a sudden because of my present condition.	No	I can distract myself and after 3 months I returned to my studies
SUNDAY @ 7 pm.	I practiced mindfulness as I am trying to include it in my routine.	No	I felt good.
MONDAY @ 8 pm.	Practiced mindfulness & I get much interest in it	No	I felt good.

Figure 3. Mindful Breathing Practice Sheet

Acceptance scale contains day, date and time Thought, level of feeling, level of acceptance and observation.

Session 11-12

Assessment of values and committed action and pursuing new goals: By this point in the process, the client was saying that some of the techniques taught earlier were helping, and the question of values became important to help the client reach the third goal of therapy, which was to "not to stay in the past and moving forward toward something meaningful." In ACT, a client's values act like a compass by helping them figure out what gives their life a meaning. Goals are like trying to get to a specific place, like a tree a few feet away. Values, on the other hand, are like trying to get to the horizon. Several exercises were used to help the client start to understand what was important to her. The client was asked to circle the one which is most important for her among the given list of values. Client was explained that Values are desired, ongoing action. . They are not about reaching a goal or "success" even if our ambitions aren't met. Values are about our actions, not others'. For example if "Compassion" is one of your values, you should focus on being compassionate to others and to yourself, not on others being compassionate to you (although that would be wonderful!). The values and committed actions were assessed. Important life domains found are Job/Carrier, Romantic relationships, Friends and Personal development and growth. The next exercise focused on asking question of what truly matters in the end and the client stated that her goal is to pursue a good carrier, to become independent, earn for own

living and to be in respectful and recognized position. Finally, the client was given a values questionnaire to complete alone.

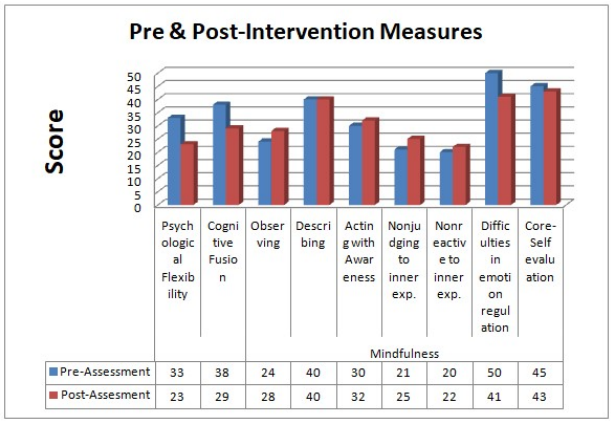


Figure 4. Pre & Post Intervention Measures Of Different Domains

The following session began with the client exploring the values questionnaire, and client stated the following values are most important to her: Accepting, Assertive, Consistent, Energetic, Honest, Leadership, Respectful, Responsible, and Skillful.

Session 13-14

Present moment awareness: Mindful meditation: In this session the client taught mindfulness. Mindfulness means being aware of what is happening in the moment, without judging it in our thoughts. Being mindful helps us stay relaxed and focused. Mindfulness helps us with uncomfortable feelings and situations, and helps us make thoughtful decisions before we act. Mindfulness takes practice.

Instructions: Please sit comfortably in your chair with your back upright and your feet touching the floor. Today, let's take some slow, deep breaths. Put your hands on your belly. When you breathe in, feel your belly move out. When you breathe out, feel your belly move in. Let's try it. Inhale for one, two, three, four. Exhale for one, two, three, four. (Repeat). Now continue breathing like this to a count of four. Notice your belly moving in and out. Keep your attention on your belly, noticing the movement. When a thought arises, simply notice the thought, as if it were a cloud in the sky. Then let the thought pass by, just like a cloud. Bring your attention back to your breath, and how your breath moves your belly in and out. No matter how many thoughts come into your mind, just continue noticing them and then bringing your attention back to your breath and your hands on your belly. Let's take one more deep breath here for one, two, three, four. Exhale for one, two, three, and four. When you're ready, go back to regular breathing and just notice how you feel. It works best if you take what we learn in this session and spend a few minutes at home each day practicing. Practicing will help these strategies become a habit. It's best if you can schedule this time into your day for the same time each day, like you would with brushing your teeth. (Figure 3).

In the next session the client's perception of progress and the therapeutic journey through the 12 sessions were discussed. The sign of relapse has been discussed so that the client can identify them and work on them through the learned skills. The client will be made cautious about the possibility of a relapse and has been reminded to use some defusion techniques discussed in the previous sessions.

DISCUSSION

After 14 session of conducting acceptance and commitment therapy session, as per the report of the client her distress went down significantly. It has been found that the main problem in this case was that the girl didn't want to keep in touch with certain experiences and tried to avoid or get away from them (Hayes and Gifford, 1997; Hayes et al., 1996). After she went through the several sessions, her experiential avoidance has decreased and with the help of mindfulness and difusion exercise she gained back self-reliance he or she had lost and her communication with family members has been improved. Most of the sessions had been about the client's Emotional difficulties in the context of family environment and interpersonal relationship and also about his future carrier; it was interesting to see how his family life affected her everyday living. The client said that his happiness in his personal life has increased after the sessions. She figured out how to overcome the obstacles that had been keeping her from a life worth living. But if there had been more sessions, a lot more progress could have been made. Some of the goals that need to be worked on are solving more problems with other people, preventing relapse, and termination of the therapy. ACT processes were taught in different sessions. In this case, the way in which the sessions were set up allowed the therapist to present different strategies in an organized and effective way by giving them time to prepare content ahead of time. Overall the results (Figure 4) of the Pre and post intervention measures are as follows.

Conclusion

The present case study showed how ACT works with people with Borderline Personality features and how it can be used to increase psychological flexibility for moving towards a value based living by reducing emotional dysregulation and increasing the present moment awareness. The most important part of a successful treatment were probably being flexible while still being true to the ACT treatment, paying attention to individual and cultural factors, and coming up with practical approaches to carry out the ACT processes.

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