

NEURO ACT

Professional Training Online

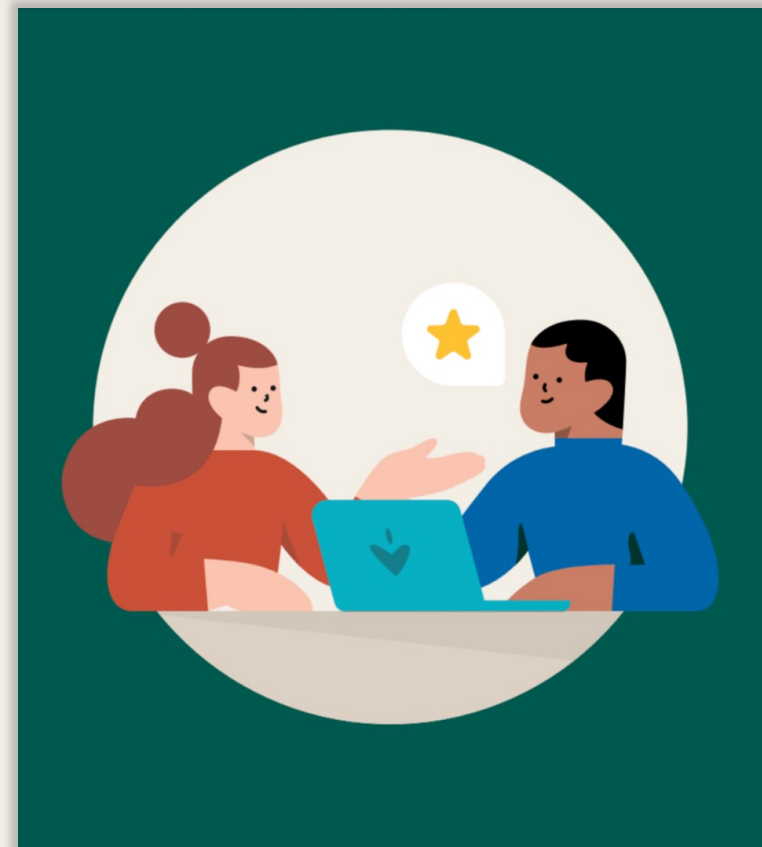
October 14th to 16th, 2026

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Brainproof Innovation & Education

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Schedule

2026-10-14 (Day 1)		2026-10-15 (Day 2)		2026-10-16 (Day 3)	
Sydney local time (AEDT) (UTC+11)		Sydney local time (AEDT) (UTC+11)		Sydney local time (AEDT) (UTC+11)	
5:00-5:20 pm	Introduction and expectations of the training	5:00-6:10 pm	MODULE 2. PERSPECTIVE Focus training and perspective taking on thoughts Rational for perspective training in autism Experience-based exercises from the NEUROACT® work-material Modeling of techniques and approaches	5:00-6:10 pm	MODULE 5. SOCIALIZE & SELF-CARE Application of NEUROACT® skills in social situations Explanation of relevance for self care related to autistic challenges Experience-based exercises from the NEUROACT® work-material
5:20-6:10 pm	Stressors in autism and ADHD – a neuropsychological perspective Executive function challenges as a perpetuation of stress and mental distress Research and treatment recommendations	6:10-6:30 pm	<i>Break</i>	6:10-5:30 pm	<i>Break</i>
6:10-6:30 pm	<i>Break</i>	6:30-7:40 pm	MODULE 3. WHAT IS IMPORTANT Life values and goal behaviors Rational for motivation training in autism Experience-based exercises from the NEUROACT® work-material Modeling of techniques and approaches	6:30-7:40 pm	MODULE 6. THE LIFE MAP The Life Map – a practical tool to facilitate application of NEUROACT® skills after the program Experience-based exercises from the NEUROACT® work-material
6:30-7:40 pm	Conceptualizing of the NEUROACT® model. Motivation, Acceptance, and Perspective as an alternative to Perseveration, Avoidance, and Mindlessness. Introduction to the NEUROACT® – stress management for flexibility & health program manual and work material	7:40-8:00 pm	<i>Break</i>	7:40-8:00 pm	<i>Break</i>
7:40-8:00 pm	<i>Break</i>	8:00-9:00 pm	MODULE 4. ACCEPTANCE & COMPASSION Regulation of emotions, sensory input, and body signals Rational for acceptance training in autism Experience-based exercises from the NEUROACT® work-material Modeling of techniques and approaches	8:00-9:00 pm	WRAPPING UP Review of material adaptations and provider skills to facilitate program delivery Summary evaluation and reflection on the training
8:00-9:00 pm	MODULE 1. STRESS & AVOIDANCE Stressors and avoidance behaviors Explanation of relevance for autistic challenges Experience-based exercises from the NEUROACT® work-material				

Course objectives and contents

- To teach NEUROACT in a **clear and concise** manner
- Mixing **theory** with **experience-based** sessions
- Presentation of **selected sessions** and NEUROACT **materials**
- **Modeling** and role play
- **Discussion** in whole group setting

Life line

2000-2002
Special school
Autistic boy

Thought: 'Very interesting!'
Feeling: Interest
Body: Muscle tension

2003-2008
Psychology program
Master thesis
NEUROACT for ASD

Thought: 'How to adapt?'
Feeling: Curiosity
Body: Heart palpitation

2015-2022
Doctoral studies
NEUROACT for ASD

Thought: 'How to evaluate?'
Feeling: Wonder
Body: Headache

2002-2003
Special school
Stressed students

Thought: 'What's the best
stress management?'
Feeling: Uncertainty
Body: Nervous

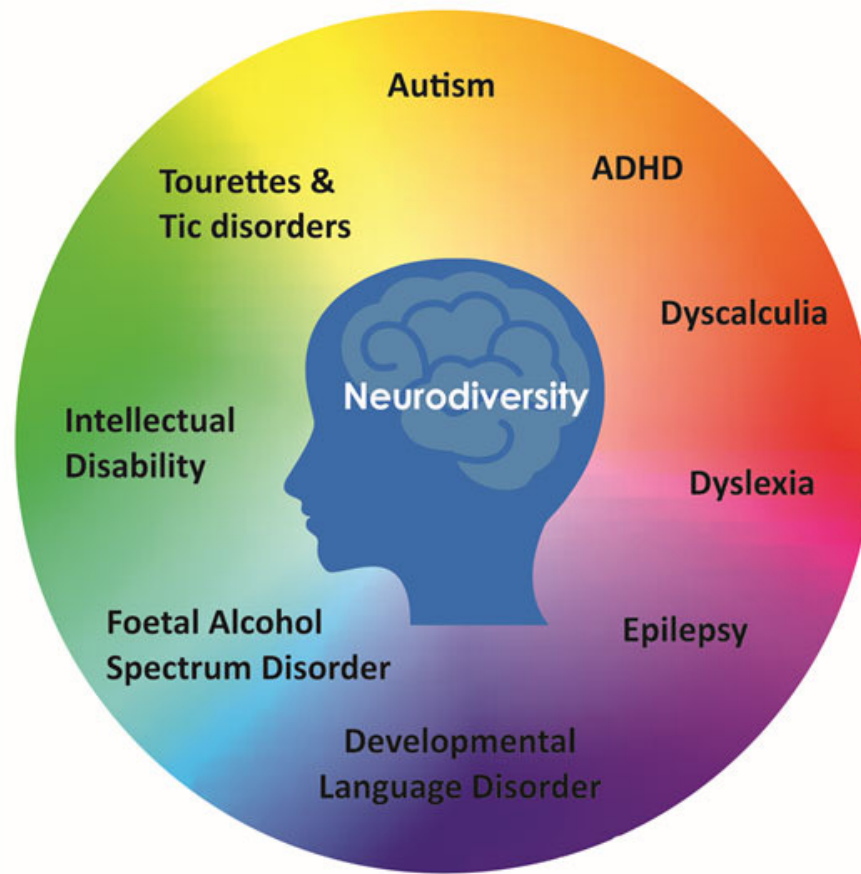
2013-2015
KI Research school

Thought: 'How to learn?'
Feeling: Doubt
Body: Stomache ache

THEN

NOW

Neurodiversity



Complexity

- **Core challenges:** Social interaction, flexibility, sensory over- or under sensitivity
- **Co-occurrence:** Depression and anxiety in 50-70%
- **Other neurodivergence:** ADHD (40-50%), Tourette's syndrom, dyslexia, dyskalcylia, epilepsia, alexithymia (50%)
- **Other challenges:** Personality conditions, Schizophrenia, Emotional Instability, executive dysfunction
- **Complexity** of individual characteristics and co-occurring conditions

Clinical guidelines

- **Adjustments and support (NICE guidelines*)**
 - (1) Concrete and structured (2) Components for behavioural change (3) Written and visual information (4) Psychoeducation (5) Group format
- **No pharmacological treatment for core challenges**
 - Reduced effects or higher tolerance in cooccurring conditions (e.g., depression, anxiety)
- **Evidence based interventions**
 - Social Skills Management Training (PEERS), CBT for different co-occurring conditions, psychoeducation (Prisma, SCOPE), mindfulness-based programs (MBSR), tailored ACT (NEUROACT)

* NICE. (2012, 14 of June, 2021). Autism spectrum disorder in adults: Diagnosis and management. Clinical guideline (CG 142). Retrieved from
Retreived October 2021 from: <https://www.nice.org.uk/Guidance/CG142>

Interventions in autism

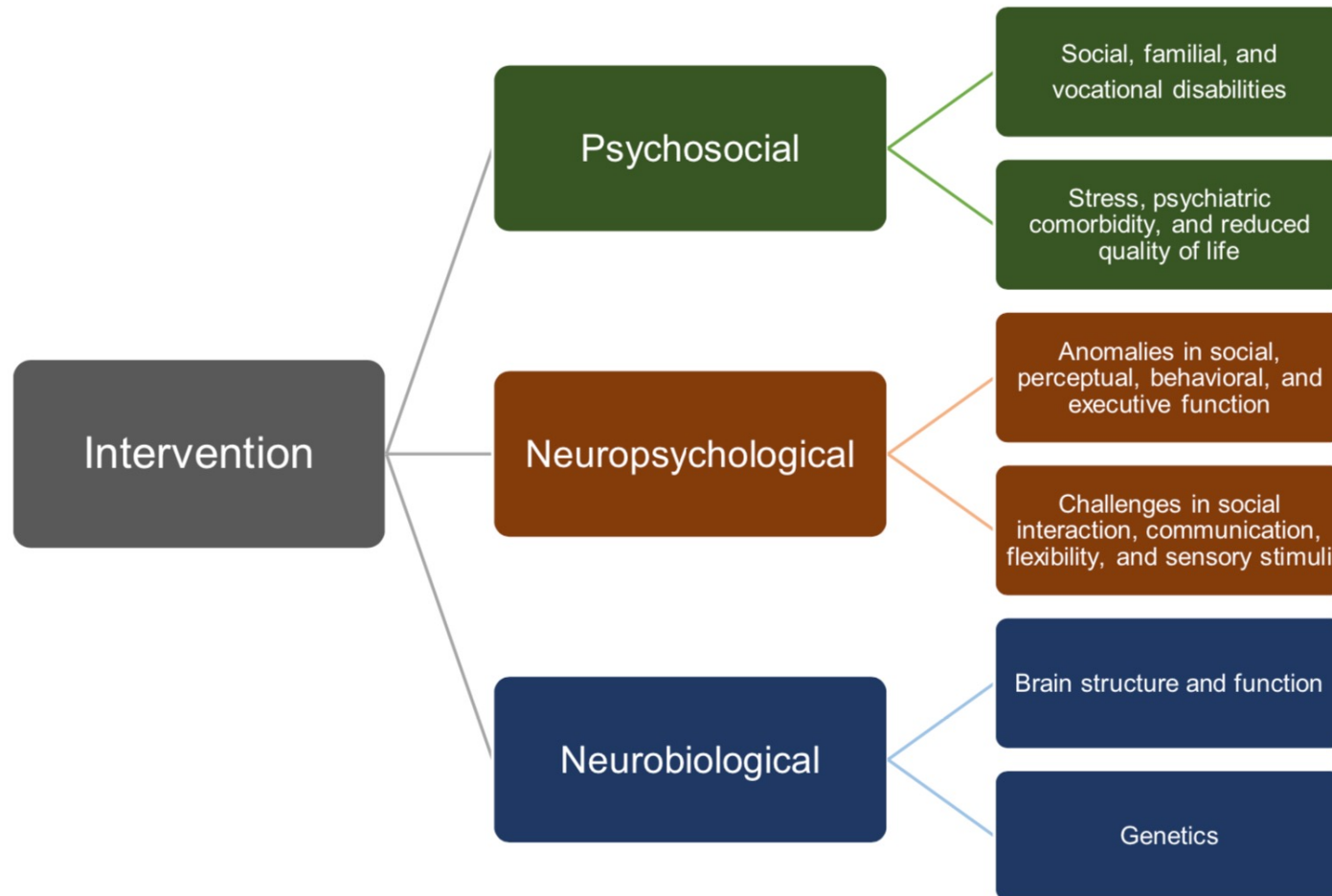


Figure 1. Levels of analysis in autism.

Understanding autism

- Psychological treatment for autism include **2 aspects**:
 - (1) An understanding of the neuropsychological prerequisites and executive deficits. An understanding of neurological processes and what **cannot be changed**. An understanding of what needs to be supported to aid executive dysfunction.
 - (2) An understanding of what **one is able to change**, neurological plasticity, brain training, teach skills to effect behaviour change.

What causes stress?

- Dysregulation in the **exteroceptive system** (sensory cortex, PFC)
- **Hypersensitivity to sensory stimuli** (sound, light, smell, taste, touch)
- Regulatory deficits in the **interoceptive system** (insula)
- **Hyposensitivity to interoceptive stimuli** (hunger, thirst, cold, pain)
- **Different HPA-system** (cortisol, CAR)

What causes stress?

- **Self-perception, autobiographical memories and imagination** (posterior cingulate, PCC)
- **Mentalisation, perspective-taking, intuitive perception of emotion, cognitive flexibility, intentionality** (temporoparietal junction, TPJ)
- **Social cognition** and information processing of social stimuli (mPFC)
- **Emotion regulation and goal attainment** (ACC, PFC, amygdala)
- **Working memory** and learning (hippocampus)

What does research suggest?

CBT for autistic adolescents

- Depression/anxiety (Anderson & Morris, 2006)

CBT for autistic adults

- Individually and group (Gaus, 2011; Weiss and Lunsky, 2010; Hesselmark, Plenty, & Bejerot, 2014)

Social skills training

- Virtually and group (Nuernberger et al., 2013; Kandalaft et al., 2013)

Psychoeducation

- Group and internet, SCOPE (Gordon et al, 2015; Backman et al, 2018)

MBSR for autistic adults

- Group (Spek et al, 2013)

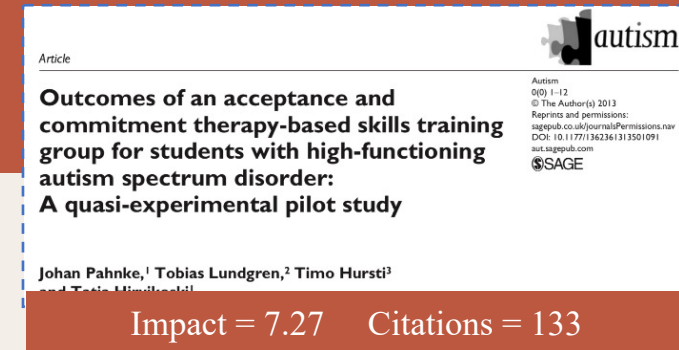
Cognitive defusion

- Skill that can be trained (Maisel et al, 2019)

NEUROACT for autistic adolescents/adults

- Group (Pahnke et al, 2014; Pahnke et al, 2019, Pahnke et al, 2022)

Study 1. NEUROACT for autistic adolescents and young adults in school



Background: Autistic adolescents have high degree of stress och mental health problems.

Participants: 28 adolescents and young adults with DSM-5 ASD (15 NeuroACT/13 wait-list), 13-21 years (M=16.5, SD=2.0).

Study design: Quasi-experimental design in school environment. 3 classes had 12 group sessions NeuroACT and 3 classes has teachin as usual. 1 Groupleader.

Evaluation: Self- and teacher rated stress (SSS), self rated psychological distress (BYI, SDQ), hyperactivity, and prosocial behavior (SDQ) before, after, and after 2 months.

Statistical analyses: Two group mixed-design repeated measures analysis of variance (rmANOVA). Effect size with EtaSquared.

Study 1. Results

+ Self – and teacher rated stress, anger, hyperactivity/ inattention, prosocial behavior, depression (trend) (average to large ES)

- Anxiety, emotional symptoms, behavioral problems, peer problems

Feasibility

+ All completed intervention

+ 93 % = > 6 sessions

+ 53 % trained = > 3 days/week

+ 93 % satisfied or very satisfied

+ 64 % experienced mindfulness as easy or very easy

Table 2. Means and standard deviations (SDs) as well as statistics from the repeated measures ANOVAs on self-ratings of the SDQ.

		Pre-skills training	Post-skills training	2- month follow-up	Effect of time	Between-group effect	Group-by-time interaction effect	Correlation with teacher-rating at baseline
The SDQ total score	ACT	14.00 (5.75)	13.20 (6.46)	11.13 (4.97)	$F_{(2, 52)} = 1.39; p = .258; \eta_p^2 = .05$	NS	$F_{(2, 52)} = 1.95; p = .152; \eta_p^2 = .07$	$r = .23$ $p = .248$
	C	11.92 (5.98)	10.92 (5.17)	11.92 (6.78)				
<i>The SDQ subscales</i>								
Emotional symptoms	ACT	3.87 (2.97)	3.27 (3.31)	2.93 (2.60)	$F_{(2, 52)} = .27; p = .768; \eta_p^2 = .01$	NS	$F_{(2, 52)} = 2.13; p = .13; \eta_p^2 = .08$	$r = .42$ $p = .027$
	C	2.38 (2.50)	2.62 (1.85)	2.85 (2.51)				
Hyperactivity/inattention	ACT	4.07 (2.05)	4.73 (2.19)	3.20 (1.61)	$F_{(2, 52)} = 2.54; p = .089; \eta_p^2 = .09$	NS	$F_{(2, 52)} = 3.90; p = .026; \eta_p^2 = .13$	$r = .18$ $p = .366$
	C	4.54 (2.57)	3.23 (2.68)	3.62 (2.63)				
Conduct problems	ACT	2.33 (1.80)	2.07 (1.79)	2.07 (2.12)	$F_{(2, 52)} = .51; p = .951; \eta_p^2 = .00$	NS	$F_{(2, 52)} = .91; p = .410; \eta_p^2 = .03$	$r = .54$ $p = .003$
	C	1.85 (1.35)	2.08 (1.89)	2.23 (1.83)				
Peer relation problems	ACT	3.73 (1.91)	3.13 (1.41)	2.93 (1.67)	$F_{(2, 52)} = .93; p = .402; \eta_p^2 = .03$	NS	$F_{(2, 52)} = 1.27; p = .289; \eta_p^2 = .05$	$r = .50$ $p = .007$
	C	3.15 (1.99)	3.00 (1.35)	3.31 (2.21)				
Prosocial behaviour ^a	ACT	7.27 (1.91)	7.33 (2.02)	7.53 (1.77)	$F_{(2, 52)} = 1.54; p = .224; \eta_p^2 = .06$	NS	$F_{(2, 52)} = 3.61; p = .034; \eta_p^2 = .12$	$r = .362$ $p = .058$
	C	7.38 (1.39)	6.69 (2.18)	6.15 (2.30)				

ANOVA: analysis of variance; ACT = acceptance and commitment therapy-based skills training group; C = control group; SDQ: Strengths and Difficulties Questionnaire.

^aThe SDQ subscale prosocial behaviour is not included in the SDQ total score. In contrast to other SDQ subscales, higher scores in the SDQ prosocial behaviour indicate better adjustment.

Bold values = statistically significant p-values.

Study 2. NEUROACT for autistic adults in outpatient psychiatry care - pilot



Background: Autistic adults have high degree of stress and psychological distress, and low quality of life.

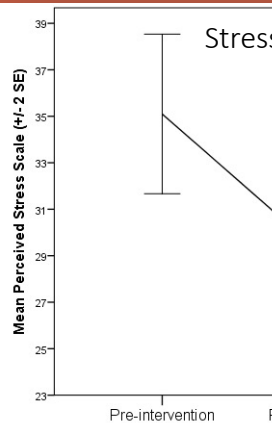
Participants: 10 adults (25-65 years; 5 men/5 women), HIQ 106 (SD=16.1) with DSM-5 ASD with or without ADHD. Exclusion: Psychosis, addiction, ID (HIQ>70).

Study design: Open trial pilot, 12 group sessions (2,5 h+ 30') in outpatient psychiatry, 2 groupleaders.

Evaluation: Self-rated stress (PSS), quality of life (SWLS), psychological distress (BDI, BAI), level of funtion (SDS), psychological inflexibility (AAQ), cognitive fusion (CFQ), before, after, and after 3 months.

Statistical analyses: Paired samples t-test. Effect size with Cohen's *d*.

Study



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PSS
SWLS
BDI-II
BAI
SDS (work)
SDS (social)
SDS (family)
AAQ-7
CFQ-7

Note. PSS = Perceive
Disability Scale; AAQ

* $p < .05$.

** $p < .01$.



Figure 12. Participants' comments after NeuroACT.

ession,
ty, cognitive
(S)

family related

valuate differences

Pre-follow-up
0.51
0.77
0.55
0.42
0.19
0.27
0.15
0.56
0.54

y; SDS = Sheehan

Study 3. NEUROACT for autistic adults in outpatient psychiatry care - RCT



Background: Autistic adults have high degree of stress and psychological distress, and low quality of life.

Participants: 39 adults (21-72 years), HIQ 108.5 (SD=13.5) DSM-5 ASD with or without ADHD. Inclusion: High stress and low quality of life. Exclusion: Psychosis, addiction, ID (HIQ > 70).

Study design: Block-wise individual randomization (20/19), 14 group sessions (2,5 h+ 30') in outpatient psychiatry or TAU, 2 groupleaders. TAU-group had NeuroACT after one year. Power calculation (SWLS, ES: 0.77) = 56; (PSS, ES: 0.92) = 40

Evaluation: Self-rated stress (PSS), quality of life (SWLS), psychological distress (BDI, BAI, KSQ), level of funtion (SDS), psychological inflexibility (AAQ), cognitive fusion (CFQ), avoidance behaviors (CBAS), and autistic core difficulties (SRS), before, after, and after 6 months (both groups).

Statistical analyses: Two-group mixed design repeated measures analysis of variance (rmANOVA). Effect size with Cohen's *d*.

Study 1. Results

Clinical significance and reliable change for stress and quality of life (primary)

+ Double the many (50 %) in NEUROACT recovered from stress and 3 x more (38 %) showed clinical significant improvement compared to TAU

+ 3 x more (38 %) in NEUROACT recovered regarding quality of life and 25 % compared to 0 % showed clinical significant improvement compared to TAU

Table 13. Means, standard deviations, statistical significance, and effect sizes between groups for autistic core challenges and executive difficulties at pre, post, and 6-month follow-up.

	<i>n</i>	Pre	Post	6-mo	Group-by-time interaction effect (within-subjects)		Pre-post	Post-6-mo
Measure	NeuroACT = 16 TAU = 18	M (SD)	M (SD)	M (SD)	ANOVA	<i>d</i>	<i>d</i>	<i>d</i>

Table 12. Feasibility measures

Feasibility

+ 85 % completed intervention

+ Self-rated feasibility 7.3/10 (SD = 2.5)

DEX (RCI)

SWLS (primary outcomes)

NT (n = 16) TAU (n = 18)

n (%)

2 (11 %)

0 (0 %)

Improved 6 (38 %) 2 (11 %) 4 (25 %) 0 (0 %)

RCI 6 (38 %) 2 (11 %) 4 (25 %) 0 (0 %)

Unimproved 2 (13 %) 7 (39 %) 7 (44 %) 13 (72 %)

RCI 2 (13 %) 1 (6 %) 0 (0 %) 0 (0 %)

Note. Recovered = Clinically significant change - below or above cut-off score; Improved = Clinically significant change - 2 standard deviations below or above the group mean; Unimproved = Failed to change 2 standard deviations from group mean.

Note. AA Behavioral A

* *p* < .05. ** *p* < .01. † non-significant trend

TAU 37.3 (9.9) 36.8 (11.4) 34.1 (8.4)

Note. SRS = Social Responsiveness Scale - total score; SRS-AM = Social Responsiveness Scale - Autistic mannerism; SRS-M = Social Responsiveness Scale - Motivation; SRS-A = Social Responsiveness Scale - Social Awareness; SRS-SC = Social Responsiveness Scale - Social Cognition; SRS-C = Social Responsiveness Scale - Communication; DEX = Dysexecutive Questionnaire - Self report. Effect size measured by Cohen's *d* (0.2 = small; 0.5 = moderate; 0.8 = large).

* *p* < .05. ** *p* < .01. † non-significant trend

* *p* < .05. ** *p* < .01. † non-significant trend

Group discussion

- **Personal experiences** of stress in autistic or other neurodivergent individuals?

Psychological flexibility in autism

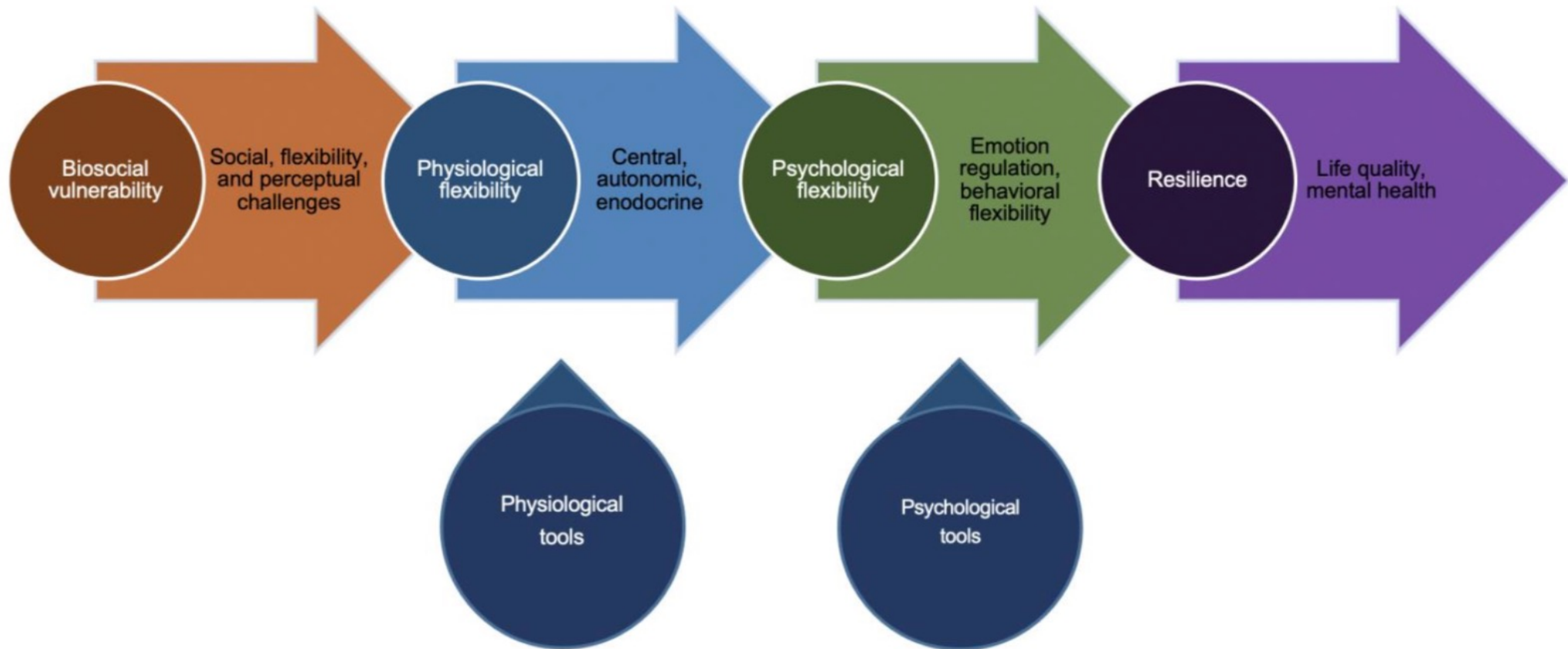
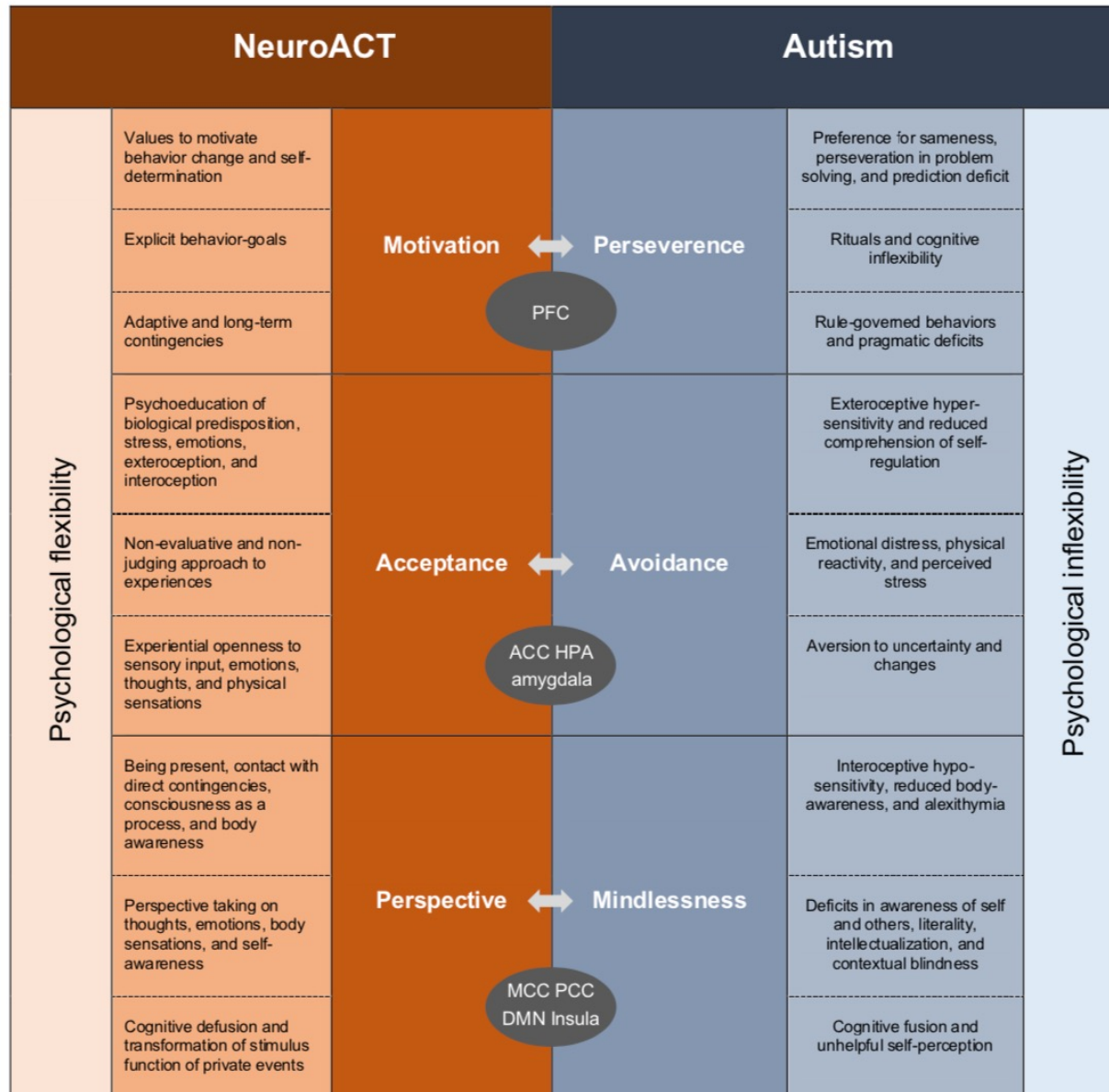


Figure. The biosocial model for resilience to adversity in ASD (Scarpa et al., 2021).

The NEUROACT model



A pragmatic perspective

Treatment approach	Truth criterion	Identity	Treatment objective	Treatment focus
Non-functional contextual	Norm-based (e.g., social skills training)	Identity as a clinical feature (e.g., diagnosis)	Symptom reduction (e.g., depression; anxiety)	Direct (e.g., training working memory)
Functional contextual	Pragmatic (e.g., personal value-based behavior goals)	Identity as an event (e.g., defuse from an unhelpful perception of self)	Disrupt functional relation between symptoms and mind (e.g., acceptance of anxiety)	Indirect (e.g., contextual skills training; managing thoughts, emotions, and body sensations)

* Pahnke (2022). Theoretical aspects of intervention, comparing a contextual behavioral and a non-contextual behavioral perspective (Doctoral thesis).

The NEUROACT®-program

Handle stress

Reduce avoidance

Do what's important

Quality of life & health

Autism-validated and scientifically tested material for adolescents and adults

Self-training, psychoeducation, group discussions

Themes: Stress, recovery, emotion school, the senses (exteroception), the body (interoception)

Short focus training exercises (with a rational)

A GUIDE TO THE PROGRAM



NEUROACT IS

- Twelve meetings with a facilitator
- Exercises where you listen and write
- Personal exercises at home

You will engage in stress management and attend an emotion training school. You will learn about Focus Training and gain insight into thoughts, emotions, and bodily reactions in various situations. Everything is based on what you want.



WHAT YOU GET

- Discover your goals
- Strengthen your coping strategies
- Ability to achieve what you want
- Motivation to improve your health



www.brainproof.se/neuroact



Why NEUROACT?

Strategies: Motivation, Acceptance, Perspective

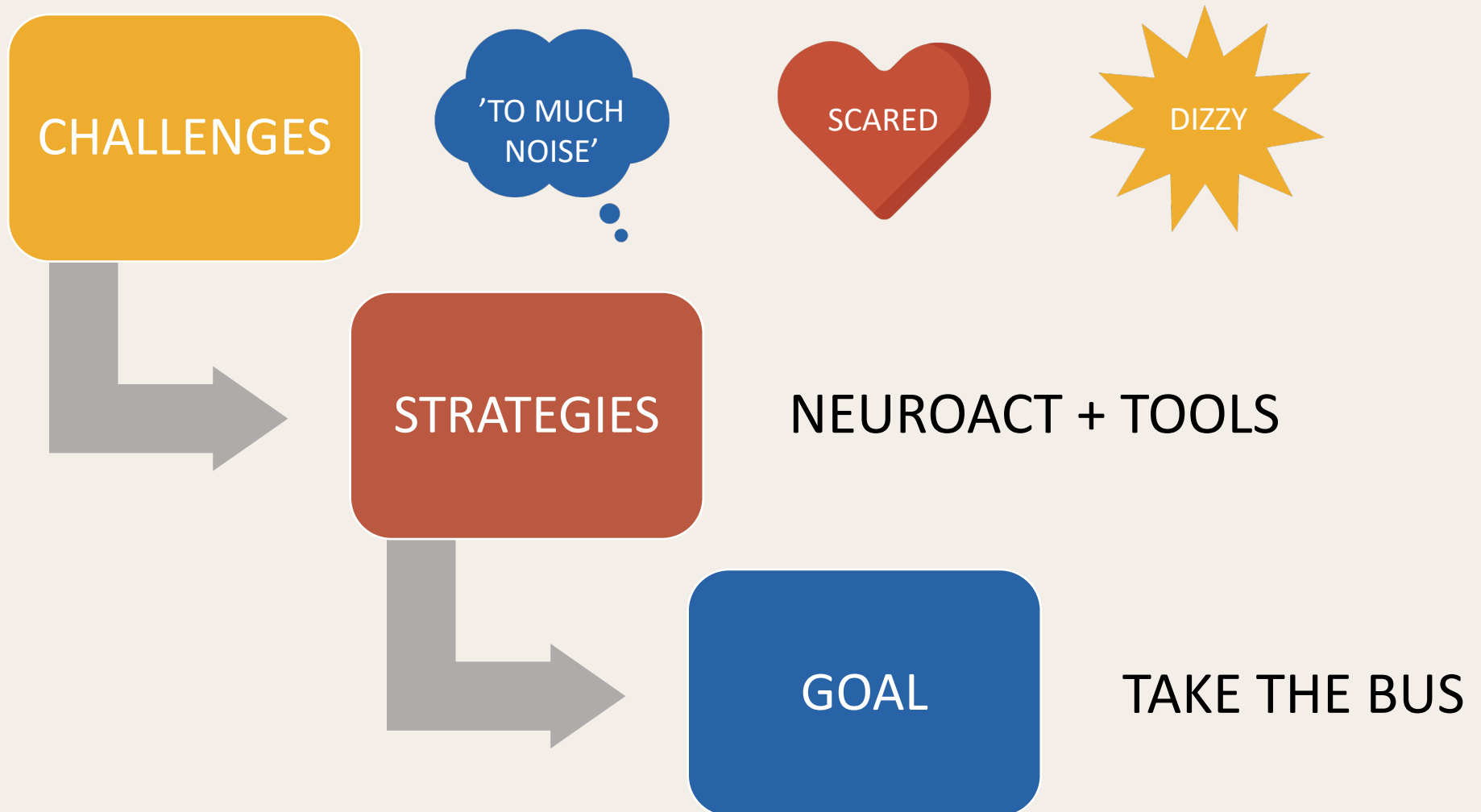
Handle stress: **thoughts**, **emotions**, and **bodily reactions**

Same three strategies in different situations (generalization)

Stressful situations



Take the bus



Content

MODULES	MEETINGS
STRESS & AVOIDANCE	1. My stressful situations
	2. Avoidance trap
PERSPECTIVE	3. Focus training
	4. Take perspective
WHAT IS IMPORTANT	5. What is important to me
	6. Do what is important
ACCEPTANCE & SELF COMPASSION	7. Handle emotions
	8. Handle the body
SOCIALIZE & SELF CARE	9. Socialize with others
	10. My self care
LIFE MAP	11. Life map
	12. Look forward

Adjustments

NEUROACT	AUTISM
Structured and didactic material	Executive difficulties
Balance between predictability and flexibility	Adapt to challenges <i>and</i> train skills
More focus on explaining – it should be comprehensible	Context blindness
Easy and short mindfulness and acceptance exercises - rational prior to each exercise	Working memory, predictability, context blindness, communication
Autism relevant themes (stressful situations, avoidance, sensory, body perception, emotions, stress, recovery, social situations)	Autism relevant challenges
Different levels to meet autism level 1, 2, and 3 (still developing)	Autism 1, 2, and 3 – different needs

Work material



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Worksheet 1



My stressful situations

Below are situations that can be perceived as stressful. Circle the ones that *you* experience as stressful.

- Making mistakes
- That everything is not perfect
- Not knowing what to do
- Not being allowed to finish what I'm doing

- To meet new people
- To lose
- To be among many people
- Someone tells me that I have to do something

- To speak in a group with people
- To receive criticism
- To wait for something
- To ask for help
- To have critical thoughts about myself

- To have my things in disorder
- Disturbing sounds or lights
- People talking
- How certain things smell
- To have something change that I am not prepared for

Other:.....
.....
.....

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Infosheet 7



Emotion school

What are emotions and why do we have emotions?

Emotions are *natural reactions* in the body that affect how we think and what we do. Emotions help us become *motivated* to do something. For example, approaching something (interest) or defend ourselves from danger (anger). We experience some emotions as *pleasant*, other as *unpleasant* or *neutral*. Each emotion motivates us in its *unique way* (why we have the emotion).

Below you can read about our most common emotions.

	Emotion	Why we have the emotion
Pleasant	Interest Excitement Attraction	Get a pleasant feeling Seek information
	Joy Satisfaction Pleasure	Increase wellbeing Relax
Neutral	Astonishment Surprise Wonder	Try something new
Unpleasant	Fear Terror Anxiety	Seek protection Handle dangers
	Grief Sadness Dispair	Reflect Handle loss
	Anger Rage Irritation	Defend oneself Remove obstacles
	Shame Humiliation Embarrassment	Follow rules
	Disgust Dislike Aversion	Protect oneself from ingesting something dangerous

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Homework 1



My stressful situations

Write down two situations that you can experience as stressful.

Situation 1

Situation 2

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Weekly card 1



To do

- 1 Write down 2 *situations* that you can experience as stressful.
- 2 Check the *Yes-box* when you've completed the homework.
- 3 Write a *comment* on how it was to do the homework. For example, if it was easy, difficult, or how long time it took.

Completed homework?

☐ Yes ☐ No

Comments

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Worksheet 4



My thoughts

Below, you write down the thoughts that you have for 3 minutes.



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Material

- **Concrete** (difficult overview much information)
- **Not much text** (communicative difficulties)
- **Images** (stronger visually than auditory)
- **Memory support** (difficulties with working memory)
- **Work sheets with examples** (reduced central coherence, imagination)

Material

- **Explanatory info sheets** (emotions, sensory input, body awareness)
- **Rational prior to audio exercises** (intentionality, central coherence, motivation)
- **Color coded** (working memory, systematization, context blindness)
- **Autistic validation:** Learn by Spektra

MODULE 1: STRESS & AVOIDANCE

Session 1: My stressful situations

Aims of the session

- Teach participants about **stress** and pay attention to their **own stressful situations**.
- Communicate that what makes us stressed is how we **relate** to our thoughts, feelings and body sensations. Not the thoughts, feelings and body sensations themselves.
- When the brain perceives a situation as a '**threat**' or '**problem**', a stress response is initiated via the HPA system.
- The brain is **plastic**. It is possible to train the ability to handle stressful situations and to act in a long-term and sustainable way.

MODULE 1: STRESS & AVOIDANCE

Session 2: Avoidance trap

Aims of the session

- Teach participants about the **avoidance trap**, which means that behaviors that reduce discomfort and stress in the short term rarely work in the long term.
- Make the participants aware of their **own avoidances** that are not effective.
- Communicate that there are **long-term strategies** for managing stress and discomfort and that it is something we will practice in NEUROACT.

MODULE 2: PERSPECTIVE

Session 3: Focus training

Aims of the session

- Teach participants about **Focus training** (mindfulness) as a way to notice things that happen, both within oneself and outside.
- Make the participants **aware** of their focus is, while also bringing attention to their thoughts, emotions, and body sensations.

Perspective

NEUROACT	AUTISM
Improve perspective-taking on the body and emotions.	Interoceptive hyposensitivity (e.g., body signals, thirst, hunger, temperature). Alexithymia.
Improve perspective-taking on thoughts. Thoughts as a <i>process</i> (<i>not</i> focusing on the content).	Difficulties with awareness of oneself and others minds. Intellectualizing. Creates rumination and worries.
Improve perspective-taking on thoughts. Not being automatically controlled by thoughts (defusion). See the function/intention behind thoughts, instead of literal interpretation.	Literal interpretation of words and context blindness. Difficulties with seeing the intention and function behind thoughts. Makes thoughts more convincing.
Improve perspective-taking on thoughts about oneself (self as context).	Entangled in: - right/wrong', 'good/bad (evaluating) - I am better/worse (comparative) - I can't see people because I am autistic (rule-governed)

MODULE 2: PERSPECTIVE

Session 4: Take perspective

Aims of the session

- Teach participants to **take perspective on their thoughts** (cognitive defusion), as a way of not letting letting their thoughts steer away from what is important to each of them.
- Make the participants **aware of their thoughts** and how they affect their emotions, how the body reacts, and their behaviors.

MODULE 3: WHAT IS IMPORTANT

Session 5: What's important to me

Aims of the session

- Teach the participants about **life values** to clarify **what is important** to each of themselves.
- Make the participants aware the extent to which they do things in line with what is important to them in four life areas: **Work/day care/other**, **Health**, **Relationship**, and **Leisure** (for adolescents: **School work**, **Feel good**, **Peers/family**, and **Leisure**).
- Help the participants **formulate their own life values** within the four areas of life.

Life values and goals

NEUROACT	AUTISM
Improve motivation	Reduced motivation (except special interests)
Value-based behaviors	Short-term avoidance and rule-governed behaviors
Training in goal-formulation	Difficulties formulating own goals
Improve predictability and long-term behaviors	Prediction deficit

MODULE 3: WHAT IS IMPORTANT

Session 6: Doing what's important

Aims of the session

- Teach participants about **goal behaviors** and what they can do in line with their life values.
- Help the participants formulate their **own goal behaviors** within the four life areas.

MODULE 4: ACCEPTANCE

Session 7: Handle emotions

Aims of the session

- Teach participants **about emotions** and how to **handle** emotions.
- That participants understand that there are different basic emotions with a **specific function** and that every emotion is needed.
- That the participants practice on **using Focus training and acceptance** to handle emotions.

Acceptance

NEUROACT

Psychoeducation to improve awareness

Experiential openness to sensory input

Non-evaluative approaches to experiences

Experiential openness to thoughts,
emotions, and body sensations

AUTISM

Exteroceptive oversensitivity

Highly exposed to stressors

Emotional and social avoidance

MODULE 4: ACCEPTANCE

Session 8: Handle the body

Aims of the session

- Teach participants about **sensory input** (exteroception) **body awareness** (interoception), and how to **manage sensory input and body signals**.
- That the participants are aware of there are sensory inputs **giving rise to stressful thoughts, emotions, and body sensations**.
- That the participants are aware of that there are **body signals hard to recognize**.
- That the participants use **Focus training and acceptance** to handle sensory input and body signals, including the thoughts, emotions, and body sensations linked to them.

MODULE 5: SOCIALIZE & SELF-CARE

Session 9: Socialize with others

Aims of the session

- That participants use their **NEUROACT skills** in **social situations**.
- That the participants further practice to handle stressful thoughts, emotions, and body sensations in line with what is important to them within the **life area Relationship**.

MODULE 5: SOCIALIZE & SELF-CARE

Session 10: My self-care

Aims of the session

- Making the participants aware of **effective self-caring activities** that can be used to prevent stress and facilitate self care.
- That the participants use their **NEUROACT skills** within the **life area Leisure**.
- That the participants use their **NEUROACT skills to facilitate self-care**.

MODULE 6: THE LIFE MAP

Session 11: The Life Map

Aims of the session

- That the participants use **their NEUROACT skills** within **all the four life areas**.
- That the participants **handle stressful thoughts, emotions, and body sensations**, with the purpose of **overcoming obstacles when engaging in value-based goal-behaviors**.
- That the participants **learn to use the Life Map**, which is a structured template to continue using NEUROACT skills after completing the program.

MODULE 6: THE LIFE MAP

Session 12: Look forward

Aims of the session

- That the participants **summarize their experiences of the NEUROACT program**, what they have learned, and how they want to continue using their NEUROACT skills on their own.
- That the participants **summarize their work based on the Life Map**, and **clarify their life values and goal-behaviors for the future**.

Adjustments

- There is **no evidence** for the use of programmes or protocols that are not adapted
- Need to consider **core difficulties** and **executive challenges**
- At risk for feeling **un-validated in NT-groups**, **camouflaging** common
- **(1)** An understanding of **how ACT meets autistic challenges**
- **(2)** Concrete **adjustments of program** (bed-side manner) and **materials**

Attitude and approach

- **Little talk** (reduced working memory, process speed, and communication)
- **Straight forward communication** (don't wind in)
- **Give answer options and explain** (difficult with open questions, (context blindness))
- **Give time to respond** (process speed)
- **Prepare** (give material in advance, tell about the expectations, structure, and content)

Attitude and approach

- **Explain experiential exercises** (purpose and contents)
- **Model and give concrete examples** (e.g., 'I have the emotion curiousness right now' or 'this morning I had a thought...')
- **Use the patients own vernacular and metaphores** (use simple and common terms, show pictures of metaphores)
- **Avoid arguments and discussions** (especially when rationalizing and detail orientedness)
- **Mirror the function of a behavior** (e.g., 'I notice that you have a lot of thoughts and that it makes you upset')

Attitude and approach

- Mirror **perspective-taking** (e.g., the patient says: 'that's the way it is... it is unfair' with 'right now, you have the thought 'it is unfair')
- Establish **ground rules** (e.g., need to interrupt if a patient is talking too much)
- Remind patients of the **purpose** with what is happening in the treatment (lacking contextualisation, intentionality in actions/thoughts)
- Remind patients that exercises and treatment goals can feel and seem **confusing**
- **Use confusion** (and other emotions) that arise as training ACT-skills (meta-training)

To think about and validate

- Emotions and sensory impressions can become **intense** (emotions dysregulation, exteroceptive dysregulation)
- Cannot perceive **thoughts** (lack of meta-cognition, perspective taking)
- Difficulty perceiving the **body** (lack of self-awareness)
- Materials and instructions can be interpreted as **illogical** (cognitive inflexibility)
- Difficulties understanding **instructions** (working memory deficits, communication)

To think about and validate

- Does not want to **share** in the group setting (deficits in social reciprocity, communication, high sense of integrity)
- Unrealistic **goals** (central coherence deficit, imagination, self-perception)
- Unusual **life values** (unique preferences and interpretations of the outside world)
- **D**ifferent ways of **expression** (communication)
- Difficulty **moving forward** (cognitive inflexibility, overload, stress)

MANUAL AND MATERIALS

- The manual and work material can be accessed at [Brainproof.se](https://brainproof.se).

Thank you!

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