

**Experiences of Clients Who Participated in ACT Group Therapy –  
Exploring Client Perspectives on Therapeutic Value**

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## Abstract

The client is the most important part of psychotherapy and, thereby, a crucial factor in evaluating whether treatments are effective. Considering client feedback was shown to improve the therapeutic alliance and clinical outcomes, therefore an increasing amount of research evaluating psychotherapy focuses on the client's perspective. This study aimed to gain deeper insight into clients' experiences of group-based Acceptance and Commitment Therapy (ACT) at the mental health organisation "Mindfit". Specifically, it investigated which therapeutic aspects were most valuable for participants. A total of 68 evaluative questionnaires, completed anonymously by participants, were analysed. They included one scaling and five open-ended questions. A hybrid thematic analysis (HTA) was conducted, in which the six core processes of ACT and the Pause-Choice Model were utilised as deductive codes. Inductive codes emerged from the data. The analysis resulted in five themes deemed particularly valuable by clients, ordered from highest to lowest frequency in the data:

*Supportive Group Environment* (176), *Learning How to Recognise and Manage Internal Experiences* (81), *Modes of Education* (46), *Practical Application of ACT Techniques* (42) and *Learning How to Lead a Meaningful Life* (37). Shortcomings of the treatment are included in the theme *Limitations and Challenges in ACT group therapy* (18). The group setting, the core processes *acceptance* and *cognitive defusion* and the practical application of ACT, including the Pause-Choice Model, were perceived to have the highest value for participants. Use of ACT terminology by clients in the questionnaires suggests successful learning, while the group setting enhanced sharing of personal experiences and common humanity. Future research should explore how clients apply ACT tools, particularly the Pause-Choice Model, in complex real-life situations and investigate differences across age groups and individual needs.

**Key words:** Client perspective, Acceptance and Commitment Therapy, Group Therapy, Qualitative Research, Pause-Choice Model

## **Introduction**

For a long time, research has overlooked a vital factor in the evaluation of psychotherapy: the client's perspective (Timulak & Keough, 2020). In 1990, merely 6% of all researched common factors in various psychotherapies were client related. And even in this small percentage, client factors solely included their hope for therapeutic change, the client being in distress and their request for help, portraying a rather passive picture of the client (Fuertes & Nutt Williams, 2017). However, in recent years, this important perspective has gained more attention, based on which psychotherapy can be improved and made more client centred. Bohart (2000) proposes the client as an active force of therapeutic change, assisted and supported by the therapist, who provides tools to aid the self-healing process.

Studying patients' perspectives can foster a more comprehensive understanding of clients as the drivers of psychological progress in clients. Practitioners who are open to hearing client feedback while refraining from defensiveness and subsequently showing willingness to change their behaviour can have significant positive impacts on the therapeutic alliance (Timulak & Keough, 2020; Norcross & Wampold, 2011). Furthermore, better therapeutic results can be achieved by incorporating client input into therapy to enable adjustments that better suit the client's needs (Lambert & Shimokawa, 2011). Hence, not only on a larger research scale but also on the individual level, exploring what clients have to say about the therapeutic process can have notable effects on therapy.

Adding to this growing body of research in clients' perspectives on drivers of therapeutic change, this study aims to explore client experiences from a sample that participated in Acceptance and Commitment Therapy (ACT) in a group setting. ACT is a form of therapy which emerged in the third wave of behaviour therapy (Hayes, 2004). The first wave was characterised by visible behaviour changes based on classical and operant conditioning, and the second wave introduced cognitive interventions as the key principle of therapy. Third wave behavioural therapies, however, are grounded in understanding and

addressing the context of psychological disorders, rather than focusing solely on their outward symptoms or form (Hayes, 2004; Harris, 2006). Third-wave approaches consider the overall experience of the client and cease from eliminating specific problems but instead aim to teach a broad range of techniques and tools to effectively deal with various mental issues and disorders. Mindfulness, acceptance and cognitive defusion are examples of such techniques (Hayes, 2004). In contrast to psychotherapies focusing mainly on symptom reduction, these elements of ACT make it particularly suitable for exploring the client's perspective (Blackledge & Barnes-Holmes, 2008; Hayes, 2004).

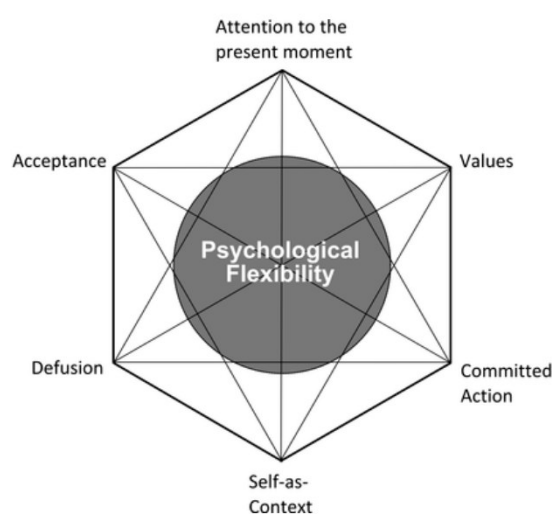
ACT has its roots in functional contextualism, meaning it aims to predict and influence events, while acknowledging that psychological events are continuous actions of one working organism (Hayes et al., 2006). These events can never be viewed without considering their historical and situational context. ACT focuses on workability for the client, and the client's values are a vital ingredient to therapy. Directly manipulable events stand in the centre of ACT. Hereby, thoughts and feelings cannot be the cause of other actions, except when they are viewed as controlled by context (Hayes et al., 2006). Hence, ACT allows for surpassing simply changing behaviours in therapy, but to change the context they occur in.

Another building block to ACT's foundation is the Relational Frame Theory (RFT), which is a behaviour analytic theory explaining how humans learn and use language and cognition (Hayes et al., 2006). RFT describes the human ability to relate to events not just based on their physical features but also through socially learned associations. These relational patterns can shape how people feel and behave, depending on the context in which they occur (Hayes et al., 2006). Applied to therapy, this suggests that often it is more helpful to look at how people respond to their thoughts rather than focusing on the thoughts themselves. ACT draws directly from these insights of RFT, encouraging clients to change the role that thoughts and emotions play in their lives (Hayes et al., 2006).

The overarching goal of ACT is to increase psychological flexibility (Figure 1), i.e., the ability to fully engage in the present moment as a conscious being while altering or maintaining behaviour which serves to act in line with one's values (Hayes, 2006). The six core processes of ACT seek to achieve this goal: *Acceptance*, *Cognitive Defusion*, *Attention to the Present Moment*, *Self-As-Context*, *Values*, and *Committed Action* (Blackledge & Barnes-Holmes, 2008). These processes serve as guidelines for ACT treatment and work together to ultimately increase psychological flexibility. By teaching these concepts, clients are encouraged to build a meaningful life for themselves while learning to accept the inevitable aspect of suffering in the human condition.

### Figure 1

*The ACT-Hexaflex depicting the six core processes of achieving psychological flexibility*



*Acceptance*, in this context, is not to be confused with simply putting up with any distressing emotion or event. It relates to clients accepting distress in cases where it leads to better outcomes than focusing on it (Blackledge & Barnes-Holmes, 2008). *Values* are seen as verbally expressed states that one desires to be in throughout their lifetime. In ACT, they are approached as ways of behaving, easing the process of assisting the client in living according to these values. *Cognitive defusion* involves the realisation that thoughts are merely thoughts, not realities one needs to believe or act upon. Clients are taught different ways to look at and

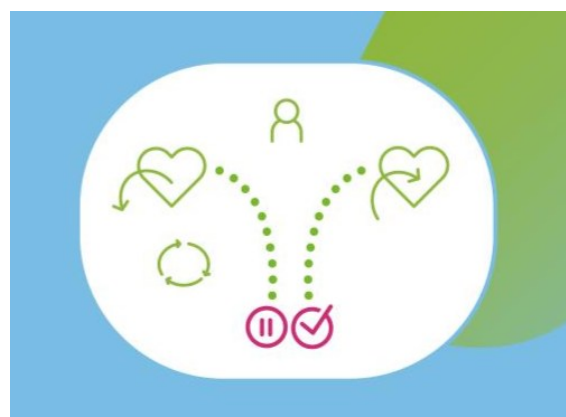
perceive their thoughts. *Attention to the present moment* is actively utilised in ACT. Clients are encouraged to connect with experiences happening in the present moment, including physical sensations, emotions, thoughts and perceptions (Blackledge & Barnes-Holmes, 2008).

ACT exercises are implemented most effectively when they relate to the current experience of the client. The core process of *self-as-context* is developed through three relational frames: I-You, Here-There and Now-Then. Through engaging in verbal interactions, children establish a consistent perspective, called the “Here and Now”, by learning to locate themselves and others in space and time and thereby provide a stable perspective from which one can observe their experiences (Blackledge & Barnes-Holmes, 2008). This perspective can be disrupted by thoughts and feelings, making it a valuable pursuit to touch upon self-as-context in therapy. Finally, *committed action* refers to dedicating one’s life and actions towards their identified values (Blackledge & Barnes-Holmes, 2008). These core mechanisms provide the foundation for ACT and guide the therapeutic process.

While the core processes provide the theoretical foundation and working mechanisms of ACT, the Pause-Choice Model (Figure 2) puts these principles into practice. It is informed by the Choice-Point Model by Harris (2017) and was developed in order to make the treatment more tangible, practical and memorable for clients (Bloemberg & Swijtink, 2022).

## Figure 2

*Pause-Choice Model as illustrated by Mindfit*



The Pause-Choice Model takes into account that every individual is born into a specific timely context, and that thoughts and behaviours are shaped by the experiences made in this context (Bloemberg & Swijtink, 2022). In the course of one's life, individuals engage in various activities, ranging from sleeping to sports to listening to music. These activities can be in line with one's values, represented by the right side of the model – steps one takes towards their heart and thus towards a self that aligns with personal values. The left side of the model portrays things people do that keep them away from living according to their values, often happening in unpleasant times in life. Individuals engage in avoidant or controlling behaviours, which give rise to psychological issues when these tactics become automatic. In the long run, these behaviours keep individuals from achieving a meaningful life (Bloemberg & Swijtink, 2022).

While coping mechanisms are a necessary part of human existence, the moment they become automatic they are not productive anymore. In ACT group therapy by Mindfit, these patterns are referred to as a “LOOP”, a repeating pattern of feelings, thoughts and behaviours that influence each other and cause stagnation. Pressing the “pause-button” depicts taking a step back from loops and recognising automatic behaviours by increasing awareness and allowing a conscious choice between moving away or towards one's heart (Bloemberg & Swijtink, 2022). The Pause-Choice Model is introduced in the first session of the ACT group therapy and is continuously applied throughout the treatment, in the form of different pause-button exercises, metaphors or mindfulness exercises.

Alongside the ACT processes and the Pause-Choice Model, a key component of the intervention is that it is held in a group setting. Previous studies have shown that this can have several benefits. Pappas (2023) declares that therapy in a group setting is as effective as individual psychotherapy. It can be applied to a wide range of pathologies and symptoms and reaches a larger number of people at once. By bringing together clients who all experience psychological challenges, stigma can be reduced, and empathy can be fostered (Pappas,

2023). Group cohesion, defined by Budman et al. (1989), is the connectedness of a group making a joint effort to reach a common goal as well as a trusting and open-minded atmosphere allowing to disclose personal concerns. The cohesion of a therapeutic group plays a large role in positive outcomes of group therapy as reported by clients (Budman et al., 1989). Further benefits of the group setting perceived by clients include mutual understanding, feeling supported by peers, working toward and achieving common goals, as well as recognising common humanity (Bloy et al., 2021). These aspects portray enormous value in improving clients' mental health in an effective way.

Next to its benefits, group therapy can also present specific challenges. Some clients might be hesitant to join group treatments based on social anxiety or fear of judgment. The same holds for therapists, fearing they are not trained enough to manage complex group dynamics (Shay, 2020). Since different personalities with varying experiences come together, therapy in a group setting can lead to interpersonal challenges and hinder productive group cohesion. In order for the treatment to be effective, the leading therapist needs to show a steady and confident attitude (Malhotra et al., 2024). Lastly, standardised group therapy may not be able to meet everyone's personal needs. If individual needs remain unmet by the group setting, it can negatively impact the therapeutic process (Gryesten et al., 2023). Not only factors specific to the type of therapy, in this case ACT, but also characteristics innate to the setting of therapy can make a difference in therapeutic outcomes. This will be taken into account in the current study.

In terms of evaluating the effectiveness of psychotherapy, treatments are typically investigated *quantitatively*, mostly by conducting randomised controlled trials and meta-analyses (Donald & Carey, 2017). However, these methods might not be able to grasp the complexity of individual therapeutic processes and measure effectiveness accordingly. There is a risk of qualitative nuances of client experiences getting lost under equivalent quantitative results (Donald & Carey, 2017). In addition to the large number of quantitative studies, there



has been a rise in examining psychotherapy *qualitatively*. Qualitative research can examine phenomena from multiple angles and may provide deeper insights into the mechanisms of the therapeutic process and its outcomes, as well as the subjective experience of the client (Nelson & Quintana, 2005; Elliott et al., 1999).

Through the open approaches qualitative research can take, the necessity for clarifying variables beforehand diminishes, making room for previously unconsidered variables and hypotheses to emerge during the research process (Ponterotto, 2005). Explorative approaches can shed light on mechanisms of change in psychotherapy by investigating how *clients* perceive and experience therapeutic development in more detail (Timulak, 2009). The current study will follow a qualitative approach, aiming to foster the understanding of clients' perspectives in the pursuit of improving therapy for its recipients.

Scientific research has already touched upon qualitatively evaluating client perspectives in ACT group therapy. Harrisson (2012) conducted an evaluation of the usefulness of ACT-based group treatments for clients with chronic pain, interviewing twelve participants about their experiences with ACT. By analysing interviews with clients utilising thematic analysis, she was able to distinguish six themes, namely *Hope*, *Hopelessness*, *Benefits of Acceptance*, *Barriers to Acceptance*, *Positive Experience of Group* and *Negative Experience of Group*. These results demonstrated that clients share a variety of the same experiences, with their illness and the group therapy.

The author utilises insights from each theme to investigate their implications for improving therapy (Harrisson, 2012). For example, it was examined what contributes to feelings of hopelessness prior to therapy as well as what contributes to the process of acceptance afterwards. Participants reported that previous failed treatments and misunderstanding from others made them lose hope in seeing an improvement in health. Important contributors to the process of acceptance could be derived: clients set their pain apart from their personality, worked on expectation management, and reported ceasing to

fight the pain. From this collection of data, it could be derived how to effectively engage clients in therapy, which moment in time to recommend ACT group therapy to clients experiencing chronic pain and how challenges of acceptance can be addressed (Harrison, 2012). These findings suggest that qualitative approaches exploring the client's perspective provide important implications for how they experience therapy and, in turn, how to improve group treatments.

Similarly, Bloy et al. (2021) investigated how clients in ACT group therapy for psychosis experienced changes in their relationship to distress. Through semi-structured interviews, four overarching themes emerged: *Awareness, Relating Differently, Reconnecting with Life* and *Leaning on Others*. For instance, the “passengers on the bus” metaphor was particularly helpful in fostering awareness (Bloy et al., 2021). Here, clients imagine themselves as a bus driver navigating their life's journey, while internal experiences are the passengers. These might be along for the ride, but they do not steer the bus. This metaphor alone had a variety of perceived positive influences for clients. Naming what is going on inside clients and verbalising this allowed them to take a step back and find a more objective view on their thoughts. A shift of attention was possible for them, away from unpleasant internal experiences to more productive thoughts. Based on these insights, future group therapies can be increasingly evidence-based, and metaphors can be improved further. This study underscored the role of ACT techniques in shifting cognitive and emotional responses to distress, offering valuable insights into therapeutic change (Bloy et al., 2021).

Although previous qualitative research has investigated client experiences with ACT in group settings, there is a lack of insight into how clients engage with its underlying mechanisms – the six core processes and structured models such as the Pause-Choice Model. The present study seeks to address that gap by exploring what clients found most valuable in ACT group therapy at Mindfit and aims to provide deeper insight into how ACT processes and the Pause-Choice Model are experienced in practice. The research question is “Which

aspects of ACT group therapy based on the Pause-Choice Model are most valuable from a client's perspective?"

## **Method**

### **Study Design**

The current study is part of a research project of two Master's students at the University of Twente in collaboration with the Dutch mental health centre Mindfit. As part of this project, the present qualitative study was independently carried out by one of the Master's students. After completing the ACT therapeutic group, participants filled out a questionnaire consisting of one scaling question and five open-ended questions inquiring about their perspectives and experiences with the treatment. A meeting was held between the researchers and two healthcare psychologists at Mindfit, in which the questionnaires were exchanged, and the researchers' questions were answered. A hybrid thematic analysis (HTA) was used to analyse the questionnaires and answer the research question. The BMS Ethics Committee at the University of Twente approved this study design (Ethical approval number 250251).

### **Mindfit**

Mindfit is a Dutch mental health organisation providing tailored treatments and therapeutic services for various pathologies, including anxiety and panic disorder, depression, PTSD, ADHD, and chronic pain or fatigue (Mindfit, n.d.). Among others, they offer Acceptance and Commitment Therapy (ACT), Cognitive Behavioural Therapy (CBT), and Eye Movement Desensitisation and Reprocessing (EMDR), either in one-on-one sessions or in a group setting. Mindfit emphasises a balance between focusing on reducing mental health complaints and enhancing personal strengths, talents, hobbies and support systems. Additionally, they combine face-to-face care with online sessions, making mental health care more accessible. With over 30 locations across the Netherlands, Mindfit simplifies finding a location nearby for a larger number of clients (Mindfit, n.d.).

### ***Group Therapies***

The investigated therapies in this study were the two ACT therapeutic groups, “Leven vanuit je Kracht (ACT)” (i.e., Living from your power) and “ACT Young Adults”. They focus on helping clients develop psychological flexibility and gaining an understanding of their own thoughts and actions, making decisions that are consistent with their beliefs (Bloemberg & Swijtkink, 2022). The group therapies consist of eight sessions led by one therapist utilising a mix of theory as well as practical exercises, discussions, metaphors, mindfulness techniques and experiential learning. Each session lasts around two hours. Both programs follow the six core mechanisms of ACT and utilise the Pause-Choice Model, helping clients to step back from automatic responses and make more conscious decisions (Bloemberg & Swijtkink, 2022).

ACT Young Adults specifically targets young people aged 18 to 25 years old, who experience psychological distress such as anxiety, uncertainty and excessive worry. Its topics and approaches are tailored to meet the psychological needs of this age group. In line with the therapeutic goals described in the Mindfit manual, the group sessions aim to help participants live more consciously and authentically, make decisions that align with personal values, and improve their capacity to deal with psychological challenges (Bloemberg & Swijtkink, 2022).

ACT Adults – Leven vanuit je Kracht is designed for adults from 25 years of age and older. It targets clients dealing with emotional and behavioural challenges and assists them in confronting negative thoughts and memories, anxiety and uncertainty. They get the chance to learn how to deal with difficult aspects of life one might not be able to change, including grief, illness, separation or bullying, while exploring one’s values and following these, instead of dysfunctional patterns. The sessions are structured and process-oriented with a focus on resilience, self-reflection and behavioural change. Compared to ACT Young Adults, there is less use of multimedia and more focus on ACT theory and application. The end goal is for participants to break free from unhelpful behavioural patterns and move towards a more meaningful life in line with one’s values (Bloemberg & Swijtkink, 2022).

## **Participants**

The participant group of this study consists of clients who participated in six ACT Young Adults and five ACT Adults groups. Mindfit provided the researchers with a total of 68 questionnaires completed by the participants. Due to the questionnaires being filled out anonymously, demographic information about the participants, such as gender and age, is unknown. Clients of any gender took part in the therapies, and their ages range between 18 and 80. The surveys were pre-selected by the healthcare psychologists who developed the ACT group therapy at Mindfit. Since the treatment was developed during the COVID-19 pandemic and several changes were made to the design, only those questionnaires were chosen that were filled out by participants who took part in the finished therapy programme. Additionally, groups with fewer than three clients were excluded from this research, since they were not considered representative of the holistic group therapy approach.

## **Materials**

This study revolved around the evaluative questionnaire (Appendix A) that participants of the ACT therapeutic groups filled out after completing the programme. The questionnaire consists of six questions, developed by the healthcare psychologists at Mindfit. The questions were developed to explore how the clients experienced the therapy, if and what helped them and whether their request for help was met. It includes two scaling questions and four open-ended questions, allowing the client to freely express their thoughts and opinions without being constrained by predetermined response options. The questions are as follows (translated from Dutch to English):

1. What do you think of the setup of the group treatment?
2. On a Scale of 0-30 where were you at the start of group treatment (how were you feeling?) and where are you now? Put a cross on the line.
3. Which parts of the group treatment have been most valuable to you?

4. Did the group treatment adequately meet your request for help? Can you also indicate why?
5. What grade would you give this group treatment?
6. Is there anything else you would like to say?

## **Procedure**

At the end of the last session of the group treatments, the paper-and-pencil questionnaires were handed out and filled out by the participants, either during the session or at home. The survey took around 15 to 20 minutes to complete. The questionnaires were transcribed utilising Transkribus. Subsequently, participant responses were translated from Dutch to English by the researcher using the online translation tool DeepL. These translations were reviewed and corrected by two Dutch colleagues. The researchers searched for misspelt words and corrected those, while any personal information about the participants given away by the questionnaires, such as their names, was anonymised.

## **Data Analysis**

The data was analysed using a hybrid thematic analysis (HTA), an analytic method integrating deductive (theory-driven) as well as inductive (data-driven) coding approaches to identify and interpret patterns within qualitative data (Fereday & Muir-Cochrane, 2006; Braun & Clarke, 2006). Thematic analysis encompasses the search for themes that stand out in the data as being of importance for the description of a phenomenon (Daly et al., 1997). A theme, in this case, highlights an important part of the data regarding the research question and is reflected by a consistent pattern found throughout the data (Braun & Clarke, 2006). Following a hybrid approach allows this study to consider theorised ACT working mechanisms and the Pause-Choice Model in the analysis, while leaving room to capture client experiences beyond predefined theory, ensuring that additional unexpected insights can emerge.

To ensure a structured approach, the researcher drew upon the approach to HTA outlined by Fereday and Muir-Cochrane (2006) as well as the six steps of conducting a

Thematic Analysis described by Braun and Clarke (2006), adapting these to align with the specific needs of this study based on the research question and data.

In the initial stage, the data was transcribed and translated. Subsequently, the translated texts were re-evaluated by the two researchers, addressing uncertainties or ambiguities with the native speakers. During the process of transcribing, translating and re-reading, the researcher was able to immerse themselves in the data and get a feel for participants' experiences and expressions.

Secondly, a codebook was developed for the deductive part of the study. The predefined codes were created based on the six core processes of ACT as well as the Pause-Choice Model, hence, they are as follows: *Acceptance*, *Cognitive Defusion*, *Values*, *Self-As-Context*, *Committed Action*, *Attention to the Present Moment* and *Pause-Choice Model*. The six core processes as well as the Pause-Choice Model, represent the theoretical framework on which the group therapy at Mindfit is based. Hereby, they provide a direct and theory-driven basis for evaluating what elements from this framework clients found most valuable in the therapy. The predefined codes allow for a clear distinction between which aspects of therapy were impactful specifically due to ACT mechanisms and which aspects might have been beneficial for clients apart from ACT.

The third stage was an open round of coding, applying predetermined codes and letting the responses of participants give way to emerging codes. The data was analysed and coded utilising the qualitative data analysis tool Atlas.ti 9. Subsequently, in the fourth step, a second round of coding, applying deductive and inductive codes, was conducted. The predetermined codes were used to systematically categorise the data into ACT-related factors. Aspects that did not fit the theoretical framework but were still prevalent topics mentioned by participants were grouped into emerging codes. The entire coding scheme was reviewed and revised in consultation with the thesis supervisor and a Mindfit professional.

Subsequently, another round of coding was carried out, ensuring a systematic integration of predefined and newly generated codes. At this stage, coding saturation was reached, as no additional codes emerged and no further adjustments to the coding scheme were required. Within the fifth stage, the codes were organised into themes, which reflect significant patterns in the data, giving away what clients found most valuable in the therapy. The themes were reviewed in terms of how well they represent information relevant to the research question as well as how often and how consistently they appear throughout the data (Braun & Clarke, 2006). Each theme was clearly defined, capturing the main idea behind it. Finally, in the last step, this was brought together in the following report. Quotations from the data were either chosen based on their representative value or to show the variety within client responses, which is also clarified in the sections presenting the themes.

## **Results**

The following section presents the findings of the HTA, starting with descriptive statistics and an explanation of each theme. All participants answered questions 1 to 5, leading to a response rate of 100% across all 68 questionnaires. Question 6 (“Is there anything else you would like to say?”) was left blank or answered with a dash 7 times, resulting in a response rate of 89.7%. The average word counts of questions 1 and 2 were 14 and 31. While question 5 was a scaling question, participants occasionally added a short explanation (e.g., “8 – very helpful”), leading to an average word count of 6. Question 4 reached a word count of 28, and question 5 was answered most briefly with an average word count of 6 words. Lastly, question 3, asking for valuable therapeutic aspects, reached the highest average word count with 40 words. Overall, a rich engagement by participants can be seen in these descriptives, yielding extensive qualitative input.

The analysis of the evaluative questionnaires resulted in 400 coded units. In addition to the deductive codes, the following inductive codes emerged during the analysis: *Group Setting, Guidance, Therapy Group Structure, Personalisation, Theoretical Learning,*



*Practical Learning, Application in Real Life and Limitations*. Finally, six themes were identified in the data. Five of them relate to aspects clients experienced as valuable in the ACT group therapy, namely: *Supportive Group Environment* (inductive), *Learning How to Recognise and Manage Internal Experiences* (deductive), *Modes of Education* (inductive), *Learning How to Lead a Meaningful Life* (deductive) and *Practical Application of ACT Techniques* (deductive and inductive). Moreover, features of the therapy that clients criticised or experienced as limiting were summarised under the theme *Limitations and Challenges in ACT Group Therapy* (inductive). An overview of the themes, the corresponding codes and their frequencies in the data can be found in Table 1.

### **Supportive Group Environment**

With 176 references, aspects related to the group environment were most frequently mentioned in relation to what clients found valuable in the treatment. The codes that made up this theme are *Group Setting*, *Guidance*, *Therapy Group Structure*, and *Personalisation*. “Exercises in the group”, “sharing in the group” and “recognition” by the group strongly contributed to the participants’ perceptions of why the therapy was helpful for them. Participants described a “pleasant, open atmosphere” which led to them feeling less alone, supported and connected to each other, helping some clients realise that they are not the only ones facing certain issues:

“I recognized a lot in others, where I thought that others have that too.”

“In 8 weeks, you learn to become more open in a group. You learn from each other and realize that you are not the only one with concerns.”

This demonstrates that clients could not only relate to each other, but they learned from each other, exchanged experiences and provided comfort, trust and connection.

A well-executed group therapy could not be held without the leading therapists. This client’s statement summarises well what a large number of participants said about the group’s guidance:

“Great guidance. You help people open up and dare to share in the group without putting too much pressure on them.”

Often, the psychologists who led a specific group were perceived to have shown deep interest in their clients, asking them questions about their experiences and responding with empathy and understanding. This is illustrated by the following client quotes:

“I felt safe and heard during the meetings. It's great how a pleasant atmosphere has been created and how positive and understanding the response is. thank you! :) I love how you challenged your participants to step out of their comfort zone”

“Thank you very much for the nice and safe environment. You have taught me enormously valuable things”

Furthermore, clients found the structure of the group therapy to be beneficial. They mentioned having experienced the set-up of the treatment as “very positive” and that “it has a nice structure”. This structure allowed clients to feel included:

“Good. Fine order, there is room for everyone. Good structure in sessions and very instructive for learning (this should be experienced by everyone).”

Moreover, the number of meetings as well as the size of the group were touched upon as having been helpful. Eight sessions were described as a sufficient amount, while the group size was mentioned to be advantageous, indicated by the following quotes:

“I find it nice that there are 8 meetings. Because of this there is really time to make progression and form a trusting bond with the others”

“I think it is a fine and good setup. Especially the size of the group is nice.”

In the group setting, clients were still able to seek personal attention for their individual situations:

“Everyone had different questions for help, but it suited everyone”

“There was plenty of room in the assignments to catch each person's personal situation.”

These responses by participants demonstrate that the group setting enabled them to provide and receive peer support and feel adequately guided by the therapists. The context of the group becomes even more valuable considering that clients felt that their personal needs were met.

**Table 1**

*Overview of themes, corresponding codes and their frequencies*

<b>Themes and Codes</b>	<b>Frequency</b>
Supportive Group Environment	176
Group Setting	
Guidance	
Therapy Group Structure	
Personalisation	
Learning How to Recognise and Manage Internal Experiences	81
Acceptance	
Cognitive Defusion	
Self-as-Context	
Attention to the Present Moment	
Modes of Education	46
Theoretical Learning	
Practical Learning	
Practical Application of ACT Techniques	42
Application in Real Life	
Pause-Choice Model	
Learning How to Lead a Meaningful Life	37
Values	
Committed Action	
Limitations and Challenges of ACT Group Therapy	18
Limitations	

## **Learning How to Recognise and Manage Internal Experiences**

This theme appeared 81 times in the questionnaires and encompasses the codes *Better Insight, Self-As-Context, Acceptance, Cognitive Defusion* and *Attention to the Present Moment*. It includes new insights participants gained, as well as their learning techniques on how to utilise those insights. Clients frequently mentioned having obtained “more insight into myself”, while some got more specific about what they found out. One client mentioned “understanding of ADD – me issues”, suggesting they have found value in learning more about their attention deficit disorder. One client brought up having gained more “insight into how the brain works”, highlighting a psychoeducational role of the treatment. Furthermore, clients obtained an enhanced understanding of what they can do to tackle their issues:

“Yes, I find that I have become much more conscious in what I can do”

“Yes, it has been an eye-opener for me to see how you can deal with different things.”

This newfound clarity suggests a shift toward recognising steps clients can take that align with their values.

In regard to the self-as-context component, clients stated that they realised they “needed to gain more confidence” or “be honest to myself”. This suggests that the treatment assisted them in distancing themselves from insecurities they previously identified with while developing a more stable sense of self. An awareness of inner experiences could be fostered by the therapy by giving participants a space in which they see themselves as an observer of experiences rather than internalise these as part of their identity.

An aspect that was mentioned frequently by clients in this context was “metaphors”. As part of the self-as-context component of ACT, metaphors are utilised to help clients in viewing their issues from a different angle that is tangible. By applying metaphors, clients can change their perspective from being defined by their experiences to seeing oneself as the space where these experiences occur.

In regard to the code *Acceptance*, “allowing feelings” was one of the most frequently stated responses to what was most valuable for clients. The terminology of “allowing feelings” leads back to the fourth session of the group therapy “Learning to deal with feelings”, teaching clients to identify, accept and let feelings pass without judgment. For instance, clients stated:

“The session around feelings brought a lot of change”

“It is a stepping stone, bringing feelings to the surface. I will continue individually.”

“Yes, I had the need to allow my own feelings and be okay with them and share these feelings and thoughts.”

These statements indicate that the act of accepting and dealing with emotions instead of avoiding them was valuable for clients in achieving therapeutic change, serving as one step in a larger scheme to reach clients’ goals.

*Cognitive defusion* is another component of ACT frequently expressed as beneficial by clients. Generally, “dealing with thoughts and feelings” was the main aspect mentioned in this regard. The mere engagement with thoughts, as was observed with participants’ feelings, was valuable for clients. Participants expressed the process of cognitive defusion in different ways, namely: “get control over my thoughts”, “dealing with negative thoughts”, “detachment from thoughts”, as well as “releasing thoughts”. All these aspects reflect components from the group treatment that clients pointed out as being valuable for them. Some clients got more specific about this:

“I needed to gain more confidence in myself and learn how to deal with my thoughts”

“The group treatment helped me to put my negative thoughts into perspective and not get into a negative rut”

“Yes, I learned how to manage my thoughts and keep them positive and avoid getting stuck in loops”

As for the first quote, it can be hypothesised that a lack of confidence was connected to negative thoughts, where dealing with one’s thoughts also increased the client’s confidence.

The second and third quotes describe similar phenomena. Additionally, it can be seen that ACT terminology was adopted by the third client, referencing the concept of “loops”. By learning to manage their thoughts and put them into perspective using cognitive defusion techniques during the sessions, clients were able to focus more on the positive and avoid getting stuck in negative thought patterns.

*Attention to the Present Moment* can be seen as a mindfulness tool to manage inner experiences. Two clients mentioned paying attention to the current moment by stating:

“learn to relax and listen to your body”

“you listen to your body and support each other”

Participants described being present as both relaxing and fostering a deeper connection to physical sensations, encouraging them to engage with their experiences in a non-judgmental manner. Not only does this have a relaxing effect, but it also enhances self-awareness and clients’ connection to their emotions. As pointed out by the second quote, the group context seems to have amplified the benefits of mindfulness, as clients experienced support from their peers.

### **Modes of Education**

The theme “Modes of education” refers to the way clients learned therapeutic techniques during the group therapy, and which types of learning were experienced as accommodating to their learning process. It was made up of the codes *Theoretical Learning* and *Practical Learning*, and participant responses related to this topic appeared 46 times in the questionnaires. Clients expressed theoretical ways of learning that were valuable for them in the form of “videos”, “theory” and “quotes”. One client said, “first theory, then exercises”, suggesting that the combination of the two was well balanced.

“Practical exercises” or “practical assignments” were expressions frequently used by clients stating what has been valuable for them. Responding to Q4 (Did the group treatment sufficiently meet your request for help?), a client said, “Yes. Because it was practical, so you

could experience a difference”. Another one mentioned “especially the exercises during the sessions” were valuable to them. Directly applying the concepts discussed during the group seems to have been a crucial aspect of making the therapy effective in fostering therapeutic change for clients. This also includes participants mentioning “homework assignments” as having been especially valuable, offering them the opportunity to apply what they have learned at home, while still being able to share their experiences in the next group session. Hence, utilising different educational methods appeared to foster the clients’ engagement in the therapy as well as what they get out of it. Theoretical knowledge paired with practical applications was perceived to stimulate therapeutic change.

### **Practical Application of ACT Techniques**

Aspects regarding the practical application of ACT components were mentioned 42 times in the questionnaires. Codes included in this theme are *Application in Real Life* and *Pause-Choice Model*. This theme focuses on how clients were able to apply learned lessons and tools from the therapy in their lives, and which impact this had on them. Generally, the therapy helped clients in finding out how they aspire to live their lives and take the necessary steps to get there outside of the therapy setting:

“I will definitely take a number of exercises with me to continue doing at home, hoping that things will go another bit better in the future. In small steps.”

More specifically, an improvement in communication was mentioned by two clients:

“I didn't normally share (feelings and concerns with other people), now I do it more.”

“It did help me one step further in communicating emotions.”

These statements show that the therapy had an impact on whether and how clients share their thoughts and feelings with the people in their lives. It was not mentioned which specific methods or components contributed to these changes.

Again, metaphors were mentioned to be of value for clients, not just during the sessions but also applying them in their daily lives. Regarding the question of what was most valuable, one client stated:

“Primarily metaphors, because you can really apply them to different areas and then the exercises are good to do. I also apply them to specific situations.”

This implies that the metaphors stuck with the client, applying them to a variety of real-life situations with the according exercises. Thus, metaphors are able to provide guidance in classifying situations and taking action.

While some statements by clients give more of a broad insight into how they will utilise what they have learned (e.g., “It gave me a good foundation. On which I would like to continue.”), others suggested more specifically which areas they will continue working on:

“Intention: focusing on the assignments and what is being said and not on my thoughts”

“I have now learned how to deal with my uncertainty and fear of failure and am inspired to practice and take steps in this.”

The “intention” suggests the application of paying attention to the present moment as well as utilising cognitive defusion techniques, changing one's focus to the present, and hereby altering the impact that thoughts have. The second client uses personal insights gained through the therapy to continue working on how to deal with fears. It can be seen that clients utilise what they have learned as a foundation and intend to continue working with this after therapy.

In addition to this, clients frequently mentioned “Pause-button exercises” as a response to the question of what was valuable for them, referring to the Pause-Choice Model and utilising the pause-button. For example, one participant described the usage of the pause-button as “very useful”. Another client stated that they can “pause and consider on my thoughts and feelings now”, suggesting the model fulfilled its purpose. The pause-button



ensures that clients act according to their values, working towards their long-term goals which was expressed as moving closer to one's heart. One client used this as follows, responding to the question of what was most valuable for them in the group therapy:

“The exercises that required me to get out of my comfort zone. This kind of forced me to do something I didn't really want to do but which then ensured that I ‘moved closer to my heart’.”

The client utilising the wording of the Pause-Choice Model shows the value of it as something that people can easily hold on to, remember and follow, also after therapy. The wide application of the model was mentioned by two other clients as follows:

“Eventually it did. I didn't understand beforehand how this would work, but every “disorder” can be learned to put thoughts/feelings on hold and release them”

(answering Q4: Did the group treatment sufficiently meet your request for help? Can you also indicate why/why not?)

“Pause button exercises against anxiety and a full head”

The first client expresses that it might not matter which problem or disorder someone experiences, since everyone has thoughts and feelings that can be evaluated and dealt with. This is underlined by the second statement, where the pause-button assisted them in their struggles with anxiety and rumination.

### **Learning How to Lead a Meaningful Life**

This theme captures how the group therapy assisted clients in finding out which values they hold and how to use these as guidance to achieve their goals. It occurred 37 times, and the codes included in this theme are *Values* and *Committed Action*. The value component was frequently expressed as “finding out what you want to work towards”, “[find out] where you want to be” or “look at what I do want”. Two participants mentioned this exploration of one's personal values as an important step in making a change:

“Very solid, nice how it [the group therapy] is shaped. First, where do you want to be, what are you facing, how will you ensure that you end up where you want to be and then focus on the positive.”

“[It was] good to first focus on my loops → behaviour, thoughts etc. (what am I doing that causes me to get into that negative rut) to then look at what I do want and how I then make sure I get there (with the home assignments)”

The presented data suggests that values and committed action go hand in hand for participants. Subsequent to finding out what their values are, they identify actions that ensure they will reach a life lived according to their values. Here, committed action was expressed in terms of “stepping out of my comfort zone”, as well as taking concrete action (e.g., “trying to make changes in this”, “I have definitely undertaken steps”) and independently applying what has been learned in the therapy (e.g., “and now it is time to move on my own”). Two participants expressed this as follows, combining aspects of what was mentioned above:

“It [the group therapy] did help me to do things (out of my comfort zone) that I found exciting but did bring me closer to where I want to go and thus what makes me happy”

“The exercises that required me to get out of my comfort zone. This kind of forced me to do something I didn't really want to do but which then ensured that I ‘moved closer to my heart’.”

Stepping out of one's comfort zone was viewed as uneasy but essential in exploring the direction one wants to take, eventually leading to a more meaningful life.

### **Limitations and Challenges of ACT Group Therapy**

In the questionnaires, responses regarding limitations of therapy were mentioned 18 times, marked by the code *Limitations*. The aspect that was mentioned the most regarding what can be improved about the therapy is that it was lacking depth and treatment of individual issues, such as personal trauma or relationship issues.

“I did miss some space for personal guidance, which sometimes made it a bit imprecise.

Would have liked to learn more about my ‘relationship anxiety’.”

“The disadvantage [of the group] is that you get less personal attention”

This demonstrates that the lack of depth was partially the result of the group setting and the therapy itself being designed to fit this type of context. Hence, the set-up as a group potentially constrains clients in learning about their personal issues in-depth. Some clients connected this to practicalities of the treatment, such as the number of sessions, with one person mentioning they “would have liked to have more sessions to make it more ‘my own’.” or stating the therapy was “helpful but it did go quickly”. This illustrates that eight sessions of group therapy may be insufficient to fully achieve the desired therapeutic effects for some clients. Finally, ACT in a group setting is a specific type of therapy and might not align with every participant’s preferences or specific needs, as stated by this client responding to Q4 (Did the group treatment sufficiently meet your request for help?):

“No, because I would like to know where it comes from in me, but this therapy is not for that, then I need something else.”

In contrast to examining the underlying causes of personal problems, group-based ACT emphasises psychological flexibility and value-driven action. While some clients find that ACT's emphasis on behavioural change and present-moment awareness is beneficial, others might prefer therapies that explore the individual root causes of their issues.

## **Discussion**

This study aimed to gain deeper insight into participants’ views on the effectiveness of ACT-based group treatments at Mindfit. The corresponding research question was “Which aspects of ACT group therapy based on the Pause-Choice Model are most valuable from a client’s perspective?”. In the following, it will be discussed how the results of the HTA relate to the core mechanisms of ACT, the Pause-Choice Model and the group setting in which the treatment took place. The HTA resulted in the following six themes: *Supportive Group*

*Environment, Modes of Education, Learning How to Recognise and Manage Internal Experiences, Practical Application of ACT Techniques, Learning How to Lead a Meaningful Life and Limitations and Challenges of ACT Group Therapy.* These themes illustrate how ACT group therapy promoted behavioural and psychological changes through group dynamics, variety in exercises, ACT processes, and internal experience management. The following sections elaborate on the key implications of these results, based on the central aspects of the treatment mentioned in the introduction: ACT processes, the Pause-Choice Model and the group setting.

### **Acceptance and Cognitive Defusion as the Most Valuable ACT Processes**

While all ACT core processes were reflected in the client's responses to some degree, it appeared that acceptance and cognitive defusion were among the most frequently mentioned ones as having been valuable. A notable finding here is that the expressions that clients used to describe these two processes, such as terms relating to accepting feelings and distancing themselves from thoughts, clearly reflect terminology that was used in the group therapy. Hayes et al. (2006) state that ACT relies on utilising consistent terminology to make abstract psychological concepts more tangible and memorable for clients. Observing that clients made use of terminology specific to that used in the therapeutic group indicates that it was successful in making clients internalise the lessons of ACT.

Looking at the core process acceptance more closely, Gratz and Tull (2010) found that interventions based on acceptance are able to reduce psychological distress in patients by teaching them to engage with emotions rather than suppressing them. Emotional avoidance was found to be one of the key facilitators of mental distress (Hayes et al. 1996). Hence, clients reflecting on their improved ability to acknowledge and work with difficult feelings can be connected to them taking a more open and accepting stance towards their emotions.

While acceptance encourages clients to engage with their emotions instead of avoiding them, cognitive defusion helps them to change their perspective on thoughts. Clients in this

study reported that detaching from and releasing their negative thoughts was a driver of therapeutic change for them. In line with this, Forman et al. (2012) found that cognitive defusion decreases automatic emotional responses to negative thought patterns and thereby helps to create psychological distance from them. Similarly, Kocovski et al. (2015) demonstrated that defusion exercises reduce identification with negative thoughts and improve emotional regulation. Clients applying cognitive defusion techniques are able to distance themselves from distressing thoughts and understand that they are not factual truths. This shift enables them to approach their experiences with greater psychological flexibility, which is the ultimate goal of ACT (Forman et al., 2012). The way participants described their experiences – in terms of detaching from thoughts and putting them in perspective – closely aligns with ACT theory. They reflect the key goals of cognitive defusion, which indicates that such techniques were effectively applied and led clients to a healthier relationship with their thoughts.

In conclusion, clients in this study adopted parts of ACT terminology, indicating a proper internalisation of its lessons. Acceptance and cognitive defusion were the most mentioned ACT core processes and, in their own ways, notably enhanced clients' psychological flexibility.

### **Practical Application of ACT Techniques**

ACT puts a large emphasis on the practical application of its tools in clients' daily lives, continuously increasing psychological flexibility also after the treatment (Hayes et al., 2006). ACT group therapy at Mindfit utilises the Pause-Choice Model, fostering such hands-on application. A key aim of this study was to evaluate the model, and the results suggest that participants considered it to be a helpful tool. Again, it could be observed that clients adopted the terminology used in the therapeutic group, mentioning the pause-button as well as having moved closer to their hearts, indicating clients' internalisation of what they have learned (Hayes et al., 2006). The model assisted them in taking a step back and reflecting on automatic reactions, showing an increase in self-awareness and decision making in line with

one's values. Client responses point towards the broad applicability of the Pause-Choice Model, for example, for anxiety or thought loops, suggesting that it is useful for various psychological disorders. In conclusion, the model provided value, clarity and structure in the participant's therapeutic process.

These implications drawn from utilising the model in Mindfit's ACT group therapy are in line with the goals of the Choice-Point Model designed by Harris (2017), aiming to assist individuals in recognising critical moments of choice and making a value-based decision. This, in turn, is intended to increase psychological flexibility and reduce automatic reactions to thoughts and emotions (Harris, 2017), which, considering the results of this study, was achieved by the group therapy.

In addition to the Pause-Choice Model, clients found value in utilising a number of exercises at home or stated that primarily metaphors helped them cope with various situations. This emphasises the intended experiential nature of ACT and its working mechanisms, not only eliminating distress but enhancing behavioural flexibility and providing clients with solid tools (Hayes et al., 1999). Especially metaphors are an inherent part of ACT, aiming to engage clients in a tangible and memorable way (Hayes et al., 2006). They simplify complex processes such as cognitive defusion by creating a link with familiar concepts or real-life contexts (Blackledge & Barnes-Holmes, 2008). Hereby, they pose as a tool that is easily accessible in a variety of situations, as emphasised by participants of this study. The positive reactions to the Pause-Choice Model and various techniques by clients highlight the importance of tangible and practical therapeutic tools in order to strengthen engagement, self-efficacy and long-term therapeutic results.

### **Importance of the Group Setting**

One of the main findings of this study was how strongly clients valued the group setting of the therapy. Clients frequently mentioned enjoying the joint effort to therapeutic exercises as well as feeling relatability and common humanity. This finding is in line with

previous research on ACT group therapy, for instance, by Bloy et al. (2021) on ACT therapeutic groups for psychosis patients. Participants benefited from meeting others who understand their experiences, having shared goals and feel their experiences are part of being human. The effectiveness of group therapy is also consistent with Bandura's (1977) Social Learning Theory, which posits that people pick up attitudes, behaviours and emotional reactions by watching and interacting with others. Observing others showing vulnerability and practising ACT techniques likely reinforced these processes for participants and increased the value of therapy. Yalom and Leszcz (2005) confirm that clients get the chance to support each other in group settings, which in turn enhances self-esteem and social skills. A group that sticks together fosters a feeling of belonging and shows clients they are being accepted the way they are. Participants of the group therapy at Mindfit referenced an inclusive and safe atmosphere, suggesting a sense of belonging, making the group setting part of the treatment's success. In accordance with this, Pappas (2023) emphasises that group therapy can be as fruitful as individual therapy for various pathologies. In a group setting, one therapist is able to reach many patients at once, while emphasising common humanity and collective strength.

Next to these benefits of the group setting, however, some clients also remarked that tailoring therapy to the individual is an inherent limitation of group therapy. Correspondingly, in their study, Brovold et al. (2024) highlight clients mentioning that the group setting led to self-censoring in what they shared and to difficulties in tailoring the treatment to individual needs. They point out the necessity for balancing group cohesion with personal therapeutic goals. Still, it needs to be taken into account that other clients in the current study mentioned personalisation as an advantage of the current group therapy. It becomes evident that different clients can have differing perceptions of the exact same treatment. Hence, the current study confirms the benefits of ACT therapeutic groups found in previous research, displaying that peer support and a shared understanding between participants are crucial parts of group

treatments and their success in most participants. Despite this, there can be limited personalisation, which some clients view as a challenge in group therapy.

### **Strengths and Limitations**

The current study exhibits several strengths and limitations. By specifically investigating the client perspective and what participants found valuable about therapy, this project was able to contribute to the uprising realm of client-centred research. Hereby, therapeutic approaches can be adjusted to better cater the needs of clients and make therapy more effective and collaborative. Furthermore, this study provided support for ACT group therapy and its perceived effectiveness in utilising mechanisms such as acceptance and cognitive defusion, improving clients' psychological flexibility. The potential and importance of group dynamics in enhancing peer support and social learning in the therapeutic process were highlighted by this research. There have been no previous evaluations of the Pause-Choice Model as developed by Mindfit, making this study the first one offering insights into its working mechanisms and perceived value by clients. Lastly, by using a HTA and hereby combining inductive and deductive coding, the analysis allowed for a structured yet open-ended approach, ensuring that both expected and novel insights could emerge from the data.

Despite these strengths, it is critical to mention the study's limitations. The questionnaires utilised in this study were translated from Dutch to English by the researchers. While these translations were reviewed by two Dutch colleagues, there is still a chance that nuances in the meaning of client responses might have gotten lost and influenced the data analysis. The coding decisions, as well as the theme development, were made by the author of this study. Despite the exchange between the author, thesis supervisor and a Mindfit professional, this could still leave room for subjective interpretations of the data. In turn, this can impact the theme development and, by that, the results of this study. The ACT processes, especially self-as-context, as well as the themes and codes, are clearly defined, however, it remains a challenge to unquestionably detect which core concept is described by a



participant's response in the questionnaire. This adds subjectivity to the analysis of clients' questionnaires. Since the questionnaires were filled out anonymously, demographic information about the participants was unknown to the researchers. This limits the ability to explore how individual differences may have influenced client experiences. Moreover, since the non-response rate is also unknown, it cannot be assessed how representative the sample is for all group members. Nonetheless, it is probable that most participants filled out the questionnaire since it was distributed and filled out after the last session of the treatment.

### **Implications for Therapeutic Practice**

Based on the study's results and the aforementioned limitations, several implications for therapeutic practice can be drawn. Current research is already searching for ways to increase tailoring to the individual in group therapy. Gryesten et al. (2025) propose including Add-On Interventions (AOIs), hence, personalised interventions supporting clients during group therapy. AOIs involve offering personalised elements alongside the group treatment, such as one-on-one sessions or tailored exercises. Furthermore, they help therapists identify if clients are in need of additional support and adapt therapy accordingly. Gryesten et al. (2025) emphasise that this can improve treatment relevance and effectiveness. Thus, integrating AOIs into ACT group therapy could help address concerns raised by some clients in this study who felt that sessions lacked depth and personalisation.

Some clients mentioned that the treatment felt short and that additional sessions could improve therapeutic outcomes. This issue could also potentially be solved by applying AOIs, paying more attention to the individual client. Since not all clients felt this way, Mindfit could consider carrying out a poll after completing the therapeutic groups, inquiring how many clients would feel that more sessions could be of benefit for them. In case that more sessions are not feasible, managing client expectations prior to therapy may help them prepare for the treatment's focus, depth and outcomes.

Discussing the results demonstrated that many client responses closely mirrored ACT terminology, which is beneficial in internalising ACT concepts. Additionally, metaphors were mentioned as having been advantageous in understanding lessons. It is recommended to maintain the consistent use of simple and metaphor-based ACT language in treatments and ACT manuals for therapists. Take-home handouts, cards or similar practical reminders containing the most important concept of the week could be given to participants after a session, fostering integration of ACT tools and making concepts more memorable. Implementing these practical implications could further improve treatment, giving more personalisation, time and depth dedicated to the client.

### **Recommendations for Future Research**

Future research should focus on conducting more explorative studies on client perspectives on ACT group therapy, such as interviews, case studies or focus groups. Topics or issues that might not appear in written responses in questionnaires could be uncovered in designs with an interactive dialogue. This allows for follow-up questions and clarifications of clients' perspectives, getting an even better understanding of participants' opinions. Applying mixed methods that combine quantitative and qualitative techniques could also paint a richer picture of client perspectives. Through longitudinal designs, the long-term effects of ACT group therapy and the Pause-Choice Model should be evaluated more deeply. This way, it can be seen how ACT techniques and the model are applied in complex daily situations. Sustained outcomes and therapeutic processes can be adjusted to maximise long-lasting effects. To complement this, Experience Sampling Methods (ESM) could be a valuable tool for future research (Trull & Ebner-Priemer, 2009). It involves collecting real-time data on emotions, thoughts, or behaviours in participants' everyday environments and could be useful to investigate how clients apply ACT and the Pause-Choice Model in daily life.

While the Pause-Choice Model, as well as its predecessor, the Choice-Point Model by Harris (2017), have been investigated previously and by this study, further investigation will

be useful in detecting its benefits and refining its implementation. This could be done by examining how clients apply the model in daily life over time and which elements are most helpful for them, especially in more complex situations. Perhaps the model could be tested in a variety of situations across differing client groups (e.g., different nationalities, age groups, genders). Again, ESM could be a valuable tool in examining the value of the Pause-Choice Model in daily life. Regarding cognitive defusion, future research could examine which defusion techniques have the greatest impact on decreasing entanglement with thoughts and increasing psychological flexibility. Lastly, regarding the data analysis, multiple coders should be involved to increase reliability and decrease potential biases in coding and data interpretation.

### **Conclusion**

This study highlighted the practical benefits of ACT group therapy from the clients' perspective and established a foundation for future studies to further optimise the application of ACT-based group treatments. Analysing clients' experiences utilising a qualitative approach is a powerful way to improve treatments, but also to give clients a voice and emphasising that psychotherapy is a joint effort. In the end, the client is the recipient of therapy and therefore its most important element. It is crucial to recognise the significance of their perspective and take this into account, in clinical practice as well as in research approaches.

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## Appendix A

### Evaluative Questionnaires by Mindfit

## ACT Young Adults: Leven met LEF!

### Evaluatieformulier, d.d.

Wij zijn heel benieuwd hoe jij deze groepsbehandeling hebt ervaren en wat jij hieruit meeneemt. Je helpt ons enorm met jouw feedback.

**1. Wat vind je van de opzet van de groepsbehandeling?**

**2. Op een schaal van 0-10 waar stond je bij aanvang van de groepsbehandeling (hoe zat je in je vel?) en waar sta je nu? Zet een kruisje op de lijn.**

**Bij aanvang:**

0 ..... 10

**Nu:**

0 ..... 10

**3. Welke onderdelen van de groepsbehandeling zijn voor jou het meest waardevol geweest?**

Denk aan: theorie, metaforen, filmpjes, oefeningen in de groep, delen in de groep, huiswerkopdrachten, pauzeknop oefeningen, oefeningen loskomen van gedachten, oefening toestaan van gevoelens, ...

**4. Sloot de groepsbehandeling voldoende aan bij jouw hulpvraag? Kan je ook aangeven waarom wel/niet?**

**5. Welk cijfer geef jij deze groepsbehandeling?**

Is er nog iets dat je wilt zeggen?



Dank je wel! 😊

# ACT Adults: leven vanuit je KRACHT

## Evaluatieformulier, d.d.

Wij zijn heel benieuwd hoe jij deze groepsbehandeling hebt ervaren en wat jij hieruit meeneemt. Je helpt ons enorm met jouw feedback.

### 1. Wat vind je van de opzet van de groepsbehandeling?

### 2. Op een schaal van 0-10 waar stond je bij aanvang van de groepsbehandeling (hoe zat je in je vel?) en waar sta je nu? Zet een kruisje op de lijn.

Bij aanvang:

0 ..... 10

Nu:

0 ..... 10

### 3. Welke onderdelen van de groepsbehandeling zijn voor jou het meest waardevol geweest?

Denk aan: theorie, metaforen, filmpjes, oefeningen in de groep, delen in de groep, huiswerkopdrachten, pauzeknop oefeningen, oefeningen loskomen van gedachten, oefening toestaan van gevoelens, ...

### 4. Sloot de groepsbehandeling voldoende aan bij jouw hulpvraag? Kan je ook aangeven waarom wel/niet?

### 5. Welk cijfer geef jij deze groepsbehandeling?

Is er nog iets dat je wilt zeggen?

Dank je wel! 😊