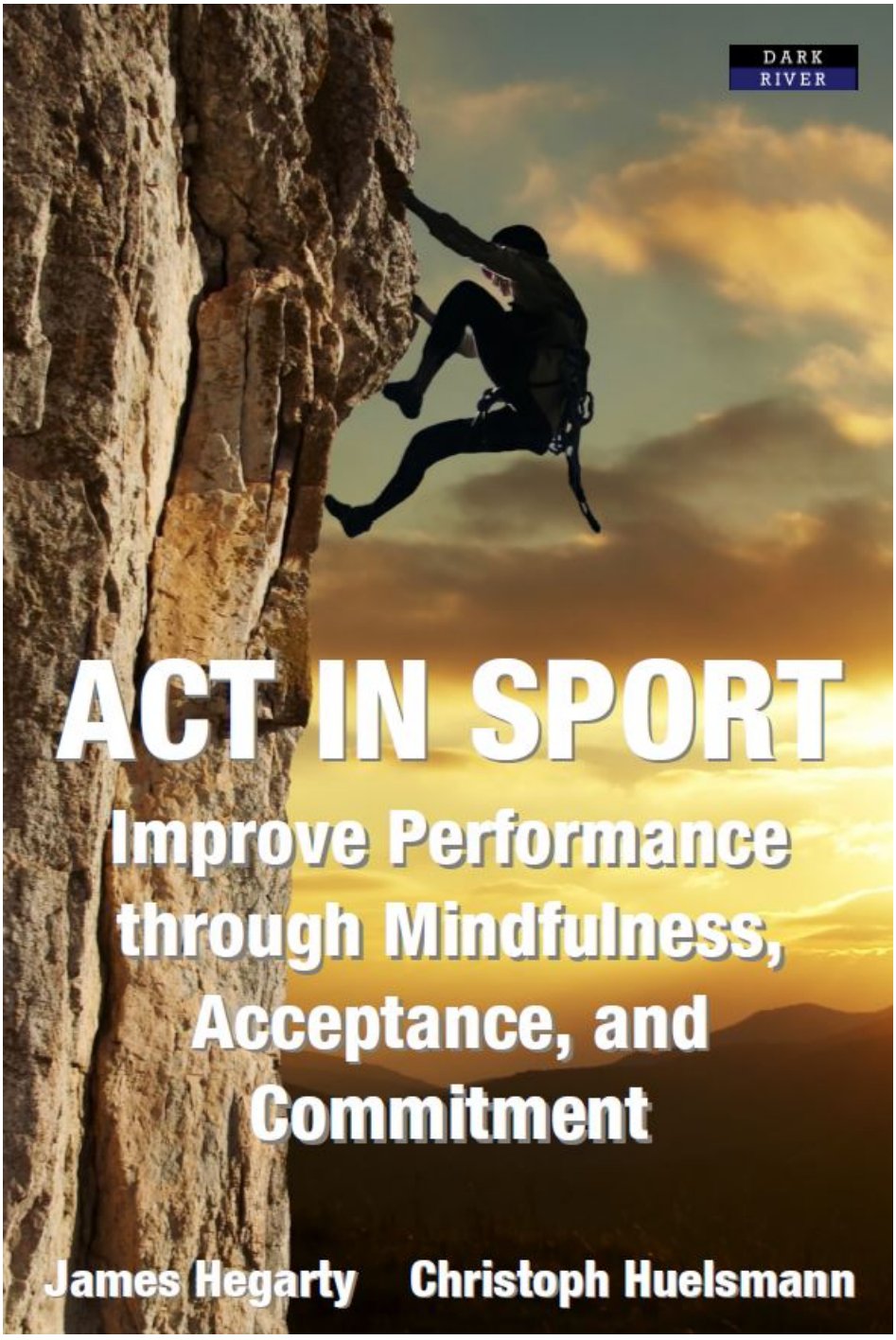
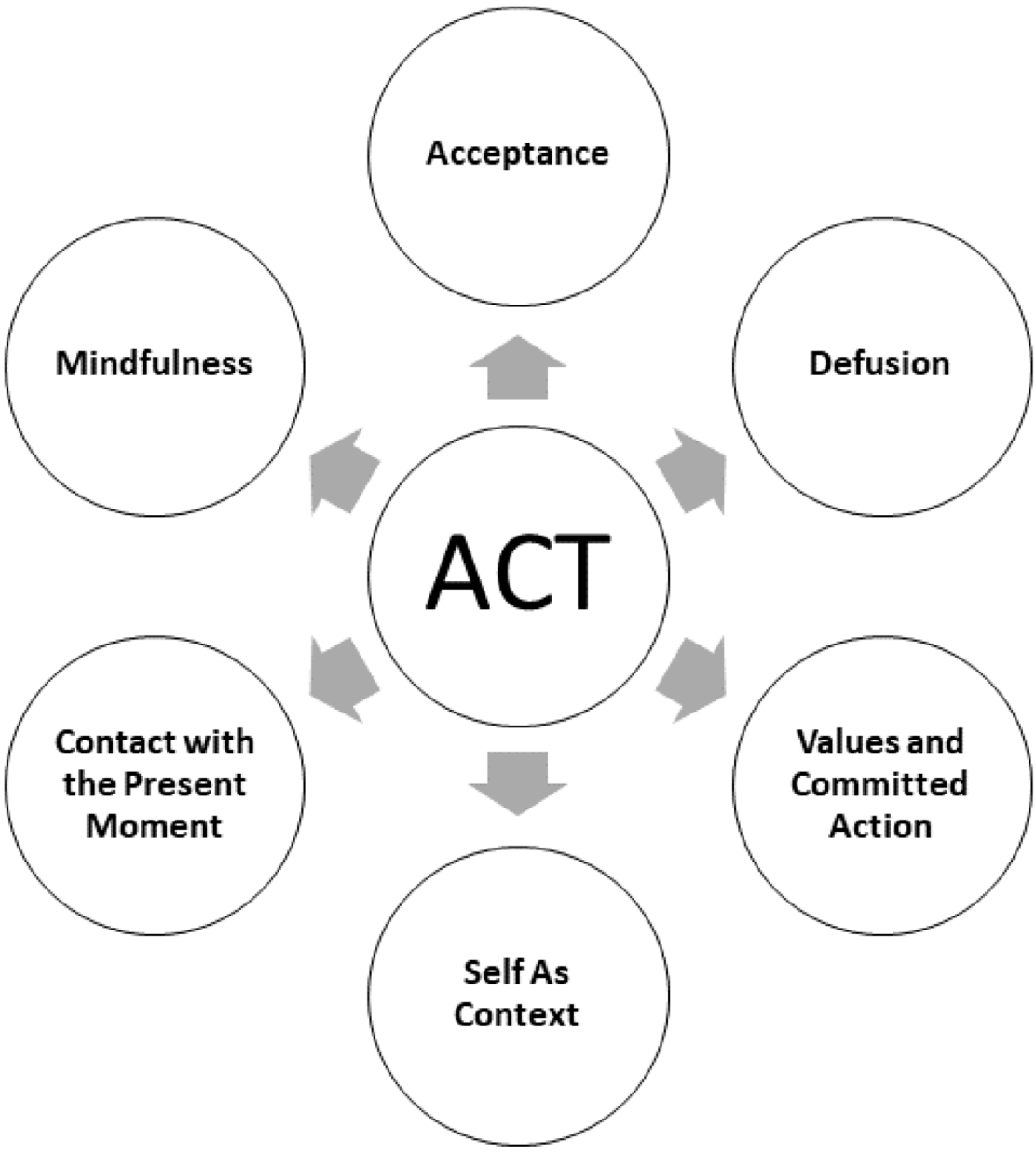
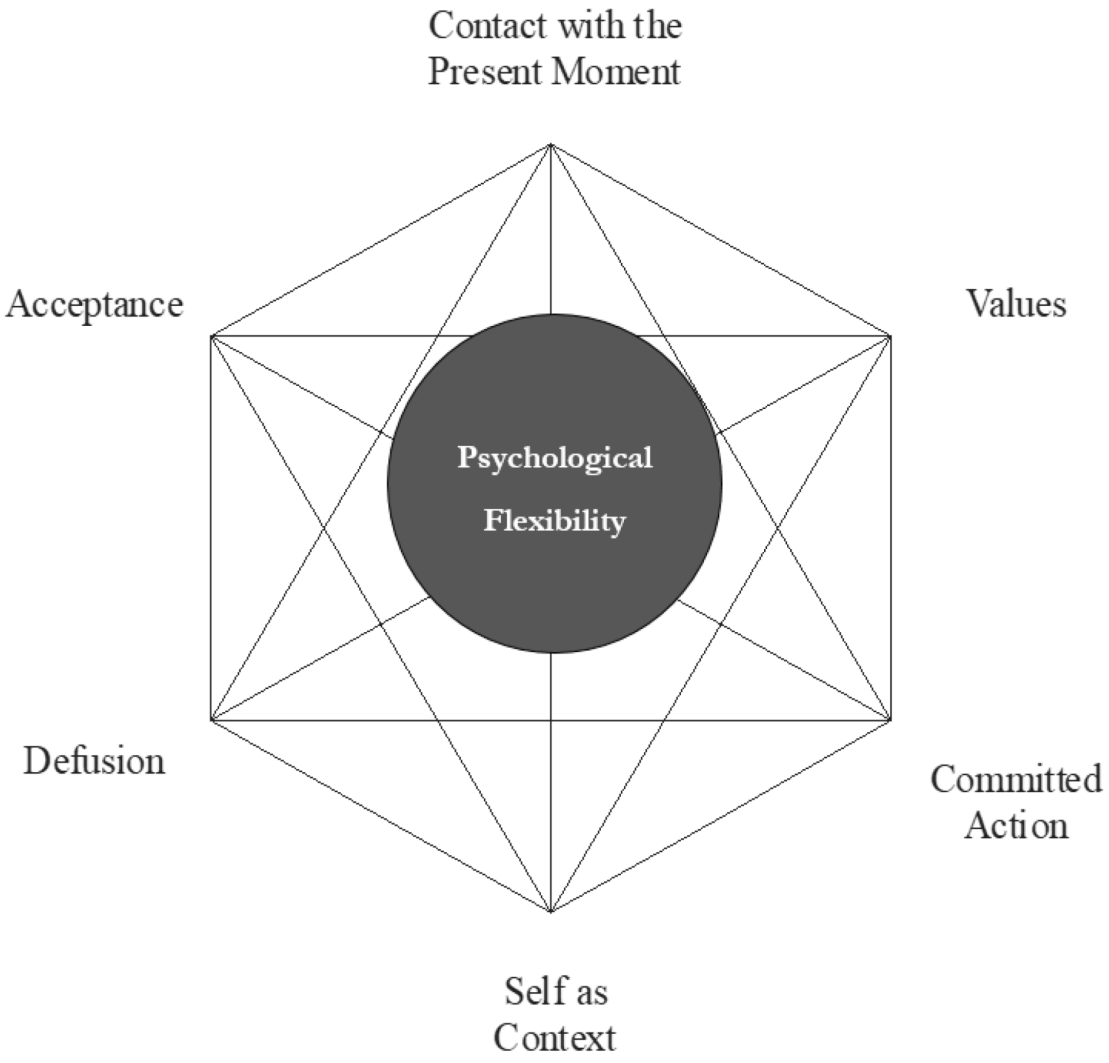


Downloadable Workbook

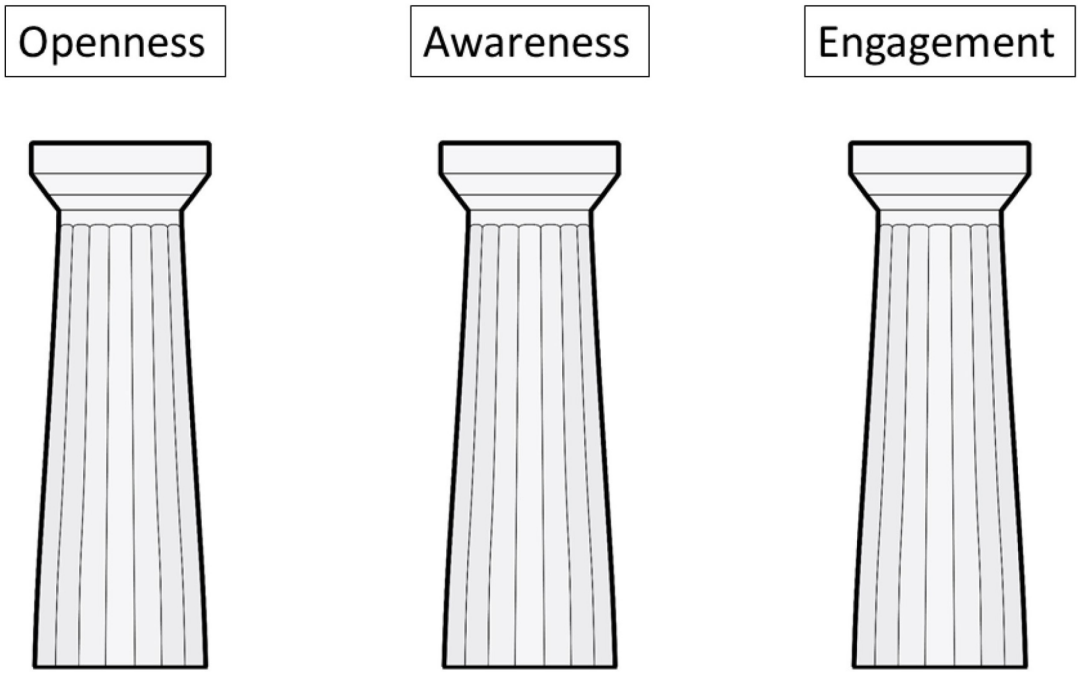
Copyright Dark River 2020. All Rights Reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior permission of the publisher.

Disclaimer of liability. This workbook does not contain medical advice. Any advice or instructions - as per the exercises and elsewhere - is provided for general information and educational purposes only. Accordingly, the use, reliance, or implementation of any advice contained within this workbook is solely at the reader's risk.


Acceptance
Mindfulness
Defusion
ACT
Contact with the Present Moment
Values and Committed Action
Self As Context



[Copyright Steven C. Hayes. Used with permission.]



(adapted from Strosahl, Robinson, & Gustavsson, 2012).

Situation+day	Body Sensations 	Thoughts/Images/Evaluations 	Behaviour (What a video camera would see and hear) 

Mindfulness Record Sheet (optional)

Day	Time Practicing (approximate)	If I didn't practice, what stopped me?

Values Identification

Value	**Low Importance _____ High Importance**
Family	0 1 2 3 4 5 6 7 8 9 10
Recreation	0 1 2 3 4 5 6 7 8 9 10
Work	0 1 2 3 4 5 6 7 8 9 10
Friends	0 1 2 3 4 5 6 7 8 9 10
Intimate Relationships	0 1 2 3 4 5 6 7 8 9 10
Self-care	0 1 2 3 4 5 6 7 8 9 10
Education	0 1 2 3 4 5 6 7 8 9 10
Spirituality	0 1 2 3 4 5 6 7 8 9 10
Community	0 1 2 3 4 5 6 7 8 9 10
	0 1 2 3 4 5 6 7 8 9 10
	0 1 2 3 4 5 6 7 8 9 10
	0 1 2 3 4 5 6 7 8 9 10

Living your values

In Exercise Four of the chapter on Values you identified behaviours that support or reflect your sports-related values. To put these into practice…

1. Schedule in at least one value-based action a day, during the next week.

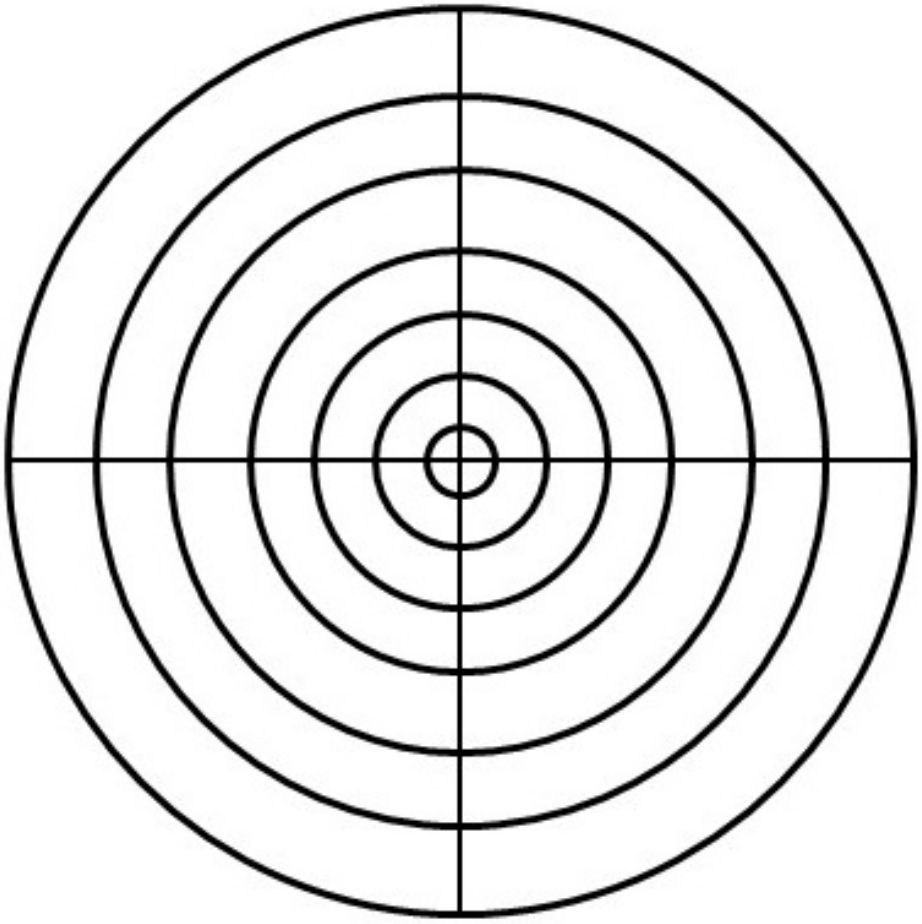
2. Notice how you feel when you engage in these activities and afterwards. Use the recording sheet we introduced in the previous chapter to help notice and record your reaction to consciously engaging in small, valued activities. Or, remembering to record your body sensations, and emotions use the following record sheet

3. Do this every day for at least five days.

Living your values

Day	Valued behaviour	How I felt after I engaged in the behaviour

The Bull's Eye



Barriers to Living My Values

List each barrier you have identified and rate how much it has stopped you living your values.

1.

Doesn't stop me at all						Stops me completely
1	2	3	4	5	6	7

2.

Doesn't stop me at all						Stops me completely
1	2	3	4	5	6	7

3.

Doesn't stop me at all						Stops me completely
1	2	3	4	5	6	7

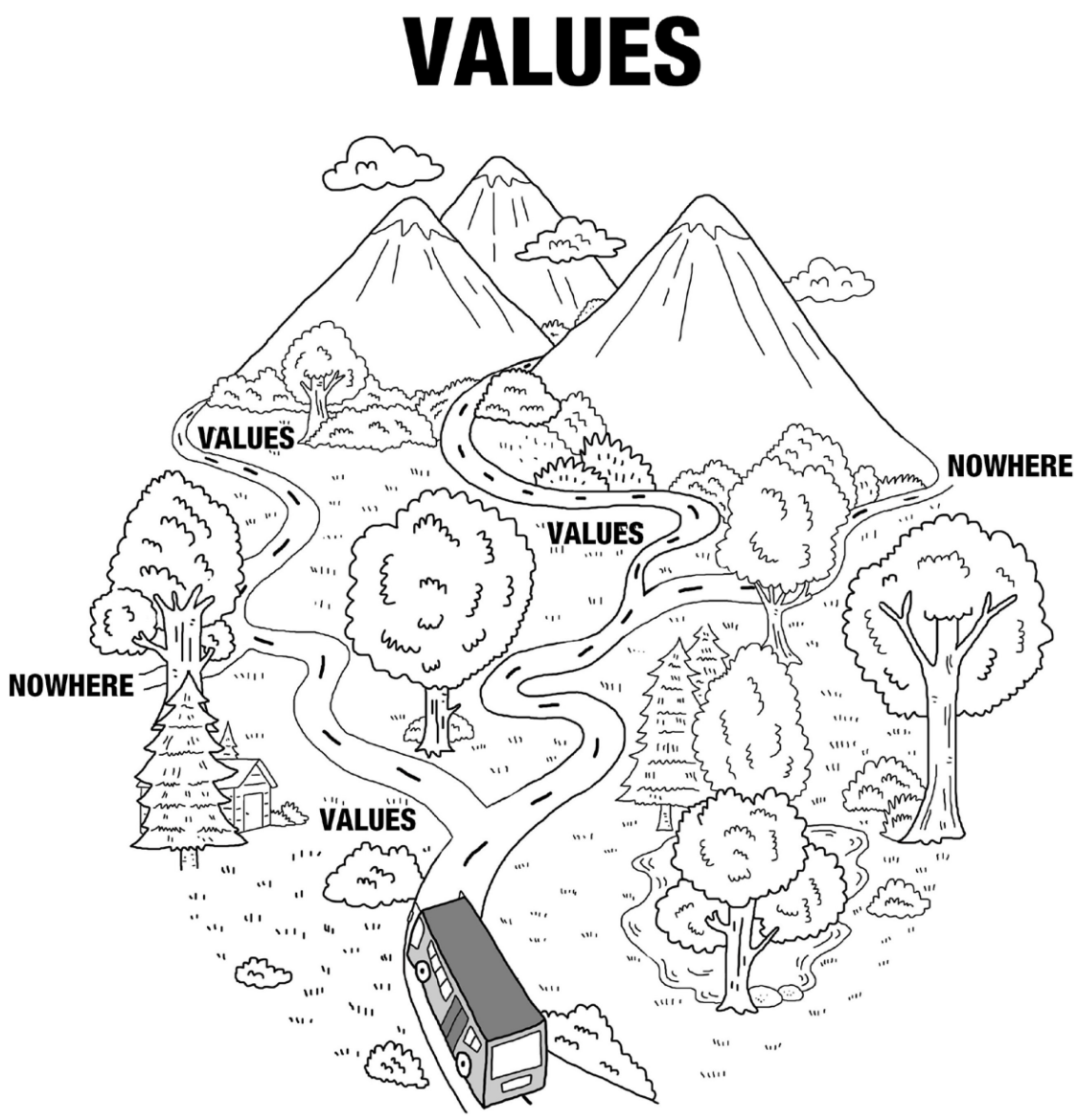
4.

Doesn't stop me at all						Stops me completely
1	2	3	4	5	6	7

5.

Doesn't stop me at all						Stops me completely
1	2	3	4	5	6	7

Remember the Monsters on the Bus



It can be useful to write down what your monsters/passenger are, and the most typical way you have dealt with them. Do it on the reverse of this sheet if you print it off.

Diary of Reactive Habits

Day_____ Time_____

Situation (Internal or External)	Sensory Perception	Evaluation
	Reaction/Response	**Body Sensation**

Adapted from Bruno A. Cayoun Copyright © 2003 used with Permission. May be copied for personal use and clinical and research purposes.

Level of Distress at the time of the event _____%
Level of Distress when recalling it now _____%