

Table 1) Acceptance and Commitment Therapy sessions structure

<p>Session One Introduction of the members and administration of the pretest, Discussion about the behavior limitation, and explain the rules, principles and conventions governing consultancy meetings, Informed consent of the treatment group, presenting the goals of treatment and that the change is possible and explain the philosophy of intervention based on this approach, the introduction of “creative frustration” that in this condition content can be presented regarding ignoring the values, disconnection, response, avoidance and being in mind, and the introduction of inefficient systems of the past (familiarity with the previous effort of the people for reaching the goals).</p>
<p>Session Two Familiarity with the treatment concepts of ACT (mental flexibility, mental acceptance, mental awareness, cognitive isolation, self-visualization, personal story, clarification of values and committed act) in six steps: 1) In this treatment at first it is tried to increase the mental acceptance of a person regarding mental experience (thoughts, emotions, and so on) and to decrease ineffective controlled acts. Patients are taught that any action to prevent or control this subjective experience is unwanted ineffective or has reverse effect that exacerbate them. These experiences should be completely accepted without any internal or external reaction to be deleted. 2) The mental awareness of the person is added in the present moment i.e. the person becomes aware of all his mental status, thoughts, and behavior in the present moment. 3) The person is taught to isolate himself from these mental experiences (cognitive isolation), so that he can independently of these experiences. 4) Efforts to reduce the excessive focus on self-visualization or personal story that the person has made up in his mind. 5) Help the person to know his own personal values and clearly identify them and change them to specific behavioral goals (value clarification). 6) Inciting motivation for committed act i.e. the activity toward specified goals and values, along with the adoption of mental experiences.</p>
<p>Session Three Reviewing the previous assignment, people’s respond to the strategies of self-control, control as a form of “control is the problem, not the solution”, giving assignment, noting daily experience, tending diary, diary of clean and unclean conditions bring the creative disappointment.</p>
<p>Session Four Performance evaluation, Investigating the individual experiences from the previous session up to now, check assignment, giving assignment, practice mindfulness, mindfulness leaflet about what mindfulness is and its effect on awareness and early detection and beginning of the values clarifications exercises.</p>
<p>Session Five Performance evaluation, Distinguishing the concept of self-conceptualization against self-observation, assessing the patients’ ability to break out of thoughts and feelings, continuing the experience of mindfulness and following the clarification of the values.</p>
<p>Session Six Showing the importance of values and explain to the people how values and its understanding gives value to “willingness/acceptance”, value as behavior against value as feelings, exercises for awareness of body feelings and discussion around that, exercises related to adjustment and intimacy of sufferings of life.</p>
<p>Session Seven Helping the group to identify the domains of life which are not consistent with one’s value. A person should continuously percept his values as a source of commitment and apply them in practical concept (desire) and in the serve of behavioral activation and his own personal goals, reviewing the choices against judgment/decisions and identifying value-based behaviors within a week, identifying values (smaller goals serve larger goals).</p>
<p>Session Eight The connection between objectives and activities and strengthening the willing agents and faults in the service of achieving behavioral goals and this assignment should be continued to attribute behavioral activation in the form of commitment to specific activities that have been determined by the patients’ bigger goals and values. Continue setting effective goals related to values, continue awareness training even while walking, discussing intimacy and harmony of the suffering.</p>
<p>Session Nine</p>

Teaching mindfulness (emotional awareness and intellectual awareness), training to authorities about what skills are observed and described, how these skills are not judged and being focused and how these skills work. Also, how to use time-out technique by each spouse during argument and dispute.

Session Ten

Evaluation of committed act, training the patient to be a therapist to maximize the possibility that the patients have learnt the skills and can apply them, being prepared to deal with potential failure after treatment, recognizing possible strategies, FEAR algorithms barrier, committed act based on ACT algorithm, and ACT main message, two important symbol of marriage based on ACT, presenting a summary of the content of previous sessions, administration of posttest

Suggested tasks: Registering the purposes for example one to six month of negotiation and reforming of the program after the treatment.

Finishing the treatment and prevention of recurrence: continuing the monthly meeting in case of clients' satisfaction as well as 30 minute telephone sessions, and then quarterly meeting after a year

Table 2) Distribution of demographic variables in spouses of veterans

Demographic Variables	Experimental Group (n=20)	Control Group (n=20)
Age range (Year)		
30-35	2(10.0)	0
35-40	8(40.0)	6(30.0)
40-45	9(45.0)	12(60.0)
45 and higher	1(5.0)	2(10.0)
Educational level		
Primary school	8(40.0)	10(50.0)
Diploma	5(25.0)	7(35.0)
Associate	4(20.0)	3(15.0)
Bachelor and higher	3(15.0)	0
Period of marriage (Year)		
5-10	8(40.0)	5(25.0)
10-15	9(45.0)	10(50.0)
15 and higher	3(15.0)	5(25.0)
Number of children		
One	8(40.0)	9(45.0)
Two	10(50.0)	9(45.0)
Three and more	2(10.0)	2(10.0)

Table 3) Mean comparison of alexithymia, sexual self-confidence, and marital adjustment in the two groups before and after the intervention

Parameters	Experimental Group (n=20)	Control Group (n=20)
Alexithymia		
Pretest	59.45±5.36	60.18±6.45
Posttest	48.36±3.12	58.74±5.17
Sexual self-Confidence		
Pretest	94.55±7.12	93.36±6.65
Posttest	111.18±11.12	97.35±7.18
Marital adjustment		
Pretest	92.63±7.12	94.95±8.38
Posttest	109.47±10.45	98.49±8.78