eLIFEwithIBD - Living with Intention, Fullness and Engagement with Inflammatory Bowel Disease: Presenting an ICT-delivery format of a novel contextual behavioural intervention for IBD

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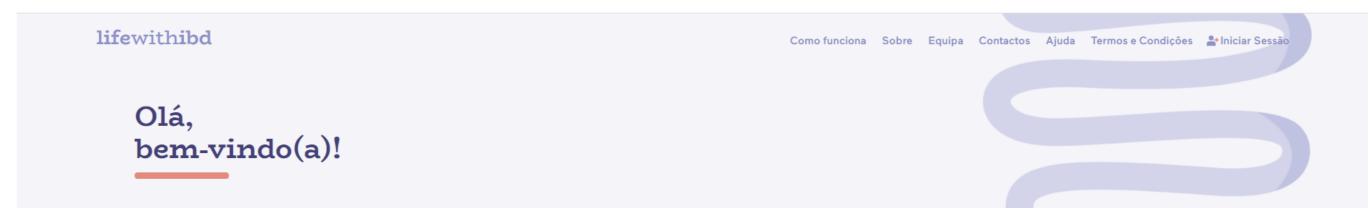
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INTRODUCTION

- Living with Intention, Fullness and Engagement with Inflammatory Bowel Disease (IBD) is an ICT-delivery format (eLIFEwithIBD) of an acceptance, mindfulness, and compassionbased intervention adapted to people with IBD that aims to add to the traditional medical approach of IBD treatment.
- This intervention's pertinence emerges from the lack of acceptance and compassionbased psychological interventions for IBD.

AIMS

- To present an ICT-delivered contextual behavioural intervention for IBD to improve psychological flexibility, mindful awareness, self-compassion, mental health and quality of life in people with IBD. elifewithibd.co





Moreover, digital technologies offer promising means of delivering behaviour change

approaches at low cost and on a wide scale.

MATERIAL & METHOD

TARGET POPULATION



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People with IBD, through invitation posts on social media (e.g., Facebook, Instagram) and via e-mail (e.g., contact with IBD patient associations).

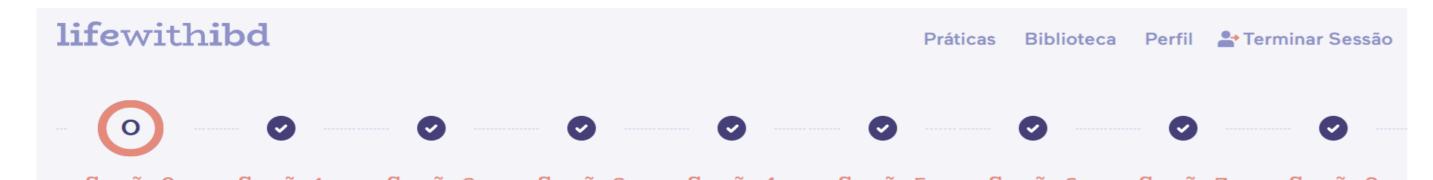
INTERVENTION

eLIFEwithIBD is an online version of the LIFEwithIBD intervention, which was adapted from

the Mind programme for people with cancer (Trindade et al., 2020) to the IBD context.

FORMAT

- 8 self-guided online sessions, each delivered weekly



Olá, bem-vindo(a) ao LIFEwithIBD, um programa criado para ajudar pessoas com doença inflamatória intestinal (DII) a lidar, de uma forma mais adequada, com a doença e com as experiências difíceis que ela provoca ou exponencia.	
Quer participar? Contacte-nos >	

STRUCTURE OF SESSIONS



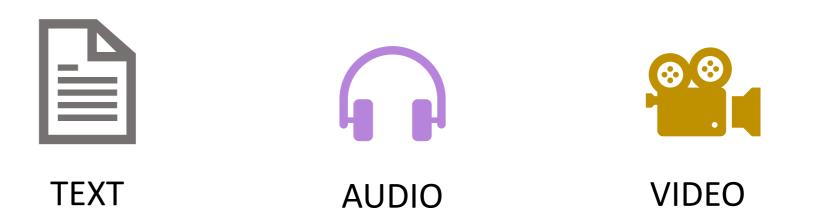
Overview of the core competency/concept



- Metaphors and/or experiential exercises to support participants learning of the targeted ability/concept and its application
- Invitation to complete between-session exercise(s) compassion practices)



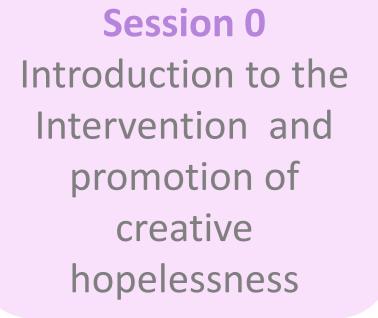
FORMAT OF CONTENTS





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CONTENTS OF SESSIONS



- Presentation of the general aims and structure of the intervention;
- Identification of areas of suffering and promotion of creative hopelessness;
- Mindfulness as an alternative strategy to deal with difficulties; - The science backing mindfulness.

Session 1 Education about IBD

Session 2

Body

- Education about inflammatory bowel disease (exploring myths, and common fears and worries); - Introduction to mindful breathing.
- How our evolutionary past influences our mind;
- The mind-body connection;
- Physiological responses to emotions;
- Promotion of awareness of physical sensations.

- Psychoeducation on shame and self-criticism IBD as an invisible disease and IBD-related stigma;

- Introduction to compassion;
- Compassion as a strategy to manage difficult feelings and general suffering;
- Tacking self-criticism with self-kindness;
- Self-compassion and soothing rhythm breathing.

Session 6 Acceptance and Cognitive defusion

Session 5

Compassion

- The power of thinking;
- Promotion of cognitive defusion;
- Promotion of acceptance and willingness through cognitive defusion.

Session 7 Compassion and Gratitude towards the body

- Continuation of compassionate training;
- The importance of being grateful for mental health;
- Promotion of compassion and gratitude towards our body.

Session 3 Values clarification

- Clarification/definition of life values;

- Individual assessment of the alignment between behavior and values' importance.

Session 4 **Committed** action and Self-care

- Identification of objectives and obstacles to committed action; - Self-care: why it is essential and how to engage in it; Education on fatigue: strategies to cope with different types of fatigue (physical and mental fatigue).

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Session 8 Committed action / Intervention summary

- Engaging in committed action: Strategies to overcome expected obstacles;

- Summary of the intervention: How the promoted psychological processes are connected and interact with each other.

CONCLUSION

The efficacy of this intervention will be tested through a two-arm RCT. If effective, this

intervention will allow a larger proportion of people with IBD to access a self-help tool. The

ICT-based delivery format's flexibility can be appealing for this population and may remove

barriers usually encountered in face-to-face interventions.

