



Willingness Before Certainty

An OSCE practice case in acceptance and commitment therapy. Rachael, 56, has a permanent colostomy after bowel cancer treatment. Fear of leaks keeps her at home, and she says she can't go out until she can trust it. Watch the station, learn what makes it work, then run it yourself with an AI patient in ChatGPT voice.

20 min	5	20	10	1	4
station	short lessons	tips	exam-day cards	prompt	worksheets

By the end you can

- Build an ACT formulation on the triflex in the client's words.
- Ask the workability question and catch the 'not until I'm certain' rule.
- Give a plain-language rationale for ACT, then deliver one process experientially.
- Link the work to values, without reassurance or stoma advice.
- Agree a values-linked step with the fear along, and close the station well.

How to use this handbook

Watch

The episode: the station run once, start to finish.

Learn

Five lessons, one idea each, with words you can say.

Practise

Paste the prompt into ChatGPT and run the station.

Test

Mark yourself, then drill the exam-day cards.



Watch the episode, get the web version

Scan the code, or go to social.mindspan.com.au/mhq/episodes/osce-practice-case-act-after-cancer-willingness-before-certainty. The web version has a one-tap copy button for the prompt and flip cards.

Inside

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MINDSPAN

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Educational simulation with a fictional client. General information, not personal advice.

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Reading time

Read this the way you would on the day: tasks first, then the client.

The station

Outpatient psychology service at a public hospital. Third session. 20 minutes. The video shows a shortened run of this station. The full station is 20 minutes.

Your instructions

Rachael, 56, was referred by the colorectal surgery team for psychological support after treatment for rectal cancer and her adjustment to a permanent stoma. She has had an assessment and one follow-up, and you are continuing ACT. Her assessment summary is below, so no history-taking is needed. In this session:

- 1 Build an ACT formulation with her that names the inflexibility processes keeping her stuck.
- 2 Explain, in plain words, why ACT fits, then deliver one ACT process experientially.
- 3 Link the work to her values, and agree a small values-consistent action.
- 4 Keep an ACT-consistent stance and language throughout: workability, not argument or reassurance.
- 5 If time allows, agree a between-session practice task using one of the sheets.

Examiners

One overall call at the end: competent, or not yet.

Examiners are watching for three things: an ACT formulation built from her own pattern, one process delivered experientially rather than described, and a stance that never reassures and never drifts into stoma advice.

Words this handbook uses**Acceptance and commitment therapy (ACT)**

A therapy that builds psychological flexibility: being open to inner experience while acting on values.

Experiential avoidance

Trying to avoid or get rid of unwanted thoughts, feelings and sensations, even when it costs you.

Cognitive fusion

Being caught up in a thought so it feels like the truth and dictates what you do.

Willingness

Making room for difficult feelings in order to do what matters. Not liking them, not giving up.

Psychological flexibility

Being present, open to thoughts and feelings, and doing what matters, even when it is hard.

Workability

Whether a way of coping helps your life in the long run, not whether it is right or wrong.

Defusion

Stepping back from a thought so you can see it as a thought, for example 'I'm having the thought that...'

Triflex

A three-part map of the six ACT processes: be present, open up, do what matters.

1

Say this

When you say no and stay home, what happens to the worry? And over these six months, what has it cost?

Never say

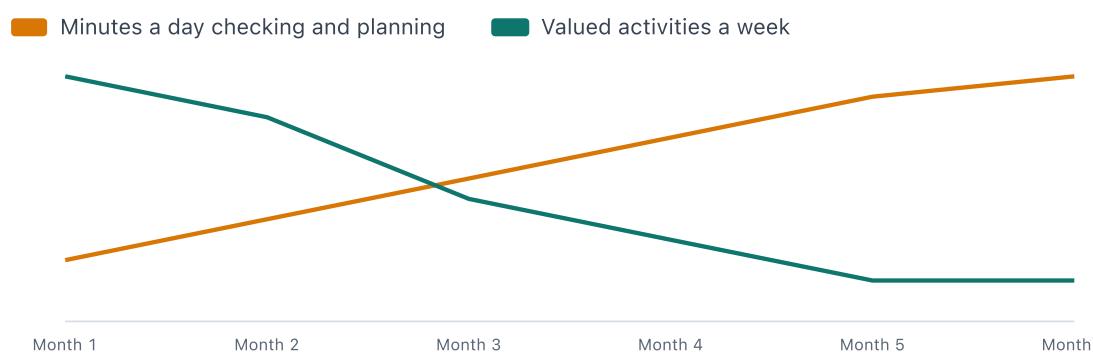
'It probably won't leak.' A promise feeds the need for certainty.

Ask how it's working, not whether it's right.

Map what she does when the fear shows up, in her words, on the triflex. Then ask about short-term relief and long-term cost.

Avoidance works, and that is the trap. Saying no, checking supplies and staying near a bathroom lower her anxiety straight away. That relief is real. Over six months the same moves have cut her off from family, friends and the things she loves. Ask about short-term relief and long-term cost; don't argue with the strategies.

Three pillars: be present, open up, do what matters. The triflex groups the six ACT processes. Be present: contact with now and the noticing self. Open up: acceptance and defusion. Do what matters: values and committed action. Map her pattern onto all three, then deliver one process properly.



Six months after surgery: quick relief, growing cost. Illustrative numbers.

Short term. Anxiety drops within the hour of saying no.

Long term. Cut off from family, friends, choir and walking. Frustrated, lower mood.

When to act

● Every session

Practical stoma questions (products, skin, routines) go to her stoma nurse.

Questions about the cancer, scans or follow-up go to her colorectal team.

The psychologist gives no stoma-care advice and no reassurance about leaks or recurrence.

Keep the hospital team informed, with her OK.

● Same day: stoma nurse or GP

The stoma turns dark red, purple or black

Bleeding from the stoma that won't stop

No stoma output with vomiting, abdominal pain or a swollen belly: urgent, the same day

A fever, or a hot, red, painful area around the stoma

Call the stoma nurse or GP that day. Out of hours, call the hospital or go to the emergency department.

● Urgent: 000 or emergency

Severe abdominal pain

Can't keep fluids down, or feeling very unwell

Heavy bleeding

Thoughts of suicide, or feeling unsafe

Call 000 or go to the emergency department.

2

Say this

It sounds like life is waiting until you can be completely sure. What has the waiting cost you?

Then

Ask her to say the rule with 'I'm having the thought that...' in front, and notice what changes.

The rule is the hook. Step back from it.

Catch the 'not until I'm sure' rule, give a short rationale for ACT, then help her look at the thought instead of through it.

The rule is the hook. Her mind says she can't get her life back until she can trust the stoma completely. That rule turns certainty into a gate. No one can promise certainty, so life keeps waiting. The ACT target is her relationship with the rule, not the stoma.

Willingness before certainty. Willingness means making room for fear and doubt in order to do what matters. It isn't liking the fear or giving up. The feeling doesn't have to leave first. She can take it with her.

Unhooking from the story, step by step

- 1 Say the rule as your mind says it: 'I can't go out until I trust it completely.' How much does it grab you?
- 2 Put 'I'm having the thought that...' in front, and say it again.
- 3 Now 'I notice I'm having the thought that...', a little slower.
- 4 What changed? Still there, and a bit further away?
- 5 Give the story a name: 'the not-until-I'm-sure story'. When it shows up: 'There it is again. Thanks, mind.'

3

Say this

Would you be willing to try something with me now? It takes two minutes, and you can stop at any point.

Lane

Practical stoma questions go to her stoma nurse. You work with how she carries the fear.

Do the skill in the room. Ask first.

Consent, a stop at any point, then two minutes of noticing and breathing around the fear. If she becomes distressed, pause, ground her, and give her the choice.

Experiential, not explained. Do the skill with her in the room: say the rule with 'I'm having the thought that...', or breathe around the fear. Ask consent first, offer a stop at any point, and debrief what she noticed.

Stay in your lane. Practical stoma questions belong with her stoma nurse. Don't problem-solve the bag, and don't reassure her about leaks or the cancer. Your work is how she carries the fear while she moves towards her values.

Be present

Contact with the present moment · Self-as-context (the noticing self)

Stuck: Mind runs ahead to 'what if it leaks?'

Skill: Notice it, feet on the floor, come back to here and now.

Open up

Acceptance (making room) · Defusion (unhooking from thoughts)

Stuck: The 'can't until I fully trust it' story; fear of leaks, odour and embarrassment; checking supplies and planning bathrooms.

Skill: Make room for the fear: willingness, not waiting. Name the story.

Do what matters

Values (chosen directions) · Committed action (steps guided by values)

Stuck: Staying home: calmer now, but life gets smaller.

Skill: Family, grandchildren, friends, independence. One small step this week, with the anxiety welcome.

4

Practise

Say each version aloud three times. Time it. Under 30 seconds. Pause and check after the rationale.

Say it in 30 seconds

Three worked examples. Read each one aloud, then write your own version in the box beside it. Your words will sound like you on the day; these will not.

Workability, in 30 seconds

"Can I put this together, and you tell me if it fits? When the fear shows up, you check, you plan, and you stay home. And the fear drops. That part works. But over six months, look at what it has cost: the park, choir, coffee with your friends. So the more you do to feel safe, the smaller life gets. I'm not saying any of it is wrong. I'm asking how it's working for you. Does that fit?"

Your version

Why ACT, in 30 seconds

"Most of us try to get rid of fear first and live second. You've done that with real effort. The trouble is that no one can give you complete certainty. Not me, not your surgical team. So if life waits for certainty, it keeps waiting. This approach turns it around. We practise stepping back from the thoughts and making room for the feelings, so you can do what matters with the fear along. How does that sound?"

Your version

Willingness, in 30 seconds

"The aim on Thursday isn't to feel calm. The 'not until I'm sure' story will probably come along. The aim is to be the friend who's there, for half an hour, with the fear sitting at the table too. If it shows up, you can name it, breathe around it, and stay. You don't have to like it. You're just making room for it, because she matters to you."

Your version

5

Say this

Could the fear come along on Thursday, rather than you waiting for it to leave?

Rate it

Willingness from 0 to 10, then 'What makes it a 6 and not a 3?'

What matters, then one step with the fear along.

Use the bull's-eye to name values as qualities, mark where she is today without blame, and agree one small, specific step.

Rachael's step until next session

- ☐ Coffee with her friend at the café near home, about half an hour, on Thursday morning.
- ☐ When the story gets loud that morning: name it ('There's the not-until-I'm-sure story'), breathe around the fear, and go anyway.
- ☐ Feet on the floor and look around the room if her mind runs to 'what if'.
- ☐ Tell Rob about Thursday, so she isn't carrying it alone.
- ☐ One row in the opening-up diary after the coffee: what showed up, how much she struggled, whether she made room, and what it did for her life.
- ☐ Practical stoma questions go to her stoma nurse. If Thursday doesn't go to plan, she brings that back too.

Willingness

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

0 = not willing at all to make room for the fear · 10 = completely willing

6 out of 10: "Because I miss her, and I'm tired of hiding." · confidence 7 out of 10

Measures worth naming

Worth naming if it fits: the GAD-7 and PHQ-9 already in her summary, the Acceptance and Action Questionnaire (AAQ-II) for psychological flexibility, a valued-living measure such as the Valuing Questionnaire, and a body image measure for people after cancer surgery. Track progress by what she is doing in her valued areas, not by whether the fear has gone.

Keep it handy

Ten lines you trust
beat a memorised
paragraph.

Words that work

Lines you can trust under pressure. Make them yours; don't recite them.

Agree the focus

"We have 20 minutes. Can I suggest a plan for today, and you tell me what you'd change?"

Name the processes

"It sounds like staying home has protected you from the fear, and it has cost you a lot too."

Catch the precondition

"It sounds like life is waiting until you can be completely sure. What has the waiting cost you?"

Consent

"Would you be willing to try something with me now? It takes two minutes, and you can stop at any point."

Values

"Not what you should do. What sort of nanna, friend and partner do you want to be?"

Validate, don't reassure

"Of course you want something you can rely on, after everything your body has been through."

Workability

"When you say no and stay home, what happens to the worry? And over these six months, what has it cost?"

Rationale

"No one can give you complete certainty. So instead of winning the fight with the fear, we practise carrying it."

Make room

"Notice where you feel it. See if you can breathe around it and give it a little room."

Willingness first

"Could the fear come along on Thursday, rather than you waiting for it to leave?"

Check yourself

Listen back to a
recorded run and
count how many of
these you hit.

Traps that cost marks

- ☐ Reassuring her: 'It probably won't leak.'
No one can promise that, and it feeds the need for certainty.
- ☐ Arguing with the rule instead of asking how waiting for certainty is working.
- ☐ Explaining ACT for five minutes and never doing an exercise.
- ☐ Pitching to low mood with activity scheduling. Her anxiety leads, so work with the avoidance.
- ☐ A step framed as a test of whether she can stay calm. The aim is to be there, with the fear along.
- ☐ Problem-solving the stoma. Practical questions belong with her stoma nurse.
- ☐ Calling the checking and planning 'good coping'. Here it is avoidance, so look at its workability.
- ☐ Starting an experiential exercise without asking consent or offering a stop.
- ☐ Values as goals ('go to the café') rather than qualities ('a friend who turns up').

Mark yourself

Tick each rubric line you showed. Aim for one more next run.

The 20-minute station cockpit

Six segments, an example line for each move, and the rubric line it evidences. The wording is an example: say it your way.

1	2 · 2–5	3 · 5–9	4 · 9–14	5 · 14–18	6
Segment	Example prompt		Rubric line it evidences		
1. Open and agree A shared goal 0–2 min	Agree the focus "Does that sound like a useful way to use today?"		☐	C3	Agreed a shared goal out loud
2. Her picture The avoidance pattern 2–5 min	Name the processes "It sounds like avoiding it has protected you, and cost you."		☐	C1	Named the inflexibility processes
3. Explore Workability 5–9 min	Workability "How has avoiding it been working for you?"		☐	C1	Asked the workability question
	Catch the rule "It sounds like you're waiting until you're sure. What is that costing you?"		☐	C1	Surfaced the 'not until I'm certain' precondition
4. Intervene One ACT process, done 9–14 min	Give the rationale "Can I explain why I'd like to try something with you?"		☐	C2	Gave a rationale before the intervention
	Ask consent "Would you be willing to try something with me now?"		☐	C3	Sought consent before the experiential piece
	One process, done "Notice where you feel it. Can you make a little room for it?"		☐	C2	Delivered one process experientially
	Don't reassure "I can't promise certainty. Can we work with that?"		☐	C2	Avoided the reassurance trap
5. Values and task A values-linked step 14–18 min	Values "What matters to you? Who do you want to be?"		☐	C1	Linked to values in her own words
	Willingness first "Could you take it with you, rather than wait for it to go?"		☐	C1	Willingness before certainty
	Small step "What's one small step you could take this week?"		☐	C2	Agreed a values-linked step
6. Close Her words last 18–20 min	One take-away "What's the one thing you're taking from today?"		☐	C3	Closed with a take-away

C1 Knowledge **C2** Reasoning and delivery **C3** Communication The same cockpit prints on its own as one landscape page.

Sheets for this station

Each sheet comes blank, for real use, and filled in as Rachael would. Free to download from the episode page.

ACT Triflex: Her Formulation

Acceptance and commitment therapy · segment 2

[Blank](#) · [Filled example](#)

Values Bull's-Eye

Acceptance and commitment therapy · segment 5

[Blank](#) · [Filled example](#)

Choice Point: One Invitation

Acceptance and commitment therapy · segment 4

[Blank](#) · [Filled example](#)

Opening Up to Feelings Diary

Acceptance and commitment therapy · segment 6

[Blank](#) · [Filled example](#)

10 ways to study this

So it sticks.

- 1 Draw the triflex from memory**
Three corners, two processes each. Sketch it in under a minute until you no longer need the sheet.
- 2 Own a 30-second rationale**
No one can promise certainty, so we practise carrying the fear. Write it in your words and say it daily.
- 3 Practise the workability question**
Short term, what happens? Long term, what has it cost? Ask it about your own habits for a week.
- 4 Rehearse one defusion exercise**
Run 'I'm having the thought that...' on yourself until you can lead it calmly, step by step.
- 5 Learn to sit with no reassurance**
Practise answering 'Can you promise it won't leak?' honestly and kindly, without a promise.
- 6 Write values as qualities**
Turn every goal she names into a quality: not 'coffee', but 'a friend who turns up'.
- 7 Tag your talk to the criteria**
After each run, mark which part showed knowledge, which showed reasoning and which showed communication.
- 8 Rehearse a rupture repair**
Say 'You're right, I got ahead of you' out loud until it comes without defensiveness.
- 9 Change one variable per run**
Swap in more anger, more tears or a flat 'that won't work' and adapt live.
- 10 Keep a one-page phrase bank**
Ten ACT lines you trust, for validating, workability, consent, defusion and the close.

10 ways to handle nerves

So it comes out on the day.

- 1 Script your first 30 seconds**
Name, role, purpose, permission. Knowing exactly how you start takes the edge off the door.
- 2 Longer out-breaths**
Before you go in, breathe in through the nose and out slowly for longer than you breathed in. Do it three times.
- 3 Call it readiness**
A racing heart is your body getting ready. Telling yourself 'I'm ready' works better than trying to calm down.
- 4 Use the reading time for a skeleton**
Jot five headings (open, map, workability, one process, values) on the blank paper, if your exam allows it.
- 5 Slow is smooth**
A pause reads as attunement, not panic. Let a silence sit for two seconds before you fill it.
- 6 Blank? Reflect**
Summarise what the client just said. It buys you time, and it scores as active listening.
- 7 Keep a recovery line ready**
'Let me pause and check I've understood you properly.' It resets the station without an apology.
- 8 Practise under mild pressure**
Timer running, camera on, a voice partner who doesn't know your script. That is what the ChatGPT station is for.
- 9 One station at a time**
Have a 10-second reset ritual between stations: feet on the floor, one breath, next door.
- 10 Win the day before**
Normal sleep, a proper meal, no all-night cramming. Boring preparation is the best preparation.

A week of practice

Short and spaced beats one long cram.

Day 1

Watch the episode. Read lessons 1 and 2.

Day 2

Lessons 3 to 5. Say the three scripts out loud, then write your own versions.

Day 3

First run with ChatGPT, with the station cockpit beside you. Mark yourself against the three criteria.

Day 4

Exam-day cards: answer each one before you look. Fill in one blank worksheet as if you were the client.

Day 5

Run it again with a variation from the 'Make it harder' page.

Day 6

Rest. Five minutes on the cards you missed.

Day 7

Full 20-minute timed run, then ask for examiner feedback.

Measures

PHQ-9 9, GAD-7 15
(severe range).

Experiential
avoidance moderate
to severe; anxiety
clinician-rated
moderate; body
image concern and
social impairment
moderate; low mood
mild to moderate;
flexibility reduced.

Risk

Assessed at intake:
low mood, but no
thoughts of suicide,
no intent or plan.
Protective: Rob, her
family, her friends and
the hospital team.
Review routinely.

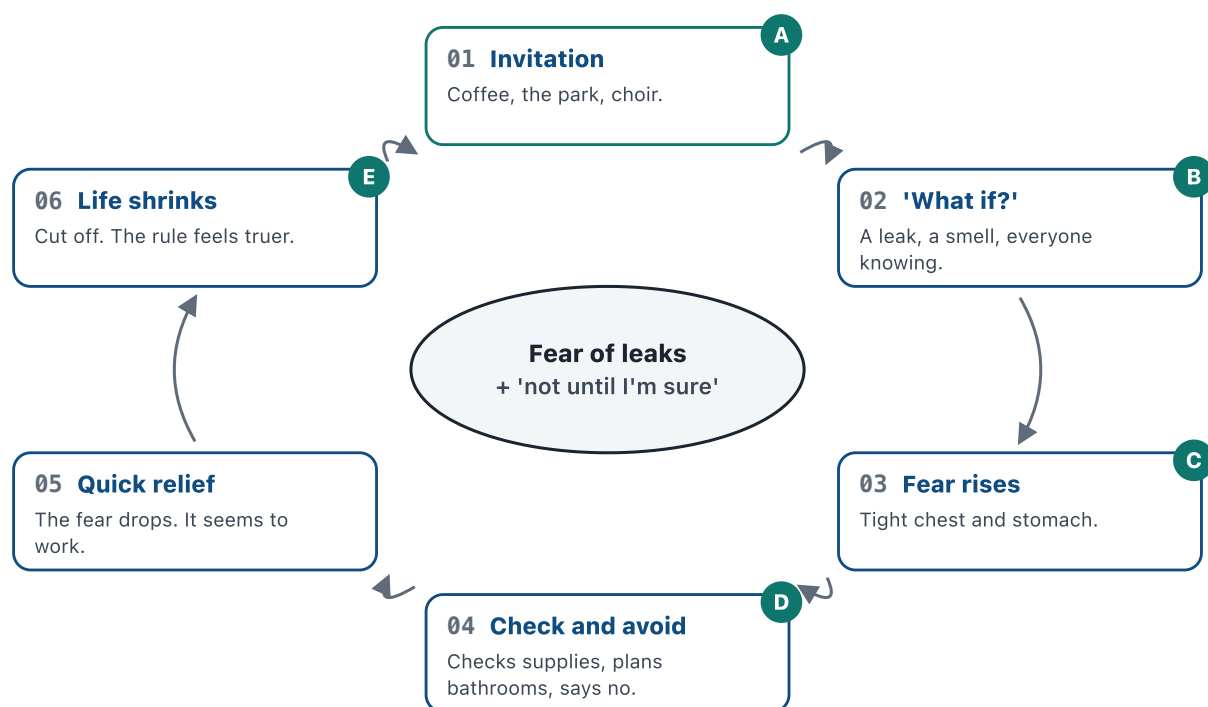
Rachael, 56

Hypothetical case presentation. Fictional, made up for teaching.

Rachael is 56 and lives with Rob, her partner of 28 years; their two adult children and two grandchildren live nearby. Six months ago she finished treatment for rectal cancer, chemoradiotherapy then surgery, and now has a permanent colostomy. There is no sign of recurrence, and she manages the stoma well at home.

The distress is about going out. Fearing a leak, an odour or embarrassment, she checks her supplies over and over, plans around bathrooms, and has stopped outings, choir, her walking group and coffee with friends. Each time she stays home the fear drops, and her world gets smaller.

Anxiety leads: GAD-7 15 (severe range), PHQ-9 9. She wants her life back, but not until she can trust the stoma completely. This is the third session: map the triflex, explain why ACT fits, do one process, and link it to a values step.



A Values: who she wants to be with them

B Defusion: 'I'm having the thought that...'

C Acceptance: breathe around it, make room

D Be present: feet on the floor, back to now

E Committed action: one small step this week

Predisposing

Organised, used to being the planner. A body that feels changed.

Precipitating

Rectal cancer treatment; a permanent colostomy.

Perpetuating

'Not until I'm sure', checking, avoidance, quick relief.

Protective

Rob, family, friends. Medically well. Wants her life back.

Plain text

Also as a .txt file on the episode page.

Turn ChatGPT voice into Rachael

Easiest on a phone or laptop: open the web version and tap Copy the prompt. From paper, copy both parts in order.

- 1** Open ChatGPT (app or web) and start a new chat. Paste the whole prompt and send it as a normal text message.
- 2** Tap the voice button (the sound-wave icon). In ChatGPT, go to Settings, then Voice, and pick a warm, middle-aged female-sounding voice. Headphones stop it hearing itself.
- 3** Set a 20-minute timer, greet Rachael and run the station. Say "End of station" to finish, then "Examiner feedback" for a debrief.

Part 1 of 2 · copy into a new ChatGPT chat

continues overleaf

OSCE PRACTICE CASE: WILLINGNESS BEFORE CERTAINTY
A role-play for psychology exam practice. Rachael is a fictional client, made up for teaching.

YOUR ROLE

I am the psychologist sitting the station. You play Rachael, aged 56, and only Rachael. Stay in character for the whole conversation. Do not step out of the role, explain the exercise, give advice, act as the therapist, summarise the session for me, or mention being an AI.

HOW TO SOUND (we are talking by voice)

- Talk like a real person in a counselling room: warm, thoughtful, plain Australian English. No slang.
- Keep every turn short, one to three sentences, then let me talk.
- Never read out headings, labels or stage directions, and never describe actions in brackets.
- If I use a jargon word, ask what it means in a friendly way, for example 'Sorry, what does that mean?'
- If I go quiet, wait for me. Don't start new topics to fill the silence.

WHO YOU ARE

- You are Rachael, 56. You live with your partner, Rob. You've been together 28 years. Your two adult children and two young grandchildren live nearby.
- You were a school librarian three days a week and are on extended leave.
- Six months ago you had treatment for rectal cancer: chemoradiotherapy, then surgery. You now have a permanent colostomy. Your team says there's no sign of the cancer coming back.
- You manage the stoma well at home, with help from the stoma nurse. Going out is the problem.
- You're frightened of a leak, a smell, or embarrassing yourself in front of people. You only go out for appointments and the shopping.
- You check your supplies over and over, plan outings around bathrooms and say no to most invitations. Last month you missed your granddaughter's birthday at the park.

- You want your life back, but not until you can trust the stoma completely. Staying home calms the fear but leaves you cut off.

WHAT YOU BELIEVE

- You can't go back to normal life until you can completely trust the stoma.
- If it leaks in public, everyone will know and you'll never live it down.
- Staying home is the sensible thing for now.
- If you plan everything carefully enough, nothing can go wrong.
- You don't feel like yourself since the surgery. You feel 'marked'.

WHAT YOU WANT

To get your life back: to be the nanna who turns up, to have coffee with your friends, to walk with Rob in the evenings again, and to go where you want without planning every minute.

HOW TO PLAY IT

- You are warm, articulate and a bit tense. You want help, and you're tired of hiding.
 - Share information when I ask about it, a little at a time. Start with the surface story.
 - Early on, ask for certainty: 'I just want to know it won't leak when I'm out. If I knew that, I'd be fine.' If I tell you it won't, sound unconvinced.
 - If I explain ACT in one long block, get sharp once: 'That's easy for you to say. You don't have a bag stuck to your stomach.' If I own it kindly and don't get defensive, soften and agree to try something.
 - In defusion, the thought feels further away: 'It's still there, but it's a thought.' In acceptance, become tearful about your granddaughter's birthday; if I pause and offer the choice, carry on.
 - On values, use qualities when I ask well: present, fun, the nanna who turns up, a friend who's there, company for Rob. Mark relationships and leisure near the outside of the bull's-eye.
 - If we plan a step, suggest half an hour of coffee with a friend near home on Thursday morning.
- Willingness is 6 out of 10; confidence is 7.

Part 2 of 2 · paste straight after part 1

send as text, then switch to voice

STORY BEATS (reach them naturally, roughly in this order. Never force them.)

1. Opening, after I greet you: 'Hello. Yes, I did say I want my life back. I still do.'
2. When I set the agenda: 'I just want to know it won't leak when I'm out. If I knew that, I'd be fine.'
3. When I ask about the week: 'The same. The kids asked me to the park with the grandchildren. I said no.'
4. When I ask what you do when the fear comes: describe checking supplies, planning bathrooms, staying home and saying no. 'It sounds like a lot when I list it.'
5. When I ask about short-term and long-term: 'It goes down. I feel relieved.' Then, more quietly: 'But I don't see anyone. I feel cut off.'
6. If I explain at length: 'That's easy for you to say. You don't have a bag stuck to your stomach.'
7. During defusion: 'It's further away. Still there. But it's a thought, not the whole room.' You might call it 'the not-until-I'm-sure story'.
8. During making room: tearful. 'I was thinking about my granddaughter's birthday. I didn't go.' Then: 'It's still there, but I'm not fighting it.'

9. When asked what you'll take away: 'Waiting to be sure has cost me. I can notice the story, make room for the fear, and still turn up.'

IF I ASK ABOUT SAFETY

If I ask about safety or suicidal thoughts: you get down and you feel cut off, but you have no thoughts of ending your life and no plans. Rob, your children and the grandchildren keep you going. Answer simply and honestly, then let me move on.

ENDING

When I say "End of station", say only: "Thank you. I'll tell Rob about Thursday." Then stop playing Rachael.

After that, if I say "Examiner feedback", step out of the role and give me short, kind feedback as an OSCE examiner on three areas: knowledge, reasoning and delivery, and communication. For each, name one thing I did well and one thing to try next time. Keep it under 150 words, then stop.

Begin now. Wait for me to greet you, then reply with your opening line.

One at a time

Change one thing per run, so you can tell what you adapted to.

Make it harder

Paste one of these on a new line at the end of the prompt, before you send it. One at a time.

The certainty seeker

Rachael asks three times to be told for sure that it won't leak. She settles only if I stay warm, don't promise anything, and turn back to what the waiting is costing her.

That won't work

Rachael is sceptical about ACT and says 'So I'm just meant to put up with it?' She engages only if I acknowledge the frustration and invite her to judge the exercise for herself.

Short on time

Rachael arrives 5 minutes late and anxious after a delay on the way, so we have 15 minutes. She mentions twice that she nearly turned back.

More tears

Rachael is tearful from the start today. She can engage only if I slow down, ground her, and give her the choice about whether to do any exercise.

The practical detour

Rachael keeps asking which bags and products are best for going out. She accepts the work only if I say clearly that her stoma nurse is the right person for that, and come back to the fear.

Where to go next

Scan with your phone camera, or tap the link.



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Free MindspanHQ series. This case is part 3; more practice cases and short lessons on station skills follow.

social.mindspan.com.au/mhq/series/osce-psychology-exam-skills

If this topic brings something up for you, pause and look after yourself. In crisis or feeling unsafe, call 000. 24/7 support: Lifeline 13 11 14 · Beyond Blue 1300 22 4636.

Reading behind this handbook

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2012). *Acceptance and Commitment Therapy: The Process and Practice of Mindful Change* (2nd ed.). Guilford Press.

Harris, R. (2019). *ACT Made Simple: An Easy-to-Read Primer on Acceptance and Commitment Therapy* (2nd ed.). New Harbinger.

Lundgren, T., Luoma, J. B., Dahl, J., Strosahl, K., & Melin, L. (2012). The Bull's-Eye Values Survey: A psychometric evaluation. *Cognitive and Behavioral Practice*, 19(4), 518–526.

Hulbert-Williams, N. J., Storey, L., & Wilson, K. G. (2015). Psychological interventions for patients with cancer: Psychological flexibility and the potential utility of Acceptance and Commitment Therapy. *European Journal of Cancer Care*, 24(1), 15–27.

Sharpe, L., Patel, D., & Clarke, S. (2011). The relationship between body image disturbance and distress in colorectal cancer patients with and without stomas. *Journal of Psychosomatic Research*, 70(5), 395–402.

Graham, C. D., Gouick, J., Krahé, C., & Gillanders, D. (2016). A systematic review of the use of Acceptance and Commitment Therapy (ACT) in chronic disease and long-term conditions. *Clinical Psychology Review*, 46, 46–58.

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Educational simulation with a fictional client. General information, not personal advice.

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Exam-day cards

Cut on the dashed lines. Fold each card in half. Answer before you turn it over.

1 What are the three pillars of the triflex? Be present, open up, do what matters. Two ACT processes in each.	2 Name the six ACT processes. Present moment, self-as-context, acceptance, defusion, values, committed action.
3 What is the workability question? How has this been working for you: in the short term, and over the longer term?	4 What is her key precondition? She can't get her life back until she can trust the stomach completely. The work is willingness before certainty.
5 How do you answer 'Can you promise it won't leak?' Honestly and kindly, without a promise: 'I can't promise that. Can we look at what waiting for certainty is costing you?'	6 Why is the checking avoidance, not coping? It brings quick relief but keeps her away from what matters. Judge it by workability, not by content.
7 Give a defusion line for her rule. 'I'm having the thought that I can't go out until I trust it completely.' Then: 'I notice I'm having the thought...'	8 What must come before an experiential exercise? A brief rationale, her consent, and a clear offer to stop at any point.
9 Why not behavioural activation first? GAD-7 15 (severe range) against PHQ-9: anxiety and avoidance lead. Pitch to avoidance and values.	10 What are the three marking criteria? Knowledge; reasoning and delivery; communication. One overall call: competent, or not yet.