

Wednesday, May 28

	9:00-9:45	10:00-10:15	10:00-12:00	12:00-1:15	1:15-2:45	2:45-3:00	3:00-4:15	4:15-4:30	4:30-6:00	
Room	Plenary		Sessions		Sessions				Plenary	
1	Intro & Welcome - 1	B r e a k	ACT Gone Wild: The Adventure Continues - 2 <i>Polk, Hambright, & Drake</i>	L u n c h	Self-As-Context Made Simple - 10 <i>Harris</i>			B r e a k	ACT and Traditional CBT: What is the Difference and What does it Matter? - 21 <i>Hayes, Bricker, Hofmann, & DiGiuseppi</i>	
2			Building Skill and Flexibility in Defusion - 3 <i>Luoma & Wilkinson</i>		Experiential Practice with Feedback for Learning ACT - 11 <i>Luoma & Torneke</i>					
3			ACT in Practice: Case Conceptualization - 4 <i>Bach & Moran</i>		Acceptance and Commitment Therapy (ACT): Finding Life Beyond Trauma - 12 <i>Walser, Pistorello, & Follette</i>					
4			Introduction to RFT for Clinicians - 5 <i>Stewart & Blackledge</i>		ACT for Diabetes and other Chronic Illnesses - 13 <i>Gregg</i>					
5			Using ACT to Improve Relationships with Challenging Clients - 6 <i>Clarke, Bolderston, & Fradgley</i>		ACTs of Kindness and Compassion - 14 <i>Forsyth & Sheppard</i>	B r e a k	Connecting Buddhist Meditation Practices to ACT/RFT Concepts - 18 <i>Fletcher</i>			
6			Teaching ACT More Directly - 7 <i>Robb</i>		Demystifying RFT - 15 <i>Bach & Moran</i>		RFT Analysis of ACT: Theoretical Issues and State of the Data - 19 <i>Adcock & Murrell</i>			
7			ACT with Depression - 8 <i>Zettle & Gird</i>		ACT Treats Anger: New Research and Protocol - 16 <i>McKay & Saavedra</i>		Contextual Psychiatry - 20 <i>Sonntag & Cushman</i>			
8			ACT and Disordered Eating - 9 <i>Sandoz, Masuda, Merwin, & Timko</i>		ACT Clinical Methods in Values Clarification and Defusion - 17 <i>Luciano, Paez, & Valdivia</i>					

Thursday, May 29

	6:00-8:00	9:00-10:30	10:30-10:45	10:45-12:00	12:00-1:15	1:15-2:45	2:45-3:00	3:00-4:15	4:15-4:30	4:30-5:45
Room		Sessions				Sessions				Plenary
1		A Practical Clinician's Guide to Stimulus Control - 23 <i>Wilson & Kellum</i>			L u n c h	Transforming Anxious Suffering Into A More Vital Life Using Acceptance and Commitment Therapy: An Introductory Workshop - 30 <i>Forsyth</i>			B r e a k	The Roots of Compassion - 41 <i>Hayes</i>
2		ACT with Couples - 24 <i>Harris</i>				ACT guided outpatient Treatment for veterans with PTSD - 31 <i>Roberts & Batten</i>	B r e a k	Addiction and Trauma Recovery with ACT - 37 <i>Decker & Batten</i>		
3		Using ACT to address weight loss and obesity-related stigma - 25 <i>Lillis</i>				ACT Self-Help Research: International Lab Meeting - 32 <i>Hayes, Lazzarone, Baumruck, Muto, Vijay, Lundgren, Schmalz, Levin, Long, & Polk</i>				
4		"Mrs. Amy, I am about to kick your rump!" ACT in Educational Settings - 26 <i>Rogers & Murrell</i>				Making the Most of the Therapeutic Relationship in Acceptance Commitment Therapy - 33 <i>Callaghan & Gregg</i>				
5		Watch and Practice: Practical training in ACT strategies and techniques - 27 <i>Torneke & Dahl</i>				Sex and Intimacy: Avoidance and Conflicting Values in Relationships - 34 <i>Van Leeuwen & Rokx</i>	B r e a k	ACT and PTSD (Sexual Trauma) - 38 <i>McElheran, Walser, Westrup, & Varrra</i>		
6		RFT Made Simple - 28 <i>Drake, Hambright, & Sonntag</i>				Acceptance Based DBT for Emotion Regulation - 35 <i>Georgescu & Holmes</i>		Creating Compassionate Intentions in Therapeutic Sessions - 39 <i>Wright & Sanders</i>		
7		Yoga and ACT - 22 (HILTON) <i>Comelius</i>	They've framed me: RFT and the Self - 29 <i>Stewart, Boulanger, & Luciano</i>			Scaling ACT for Adolescents and Children with Chronic Pain - 36 <i>Wicksell</i>		Using ACT Groups to treat Chronic Pain in Toronto - 40 <i>Fung & Zurowski</i>		

Friday, May 30

	9:00-10:30	10:30-10:45	10:45-12:00	12:00-1:15	1:15-2:45	2:45-3:00	3:00-4:15	
Room	Sessions				Sessions			
1	Applying ACT Concepts Moment to Moment: Framework and Case Examples - 42 <i>Hayes, Hofmann, DiGuseppi</i>			L u n c h & S I G n e e t i n g s	ACT-based Contextual Behavioral Supervision - 52 <i>Batten & Walser</i>			
2	The Therapeutic Relationship: Using ACT to Do ACT - 43 <i>Walser</i>				Acceptance Is Not Surrender: Applications of ACT in Treating Substance Use Disorders - 53 <i>Bricker</i>			
3	Guide to ACT Addictions Treatment in a 12-Step World - 44 <i>Wilson</i>	B r e a k	Role of Culture on ACT Outcomes - 49 <i>Almada, Wilson, Dahl, Lundgren, & Masuda</i>		Spiritual Reality - 54 <i>Robb</i>			
4	Beyond Categorical Thinking: Using the Hexaflex for Diagnosis, Assessment and Intervention - 45 <i>Sandoz, Yadavaia, Slater, Plumb & Muto</i>				OCD and Case Formulation in Acceptance and Commitment Therapy - 55 <i>Brock</i>			
5	Appreciating Suicidality and Homicidality: The Mindful Unit - 46 <i>Rogers & McManus</i>				ACT in the Treatment of Psychosis - 56 <i>Bach</i>	B r e a k	ACT in early intervention for psychosis - 58 <i>Morris & Oliver</i>	
6	Practices and principles of ACT for OCD and OCD Spectrum Disorders - 47 <i>Twohig</i>	B r e a k	Trichotillomania/ skin picking - 50 <i>Twohig & Woods</i>		Application of ACT for the Outpatient Treatment for SMI Veterans - 57 <i>Roberts & Santanello</i>		HEAT Group: Acceptance and Commitment Therapy for Posttraumatic Anger-Related Problems in Living - 59 <i>Santanello</i>	
7	ACT as part of a holistic stress management program - 48 <i>Blonna</i>				Using ACT art therapy groups with adolescents experiencing depressive or anxious symptoms - 51 <i>L. Hayes & Rowse</i>			

Wednesday Morning 9:00-9:45am

WELCOME TO IIT

xxx,

1. JOIN ME! A COMMUNITARIAN APPROACH IS ESSENTIAL TO CONTEXTUAL SCIENCE

Opening Session

Main Ballroom

xxxx

Wednesday Morning 10:00-12:00pm

2. ACT GONE WILD: THE ADVENTURE CONTINUES

Workshop

Main Ballroom

KEVIN POLK, Togus VA

JEROLD HAMBRIGHT, Togus VA

CHAD E. DRAKE, Togus VA

KATHARINE MOCCIOLA, Togus VA

JOHN AGEE, Togus VA

Target Audience: Everyone

This workshop will cover the ACT group protocol delivered to combat veterans in the Intensive Outpatient PTSD program at the VA Medical Center in Togus, Maine. Over the past year, this protocol has been tweaked, adjusted, refined, reconsidered, altered, discussed, elaborated, distilled, augmented, critiqued, pondered, revised, and delivered to approximately 26 groups of 10 people. We will review the components of this protocol and discuss our rationale for its content and sequence. We also will elaborate on our experience in developing the protocol and present our most current outcome data. Part of the data review will involve discussion of our efforts to measure valued actions, including plans to explore new strategies in collecting this information.

Educational Objectives:

1. Provide a review of the ACT protocol used at the Togus VA
2. Present the empirical methods and data available for the protocol
3. Discuss new efforts being explored in the program to measure valued actions

3. BUILDING SKILL AND FLEXIBILITY IN DEFUSION

Workshop

Armour Dining Room

JASON LUOMA, Portland Psychotherapy Clinic, Research, and Training Center, PC & University of Nevada, Reno

JAY WILKINSON, Pacific University

Target Audience: Intermediate, Clinicians

This workshop is aimed at improving attendees' skill in utilizing the core ACT process of defusion. Participants will further understand the process of defusion through a theoretical overview of defusion and a discussion of how defusion is facilitative of other ACT processes. Experiential exercises will help

participants contact a defused space, while other exercises will help participants try out and obtain feedback on new defusion techniques.

Educational Objectives:

1. Understand the theoretical model of what defusion is
2. Understand how defusion is facilitative of other ACT processes
3. Develop new skill in implementing defusion techniques

4. ACT IN PRACTICE: CASE CONCEPTUALIZATION

Workshop

xxx

PATRICIA BACH, Illinois Institute of Technology

D. J. MORAN, Trinity Services

Target Audience: Beginner / Intermediate Clinicians

This workshop will provide a step-by-step framework for functionally conceptualizing client behavior problems, and will discuss selection and application of specific ACT interventions based on the six core ACT processes described in Steven Hayes' 'hexaflex' model. Participants will practice experiential exercises and have the opportunity to practice case conceptualization and developing their own ACT consistent interventions, exercises, and metaphors using clinical examples from their own practices.

This workshop will be based on content from the forthcoming publication *ACT in Practice: Case Conceptualization in Acceptance and Commitment Therapy*, (Bach and Moran, in preparation, New Harbinger).

The workshop will use a case-based approach beginning with instructor supplied cases and later using participants' clinical cases for practice in ACT case formulation, selecting interventions, and assessing the effectiveness of interventions, and outcomes.

There will be a 60 minute slide presentation, demonstrations, large group exercises and case-based practice. Participants will be provided with handouts to use with their clients for assessment and homework assignments to augment in session interventions. Worksheets will also be distributed for the participants to use to facilitate ACT case formulation.

Educational Objectives:

1. Workshop participants will become familiar with the six core ACT principles of defusion, self-as-context, acceptance, values, committed action, and contacting the present moment, which will be described from a strict behavior analytic perspective
2. Workshop participants will be able to select ACT interventions appropriate for addressing specific core principles and learn how to apply

specific ACT interventions based on the case formulation

3. Workshop participants will learn to use ACT case conceptualization to facilitate creating one's own ACT consistent metaphors, exercises, and interventions for application in the context of a client's unique history and presenting complaints and assessing the effectiveness of interventions

5. AN INTRODUCTION TO RELATIONAL FRAME THEORY FOR CLINICIANS: WHAT IS IT, AND WHAT ARE ITS IMPLICATIONS FOR CLINICAL PSYCHOLOGY?

Workshop

xxx

IAN STEWART, National University of Ireland-Galway
J. T. BLACKLEDGE, Morehead State University

Target Audience: All levels of clinicians wishing to gain a basic understanding of RFT, and for all levels of clinicians and researchers wishing to gain a clearer understanding of RFT's implications for ACT and psychotherapy in general

This workshop is aimed at clinicians seeking an overview of relational frame theory's basic principles and processes, and the implications these principles and processes have for clinical psychology. After a basic introduction to RFT, attendees will be walked through several key consequences of RFT-based processes, including (but not limited to): (1) an explanation of why RFT processes lead to experiential avoidance, (2) an explanation of why problematic ways of thinking continue to prevail even in the face of overwhelming contradictory evidence, and (3) an explanation of why the ability to readily change the content of thoughts is robustly predicted by RFT but may often be contraindicated in clinical settings.

Educational Objectives:

1. Learn the basic principles and processes involved in RFT
2. Understand the historical events and issues that led to RFT's development
3. Understand several implications of RFT for ACT and other forms of psychotherapy

6. USING ACT TO IMPROVE WORKING RELATIONSHIPS WITH CHALLENGING CLIENTS

Workshop

xxx

SUE CLARKE, Dorset Healthcare NHS Foundation Trust/ University of Southampton, University of Bournemouth

HELEN BOLDERSTON, University of Southampton
GEORGINA FRADGLEY, University of Southampton
BOB REMINGTON, University of Southampton

Target Audience: Beginner to advanced/Clinicians, Trainers and Researchers

This workshop describes our work in progress, developing ACT trainings for people working with clients with a personality disorder. We shall briefly

present data illustrating the relationship between acceptance processes, stigmatizing attitudes, social distancing and the therapeutic alliance, together with quantitative and qualitative data from a randomised comparison between ACT training and a skills based training (drawing on DBT). Experiential exercises will be used to conceptualise some of the main themes and challenges that emerged, and to develop ACT consistent training interventions. Ethical issues and research challenges will also be discussed.

1. Working with challenging clients: Stigma, social distancing and the therapeutic alliance.
2. Randomised comparison of ACT and a skills based approach (drawing on DBT): Quantitative and qualitative data.
3. Main training themes and challenges that emerged. Group discussions and experiential exercises to conceptualise these and to develop ACT consistent interventions.
4. Evaluation / research challenges: Ethical issues, pros and cons of different methodologies etc.

Educational Objectives:

1. Build a better understanding of an ACT approach to stigma
2. Build a better understanding of the challenges of conducting training in this area
3. Develop awareness of the challenges of training evaluation / research

7. TEACHING ACT MORE DIRECTLY

Workshop

xxxx

HANK ROBB, Private Practice

Target Audience: Beginner to advanced, Clinicians

Many practitioners attempting to grasp the basic moves in ACT find the explanations often get in the way. In this workshop participants will experience more direct methods to transmit basic ACT moves including acceptance, defusion, self-as-context, committed action, values and contact with the present moment; all of which are aimed collectively at developing psychological flexibility. The workshop aims to demonstrate A way, not THE way, to introduce ACT processes in preparation for their use to address troublesome life issues. Participants will watch this introductory protocol conducted with a workshop participant in a manner similar to that provided to most of the speaker's new clients. Participants will be asked to offer personal or role-play case material with the aim of seeing how that material can be situated in this landscape of ACT processes and addressed within that context. Participants will discuss and integrate what they have experienced.

Educational Objectives:

1. Observe more direct methods of instantiating ACT principles
2. Explore the application of such methods with

- actual issues
3. Consider ways to incorporate basic moves in participant's repertoire

8. ACT WITH DEPRESSION

Workshop

xxxx

ROB ZETTLE, Wichita State University

SUZANNE GIRD, Wichita State University

Target Audience: Beginner to intermediate, Clinicians

This workshop will focus on the application of ACT with clients with depression as a presenting problem. A case conceptualization approach will be emphasized in identifying multiple pathways that may lead to depression from the perspective of ACT. Specific therapeutic techniques and strategies tailored to individual clients and based upon such a case conceptualization will then be discussed and demonstrated. Special considerations and challenges in extending ACT to treatment of depression will also be covered, such as how issues of forgiveness may be addressed with clients who struggle with depression.

Educational Objectives:

1. Learn how to apply an ACT-consistent case conceptualization approach to presenting problems of depression
2. Learn how to identify and assess for multiple pathways that may contribute to depression
3. Learn how to address issues of forgiveness with clients who struggle with depression and guilt

9. ACT AND DISORDERED EATING

Workshop

xxxx

EMILY SANDOZ, University of Mississippi

AKI MASUDA, Georgia State University

RHONDA M. MERWIN, Duke University Medical Center

C. ALIX TIMKO, Towson University

Target Audience: All levels, Clinicians

This workshop will guide clinicians in the conceptualization, assessment, and treatment of disordered eating behavior and related difficulties from an ACT perspective. Participants in this workshop will, through a combination of didactic and experiential exercises, gain an increased understanding of how difficulties with present moment, self, defusion, acceptance, values, and commitment processes might be manifested in individuals struggling with eating problems, as well as how training these processes might facilitate the ability to let go of the struggle.

Educational Objectives:

1. To develop a working knowledge of how disordered eating behaviors might be conceptualized from an ACT perspective
2. To develop a working knowledge of how assessment of ACT processes might be

assessed in individuals suffering from disordered eating

3. To develop a working knowledge of how one might treat disordered eating from an ACT perspective

Wednesday Lunch 12:00-1:15pm

Wednesday Afternoon 1:15-4:15pm

10. SELF-AS-CONTEXT MADE SIMPLE

Workshop

xxx

RUSS HARRIS, Private Practice, Melbourne

Target Audience: Intermediate, Advanced, Clinicians

A highly experiential workshop which demonstrates in simple, clear, non-technical language many different ways to talk about and facilitate the experience of self-as-context – from lengthy interventions such as the classic ‘Observer Exercise’ to extremely brief ones. It brings together metaphors and experiential exercises from ACT practitioners such as Steve Hayes, Robyn Walser, Kirk Strosahl, Kelly Wilson, JoAnne Dahl, and Hank Robb (as well as some of my own innovations). By the end of this workshop, attendees will have repeatedly experienced the psychological space of self-as-context, and will have a variety of tools to facilitate this process in therapy. They will also get an opportunity to practice some of these techniques on each other.

Educational Objectives:

1. Learn how to talk to ‘Joe Sixpack’ about self-as-context
2. Experience the ‘psychological space’ of self-as-context
3. Learn a variety of techniques for facilitating this experience in therapy

11. EXPERIENTIAL PRACTICE WITH FEEDBACK FOR LEARNING ACT

Workshop

xxx

JASON LUOMA, Portland Psychotherapy Clinic, Research, and Training Center, PC & University of Nevada, Reno

NIKLAS TORNEKE, Private Practice, Sweden

Target Audience: Beginner, Intermediate clinicians

This workshop is aimed at providing participants an opportunity to practice ACT by being in the role of both “therapist” and “client” in experiential exercises that mimic a therapy process. Much of the workshop will be spent in small groups where participants will work in dyads utilizing ACT techniques, both as the “therapist” and the “client” with their own personal material. As a result, participants will experientially learn more about implementing ACT, while also learning a new method for supervision and training.

Educational Objectives:

1. Develop a greater understanding of what it is like to be an ACT client
2. Obtain feedback on implementation of ACT techniques
3. Develop an understanding of a novel approach to therapy training

12. ACCEPTANCE AND COMMITMENT THERAPY (ACT): FINDING LIFE BEYOND TRAUMA

Workshop

Xxx

ROBYN WALSER, National Center for PTSD
JACQUELINE PISTORELLO, University of Nevada, Reno
VICTORIA FOLLETTE, University of Nevada, Reno
Target Audience: Intermediate clinicians

Experiential avoidance, one of the key problems in posttraumatic stress disorder, is targeted by Acceptance and Commitment Therapy (ACT) to help clients accept difficult internal content and promote healthy action that is consistent with valued behavior change. We will explore use of ACT with trauma survivors and the interpersonal relationship between the PTSD client and the ACT therapist. In targeting the relationship we will also be exploring issues of vicarious traumatization/compassion fatigue, and how the therapist can work to accept difficult client content while maintaining a values directed course in therapy. We will explore how ACT can reduce burnout and empower the therapist to remain compassionate while continuing to work with traumatized populations. We will use experiential exercises to demonstrate the implementation of ACT with trauma survivors and their therapists.

Educational Objectives:

1. Describe the theoretical underpinnings of ACT as it applies to diagnoses following a traumatic event
2. Describe vicarious traumatization/compassion fatigue and the application of ACT in the therapeutic relationship with trauma survivors
3. Conduct experiential exercises to demonstrate the implementation of ACT with trauma survivors and their therapists

13. ACCEPTANCE AND COMMITMENT THERAPY FOR DIABETES AND OTHER CHRONIC ILLNESS: UTILIZING A VALUES-BASED APPROACH TO BRING ABOUT LIFE-SAVING CHANGES

Workshop

xxx

JENNIFER GREGG, San Jose State University
Target Audience: All

Diabetes is the number six cause of death in the United States and has been classified by the World Health Organization as a world-wide epidemic that will require a concerted, global initiative to address. However, traditional treatment for diabetes involves a high degree of patient adherence to difficult self-care

behaviors with little consideration for psychological and coping variables relating to this self-management. Thus, despite clear efficacy of medical recommendations, rates of morbidity and mortality from diabetes continue to increase. Acceptance and Commitment Therapy provides an extraordinary context for understanding and influencing diabetes self-care, and promising work in this area has begun around the world. This workshop will explore the issues present in the treatment of complex medical problems such as diabetes, discuss projects and results of ACT interventions used with individuals with diabetes, and provide useful tools and exercises to facilitate ACT work with this population.

Educational Objectives:

1. Understand basic elements of diabetes treatment
2. Utilize an ACT framework for conceptualizing difficulties in diabetes
3. Expand ability to utilize values assessment in the context of medical conditions such as diabetes

14. ACTs OF KINDNESS AND COMPASSION

Workshop (90 min., 1:15-2:45)

xxx

JOHN FORSYTH, University at Albany, SUNY
SEAN SHEPPARD, University at Albany, SUNY
Target Audience: xxx

Many people want to be kind, but don't know how to do it. The purpose of this workshop is to provide a forum to explore the experiential nature and expressions of unkindness (self, others, our clients) and to show how ACT may be used to nurture self and other kindness and compassion in the context of valued action. We'll dive into how we (and our clients) tend to be unkind (self and others), what stands in the way of ACTs of kindness, and strategies to nurture our collective capacities for kindness, compassion, and vitality in our daily lives. Participants will be encouraged (but never forced) to engage the material at a personal level, meaning as it applies to their own lives, and then also in the context of their clinical work. Clinical worksheets and other practical tools will be provided.

Educational Objectives:

1. How to conceptualize kindness and compassion within an ACT framework
2. Experiential strategies to nurture ACTs of self and other kindness and compassion, with attention on mindfulness exercises such as loving kindness and Tonglen practice
3. Strategies to put ACTs of kindness and compassion into committed action

15. DEMYSTIFYING RFT: AN INTRODUCTION TO RELATIONAL FRAME THEORY

Workshop (90 min., 1:15-2:45)

xxxx

DANIEL J. MORAN, Trinity Services, MidAmerican Psychological Institute
PATRICIA BACH, Illinois Institute of Technology
Target Audience: Beginner, Clinicians and researchers

Arbitrarily applied what? Derived relational who? If you started learning about Relational Frame Theory (RFT), and then stopped when you read: *Crel {ArxB and BrxC...}*, or have just been interested in learning the basics of RFT, this is the introductory workshop for you. This workshop will outline and explain the basic concepts of RFT and help the audience members understand an expanded functional approach to verbal behavior. We will discuss, from a behavior analytic point of view, how people can listen with understanding and speak with meaning. The workshop will simplify functional contextualism principles and discuss the basic RFT research methods and results in a manner that will help people who are new to RFT to begin applying the concepts to their own behavior analytic endeavors. We plan to make clear the core assumptions of functional contextual behavior analysis and how they apply to discussing language and cognition. We aim to not let your eyes glaze over as we discuss transformation of stimulus functions, generalized operants, and the different types of derived relating. Most importantly, we plan to help everyone have an enjoyable time while “framing events relationally” about RFT. The workshop will be guided by an animated slide show and will be punctuated with audience participation, and small group participation.

Educational Objectives:

1. Workshop attendees will be able to list and describe six basic principles of functional contextualism, and also contrast those principles from mainstream psychology principles
2. Attendees will be able to compare and contrast conditioned discrimination and derived relational responding, in research contexts and in daily use
3. Attendees will be able to define arbitrary applicable relational responding, along with mutual entailment and combinatorial entailment
4. Attendees will be able to define “relational frame” in behavior analytic terms, and give 6 examples of relational frames
5. Attendees will be able to describe transformation of stimulus functions regarding relational frames
6. Attendees will be able to explain an expanded view of “verbal behavior” using RFT principles.
7. Attendees will generate examples of how to apply RFT principles to their own research or application questions

16. ACT TREATS ANGER: NEW RESEARCH AND PROTOCOL
Workshop (90 min., 1:15-2:45)
xxx

MATTHEW MCKAY, The Wright Institute
KOKE SAAVEDRA, Children’s Hospital, Oakland
Target Audience: Intermediate/clinicians

The workshop starts with an overview of a recent study suggesting that ACT has utility in the treatment of anger. Then it outlines key clinical steps of a protocol for diminishing anger-driven behavior. The focus is on adapting each component of the hexaflex to chronically angry client populations.

Educational Objectives:

1. Learn core principles and basic interventions for an ACT-based treatment of anger
2. Learn how to prepare angry clients for treatment
3. Learn how to adapt the hexaflex to work with chronic anger populations

17. ACT CLINICAL METHODS IN VALUES CLARIFICATION AND DEFUSION

Workshop

xxx

CARMEN LUCIANO, xxx

MARISA PÁEZ, xxx

SONSOLES VALDIVIA, xxx

Target Audience: Intermediate, Clinicians

Among the relevant aspects defining Acceptance and Commitment Therapy, the therapist has to work in values clarification and defusion. First, several avenues for clarifying the verbal regulation that the patient is following for doing her/his life is emphasized as well as the values underlying such a regulation. And, secondly, several avenues for potentiating the experience of taking perspective of the own behavior will be conducted and analyzed, then, according to the transformation of functions involved. The different clinical methods as metaphors and exercises focused to different ACT components will be analyzed and practiced.

Educational Objectives:

1. Review some new basic findings about values and defusion procedures
2. Interweaving these findings in the applied setting
3. Practice in working with these components of ACT according to basic findings

18. MINDFULNESS AND ACT: CONNECTING BUDDHIST MEDITATION PRACTICES TO ACT/RFT CONCEPTS

Workshop (90 min., 3:00-4:15)

xxx

LINDSAY FLETCHER, University of Nevada Reno

Target Audience: Clinicians

Acceptance and Commitment Therapy (ACT) is one of several third wave behavioral treatments to incorporate mindfulness into therapy. The term mindfulness is borrowed from Eastern religious and spiritual traditions that emphasize meditation practice

as an important technique for the alleviation of suffering. While many third-wave therapies emphasize informal mindfulness practices, including ACT, this workshop will explore the inclusion of “formal” practices that may enhance treatment when they are adapted for use with the ACT model. Buddhist traditions provide a nearly limitless supply of different meditation practices that may be adapted to work with ACT concepts. Specifically, tonglen practice, loving kindness meditation, vipassana, and other meditation techniques will be introduced and additional exercises that were not presented at last year’s workshop. The purpose of this workshop will be to teach participants how to conceptualize particular meditation techniques in ACT/RFT terms and to apply these techniques to therapy. During the workshop we will accomplish these goals by introducing a variety of meditation techniques within an experiential format. These techniques will also be tied to a larger context by relating them to ACT core processes. Thus, clinicians will learn to apply these techniques and conceptualize their application according to specific ACT core processes and RFT.

Educational Objectives:

1. Learn meditation techniques that have been adapted for use in ACT
2. Practice meditation/mindfulness techniques through experiential exercises
3. Learn how to conceptualize meditation techniques in terms of the ACT definition of mindfulness

19. RELATIONAL FRAME THEORY ANALYSIS OF ACCEPTANCE AND COMMITMENT THERAPY: THEORETICAL ISSUES AND STATE OF THE DATA

Workshop (90 min., 3:00-4:15)

xxx

AMANDA C. ADCOCK, University of North Texas

AMY MURRELL, University of North Texas

Target Audience: Intermediate/researcher

Burgeoning amounts of research are being devoted to third wave therapies for the treatment of a variety of psychiatric problems. One such therapy is acceptance and commitment therapy (ACT). ACT utilizes focus on the present moment, acceptance, and defusion techniques to facilitate committed action in valued directions. Some may wonder by simply reading this list how ACT is a behavior analytic therapy. This workshop intends to review the theory that underlies ACT, relational frame theory (RFT) in order to explain the ties between ACT and behavior analysis and identify areas that are in need of further research. In order to do this, a quick review of the literature leading up to RFT, including generalized operants, stimulus equivalence, early work in arbitrarily applicable relational responding, and behavior analytic work on the development of the self will be covered. Each component of ACT will be analyzed via RFT and the state of the data on each component will be discussed. It is expected that there will be discussion

about further conceptualization of empirical research to analyze components.

Educational Objectives:

1. Critically examine the current overlap in the RFT and ACT literatures
2. Analyze ACT-consistent therapeutic techniques from an RFT perspective
3. Develop research protocols to examine relational framing in ACT component analog studies and/or treatment outcome studies

20. CONTEXTUAL PSYCHIATRY

Panel Discussion (90 min., 3:00-4:15)

xxx

RAINER F. SONNTAG, Private Practice

CYNTHIA CUSHMAN, Private Practice

Target Audience: Clinicians at all levels

ACT is useful for many professional specialties within the mental health field. This panel will discuss ACT from the perspective of psychiatrists. We plan to exchange ideas that range from the concrete to the transcendent, including: the ACT-consistent use of psychotropic medication; how to interface with neurobiological models of disease; and how to be ACT-consistent when called upon to provide services in which the interests of clients and society may collide--and which typically require rigid verbal evaluations based on scant evidence--such as assessments of a patient’s disability, capacity to make decisions, or need for involuntary treatment. Further, we will explore whether ACT may take the place of the biopsychosocial model, or may bring it to new life with more precision and depth, and how psychological flexibility may enrich our capacity for communication and connection across arbitrarily-defined professional roles--at work, within this Association and the mental health field, and in society at large. Participants are also welcome to contribute their own topics that will be discussed as space allows.

Educational Objectives:

1. Participants will learn how ACT oriented therapists and psychiatrists can work together
2. How medications can be consistent with an ACT orientation
3. How ACT oriented psychiatrists approach treatment

Wednesday Plenary 4: 30-6:00pm

21. ACT AND TRADITIONAL CBT: WHAT IS THE DIFFERENCE AND WHAT DOES IT MATTER?

Main Ballroom

STEVEN C. HAYES, University of Nevada, Reno

JONATHAN BRICKER, University of Washington

STEFAN HOFFMAN, Boston University

RAY DIGUISEPPI, St. John’s University

Target Audience: All

ACT is part of the CBT tradition writ large, but its similarities and differences from traditional CBT has come under increasing scrutiny as it becomes more popular. In this session, experts in ACT and traditional CBT will consider these issues and will engage in an informed and vigorous dialogue among the panel and with the audience.

Educational Objectives:

1. To learn the elements of an ACT / RFT model and a traditional CBT model
2. To learn the research strategies being followed in contextual behavioral science and traditional CBT
3. To apply these concepts to the similarities and differences between an ACT / RFT model and a traditional CBT model

Wednesday Night Social/ Poster Session (Hilton)

8:00-11:00pm

Thursday Morning 6:00-8:00am (Hilton)

22. YOGA AND ACT: USING YOGA TO EXPLORE THE THERAPEUTIC PROCESSES OF ACCEPTANCE AND COMMITMENT THERAPY

Workshop (6:00-8:00)

Room: Hilton TBA

SCOTT CORNELIUS, Northampton Veterans Affairs Medical Center, Leeds, MA

Target Audience: All

At once a vehicle for mental, physical, and spiritual transformation, yoga can be a powerful nonverbal medium for exploring the processes that contribute to the ACT model of psychological flexibility. The inpatient program for combat-related PTSD at the Northampton Veterans Affairs Medical Center has begun to experiment with yoga as a supplementary practice to ACT-based group therapy. Yoga in this context is used as a training tool to assist veterans in getting a “feel” for many of the concepts addressed in ACT. Veterans are brought into contact with the present moment as they learn to mindfully attend to breath and bodily sensations. They are encouraged to “simply notice” as the physical and mental barriers begin to arise in yoga practice, and to keep an eye out for the tendency to “look away” from uncomfortable sensations. Such experiences allow them to explore willingness and acceptance, and to become more adept at recognizing the subtle (and not so subtle) signs of misapplied control and avoidance. As they explore basic balancing poses, they learn to distinguish willingness from willfulness and to recognize the costs of excessive mental effort. As they move into basic backbends and inversions that literally turn their world upside down, they are

provided opportunities to playfully experience a self as context.

Participants in this workshop will learn how to use yoga as a tool for exploring key ACT concepts. They are encouraged to come prepared to participate in a basic power vinyasa yoga class (1 hour). Please dress warmly in layered, loose fitting clothing and bring a yoga mat if you have one. Please also note that I am not a certified yoga instructor and can therefore provide only the most basic introduction to this practice. No prior yoga experience is required.

Educational Objectives:

1. Learn some basic yoga postures that can be used to help clients explore key ACT processes.
2. Learn how yoga can be used to supplement the ACT-based inpatient treatment of PTSD.
3. Get a taste for yoga and learn about resources that are available at minimal or no cost that can help you begin your own practice.

Thursday Morning 9:00-12:pm

23. A PRACTICAL CLINICIANS GUIDE TO STIMULUS CONTROL

Workshop

XXX

KELLY G. WILSON, University of Mississippi

KATE KELLUM, University of Mississippi

Target Audience: Beginner to Advanced

ACT is the application of basic behavioral principles. Unfortunately, basic behavioral principles are seldom taught in a way that is well connected with clinical concerns. This workshop will focus on some core principles in behavior analysis. These ideas will in turn be examined in the context of a rich array of clinical examples. If you find yourself getting stuck with certain clients or with particular ACT interventions, the distinctions we will learn will help you get unstuck. Being able to distinguish certain classes of responding can provide the key to knowing when to do values and commitment work and when to switch to acceptance, defusion, and present moment focused work. The key to successful navigation of such transitions can be found in distinguishing and responding appropriately to a relatively small set of relatively simple behavioral principles.

Educational Objectives:

1. To distinguish patterns of responding that are relatively insensitive to most aspects of context;
2. To distinguish patterns of responding that have great sensitivity to context;
3. Most importantly, you will learn interventions appropriate to each of these patterns of responding.

24. ACT WITH COUPLES

Workshop

XXX

RUSS HARRIS, Private Practice, Australia

Target Audience: ACT therapists (Intermediate and Advanced)

I originally presented this workshop at the Australia ACT Conference, 2007, where it was well-attended and well-received. ACT is very effective with relationship issues. (I base this statement not just on my own clinical experience, but on that of anecdotal evidence from numerous other therapists I have trained). This workshop looks at how we can simply and effectively apply the ACT model in relationship issues – whether one or both partners attend sessions! The workshop is both didactic and experiential. Experiential components focus on compassion, acceptance and forgiveness of a partner. Attendees will also get the opportunity to practice some simple exercises in pairs, to learn some useful defusion techniques for couples.

Educational Objectives:

1. Learn a simple model for applying ACT to relationship issues
2. Learn to adapt classic ACT exercises to couples
3. Learn a simple technique for developing compassion

25. USING ACT TO ADDRESS WEIGHT LOSS AND OBESITY-RELATED STIGMA

Workshop

XXX

JASON LILLIS, Stanford University School of Medicine, VA Palo Alto Health Care System

Target Audience: Beginner to Intermediate, Clinicians and Researchers

Obesity is a major public health problem. Technologies exist for reducing weight, but typically weight is gained back. Two key areas have received little attention in terms of technology development: stigma, and emotional-coping. ACT is well situated to address these concerns. Results of a RCT (n=84) comparing ACT to treatment-as-usual (TAU) will be presented in this workshop. In addition, the protocol will be described, and several techniques will be trained. This ACT protocol was shown to be effective over TAU for reducing BMI, blood pressure, and stigma, as well as increasing exercise, quality of life, general health, while moving relevant mediators of interest (e.g. decreasing experiential avoidance. In addition, several resources, including new measures relevant to ACT and obesity research, will be reviewed and shared with participants.

Educational Objectives:

1. Learn about an ACT model of overeating.
2. Learn about, and build skills for using, an ACT protocol for weight loss that has empirical support.

3. Learn about the results of a clinical trial (n=84) using ACT to promote weight loss, decreased stigma, and increased quality of life.

26. "MS. AMY, I AM ABOUT TO KICK YOUR RUMP!"

ACT IN EDUCATIONAL SETTINGS

Workshop

XXX

LESLIE J. ROGERS, University of Mississippi & Southern Mississippi Psychology Consortium

AMY R. MURRELL, University of North Texas

Target Audience: Intro to Advanced

Successfully implementing ACT into educational settings can be a challenging and daunting task for clinicians and consultants. Consultants and clinicians often face a host of difficulties at both individual and systemic levels. This workshop will focus on teaching clinicians to navigate these obstacles and create ACT consistent educational environments. Participants will learn the following: 1) how to utilize various ACT strategies in working with educators, parents, and adolescents to address problematic behavioral and emotional difficulties presented by children in schools and 2) how to create an ACT consistent educational curriculum.

Educational Objectives:

1. Conductance of an ACT-consistent functional assessment
2. Improved communication with teachers, and non-mental health professionals in developing educational curriculum.
3. Improved development and implementation of ACT consistent behavior modification plans

27. WATCH AND PRACTICE: PRACTICAL TRAINING IN ACT STRATEGIES AND TECHNIQUES

Workshop

XXX

JOANNE DAHL, Department of Psychology at the University of Uppsala, Sweden

NIKLAS TORNEKE, Private Practice, Sweden

Target Audience: Intermediate. Participants should have a basic understanding of ACT and have experience of implementing ACT in clinical work.

This workshop will build on role-plays. The workshop leaders will demonstrate different aspects of ACT in role-playing before the participants and the participants will practice themselves in smaller groups. The work will circulate between work in the whole group and work in smaller groups. Feedback and discussions on different ways to handle clinical situations will be included but formal teaching will be kept to a minimum, except for a short introduction. *Important: Each participant should bring a clinical case with them to work on!* There will be no need to formally present the case but the participant should know the case well enough to role-play the client in a small group of 3-5 persons.

There is place for a maximum of 30 participants

Educational Objectives:

1. Learn how to do a functional analysis from an ACT perspective
2. Learn how different ACT techniques relate to one another
3. Learn how to bring metaphors and experiential exercises into the flow of therapy

28. RFT MADE SIMPLE

Workshop

XXX

CHAD E. DRAKE, Togus VA

JEROLD HAMBRIGHT, Togus VA

RAINER F. SONNTAG, Private Practice

Target Audience: Beginners/Clinicians

Are you a burgeoning ACT therapist who is curious about Relational Frame Theory? Has ACT been your first foray into the odd world of behavior analysis? Ever wonder why ACT know-it-alls say inexplicable things about theory and philosophy? Would you like to know what in the world they are talking about?

If so, then you may find this mostly didactic workshop useful. Although the subject matter may seem daunting, an organizing theme that synthesizes processes of learning can potentially provide a broad yet concise understanding of contemporary behavior analysis. The presentation will begin with basic respondent behavior, progress to classical and operant conditioning, and culminate in relational conditioning processes. Mutual entailment, combinatorial entailment, and the transformation of stimulus function will be included in the discussion. These processes will be organized with a simple model, and their clinical relevance will be highlighted with examples throughout. Additionally, this model will offer a functional and contextual view of the three "waves" of behavior therapy that may illuminate some of the differences (as well as issues of contention) between different therapeutic approaches. The workshop will be structured so that the audience receives a comprehensive view of the subject matter at a level appropriate for those who are unfamiliar with behavioral principles.

Educational Objectives:

1. To illustrate the relationship between functional contextualism and the RFT view of learning.
2. To provide a general understanding of respondent, operant, and relational conditioning processes.
3. To describe the strategies underlying each "wave" of behavior therapy from a contemporary behavior analytic perspective.

29. THEY'VE FRAMED ME: RFT, THE SELF & LANGUAGE TRAPS

Workshop

XXX

CARMEN LUCIANO, University of Almeria

JENNIFER BOULANGER, University of Nevada, Reno

IAN STEWART, National University of Ireland, Galway

Target Audience: Beginner and Intermediate / Clinicians

The self is a key concept within Acceptance Commitment Therapy as well as psychology more broadly. Relational Frame Theory defines the self in terms of responding verbally to one's own behavior, and over the last decade RFT/ACT research has empirically examined several concepts related to the self including verbal self-discrimination, perspective-taking and self-rules. The current workshop will outline the RFT/ACT approach to self and related topics; describe developmental and clinical empirical research that has explored these concepts; discuss self-issues in therapy, drawing on RFT conceptualizations and with particular reference to the idea of how language 'traps' can give rise to psychopathology; and provide for experiential exploration of aspects of self.

Educational Objectives:

1. Understand the RFT conceptualization of self
2. Be able to list and describe key RFT studies on the self & perspective taking
3. Become knowledgeable about the nature of 'language traps'
4. Doing experiential tasks to promote the self-as-context

Thursday Lunch 12:00-1:15pm

Thursday Afternoon 1:15-4:15pm

30. TRANSFORMING ANXIOUS SUFFERING INTO A MORE VITAL LIFE USING ACCEPTANCE AND COMMITMENT THERAPY

Workshop

XXX

JOHN P. FORSYTH, University at Albany, SUNY

Target Audience: Beginner/ Clinicians

This introductory workshop will cover the practical application of Acceptance and Commitment Therapy (ACT, said as one word) for persons suffering from any of the major anxiety disorders and related concerns (e.g., anger, depression). Within the ACT model, anxiety and fear are not problems because of their form, frequency, or intensity. Rather, anxiety disorders are thought to result from the excessive and inflexible application of thought and emotion regulation strategies (control, suppression, avoidance, escape) where they are unnecessary, don't work in the long-run, and get in the way of activities that clients care deeply about. ACT, therefore, is about undermining the emotion regulation agenda itself via strategies (e.g., mindfulness, defusion) that foster greater experiential and psychological flexibility. In

short, ACT teaches clients how to be with their hurts and do what works – to live well, richly, and meaningfully, without first having to defeat anxiety and other sources of emotional and psychological pain.

ACT is a process-guided approach to psychological suffering and its alleviation, not a set of intervention technologies matched to specific DSM disorders. Thus, introductory workshop will build on the ACT case conceptualization model and illustrate its practical application with an eye on processes that feed and maintain all the major anxiety disorders. The workshop will include a mix of didactic and experiential activities. ACT experiential exercises (e.g., acceptance, mindfulness, defusion) and value-guided change strategies will be demonstrated and participants will have opportunities to try them out in dyads and small groups. Participants will be encouraged (but never forced) to engage the material at a personal level, meaning as it applies to their own lives, and then also in the context of their clinical work. Clinical worksheets and other practical tools will be provided.

Educational Objectives:

1. How to target experiential avoidance and make valued living the explicit treatment targets;
2. How to frame and conduct exposure-based strategies in a context of mindful acceptance and valued living using experiential exercises, metaphors, and defusion techniques; and
3. Strategies to help clients move in the direction of their chosen values and life goals.

31. ACT-GUIDED OUTPATIENT TREATMENT FOR VETERANS WITH PTSD

Workshop (90 min., 1:15-2:45)

XXX

SUSHMA ROBERTS, VA Maryland Health Care System & University of Maryland School of Medicine, Baltimore, MD

SONJA BATTEN, VA Maryland Health Care System & University of Maryland School of Medicine, Baltimore, MD

Target Audience: Individuals with at least an Intermediate understanding of ACT. Clinicians and Trainees working with a veteran PTSD population.

The current, well-established treatments for posttraumatic stress disorder (PTSD) have demonstrated strong efficacy with civilian PTSD populations. However, additional research is needed to determine successful treatments for military veterans with PTSD, as treatment efficacy is often diminished in veterans. This workshop will describe one approach that incorporates ACT components into an outpatient treatment program for veterans with PTSD that also includes more traditional CBT treatment approaches (e.g., Seeking Safety, DBT, Stress Inoculation Therapy). In this program, we

begin with a focus on creative hopelessness and values before diving into a skills-based approach. In order to facilitate skill application and generalization, we focus treatment on the individual's values and behaviors to which they can commit in order to improve their lives, not simply reduce symptoms. A significant focus of the workshop will be on modifications to exposure therapy that are made, in order to change the focus of treatment from habituation of fear reactions to increased behavioral flexibility, even in the presence of trauma triggers and re-experiencing symptoms. We will discuss specific ways to adapt ACT principles to address the issues particular to this client group. The presentation will include metaphors that are particularly relevant to a veteran population. Attendees will be given the opportunity to address concerns they have encountered in working with veterans with PTSD.

Educational Objectives:

1. Discuss the limitations of traditional treatment approaches for the treatment of PTSD in a veteran population.
2. Discuss the theoretical basis for using ACT in the treatment of military PTSD.
3. Describe specific adaptations of traditional ACT components to target the treatment needs of military veterans.

32. ACT SELF-HELP RESEARCH: INTERNATIONAL LAB MEETING

Panel Discussion/Workshop Hybrid

XXX

STEVEN C. HAYES, University of Nevada, Reno
TAMI LAZZARONE, University of Nevada, Reno
KATIE BAUMRUCK, University of Nevada, Reno
TAKASHI MUTO, University of Nevada, Reno
ROGER VILARDAGA, University of Nevada, Reno
JENNIFER BOULANGER, University of Nevada, Reno
ADITI VIJAY, University of Nevada, Reno
VICTORIA FOLLETTE, University of Nevada, Reno
JACQUE PISTORELLO, University of Nevada, Reno
MICHAEL LEVIN, University of Nevada, Reno
DOUGLAS M. LONG, University of Nevada, Reno
TOBIAS LUNDGREN, University of Uppsala, Sweden
JOANNE DAHL, University of Uppsala, Sweden
JONATHAN SCHMALZ, University of North Texas
AMY MURRELL, University of North Texas
CHELSEA KUBIAK, University of North Texas
RYAN MITCHELL, University of North Texas
KEVIN POLK, VA Togus, Maine / Private Practice

Target audience: Clinicians, Authors, Researchers of All Levels

The purposes of this gathering are: to share data and methods from completed research projects as well as some in progress; to provide a venue for those with piloting or upcoming projects to present ideas and get feedback from other researchers, authors, and clinicians; to provide a venue for authors, clinicians, and visionaries to express desires about research questions and methods.

Completed as well as in-progress effectiveness research of the following ACT self-help books will be presented:

- Get Out of Your Mind & Into Your Life, by Steven C. Hayes
- Japanese translation of Hayes' Get Out of Your Mind & Into Your Life, by Takashi Muto and Colleagues
- Finding Life After Trauma, by Victoria Follette and Jacqueline Pistorello
- Living Beyond Your Pain, by Tobias Lundgren and JoAnne Dahl
- Act on Life Not on Anger, by Georg H. Eifert, Matthew McKay, & John P. Forsyth

Work discussed concerning books above will include:

- *The Effectiveness of an ACT Self-Help Manual: Get Out of Your Mind & Into Your Life*, An RCT with 236 participants in a non-clinical sample, analyses of processes and outcomes. Tami Lazzarone, Steven C. Hayes, Ph.D.
- *Single-Item Predictors of Change with ACT Self-Help*: This is an analysis of relationships between selected single-item quiz responses and outcomes with Get Out of Your Mind and Into Your Life as part of the above study. Katie Baumruck
- *The Effectiveness of the Japanese-Translated Get Out of Your Mind & Into Your Life, the Bibliotherapy Self-help Version of Acceptance & Commitment Therapy, in Preventing Some Psychological Symptoms and Enhancing General Health and Life Quality for Japanese People Living Abroad*, (in progress): An RCT with process and outcome measures collecting between-groups and within-subjects data involving Japanese students studying in the U.S. Takashi Muto, Ph.D., Steven C. Hayes, Ph.D., Tami Lazzarone, Roger Vilaradaga, Jennifer Boulanger
- A Yet Untitled RCT with 150 chronic pain participants testing the effectiveness of Living Beyond Your Pain. In-progress studies being conducted by Tobias Lundgren & JoAnne Dahl, Ph.D. in both Sweden and New Zealand with Living Beyond Your Pain and Get Out of Your Mind & Into Your Life.
- *Examination of Acceptance and Commitment Therapy Self-Help Books: Assessing Approachability and Workability*, Some in-depth case-study work by Jonathan E. Schmalz, Chelsea R. Kubiak, P. R. Mitchell, & Amy R. Murrell, Ph.D.
- *Use of Finding Life After Trauma*, by Follette & Pistorello, in a *Group of Women Survivors of Interpersonal Violence*: A pilot study involving evaluation of trauma symptoms, satisfaction avoidance and values. Aditi Vijay, Victoria Follette, Ph.D., Jacqueline Pistorello, Ph.D.,
- *ACT versus CT self-help: Comparing Outcomes, Models and Processes of Change in*

Bibliotherapy: (Proposed Project) Steven C Hayes, Ph.D., Tami Lazzarone, Douglas M. Long, Michael Levin

Panel members will contribute to the discussion from their self-help relevant perspectives:

- Steven Hayes: perspective of ACT Self-help Author & Researcher, Proponent of Building a Progressive Psychological Science More Adequate to the Human Condition
- Tobias Lundgren: perspective of ACT and Self-help Researcher, Clinician, Trainer
- Kevin Polk: perspective of ACT clinician, Trainer, Progressing Self-help Author

Educational Objectives:

1. Learn what others are learning from ACT self-help research so far
2. Understand the unique concerns and advantages of self-help research
3. Find out how one may contribute to the work in this area.

33. MAKING THE MOST OF THE THERAPEUTIC RELATIONSHIP IN ACCEPTANCE AND COMMITMENT THERAPY Workshop

XXX

GLENN M. CALLAGHAN, San José State University, California, USA

JENNIFER A. GREGG, San José State University, California, USA

Target Audience: All Levels of Therapist Skill

Psychotherapists from a variety of paradigms regard the therapeutic relationship as fundamental in effecting clinical change. ACT continues to create innovative behavioral change using a variety of contemporary behavioral and contextual strategies. One such area of change lies with ameliorating the deficits clients have in interpersonal functioning. This workshop will introduce attendees to principles of interpersonal behavioral change associated with both ACT and Functional Analytic Psychotherapy (FAP). The workshop will seek to provide basic skills to utilize the therapeutic relationship to more effectively and efficiently bring about clinical change in clients with long standing challenges with interpersonal relationships (i.e., personality disorders, dysthymia, etc.). These interpersonal strategies focus on maintaining an acceptance and mindfulness based approach to therapy while also having the therapist contingently respond to client problem and improved behaviors in-session. This focus within ACT sessions will be discussed with an emphasis on the application in the therapists' treatment with their clients. Workshop attendees will learn the basics of conducting brief contextual analyses of client behaviors, targeting those for change, and shaping more effective client interpersonal behaviors during session. Responding effectively to problem behaviors in-session (especially during difficult moments of therapy) in the context of ACT will be highlighted in

the workshop. Workshop attendees will participate in experiential exercises and role plays of client problems and improvements to practice the skills being developed. The workshop will conclude with a discussion of supervision issues related to each clinician's interpersonal therapy skills development as well as current strategies and research on assessing client behaviors idiographically using a flexible assessment template.

Educational Objectives:

1. Develop an understanding of the role of interpersonal relationships in delivering ACT
2. Learn about the fundamental role of assessment in identifying client interpersonal problems while doing ACT
3. Learn and practice responding in-session to client interpersonal problems and improvements in the context of doing ACT

34. SEX AND INTIMACY: AVOIDANCE AND CONFLICTING VALUES IN RELATIONSHIPS

WHY IS IT SO HARD TO BE ALONE AND EVEN HARDER TO BE TOGETHER?

Workshop (90 min., 1:15-2:45)

XXX

AAD VAN LEEUWEN, Private Practice
ANDO ROKX, GNET, The Netherlands
Target Audience: All

For most of us and our clients intimate relationships are at the core of what we value in our lives. Relationships seem to be related to physical and mental health, quality of life and even survival. Nevertheless intimate relationships seem to be hard to get and even harder to keep. Divorce rates in the US and in Europe are around 50 % and even higher for second or third marriages. Adultery rates are on a conservative guess 30 %, but in some studies numbers up to 75% are found. Relationships are a major source of emotional pain and suffering even (or maybe, in some cases, especially) if they don't end up in divorce. It's difficult to balance the need for security, intimacy and dependency versus the need for self-development, passionate love, sex, autonomy and honesty.

In this workshop we want to linger around these questions. Who are the people who once were so close in your life that it felt they were the one and only you cared for, and where did you lose them? How do you feel about your present relationship, what do you value, and what do you avoid? Where is the longing part, where is the missing part? What have become your solution(s) to 'make things work' and what is the price you pay for that? How do sex and intimacy influence each other? What is your story about your partner(s) and your relationship and how does that story relate to the life you value?

Educational Objectives:

1. Getting some understanding of the role of avoidance and conflicting values in intimate relationships.
2. Understanding how 'solutions' (i.e. denial, justification, understanding, creating distance or leading a double life) might create the actual problems.
3. Finding a way to get stuck relationships back on the move again. Partners are caught in their story, that might serve multiple purposes, but stands in the way of getting what they really are longing for.

35. ACCEPTANCE BASED DBT FOR EMOTION REGULATION
Workshop (90 min., 1:15-2:45)

XXX

SANDRA GEORGESCU, Chicago School of Professional Psychology
PAUL HOLMES, Emotion Management Program, LLC
Target Audience: Intermediate/Clinician; Applied with some theoretical content

This workshop will focus on presenting a modified version of DBT which emphasizes acceptance based strategies in the area of private experience (p.e.) (e.g. thoughts, feelings, urges). While recognizing that DBT includes many acceptance based interventions throughout, more recent data on thought/emotion suppression indicates that the use of cognitive restructuring interventions may further exacerbate distress and add to/prolong emotional dysregulation. In light of these findings and the incompatibility between mindfulness and cognitive restructuring approaches, we will present an acceptance based model of DBT that is theoretically grounded Relational Frame Theory, and replaces change oriented strategies towards private experience with more ACT consistent interventions including defusion, contact with the present moment, acceptance and self as context.

In addition, this workshop will also introduce values work in DBT as a natural extension of the DBT commitment to developing a "life worth living." We will explore how values work may fit into the existing format (individual hierarchy & skill training content areas) and begin to anchor change strategies in the service of personalized and specific values that contribute to one's definition of "a life worth living".

The workshop will include a demonstration of an actual DBT skills training group to provide participants with an opportunity to interact with the revised DBT handouts (provided) in an applied manner. Time will be allotted for case examples and consultation instead of the typical diary card review and questions will be addressed throughout.

Educational Objectives:

1. Participants will be introduced to the dialectical dilemma created with the inclusion of both change oriented and acceptance

oriented strategies as compatible approaches to troubling private experience. Participants will then be provided with a rationale and methodology for the proposed changes.

2. Participants will review areas within DBT that originally included cognitive control strategies (individual work & group). An alternative approach will be presented showing how RFT processes can pave the road for acceptance based interventions in the area of private experience.
3. Participants will begin to discriminate between cognitive control strategies and acceptance based strategies in their own work – examples will be encouraged from participants and provided by workshop leaders (if necessary)
4. Participants will learn about and begin to identify interventions (acceptance/defusion and values work) that further extend the application of DBT – what goes where & when?
5. Participants will begin to apply acceptance based interventions in the context of the existing DBT hierarchy through role plays and discussion of case material
6. Participants will discuss the potential consequences/implications of applying acceptance based interventions towards private experience within the context of DBT

36. SCALING ACT FOR ADOLESCENTS AND CHILDREN WITH CHRONIC PAIN

Workshop (90 min., 1:15-2:45)

XXX

RIKARD WICKSELL, Astrid Lindgren Children's Hospital, Karolinska University Hospital

Target Audience: Clinicians involved in behavioral medicine; clinicians new to act; clinicians experienced with ACT but not used to apply it to pediatric patients and parents

In developing a rehabilitation program for young people with chronic pain, we hypothesized that avoidance of pain-related stimuli was central to disability. Therefore, cognitive behavior therapy (CBT), and particularly exposure, was considered the core intervention. In Acceptance and Commitment Therapy (ACT), rather than focusing on alleviation of pain and distress by using control-oriented techniques, acceptance of negative private events is promoted to facilitate exposure towards activities that are meaningful although possibly painful. To date, there is a growing conceptual and empirical support for acceptance-based behavioral interventions for patients with chronic pain. In this workshop, a clinical model for pediatric chronic pain patients based on ACT and a behavioral medicine perspective on chronic pain will be described. Clinical difficulties and suggestions of how to handle these will be discussed, including how to incorporate parents in the treatment. Furthermore, data from a pilot study and a recently conducted randomized controlled trial will be

presented. In the RCT, the ACT model was compared with a multidisciplinary approach including amitriptylin for children and adolescents with chronic idiopathic pain.

Educational Objectives:

1. To highlight some age-appropriate adaptations with pediatric patients
2. To illustrate how ACT can be used in the work with parents
3. To present a clinical model for pediatric chronic pain patients

37. ADDICTION AND TRAUMA RECOVERY WITH ACCEPTANCE AND COMMITMENT THERAPY (ATRACT): A FOCUS ON HEALTH BEHAVIORS

Workshop (90 min., 3:00-4:15)

XXX

MELISSA DECKER, VA Maryland Health Care System
SONJA BATTEN, VA Maryland Health Care System

Target Audience: The primary target audience will be any clinician with an Intermediate level of experience working with ACT principles. It is targeted for individuals interested in treating patients with Posttraumatic Stress Disorder, Substance Use Disorders, and comorbid medical problems.

Multiple studies demonstrate a strong link between the incidence of cardiovascular disease and posttraumatic stress disorder; greater rates of fibromyalgia, diabetes, gastrointestinal disease, chronic fatigue syndrome and other diseases (Schnurr, 2004). Although studies are inconclusive on the factors that mediate the relationship between PTSD and medical conditions, it may be that heightened arousal and reactivity to stress can increase one's risk for a biological predisposition to chronic illness. Addiction and Trauma Recovery with Acceptance and Commitment Therapy (ATRACT) is a six-week manualized treatment that occurs as part of a residential Dual Diagnosis treatment unit for comorbid PTSD and substance use disorders. ATRACT addresses health behavior change in the service of increased health and quality of life. Clients are encouraged to choose a positive change toward health, typically choosing to reduce tobacco use, increase exercise, or practice sleep hygiene skills regularly. The ATRACT group is based on theoretical principles of Acceptance and Commitment Therapy (Hayes & Strosahl, 1999); chosen areas of behavior change are conceptualized within the framework of experiential avoidance. Disengagement from valued life activities is discussed as avoidance of discomfort regardless of the content. The group runs on a six-session cycle that addresses the core principles of Acceptance and Commitment Therapy in each group. Each 60-minute group was designed to function as a stand-alone group to accommodate rolling admissions onto the residential unit, addressing concepts of Creative Hopelessness, Willingness, Defusion, Values and Commitment to Action in each group. Following the workshop, attendees will have a working

knowledge of the conceptualization of health behaviors in trauma survivors from an ACT perspective, interventions used throughout the protocol, and specific exercises/metaphors unique to the ATRACT protocol.

Educational Objectives:

1. Conceptualize common health concerns within the context of Posttraumatic Stress Disorder from an ACT perspective.
2. Describe how standard approaches to lifestyle change differ from an ACT intervention.
3. Deliver one mindfulness exercise and one defusion exercise specific to health behaviors.

38. ACT AND PTSD (SEXUAL TRAUMA)

Workshop (90 min., 3:00-4:15)

XXX

MEGAN MCELHERAN, PGSP-Stanford Consortium;
ROBYN WALSER, Veterans Affairs Health Care, Palo Alto Division, National Center for Posttraumatic Stress Disorder
DARRAH WESTRUP, Veterans Affairs Health Care, Palo Alto Division, National Center for Posttraumatic Stress Disorder

Target Audience: Intermediate/Clinicians

Many individuals who have been diagnosed with PTSD struggle to regain their pre-trauma lives. For women who have experienced sexual trauma, the interpersonal nature of the trauma and difficulty in relationships following the trauma can present treatment challenges. These individuals have often lose their once held personal values to efforts to avoid traumatic memories, painful feelings and unwanted thoughts. This loss, plus the avoidance strategies themselves, can have a powerful negative impact on individuals diagnosed with PTSD. Acceptance and Commitment Therapy (ACT) is an intervention that targets avoidance by addressing problematic control strategies; and by promoting acceptance of internal experience through practices of willingness and being present in the current moment. This workshop will present an ACT protocol for work with female veterans diagnosed with PTSD, a patient population that reports high rates of military-related sexual trauma and other forms of sexual assault/abuse. A significant emphasis will be afforded experiential exercises and how to integrate such activities into work with this patient population. A component of this workshop will also address therapist's personal anxieties and concerns about working with this population whose chronic PTSD and interpersonal skill deficits makes them a challenging group with which to work.

Educational Objectives:

1. To educate providers about a specific ACT protocol for patients diagnosed with PTSD;

2. To increase provider awareness about intrapersonal/interpersonal issues arising in work with this population;
3. To educate providers about issues and problems when doing experiential exercises with victims of sexual trauma.

39. CREATING COMPASSIONATE INTENTIONS IN THERAPEUTIC SESSIONS

Workshop (90 min., 3:00-4:15)

XXX

M. JOANN WRIGHT, Family Counseling Center, A Division of Trinity Services
KIMBERLY SANDERS, Chicago School of Professional Psychology

Target Audience: All Clinicians

According to the Merriam-Webster Dictionary, compassion is defined as "sympathetic consciousness of others' distress together with a desire to alleviate it." This definition is in exact alignment with the mission of the field of psychology: to reduce human suffering. Still, many therapists view compassion as a desired, but not necessary component of the therapeutic process. The presenters hold that through the process of increasing compassionate behavior, the therapist is more likely to successfully reduce the suffering of his or her clients.

The presenters propose that compassion is a process that emerges from a series of behaviors during which the behaviors that reduce suffering in another person are reinforced. Therefore, in a psychotherapy session, compassionate behavior by the therapist would increase if reinforced by the client and clinically relevant gains, or be extinguished (i.e., "compassion burn-out") when not reinforced.

The proposed workshop endeavors to operationally define compassion as stated above, and teach techniques to the attendees that would tap into the therapists' ability to access compassion. About one hour of the workshop would be a PowerPoint presentation of the terminology, and the remainder of the session would be devoted to experiential exercises and Q&A.

Educational Objectives:

1. Learn a definition of compassion from a functional analysis of the semantics of compassion (this includes examples of compassion, commonalities that define compassionate events)
2. Learn the benefits of using compassion in therapy sessions (including the dictionary definition of compassion and how it relates to the mission statement of psychologists).
3. Learn techniques to maximize one's ability to access compassion for his or her client.

40. USING ACT GROUPS TO TREAT CHRONIC PAIN IN TORONTO

Workshop (90 min., 3:00-4:15)

XXX

KENNETH FUNG, University of Toronto

MATEUSZ ZUROWSKI, University of Toronto

Target Audience: Beginner - Intermediate; Clinicians and Researchers

We will describe the methodology and preliminary results from a pilot study using group ACT treatment for chronic pain patients in Toronto. As the study target population includes both 3rd generation Canadians and Chinese Canadians, cultural issues in the study will be highlighted, including translation issues and cultural meaning of experiential exercises. Clinical challenges we have experienced with both populations will be presented, with scenarios reenacted through role-plays to facilitate collaborative skill building.

Educational Objectives:

1. Learn to adapt ACT to group treatment for chronic pain clients
2. Become aware of challenges when working with chronic pain clients, and explore different approaches to address these challenges
3. Appreciate cultural issues when using ACT in a non-Western population

Thursday Plenary 4: 30-5:45pm

41. THE ROOTS OF COMPASSION

Main Ballroom

STEVEN C. HAYES, University of Nevada, Reno

Target Audience: All

Effective engagement with clients depends on compassion, but there are barriers to compassion hidden in the normal processes of the human mind. Human judgment is constantly constructing walls between ourselves and others which can only be dismantled when they are seen for the automatic processes they are. Learned rules and rigid habits of mind that prevent us from detecting opportunities for human connection and creativity have to be broken down so that new ways of being can emerge in their place. The enemies of compassion are built into human cognition itself, and are precisely parallel to the processes that restrict our clients' liberation. Though processes of acceptance, mindfulness, and psychological flexibility we can learn how to become more open and interconnected; and at the same time model, instigate, and support these processes in others.

In so doing we are learning to detect and undermine the objectification and dehumanization that underlies some of the most serious challenges we face as human beings. In an era in which hatred can threaten our ability to live safely on this planet, it is not too grand to think that compassion is more important than bullets to our safety. ACT and RFT experts have a responsibility and an opportunity to develop the

methods society needs to learn create a more compassionate world.

Educational Objectives:

1. To learn the process that are at the root of compassion
2. To learn the relation in and ACT model between stigma and self-stigma
3. To learn the evidence on the impact of ACT on stigma and self stigma

Thursday Night Follies (Hilton)

8:00-11:30pm

Friday Morning 9:00-12:00pm

42. APPLYING ACT CONCEPTS MOMENT TO MOMENT: FRAMEWORK AND CASE EXAMPLES

Workshop

Main Ballroom

STEVEN C. HAYES, University of Nevada, Reno

STEFAN HOFFMAN, Boston University

RAY DIGUISEPPI, St. John's University

Target Audience: Beginning to advanced ACT clinicians

ACT is a model, not just a technology. In this session we will examine how to apply an ACT model moment to moment in session. There are specific cues that indicate positive and negative ACT processes are occurring -- once we learn to read these ACT can be liberated to a degree from rigid manuals. In this session the model presented will be applied to a specific one hour session with an actual client, which will be presented in its entirety. The session will be followed by brief commentaries by two well known CBT clinicians and researchers and a dialogue on the similarities and differences between what was presented and a more traditional CBT approach.

Educational Objectives:

1. To learn the seven process that underlie an ACT model
2. To learn client cues that indicate presence or absence of these processes
3. To apply these concepts to the interpretation of an actual case

43. THE THERAPEUTIC RELATIONSHIP: USING ACT TO DO ACT

Workshop

xxx

ROBIN D. WALSER, National Center for PTSD & TL

Consultation Services

Target Audience: Intermediate, Clinicians

Measures of the therapeutic relationship have been shown to be some of the strongest correlates with positive outcome. However, understanding and describing the therapeutic relationship has proved

more elusive. In this workshop we will explore both the content and processes of the therapeutic relationship from an ACT stance. The focus will include a description of how the most basic part of the ACT therapeutic stance naturally flows from a therapist's application of the ACT model of language and human functioning to their own professional and personal life. We will address how therapists can flexibly adopt the basic ACT therapeutic stance, and work with the six ACT processes in regards to their own psychological experience in session. Experiential exercises will be included.

Educational Objectives:

1. Discuss the theoretical basis for the therapeutic relationship from an ACT perspective
2. Describe how six core processes apply to personal psychological experience in the session
3. Explore the application of ACT model to personal psychological experience

44. A PRACTICAL GUIDE TO ACT ADDICTIONS TREATMENT IN A 12-STEP WORLD

Workshop (90 min.; 9:00-10:30)

xxx

KELLY G. WILSON, University of Mississippi

Target Audience: Beginner to advanced

12-step sensibilities, originating in Alcoholics Anonymous, are often either loved or hated by providers of addictions treatment. Those speaking both for and against AA have given voice to everything from the vilest slander to the most absurd caricature of the opposing position. Fault lies on **both** sides of this argument, even though **both** sides want the same thing—better lives for addicted individuals. There is a way towards radical reconciliation that is entirely respectful of the AA tradition and to the sensibilities within ACT. Love it or hate it, in many countries, AA is a ubiquitous fact of life. Railing at that fact is about as effective as railing at gravity. Ignoring it is like ignoring gravity—do so at your peril. AA, at least in the USA, is an enormous, freely available resource. Everyone knows about it, but unfortunately, much of what is known is inaccurate, or so incomplete as to be functionally inaccurate. AA's intuitive embrace of acceptance, defusion, and to a practical approach to recovery are riches that ought not be passed up lightly. They are not for every client, but we can make utilization of those resources more or less available. In this workshop, I will describe the common ground that lies between ACT and AA and other 12-step approaches. Taken in the right way, AA can extend dramatically the context in which a client can be supported in the practice of ACT principles. I will provide very practical guidance on the use of AA as an adjunct to ACT addictions treatment.

Educational Objectives:

1. The nature of the division between 12-step and behavioral treatments
2. The potential for reconciliation between ACT and 12-step
3. Practical methods for integrating 12-step as a potential adjunct to ACT addictions treatment

45. BEYOND CATEGORICAL THINKING: USING THE HEXAFLEX FOR DIAGNOSIS, ASSESSMENT AND INTERVENTION Workshop

xxx

EMILY SANDOZ, University of Mississippi

JAMES YADAVAIA, University of Nevada Reno

REGAN SLATER, University of Mississippi

JENNIFER PLUMB, University of Nevada Reno

TAKASHI MUTO, University of Nevada Reno

Target Audience: xxx

This workshop will help clinicians become fluent with a functionally-driven diagnostic assessment tool based on the six ACT processes and its direct application to clinical work. Orienting to this form of assessment will help clinicians to move more fluidly and flexibly between assessment and intervention. Specifically, participants will gain experience examining the function of client behaviors in session and will practice mapping the interrelations between ACT processes. Further, we will practice applying useful coding systems in service of developing a continually evolving conceptualization of processes feeding client problems as well as strengths. This workshop will be interactive and experiential, and attendees are encouraged to bring client cases to discuss.

Educational Objectives:

1. To gain working knowledge of the ACT process and interrelations between ACT processes
2. To develop skills in the use of a functional assessment tool based on ACT processes
3. To develop competence in selecting interventions based on functional assessment in terms of ACT processes

46. APPRECIATING SUICIDALITY AND HOMICIDALITY: THE MINDFUL UNIT

Workshop

xxx

LESLIE J. ROGERS, University of Mississippi/Southern

Mississippi Psychology Consortium

FRAN MCMANUS, Pine Grove Behavioral Health Center

Target Audience: Beginner to advanced

A variety of difficulties are faced by clinicians and staff when attempting to interact and stabilize individuals who are hospitalized for suicidal and homicidal ideation. Obstacles faced by treatment staff range from short treatment stays, training deficits in support staff, difficulties addressing suicidal and homicidal verbal content, and the lack of empirically supported treatments to address suicidality and homicidality in the dually diagnosed. The present workshop will teach practitioners to utilize ACT and RFT to design

intensive interventions on client verbal content to treat individuals who are hospitalized for brief 3-5 day stays. Relevant data will also be discussed.

Educational Objectives:

1. How to design treatment groups and ACT consistent interventions with suicidal and homicidal ideation
2. How to train support staff in an acceptance and mindfulness based training curriculum
3. How to prepare individuals who are experiencing acute distress for a values consistent reintegration

47. PRACTICES AND PRINCIPLES OF ACT FOR OCD

Workshop (90 min., 9:00-10:30)

xxx

MICHAEL P. TWOHIG, Utah State University

Target Audience: Beginner or intermediate clinicians

This presentation will first outline common clinical presentations of OCD. Next, empirical work and the theoretical conceptualization of ACT for OCD will be offered. Finally, the presenter will work through a protocol for ACT for OCD with the participants using didactic, video, and experiential presentations. Participants will be welcome to pose clinical questions throughout the presentation.

Educational Objectives:

1. Increase familiarity of presentations of OCD
2. Learn how to conceptualize OCD from an ACT perspective
3. Learn how to treat OCD with ACT

48. ACT AS PART OF A HOLISTIC STRESS MANAGEMENT PROGRAM

Workshop (90 min., 9:00-10:30)

xxx

RICHARD BLONNA, William Paterson University

Target Audience: Clinicians & educators at all skill levels (especially PTSD specialists)

The Five R's of Coping Model (Blonna, 2007) is a holistic stress management model that has been used for over a decade to help thousands of students and clients across the country cope. The five R's, **R**eorganize, **R**elax, **R**elease, **R**ethink, and **R**educe, present five different levels of coping skills that work together in a synergistic fashion. **R**eorganize is based on creating healthy, hardy, more stress-resistant lifestyles. It revolves around practicing hardy health habits (daily exercise, healthy eating etc.) that provide the energy and resilience needed for coping with stress in a changing world. **R**elax is based on using proven relaxation strategies (meditation, mindfulness, diaphragmatic breathing etc.) to achieve a relaxed state that short-circuits the stress response through reciprocal inhibition. **R**elease uses physical activity and orgasm to dissipate stress-related tension in healthy ways instead of relying on alcohol, tobacco, or other drugs. **R**educe teaches clients how to find

their optimal level of stimulation (work, play, and other activities) without overloading their lives and transforming these stimuli into stressors. **R**ethink teaches clients how to defuse potential stressors by changing the way they think about them and learning how to accept the emotions associated with them. ACT can serve as the foundation of "rethinking" potential stressors as well as augment incorporating the other R's into a lifestyle approach to managing stress. As the foundation for rethinking, ACT helps clients defuse stressful thought patterns and start living the life they want. ACT can augment the other R's by helping clients set goals, learn new skills, and take action for managing their stress that is consistent with their values and lifestyles.

Educational Objectives:

1. Learn how ACT fits within a holistic model of stress and coping
2. To increase the effectiveness of ACT techniques by combining them with traditional (meditation, mindfulness etc.) relaxation skills and other coping strategies
3. To use specific ACT techniques to help clients manage their stress

49. ACT AND CULTURE

Workshop (90 min.; 10:45-12:00)

xxx

PRISCILLA ALMADA, San Jose State University

JOANNE DAHL, University of Uppsala

TOBIAS LUNDGREN, University of Uppsala

AKIHIKO MASUDA, George State University

KELLY WILSON, University of Mississippi

Target Audience: Beginner to advanced

Cultural knowledge allows for a thorough going functional analysis and taps into an individual's verbal community. The specific aim of the present panel will be to (a) briefly review the state of the evidence of ACT in regards to culture, (b) outline the theoretical and applied importance of culture and its influence on therapeutic outcomes, and (c) discuss areas for increased research.

Educational Objectives:

1. Understand the state of the evidence supporting the use of ACT with individuals from various cultural groups
2. Be able to utilize culture as an element of an individual's verbal community in conceptualizing clinical cases from an ACT perspective
3. Be able to identify top priority areas for future research in the area of expanding ACT interventions to better assess and account for cultural factors

50. TREATMENT OF TRICHOTILLOMANIA AND CHRONIC SKIN PICKING FROM A MODERN BEHAVIORAL PERSPECTIVE

Workshop (90 min., 10:45-12:00)

xxx

MICHAEL P. TWOHIG, Utah State University
DOUGLAS W. WOODS, University of Wisconsin-
Milwaukee
Target Audience: Beginner or intermediate clinicians

This presentation will first outline common clinical presentations of trichotillomania and chronic skin picking. Next, an empirically based conceptualization of trichotillomania and chronic skin picking will be offered that focuses on two motivating factors: focused and non-focused pulling and picking. Finally, the presenters will work through a protocol for trichotillomania and chronic skin picking that combines ACT as well as more traditional behavior therapy procedures. Participants will be welcome to pose clinical questions throughout the presentation.

Educational Objectives:

1. Increase familiarity with trichotillomania and chronic skin picking
2. Learn how to conceptualize cases of trichotillomania and chronic skin picking from a modern behavioral perspective
3. Learn how to treat trichotillomania and chronic skin picking using the combination of ACT and traditional behavior therapy

51. EXPERIENTIAL LEARNING: USING ACT ART THERAPY GROUPS WITH ADOLESCENTS EXPERIENCING DEPRESSIVE OR ANXIOUS SYMPTOMS

Workshop (90 min., 10:45-12:00)

xxx

LOUISE HAYES, University of Ballarat & Ballarat Health Services

JULIE ROWSE, Ballarat Health Services

Target Audience: Clinicians

This workshop will present experiential activities used within ACT art groups. A trial is underway of an eight week group program for depressed or anxious adolescents. The program uses art as a medium for experience, this facilitates the discovery of values, defusing distressing cognitions, creating acceptance, being in the present and identifying their observing self. Using art as an experiential medium is beneficial as it reduces fusion of language and is an effective defusing technique. The group concludes with clients committing to moving in the direction of their values. Despite adolescent participants being initially reluctant to partake in a group format, consistent feedback demonstrates that ACT techniques used in this experiential group program increased their experience of feeling understood and not being alone. Art therapy groups are a fun and exciting way of delivering ACT to adolescents. Trial groups have commenced and initial data is being gathered to analyse the effectiveness of such groups.

Educational Objectives:

1. Learn how art can be used as the experiential learning for ACT

2. To have an understanding of how ACT can be used with adolescents
3. Using the art materials provided, attendees will participate in an ACT activity using art

Friday Lunch 12:00-1:15pm

SIG Meetings

Xxx

TBA

Friday Afternoon 1:30-4:15pm

52. ACT-BASED CONTEXTUAL BEHAVIORAL SUPERVISION Workshop

xxx

SONJA BATTEN, VA Maryland Health Care System & University of Maryland School of Medicine

ROBYN D. WALSER, National Center for PTSD

Target Audience: Individuals with at least an intermediate understanding of ACT; Trainers, supervisors, future supervisors

Supervision in Acceptance and Commitment Therapy is vital to learning to competently use this treatment model. In order to be an effective supervisor in this model, a context for establishing willingness to experience is fundamental. The supervisor needs to both model willingness and promote such behavior in supervisees in a way that is tangible and transferable to therapy sessions. Thus, working with the supervisee on personal acceptance and commitment, while also pointing to the parallel processes for the client can be a powerful training tool. Strategies for providing quality supervision that is ACT-consistent and compassionate will be presented. This workshop will begin with a discussion of the importance of the expression of emotion in ACT-based supervision. Suggestions will be made for shaping the ability of therapists in training to willingly experience and express emotion, with clarification of appropriate supervisory boundaries. This didactic discussion will be followed by multiple role plays and experiential exercises in which attendees will practice different ways of responding to challenging content in a supervisory setting.

Educational Objectives:

1. Discuss the theoretical basis for including emotions in the psychotherapy supervision process
2. Describe how to focus on acceptance of emotion and thoughts, both within the supervisee's experience and the client's experience
3. Describe how to help supervisees assess the cost of avoidance as it relates to their own and to their clients' lives, as well as the process of psychotherapy

53. ACCEPTANCE IS NOT SURRENDER: APPLICATIONS OF ACT IN TREATING SUBSTANCE USE DISORDERS

Workshop

xxx

MICHAEL G. BRICKER, Yukon-Kuskokwim Health Corporation, Behavioral Health Division

Target Audience: Beginner or intermediate clinicians

To many clients – and some clinicians – ACT may seem like new and uncharted territory, thus complicating acceptance of the model. This workshop draws parallels between ACT and 2 other more widely recognized “best practices” – 12 Step Facilitation, and the Transtheoretical or “Stages of Change” model. Exploring these commonalities may help increase the usefulness of ACT for both clients and clinicians.

Educational Objectives:

1. Compare and contrast the theoretical bases of ACT, 12-Step treatment approaches and the Transtheoretical “Stages of Change” model
2. Identify 3 clinical interventions consistent with all three approaches
3. Take home reproducible handouts and a guided meditation on the 11th Step to use in their practice, if they so choose

54. SPIRITUAL REALITY

Workshop

xxx

HANK ROBB, Private Practice

Target Audience: Anyone interested in spiritual development

This presentation conceptualizes ACT principles and practices as a mode of spiritual development. Rather than the familiar spiritual dualism, this approach begins with the assumption that each human is one being living in one universe. It is consistent with statements from other spiritual traditions such as: “The Kingdom of the Father is spread upon the earth but people do not see it;” “This is the golden lotus world;” and “I and my beloved are one.” This workshop is less aimed at exploring if ACT principles can work inside existing spiritual traditions, but examining how they can serve as the foundation for its own monistic mode of spiritual development. This workshop will consider such issues as love, forgiveness and reconciliation. It will conceptualize “happiness” in terms of the relationship one holds to a world in which human beings have desires and find that only some of them are fulfilled rather than conceptualizing “happiness” as the fulfillment of desires. It will put forward a formula for human liberation and a formula for serenity in action.

Educational Objectives:

1. Identify the outlines of a monistic, pragmatically oriented approach to spiritual development

2. Identify a possible root metaphor for the approach
3. Consider ACT principles as a basis for spiritual development rather than an adjunct to it

55. OCD AND CASE FORMULATION IN ACCEPTANCE AND COMMITMENT THERAPY (ACT)

Workshop

xxx

MARTIN BROCK, Nottinghamshire Health Authority

Target Audience: Intermediate

Acceptance and Commitment Therapy (ACT) is a new model of behavioural treatment that emphasizes acceptance of internal experience while maintaining a focus on positive behaviour change. This approach is designed to address maladaptive avoidance of internal experiences associated with many problems in functioning while also focusing on making and keeping commitments. ACT uses a variety of verbal, experiential and homework techniques to help patients make experiential contact with previously avoided private events (thoughts, feelings, sensations), without excessive verbal involvement and control and to make powerful life enhancing choices.

Educational Objectives:

Participants will be able to understand the Core Activities of Case Formulation in ACT including:

1. Analysis of the scope and nature of the problem
2. Assessment of factors influencing clients' level of motivation for change
3. Analysis of the factors that detract from clients' psychological flexibility
4. Assessment of factors that are promoting Psychological Flexibility
5. Development of Treatment Goal and associated interventions

56. ACT IN THE TREATMENT OF PSYCHOSIS

Workshop (90 min.; 1:15-2:45)

xxx

PATRICIA BACH, Illinois Institute of Technology

Target Audience: Intermediate, Advanced Clinicians

This workshop will provide an overview of how to adapt ACT to work with clients with psychosis. Strategies include modifying the typical sequence of ACT interventions; case conceptualization using the hexaflex model; normalizing; simplifying metaphors and using physical metaphors and exercises. The workshop will also address common therapist and institutional challenges encountered in work with clients with psychosis, including mental illness stigma. The workshop will include demonstrations and group exercises and, as time permits, case questions and problem solving.

Educational Objectives:

1. Learn strategies for adapting ACT to clients with psychosis

2. Identify challenges in working with clients with psychosis
3. Explore the role of client and clinician stigma in work with clients with psychosis

57. APPLICATION OF ACT FOR THE OUTPATIENT

TREATMENT FOR SMI VETERANS

Workshop (90 min.; 1:15-2:45)

xxx

MIGUEL E. ROBERTS, VA Maryland Health Care System

ANDREW P. SANTANELLO, VA Maryland Health Care System

Target Audience: Individuals with at least an intermediate understanding of ACT; Clinicians and trainees working with a veteran SMI population

The treatment options for Serious Mental Illness (SMI, i.e., Schizophrenia, Bipolar disorder) include a number of empirically-supported treatments or programs. While current consensus treatment recommendations (i.e., PORT) for SMI promoting the use of comprehensive treatment and utilization of multiple treatment modalities, limited data are available on improving functional outcomes. This workshop will describe one approach that incorporates ACT components into an outpatient treatment program for veterans with SMI that also includes more traditional treatment approaches (e.g., Social Skills Training, psychoeducation). In this program, we emphasize creative hopelessness, acceptance, and values as a means of improving their lives, rather than symptom reduction. A significant focus of the workshop will be on challenges encountered in the delivery of ACT-based treatments to an SMI population. Clinicians', as well as veterans', reactions in the application of the treatment will be discussed. We will also discuss specific ways to adapt ACT principles to address the issues particular to this client group. The presentation will include metaphors that are particularly relevant to a veteran SMI population. Attendees will be given the opportunity to address concerns they have encountered in working with veterans with SMI.

Educational Objectives:

1. Discuss the limitations of current treatment approaches for the SMI in a veteran population
2. Discuss the theoretical basis for using ACT in the treatment of SMI
3. Describe specific adaptations of traditional ACT components to target the treatment needs of SMI veterans

58. ACT IN EARLY INTERVENTION FOR PSYCHOSIS

Workshop (90 min.; 3:00-4:15)

xxx

ERIC MORRIS, Lambeth Early Onset Services & the OASIS Service

JOSEPH OLIVER, South London & Maudsley NHS Foundation Trust/ Institute of Psychiatry

LOUISE JOHNS, xxx

MAJELLA BYRNE, xxx

ELLEN CRAIG, xxx

Target Audience: Clinicians working with seriously mentally ill clients and with people who may be at risk of psychosis

The stance of acceptance and committed action may allow for flexibility in response to persisting psychotic experiences, as has been suggested in ACT studies with the seriously mentally ill (Bach & Hayes, 2002; Gaudiano & Herbert, 2006). There is also the exciting potential for researching the impact of ACT in the early phase of psychosis - helping first episode clients to recover from psychosis through the development of a more mindful approach toward unusual experiences and critical appraisals, and committing to values-based actions. More specifically, the use of ACT may: [1] foster the development of a psychologically flexible stance toward anomalous experiences, [2] enable a "values-based" recovery, [3] reduce the impact of "fear of recurrence" of psychosis through development of mindfulness and self as context, [4] enable individuals to notice the process of self-stigmatisation, contexts where this operates as a barrier, and commit to valued directions in the face of these appraisals, and [5] improve relapse prevention plans through the use of mindfulness and committed action. We will describe a group program we have developed, as well as individual work with young people who have experienced a first episode of psychosis. In addition there will be a discussion about a pilot ACT/mindfulness group for people experiencing at risk mental states, who may be in the initial prodromal phase of psychosis.

Educational Objectives:

1. To learn the rationale for ACT/mindfulness interventions with clients experiencing a first episode of psychosis
2. To learn the theoretical background for using mindfulness interventions with young people who are at risk of psychosis
3. To build understanding for using ACT in groups and individually with young people who are experiencing psychotic symptoms

59. HEAT GROUP: ACCEPTANCE AND COMMITMENT THERAPY FOR POSTTRAUMATIC ANGER-RELATED PROBLEMS IN LIVING

Workshop (90 min.; 3:00-4:15)

xxx

ANDREW P. SANTANELLO, VA Maryland Health Care System

Target Audience: Clinicians; Some familiarity with ACT is recommended

Anger and aggression are two of the most widely reported and disruptive sequelae of traumatic experiences, especially among combat veterans. Many anger treatments focus on the "management" or control of the various experiences associated with anger such as physiological arousal, hostile attribution

bias, increased frequency of automatic thoughts, and aggressive behavior. Unfortunately, the link between trauma, anger, and aggression is not well understood and traditional anger management techniques may serve to reinforce unhelpful change and control agendas. Furthermore, many clients report that effortful control of the experience of anger leads to a viscous cycle of suppression followed by explosive anger episodes. Aiding clients to experience, rather than avoid, their anger and to increase their behavioral repertoire in the context of anger is an alternative strategy. In this workshop, participants will learn an Acceptance and Commitment Therapy (ACT)-based approach to working with posttraumatic anger related problems in living. The presenter will offer a functional contextual framework for working with anger, model specific anger interventions, and describe a unique ACT-based anger group (Honorably

Experiencing Anger and Threat Group, a.k.a. "HEAT" Group) being conducted in the Trauma Recovery Programs of the VA Maryland Health Care System. Participants will have the opportunity to participate in experiential exercises and role-plays to facilitate the acquisition of new skills for working with anger.

Educational Objectives:

1. Learn about an acceptance-based conceptualization of posttraumatic anger-related problems in living
2. Learn specific interventions for increasing behavioral and psychological flexibility in the context of anger
3. Learn about a unique adaptation of ACT (HEAT Group) for posttraumatic anger-related problems in living

Sponsors

ACT Summer Institute IV is possible with the support of our generous sponsors.

Illinois Institute of Technology

Nevada State Psychological Association

Context Press

New Harbinger Publications

Shambhala

Association for Contextual Behavioral Science (ACBS)

Special Thank You's

Thank you to our conference committee: xxx.

An extra special thanks goes out to our program committee: Patricia Bach, Steven C. Hayes, D. J. Moran, and Emily Neilan Rodrigues.

To all of our fabulous workshop leaders and all of you who continue to contribute year after year and make these conferences a joy to attend.