



Flexible Applications: Using ACT with  
 Healthcare Workers, Adolescents,  
 and the LGBTQ+ Community

Sanela Kalakovic, M.A.  
 Allie Mann, M.A.  
 Tabitha DiBacco, M.A.  
 Amy Naugle, Ph.D.  
 Louise Hayes, Ph.D.

1

## Symposium Overview

**Chair:** Amy Naugle, Ph.D.

1. Rebounding from Stress with Psychological Flexibility
  - Sanela Kalakovic, M.A.
2. Considerations for Using ACT with Sexual and Gender Minority Individuals
  - Allie Mann, M.A.
3. A Two-Session ACT Intervention with Healthcare Workers During the COVID-19 Pandemic
  - Tabitha DiBacco, M.A.

**Discussant:** Louise Hayes, Ph.D.

- Q&A Time



2

# Rebounding from Stress with Psychological Flexibility

Sanela Kalakovic, M.A., & Scott Gaynor, Ph.D.  
Western Michigan University, Clinical Psychology Program, Kalamazoo, MI

Contact Information: [sanela.kalakovic@wmich.edu](mailto:sanela.kalakovic@wmich.edu)



3

## Disclosures:

I have not received and will not receive any commercial support related to this presentation or the work presented in this presentation.



4



## Early Intervention for Stress

- Accumulation of stress over time has been linked to a number of chronic health effects<sup>1,2,3,4</sup>
- Outreach to younger populations may help reduce risk of chronic health effects

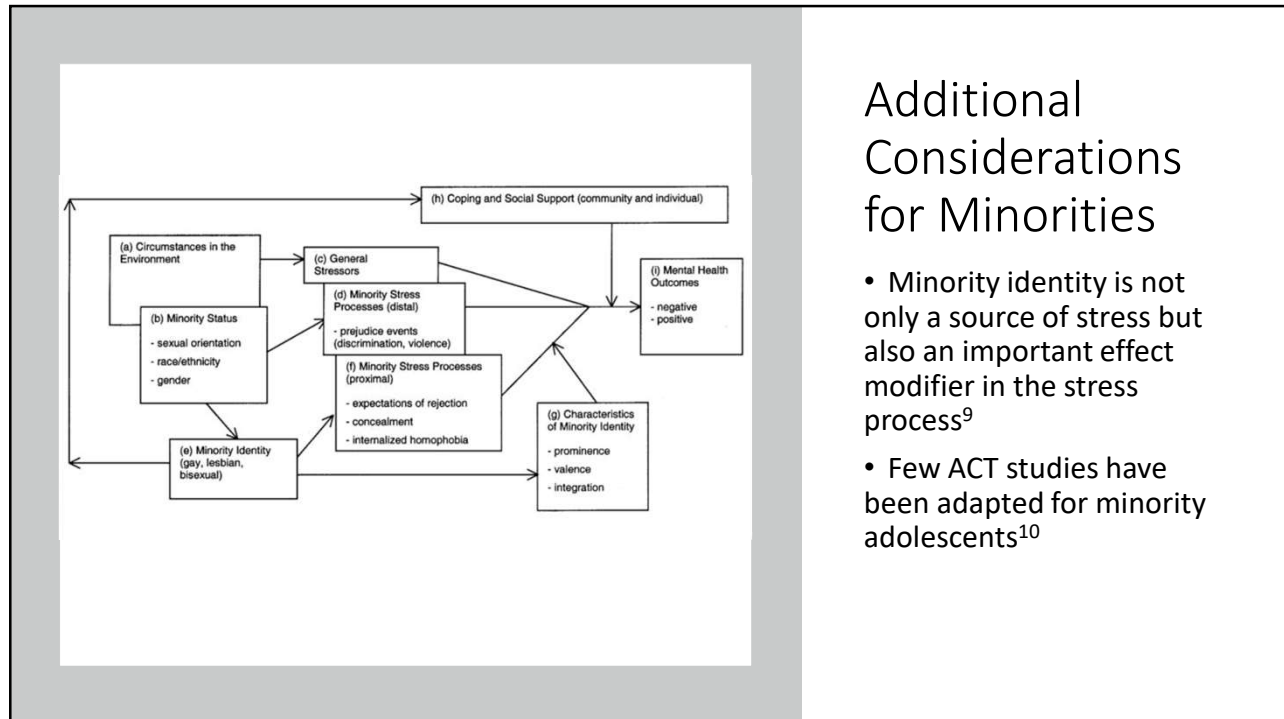
5



## ACT for Adolescents

- Stress levels in adolescents have been shown to be higher than the population at large<sup>5</sup>
- ACT has shown significant promise when used with adolescents<sup>6,7</sup>
- Few studies have examined effects of ACT on adolescent stress<sup>6,8</sup>

6



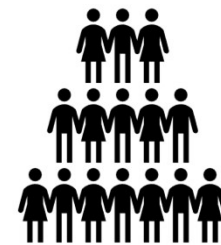
## Additional Considerations for Minorities

- Minority identity is not only a source of stress but also an important effect modifier in the stress process<sup>9</sup>
- Few ACT studies have been adapted for minority adolescents<sup>10</sup>

7

## Group Intervention

- Benefits include efficiency, learning from others, and building connections
  - Meaningful connections can reduce the stress-related increase in chronic health effects<sup>11</sup>
- Group ACT beneficial for chronic pain, substance abuse, and social phobias<sup>12,13,14</sup>
  - Lacking research for stress-management



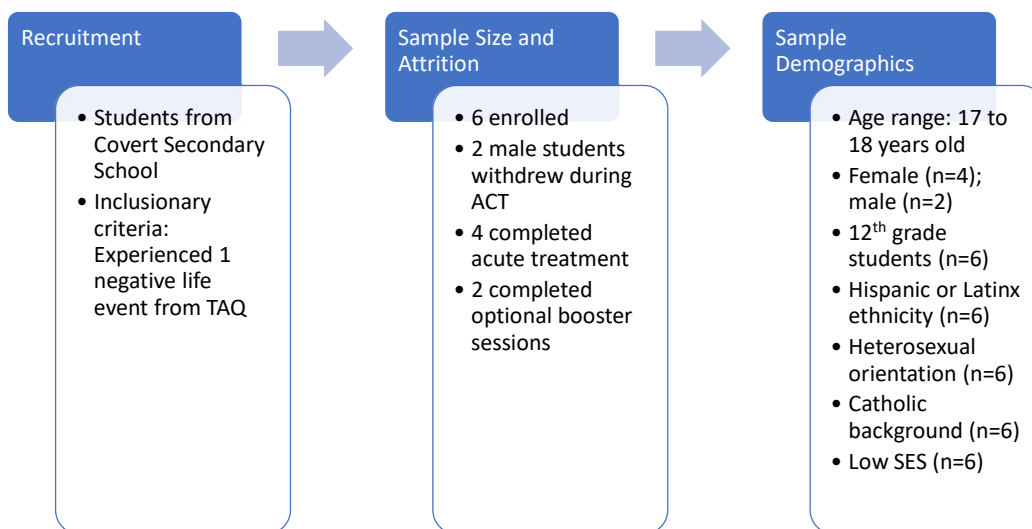
8

## Present Study

- Examined effectiveness of ACT for stress-management with an underrepresented adolescent population
- Key components:
  - Culturally responsive
  - Use of popular culture references
  - Group intervention

9

## Participants



10

Session	Goal
1. Individual meeting one	Brief assessment, informal interview, orientation
2. Introductions and group orientation	Orientation to ACT, group introductions, group rules
3. Contacting your cultural context, contacting your sense of self	Orientation to self-as-context
4. Contacting your cultural context, contacting your sense of self**	Review of self-as-context**
5. Contacting what matters, what is your why?	Orientation to values
6. Contacting what matters, engaging your why	Orientation to committed action
7. Contacting the present moment and doing your why	Orientation to present moment awareness
8. Contacting negative thoughts and doing your why	Orientation to cognitive defusion
9. Contacting negative feelings and doing your why	Orientation to acceptance
10. Full contact living	Review of sessions 3-9 and troubleshooting
11. Graduation	Maintenance planning
12. Individual meeting two	Brief assessment
13. Review of full contact living*	Booster session, review of sessions 3-9*
14. Individual meeting three*	Brief assessment*
* = optional session; ** = Start of COVID-19 lockdown	

11

Session	Goal
1. Individual meeting one	Brief assessment, informal interview, orientation
2. Introductions and group orientation	Orientation to ACT, group introductions, group rules
3. Contacting your cultural context, contacting your sense of self	Orientation to self-as-context
4. Contacting your cultural context, contacting your sense of self**	Review of self-as-context**
5. Contacting what matters, what is your why?	Orientation to values
6. Contacting what matters, engaging your why	Orientation to committed action
7. Contacting the present moment and doing your why	Orientation to present moment awareness
8. Contacting negative thoughts and doing your why	Orientation to cognitive defusion
9. Contacting negative feelings and doing your why	Orientation to acceptance
10. Full contact living	Review of sessions 3-9 and troubleshooting
11. Graduation	Maintenance planning
12. Individual meeting two	Brief assessment
13. Review of full contact living*	Booster session, review of sessions 3-9*
14. Individual meeting three*	Brief assessment*
* = optional session; ** = Start of COVID-19 lockdown	

12

Session	Goal
1. Individual meeting one	Brief assessment, informal interview, orientation
2. Introductions and group orientation	Orientation to ACT, group introductions, group rules
3. Contacting your cultural context, contacting your sense of self	Orientation to self-as-context
4. Contacting your cultural context, contacting your sense of self**	Review of self-as-context
5. Contacting what matters, what is your why?	Orientation to values
6. Contacting what matters, engaging your why	Orientation to committed action
7. Contacting the present moment and doing your why	Orientation to present moment awareness
8. Contacting negative thoughts and doing your why	Orientation to cognitive defusion
9. Contacting negative feelings and doing your why	Orientation to acceptance
10. Full contact living	Review of sessions 3-9 and troubleshooting
11. Graduation	Maintenance planning
12. Individual meeting two	Brief assessment
13. Review of full contacting living*	Booster session, review of sessions 3-9*
14. Individual meeting three*	Brief assessment*
* = optional session; ** = Start of COVID-19 lockdown	

13

Session	Goal
1. Individual meeting one	Brief assessment, informal interview, orientation
3. Contacting your cultural context, contacting your sense of self	Orientation to self-as-context
4. Contacting your cultural context, contacting your sense of self**	Review of self-as-context**
5. Contacting what matters, what is your why?	Orientation to values
6. Contacting what matters, engaging your why	Orientation to committed action
7. Contacting the present moment and doing your why	Orientation to present moment awareness
8. Contacting negative thoughts and doing your why	Orientation to cognitive defusion
9. Contacting negative feelings and doing your why	Orientation to acceptance
11. Graduation	Maintenance planning
12. Individual meeting two	Brief assessment
13. Review of full contacting living*	Booster session, review of sessions 3-9*
14. Individual meeting three*	Brief assessment*
* = optional session; ** = Start of COVID-19 lockdown	

14

Session	Goal
1. Individual meeting one	Brief assessment, informal interview, orientation
2. Introductions and group orientation	Orientation to ACT, group introductions, group rules
3. Contacting your cultural context, contacting your sense of self	Orientation to self-as-context
4. Contacting your cultural context, contacting your sense of self**	Review of self-as-context**
5. Contacting what matters, what is your why?	Orientation to values
6. Contacting what matters, engaging your why	Orientation to committed action
7. Contacting the present moment and doing your why	Orientation to present moment awareness
8. Contacting negative thoughts and doing your why	Orientation to cognitive defusion
9. Contacting negative feelings and doing your why	Orientation to acceptance
10. Full contact living	Review of sessions 3-9 and troubleshooting
11. Graduation	Maintenance planning
12. Individual meeting two	Brief assessment
13. Review of full contacting living*	Booster session, review of sessions 3-9*
14. Individual meeting three*	Brief assessment*

\* = optional session; \*\* = Start of COVID-19 lockdown

15

Session	Goal
1. Individual meeting one	Brief assessment, informal interview, orientation
2. Introductions and group orientation	Orientation to ACT, group introductions, group rules
3. Contacting your cultural context, contacting your sense of self	Orientation to self-as-context
4. Contacting your cultural context, contacting your sense of self**	Review of self-as-context**
5. Contacting what matters, what is your why?	Orientation to values
6. Contacting what matters, engaging your why	Orientation to committed action
7. Contacting the present moment and doing your why	Orientation to present moment awareness
8. Contacting negative thoughts and doing your why	Orientation to cognitive defusion
9. Contacting negative feelings and doing your why	Orientation to acceptance
10. Full contact living	Review of sessions 3-9 and troubleshooting
11. Graduation	Maintenance planning
12. Individual meeting two	Brief assessment
13. Review of full contacting living*	Booster session, review of sessions 3-9*
14. Individual meeting three*	Brief assessment*

\* = optional session; \*\* = Start of COVID-19 lockdown

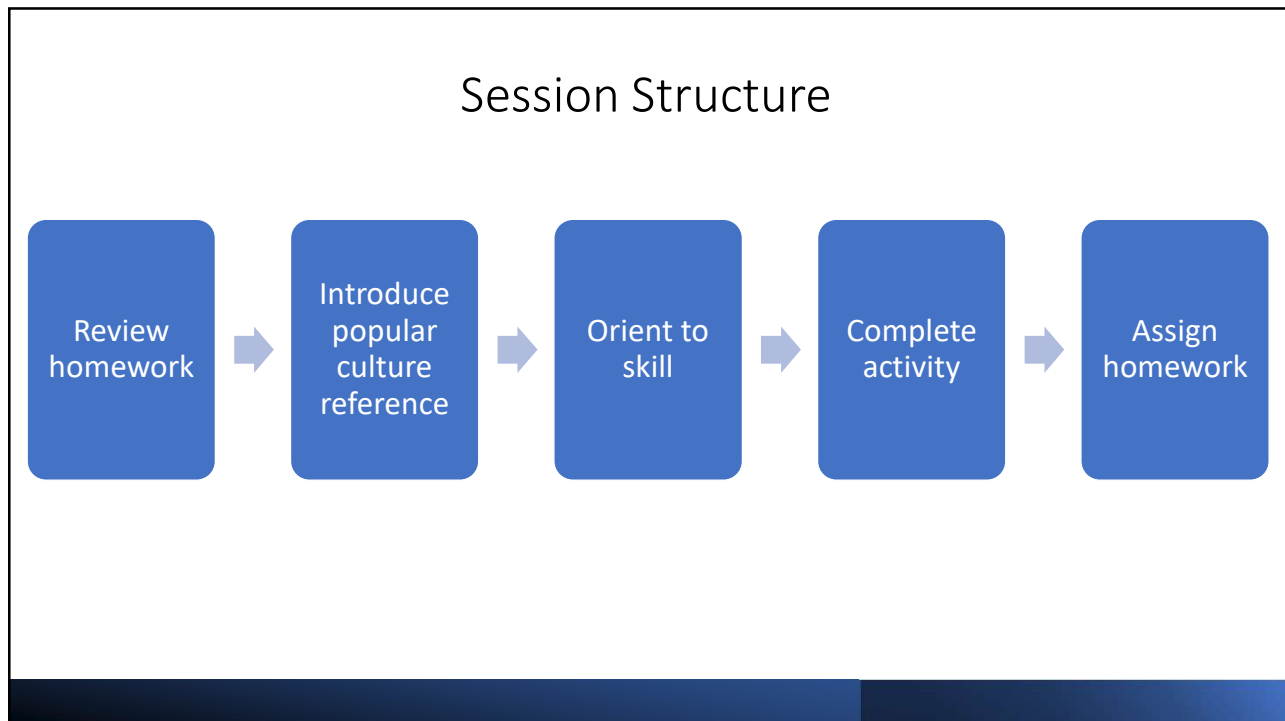
16



Session	Goal
1. Individual meeting one	Brief assessment, informal interview, orientation
2. Individual meeting two	Orientation to ACT, orientation to living
3. Contacting your cultural context, contacting your sense of self	Orientation to self-as-context
4. Contacting your cultural context, contacting your sense of self**	Review of self-as-context**
5. Contacting what matters, what is your why?	Orientation to values
6. Contacting what matters, engaging your why	Orientation to committed action
7. Contacting the present moment and doing your why	Orientation to present moment awareness
8. Contacting negative thoughts and doing your why	Orientation to cognitive defusion
9. Contacting negative feelings and doing your why	Orientation to acceptance
10. Full contact living	Review of sessions 3-9 and troubleshooting
11. Graduation	Maintenance planning
12. Individual meeting two	Brief assessment
13. Review of full contacting living*	Booster session, review of sessions 3-9*
14. Individual meeting three*	Brief assessment*

\* = optional session; \*\* = Start of COVID-19 lockdown

17



18

## Design

Initial Assessment	Pre-Post	Repeated Measures	Mid-Treatment
<ul style="list-style-type: none"> <li>• Demographics</li> <li>• MSSSS</li> <li>• Multicultural Inventory</li> </ul>	<ul style="list-style-type: none"> <li>• SDQ</li> <li>• PSS</li> <li>• VLQ</li> <li>• AAQ-II</li> <li>• BADS-SF</li> <li>• GQOL</li> <li>• Weekly Check-In</li> </ul>	<ul style="list-style-type: none"> <li>• GQOL</li> <li>• Weekly-Check In</li> </ul>	<ul style="list-style-type: none"> <li>• AAQ-II</li> <li>• BADS-SF</li> <li>• VLQ</li> </ul>

19

## Analyses

- Pre-test/post-test measures analyzed by comparing participant scores to normative means
- Repeated measures analyzed using Tau-U calculations
  - Examined 1) contrast between baseline and intervention phase and 2) trend across the entire time series
  - Examined changes in quality of life, psychological flexibility, and stress

20

## Pre-Post Results: Exemplars

AAQ-II: P1 Scores

Pre: 35	Post: 17	Change: -18
1.75 SD above	0.45 SD below	2.20 SD

- AAQ-II has been shown to have a normative mean score of 20.72 (SD = 8.18) for students.
- P1 experienced a negative change of 18 points from pre-treatment, which is a very large change (2.20 SD).

VLQ: P5 Scores

Pre: 61	Post: 74	Change: +13
0.42 SD below	1.34 SD above	0.84 SD

- VLQ has been shown to have a normative mean score of 66.86 (SD = 13.99) for students.
- P5 experienced a positive change of 13 points, which was a large change (0.84 SD).

21

## Repeated Measures: Group Tau-U Results

ACT Skills Contrast Between Phases

Tau-U	Z-Score	P-value
0.40	2.28	<.05

ACT Skills Group Level Trend

Tau-U	Z-Score	P-value
0.49	5.06	<.001

GQOL Contrast Between Phases

Tau-U	Z-Score	P-value
0.47	2.66	<.01

GQOL Group Level Trend

Tau-U	Z-Score	P-value
0.41	4.20	<.001

Stressors Contrast Between Phases

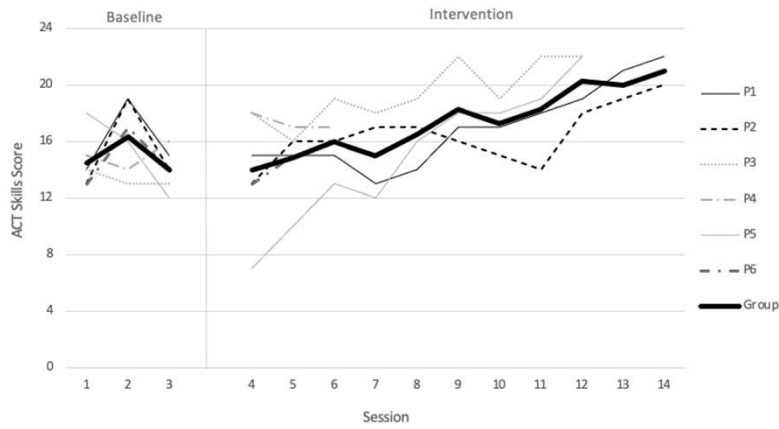
Tau-U	Z-Score	P-value
-0.25	-2.01	<.05

Stressors Group Level Trend

Tau-U	Z-Score	P-value
-0.30	-3.04	<.001

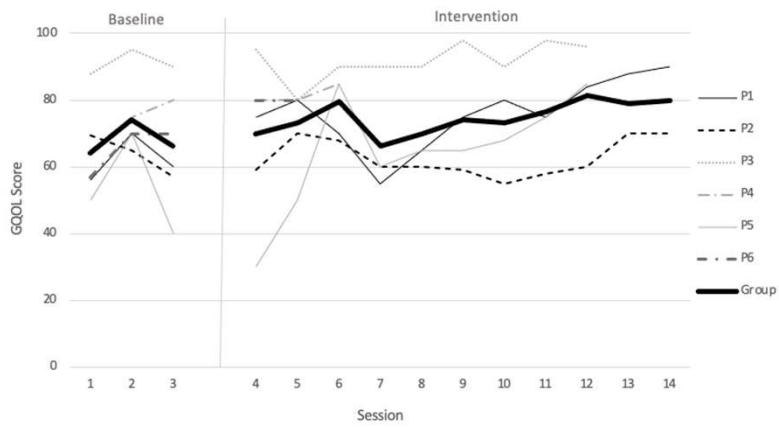
22

## Repeated Measures: Psychological Flexibility

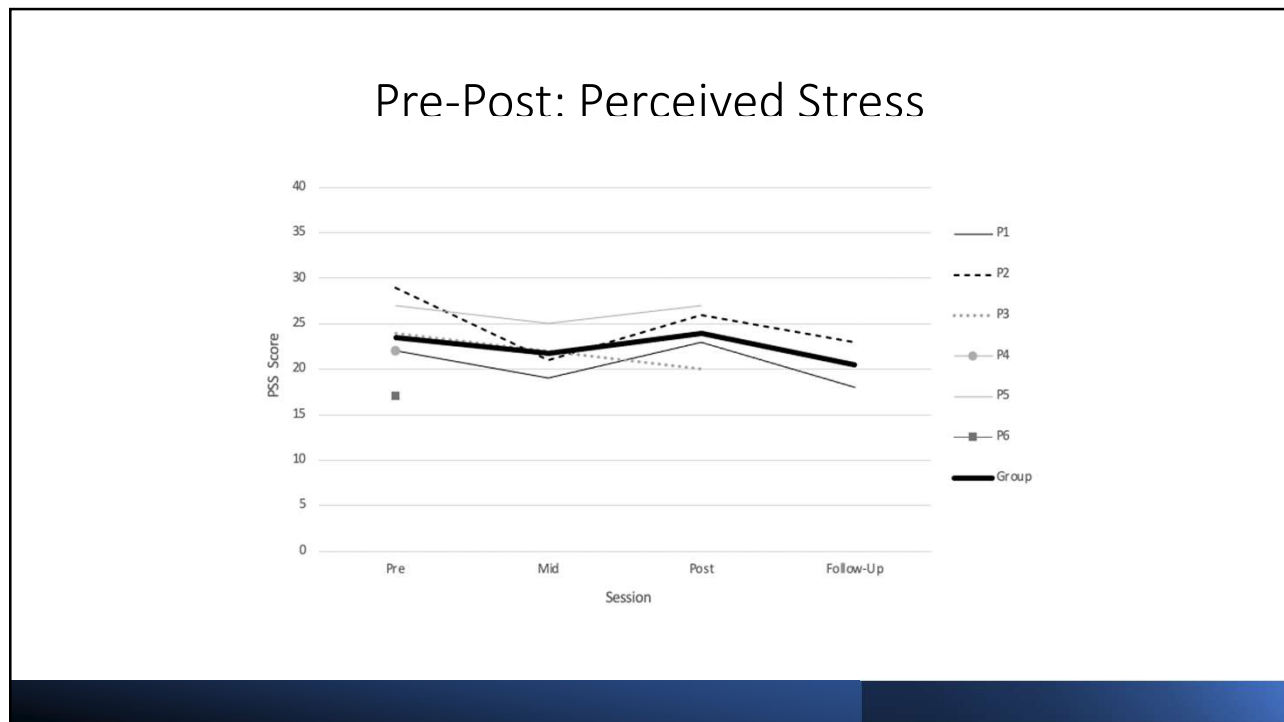


23

## Repeated Measures: Quality of Life



24



25

## Closing Thoughts

1. Promising ACT treatment for adolescents
2. Showed utility during real-world stressful circumstances (COVID-19)
3. Future research with adolescents is needed:
  - Use a larger sample size to increase power
  - Address methodological concerns by comparing ACT to control groups and other interventions
  - Identify characteristics that may impact treatment efficacy at the individual level

26

## References



27

## Considerations for Using ACT with Sexual and Gender Minority Individuals

Allie Mann, M.A.; Amy Naugle, Ph.D., & Eva Lieberman, M.S.  
Western Michigan University, Clinical Psychology Program, Kalamazoo, MI

Contact Information: [allie.mann@wmich.edu](mailto:allie.mann@wmich.edu)



28

## Disclosures:

This research was partially funded by a grant from the Graduate College at Western Michigan University



29

## Definitions

---

Sexual minority (i.e. gay, lesbian, bisexual)

Gender minority (i.e. transgender, nonbinary)

LGBTQ+ Community



30

## Sexual and Gender Minority Mental Health



- Sexual and gender minorities (SGM) are at increased risk for psychological disorders compared to the general population<sup>1</sup>.
- Research suggests that this population is at increased risk for
  - Depression<sup>2</sup>
  - Anxiety<sup>3</sup>
  - Suicidality<sup>4</sup>
  - Substance Abuse<sup>5</sup>

31

## Sexual and Gender Minority Mental Health

The source of this mental health disparity is exposure to stigma related stress<sup>6,7,8</sup>.



32



## Sexual and Gender Minority Mental Health



Solution



Advocacy



Clinical



33

## Mental Healthcare for Sexual and Gender Minorities



- There is a lack of treatment studies specific to SGM mental health
- Historically, the majority of SGM mental health treatment research has been focused on prevention or treatment of HIV<sub>4,10</sub>
- We need more treatment studies to validate existing evidence-based approaches in SGM

34

## Mental Healthcare for Gender and Sexual Minorities

- Any application of existing interventions with SGM must be affirmative<sup>11,12</sup>
- Do existing interventions need to be adapted to be effective in this population?



Integrate SGM specific information/ stressors



Mechanisms of stigma related stress

35

## Acceptance and Commitment Therapy (ACT)

- Third wave behavioral therapy approaches may be well suited to this context<sup>13, 14</sup>
- Factors targeted by ACT are important in the relationship between stigma-related stress and negative mental health outcomes.
  - Emotion regulation<sup>15</sup>
  - Mindfulness<sup>16,17</sup>
  - Experiential avoidance<sup>18</sup>
- Only two pilot studies applying ACT to SGM populations have been conducted, and both adapted the intervention
  - (Yadavaia & Hayes, 2012)<sup>19</sup>
  - (Skinta et al., 2015)<sup>20</sup>
- ACT is a relatively new therapy to be explored in use with SGM clients, and has not been explored unadapted

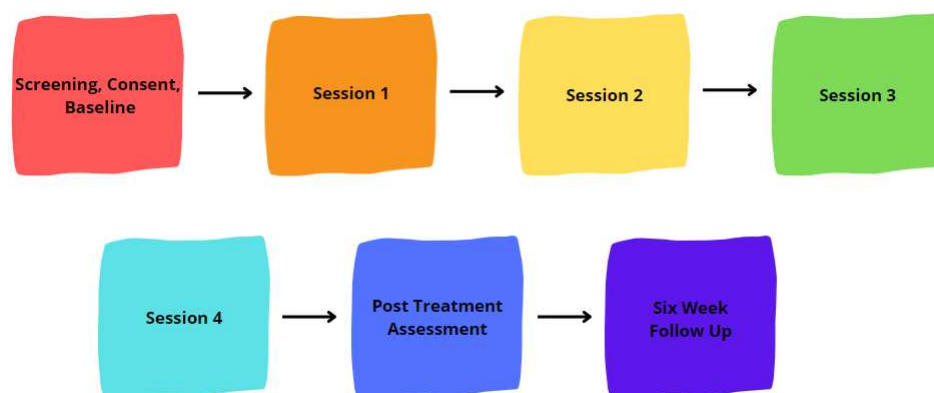
36

## Present Study

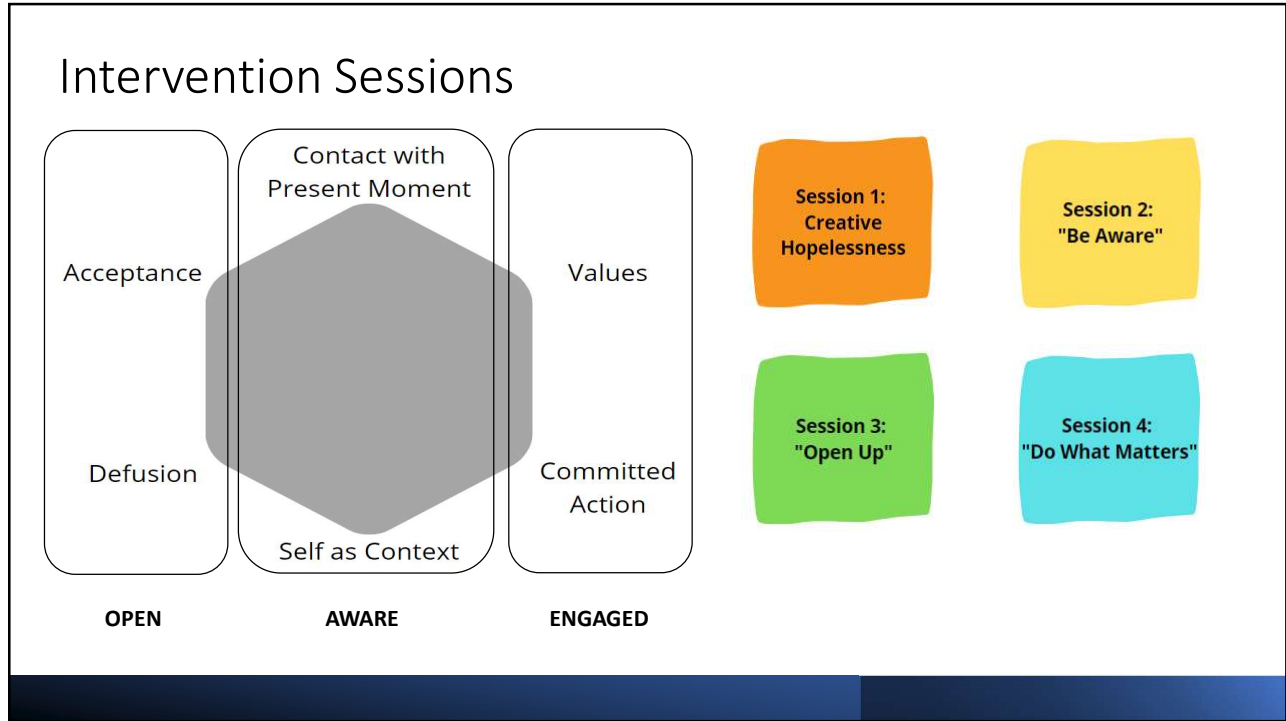
- The present pilot study used an open clinical trial design to investigate the impact of a 4-session brief Acceptance and Commitment Therapy protocol. The study included one intervention group and no control group.
- Outcomes examined:
  - Depression symptoms
  - Anxiety symptoms
  - Quality of Life
  - Emotion Dysregulation
  - Mindfulness
  - Experiential Avoidance

37

## Study Design



38



39

## Participants

<i>Participant Demographics</i>		<i>n</i>	<i>%</i>	
<b>Inclusion Criteria</b> <ul style="list-style-type: none"> <li>• Adults</li> <li>• Self-identify as SGM</li> <li>• Located in state of Michigan</li> <li>• Access to equipment for video appointments</li> <li>• Mild or higher depressive and anxiety symptoms</li> </ul>	Demographic			
	Gender			
		Nonbinary, Genderqueer, or Genderfluid	7	50%
		Man	6	42.9%
		Woman	5	35.7%
		Transgender	2	14.3%
	Sexual Orientation			
		Gay	7	50%
		Bisexual	5	35.7%
		Lesbian	2	14.3%
		Other	2	14.3%
		Heterosexual	1	7.1%
	Race			
		White	11	91.7%
	Asian	1	7.1%	

40

## Pre-Post Analyses: Paired Sample T-Test

	Pre		Post		<i>df</i>	<i>t</i>	<i>p</i>
	M	SD	M	SD			
↓ Depression	21.54	5.30	15.15	4.00	12	5.60	<.001
↓ Anxiety	17.54	6.02	13.08	3.82	12	3.07	.01
↑ Quality of Life	62.31	13.63	71.84	15.91	12	-3.54	.004
↑ Mindfulness	58.85	10.61	67.46	8.08	12	-2.85	.01
↓ Emotion Dysregulation	99.92	17.29	83.54	17.82	12	3.22	.007
— Experiential Avoidance	54.85	10.28	50.00	12.38	12	1.90	.08

41

## Observations

- Topics discussed:
  - SGM specific
    - Concealment
    - Internalized homophobia
    - Discrimination/ stigma from family
    - Exploration of a queer identity
  - Non SGM specific
    - Workplace stress
    - Job/ career change/ exploration
    - Depression
    - Anxiety
- Affirmative Context
  - Therapist match/ knowledge
  - Participant feedback
    - “nonjudgmental”
    - Desire for more time



42

## Conclusions/ Future Directions:

- Acceptance and Commitment therapy may be effective for this population without adaptations
- While adaptations may not be needed, an affirming context is likely essential
- These findings should be confirmed in a larger sample, and a more diverse sample

43

## References



44

# A Two-Session ACT Intervention with Healthcare Workers During the COVID-19 Pandemic

Tabitha DiBacco, M.A.; Amy Naugle, Ph.D., & Sanela Kalakovic, M.A.  
Western Michigan University, Clinical Psychology Program, Kalamazoo, MI

Contact Information: [tabitha.dibacco@wmich.edu](mailto:tabitha.dibacco@wmich.edu)



45

## References



## Disclosures

This research was partially funded by a grant from the Graduate College at Western Michigan University



46



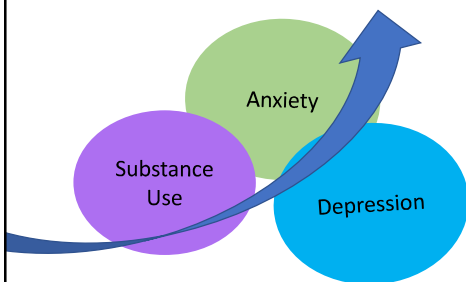
## A Nation in Crisis

- Preventative measures in March of 2020
- Adverse mental health experiences for healthcare workers<sup>1,2</sup>
- Interventions for healthcare workers identified as a priority<sup>3</sup>

47

## ACT with Healthcare Workers

Transdiagnostic treatment<sup>4,5,6</sup>



Group Interventions<sup>7,8,9</sup>



Asynchronous Individual Intervention<sup>10</sup>



48



## ACT During the COVID-19 Pandemic

Psychological Flexibility =  
Reduced Risk for Suicide<sup>11</sup> and Distress<sup>12</sup>



Online Group intervention in Iran with  
20 healthcare workers in an 8-session  
ACT intervention and 20 in a control  
group<sup>14</sup>



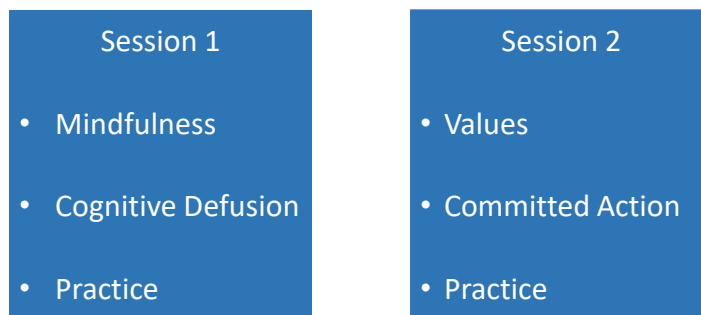
Six Online ACT Modules with 20 Adults  
in the UK<sup>13</sup>



49

## The Present Study

Evaluate a 2-session, individual ACT intervention with Michigan  
healthcare workers during COVID-19



50

## Participants

### Healthcare workers in Michigan

- 18 years or older
- Video-capable device and internet access
- At least mild depressive or anxious symptoms

### 35 individuals consented

- 32 eligible participants
- 28 completed post-test
- 26 full completers
- Attrition: 19%

### Demographics (n = 28)

- Largely women (89%) and White (89%), mean age 44 years (SD = 11.91)
- 68% Bachelor's Degree or above
- Nurses (57%), Physician or PAC (14%), Nurse Practitioner (7%), Occupational Therapist (7%), or other (14%)

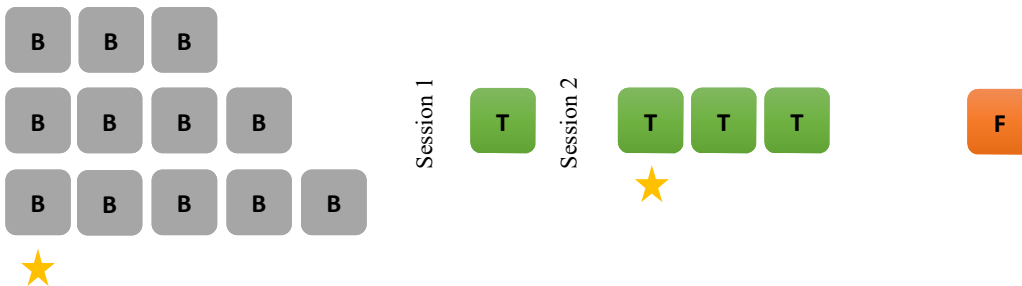
51

## Research Design and Measurements

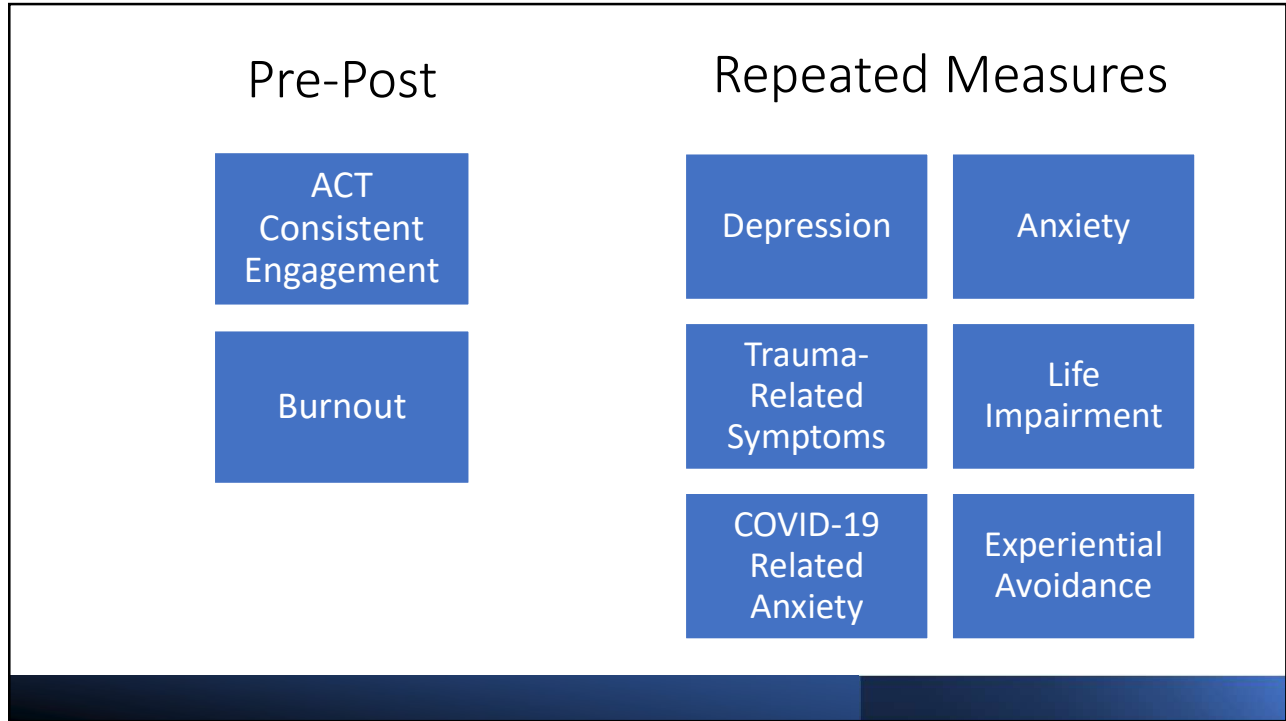
August 5<sup>th</sup>, 2021 to  
March 16<sup>th</sup>, 2022

August 25<sup>th</sup>, 2021 to  
April 23<sup>rd</sup>, 2022

November 17<sup>th</sup>, 2021 to  
Present



52



53

### Pre-Post Analyses: Outcome Variables

Variable	Pre-Test		Post-Test		test score	p value
	Mean	SD	Mean	SD		
Depression	11.36	4.53	6.93	3.73	6.01	<.001*
Anxiety	8.54	4.13	5.93	4.90	4.04	<.001*
Trauma/Stress Related	26.14	14.12	13.96	12.93	8.17	<.001*
Burnout	64.25	13.92	56.82	16.90	3.49	.002*
Life Impairment**	12.12	6.81	7.96	6.59	-4.13	<.001*
COVID-19 Related Anxiety**	4.07	3.34	1.93	2.49	-3.86	<.001*

\*Statistically Significant Result  
 \*\*Wilcoxon Signed Rank Tests Used

54

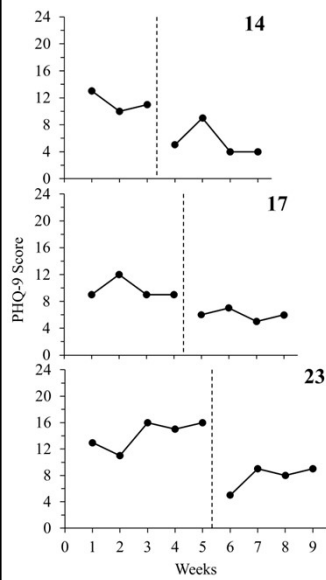
## Pre-Post Analyses: Mechanisms

Variable	Pre-Test		Post-Test		t score	p value
	Mean	SD	Mean	SD		
CompACT	73.18	16.66	83.89	16.56	-3.93	<.001*
Openness to Experience	26.00	9.97	32.29	9.11	-4.37	<.001*
Behavioral Awareness	11.89	4.27	14.36	5.43	-2.67	.013*
Valued Activation	35.29	6.61	37.25	5.46	-1.87	.072
Experiential Avoidance	48.50	10.88	46.39	11.57	1.65	.110

\*Statistically Significant Result

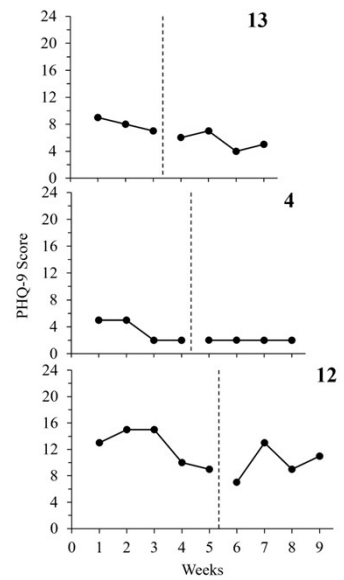
55

## Single Subject Exemplars: Depression



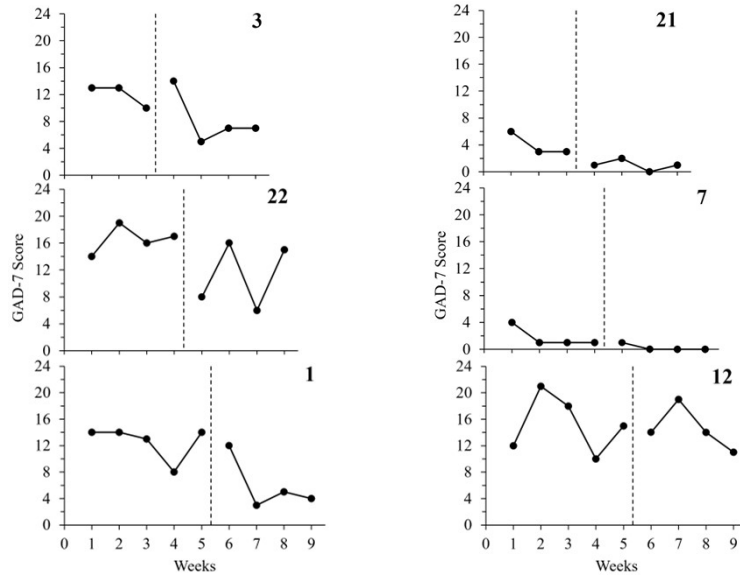
Single subject level analyses reveal several explanations for symptom change

- Intervention
- Change in COVID-19 related distress over time
- Other unaccounted for variables
  - Individual psychosocial distress
  - Staffing shortages
  - COVID-19 cases in participant's area



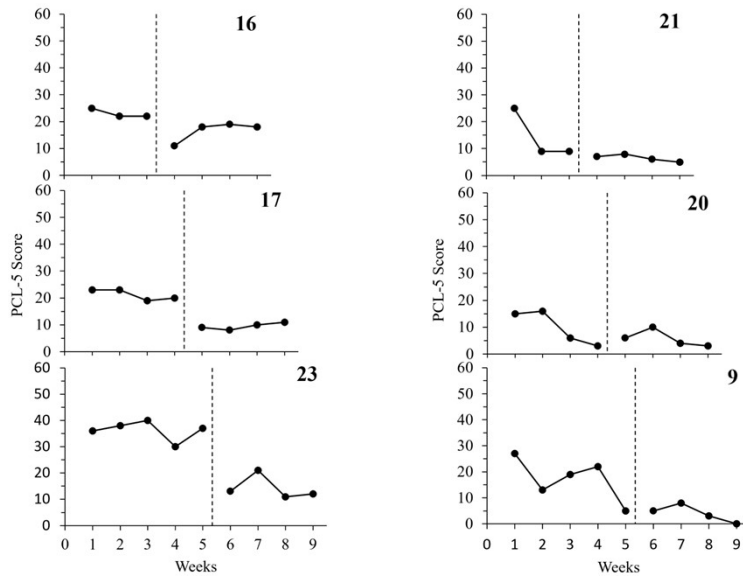
56

# Single Subject Exemplars: Anxiety



57

# Single Subject Exemplars: Trauma/Stress Related



58

## Participant Reactions

Helpfulness: 5.00 / 6

Enjoyable: 4.96 / 6

- “Just knowing there are other intelligent individuals out there who know that we are human and need to be allowed time to process what we see and deal with is intensely reassuring.”
- “I think connecting healthcare workers to their values is a great idea for times of stress and challenge. My values are what prompted me to go into healthcare, and my values are what keep me in the field despite the difficulties.”

59

## Closing Thoughts

1. Brief interventions can induce significant change
2. ACT may be a particularly beneficial intervention during times of crisis
3. Future research with healthcare workers is needed
  - Address the increase in adverse mental health experiences exacerbated by the pandemic
  - Compare ACT's effectiveness to other interventions
  - Explore individualized applications of ACT to assess individual differences in treatment outcomes

60

## References

1. Bidzan, M., Bidzan-Bluma, I., Szulman-Wardal, A., Stueck, M., & Bidzan, M. (2020). Does self-efficacy and emotional control protect hospital staff from COVID-19 anxiety and PTSD symptoms? Psychological functioning of hospital staff after the announcement of COVID-19 coronavirus pandemic. *Frontiers in Psychology, 11*, 1-9.
2. Labrague, L., & De los Santos, J. (2020). COVID-19 anxiety among front-line nurses: Predictive role of organizational support, personal resilience and social support. *Journal of Nursing Management, 28*, 1653-1661.
3. Holmes, E., O'Connor, R., Perry, V., Tracey, I., Wessely, S., Arseneault, L., Ballard, C., Christensen, H., Silver, R., Everall, I., Ford, R., John, A., Kabir, T., King, K., Madan, I., Michie, S., Przybylski, A., Shafran, R., Sweeney, A., Worthman, C. ... Bullmore, E. (2020). Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. *Lancet Psychiatry, 7*, 547-560.
4. Gloster, A. T., Walder, N., Levin, M. E., Twhig, M. P., & Karekla, M. (2020). The empirical status of acceptance and commitment therapy: A review of meta-analyses. *Journal of Contextual Behavioral Science, 18*, 181-192.
5. Fiorillo, D., McLean, C., Pistorello, J., Hayes, S., & Follette, V. (2017). Evaluation of a web-based acceptance and commitment therapy program for women with trauma-related problems: a pilot study. *Journal of Contextual Behavioral Science, 6*(1), 104-113.
6. Zaring, A., Bannon, S., & Berta, M. (2019). Evaluation of acceptance and commitment therapy for domestic violence offenders. *Psychology of Violence, 9*(3), 257-266.
7. Waters, C., Frude, N., Flaxman, P., & Boyd, J. (2018). Acceptance and commitment therapy (ACT) for clinically distressed health care workers: Waitlist-controlled evaluation of an ACT workshop in a routine practice setting. *British Journal of Clinical Psychology, 57*, 82-98.

61

## References

8. Gaupp, R., Walter, M., Bader, K., Benoy, C., & Lang, U. (2020). A two-day acceptance and commitment therapy (ACT) workshop increases presence and work functioning in healthcare workers. *Frontiers in Psychiatry, 11*, 1-7.
9. O'Brien, W., Singh, R., Horan, K., Moeller, M., Wasson, R., & Jex, S. (2019). Group-based acceptance and commitment therapy for nurses and nurse aides working in long-term care residential settings. *The Journal of Alternative and Complementary Medicine, 25*(7), 753-761.
10. Barrett, K., & Stewart, I. (2020). A preliminary comparison of the efficacy of online acceptance and commitment therapy (ACT) and cognitive behavioural therapy (CBT) stress management interventions for social and healthcare workers. *Health and Social Care in the Community, 29*, 113-126.
11. Crasta, D., Daks, J. & Rogge, R. (2020). Modeling suicide risk among parents during the COVID-19 pandemic: Psychological inflexibility exacerbates the impact of COVID-19 stressors on interpersonal risk factors for suicide. *Journal of Contextual Behavioral Science, 18*, 117-127.
12. Kroska, E., Roche, A., Adamowicz, J., & Stegall, M. (2020). Psychological flexibility in the context of COVID-19 adversity: Associations with distress. *Journal of Contextual Behavioral Science, 18*, 28-33.
13. Shepherd, K., Golijani-Moghaddam, N., & Dawson, D. (2022). ACTing towards better living during COVID-19: The effects of Acceptance and Commitment Therapy for individuals affected by COVID-19. *Journal of Contextual Behavioral Science, 23*, 98-108.
14. Otared, N., Moharrampour, N., Vojoudi, B., & Jahanian Najafabadi, A. (2021). A group-based online Acceptance and Commitment Therapy treatment for depression, anxiety symptoms and quality of life in healthcare workers during COVID-19 Pandemic: A randomized controlled trial. *International Journal of Psychology & Psychological Therapy, 21*(3), 399-411.
15. Gámez, W., Chmielewski, M., Kotov, R., Ruggero, C., Suzuki, N., & Watson, D. (2014). The brief experiential avoidance questionnaire: Development and initial validation. *Psychological Assessment, 26*(1), 35-45

62

## References



63

Discussant: Louise Hayes, Ph.D.



64





## Q&A

1. Rebounding from Stress with Psychological Flexibility  
➤ Sanela Kalakovic, M.A.
2. Considerations for Using ACT with Sexual and Gender Minority Individuals  
➤ Allie Mann, M.A.
3. A Two-Session ACT Intervention with Healthcare Workers During the COVID-19 Pandemic  
➤ Tabitha DiBacco, M.A.