

THURSDAY – JULY 16

1. Talking About An Evolution: Exploring The Interplay of Emotions and Self Processes through Neuroscience, CBS and EvoS

Panel - Thursday, July 16 (7:15 AM - 8:45 AM)

Components: *Conceptual analysis, Didactic presentation, Literature review*

Categories: Theoretical and philosophical foundations, Evolution, Emotions

Target Audience: *Beginner, Intermediate, Advanced*

Dennis Tirch, The Center for Mindfulness and Compassion Focused Therapy

Joseph LeDoux, New York University

Steven Hayes, University of Nevada, Reno

Louise McHugh, University College Dublin

Laura Silberstein-Tirch, The Center for Compassion Focused Therapy

As CBS has expanded in scope, the time has come for a mature scientific dialogue to begin between CBS practitioners and neuroscientists concerning the evolution and function of human emotions, in terms of brain, behavior and self experience. Current trends in affective neuroscience are questioning the status of "primary" emotions and are drawing distinctions between primitive threat-response systems and the subjective human experiences of self and emotion. Within contextual behavioral science, research and theory has been rapidly developing on the evolution of deictic framing, human "selfing" and the role of prosocial and threat-based affective responding. This panel will feature an interdisciplinary discussion among a leading neuroscientist of emotion; an ACT and RFT co-founder; a prominent CBS researcher on self-and perspective taking; and leading scientist practitioners in contextual CFT/ACT. Beyond seeking inter theoretic reduction and common ground in our evolutionary models of self and emotion, the panel will seek to explore the edge questions that will needed to be explored in order to address the key challenges of current, global mental health and human behavioral crises.

Educational Objectives:

1. Provide an example of deictic framing.
2. Describe how emotions and concepts of the self can affect each other.
3. Explain the neuroscientific basis of emotion.

2. Experiences of Stigma, Stress, and Stereotypes across Marginalized Populations

Symposium - Thursday, July 16 (7:15 AM - 8:45 AM)

Components: *Didactic presentation, Literature review, Original data*

Categories: Clinical Interventions and Interests, Other, LGBTQ+ Issues, Aging

Target Audience: *Beginner, Intermediate, Advanced*

Chair: Ethan Lester, Massachusetts General Hospital

Emily Sandoz, University of Louisiana at Lafayette

R. Sonia Singh, Central Arkansas Veterans Healthcare System/University of Arkansas for Medical Sciences

Yash Bhambhani, University of Mississippi

Stigma was initially defined as an attribute of a person, such as a trait or characteristic, which leads to a person's discreditation by society (Goffman, 1964). This definition of stigma has been expanded to include the relation between the attribute and stereotypes about the attribute (Jones et al., 1984). The current symposium will focus on people who often experience stigma including sexual minority people and older adults. People who identify as sexual minorities may experience sexual stigma explicitly and implicitly in general society (e.g., Arnold, Rebchook, & Kegeles, 2014). Older adults (as well as the general population) often experience stigma and negative perceptions of aging (Lockenhoff et al., 2009), with these perceptions becoming more negative over time (Ng et al., 2015). Contextual behavioral science can be helpful in addressing stigma at several levels (Kenny & Bizumic, 2016; Skinta & Curtin, 2016). This symposium will synthesize research based on difference experiences of stigma, stress, and stereotypes for sexual minority people and older adults, and discuss the use of contextual behavioral science to address these issues.

- Mindfulness and Acceptance-Based Skills for Negative Aging Stereotypes in Older Adults and College Students: An experimental-experiential study

Ethan G. Lester, Ph.D., Massachusetts General Hospital/Harvard Medical School

Amy R. Murrell, Ph.D., Behavior, Attention, and Developmental Disabilities Consultants, LLC

Older adults (OA; 65+) can become fused with negative stereotypes and attitudes toward aging. Given the verbal nature of ageist stereotypes, mindfulness and acceptance-based practices (MABPs) may increase defusion and decrease suffering accompanied by these views. This project explored whether MABPs for older adults could reduce negative aging stereotypes using an experimental design. Two groups of OAs (N = 60) and undergraduate students (N = 60; MABP vs. sit-and-think task) were presented negative ageist stereotypes and then assessed. Following the MABP, undergraduates who received a MABP had significantly lower ageism scores than did undergraduates who did not, while OAs endorsed higher scores on ageism after receiving the MABP (vs comparison group; $p < .05$). There was no significant condition by age sample interaction effect. Results suggest that undergraduates and OAs have different strategies for recontextualizing ageist attitudes, with OAs likely employing different coping strategies when confronted with ageism in an experimental context. Overall, aging education, OA experimental research, and evidence-based interventions for negative beliefs about aging are needed. Design, limitations, and future directions are discussed.

- Rejection from white men or men of color: does it make a difference for men of color who have sex with men?

Yash Bhambhani, M.A., University of Mississippi

Karen Kate Kellum, Ph.D., University of Mississippi

John P Bentley, Ph.D., University of Mississippi

Kelly G. Wilson, University of Mississippi

Whether sexual racism, discrimination occurring in interpersonal romantic relationships on the basis of race/ethnicity, contributes to psychological distress over and above experiences of 'general' racism, is a question that has not been previously addressed. Further, previous research has also not studied if the race/ethnicity of the perpetrator (whether white or man of color) of discrimination is related to psychological distress. We constructed a scale to measure experienced sexual racism, because no validated scale to measure this construct currently exists. We then gathered data on experienced sexual racism, depression, anxiety, stress, and loneliness from 455 queer men of color. We found that sexual racism predicts depression (r^2 change = .09, $p < .01$), anxiety (r^2 change = .05, $p < .01$), and stress (r^2 change = .06, $p < .01$), over and above general experiences of racism. Further, we also found that rejection/discrimination based on race/ethnicity perpetrated by other men of color consistently and significantly predicted depression, anxiety, and stress, whereas rejection from white men did not. Contextual behavioral science implications for living a valued life in the face of such discrimination will be discussed.

- Experiences of Discrimination in the Workplace and Potential of Psychological Flexibility

R. Sonia Singh, Ph.D., South Central Mental Illness, Research, and Clinical Center, Central Arkansas

Veterans Healthcare System, University of Arkansas for Medical Sciences

William H. O'Brien, Ph.D., Bowling Green State University

In the workplace, people who identify as sexual minorities experience elevated levels of incivility, discrimination, and a general lack of protection from unfair workplace practices. These difficulties can then lead to adverse physical, psychological, and social outcomes. Psychological flexibility has been associated with improved psychological and physical health. The current study is a cross-sectional assessment of adults who identify as sexual minorities (n = 312) examining the relation among work stress, well-being, and psychological flexibility. It was hypothesized that greater work stress would be related to lower well-being and lower psychological flexibility. Further, it was hypothesized that psychological flexibility would mediate the relation between work stress and well-being. Results indicated that psychological flexibility was a significant mediator between work stress and well-being. This suggests that psychological flexibility could be a useful tool for sexual minorities to respond effectively in difficult workplace situations.

Educational Objectives:

1. Utilize techniques other than language change to reduce stigma in their clinical practice
2. Assess sexual racism using a newly developed scale and apply this to clinical work and research
3. Apply psychological flexibility to address issues related to workplace discrimination, workplace climate, and incivility

3. End the Insomnia Struggle: Individualizing CBT-I Using ACT

Workshop - Thursday, July 16 (7:15 AM - 8:45 AM)

Components: *Case presentation, Conceptual analysis, Didactic presentation, Experiential exercises, Literature review, Role play*

Categories: Clinical Interventions and Interests, Behavioral medicine, Insomnia and other sleep disorders

Target Audience: Beginner

Colleen Ehrnstrom, University of Colorado Boulder

Although CBT-I is a highly effective treatment, many patients struggle to fully comply with the protocol. Acceptance and commitment therapy (ACT) offers multiple strategies to help people increase their willingness to be uncomfortable in the service of their long-term goals.

This workshop will help attendees blend ACT strategies with traditional CBT-I to enhance patient outcomes. In particular, attendees will learn how to help their patients: decrease physiological arousal by decreasing struggle, be more willing to fully comply with behavioral treatments, and decrease cognitive hyper-arousal using cognitive defusion and mindfulness. This workshop will include lecture, role play, case examples, and attendee practice.

These strategies are a part of a self-help workbook for insomnia titled "End the Insomnia Struggle" published by New Harbinger Press (2016).

Educational Objectives:

1. Recognize when to use acceptance-based strategies in the context of CBT-I
2. Help patients decrease physiological aroused by "leaning into" their experience, rather than struggling against "the insomnia monster"
3. Introduce mindfulness, explain how it is useful in the treatment of insomnia, and provide patients with 3 ways to practice mindfulness

4. Be Big: Wonder Woman skills for everyone: Atlantic Canada Chapter Sponsored

Workshop - Thursday, July 16 (7:15 AM - 8:45 AM)

Components: *Case presentation, Conceptual analysis, Didactic presentation, Experiential exercises, Literature review, Role play*

Categories: Professional Development, Clinical Interventions and Interests, Professional Resiliency; Marginalized groups

Target Audience: *Beginner, Intermediate*

Dayna Lee-Baggley, Nova Scotia Health Authority/ Dalhousie University

Miranda Morris, True North Therapy and Training

Jessica Borushok, Busy Mind Reboot

Ever dream of being like Wonder Woman? She's strong, bold, and BIG - she's a superhero! This workshop is about being your own Wonder Woman by reclaiming your voice and learning how to stop apologizing, not qualify your skills, take risks, and ask for and accept help. These skills will be developed through experiential exercises tied to each of the ACT flexibility processes. We will use role play, group work, and relevant research literature to explore contextual impediments to being big. We will also explore and address internal barriers related to being bold and practicing self-compassion. Most importantly, we will focus on developing the ability to use our skills flexibly - because the most important skill is the ability to play small or be big depending on what is most effective in a given context. This workshop is based on empirically validated skills for professional resiliency in the workplace and adapted specifically for individuals who work with or are from groups that are marginalized based on gender, sexual orientation, age, race, culture or other factors.

Educational Objectives:

1. Identify and describe at least 2 internal barriers to being "big"
2. Identify and describe at least 3 values related to being bolder and bigger
3. Explain at least 3 contextual variables specific to members of marginalized groups that can impact being "big" versus small

5. "I'll do it later": Overcoming procrastination among students with ACT

Workshop - Thursday, July 16 (7:15 AM - 8:45 AM)

Components: *Didactic presentation, Experiential exercises, Literature review*

Categories: Clinical Interventions and Interests, Educational settings, Procrastination, academic performance

Target Audience: *Beginner, Intermediate*

Frederick Dionne, Université du Québec à Trois-Rivières

Not living up to our values might be a matter of procrastination. Procrastination is an irrational tendency to delay tasks to the point of discomfort. Prevalence estimates of students who procrastinate at some point are as high as 95%, while almost 50% of students procrastinate consistently and

problematically (Steel, 2007). Procrastination can be seen as experiential avoidance strategy or self-regulatory failure. Consequently, the ACT psychological flexibility model is very useful for the understanding of procrastination (e.g., Gagnon, Dionne, & Pychyl, 2016). Research suggests that ACT can be seen as an effective intervention for this pervasive problem (e.g., Wang et al., 2015). This workshop presents an ACT conceptual framework applied to the understanding of procrastination, and several tools to help professionals better intervene with students who procrastinate. Some tips will also be giving on how teachers can prevent procrastination in their classroom.

Educational Objectives:

1. Conceptualize procrastination and how to address it within the ACT model
2. Synthesize ACT literature on procrastination
3. Demonstrate and experiment several simple and concrete techniques to help students engage more fully in their academic tasks

6. Embody your ACT processes supported by neurosciences: And explore your own movement practice to boost both you and your client's psychological flex and health: Sweden Chapter, ACT in Primary Care SIG, Occupational Therapy & ACT SIG Sponsored
Workshop - Thursday, July 16 (7:15 AM - 8:45 AM)

Components: *Case presentation, Experiential exercises, Role play*

Categories: Clinical Interventions and Interests, Behavioral medicine, Integration of body-based techniques, physical activity, and neurosciences

Target Audience: Intermediate, Advanced

Graciela Rovner, ACT Institutet Sweden & Karolinska Institutet

Have you been wondering how to integrate movement and body-based techniques in an ACT-consistent way in your practice (and for yourself)? And how it relates to our nervous system and autonomic/emotional regulation?

In this workshop, we will explore novel perspectives of neurosciences and how our nervous system can be influenced by body-based techniques aligned with the processes of psychological flexibility. This integration is called the "Behavioral Plasticity model"

Being able to implement body-based exercises helps us and our clients to get out of our minds in a natural and playful manner.

In this workshop, we will integrate and connect the body and movement techniques to boost awareness, engagement, and openness, creating a new dynamic and a deeper connection in the therapy room. ACTiveBODY will not only improve your clients' health but even yours, given that sedentary life is one of the greater health risks, even for us who sit for hours.

Graciela's expertise is unique in our community as the only ACT trainer physiotherapist & doctor in rehabilitation medicine. DON'T MISS THIS AMAZING WORKSHOP!

Educational Objectives:

1. Identify how a given body based exercise of movement can boost the therapeutic processes
2. Describe how the brain networks are related to the therapeutic processes
3. Design and demonstrate one body-based exercise for one of the processes and explain which behavioral and neuronal function you aim to target

7. Being ACT at Every Step: Weaving What Matters into Your Work in Complex Clinical Situations

Workshop - Thursday, July 16 (7:15 AM - 8:45 AM)

Components: *Conceptual analysis, Didactic presentation, Experiential exercises, Role play*

Categories: Professional Development, Clinical Interventions and Interests, ACT and CBS

Target Audience: Advanced

Jennifer Plumb Vilardaga, Duke University

Do you ever feel like you need to put away your ACT tools in order to deal with a particular clinical issue? Do you ever struggle to be ACT-consistent while skillfully addressing institutional requirements, suicide safety planning, or other difficult clinically-relevant concerns? Through functional analysis and a deeper exploration of your values in the context of challenging situations, we will move beyond ACT techniques for managing clients' presenting concerns and bring nuanced skills into a wider array of

clinical activities. We will explore ways to elevate your work with case management, holding appropriate clinical boundaries, safety planning, etc. by infusing these actions with CBS sensibilities. The challenges of today's world require us not just to do ACT but to BE ACT, if we hope to improve the world for us all. Learners will practice being more ACT consistent at every step, and will leave ready to utilize a functional contextual conceptualization of the issues at hand and to truly embody 'open, aware and active' as a stance for daily living in clinical work and beyond.

Educational Objectives:

1. Explain the importance of 'open, aware and active' as a stance across clinical contexts
2. Conduct a functional contextual conceptualization of both therapist and client behaviors related to challenging clinical issues
3. Identify personal values for work in professional contexts and establish at least 2 actions consistent with those values

8. Gender as Embedded in Societal Structure, Social Context, and the Self: Opportunities and Obstacles

Plenary - Thursday, July 16 (9:00 AM - 10:00 AM)

Components: *Conceptual analysis, Literature review, Original data*

Categories: Other, gender roles

Target Audience: *Beginner, Intermediate, Advanced*

Amanda Diekman, Department of Psychological and Brain Sciences, Indiana University

How can we understand both change and stability in gender roles? I will examine how gender is produced and reproduced in three sites: societal structure, social interactions, and the self. First, societal institutions explicitly and implicitly organize around gender, producing gendered experiences and gendered expectations. Second, these expectations and experiences foster certain interactions. Critically, social interactions in turn create behavioral and cognitive confirmation of gendered expectations. Third, gendered expectations and experiences become internalized into the self, including self-concept and gender identity. In turn, gendered selves influence how individuals navigate social interactions and the broader social system.

Through this lens, I will trace implications for gender disparities in STEM. STEM careers are uniquely perceived to lack opportunities to connect to or help others: Highlighting these opportunities can close gender gaps in STEM interest. In this way, changing the opportunities within a particular context can appeal to a broader range of individuals, and eventually shift representation in the broader social role. Understanding gender as fundamentally embedded presents both opportunities and obstacles in the path to gender equality.

Educational Objectives:

1. Describe how gender is embedded in the self, social interaction, and societal structure
2. Explain how each site influences the other
3. Analyze opportunities and obstacles to gender equality in organizational contexts

9. CBS for Physical Health: What - if anything - is different?: ACT for Health SIG Sponsored

Panel - Thursday, July 16 (10:15 AM - 11:45 AM)

Components: *Conceptual analysis*

Categories: Clinical Interventions and Interests, Behavioral medicine, Physical health

Target Audience: *Beginner, Intermediate, Advanced*

Chair: Lesley Howells, Maggie's Centres

Ray Owen, Wye Valley NHS Trust, Herefordshire, UK

Graciela Rovner, ACT Institutet Sweden & Karolinska Institutet

Patti Robinson, Mountainview Consulting Group, Inc.

Margot Osorio, Hospital San José del Callao/VALUES Instituto Peruano de Psicología y Ciencia Contextual

CBS offers an approach to human suffering across a very wide range of contexts and difficulties, and physical health problems have been there from the beginning (e.g. applications to chronic pain). But in what ways – if any – is a CBS approach to a physical health problem actually different to a mental health problem, or general well-being?

Is the only difference one of context? Or are there differences in processes, in techniques, in treatment goals?

Do we need additional, or different training to prepare practitioners to work with physical health difficulties? What are the different challenges of creating a CBS culture in a physical healthcare setting?

And are any such differences universal, or do they vary by setting and culture?

This panel brings together experienced CBS researchers and practitioners from a variety of settings to offer their perspectives on these questions, and to hear the views of the audience.

Educational Objectives:

1. Describe the conceptual and practical differences in CBS as applied to physical health versus mental health or general well-being
2. Apply recommended strategies derived from multiple examples of CBS in physical healthcare settings to their own work context
3. Generate strategies for the further development of training new CBS practitioners in physical health settings

10. Psychedelic Assisted Therapy and Contextual Behavioral Science

Symposium - Thursday, July 16 (10:15 AM - 11:45 AM)

Components: *Didactic presentation, Literature review, Original data*

Categories: Clinical Interventions and Interests, Psychedelics, Harm Reduction, Integration

Target Audience: *Beginner, Intermediate, Advanced*

Chair: Brian Pilecki, Portland Psychotherapy Clinic, Training, and Research Center

Steven Hayes, University of Nevada, Reno

Jason Luoma, Portland Psychotherapy Clinic, Research, and Training Center

Jordan Slosower, Yale University Department of Psychiatry

Jeffrey Guss, Department of Psychiatry, NYU Langone Health

Henry Whitfield, Regents University London

The first paper will present results from a recent meta-analysis of psychedelic therapy trials and describe how Contextual Behavioral Science (CBS) is an ideal framework for psychedelic assisted therapy. The second paper will present a protocol for using ACT and psilocybin-therapy, highlighting their synergy and presenting preliminary findings. The third paper will focus on the integration phase of therapy and present data on how ACT was used to maintain therapy gains after a psychedelic experience. The fourth paper will illustrate changes in ACT processes as a function of MDMA assisted psychotherapy.

- Contextual Behavioral Science and Psychedelic Assisted Therapy: Overview, Theory, and Application

Jason B. Luoma, Portland Psychotherapy Clinic, Research, & Training Center

Pablo Sabucedo, Department of Psychology, University of Roehampton

Johan Eriksson, Private Practice

Nathan Gates, Spoon River Counseling & Wellness

Brian C. Pilecki, Portland Psychotherapy Clinic, Research, & Training Center

Christina Chwyl, Drexel University

This paper presents the case for Contextual Behavioral Science (CBS) as an ideal theoretical framework for understanding the varieties of psychedelic experiences encountered in psychedelic assisted therapies, as well as their therapeutic effects. The presentation will first provide an overview of previous clinical research on psychedelic assisted therapy, including the results of a recent comprehensive meta-analysis of high quality placebo controlled trials of psychedelic assisted therapy, as a means to introduce audience members to the subject and set the stage for the rest of the talks. It will then proceed to use a CBS framework to understand psychedelic experiences and possible processes of change behind their therapeutic benefits, as well as how CBS-based therapy approaches might be used to increase the efficacy of psychedelic assisted therapy as this new form of treatment becomes more widespread. It closes with an overview of a new trial in development that includes CBS-based concepts to inform MDMA-assisted psychotherapy for social anxiety disorder, with particular emphasis on investigating relevant processes of change.

- Psilocybin-assisted therapy of major depressive disorder using Acceptance and Commitment Therapy as a therapeutic frame

Jordan Slosower, Department of Psychiatry, Yale School of Medicine

Jeffrey Guss, Department of Psychiatry, New York University School of Medicine

Robert Krause, Department of Psychiatry, Yale School of Medicine

Ryan M. Wallace, Department of Psychiatry, Yale School of Medicine
Monnica T. Williams, Department of Psychological Sciences, University of Connecticut
Sara Reed, Department of Psychological Sciences, University of Connecticut
Matthew D. Skinta, Department of Psychology, Roosevelt University

Psychedelic-assisted therapy is based on the premise that psychedelic substances can act as catalysts or adjuncts to psychotherapeutic processes. Recent clinical trials involving psychedelic-assisted therapy have generally employed a similar three-part structure consisting of preparation, support during the dosing sessions, and subsequent "integration." However, the content of these sessions and the frame through which the therapists approach participants and understand the clinical process has, thus far, been inconsistent among studies. In designing a manualized therapy protocol for a small clinical trial of psilocybin-assisted therapy for major depressive disorder, our group sought to delineate an explicit and replicable, evidence-based model that intentionally builds upon both the neurobiological actions of the medication and the phenomenology of the drug experience. Having identified considerable concordance in proposed mechanisms of change between Acceptance and Commitment Therapy (ACT) and psilocybin therapy, we employed ACT as an overarching psychotherapeutic framework. We hypothesize that the psilocybin experience can provide direct experiential contact with ACT processes that increase psychological flexibility, and that these deeply felt experiences may in turn be reinforced during ACT-informed follow-up therapy sessions. In this presentation, we describe the rationale for selecting ACT, areas of potential synergism between ACT and psilocybin-therapy, the basic structure of our treatment model, and limitations to this approach. Relevant preliminary findings will also be shared.

- A longitudinal multiple baseline investigation of psychedelic integration using Acceptance and Commitment Therapy

Henry Whitfield, Mindfulness Training Ltd.

The integration phase of psychedelic therapy remains the one of the least understood in terms of empirical data, and is essential to modern psychedelic therapy delivering lasting benefits. This ABC multiple baseline study where 'B' was a psychedelic ceremony and 'C' was Acceptance and Commitment Therapy (ACT) tracked the progress of 21 participants in two cohorts with daily, and weekly measures over a two-three month period. These quantitative measures were also cross-correlated with qualitative data taken in the form of 4 interviews at A,B,C and at 6 months follow up. The study results suggest evidence for a 'spiked' increase – followed by immediate decrease in 1) entanglement with thoughts, and 2) openness to inner experience, as a precursor to increased values-driven behaviour, in cases of social anxiety and more. This study also provides data on the performance of multiple measures during psychedelic integration, namely the: Valuing Questionnaire (Smout, 2014), Brief Acceptance Measure (Gillanders, unpublished), 3D – Reno Inventory of Self Perspective (Jeffcoat, 2015). Improving future measurements will be discussed.

- Outcome Data from MDMA Assisted Psychotherapy - A Contextual Behavioral Interpretation

Gregory Wells, San Francisco Insight & Integration Center

Data from the Phase 2 clinical trial of MDMA assisted psychotherapy to treat PTSD are remarkably robust. At the 12-month follow up, 68% of the 107 participants no longer had PTSD. This was up from 61% two months following treatment. We are now well into the Phase 3 randomized double-blind placebo portion of the study. MDMA could be more widely available for controlled clinical use as early as 2021 or 2022. While MDMA assisted psychotherapy is atheoretical or client driven, it lends itself well to working with ACT-based therapy. The states of openness, acceptance, and self-compassion catalyzed by MDMA encourage cognitive defusion and self as context. The insights gained during the long sessions naturally support values work and a commitment to action. Specific assessment measures used in the study will also be discussed as they relate to ACT principles and participant quotes will be used to further illustrate ACT principles as they naturally emerge in the treatment process.

Educational Objectives:

1. Summarize the results of recent empirical evidence for the therapeutic use of psychedelics
2. Explain how CBS and ACT provide an ideal model for understanding psychedelic experiences
3. Describe how ACT enhances therapy components of psychedelic treatment, such as integration

11. From Code to Change: Technological Innovations in Delivering Acceptance-Based Care

Symposium - Thursday, July 16 (10:15 AM - 11:45 AM)

Components: *Literature review, Original data*

Categories: Clinical Interventions and Interests, Prevention and Community-Based Interventions, Technology

Target Audience: Intermediate

Chair: Carter Davis, Utah State University

Roger Vilardaga, Duke University

Korena Klimczak, Utah State University

Erika Shearer, Puget Sound VA Health Care System

Katariina Keinonen, University of Jyväskylä

Digital health technologies have allowed for patients to benefit from psychological interventions in more flexible and convenient ways. Whether learning therapeutic skills through self-guided web-based platforms (Peng et al., 2016), or with the support of a provider through video telehealth (Gros et al., 2013), technology-based mental health services may help significantly in reaching individuals who encounter barriers to receiving in-person care (Mohr et al., 2006). At the same time, advances in technology for mental health must be met with equal advances in the implementation of such services in order to be ultimately effective and sustainable (Ellis et al, 2020). Therefore, this symposium presents recent innovations in the use of technology to deliver acceptance-based interventions for diverse clinical issues such as somatoform disorders, drug dependency, suicidality, and general mental health. An emphasis is placed on disseminable and adaptable modes of technology that can be readily implemented by mental health providers to administer care to broad and diverse populations.

- Cognitive Reappraisal and Cognitive Defusion as Potential Processes of Change: Insights from a 4-week Audio-Assisted Self-Help Intervention for Drug Dependency

Maria Stavrinaki, University of Cyprus
Maria Karekla, Ph.D., University of Cyprus

Drug Dependency (DD) is a serious worldwide condition associated with longstanding health and social consequences (NSDUH, 2012). To date, engagement with formal 1:1 DD treatment remains low, while efficacious treatments for DD, such as CBT relapse prevention (RP), have achieved only mediocre abstinence rates (Rawson et al., 2002). As a result, a brief 4-week audio bibliotherapy self-help intervention comparing CBT RP with other evidence-based interventions was proposed. Mixed design ANOVA comparing four groups (Cognitive Restructuring (CR) vs. Cognitive Defusion (CD) vs. a psycho-educational control condition (CE) vs. a wait-list control (CC)) on self-report questionnaires (e.g., Anxiety Sensitivity Index (ASI) and psychological distress) took place at pre, during, post-treatment and three and six month follow-up. 53 participants were randomly assigned to receive a CR, a CD, a CE or a CD audio-assisted self-help intervention. All conditions showed improvements over time towards the right direction; however, only the ASI psychological subscale had a significant main effect of condition. Specifically, participants receiving the CR condition showed greater reductions in Anxiety Sensitivity (psychological subscale) when compared to other conditions. There was a main effect for condition on distress levels related to challenging or accepting self-referential thoughts, with the CR condition causing overall more distress than the CD condition. Present findings aid in the deeper understanding of CD and CR techniques and their impact on DD treatment outcomes when used in a 4-week, self-help context.

- ACT Guide: Development and Implementation of a Large-Scale Online Self-Help Program for General Mental Health Based on Acceptance and Commitment Therapy

Korena Klimczak, B.S., Utah State University
Carter H. Davis, B.F.A., Utah State University
Michael P. Twohig, Ph.D., Utah State University
Michael E. Levin, Ph.D., Utah State University

Online mental health programs offer potential in bridging treatment barriers, enhancing face-to-face treatments, and widening the reach of mental health care (Newman et al., 2011). However, while the availability of online mental health resources has steadily increased, many such programs are not empirically-supported (Parks, Schueller, & Tasimi, 2013). To address this gap in empirically supported, but also publicly available online self-help options, we developed and recently launched ACT Guide, an online program for general mental health based on Acceptance and Commitment Therapy (ACT). Various iterations of the program were previously tested in clinical trials, and we developed a modified version aimed towards a broad public audience. Furthermore, we designed ACT Guide using a web-based platform which provides digital security, inexpensive maintenance, and flexibility in design that will allow for future adaptations geared towards specific clinical populations. This talk will present data on program engagement from an initial sample of approximately 550 users of ACT Guide. While clinical trials of online self-help demonstrate relatively high engagement rates, they often do not reflect use in contexts outside of research (Baumel, Edan, & Kane, 2019). Accordingly, these data will provide insights into the natural use of online mental health programs. The development, launch, and usage patterns of ACT Guide will be discussed in the context of implications for online mental health programs, and directions for improvement.

- A Consideration of Willingness: Recommendations for Engaging in Telemental Health with Individuals Deemed to be at High Risk for Suicide

Erika Shearer, Ph.D., VA Puget Sound Health Care System
Meghan McGinn, Ph.D., VA Puget Sound Health Care System
Bradford Felker, M.D., VA Puget Sound Health Care System

Clinical Video Telehealth (CVT) is an internet-based, video teleconferencing technology that allows for providers to connect with their clients in real time. There is a growing body of evidence supporting the safe and effective use of CVT in the provision of mental health services and the benefits of utilizing this modality, such as increasing access and reducing rates of hospitalization, have been widely cited. At the same time, providers express concerns about working with individuals at risk for suicide via this modality, and many clinical trials have excluded individuals with suicide risk factors. This creates a juxtaposition such that those who are most in need of

mental health services are excluded from using CVT due to perceptions that the modality is not appropriate for high-risk clients. The present paper reviews the literature, professional guidelines, and laws that pertain to the provision of mental health services via CVT with high-risk clients. Utilizing an Acceptance and Commitment Therapy lens, suggestions for adapting existing best practice recommendations for assessing and managing suicide risk to CVT delivery are presented.

- A Telehealth-Supported Online Program Based on Acceptance and Commitment Therapy and Relational Frame Theory for Patients with Functional Somatic Symptoms

Katariina Keinonen, University of Jyväskylä
Sanna Selinheimo, Finnish Institute of Occupational Health
Tiina Paunio, University of Helsinki
Aki Vuokko, Finnish Institute of Occupational Health
Markku Sainio, Finnish Institute of Occupational Health
Raimo Lappalainen, University of Jyväskylä

Evidence-based treatments of functional somatic symptoms (FSS) and medically unexplained symptoms have resulted in only small to moderate effect sizes. One method of improving the efficacy and applicability of such interventions is to develop more personalized treatment protocols. This paper describes the protocol of an ongoing randomized controlled trial examining the effectiveness of a web-based program based on Relational Frame Theory and Acceptance and Commitment Therapy to improve wellbeing and psychological flexibility among patients suffering from FSS. The intervention includes a video meeting with a medical doctor and two video meetings with a psychologist as well as weekly written feedback from a psychologist during the 12-week supported web program. We will present preliminary data and an evaluation of the acceptability of the protocol. Challenges in the treatment and rehabilitation of FSS and medically unexplained symptoms will be discussed.

Educational Objectives:

1. Compare the advantages and challenges of various mental health technologies such as telehealth and web-based platforms
2. Decide appropriate modalities of digital mental health to use with specific clinical populations
3. Integrate the application of technology with acceptance- and mindfulness-based interventions to deliver care in a theory-consistent manner

12. Empirical research on ACT focused on disrupting repetitive negative thinking

Symposium - Thursday, July 16 (10:15 AM - 11:45 AM)

Components: *Original data*

Categories: Clinical Interventions and Interests, Relational Frame Theory, RNT-focused ACT

Target Audience: Beginner, Intermediate, Advanced

Chair: Francisco Ruiz, Fundación Universitaria Konrad Lorenz
Barbara Gil-Luciano, Nebrija University and Madrid Institute of Contextual Psychology (MICPSY)
Louise McHugh, University College Dublin
Fabián Olaz, National University of Córdoba
Daniela Salazar, Fundación Universitaria Konrad Lorenz
Carmen Luciano, University of Almeria and Madrid Institute of Contextual Psychology

An increasing body of research is showing promising results of brief ACT protocols focused on repetitive negative thinking (RNT) for several clinical problems. However, all clinical studies have been conducted in Colombia, additional experimental research is needed to support the main tenets of RNT-focused ACT, and applications to additional problems is needed. This symposium will present recent research addressing the abovementioned limitations. The first study will present an experimental analog that concluded that a defusion protocol that incorporated explicit hierarchical cues and targeted the hierarchical trigger for RNT was more effective than defusion protocols that did not include both components. The second study presents data of a randomized clinical trial conducted with Argentinean undergraduates with high levels of RNT. The third study presents a replication in two countries (Ireland and Brazil) of a previous study that tested the efficacy of a 2-session RNT-focused ACT protocol. Lastly, the fourth study showed the efficacy of a 3-session protocol in breakup grief.

- Differential effect of the trigger for RNT selected and the type of relational cues involved in defusion

Bárbara Gil-Luciano, Madrid Institute of Contextual Psychology
Daniel Tovar, Fundación Universitaria Konrad Lorenz
Tatiana Calderón-Hurtado, Fundación Universitaria Konrad Lorenz
Beatriz Sebastián, Madrid Institute of Contextual Psychology
Francisco J. Ruiz, Fundación Universitaria Konrad Lorenz

Research has shown that incorporating explicit hierarchical relations between private events and the self, potentiates the effect of defusion exercises. However, this effect has not been tested in inductions of repetitive negative thinking (RNT). Additionally, the type of trigger for RNT addressed in defusion exercises might be relevant. In this experimental analog, we analyzed the effect of slightly different defusion protocols in the distress and concentration on a working memory task following an RNT induction. In Condition 1, defusion exercises incorporated hierarchical cues and were directed to the trigger at the top of the hierarchy. Condition 2 was the same but did not include hierarchical cues. Condition 3 was the same as Condition 1, but the defusion exercises were directed to a trigger at a lower level of the hierarchy. Lastly, defusion exercises in Condition 4 did not include hierarchical cues and were directed to a lower level trigger. The results showed that the protocol of Condition 1 outperformed the remaining conditions.

- Acceptance and commitment focused on repetitive negative thinking for university psychology students: A randomized controlled trial

Fabián Olaz, National University of Córdoba

Clara Roberts, National University of Córdoba

Repetitive negative thinking (RNT) in the form of worry and rumination, has been repeatedly identified as a central dimension involved in the onset and maintenance of emotional disorders. Recent studies suggest that both forms of RNT are counterproductive strategies of experiential avoidance since they usually arise in response to stressful situations. The present study analyzed the effect of a 6-session RNT-focused Acceptance and Commitment Therapy (ACT) group intervention. The sample consisted of 21 university students from Argentina, selected by accidental non-probabilistic sampling. A pre-post-test experimental design with waiting list control group was used. The instruments used for the evaluation of the dependent variables were the Perseverative Thought Questionnaire (PTQ, Ehring et al., 2011), Five Mindfulness Factors Questionnaire (FFMQ, Five Facet Mindfulness Questionnaire; Baer, Smith, Hopkins, Krietemeyer and Toney, 2006), Acceptance and Action Questionnaire (AAQ II), and Derogatis SCL-90-R Symptom Inventory (1994). The results showed that the treatment was effective, with significant results and large and medium effect sizes in the decrease of RNT processes and other related dependent variables.

- Efficacy of a brief ACT protocol in reducing repetitive negative thinking in Ireland and Brazil

Caroline Leao de Moraes, University College Dublin

Louise McHugh, Ph.D., University College Dublin

Roberta Kovac, Nucleo Paradigma

Francisco J. Ruiz, Fundación Universitaria Konrad Lorenz

Repetitive Negative Thinking (RNT) involves recurrent aversive, intrusive thoughts, which include rumination and worry. Former research has shown that RNT tends to maintain and amplify suffering over time and is a transdiagnostic issue. To date, a number of studies have demonstrated the efficacy of brief Acceptance and Commitment Therapy (ACT) interventions for RNT with Colombian (Spanish speaking) cohorts. The current paper will present on a replication and extension of previous two-sessions ACT protocols for RNT with English and Portuguese speaking cohorts. The study design was an A-B multiple baseline of Single-Case Experimental Design (SCED) with 30 participants across both sites (15 in Ireland and 15 in Brazil). The results support the utility of a brief ACT RNT intervention across cultural contexts and languages. The findings will be discussed in terms of the implications for the use of ACT interventions for coping with RNT.

- RNT-focused ACT for complicated breakup grief: A multiple-baseline design study

Diana P. Medina-Reina, Fundación Universitaria Konrad Lorenz

Francisco J. Ruiz, Fundación Universitaria Konrad Lorenz

Daniela M. Salazar, Fundación Universitaria Konrad Lorenz

The breakup of a romantic relationship can have important behavioral and emotional consequences that might lead to experiencing complicated grief. However, few empirical research has tested psychological interventions for this problem. This study analyzed the efficacy of a three-session protocol of acceptance and commitment therapy (ACT) focused on repetitive negative thinking (RNT) in the treatment of complicated breakup grief in three women. A nonconcurrent, randomized multiple-baseline design was conducted. Participants showed very large decreases in breakup distress and emotional symptoms, and large increases in life satisfaction. The effects were also large for measures of RNT, experiential avoidance, cognitive fusion, and valued living. RNT-focused ACT protocols seem to be helpful in cases of complicated breakup grief.

Educational Objectives:

1. List the evidence supporting RNT-focused ACT protocols in several contexts and countries
2. Incorporate empirical evidence in the components of defusion protocols that maximize their effects
3. Apply RNT-focused ACT to breakup grief

13. Righteous Indignation, Forgiveness and Reconciliation

Workshop - Thursday, July 16 (10:15 AM - 11:45 AM)

Components: *Didactic presentation, Experiential exercises*

Categories: Clinical Interventions and Interests, Clinical Interventions and Interests, Forgiveness and reconciliation

Target Audience: *Beginner, Intermediate, Advanced*

Hank Robb, Private Practice

One might say that righteous indignation is “the drug of choice for humans” for with words alone one can move from the deflation and pain of sorrow to energy and anesthesia. Separating the actions of forgiveness and reconciliation, one can let go of righteous indignation with forgiveness and then choose whether it is wise to take another chance with those individuals and circumstances which have brought pain in the past. This workshop will demonstrate each of these didactically and experientially.

Educational Objectives:

1. Identify and defuse from righteous indignation
2. Use the metaphor of “holding the facts against someone” to demonstrate the experience of forgiveness
3. Describe the distinctions between forgiveness and reconciliation

14. Diversity, Intersectionality & Training Graduate Students: An ACTIVE Approach

Workshop - Thursday, July 16 (10:15 AM - 11:45 AM)

Components: *Didactic presentation, Experiential exercises, Literature review*

Categories: Supervision, Training and Dissemination, Educational settings, Diversity, Supervision, Training

Target Audience: *Beginner, Intermediate, Advanced*

Sandra Georgescu, contextualCBTcenter

Khashayar Farhadi Langroudi, University of San Francisco

Training programs, workshops, and academic settings increasingly involve working with individuals who may hold multiple identities and come from various backgrounds. Diversity issues therefore regularly come up in supervision, training, and experiential workshops. How these issues are received and worked through, can foster a long-lasting impact on the experience of graduate students, trainees and future clinicians, creating a carry-forward effect on their work with clients. Organizations and academic settings have faced this intersectionality in a number of ways. In this workshop, we will use a Contextual Behavioral lens to help participants navigate intersectionality. This workshop will include a brief review of the literature, highlight common training issues, and offer a Processed Based approach to navigating “difference”.

Educational Objectives:

1. Explain the most common diversity issues that present in a training context
2. Articulate diversity from a Contextual Behavioral perspective
3. Use one process-based intervention to overcome impasses around issues of diversity

15. How to be a Citizen Climate Scientist and Activist: Understanding the Community Need and Making an Action Plan

Workshop - Thursday, July 16 (10:15 AM - 11:45 AM)

Components: *Didactic presentation, Experiential exercises, Literature review, Role play*

Categories: Other, Prevention and Community-Based Interventions, Climate Change; Sustainability

Target Audience: *Beginner, Intermediate, Advanced*

Julia Fiebig, ABA Global Initiatives & Ball State University

Lisa Coyne, McLean Child and Adolescent OCD Institute/Harvard Medical School

Anthony Biglan, Oregon Research Institute

Tiffany Dubuc, University of Nevada, Reno; King Faisal Specialist Hospital & Research Center

As follow-up to the plenary on climate change and community level action, the beginning of this workshop will briefly provide a overview of current data findings and initiatives of the Behavior Science Coalition’s Climate Change Taskforce and provide workshop attendees with an overview of high impact actions at the individual and community level in the fight against climate change. Regardless of personal/professional/geographical context every individual has something to contribute and is needed. Participants will have the opportunity to identify which actions they might take in their own

contexts to galvanize community level change and discuss this in small groups and with the larger group. Workshop participants will leave the workshop having developed their own personal action plan and will have the opportunity to identify an accountability partner, as well as, further participate in Climate Change Task Force efforts. Using didactic presentation, exercises, role plays, and demonstrations, presenters will engage clinicians in discussion about specific committed action they can take to support sustainable, climate-conscious behaviors at the individual, community, and policy levels.

Educational Objectives:

1. Identify high impact actions and activities that reduce greenhouse gas emissions and describe the review of current literature on community interventions to reduce GHG emissions
2. Identify behavioral strategies for changing behavior related to climate change
3. Identify and commit to actions they will take to apply behavior science to reduce behaviors that contribute to GHG emissions in their own community

16. The unit of analysis in contingency-shaped and rule-governed behavior

Panel - Thursday, July 16 (12:30 PM - 2 PM)

Components: *Conceptual analysis*

Categories: Theoretical and philosophical foundations, Relational Frame Theory, Rule-governed behavior

Target Audience: Beginner, Intermediate, Advanced

Chair: Francisco Ruiz, Fundación Universitaria Konrad Lorenz

Carmen Luciano, University of Almeria and Madrid Institute of Contextual Psychology

Kelly Wilson, University of Mississippi

Michael J. Dougher, University of New Mexico

Linda Parrott Hayes, University of Nevada, Reno

Steven Hayes, University of Nevada, Reno

The 50-year-old Skinner's distinction between contingency-shaped and rule-governed behavior opened a long road for analyzing complex human behavior. The core of Skinner's analysis is the question of what is controlling behavior or, alternatively, the functions that control responding. This directly points to the unit of analysis from a functional-analytic perspective. A long time ago, problems emerged regarding how to identify the functions that are controlling these behaviors and, even more importantly, the conceptual analysis of what are contingencies, rules, and rule-governed behavior. Relational Frame Theory provided the context for analyzing derived relational responding and, thus, the emergence of functions other than those established directly. However, relevant problems persist today concerning the unit of analysis adopted to analyze rule-governed behavior. In this panel, leading experts in behavior analysis and contextual behavioral science will discuss how to approach the analysis of language and rule-governed behavior, the appropriate unit of analysis adopted, and how to measure psychological functions. In a nutshell, this panel will discuss how we can generate a horizon to understand and influence complex human behavior.

Educational Objectives:

1. Identify the units of analysis adopted from different perspectives in the understanding of complex human behavior
2. Explain the unit of analysis adopted from a relational frame theory perspective
3. Explore the implications of selecting a particular unit of analysis

17. Evolving health services towards clinical process-based models to manage chronic diseases (mental and/or physical)

Invited - Thursday, July 16 (12:30 PM - 2:00 PM)

Components: *Case presentation, Conceptual analysis, Didactic presentation, Experiential exercises, Original data*

Categories: Clinical Interventions and Interests, Behavioral medicine, Process-based pathways and CBS-consistent clinical models

Target Audience: Beginner, Intermediate, Advanced

Graciela Rovner, ACT Institutet Sweden & Karolinska Institutet

Are you delivering your interventions based on old and traditional health care structures? Are you still meeting patients individually because their responsiveness to groups is uneven? And does this limit your availability for other patients? Are you systematically assessing and treating lifestyles that are related to chronic conditions? Health care has been uniquely slow to innovate. The urgent need to prevent and treat chronic conditions requires the implementation of tailored interventions for sustainable lifestyle changes. For that to happen, integrative and evidence-based clinical models that streamline clinical pathways are required. ACTiveRehab is a unique empirically developed clinical model that identifies distinct patterns of psychological flexibility. This algorithm guides the practitioner to reorganize clinical pathways by modularizing the ACT processes in a stepwise manner. Get inspired by the development and research behind ACTiveRehab and its results. We will explore how to modularize and tailor interventions for transdiagnostic groups with shared patterns of PF. We will discuss how ACTiveRehab can flexibly adapt to different settings, from private practice to integrated primary care and university hospitals.

Educational Objectives:

1. Explain how you could modularize your intervention for transdiagnostic groups of clients with shared patterns of psychological flexibility
2. Plan for sustainable lifestyle changes and self-care behaviors in a stepwise and modularized manner for clients with different patterns of psychological flexibility
3. Recognize two structural issues in your clinical setting that can be improved by implementing the ACTiveRehab algorithm (stepwise clinical pathways)

18. Therapeutic processes of change: How do psychological flexibility variables relate to important treatment outcomes?

Symposium - Thursday, July 16 (12:30 PM - 2:00 PM)

Components: *Conceptual analysis, Literature review, Original data*

Categories: Clinical Interventions and Interests, Other, ACT processes across therapy contexts

Target Audience: *Intermediate*

Chair: Mary (Kati) Lear, Portland Psychotherapy Clinic, Training, and Research Center
Lauren Borges, Rocky Mountain MIRECC
Michael Levin, Utah State University
Jason Luoma, Portland Psychotherapy Clinic, Research, and Training Center
Joel Fishbein, University of Colorado Boulder
Sean Barnes, Rocky Mountain MIRECC

Acceptance and Commitment Therapy (ACT; Hayes et al., 2012) asserts that human suffering is exacerbated by a pattern of psychological inflexibility characterized by pervasive avoidance of emotional experiences, entanglement with distressing thoughts, entrapment in problematic self-narratives, and disconnection from values-consistent behavior. Over 300 randomized controlled trials support the use of ACT to reduce human suffering across a variety of clinical presentations (Hayes, 2020). However, further research is needed into how psychological flexibility variables (e.g., mindfulness, acceptance of emotional experiences, cognitive defusion, and contact with values) operate in a variety of contexts to influence psychotherapy process and promote relevant therapeutic outcomes. The current symposium contains a series of studies examining the influence of psychological flexibility processes on outcomes related to therapy process (e.g., client disclosure to therapist) and psychological well-being across individual, group-based, and digitally delivered therapy adaptations among outpatient therapy, college student, Veteran, and adult oncology samples. Findings inform flexible delivery of ACT interventions and enhance our understanding of the relevance of unique psychological processes in facilitating differential therapy outcomes.

- Experiential avoidance and shame as longitudinal predictors of client disclosure in outpatient therapy

Mary (Kati) Lear, Ph.D., Portland Psychotherapy Clinic, Research, and Training Center

Jason B. Luoma, Ph.D., Portland Psychotherapy Clinic, Research, and Training Center

Client honesty and disclosure is viewed as an integral part of psychotherapy (Blanchard & Farber, 2016) and has been linked to several therapy-advancing outcomes, including strengthened perceptions of therapeutic alliance and positive post-disclosure emotional experiences among clients (Farber, Berano, & Capobianco, 2004). Despite the potentially therapeutic effects of disclosure, a significant portion of clients in outpatient therapy endorse having kept secrets or concealed relevant information from their therapist, with estimates ranging from 26 – 93 percent across samples (e.g., Blanchard & Farber, 2016; Baumann & Hill, 2016; Love & Farber, 2017). Shame

around disclosure topics and desire to avoid aversive internal states, such as shame, anxiety, or perceptions of judgment are negatively related to clients' willingness to disclose in cross-sectional studies and qualitative studies (e.g., Blanchard & Farber, 2016; DeLong & Kahn, 2014). However, it remains unclear whether these variables prospectively predict client disclosure over the course of therapy. This study tested the longitudinal influence of internalized shame (measured via internalized shame scale; ISS) and experiential avoidance (measured via AAQ-II) on client disclosure among a general clinical sample of clients enrolled in outpatient therapy (N = 60). We hypothesized that ISS and AAQ-II scores measured after session 1 would predict client likelihood of non-disclosure reported at 15-week follow up when controlling for total number of sessions attended. Based on the assumption that reductions in shame and experiential avoidance may make disclosure more likely across therapy sessions, we also tested whether change in ISS and AAQ-II scores over the 15-week period predicted non-disclosure at follow up. Logistic regression analyses indicated that only ISS and AAQ-II scores measured at baseline predicted likelihood of non-disclosure at follow up. Further, when tested simultaneously, only baseline AAQ-II scores predicted client nondisclosure, suggesting that experiential avoidance may be more central than trait shame in client willingness to share information honestly with therapists. These results suggest that therapists could use AAQ-II scores at baseline as a reliable means of assessing a client's likelihood to withhold information, which could then guide clinicians to address secrets and non-disclosure in an indicated manner that may improve outcomes.

- Examining the processes of change in the open and engaged components of acceptance and commitment therapy

Michael E. Levin, Ph.D., Utah State University

Jennifer Krafft, M.S., Utah State University

Michael P. Twohig, Ph.D., Utah State University

The psychological flexibility model specifies a set of processes of change that contribute to mental health and well-being and that are connected to specific components and therapeutic procedures. Although these processes have been examined generally in numerous ACT clinical trials, there is a lack of research evaluating whether specific processes of change vary based on the treatment components being targeted.

This study examined psychological flexibility processes in the context of a dismantling trial. Distressed college students (n=181) were randomized to a full online ACT program, online ACT targeting only the Open components (i.e., cognitive fusion, acceptance) or only the Engaged components (i.e., values, committed action), or a waitlist condition (Waitlist). Pre- to post-treatment improvements in global psychological inflexibility, cognitive fusion, acceptance, values, and committed action all predicted improvements in mental health, and relations between processes of change and mental health generally did not differ between conditions. Although each flexibility process mediated improvements in mental health for Engaged versus waitlist and Full versus waitlist conditions, only a subset of processes mediated effects for Open versus waitlist.

- Creating a Process-Based Moral Injury Intervention: Acceptance and Commitment Therapy for Moral Injury (ACT-MI)

Lauren M. Borges, Ph.D., Rocky Mountain Mental Illness Research, Education, and Clinical Center

Jacob K. Farnsworth, Ph.D., VA Eastern Colorado Healthcare System

Robyn D. Walsler, Ph.D., National Center for PTSD, Dissemination and Training Division, VA Palo Alto Health Care System

Kent D. Drescher, Ph.D., National Center for PTSD

Sean M. Barnes, Ph.D., Rocky Mountain Mental Illness Research, Education, and Clinical Center

Acceptance and Commitment Therapy for Moral Injury (ACT-MI) is an intervention designed to cultivate flexibility in relating to moral pain (e.g., guilt, shame, self-blame thoughts) for the purposes of living a meaningful life. (Borges, 2019; Farnsworth et al., 2017). The presentation will focus on the development of ACT-MI as a process-based group intervention for moral injury within a grant-funded randomized controlled pilot trial for warzone Veterans. Data from initial Veteran participants indicate they found ACT-MI to be acceptable (through Client Satisfaction Questionnaire scores and qualitative interview feedback [e.g., when asked if they benefitted from ACT-MI one Veteran shared, "yes. Because I was able to sit there and actually be vulnerable." Another stated, "my relationships with my family are 100% better...I don't get stuck on irrational thoughts"]). While promising, Veteran feedback also indicates the desire for more treatment, suggesting the need to bolster methods targeting flexibility in relating to moral pain. Revising group-based ACT-MI to include individually-focused case conceptualization will be described as will assessment procedures designed to identify psychological flexibility processes (ecological momentary assessment).

- Changes in experiential avoidance, valued living, self-compassion, and emotional approach coping during an ACT intervention for anxious cancer survivors

Joel Fishbein, M. A., University of Colorado Boulder

Jill Mitchell, Ph.D., M.S.W., Rocky Mountain Cancer Centers-Boulder

Sarah Genung, B.A., University of Colorado Boulder

Charles Judd, Ph.D., University of Colorado Boulder

Jonathan Bricker, Ph.D., Fred Hutchinson Cancer Research Center

Annette Stanton, Ph.D., University of California Los Angeles

Joanna Arch, Ph.D., University of Colorado Boulder

Completing primary cancer treatment and entering the 'survivorship' stage causes clinically relevant psychological distress for many cancer survivors. We investigated whether ACT improves experiential avoidance and valued living in cancer survivors in a randomized controlled trial of ACT vs. minimally enhanced usual care (MEUC) for cancer survivors who reported daily anxiety or depression symptoms and elevated anxiety about cancer/survivorship. We measured experiential avoidance using the Brief Experiential Avoidance Questionnaire (BEAQ) and valued living with the Bulls-eye Values Survey (BEVS). These measures were administered to all participants (N = 139, range 1.5-24 months post-treatment) at Pre-, Mid-, and Post-intervention, and at 3- and 6-month follow-up timepoints, and additionally to ACT participants session-by-session. As secondary processes also putatively targeted by ACT, we measured self-compassion using the Self Compassion Scale Short Form and emotional approach coping using the Emotional Approach Coping Scale (expression and processing subscales), administered to all participants at Pre-, Mid-, and Post-intervention, and at 3- and 6-month follow-up. We hypothesized that: 1) ACT participants would show session-by-session improvement in experiential avoidance and valued living, 2) participants would show linear improvement in all four outcomes from Pre to 6-month follow-up, and 3) ACT participants would show greater improvement than MEUC participants in all processes. Addressing Hypothesis 1, we found that BEAQ and BEVS scores did improve session-by-session during the intervention (p .05). These results indicate that, though experiential avoidance and valued living improved during the intervention and follow-up period, improvement may have been due to factors besides the intervention, or may represent normative improvement. By contrast, the intervention may have more effectively targeted self-compassion and emotional approach coping. We will present data on moderators of change in these process variables, and their potential mediating effects on other outcomes, including anxiety and depression symptoms.

- ACT for Life: Increasing psychological flexibility to decrease the impact of suicidal thoughts and urges.

Sean M. Barnes, Ph.D., Rocky Mountain Mental Illness Research, Education, and Clinic Center
Lauren M. Borges, Ph.D., Rocky Mountain Mental Illness Research, Education, and Clinic Center
Geoffrey Smith, Psy.D., VA Eastern Colorado Healthcare System
Robyn D. Walser, Ph.D., National Center for PTSD, VA Palo Alto Healthcare System
Jeri Forster, Ph.D., Rocky Mountain Mental Illness Research, Education, and Clinic Center
Trisha A. Hostetter, MPH, Rocky Mountain Mental Illness Research, Education, and Clinic Center
Nazanin H. Bahraini, Ph.D., Rocky Mountain Mental Illness Research, Education, and Clinic Center

ACT for Life is an individual treatment protocol designed to prevent suicidal behavior and maximize functioning by increasing clients' psychological flexibility and helping them build lives they will deem worth living. Data will be presented from a randomized controlled acceptability and feasibility study in which 70 Veterans hospitalized for risk of self-harm were randomized to receive ACT for Life plus treatment as usual (TAU) or TAU alone. Unlike interventions focused on reducing suicidal ideation, ACT for Life participants work to increase their ability to accept and defuse from suicidal thoughts and urges and behave consistently with their values. These change processes were assessed with a newly adapted version of the Cognitive Fusion Questionnaire focused on suicidal ideation, as well as traditional measures of psychological flexibility (e.g., the Acceptance and Action Questionnaire - II). The current presentation will include a description of change in psychological flexibility variables during treatment and at one and three-month follow-up, and compare changes in psychological flexibility among participants who reported clinically meaningful changes in outcomes vs. those participants who did not.

Educational Objectives:

1. Describe the role of psychological flexibility processes in predicting treatment outcomes for individual, group-based, and digital adaptations of Acceptance and Commitment Therapy
2. Select self-report measures of psychological flexibility that demonstrate clinical utility in predicting therapy process and outcomes
3. Identify secondary processes relevant to improvement of psychological flexibility in treatment, such as self-compassion and emotional approach coping

19. Shaping Psychological Flexibility with Real-Time Functional Feedback

Workshop - Thursday, July 16 (12:30 PM - 2:00 PM)

Components: *Conceptual analysis, Didactic presentation, Experiential exercises, Role play*

Categories: Clinical Interventions and Interests, Performance-enhancing interventions, Shaping Behavior, Functional Analysis

Target Audience: Intermediate

Lou Lasprugato, Sutter Health

Thomas Szabo, Florida Institute of Technology

Rikke Kjelgaard, ACT Danmark / Human ACT Sweden

Stock ACT exercises and metaphors that help clinicians introduce new repertoires and promote psychological flexibility abound. However, practicing ACT organically and functionally can remain

challenging for many clinicians. As therapists, we may find ourselves returning to old exercises and missing opportunities to create precise, efficient interventions in the moment. We may overlook client feedback that could sharpen our clinical effects. When focused on doing it right, we can easily miss the client in the room or forget to ask clients to make commitments for practice and tracking the effects of their actions.

This workshop will be facilitated by three peer-reviewed ACT trainers who combine practical functional analysis and contextual behavioral approaches to guide clinical conversations. We will demonstrate how to 1) assess the function of verbal repertoires in flight; 2) promote behavioral variation through modeling, evoking, and reinforcing within therapeutic exchanges; and 3) foster selection and retention of new behavior through in-session rehearsal. Participants will have opportunities within breakout group sessions for practicing these skills while incorporating real-time feedback offered by peers and presenters.

Educational Objectives:

1. Apply an integrated approach of behavioral intervention and functional analysis to guide clinical conversations.
2. Demonstrate how to shape psychological flexibility through modeling, evoking, and reinforcing within therapeutic exchanges.
3. Deliberately make use of observed and verbalized functional feedback to sharpen clinical skills

20. Working with End of Life, Dying, and Grief

Workshop - Thursday, July 16 (12:30 PM - 2:00 PM)

Components: *Case presentation, Conceptual analysis, Didactic presentation, Experiential exercises, Literature review, Role play*

Categories: Clinical Interventions and Interests, Behavioral medicine, End of Life

Target Audience: *Beginner, Intermediate, Advanced*

Jennifer Gregg, San Jose State University

Dianne Shumay, University of California at San Francisco

Growing evidence supports the efficacy of psychosocial interventions for patients with end-stage disease, both in terms of distress reduction and meaning enhancement and preparation for end of life (Rodin, An, Shnall, & Malfitano, 2020). From a contextual behavioral science perspective, mindful noticing of the present, awake and aware, provides the backdrop for perspective-taking, observing, defusing, accepting, noticing, and choosing as death approaches. This workshop will focus on what it means to live this finite life, and to love those we will eventually lose. We will discuss the implementation of specific contextual behavioral science skills in therapy with individuals with shortened life expectancy, provide exercises and role-plays for working with end of life issues from initial diagnosis to coping with pain and fear related to death and dying, and discuss interventions for grief and loss.

Educational Objectives:

1. Describe a contextual behavioral science perspective on end of life distress and grief
2. Demonstrate specific skills to assist patients and caregivers in increasing mindful awareness and values-related actions in an end-of-life context
3. Describe strategies for therapists to decrease their own reactivity in end-of-life therapeutic work

21. Functional Analytic Psychotherapy (FAP) and the Soul of the Clinician: Cultivating the Sacred in Therapy and Beyond

Workshop - Thursday, July 16 (12:30 PM - 2:00 PM)

Components: *Conceptual analysis, Didactic presentation, Experiential exercises, Literature review, Original data, Role play*

Categories: Clinical Interventions and Interests, Performance-enhancing interventions, Therapeutic Alliance

Target Audience: *Beginner, Intermediate, Advanced*

Mavis Tsai, University of Washington

Serena Wong, Bowling Green State University

Robert Kohlenberg, University of Washington

Sacred moments are transcendent, timeless, and life-changing. They are moments filled with deep interconnectedness, awe, gratitude, or timeless truth. Clients report that they have been transformed by the sacred moments experienced in therapy, and providers find that sacred moments make their work most meaningful and sustaining. In this workshop, you will explore how you can create and deepen sacred moments with Functional Analytic Psychotherapy (FAP), a treatment that uses functional analysis to foster deep and healing relationships. By focusing on the subtle ways clients' daily life problems occur in therapy and by augmenting the therapist repertoires identified as awareness, courage and love (behaviorally defined), many sacred moments are created. FAP calls for therapeutic stances and techniques that no single orientation would predict, and provides a conceptual framework that will supercharge your next session. A model also will be presented for how to disseminate FAP more broadly by going beyond the therapy office to bring together individuals who want to connect more open-heartedly and support one another in rising to live more true to themselves.

Educational Objectives:

1. Practice the rules of Functional Analytic Psychotherapy which lead to the cultivation of sacred moments in treatment
2. Identify your own therapist avoidance repertoires, and gain a more functionally precise understanding of the contexts in which commonly used interventions may be inadvertently counter-therapeutic
3. Implement the FAP principles of Awareness, Courage and Love beyond the therapy room to impact greater change and to increase sacred moments in your community

22. When Time Matters: A Process Based Approach to Brief ACT Interventions

Workshop - Thursday, July 16 (12:30 PM - 3:45 PM)

Components: *Case presentation, Conceptual analysis, Didactic presentation, Role play*

Categories: Clinical Interventions and Interests, Supervision, Training and Dissemination, Brief ACT Interventions

Target Audience: Intermediate

Kirk Strosahl, HeartMatters Consulting LLC

Patti Robinson, Mountainview Consulting Group, Inc.

More and more clinicians are practicing in contexts that require delivery of brief, sometimes single session, interventions (i.e., health care, schools, jails, nursing homes). Even therapists working in traditional contexts are being pressured to "do more, with less". Fortunately, research shows that very brief interventions produce surprisingly powerful and durable clinical benefits. Adopting a process-based, brief intervention approach will allow the clinician to produce powerful results in those contexts where time matters. In this workshop, we will explore Focused Acceptance and Commitment Therapy (fACT) as a method for targeting four potent process-based change mechanisms within every clinical conversation: developing context-sensitivity; creating observational distance from, and acceptance of, private experience; reformulating self-instructional rules to encourage approach behaviors, increasing behavioral variability to identify workable actions. Participants will learn how to organize the "flow" of the clinical conversation to optimize the impact of these potent change mechanisms within each and every contact with the client. Video demonstrations and guided dyadic role play practice will help participants learn skills that they can be applied immediately in clinical practice.

Educational Objectives:

1. Describe the four underlying process based change mechanisms of Focused Acceptance and Commitment Therapy (fACT)
2. Conduct a process-based, contextually focused clinical interview that organizes the "flow" of the conversation with the client
3. Create and implement a clinical intervention that integrates the four underlying process-based change mechanisms

23. Taking ACT beyond the therapy room and academia: How to write for and talk to the general public

Panel - Thursday, July 16 (2:15 PM - 3:45 PM)

Components: *Conceptual analysis*

Categories: Supervision, Training and Dissemination, Professional Development, Popularization of ACT-consistent ideas

Target Audience: Beginner, Intermediate, Advanced

Chair: Jelena Kecmanovic, Arlington/DC Behavior Therapy Institute

Matthew McKay, The Wright Institute

Jenna LeJeune, Portland Psychotherapy Clinic, Research, and Training Center

Laura Silberstein-Tirch, The Center for Compassion Focused Therapy

The panel will bring together ACT academics and therapists who have successfully published articles and books for the general public or who have developed a podcast aimed at wide audiences. The panel participants are Dr. Matthew McKay, who has published more than 30 books that have sold more than three million copies, Dr. Laura Silberstein-Tirch, who authored a new book "How to be nice to yourself", Dr. Jenna LeJeune, who co-hosts the "Beyond Well" podcast, and Dr. Jelena Kecmanovic, who has written for several national newspapers and magazines. The panelists will share their experiences in tailoring their writing for (or speaking to) general audiences, pitching, publishing or producing, and marketing their work. Some of the questions they will answer are: 1) How do you start writing/presenting to general audiences? 2) What is most rewarding about doing this work? 3) What are the biggest challenges and obstacles and how to overcome them? 4) What is the best piece of advice you can give to mental health professionals interested in this work?

Educational Objectives:

1. Discuss different ways in which ACT professionals can write for or speak to general audiences
2. Describe the process of pitching, publishing or producing, and marketing their work, tailored to the general public
3. Explain the common internal and external obstacles that stand in the way of popularizing our ACT knowledge

24. ACT and Zen: What if Zen is the Chosen Valued-Direction?

Invited - Thursday, July 16 (2:15 PM - 3:45 PM)

Components: *Didactic presentation*

Categories: Professional Development, Professional Development, Zen, Dogen, ACT, Buddhism, Mindfulness, and Compassion

Target Audience: Beginner, Intermediate, Advanced

Akihiko Masuda, University of Hawaii at Manoa

To date, there are a number of papers and dialogues that highlight the areas of convergence between ACT and Buddhism. In this talk, I would like to examine this relationship further through following the perspective of Dogen Zen. Dogen Zen is a school of Zen Buddhism that was evolved from the original Buddhism. The aim of Dogen Zen is the actualization of true self, which can be manifested in the form of boundless compassion, wholeheartedness, and simple life. This value-laden aspect of Soto Zen points to a specific direction in therapy that can be incorporated into ACT. At the same time, some of the directions that clients and ACT therapists pursue may not be aligned with that of Soto Zen. To highlight this convergence and divergence, first I am going to present Dogen Zen's notion/experience of true self in detail. Then, I am going to discuss how desire and values can be played with from the standpoint of true self. Finally, I would like to share everyday actions that are guided by true self.

Educational Objectives:

1. Articulate the concept of true self in Dogen ZEN
2. Articulate how Dogen Zen views values and desires and its undemanding of values and desire may be different from those in ACT
3. Identify and promote true self-informed behavior in everyday life

25. From 1948 to 1984—Exploring the CBS Tradition

Symposium - Thursday, July 16 (2:15 PM - 3:45 PM)

Components: *Conceptual analysis, Didactic presentation, Literature review*

Categories: Theoretical and philosophical foundations, Other, Behavioral conceptualization, interbehavioral conceptualization, Organizational behavior management, Radical Behaviorism

Target Audience: Intermediate, Advanced

Chair: Eva Lieberman, University of Louisiana at Lafayette

Patrick Friman, Boys Town and The University of Nebraska School of Medicine
Kelly Wilson, University of Mississippi
Emily Sandoz, University of Louisiana at Lafayette
Steven Hayes, University of Nevada, Reno
Karen Kate Kellum, University of Mississippi
Michael J. Dougher, University of New Mexico

Contextual Behavioral Science has roots deep in the behavioral tradition. Not the narrow, mechanical caricature of behaviorism taught in the textbooks. Not the behaviorism that has been reported dead on many occasions. Rather, CBS emerges from a tradition of astonishing breadth, depth, and richness. Many who are new to ACBS did not come to the work via this theoretical and philosophical tradition. In this symposium, contributors will provide discussion of papers that inspired passion for the evolving behavioral tradition you see in CBS today.

Four canonical papers will be discussed:

Parrot, L. J. (1984). Listening and understanding. *The Behavior Analyst*, 7, 29-39.

Day, W. F. (1969). Radical behaviorism in reconciliation with phenomenology. *Journal of the Experimental Analysis of Behavior*, 12, 315-328.

Skinner, B.F. (1948). *Walden Two*. Indianapolis: Hackett Publishing Company.

Ferster, C. B. (1972). An experimental analysis of clinical phenomenon. *The Psychological Record*, 22, 1-16.

- The Wild and Wonderful Willard Day and the History of CBS: Radical Behaviorism in Reconciliation with Phenomenology

Kelly Wilson, Ph.D., University of Mississippi

When I was an undergraduate, I had the great good fortune to spend some time with Willard Day and to read stacks of his published and unpublished work. Willard's work served as a permission slip to use behavioral science in the exploration of all of the richness and complexity of human behavior:

"What is needed is extensive descriptive analysis of verbal behavior controlled by observable events that are likely to be identified by the speaker as his own conscious experience, his inner subjective feelings, or his private hopes, fears, and aspirations. Without such a behavioral analysis, coverage of the obviously interesting aspects of human functioning will remain incomplete."

I took this as not only permission, but also as a call to arms. CBS could and would be a place where every nook and cranny of human experience was a proper subject matter. The quotation above is from Willard's extraordinary paper *Radical Behaviorism in Reconciliation with Phenomenology*, published in 1969 in the most hard-core of basic behavior analysis journals, *The Journal of the Experimental Analysis of Behavior*! We will examine article, its influence on me and its meaning in contemporary contextual behavioral science.

- The Importance of *Walden Two* for Contextual Behavioral Science

Steven C. Hayes, Ph.D., University of Nevada

Physical scientist can avoid thinking of the personal implications of their work—behavioral scientist cannot. Such questions as "Why am I doing this? What do I want? Why do I care?"

shape the very subject matter of their discipline. *Walden Two* was an attempt by a specific individual to answer such questions. An intellectual hero to many thousands of people, including me, B. F. Skinner took weeks out of his schedule as a young academic to write a novel. It wasn't just any novel—it was a story that showed why he believed that his highly precise work with nonhuman animals might bear on the most important questions about human action.

When this book was written (in 1945, under the title *The Sun is But a Morning Star*) behavioral principles were rarely used. Behavior therapy did not exist. Organizational behavior management was just an idea. But World War II has just ended with a blinding demonstration that not only did science matter to human affairs—it could be deployed in ways that could threaten human existence itself. This book was an aspirational answer from a man who would one day, about 20 years from the publication of this book, be the best-known scientist on the planet. Skinner said, in effect, that if behavioral science keeps its eyes on the prize, one day soon it might be used by the public to foster human prosperity—not as a top-down exercise but rather one that was bottom-up, facilitated by increased knowledge about how behavior works. He was right, but not about the timing. It is 75 years later. I will argue in this talk that the dream of *Walden Two* is alive and well inside CBS and that the "one day soon" he was speaking of, is now.

- Understanding Understanding: A Review of Parrott's 1984 Article, "Listening and Understanding" for the Modern Contextualist

Emily K. Sandoz, Ph.D., University of Louisiana at Lafayette

Karen Kate Kullum, Ph.D., University of Mississippi

Listener behavior is central to almost every behavior of interest to contextual behavioral scientists. And yet behavior analysis, as a field, has often struggled with analyses of these responses. Traditionally, behavior analysts have often assumed the participation of listener behavior in contingencies and behavior-behavior relations

without analyzing the conditions under which it is and is not likely to be evoked. In 1984, Dr. Linda Parrott (later, Hayes) reviewed Skinner's treatment of listener behavior and provided an interbehavioral conceptualization of Listening and Understanding. This conceptualization includes elements clearly recognizable as consistent with relational frame theory's account of verbal behavior. It also has direct implications for understanding and intervening on the therapeutic process. This presentation will unpack Parrot Hayes' canonical account of listening and understanding, and offer personal impressions of implications for the contextual behavioral scientist in the lab and the therapy room.

- Charles Ferster, clinical behavior analyst
Micheal J. Dougher, Ph.D., University of New Mexico

Although best known for his work with B. F. Skinner on schedules of reinforcement, Charles Ferster was actually one of the first behavior analysts to address clinical phenomena. In a remarkably insightful, thorough, prescient and seminal 1972 paper entitled "An experimental analysis of clinical phenomena," Ferster offers a behavior analytic account of depression, anxiety, and prevailing psychotherapies that integrated the state of the science at the time. Given his own experiences with psychotherapy, Ferster included in his analyses the verbal and emotional dimensions of clinical phenomena, including the client-therapist relationship, that opened the door to important areas of clinical research and influenced the development of a number of behavior analytic therapies including BAT, FAP, DBT and even ACT.

Educational Objectives:

1. Explain the important conceptualizations offered in the four canonical papers presented
2. Relate the four canonical papers presented to the emergence of contextual behavioral science
3. Discuss implications of the four canonical papers presented for continued progress in the field of contextual behavioral science

26. Improving from Intermediate to Advanced Prosocial Leadership Skills: An Experiential Workshop: Evolution Science SIG Sponsored

Workshop - Thursday, July 16 (2:15 PM - 3:45 PM)

Components: *Experiential exercises, Role play*

Categories: Functional contextual approaches in related disciplines, Organizational behavior management, Prosocial, ACT Matrix, Organizational Leadership, Community Design

Target Audience: Intermediate, Advanced

Thomas Szabo, Florida Institute of Technology

Hannah Bockarie, Commit and Act

Stuart Libman, PLEA

Magnus Johansson, Oslo Metropolitan University

Paul Atkins, Crawford School of Public Policy (Australian National University)

Over the past decade, evolutionary and contextual behavior science leaders have teamed to expand upon Nobel Prize winning research conducted by Elinor Ostrom on the principles that govern effective group design (Ostrom, 1990; 2009; Wilson, Hayes, Biglan, & Embry, 2014). Introductory Prosocial books and facilitator courses are training group leaders across the globe. Readers and graduates of these courses are asking important questions: how do groups move from the ACT matrix to observable, measurable behaviors? What is the process for implementation? In this intermediate to advanced level workshop, you will be given an organizational profile and a role to perform. The hypothetical organization employs workers who travel to remote villages supporting survivors of intimate partner violence. You will be in character for much of the workshop and work with other performers at crafting core design principle (CDP) recommendations, gaining approval from leadership, and drafting a pilot project implementation plan. We will conclude with concrete recommendations for Prosocial activist practice. To promote climate responsibility, some of our diverse presenters will engage through remote internet conferencing technology.

Educational Objectives:

1. Contribute to an ACT matrix on one of the eight CDPs, given an organizational profile and a character to enact
2. Given an organizational profile and a character to enact, contribute SMARTER goals (Specific, Measurable, Attainable, Relevant Socially, Time-bound, Evaluated, Reinforceable) to a project implementation plan
3. Given an organizational profile and a character to enact, write socially significant, specific, measurable behavioral pinpoints and add to project management spreadsheet (pinpoint, start/end date, timeline, responsible persons, accountable person)

27. Evolving a Society That Works for Everyone: Evolution Science SIG Sponsored

Workshop - Thursday, July 16 (2:15 PM - 3:45 PM)

Components: *Conceptual analysis, Didactic presentation, Experiential exercises, Literature review*

Categories: Evolution, Prevention and Community-Based Interventions, Cultural Evolution

Target Audience: *Beginner, Intermediate*

Anthony Biglan, Oregon Research Institute

This workshop is designed to help participants identify specific behaviors they can engage in to advance the evolution of the society that works for everyone. Current capitalist societies are dominated by free market ideology, which claims that humans are selfish maximizers whose pursuit of their own economic gain benefits everyone. Market forces can select innovations that result in valuable products and services. However, they can also select harmful practices such as the marketing of tobacco, guns, unhealthful food, harmful pharmaceuticals, risky financial instruments, and fossil fuels. The workshop will present a brief overview of how harmful corporate practices have evolved. Participants will then articulate the values that they most want to see in their communities and their nations. We will then explore how participants can work to advance these values. The possibilities range from an individual working to advance their values in their circle of friends and families, reforming the practices of an organization, or joining an organization that works to reform policies and practices of an entire sector of a community or nation.

Educational Objectives:

1. Explain the evolution of harmful corporate practices
2. Identify the most important values for the society or community you live in
3. Plan specific committed action that will further the values they have for their community or society

28. How to Use Technology to Deliver and Enhance Acceptance and Commitment Therapy: ACTing with Technology SIG Sponsored

Workshop - Thursday, July 16 (2:15 PM - 3:45 PM)

Components: *Case presentation, Conceptual analysis, Didactic presentation*

Categories: Clinical Interventions and Interests, Prevention and Community-Based Interventions, Technology

Target Audience: *Beginner, Intermediate, Advanced*

Michael Levin, Utah State University

Korena Klimczak, Utah State University

Online technologies that deliver cognitive behavioral and mindfulness-based interventions have been increasing in availability, accessibility, and supporting research. These programs provide practitioners with unique opportunities for client engagement, augmenting therapy's effectiveness, and reaching clients who otherwise might not access services. However, while 90-95% of ACBS members show interest in such online programs, only 35% are familiar with them, and even less have used them with clients (Pierce, Twohig, & Levin, 2016). This workshop seeks to bridge this gap by providing practitioners with the knowledge and skills necessary to integrate such technology into their clinical work. Practitioners will learn key functions that technology-based programs serve and will review specific programs in depth, positioning them to choose programs and implementation methods best suited to their clients' needs. In this workshop we will discuss in depth the research supporting the efficacy of online ACT and its potential uses, ACT-consistent programs currently available, and how to use these programs with clients.

Educational Objectives:

1. Explain the current research supporting the use of online ACT programs
2. Describe what online programs are currently available and the key functions they provide (eg, self monitoring, skills generalization, guided mindfulness practice, etc)
3. Identify ways to use online programs in clinical work and strategies to begin adopting them in clinical practice

29. Tight or Loose? The Key to Unlocking Our Cultural Divisions

Plenary - Thursday, July 16 (4:30 PM - 5:30 PM)

Components: *Original data*

Categories: Other, Social Norms

Target Audience: *Beginner, Intermediate*

Michele Gelfand, University of Maryland, College Park

Over the past century, we have explored the solar system, split the atom, and wired the earth, but somehow, despite all of our technical prowess, we have struggled to understand something far more important: our own cultural differences. Michele Gelfand's research shows that many cultural differences reflect a simple, but often invisible distinction: The strength of social norms. Tight cultures have strong social norms and little tolerance for deviance, while loose cultures have weak social norms and are highly permissive. The tightness or looseness of social norms illuminates similar patterns of difference across nations, states, organizations, social class, and households. Many of the conflicts we encounter spring from the structural stress of tight-loose tension. By unmasking culture to reveal tight-loose dynamics, we can see fresh patterns in history, illuminate some of today's most puzzling trends and events, and see our own behavior in a new light. At a time of intense political conflict and rapid social change, this template shows us that moderation – not tight or loose extremes – has never been more needed.

Educational Objectives:

1. Understand why differences in tight-loose evolve and their consequences
2. Identify examples of tight and loose norms in different domains (nations, organizations, households, etc)
3. Assess current events and trends through a lens of tightness-looseness

FRIDAY – JULY 17

30. Using brief and low-intensity ACT interventions to intervene in chronic health conditions

Symposium - Friday, July 17 (7:15 AM - 8:45 AM)

Components: *Conceptual analysis, Literature review, Original data*

Categories: Behavioral medicine, Clinical Interventions and Interests, ACT for Chronic Health Conditions; ACT for Chronic Pain; ACT for Gastrointestinal Concerns; Brief and Low-intensity ACT interventions

Target Audience: *Beginner, Intermediate, Advanced*

Chair: Joseph Lavelle, University College Dublin

David Gillanders, University of Edinburgh

Frédéric Dionne, Université du Québec à Trois-Rivières

Graciela Rovner, Karolinska Institutet & ACT Institutet Sweden

Chronic health conditions, such as chronic pain, Irritable Bowel Syndrome (IBS), and Inflammatory Bowel Disease (IBD) significantly impact upon the physical and psychological functioning of those that experience these conditions. Growing evidence suggests Acceptance and Commitment Therapy (ACT) is an effective intervention for such chronic conditions. However, barriers ranging from limited availability of psychological therapies within services to inability of patients to commit to courses of psychotherapy restrict access to psychological intervention. As a result, brief and self-directed ACT interventions are needed which can produce meaningful impacts on the physical and psychological wellbeing of those experiencing chronic health conditions. In the first paper, Lavelle, Storan, De Dominicis, Hussey, Mulcahy, & McHugh present research on single session ACT interventions for stress in patients diagnosed with IBD. In the second paper, Gillanders, Ferreira, Angioni, Carvalho, & Eugenicos present findings on the effect of ACT-based bibliotherapy on IBS. Finally, Martel, Dionne, & Pagé share findings on the effect of ACT-based bibliotherapy and online self-help on chronic pain.

- A Single Case Experimental Design (SCED) evaluating a brief Acceptance and Commitment Therapy (ACT) intervention for stress in Inflammatory Bowel Disease (IBD)
Joseph Lavelle, M.Sc., University College Dublin
Darragh Storan, M.B., Saint Vincent's University Hospital
Noemi De Dominicis, Saint Vincent's University Hospital
Ian Hussey, Ph.D., Ghent University

Hugh Edward Mulcahy, M.D., FRCPI, University College Dublin & Saint Vincent's University Hospital
Louise McHugh, Ph.D., University College Dublin

Growing evidence suggests that increased stress is associated with greater disease activity in patients with an Inflammatory Bowel Disease (IBD) diagnosis. Despite this, few patients receive psychological interventions to reduce stress due to limited access to such interventions and limited ability to commit to long-term psychological therapy. The current study employs a randomized multiple baseline design to analyze the effect of an individual acceptance and commitment therapy (ACT) protocol in the treatment of stress in patients with an IBD diagnosis. Ten adults suffering from mild to severe stress symptoms according to the Depression Anxiety and Stress Scale-21 (DASS-21) participated in the study. Participants completed 2- to 6-week baselines without showing improvement trends in stress. Following at least two weeks of baseline, participants received a single, two hour, session of ACT. Results presented indicate intervention effects for each individual participant while an aggregate of intervention effects is presented via meta-analysis. Results indicate that further investigation of brief ACT interventions for stress in patients diagnosed with IBD is warranted.

- An implementation trial of ACT-based bibliotherapy for irritable bowel syndrome

David Gillanders, Psy.D., University of Edinburgh
Nuno Bravo Ferreira, Ph.D., University of Nicosia
Eugenia Angioni, University of Edinburgh
Sergio A. Carvalho, University of Coimbra
Maria P. Eugenicos, Ph.D., University of Edinburgh

IBS is a gastrointestinal disorder that is associated with pain, discomfort, constipation and diarrhoea. Reports of distress, self-consciousness, and avoidance are common. Studies show that ACT may be an effective treatment, this paper tested a bibliotherapy intervention. Outcomes were measured with standardised self-report questionnaires pre-treatment, and at two and six months. Forty-five participants enrolled in the study, with 36 providing data at two months, and 24 at six months. Participants were predominantly female, with an average ten-year history of IBS, and 71% of the sample had moderate or severe symptoms. At six months, participants had moderate effect size improvements on symptom severity, GI specific anxiety and large effect size changes on IBS willingness, but had not shown behavioural changes towards greater activity, or to reduce IBS avoidance behaviours. Intervention did not reduce the impact of IBS on quality of life. Bibliotherapy interventions may be useful for people with refractory IBS, though greater contact and structured exposure may be necessary to change behaviour.

- Is a Self-help Web-based ACT Intervention More Effective Than Bibliotherapy in the Management of Chronic Pain?

Marie-Eve Martel, Psy.D., Ph.D.(c), Université du Québec à Trois-Rivières, Trois-Rivières, QC (Canada)
Frédéric Dionne, Ph.D., Université du Québec à Trois-Rivières
M. Gabrielle Pagé, Ph.D., Université de Montréal, Montréal, QC (Canada)

Self-help versions of ACT for chronic pain are becoming increasingly popular given their cost-effectiveness, little requirement for therapist support and wide accessibility. However, few studies have compared the effectiveness of different formats of self-help interventions. This presentation will discuss data from a randomized controlled trial that compared two different formats of self-administered ACT for pain (web-based and bibliotherapy) to an active control group receiving education on pain. A total of 297 adults from the community with various types of pain were randomized into one of three conditions. The intervention was offered over 9 weeks and included minimal therapist contact. Participants completed questionnaires at baseline, post-intervention, and three- and six-month follow-ups. Outcomes were pain-related disability, anxiety, depression and quality of life. Results of mixed linear models showed statistically significant main effects of time for all outcomes. Results also showed significant interaction effects between groups and time for pain disability ($F = 2.91, p = .009$) and anxiety ($F = 2.20, p = .042$) in favor of the bibliotherapy group. Results and implications will be discussed.

Educational Objectives:

1. Describe the effectiveness of brief and self-directed ACT interventions for those experiencing chronic health conditions
2. Assess the suitability of brief and low-intensity ACT interventions for use with chronic health conditions
3. Adapt and apply brief and self-directed ACT interventions for use with chronic health conditions

31. Modern Considerations for Relational Frame Theory and Contextual Behavioural Science: Conceptual and Empirical Advances

Symposium - Friday, July 17 (7:15 AM - 8:45 AM)

Components: *Case presentation, Conceptual analysis, Literature review, Original data*

Categories: Clinical Interventions and Interests, Behavioral medicine, RFT, AARR, SMART, children, ASD, Alzheimers, psychological flexibility, adaptability

Target Audience: *Intermediate*

Diana Bast, Smithsfield Clinic
Sarah Cassidy, Smithsfield Clinic/Maynooth University
Giovambattista Presti, Kore University, Enna (Italy)
Elle Kirsten, National University of Ireland, Galway/Fit Learning, NYC

RFT is a modern BA approach to language and cognition that has produced an ever growing body of promising research. This symposium brings together applications using AARR based approaches to educational intervention and intellectual skill enhancement. Relational training interventions, such as SMART, will be outlined as well as specific applications of SMART training for enhancing repertoires of reading and mathematics and for populations with Alzheimer's and other challenges. Testing and training for the development of Analogical Relational skills for children with ASD will also be discussed, alongside of considerations for which types of learners might most benefit from each of the various allied methods. Finally, the possibility of considerable overlap between the construct of adaptability and the core CBS process of psychological inflexibility will be considered whereby adaptability influences psychological inflexibility which in turn influences numerous variables including mental health and well-being. This symposium will outline why moving beyond the more traditional scope of the behaviour analyst is perhaps the most exciting and dynamic agenda of the present day contextual behavioural scientist.

- The Impact of SMART on Educational Aptitude using the Pennsylvania Department of Educational Classroom Diagnostic Tools

Sarah Cassidy, Smithsfield Clinic/Maynooth University
Charles Striker, Wilkes University
Jin Mao, Wilkes University
Dylan Colbert, Dublin Business School
Bryan Roche, Maynooth University

SMART training consists of multiple exemplar training and testing in derived relational responding in accordance with the relations of Same, Opposite, More and Less using a potentially infinite range of nonsense word stimuli across trials. The current study reports on a matched-assignment trial of SMART training for improving educational aptitude using the US state of Pennsylvania's Department of Education Classroom Diagnostic Tools (CDT) assessment and teacher developed assessments, at baseline and post-intervention. Sixty 10th and 11th grade high school students were divided into two groups (experimental and control) independently by teachers on the basis of baseline scores on the CDT with an effort to also control for gender and socioeconomic status defined by eligibility for free or reduced price lunch at school. Training took place at least twice per week for 12 weeks until all students had completed all stages of the training at increasing levels of relational complexity. The results showed that only students in the experimental group showed significant gains in literacy and arithmetic scores based on the CDT, while neither group showed gains on the teacher-developed assessments.

- SMART training for Alzheimer patients: preliminary results from a four-year longitudinal study

Giovambattista Presti, University of Enna "Kore", Italy
Salvatore Torregrossa, Alzheimer and Dementia Unit – Neurodegenerative Disorders O.U.
Daniela Stornaiuolo, Sigmund Freud University, Milan, Italy
Annalisa Oppo, Sigmund Freud University, Milan, Italy
Bryan Roche, Maynooth University
Eduardo Cumbo, Alzheimer and Dementia Unit – Neurodegenerative Disorders O.U.

91 patients with mild-to-moderate AD were enrolled. SMART training was used as an add-on non-pharmacological intervention to cholinesterase inhibitors (ChEIs) to increase cognitive skills. Only pharmacological treatment was offered to control group. Longitudinal evaluations up to 3 years are discussed. After SMART training all patients significantly increased cognitive skills compared to control group. In the longer term group, SMART was administered 3x in 3month cycles. Cognitive and executive functions were also assessed at baseline, at end of training cycles and after every 3 months up to three years for some patients (FU) using respectively MODA, CPM and attentive matrices. Data suggests SMART offers an increase in cognitive skills from third month onwards. In contrast to results when training ceases after three months, two further training cycles promotes maintenance of cognitive performance for longer periods. Control data shows progressive and constant decay, as expected with AD patients. Data suggests RFT-based training might slow down cognitive decline and improve general cognitive functioning in AD subjects treated with ChEI. Critical factors discussed.

- Testing and Training Analogical Relations in Children with Autism Spectrum Disorder

Elle Kirsten, National University of Ireland, Galway
Ian Stewart, Ph.D., National University of Ireland

Analogical (A:B::C:D) relational responding is a key skill in the development of verbal and intellectual repertoires. This paper will 1) briefly review the Analogical Relations Assessment (the ARA); a Relational Frame Theory (RFT) based assessment of nonarbitrary and arbitrary relations and analogical relations, and, 2) discuss an RFT-based training procedure used to test and train analogical relational responding in children with ASD in an

applied setting. A multiple-probe design across three participants was used to test for analogical relational responding following multiple exemplar training. All participants successfully generated analogical responses during novel, generalization, and maintenance probes. Paper presents data supporting an RFT-based procedure for testing and training analogical relational responding in children diagnosed with ASD. The training protocol, and data from testing, training, and generalization trials will be presented and discussed, as well as the impact training had on the verbal repertoires of children with ASD.

- **Adaptability and psychological inflexibility: Overlapping constructs or not?**

Daniel Waldeck, Department of Psychology, Coventry University, UK

Luca Pancani, University of Milano-Bicocca, Italy

Andrew Holliman, Department of Psychology, Coventry University, UK

Maria Karekla, University of Cyprus, Cyprus

Ian Tyndall, University of Chichester, UK (corresponding author)

Sarah Cassidy, Smithsfield Clinic/Maynooth University

Adaptability is purported to be a key mental resource and refers to an individual's cognitive, behavioral, and emotional regulation (or adjustment) in situations of change, novelty, and uncertainty. It is theoretically possible that there could be considerable overlap between the construct of adaptability and the core CBS process of psychological inflexibility (i.e., the lack of willingness to persevere with uncomfortable thoughts and emotions in service of what one truly values; Hayes et al., 1999). A conceptual model was developed whereby adaptability influences psychological inflexibility, and psychological inflexibility influences mental health and well-being. We also examined whether adaptability has a significant direct effect on mental health and wellbeing, and whether there are significant indirect effects via psychological inflexibility. Participants (n = 233) completed measures of adaptability, psychological inflexibility, psychological distress, flourishing, and affect. Confirmatory Factor Analysis and Structural Equation Model analyses reported that while the constructs overlapped there was sufficient discrimination between them. Moreover, psychological inflexibility mediated effects of adaptability on psychological distress, wellbeing, and affectivity. Implications of this proof-of-concept study will be discussed.

Educational Objectives:

1. Apply RFT for various populations including those with academic difficulties, cognitive decline, Alzheimer's, ASD, those in need of educational interventions
2. Demonstrate a deeper understanding of RFT and specific applications alongside techniques/programmes using SMART, analogical reasoning training, and how relational framing technologies can be added to enhance existing medical treatments
3. Engage critically with overlaps between constructs like adaptability and core CBS process of psychological flexibility and how this might map onto individual's cognitive, emotional and behavioural well-being during uncertain times

32. Fierce, fabulous and female

Workshop - Friday, July 17 (7:15 AM - 8:45 AM)

Components: *Case presentation, Didactic presentation, Experiential exercises, Original data, Role play*

Categories: Clinical Interventions and Interests, Professional Development, Female empowerment

Target Audience: *Beginner, Intermediate*

Rikke Kjelgaard, ACT Danmark / Human ACT Sweden

This workshop applies ACT processes to help women empower themselves. Throughout the workshop, you as a health professional will have the opportunity to work on empowerment through the various processes of psychological flexibility. In addition to this, we will work on values-based assertiveness training and practicing compassionate self-care. You are invited to do experiential work from the inside out, and to practice powerful ACT techniques to empower yourself as a health professional, as well as empowering your clients. Through small group work and a series of experiential exercises, you will build the foundation needed to broaden your skills base and to grow as both a clinician and person. The focus of this course will be on turning struggle into strength by working on empowerment through skill-building practices rather than dwelling on a history of inequality, suppressing of women, or other female challenges. This workshop is highly experiential and engaging. It is run by Rikke Kjelgaard who is a passionate ACT trainer and public speaker devoted to women's issues around the world.

Educational Objectives:

1. Describe the basics of the ACT model of psychological flexibility and how it relates to female empowerment

2. Apply the ACT hexaflex to the concept of bravery to advance and broaden your behavioral repertoire
3. Describe values-based assertiveness and demonstrate flexible responding assertiveness skills to create healthy boundaries

33. Acceptance and Commitment Therapy Intervention for the treatment of complex trauma

Workshop - Friday, July 17 (7:15 AM - 8:45 AM)

Components: *Case presentation, Conceptual analysis, Didactic presentation, Experiential exercises, Literature review*

Categories: Clinical Interventions and Interests, Theoretical and philosophical foundations, Complex Trauma, Dissociative Disorders

Target Audience: *Beginner, Intermediate, Advanced*

Abby Hurley, Heritage Professional Associates

Lindsey Harrington, Linden Oaks Behavioral Health

With the inclusion of Complex PTSD (CPTSD) as a new diagnosis in the ICD-11 there comes an opportunity to begin formulating empirically-based treatments to meet the significant need. As outlined by ISTSS' position paper, CPTSD is marked by two overarching groups of symptoms stemming from chronic exposure to interpersonal trauma, typically within an early caregiving system. These two groups of symptoms include those related to traumatic stimuli (re-experiencing, avoidance, and sense of threat) and those related to disturbances in self-organization (affect regulation, problems with self-identity, and problems in relating to others). (CPTSD; ISTSS Guidelines Position Paper on Complex PTSD in Adults, 2019). This workshop will introduce a functional contextualist framework for understanding complex trauma as a disorder of psychological inflexibility and provide initial treatment recommendations consistent with the current research: a flexible multimodular approach which is person-centered, pays close attention to the therapeutic relationship, and is skills based (Karatzias & Cloitre 2019, Cloitre et al 2012).

Educational Objectives:

1. List the defining characteristics of Complex PTSD (CPTSD)
2. Explain CPTSD symptoms using a trauma-informed functional contextualist framework
3. Create an initial treatment plan using a functional contextualist framework

34. MAPping Your Life: Using the Mindful Action Plan for a Valued Journey

Workshop - Friday, July 17 (7:15 AM - 8:45 AM)

Components: *Case presentation, Conceptual analysis, Didactic presentation, Experiential exercises*

Categories: Performance-enhancing interventions, Professional Development, Personal performance and work-life balance

Target Audience: *Beginner*

Siri Ming, Private Practice

Daniel J. Moran, Long Island University - Post

Most of us struggle at some point with accomplishing meaningful work while also attending to other valued areas of Life. Whether writing a dissertation or a JCBS journal submission; writing weekly case notes or establishing an ACT clinic; waking early for a gym visit or executing 4 months of marathon training, choosing to dedicate your time and efforts to a whole variety of important projects oftentimes is met with obstacles. This workshop presents a powerful combination of two tools for overcoming barriers to committed action. The Mindful Action Plan (The MAP; Moran, 2014) blends Acceptance and Commitment Therapy with performance management to guide you on your journey towards what matters most. Personal Kanban (PK; Benson & Barry, 2011) is an ACT-consistent management system focusing on facilitating continuous improvement. Participants will take their to-do lists and turn them into values-based Kanban boards, utilizing the MAP in a purposeful reflective process while creating an optimal workflow for getting the right things done—rather than just trying to get more things done.

Educational Objectives:

1. Describe how the principles and strategies of both the Mindful Action Plan and Personal Kanban help to increase psychological flexibility and facilitate values-directed committed action

2. Identify and use the two rules of Personal Kanban (visualize workflow and limit work-in progress) to create a values-based PK board
3. Use the MAP as its elements correspond to the ACT hexaflex and principles of performance management, to establish a reflective practice for evaluation within the context of their PK board

35. Promoting discrimination between psychological flexibility and inflexibility in children

Workshop - Friday, July 17 (7:15 AM - 8:45 AM)

Components: *Conceptual analysis, Didactic presentation, Role play*

Categories: Clinical Interventions and Interests, Relational Frame Theory, Children

Target Audience: *Beginner, Intermediate*

Francisco Ruiz, Fundación Universitaria Konrad Lorenz

Carmen Luciano, University of Almeria and Madrid Institute of Contextual Psychology

Daniela Salazar, Fundación Universitaria Konrad Lorenz

Daniela Zuluaga, Universidad Católica de Pereira

Using ACT with children might be challenging due to their limited verbal repertoire. Specifically, children might find it difficult to differentiate between flexible and inflexible behavior. Additionally, some children might find annoying traditional questions to conduct a functional analysis. Accordingly, this workshop aims to show indirect strategies to promote the differentiation between psychological flexibility and psychological inflexibility. In so doing, we will adopt the RFT approach of psychological (in)flexibility described in Törneke, Luciano, Barnes-Holmes, and Bond (2016). First, the workshop will present the RFT definition of psychological (in)flexibility. Second, we will show some resources and strategies we have used in clinical studies to facilitate the differentiation between flexible and inflexible behavior in children. Lastly, the audience will be asked to design additional exercises to promote this distinction.

Educational Objectives:

1. Define psychological flexibility in RFT terms and understand the practical implications
2. Design exercises and examples directed to promote the differentiation between psychological flexibility and psychological inflexibility
3. Utilize these exercises to conduct a functional analysis of the children's behavior

36. Using Contextual Behavioral Science to Explore Complex Cultural Identities

Workshop - Friday, July 17 (7:15 AM - 8:45 AM)

Components: *Conceptual analysis, Didactic presentation, Experiential exercises, Literature review*

Categories: Clinical Interventions and Interests, Relational Frame Theory, Identity Development

Target Audience: *Beginner, Intermediate*

Lanaya Ethington, Private Practice

"Who are you?" is a question that many people struggle to answer, especially as it relates to having a coherent sense of self. "Where are you from?" is a question that people with complex cultural identities also struggle with, given that their life experience may have included time spent in a variety of geographical or geopolitical contexts. These identities may include Third Culture Kids, global nomads, Missionary Kids, military "brats," refugees, and members of a minority group who are raised in a context where the predominant culture is that of a majority group. Contextual Behavioral Science can help with the development of a cohesive sense of self and the ability to engage in flexible selfing (an act of complex relating). This workshop utilizes CBS approaches, with an emphasis on RFT, to increase people's ability to use three selfing repertoires (self-as-content, self-as-process, and self-as-context) with intentionality. The workshop also addresses how values-based behavior is impacted by both flexible and inflexible selfing and identifies features of this process that are unique to people with complex cultural identities.

Educational Objectives:

1. Describe features of the three selfing repertoires (self-as-content, self-as-process, and self-as-context) that may be present in people with complex cultural identities
2. Discuss how hierarchical framing contributes to healthy (and flexible) selfing
3. Identify how values-based behavior may be impacted by both flexible and inflexible selfing

37. As Soon as There Was Life There Was Danger: Fear Is a Human Invention

Plenary - Friday, July 17 (9:00 AM - 10:00 AM)

Components: *Didactic presentation*

Categories: Evolution, Theoretical and philosophical foundations, The Emotional Brain

Target Audience: *Beginner*

Joseph LeDoux, New York University

Organisms face challenges to survival throughout life. When we freeze or flee in danger, we often feel fear. Tracing the deep history of danger gives a different perspective. The first cells living billions of years ago had to detect and respond to danger in order to survive. Life is about not being dead, and behavior is a major way that organisms hold death off. Although behavior does not require a nervous system, complex organisms have brain circuits for detecting and responding to danger, the deep roots of which go back to the first cells. But these circuits do not make fear, and fear is not the cause of why we freeze or flee. Fear is a human invention; a construct we use to account for what happens in our minds when we become aware that we are in harm's way. This requires a brain that can personally know that it exists at the moment, that its body is the entity that might be harmed in the present situation, and that someday it will cease to exist.

Educational Objectives:

1. Describe the history of behavior in relationship to fear
2. Explain that while expressive behaviors and conscious emotions occur simultaneously, they are controlled by separate systems in the brain
3. Appreciate what we can and cannot learn from animal research, and what the implications are for therapy

38. ACT made simpler, easier and effective: Six steps to psychological flexibility with the ACT Matrix

Workshop - Friday, July 17 (10:15 AM - 11:45 AM)

Components: *Experiential exercises, Role play*

Categories: Clinical Interventions and Interests, ACT Matrix

Target Audience: *Beginner*

Benjamin Schoendorff, Contextual Psychology Institute

The six steps approach to the ACT Matrix form the core of The Essential Guide to the ACT Matrix. Clinical effectiveness data collected at our Montreal Center suggest the six step is a rapid and effective way to significant clinical improvement. In this workshop, participants will explore the six steps from the perspective of their personal experience and practice two key exercises through real play. In a first part, participants will explore their personal matrix, the effectiveness of their "away moves" and how human functioning can get people stuck in unworkable control attempts. Participants will practice defusion using the powerful Hooks Worksheet. In a second part, participants will practice with the Verbal Aikido worksheet which activates all ACT processes to train increased psychological flexibility in difficult life situations. Next participants will explore the "Kittens," a powerful self-compassion exercise. Finally, participants will practice with the Texting worksheet, a simple and effective perspective-taking exercise that helps cue valued action.

Educational Objectives:

1. Present the ACT Matrix and utilize the Stuck loops exercise to work with creative helplessness
2. Utilize the Hooks worksheets for defusion, the Verbal Aikido worksheet for psychological flexibility and Texting my future self worksheet for perspective-taking
3. Implement the Kittens exercise to train self-compassion

39. Six Metaphysical Sources of Reinforcement

Invited - Friday, July 17 (10:15 AM - 11:45 AM)

Components: *Conceptual analysis, Didactic presentation*

Categories: Clinical Interventions and Interests, Theoretical and philosophical foundations, Behavior Analysis

Target Audience: *Beginner, Intermediate*

Patrick Friman, Boys Town and The University of Nebraska School of Medicine

The word metaphysics has several definitions. The earliest and simplest is after or beyond physics. Aristotle wrote his noted treatise "Physics" first and subsequently wrote "The Metaphysics." The definition that best fits this talk is "lacking form or substance." It is no exaggeration to say that behavior analysts have given metaphysics, no matter how you define it, a wide berth. In this talk, I advocate a reconsideration. I will describe six potential sources of reinforcement all of which lack form and readily discernible substance. This is not to say that giving them form and identifying their substance is impossible. It is merely to say that their form and substance, at present, lack operational definitions. The purpose of this talk is not to provide the definitions, although it will provide some movement towards them. The purpose of the talk is to demonstrate that behavior analysts can and will consider subject matter that affects all human beings even though it does not lend itself readily to observation and measurement.

Educational Objectives:

1. Describe the foundational idea for the field of behavior analysis
2. Explain at least three ways the application of the idea has benefitted mankind
3. Describe six metaphysical sources of reinforcement

40. Examining our Foundations: Clarifying Philosophical Assumptions in Behavioral Science

Symposium - Friday, July 17 (10:15 AM - 11:45 AM)

Components: *None of these*

Categories: Theoretical and philosophical foundations, Ontology, Epistemology

Target Audience: *Intermediate*

Kelly Wilson, University of Mississippi

Joe Rodrigues, Independent

Hank Robb, Private Practice

Donald Marks, Kean University

Mitchell Fryling, California State University, Los Angeles

Contextualistic views of science rely on a host of assumptions that guide theoretical and empirical activity. Chief among these assumptions are the range and nature of its subject matter. When our premises are not clearly laid out, we are less able to explore them critically. This lack of critical exploration can not only result in theoretical confusion but it can also lead to sluggish advancement as evidenced by lack of progress in our own and other disciplines. This symposium will examine these ontological and epistemological issues from the perspectives of Functional Contextualism, Interbehaviorism, Descriptive Contextualism, and Relational Ontology. Inherent in these presentations will also be implications for the progress of our science.

- **Reality As a Crutch**

Hank Robb, Ph.D., Private Practice

"Reality is a crutch" has been a popular bumper sticker in the U.S. and seems like an accurate description of ontological realism's function. When our theory is "limping around," its development may be helped by an appeal to "reality." Such an appeal may, in the moment, actually further the development of theory that more effectively addresses the issues for which the theory is being developed in the first place. Once the theory can "walk on its own," the crutch can be laid aside. Was that "reality crutch" really true? If the crutch was actually helpful then, I think "yes." And now the issue of "reality," like the crutch, can be laid aside because we have arrived at the time when our theory functions on its own and no longer has use for a crutch.

- **Interbehavioral Philosophy**

Mitch Fryling, Ph.D., California State University, LA

Linda Parrott Hayes, Ph.D., University of Nevada, Reno

All scientific activity, including application and basic research, rests upon a philosophical foundation. Often times that philosophical foundation is poorly articulated, if it is articulated at all. When the philosophical foundation of our work is poorly attended to numerous problems may emerge. Most concerning for those interested in developing a natural science of behavior, the default philosophical foundation, dualism, is likely to prevail. The alternative to this is to explicitly articulate philosophical assumptions at various levels. The present presentation outlines some of the philosophical assumptions outlined by J. R. Kantor in his description of a philosophy of science, interbehaviorism, and a system of psychology, interbehavioral psychology. These assumptions pertain to the aims of science, research, and more. The interbehavioral position will be contrasted with other popular positions, and implications will be considered.

- **Inconvenient Truth Criteria: Discovering Value in Descriptive Contextualism**

Don Marks, Ph.D., Kean University

The distinction between functional and descriptive contextualism stems from Steve Hayes's important contribution to *Varieties of Scientific Contextualism* (1993), "Analytic Goals and the Varieties of Scientific Contextualism." Although it could be argued that distinctions between these two modes of contextualist practice were historically implicit in scientific contextualism, the distinction, as drawn in Hayes's paper, clearly positioned functional contextualism in a more favorable light than its prodigal, descriptive brother. One function of this dichotomy was to valorize functional approaches while removing certain unwanted baggage -- such as slow phenomenological description, critique of methodological and ideological assumptions, and skepticism regarding the primacy of certain forms of workability -- that have been associated with contextualism's descriptive variant. This presentation will consider whether the dichotomy between descriptive and functional contextualism is (a) useful (the functional truth criterion) or (b) compelling (a descriptive truth criterion). In addition, it will consider aspects of descriptive contextualism that are vital to the success of any contextual science, including thick description of both phenomena of interest and the scientific standpoint, as well as reflections on aesthetics and other culturally informed truth criteria (e.g., rhetoric, poetics, spirituality).

- **Getting Back to No "Thing" with Relational Ontology**

Joe Rodrigues, Ph.D., Independent Consultant

Nishanth Rodrigues, MBA, University of Mississippi

Ontological propositions are fundamental philosophical assumptions that undergird scientific perspectives. In keeping with the task of a philosophy of science, these propositions ought to be examined and refined for the dual purposes of philosophical coherence and the advancement of the scientific viewpoint they support. Most ontological positions in western philosophy of science take a substantivist attitude whereby objects or things are considered primary. This leads, in most cases, to an atomistic stance whereby reductionism becomes inevitable. An alternative position is that of relational ontology where relations are considered primary and objects are secondary. Relational ontology shares many similarities with a contextualistic view and may be useful in orienting the work of contextual behaviorists more fruitfully. Similarly, CBS may have insights to offer relational ontology that may help it break free further from the traditional object-oriented perspective and move it towards a relational epistemological view.

Educational Objectives:

1. Describe a key philosophical assumption of Interbehaviorism.
2. List one difference between functional contextualism and descriptive contextualism.
3. Define relational ontology and why it is important.

41. Broader Reach, Bigger Impact: Expanding Access to Contextual Behavioral Science through Digital Interventions

Symposium - Friday, July 17 (10:15 AM - 11:45 AM)

Components: *Original data*

Categories: Clinical Interventions and Interests, Prevention and Community-Based Interventions, Digital Interventions

Target Audience: Intermediate

Chair: Julie Petersen, Utah State University

Ethan Moitra, Brown University

Brandon Gaudiano, Brown University

Katariina Keinonen, University of Jyväskylä

Roger Vilaradaga, Duke University

Carter Davis, Utah State University

Web and mobile-based technologies provide an opportunity to deliver treatments to broader populations without the financial and resource costs of traditional in-person counseling. Despite technological advances, however, there remains a great need for self-guided treatments which are more accessible and better tailored to underserved patient populations (Ralston, Andrews, & Hope, 2018). Interventions based in Contextual Behavioral Science (CBS) are uniquely situated to address this issue through their focus on promoting wellbeing across clinical and cultural boundaries (White et al., 2017). Accordingly, this symposium highlights recent advances in the design and dissemination of CBS-based digital interventions. Methods such as video storytelling, digital games, and integration with library systems will be presented as engaging and cost-effective solutions to teach therapeutic skills addressing issues such as depression, chronic behavioral disorders, and psychological wellbeing in schoolchildren. As CBS-based interventions demonstrate effectiveness on an increasingly global scale (Tol et al., 2020), we propose the need for creativity and responsiveness in the design and implementation of self-help and digital interventions to deliver therapeutic principles to populations underserved by traditional psychotherapy.

- Pilot Randomized Controlled Trial of an Acceptance and Commitment Therapy Video Storytelling Intervention for Depressed Primary Care Patients

Brandon A. Gaudiano, Ph.D., Alpert Medical School of Brown University

Carter H. Davis, B.F.A, Utah State University

Ivan W. Miller, Ph.D., Alpert Medical School of Brown University

Lisa Uebelacker, Ph.D., Alpert Medical School of Brown University

A sizeable proportion of patients seeking services in primary care settings are diagnosed with major depression (Craven & Bland, 2013), where there is a need for low-intensity and cost-effective interventions to be used as part of a stepped-care model (van Straten, Seekles, van't Veer-Tazelaar, Beekman, & Cuijpers, 2010). Self-help interventions have demonstrated effectiveness when delivered in primary care settings (Cuijpers, Quero, Dowrick, & Arroll, 2019), however such adaptations of therapies have suffered from low rates of engagement from depressed patients (Karyotaki et al., 2015). Narrative or storytelling-based approaches to self-help may facilitate the learning of therapeutic principles in a more experiential manner (Hinyard & Kreuter, 2007). This presentation reports the results of a pilot, parallel-group, randomized controlled trial of a video self-help intervention for primary care patients based on acceptance and commitment therapy (ACT). The intervention, called LifeStories, consisted of storytelling vignettes of patients describing their use of ACT-consistent coping skills for depression. 40 primary care patients were recruited to determine feasibility, acceptability, and potential clinical effects of the narrative intervention. 21 patients were assigned to use LifeStories over a period of 4 weeks, and 19 participants were assigned to an attention-matched comparison group. Qualitative feedback indicated that participants using LifeStories found the intervention to be engaging and useful in transmitting key ACT principles, in addition to rating their level of "transportation" or immersion in the videos higher than the control group. Both conditions showed large improvements in levels of depression at a 12-week follow-up. While this pilot study was not powered to detect differences between treatments, results suggest LifeStories to be a feasible and acceptable psychological intervention that may improve depression symptoms. Furthermore, disseminating storytelling-based interventions such as LifeStories may provide unique advantages in integrating ACT principles within stepped-care treatment models.

- Using Mobile Technology to Deliver Acceptance and Commitment Therapy and Relational Frame Theory-Based Interventions in Schools

Katariina Keinonen, University of Jyväskylä

Päivi Lappalainen, University of Jyväskylä

Noona Kiuru, University of Jyväskylä

Anne Puolakanaho, University of Jyväskylä

Kirsikka Kaipainen, University of Tampere

Raimo Lappalainen, University of Jyväskylä

Classroom-level and school-wide interventions provide an important opportunity for the prevention of psychological problems among children and adolescents. This talk presents pilot results of two mobile interventions based in acceptance and commitment therapy (ACT) and relational frame theory (RFT) designed to improve wellbeing and psychological flexibility in school settings. A RFT-based mobile game titled "Magis" was developed for schoolchildren aged 10-13 years. The gameplay utilizes dialogues and interactive problem-solving to facilitate wellbeing and prevent bullying. Additionally, an ACT-based mobile web program titled "Youth Compass Plus" was designed for 14-16 years-old adolescents. The program featured a chatbot "coach" to motivate users during the intervention while teaching therapeutic skills. This presentation will report preliminary acceptability and effectiveness results of both mobile-based interventions. The effect of Magis on wellbeing and frequency of bullying was explored in classroom settings using a randomized controlled trial design with 120 schoolchildren participating. The effectiveness and feasibility of implementing Youth Compass Plus will additionally be evaluated with a sample of approximately 200 adolescents. These results will provide a better understanding of the feasibility of using mobile technology to deliver psychological interventions in the school context, in addition to how innovative design elements such as games and chatbots might promote engagement and retention of skills within youth populations.

- Language Analysis and Digital Phenotyping of an ACT-based Digital Therapeutic for Patients with Co-occurring Behavioral and Tobacco Use Disorders

Roger Vilardaga, Ph.D., Duke University School of Medicine

Paige Palenski, B.A., Duke University School of Medicine

Matthew Engelhard, Ph.D., Duke University School of Medicine

Tykira Fisher, Duke University School of Medicine

Elevated smoking rates among people with chronic behavioral disorders along with their unique treatment needs suggest the need for wider-reaching and more tailored smoking cessation interventions for this population. To address this need, we developed Learn to Quit (LTQ), an ACT-based smoking cessation digital therapeutic designed specifically for this population. Everyday smokers with a psychotic disorder, bipolar disorder, or recurrent major depression were assigned to either the LTQ app (N=33) or a control app (NCI QuitGuide; N=29) combined with nicotine replacement therapy (NRT) and smartphone coaching. Qualitative user experience interviews occurred 1-month post-randomization. Participants' digital behavior with the Learn to Quit app (e.g., daily app interactions, daily duration of app use) was passively collected from each participant across conditions during a 4-month period. We will conduct a thematic analysis of these interviews to extract themes about users' experience

with their assigned app. Themes will be compared against objectively-measured digital engagement patterns. Finally, topic modeling, a natural language processing (NLP) technique, will be used to compare group intervention themes and complement and/or contrast the data obtained from the thematic analysis and the digital phenotyping. The results from these analyses will help us understand patterns of response to digital interventions in patients with chronic behavioral disorders, and will reveal opportunities for innovation that could expand the impact and reach of digital therapeutics.

- **Implementing an Acceptance and Commitment Therapy Intervention for Depressed College Students through Online Bibliotherapy: A Randomized Controlled Trial**

Carter H. Davis, B.F.A., Utah State University
Michael E. Levin, Ph.D., Utah State University
Michael P. Twohig, Ph.D., Utah State University
M. Scott DeBerard, Ph.D., Utah State University

Students at universities face a variety of unique mental health challenges, including a risk of experiencing depression symptoms that is markedly higher than the general population (Beiter et al., 2015). Many barriers exist for students seeking traditional, in-person psychotherapy including stigmatization and a disparity of available counselors (Association for University and College Counseling Center Directors, 2014). While self-guided interventions may help to alleviate these barriers, providing access to such resources is often costly and resource-intensive. One potential solution is to distribute self-help books via online university library systems, where a significant majority of students already access educational content (Ashcroft, 2011). Implementation via these means allows students to access previously published self-help books for depression, including those based in acceptance and commitment therapy (ACT). Although ACT self-help books have been widely disseminated, there is a dearth of research examining their effectiveness in clinical populations (Rosen & Lilienfeld, 2016). We conducted a randomized controlled trial with 140 university students with elevated depression symptoms to compare ACT and traditional cognitive behavioral (CBT) bibliotherapy, including examining mechanisms of change that may distinguish how each treatment targets depression (Hayes, Luoma, Bond, Masuda, & Lillis, 2006). A portion of students were additionally presented a choice between the ACT and CBT interventions to determine potential individual characteristics that may be predictive of a preference for one modality over the other. Participants read the self-help book during a 10-week period and completed baseline, midtreatment, and posttreatment assessments of depression, anxiety, stress, theorized mechanisms of change, and depression-related stigma. This talk will present results comparing changes in symptoms and mechanisms of action between ACT and CBT bibliotherapy, in addition to the feasibility of disseminating self-help through university library systems. These findings will further our understanding of the effectiveness of ACT when distributed via low-cost dissemination methods, as well as the impact of this approach specifically on college students with depression.

Educational Objectives:

1. Integrate innovative elements such as storytelling and interactivity into the design of CBS-based self-help treatments to make them more engaging and accessible
2. Describe the various factors to consider when adapting CBS-based treatments to diverse clinical populations through the use of digital technologies
3. Demonstrate the potential of web- and mobile-based technologies to deliver psychological treatments to broader audiences

42. Empirical Innovations in Targeting and Understanding Shame and Stigma from a Contextual Behavioural Science Perspective

Symposium - Friday, July 17 (10:15 AM - 11:45 AM)

Components: *Original data*

Categories: Clinical Interventions and Interests, Prevention and Community-Based Interventions, Mindfulness, Marginalised Populations, Shame, Stigma, Self-Stigma

Target Audience: Beginner, Intermediate

Jason Luoma, Portland Psychotherapy Clinic, Research, and Training Center
Varsha Eswara Murthy, University College Dublin
Rachel Bock, University of South Dakota
Samuel Spencer, University of Hawaii at Manoa

In today's challenging cultural and political environment, it is increasingly important that CBS is actively engaged in understanding and generating evidence-based solutions that address distress experienced by stigmatised populations. Furthermore, research highlights that the societal devaluation of stigmatised identities is an important contributor to shame and self-stigma, which can, in turn, lead to negative behavioural, psychological, and physical outcomes for individuals. Although empirical investigation into these topics from a CBS perspective is growing the literature remains sparse particularly in relation to vulnerable populations. This symposium seeks to advance a CBS

understanding of shame and stigma and discuss empirical advances in evidence-based CBS practices to target these variables. The first paper presents data that illustrates the relationship between mental health self-stigma, psychological distress and the mediating effects of mindfulness. The second paper will examine moderating effects of self-compassion, and psychological flexibility on the relation between shame and social approach behaviour in socially anxious individuals. The third paper will discuss the development and preliminary outcomes of an ACT Intervention targeting shame and self-stigma in people experiencing homelessness.

- Mindfulness Mediates the Relationship Between Mental Health Self-Stigma and Psychological Distress: A Cross-Sectional Study

Samuel Spencer, M.A., University of Hawai'i at Mānoa

Timothy J. Martin, M.T.S., M.A., University of Hawai'i at Mānoa

Akihiko Masuda, Ph.D., University of Hawai'i at Mānoa

Stigma regarding mental illness can have a profound negative impact on individuals suffering from psychological disorders. Previous research has found that mindfulness may serve an explanatory role in this relationship. As such, further investigating mindfulness in this context represents an important step towards developing interventions from a contextual behavioral science (CBS) perspective, as many CBS-based interventions utilize mindfulness. The proposed cross-sectional survey of a non-clinical college sample investigated (1) whether two forms of mental health self-stigma (i.e., mental illness self-stigma and psychological distress self-stigma) were positively associated with psychological distress and (2) whether mindfulness mediated the association between mental health self-stigma and psychological distress. 265 ethnically diverse university students participated in an online survey. Results revealed that both mental illness self-stigma and psychological distress self-stigma were positively associated with psychological distress, and that mindfulness partially mediated these associations. This study shows that mindfulness is an important variable for understanding mental health self-stigma and its association with psychological distress. Future studies should investigate the role of mindfulness in this association further and work towards developing mindfulness-based interventions.

- Experienced Shame and Social Behavior in the Context of Social Anxiety: Identifying Contextual Behavioral Moderators

Rachel C. Bock: B.S., University of South Dakota

Lucas D. Baker, B.S., University of South Dakota

Emily A. Kalantar, B.A., University of South Dakota

Jennifer L. Kuo, M.A., University of South Dakota

Christopher R. Berghoff, Ph.D., University of South Dakota

Shame is associated with social anxiety and social behavior (e.g., de Hooge et al., 2008; Levinson et al, 2016), yet researchers disagree about the function of shame in influencing social behavior. For example, extant research evaluating shame as an establishing or abolishing emotion in relation to social approach behavior has provided equivocal results (e.g., Chao et al., 2018; de Hooge et al., 2018). These findings suggest not yet identified factors may modify the relation of shame and social behavior. Accordingly, the present research evaluated emotion regulation difficulties, self-compassion, and psychological flexibility as moderators of the relation of experimentally induced shame and social approach behavior in a sample of socially anxious college students ($N=47$; M age =18.79; SD age =18-23). Preliminary analyses indicated emotion regulation significantly moderated the shame-social approach behavior relation, ($p=.03$, $\eta^2 p 2 =.11$). Though self-compassion and psychological flexibility were not significant moderators, they were associated with small to medium effect sizes, ($\eta^2 p 2 =.06-.07$). Results highlight potential targets of treatment for individuals seeking to increase social behavior in the context of experienced shame.

- Pilot Randomised Control Trial Targeting Shame and Self-Stigma and Promoting Well-Being in Adults Experiencing Homelessness Through Acceptance and Commitment Therapy

Varsha Eswara Murthy, MPsychSc, University College Dublin

Louise McHugh, Ph.D., University College Dublin

Evidence highlights the negative psychological and physical impacts of shame and self-stigma in People Experiencing Homelessness (PEH), however, to date little is known about the treatment of shame and self-stigma with this population. This study describes the development and preliminary outcomes of an Acceptance and Commitment Therapy (ACT) Intervention targeting shame and self-stigma and promoting well-being in PEH. Participants were recruited from homeless services in Dublin into the randomised control pilot trial ($N= 75$), which compared a 2-session (4-hours) ACT group intervention arm and an active control arm, a 2-session peer support group centred around discussing shame and stigma. Preliminary outcomes indicate those in the ACT group treatment arm showed reductions in shame and improvements in well-being, mindfulness, and self-compassion over those in the active-control arm. Results demonstrate that an approach to shame based on mindfulness and acceptance can reduce shame and stigma and promote well-being in PEH. Results will also be discussed in terms of strengths and limitations, implications for future research, such as the development and refinement of future interventions.

Educational Objectives:

1. Describe and discuss the deleterious effects of shame and stigma from a CBS perspective
2. Explain the potential mediating and moderating variables involved in the development and maintenance of shame and stigma
3. Demonstrate the efficacy and development of CBS interventions for marginalised and stigmatised populations

43. Going Big in Psychotherapy: Expanding and Enhancing Your Treatments with Conceptualization-driven Interpersonal Behavioral Therapy: Clinical Behavior Analysis SIG Sponsored

Workshop - Friday, July 17 (10:15 AM - 11:45 AM)

Components: *Case presentation, Conceptual analysis, Didactic presentation, Experiential exercises, Role play*

Categories: Clinical Interventions and Interests, Supervision, Training and Dissemination, Interpersonal Behavior Therapy and clinical behavior analysis

Target Audience: *Beginner, Intermediate*

Glenn Callaghan, San Jose State University

William C. Follette, University of Nevada, Reno

Emily Sandoz, University of Louisiana at Lafayette

Psychotherapy often focuses on intrapersonal cognitive and emotional client problems. Still, social or interpersonal factors can be fundamental in understanding client difficulties and utilizing in-session opportunities to develop more effective relationships. The goal of this workshop is to teach participants to conceptualize client problems that include interpersonal factors in addition to other areas of focus.

Beginning with an evolutionary understanding of the sources of human suffering, the workshop will use a basic behavioral case conceptualization to consider both intra- and interpersonal variables connected to client problems, goals, values, and social engagement. Using both clinical examples and brief experiential exercises, participants will learn how to identify client interpersonal problems and in-session behavioral intervention opportunities consistent with those outlined by Functional Analytic Psychotherapy in 1991. From an Interpersonal Behavior Therapy (IBT) approach, participants will learn to conceptualize client problems with behavioral principles and provide some in-vivo interventions. As part of a contextual behavioral science intervention, this principle-based conceptualization and treatment plan aims to increase client behavioral flexibility and improve relationships using strategies supported by the empirical literature.

Educational Objectives:

1. Define the role that both intra- and interpersonal variables have in client suffering
2. Describe and utilize a principle-driven basic behavioral conceptualization of client problems that include both intra- and interpersonal problems
3. Apply the basic skills in noticing and responding to in-session interpersonal client behaviors to create more effective social relationships

44. Developing Personal and Professional Mastery of Acceptance and Commitment Therapy through Self-Practice and Self-Reflection.

Workshop - Friday, July 17 (10:15 AM - 11:45 AM)

Components: *Conceptual analysis, Didactic presentation, Experiential exercises*

Categories: Professional Development, Clinical Interventions and Interests, Personal Development

Target Audience: *Beginner, Intermediate, Advanced*

Dennis Tirsch, The Center for Mindfulness and Compassion Focused Therapy

Laura Silberstein-Tirsch, The Center for Compassion Focused Therapy

M Joann Wright, ACT One

Applying experiential techniques to oneself, as a process of learning ACT, has always been an essential and valued component of ACT training. The culture of deeply personal and emotional work in workshop and supervision settings is deeply valued in the ACT community. Despite this, therapists' self-practice and self-reflection (SP/SR) has rarely been explored and elaborated upon in a systematic way. The presenters will draw upon the significant and growing literature on therapists' self-reflection

and self-practice established by James Bennett Levy and colleagues in the context of cognitive-behavioral training, and will provide an introduction to an organized and user-friendly approach to developing self-practice in ACT. Participants will learn and directly experience a new way of furthering their mastery of ACT and the psychological flexibility model, through cultivating a rigorous and evidence-based personal practice.

Educational Objectives:

1. Explain and apply an ACT-consistent program for therapists' personal and professional development through self-practice of ACT and self-reflection
2. Summarize at least three key findings from the literature on self-practice and self-reflection in psychotherapy training
3. Apply ACT methods to their own personal issues, enhancing their psychological flexibility and self-care through deliberate and systematic ACT work with themselves as the therapeutic instrument and object of intervention

45. Problem-Solving, Bidirectional Naming, and Derived Stimulus Relations

Invited - Friday, July 17 (12:30 PM - 2:00 PM)

Components: *Conceptual analysis, Didactic presentation, Original data*

Categories: Relational Frame Theory, Theoretical and philosophical foundations, Verbal Behavior, Autism

Target Audience: Intermediate

Caio Miguel, California State University, Sacramento

During the course of language development, children get exposed to a multitude of experiences leading to the development of a higher-order operant referred to as bidirectional-naming (BiN). This operant describes the integration of both listener and speaker behaviors that leads to speaking with understanding. Some problem-solving strategies may require that we talk to ourselves, and in turn, understand what we are saying. During this talk, I will describe a series of studies showing that in the absence of BiN, participants (adults and children with disabilities) often fail to solve problems presented during tests of stimulus equivalence/coordination and comparative relations. BiN seems to be a pivotal skill in the development of complex language and cognition.

Educational Objectives:

1. Describe the contingencies of reinforcement that lead to the development of bidirectional naming
2. Describe how Common and Intraverbal Bidirectional Naming may aid in problem solving
3. Describe BiN as a fundamental skill, possibly the most basic relational frame

46. Digital Technology and Philosophy: Deepening the roots of how we think about digital health interventions

Panel - Friday, July 17 (12:30 PM - 2:00 PM)

Components: *Conceptual analysis*

Categories: Theoretical and philosophical foundations, Clinical Interventions and Interests, Technology and digital interventions

Target Audience: Intermediate

Roger Vilardaga, Duke University

Brandon Gaudiano, Brown University

Michael Levin, Utah State University

Maria Karekla, University of Cyprus

Technological artifacts have played a critical role in our survival as a species. However, how we think about technology matters. If we think of it as a set of gadgets that feed our constant hunger for new things, the gadgets we create may be shaped to be that way. If we think of it as a simple but powerful means to communicate symbolic communication to more people, the resulting creation may satisfy that view. Many more questions arise: Is technology an aim for communication or a tool for self-reflection? Are devices themselves what we look for, or the interactions that occur in the space between us and those devices? In this panel we will conceptually examine what it means from a contextual behavioral perspective, to create, develop, and deploy digital technology for behavior change. Examining our frames of reference with regards to these powerful tools is critical to ensure

that our work in this area has the necessary roots to ensure technology serves our collective goals as a species and the health of the planet.

Educational Objectives:

1. Explain the importance of philosophy for the development of digital technology
2. List different approaches to conceptualize digital health technology
3. Evaluate their own use of technology from a new lens

47. Interbehaviorism and Interbehavioral Psychology: Past, Present, Future

Panel - Friday, July 17 (12:30 PM - 2:00 PM)

Components: *Didactic presentation*

Categories: Theoretical and philosophical foundations, Interbehaviorism, Interbehavioral Psychology

Target Audience: Intermediate, Advanced

Chair: Emily Sandoz, University of Louisiana at Lafayette
Karen Kate Kellum, University of Mississippi
Linda Parrott Hayes, University of Nevada, Reno
Evelyn Gould, McLean Hospital | Harvard Medical School
Mitchell Fryling, California State University, Los Angeles
Giovambattista Presti, Kore University, Enna (Italy)

J.R. Kantor developed Interbehaviorism as a philosophy of science from a naturalistic approach to any and all scientific activities. Interbehavioral Psychology, the resulting application of the philosophy of science to psychological phenomena, is a scientific system that is often misunderstood or ignored. Some of these misunderstandings have resulted in Interbehavioral Psychology being largely ignored in contextual behavioral science. Recently, a number of voices within CBS have called for further consideration of Interbehavioral Psychology and its overlap with contextual behavioral science. With this in mind, the panelists will discuss, from the standpoint of the present, the history of Interbehavioral Psychology and Interbehaviorism, our views of the present status of these, and the potential future of these endeavors.

Educational Objectives:

1. Compare and contrast Interbehaviorism and Interbehavioral Psychology
2. Describe consistencies between contextual behavioral science and Interbehaviorism/Interbehavioral Psychology
3. Discuss the potential futures of interbehaviorism within contextual behavioral science

48. Innovative Applications of ACT in Cancer Prevention and Symptom Management

Symposium - Friday, July 17 (12:30 PM - 2:00 PM)

Components: *Conceptual analysis, Original data*

Categories: Behavioral medicine, Clinical Interventions and Interests, Cancer

Target Audience: Beginner, Intermediate, Advanced

David Gillanders, University of Edinburgh
Joanna Arch, University of Colorado Boulder
Jonathan Bricker, Fred Hutchinson Cancer Research Center
Dianne Shumay, University of California at San Francisco
Staci Martin, National Cancer Institute

This symposium showcases four innovative applications of ACT within cancer populations that range from treating cancer-related psychosocial and pain sequelae to facilitating smoking cessation. Each intervention reflects innovation in intervention format or context. The first paper reports the findings of a community-based, multi-site randomized trial of an ACT group intervention for anxious cancer survivors, relative to usual care, with superior findings for ACT on multiple outcomes. The second paper, a pilot trial of a smartphone app to help cancer patients quit smoking, showed promising effects relative to the gold standard National Cancer Institute app to date. The third paper reports the findings of an ACT intervention for chronic pain among adults with a cancer predisposition syndrome using an innovative in-person and at-home intervention phases. The fourth paper reports the findings of a group ACT interventions developed and embedded within a large academic cancer center, including favorable implementation factors that facilitated intervention uptake within this context.

These papers showcase treating cancer patients in diverse contexts using innovative ACT interventions that target psychosocial and behavioral outcomes.

- Randomized clinical trial of ACT vs. usual care for anxious cancer survivors embedded in community cancer clinics: Main and moderator findings

Joanna Arch, Ph.D., University of Colorado Boulder and the University of Colorado Cancer Center
Jill Mitchell, Ph.D., M.S.W., L.C.S.W., Rocky Mountain Cancer Centers
Sarah Genung, B.A., University of Colorado Boulder
Charles Judd, Ph.D., University of Colorado Boulder
Jonathan Bricker, Fred Hutchinson Cancer Research Center
Annette Stanton, Ph.D., University of California Los Angeles

We present the final findings from a community-based, multi-site randomized clinical trial evaluating the efficacy of an ACT group intervention designed to address the psychological needs of anxious cancer survivors. Anxiety represents a common, chronic, and often unaddressed psychological concern among cancer survivors, and predicts lower quality of life and the overuse or avoidance of medical care. This multi-site, two-arm trial included 139 cancer survivors of mixed cancer type reporting daily anxiety or depression symptoms and elevated anxiety about cancer/survivorship, 1.5 to 24 months after finishing primary cancer treatment. The trial was embedded within a community cancer care network. We trained onsite oncology social workers to deliver the 7-session group ACT intervention (2 hours per session), which was compared to minimally enhanced usual care (MEUC). Self-reported and healthcare behavior outcomes were assessed at baseline, mid, post, 3- and 6-month follow-up (>84% retained through 6-month follow-up). Main findings (N = 139) show that relative to MEUC, ACT reduced missed medical appointments, fear of cancer recurrence, cancer-related trauma symptoms, and fatigue ($p \leq .05$) through 6-month follow-up. In both conditions, participants showed similarly robust and significant improvements in general anxiety or depression symptoms, anxiety disorders, and sense of life meaning. These findings were moderated, however, such that participants with higher baseline anxiety or experiential avoidance (+1SD from the sample mean) improved more on general anxiety ($p \leq .01$), sense of meaning ($p \leq .02$) and disorder severity ($p = .05$), following ACT than MEUC. We discuss the implications for applying ACT in cancer care contexts and for conducting community-embedded trials.

- Smartphone app to help cancer patients stop smoking: Results from a pilot randomized trial on feasibility, acceptability, and effectiveness

Jonathan B. Bricker, Ph.D., Fred Hutchinson Cancer Research Center, Division of Public Health Sciences
Noreen L. Watson, PhD, Fred Hutchinson Cancer Research Center, Division of Public Health Sciences
Jaimee L. Heffner, Ph.D., Memorial Sloan Kettering Cancer Center, Department of Psychiatry and Behavioral Sciences
Brianna Sullivan, M.S., Fred Hutchinson Cancer Research Center, Division of Public Health Sciences
Kristin E. Mull, M.S., Fred Hutchinson Cancer Research Center, Division of Public Health Sciences
Diana Kwon, B.A., University of Washington, Department of Psychology
Jamie S. Ostroff, Ph.D., Memorial Sloan Kettering Cancer Center, Department of Psychiatry and Behavioral Sciences

BACKGROUND: Persistent smoking after a cancer diagnosis predicts worse treatment outcomes and mortality, but access to effective smoking cessation interventions is limited. Smartphone apps can address this problem by providing a highly accessible, low-cost smoking cessation intervention designed for patients with a recent cancer diagnosis.

OBJECTIVE: This study aimed to summarize our development process and report the trial design, feasibility, participant acceptability, preliminary effectiveness, and impact on processes of change (eg, cancer stigma) of the first-known smoking cessation smartphone app targeted for cancer patients.

METHODS: We used an agile, user-centered design framework to develop a fully automated smartphone app called Quit2Heal that provided skills training and stories from cancer survivors focusing on coping with internalized shame, cancer stigma, depression, and anxiety as core triggers of smoking. Quit2Heal was compared with the National Cancer Institute's QuitGuide, a widely used stop smoking app for the general population, in a pilot double-blinded randomized trial with a 2-month follow-up period. Participants were 59 adult smokers diagnosed with cancer within the past 12 months and recruited through 2 cancer center care networks and social media over a 12-month period. The most common types of cancer diagnosed were lung (21/59, 36%) and breast (10/59, 17%) cancers. The 2-month follow-up survey retention rate was 92% (54/59) and did not differ by study arm ($P = .15$).

RESULTS: Compared with QuitGuide participants, Quit2Heal participants were more satisfied with their assigned app (90% [19/21] for Quit2Heal vs 65% [17/26] for QuitGuide; $P = .047$) and were more likely to report that the app assigned to them was made for someone like them (86% [18/21] for Quit2Heal vs 62% [16/26] for QuitGuide; $P = .04$). Quit2Heal participants opened their app a greater number of times during the 2-month trial period, although this difference was not statistically significant (mean 10.0, SD 14.40 for Quit2Heal vs mean 6.1, SD 5.3 for QuitGuide; $P = .33$). Self-reported 30-day point prevalence quit rates at the 2-month follow-up were 20% (5/25) for Quit2Heal versus 7% (2/29) for QuitGuide (odds ratio 5.16, 95% CI 0.71-37.29; $P = .10$). Quit2Heal participants also showed greater improvement in internalized shame, cancer stigma, depression, and anxiety, although these were not statistically significant (all $P > .05$).

CONCLUSIONS: In a pilot randomized trial with a high short-term retention rate, Quit2Heal showed promising acceptability and effectiveness for helping cancer patients stop smoking. Testing in a full-scale randomized controlled trial with a longer follow-up period and a larger sample size is required to test the effectiveness, mediators, and moderators of this promising digital cessation intervention.

- ACT Treatment Engagement in Individuals with Neurofibromatosis and Chronic Pain
Staci Martin, Ph.D., National Cancer Institute, Bethesda, MD
Taryn Allen, Clinical Research Directorate, Frederick National Laboratory for Cancer Research
sponsored by the National Cancer Institute
Mary Anne Toledo-Tamula, M.A., Clinical Research Directorate, Frederick National Laboratory for
Cancer Research sponsored by the National Cancer Institute
Kari Struempff, Ph.D., Clinical Research Directorate, Frederick National Laboratory for Cancer Research
sponsored by the National Cancer Institute
Stephanie Reda, B.A., National Cancer Institute, Bethesda, MD
Pam Wolters, Ph.D., National Cancer Institute, Bethesda, MD

Chronic pain is common in individuals with neurofibromatosis type 1 (NF1), a genetic cancer predisposition syndrome. While research supports the efficacy of ACT interventions for pain, little is known about how treatment engagement at home relates to outcomes. Individuals with NF1 and chronic pain (n=66; Mage=30.7±11.52 years; 61% female) enrolled in a randomized controlled trial. Questionnaires assessed pain intensity, pain interference, pain acceptance, and pain-related inflexibility. After a 4-hour in-person intervention, participants started an 8-week at-home phase involving videochats, emails, and practice of ACT skills in daily life. Results showed that individuals who practiced present moment awareness and defusion techniques more frequently exhibited greater improvements in pain outcomes at follow-up ($p < .05$). Further, treatment engagement predicted improvements in pain interference at follow-up, controlling for baseline pain and pain acceptance [$F(3, 56)=3.46$; $p < 0.05$]. Changes in pain acceptance mediated the relationship between at-home treatment engagement and pain interference. In sum, the capacity to decrease pain interference via ACT skills practice at home has the potential to improve quality of life in patients with NF1 and chronic pain.

- Feasibility, process measures and outcomes of COMPASS: Acting Mindfully for a Valued Life group interventions at a cancer center
Dianne M Shumay Ph.D., UCSF Helen Diller Family Comprehensive Cancer Center
Saumya Umashankar B.A., UCSF Helen Diller Family Comprehensive Cancer Center
Michelle Melisko M.D., UCSF Helen Diller Family Comprehensive Cancer Center
Jennifer Gregg PhD, San Jose State University
Margaret Chesney Ph.D., UCSF Osher Center for Integrative Medicine

ACT shows growing empirical support for addressing anxiety and other psychological symptoms in cancer patients and survivors¹. Our team at a large academic cancer center has designed, piloted and adapted a series of group ACT interventions tailored to address concerns common in our patient population, including an RCT of an ACT intervention for breast cancer survivors targeting fear of cancer recurrence which showed feasibility and acceptability². COMPASS is a group manualized intervention adapted from this earlier work and offered to cancer patients and survivors as part of a clinical psychology service. Pilot data was collected at pre, post, 6 week and 6 month in a single arm design. We enrolled 123 patients across cancer types, 38% with metastatic disease. Significant improvements across timepoints were observed in anxiety, depression, fear of cancer recurrence, mindfulness, psychological flexibility and engagement in valued living. Implementation factors, such as feasibility, enrollment, oncology referral streams and financial sustainability were also favorable. Further adaptation of the program has been piloted in caregivers and planned for a metastatic cancer group.

Educational Objectives:

1. Describe the ways in which ACT is being applied to help cancer patients
2. Assess the challenges and rewards of using ACT in diverse specialty medical clinic contexts
3. Analyze who most benefits from ACT interventions in cancer and cancer prevention populations

49. The clinical utility of middle-level terms in Functional Analytic Psychotherapy: An investigation of behaviors that map onto the Awareness, Courage, and Responsiveness paradigm

Symposium - Friday, July 17 (12:30 PM - 2:00 PM)

Components: *Original data*

Categories: Clinical Interventions and Interests, Functional Analytic Psychotherapy

Target Audience: *Beginner, Intermediate, Advanced*

Chair: Kayla Daulton, Morehead State University
Amanda Muñoz-Martinez, Universidad de los Andes
Daniel Maitland, Morehead State University
Chad Wetterneck, Rogers Behavioral Health

Researchers have argued that an emphasis on ideographically defined behaviors in Functional Analytic Psychotherapy (FAP) has hindered the empirical advancement of the treatment (Maitland, Kanter, Manbeck, & Kuczynski, 2017). To address the barriers inherent in researching FAP as initially described, researchers proposed a set of middle-level terms, anchored in the relationship sciences (Reis & Shaver, 1988) and inherent to the FAP therapeutic process, which has been deemed the Awareness, Courage, and Love or Awareness, Courage, and Responsiveness model. This symposium focuses on advancing our understanding of the clinical utility of these constructs by investigating their role in symptoms of psychological distress and stigma towards mental health. The symposium will present data showing the broad utility of the measurement of these constructs by presenting data on clinical and non-clinical samples. Data will also be presented across research methodologies including experimental, naturalistic, and survey-based findings. Discussion will focus on the strengths and weaknesses of incorporating middle-level terms as treatment targets, and an in-depth reflection of each study.

- **Awareness, Courage, and Responding in PTSD Treatment**
Chad. T. Wetterneck, Ph.D., Rogers Behavioral Health, Marquette University
Peter Grau, M.S., Marquette University
Allison Lancione, M.S., Rogers Behavioral Health
Jennifer ParraNelson, Rogers Behavioral Health

Contextual Behavior Science has hypothesized a few mechanisms of change in psychotherapy including psychological flexibility (Hayes et al., 1999) and interpersonal intimacy (Wetterneck & Hart, 2012). While measures for general and specific types of psychological flexibility have been studied for almost twenty years, the study of interpersonal intimacy in CBS approaches is still in its infancy. Recently, Kuczynski et al. (2019) developed the Awareness, Courage and Responding Scale (ACRS) to fill this gap in the research. While the initial sample for the psychometric investigation had nearly 2,000 participants, most were not clinical or treatment-seeking individuals. This study looks to establish the psychometric properties of the ACRS in a sample of treatment-engaged PTSD patients. 331 participants took the ACRS upon admission, mid-way through therapy, and at discharge at a partial hospitalization program for PTSD. We will examine the reliability and validity of the scale in the admission sample, investigating correlations with self-compassion, symptom severity, valued living, and therapeutic alliance, as well as noting sensitivity to change over the course of treatment and relationship between change in ACRS scales and the aforementioned constructs. We will also describe how the ACRS is used in clinical treatment planning.

- **The role of mental health in disclosure to others: A social discounting investigation**
Emma Gundler, Morehead State University
Daniel Maitland, Ph.D., Morehead State University

Research has consistently shown a strong positive relationship between mental health and disrupted social functioning (Kawachi & Berkman, 2001). Much of the focus on this research has emphasized the characteristics and behaviors of the individual who is diagnosed with the mental health issue while ignoring environmental changes resulting from the diagnoses. The current study seeks to add to the literature on this topic by exploring relationship building opportunities for those diagnosed with mental health issues. Participants in the current study were asked to rate their willingness to disclose personal information ranging from mundane to deeply personal with individuals of differing social distance. The experimental required participants to re-rate their willingness to disclose after the hypothetical other was diagnosed with a mental health diagnosis or a serious mental illness. The discussion will focus on the ramifications of mental health stigma on social support and the ramifications of the findings for therapists implanting interventions that target social functioning such as FAP.

- **The impact of depression symptoms on FAP process targets**
Daniel Maitland, Ph.D., Morehead State University
Aubree Daniel, Morehead State University

Over the last decade, research on FAP has explored how the treatment inherently invokes the interpersonal model of intimacy (Maitland, Kanter, Manbeck, & Kuczynski, 2017). This has resulted in increased use of analog studies to explore FAP processes variables (Haworth et al., 2015). The current study adds to the empirical literature by utilizing established FAP analog protocols to explore the role of vulnerability and responsiveness in forming connection with individuals across levels of depression. Participant and researcher vulnerability, responsiveness, perceived responsiveness, and feelings of connection will be analyzed and presented. Discussion of the current study will explore how individuals who report feelings of depression experience and respond to relationship building behaviors compared to those who do not report feeling of depression. These findings will be discussed in the context of how individuals incorporating FAP into their practice may most effectively implement interventions with clients who report depression.

Educational Objectives:

1. Describe the middle-level turns regularly utilized in Functional Analytic Psychotherapy Research
2. Judge the importance of middle-level terms in stigma and select mental health diagnoses
3. Formulate FAP case conceptualizations based on middle-level turns

50. Clinical functional analysis and the process of change: Argentina Chapter Sponsored

Workshop - Friday, July 17 (12:30 PM - 3:45 PM)

Components: *Case presentation, Conceptual analysis, Didactic presentation, Experiential exercises, Role play*

Categories: Clinical Interventions and Interests, Supervision, Training and Dissemination, Functional Analysis

Target Audience: Beginner, Intermediate, Advanced

Fabián Olaz, National University of Córdoba
Niklas Törneke, NT Psykiatri

Since the days of Skinner, conducting a functional analysis has been at the core of behavior analysis. Even today, functional analysis is central to psychotherapy models such as acceptance and commitment therapy, dialectical behavior therapy, functional analytical psychotherapy and behavioral activation. The aim of this workshop is to present a modern way of understanding how clinicians can conduct a functional analysis in cooperation with the client in such a way that this will target central processes of change. The workshop will include a theoretical presentation of basic principles to follow, illustration of how the clinician can go about and an opportunity for participants to practice what is taught. Any therapist with a basic understanding of behavioral principles will benefit from participation.

Educational Objectives:

1. Describe basic principles of doing a clinical functional analysis in cooperation with the client
2. Describe how doing a functional analysis is connected to basic processes of behavior change
3. Improve your practical skills in doing a clinical functional analysis, with a special focus of using metaphor for identifying behavioral classes

51. Case Conceptualization in ACT: A Practical Introduction to Formulating, Planning, and Explaining Successful Treatments Using Acceptance and Commitment Therapy

Workshop - Friday, July 17 (12:30 PM - 3:45 PM)

Components: *Case presentation, Conceptual analysis, Didactic presentation, Experiential exercises, Literature review, Role play*

Categories: Clinical Interventions and Interests, Professional Development, Case conceptualization

Target Audience: Beginner, Intermediate, Advanced

Kelly Wilson, University of Mississippi
Troy DuFrene, California School of Professional Psychology

From intake to discharge, the process of case conceptualization is important to every psychotherapist. This activity includes gathering and arranging meaningful information about clients; understanding presenting problems and explaining them usefully to supervisors and clients; planning and evaluating treatment; anticipating problems; and developing discharge criteria. This workshop asks participants, "How do you conceptualize cases in ACT, do you do it consistently from case to case, and can you explain it to someone in three minutes or less?" Participants will leave with a practical, start-to-finish model for case conceptualization in ACT, drawing on a system first introduced in the presenters' book *Mindfulness for Two*, updated to reflect development in the field during the ten years since the book's publication. The workshop includes practice examples, checklists and worksheets to assist in the process, and opportunities to formulate current cases using this method. At the end of the workshop, participants will conceptualize and explain cases from an ACT point of view in a consistent, structured, and useful way.

Educational Objectives:

1. Demonstrate ability to use the process-based conceptualization model to formulate cases from an ACT point of view quickly and consistently

2. Describe case formulations in succinct and effective ways in language useful to both clients and supervisors
3. Identify challenges to consistent and accurate case conceptualizations in a variety of clinical settings (private practice, community mental health, hospitals, and so forth)

52. Using Acceptance and Commitment Training with Parents of Children with Autism Spectrum Disorder

Panel - Friday, July 17 (2:15 PM - 3:45 PM)

Components: *Conceptual analysis*

Categories: Clinical Interventions and Interests, Functional contextual approaches in related disciplines, Autism

Target Audience: Beginner, Intermediate, Advanced

Chair: Emmie Hebert, JumpStart Autism Center

Evelyn Gould, McLean Hospital | Harvard Medical School

Katie Palmer, Imagine Behavioral and Developmental Services

Luisa Canon, Institute for Effective Behavioral Interventions (IEBI)

Stuart Libman, PLEA

Parents of children with autism spectrum disorder experience immense stress. For example, mothers of children with autism have cortisol levels similar to that of soldiers in combat (Seltzer et al., 2010). Additionally, fathers of children with autism have reported withdrawal from their family following a diagnosis (Burrell, Ives, & Unwin, 2017). Therefore, in addition to helping children with autism, supporting their parents is also needed. Acceptance and commitment training has shown promise in this endeavor. Gould, Tarbox, and Coyne (2019) found that an ACT intervention increased parental values-based behavior. Blackledge and Hayes (2006) found that an ACT intervention can also improve parental mental health in families with a child with autism. The aim of this panel is to discuss ways that providers who treat individuals with autism can also support parents using ACT. Panelists will discuss their own successes and challenges with using ACT with families of children with autism spectrum disorder.

Educational Objectives:

1. Describe ACT techniques to use with parents of children with autism spectrum disorder
2. Explain how acceptance and commitment training is different from acceptance and commitment therapy
3. Discriminate when ACT would be appropriate to use with a parent of a child with autism spectrum disorder

53. The Evolution of CBS Supervision

Panel - Friday, July 17 (2:15 PM - 3:45 PM)

Components: *Case presentation, Didactic presentation*

Categories: Supervision, Training and Dissemination, Professional Development, Consultation

Target Audience: Beginner, Intermediate, Advanced

Chair: Linda Nicholson, Australian National University

Eric Morris, LaTrobe University

Robyn D. Walsler, TL Consultation Services, National Center for PTSD, UC Berkeley

Manuela O'Connell, Private Practice/ Universidad Favaloro

Supervision is an essential element in developing and maintaining competence in contextual behavioural therapies. The CBS community has developed supervision models that support practitioners to work with peers and supervisors, in pairs, groups, in-person and online. As we learn to scale CBS interventions, providing effective supervision increases in complexity and importance. This panel will discuss the current state of CBS supervision and how our approaches can evolve to meet the needs of our diverse communities, ways of working, and cultures. We will describe our experiences in supervising helpers of various backgrounds and familiarity with CBS, sharing what we have found works...and what doesn't.

We will explore:

- 1) What are helpful ways to supervise practitioners to develop competencies in contextual therapies, including across diverse settings/cultures?
- 2) How should supervision be structured to promote flexibility and functional perspectives?

- 3) How can we attend to culture/gender issues in supervision, using CBS approaches to promote equity?
- 4) What approaches help with challenging supervision scenarios?
- 5) What strategies should our community use to create sustainable supervision culture, locally and internationally?

Educational Objectives:

1. Develop a CBS supervision approach that promotes equity
2. Use models/texts/tools to assist with clinical supervision from a CBS perspective and that can help supervisors measure the effectiveness of their supervision
3. Develop skills to deliver feedback when working with challenging supervisees

54. The Promise of Focused ACT (FACT) for Unique and Diverse Populations: Increasing Access to Health for All

Symposium - Friday, July 17 (2:15 PM - 3:45 PM)

Components: *Case presentation, Original data*

Categories: Behavioral medicine, Clinical Interventions and Interests, Brief Interventions, Primary Care, Trans-diagnostic, Inter-Professional

Target Audience: *Beginner, Intermediate, Advanced*

Monica Barreto, Yale Child Study Center

Scott Gaynor, Western Michigan University

Stacy Ogbeide, UT Health San Antonio

Kathryn Kanzler, University of Texas Health Science Center San Antonio

Patti Robinson, Mountainview Consulting Group, Inc.

Presenters will share findings related to the promise of Focused Acceptance and Commitment Therapy (FACT) services to improve health outcomes for a variety of patients in a variety of treatment settings. All researchers will describe methods to improve healthcare access. Dr. Barreto will present data on the impact of a single FACT visit on a targeted health behavior (i.e., alcohol consumption, tobacco use, nutrition, etc.) among collegians. Dr. Gaynor will describe results of a single FACT visit on diabetes-related distress and self-management in adolescents with Type 1 Diabetes (T1D). Dr. Ogbeide will share results of a case study evaluation of use of FACT with a suicidal primary care patient. Dr. Kanzler will present data from a pilot randomized controlled trial assessing the impact of a 4-session FACT group visit for primary care patients with chronic pain. Dr. Robinson will describe clinical and health equity findings from a 12-month primary care demonstration project that investigated the impact of placing FACT trained behavioral health providers in 5 general practice clinics in Auckland, New Zealand.

- A Single-Session of Acceptance and Commitment Therapy for Health-Related Behavior Change: Protocol Description and Case Example

Monica Barreto, Ph.D., Clinical Psychology Postdoctoral Fellow, Yale Child Study Center

Scott T. Gaynor, Ph.D., University of North Carolina at Greensboro

Many who might benefit from behavioral health services do not receive them. In order to reach people at the scale that is needed to impact population health requires the development and testing of brief interventions. A reasonable place to begin is streamlining existing evidence-based interventions. The current presentation describes a one-session (60 minute) acceptance and commitment therapy (ACT) protocol for health-related behaviors (i.e., tobacco use, physical activity, alcohol consumption, nutrition, and sleep) identified by the Centers for Disease Control and Prevention as key for chronic disease prevention. After describing the structure of the protocol, its application is illustrated through the presentation of a case who received the intervention as part of a clinical outcome study. The case example demonstrates how the ACT protocol might provide a useful organizational structure for brief applications thereby providing a model of delivery that could be relatively broad in its reach.

- A Single-Session of Acceptance and Commitment Therapy for Health-Related Behavior Change: Results of an Open Clinical Trial and a Randomized Controlled Feasibility Trial

Scott Gaynor, Ph.D., Western Michigan University

Monica Barreto, Clinical Psychology Postdoctoral Fellow, Yale Child Study Center

The initial efficacy of a single ACT session targeting health-related behavior was examined in two studies. Thirty-nine collegians received an ACT session focused on either physical activity, nutrition, sleep, alcohol, or tobacco use. At 30-day follow-up, significant and specific changes were self-reported. The changes were also significantly different from those in a non-concurrent matched comparison group derived from a 30-day test-re-test reliability sample. Based on these positive results, a randomized feasibility trial was conducted comparing an ACT

session (n = 22) to an information-only waitlist control condition (n = 23) for physical activity, nutrition, or sleep. By the 30-day follow-up, mean changes in the targeted domain were statistically significantly greater in ACT versus WL on most measures (medium-large effects). The effects were largest for those who focused on sleep, followed by physical activity, and then on nutrition. These initial studies support the further testing of the approach in clinical settings where health-related behavior change is most often targeted. Evaluation in a juvenile diabetes clinic is underway.

- The Use of Focused ACT (FACT) with A High Risk Primary Care Patient: A Case Example.

Stacy A. Ogbeide, Psy.D., M.S., ABPP, University of Texas, San Antonio

This case example study evaluated the impact of FACT delivered by a Behavioral Health Consultant (BHC) to a depressed male patient with intrusive thoughts of suicidality. Outcome measures were obtained at the initial visit and at 4 follow-up visits. Measures included the Patient Health Questionnaire-9 (PHQ-9), the Generalized Anxiety Disorder-7 (GAD-7), the Quality of Life and Enjoyment Scale – Short Form (QLES-SF), and the Acceptance and Action Questionnaire-II (AAQ-II) questionnaire. Psychological flexibility at its highest was a 26 and decreased to 18 (scores ranged from 49 to 7 with lower scores = greater psychological flexibility). At the last planned BHC visit, the patient reported sub-clinical symptoms of depression and anxiety, improved quality of life, higher psychological flexibility, and no thoughts of self-harm or suicide. Results support the effectiveness of BHC identification and FACT treatment of high risk patients in primary care, where suicidal patients are more likely to seek care during moments of crisis.

- Focused Acceptance and Commitment Therapy (FACT) for Chronic Pain in an Integrated Primary Care Clinic: Findings from a Pilot RCT

Kathryn E. Kanzler, Psy.D., ABPP, University of Texas Health Science Center at San Antonio

Patricia Robinson, Ph.D., Mountainview Consulting Group

Jim Mintz, Ph.D., University of Texas Health Science Center at San Antonio

Donald McGeary, PhD, ABPP, University of Texas Health Science Center at San Antonio

Willie Hale, Ph.D., University of Texas San Antonio

Erin Finley, Ph.D., MPH, South Texas Veterans Health Care System

Cindy McGeary, Ph.D., ABPP, University of Texas Health Science Center at San Antonio

Jacqueline Pugh, M.D., MPH, South Texas Veterans Health Care System

Mariana Munante, M.D., University of Texas Health Science Center at San Antonio

Eliot Lopez, Ph.D., & Dawn Velligan, Ph.D., University of Texas Health Science Center at San Antonio

Most patients with chronic pain obtain their treatment in primary care, where evidence-based behavioral interventions are not typically provided, despite robust evidence for treatments like ACT. This mixed-methods study sought to a) evaluate implementation of a focused ACT (FACT) treatment for chronic pain delivered by an integrated behavioral health consultant in primary care, and b) explore mechanisms of change in FACT participants.

This pilot RCT (N=26) included 54% women, with 46% of participants identifying as Hispanic/Latino. Findings showed acceptability of and fidelity to the FACT intervention. Analyses indicated significant increases in valued activities in both FACT and enhanced treatment-as-usual (ETAU) arms from baseline to 6-month follow-up. However, chronic pain acceptance significantly improved only in the FACT arm and this was significantly different between arms. Physical disability also significantly improved in the FACT arm. Treatment effect sizes were generally moderate. Overall, findings reflect the promise of FACT—a brief and inexpensive intervention—to bolster primary care treatment for patients struggling with chronic pain. Discussion will include challenges, limitations, and potential of this “real world” pilot study.

- Does FACT Help Move the Dial on Health Equity?

Patricia Robinson, Ph.D., Primary technical assistant to New Zealand Project team, Mountainview Consulting Group, Inc.

This investigation occurred in two parts over a 2-year period. Phase 1 involved a 12-month demonstration project in 5 primary care clinics in Auckland, NZ. A behavioral health provider was trained in Focused ACT (FACT) and Primary Care Behavioral Health (PCBH) competencies in a 4-day group training and then through on-the-job training 3-5 days over the course of the project year. These new providers (named Health Improvement Practitioners of HIPs) were encouraged to teach FACT to their Primary Care medical colleagues and to use FACT in their visits with patients of all ages, races, and ethnicities. Phase 2 involved continued evaluation of the original 5 clinics, as the project began to inform country wide dissemination. Dr. Robinson will present clinical outcome data, along with examples of data used to generate monthly reports for HIPs and their colleagues. Among the positive findings associated with this healthcare system change was a finding of health equity.

Educational Objectives:

1. List two healthcare settings that enhance patient access to FACT for people of all ages, races, and ethnicities
2. Describe three examples of improved health outcomes associated with brief FACT visits
3. Apply suggested methods to the design of studies that explore health outcomes associated with FACT in their communities

55. In Words, Clicks, and Postures: Emerging Approaches to Assessing Psychological Flexibility and Related Constructs

Symposium - Friday, July 17 (2:15 PM - 3:45 PM)

Components: *Original data*

Categories: Clinical Interventions and Interests, Other, Psychological Flexibility

Target Audience: *Beginner, Intermediate, Advanced*

Chair: Jonathan Larson, Wichita State University

Melissa Miller, University of Louisiana at Lafayette

Abbey Warren, University of Louisiana at Lafayette

Thomas Falterman, University of Louisiana at Lafayette

Karen Kate Kellum, University of Mississippi

Psychological flexibility can be helpful in explaining and predicting behaviors. However, there are currently limited methods of assessing this construct. This symposium will discuss novel methods of assessing psychological flexibility, including linguistic analysis, tracking behavioral processes, and delay discounting. First, linguistic analysis via the Linguistic Inquiry Word Count Software will be explored as a method of assessing psychological flexibility through written language. Then, a discussion of whether individuals unfamiliar with psychological flexibility are capable of tracking and recognizing behavioral processes. Finally, assessment of this construct via delay discounting through a computerized, behavioral game will be reviewed. Results and implications for future research in the assessment of psychological flexibility will be discussed.

- **A Linguistic Inquiry Assessment of Psychological Flexibility**

Melissa M. Miller, University of Louisiana at Lafayette

Emily Sandoz, Ph.D., University of Louisiana at Lafayette

Psychological flexibility seems to be an important domain of human functioning that involves the ability to learn and to engage in effective and personally significant behavior in the presence of unwanted or uncomfortable private events. The assessment of this domain of human functioning relies largely on self-report measures. Qualitative data stands to improve this assessment by improving the validity and/or eliminating bias caused by questionnaires. Of course, qualitative data does not generally lend itself to quantitative analysis at the individual or group level. Linguistic Analysis involves transforming qualitative data so that quantitative analysis is possible. This paper will present data from several attempts to create a linguistic analysis "dictionary" that will allow for direct observation and quantification of psychological flexibility. Results suggest that this approach linguistic analysis may be a limited in assessing psychological flexibility. Implications for the continued use of linguistic analysis to assess psychological flexibility and related constructs will be discussed.

- **Now You See Me: A Pilot Study on Naïve Observers' Ability to Track Behavioral Processes**

Abbey M. Warren, University of Louisiana at Lafayette

Emily K. Sandoz, Ph.D., University of Louisiana at Lafayette

From a CBS perspective, psychological suffering is often attributable to psychological inflexibility, which involves avoiding difficult experiences in ways that interfere with valued living. ACT aims to help people who are suffering by identifying observable aspects of psychological inflexibility when they occurs in session, and intervening to support the development of psychological flexibility. However, the type and amount of training necessary to track flexibility processes is unknown. This study was conducted to assess how well naïve observers are able to perceive fluctuations in psychological flexibility-inflexibility. Undergraduate students viewed therapy role play videos, and were asked to rate different aspects of flexibility. Inter-observer agreement was assessed, along with consistency with expert ratings, and predictors of observer effectiveness. Implications for future research will be discussed.

- **The Road Most Traveled: A Computer-Based Behavioral Measure of Delay Discounting**

Thomas J. Falterman, University of Louisiana at Lafayette

Emily K. Sandoz, Ph.D., University of Louisiana at Lafayette

Delay discounting involves a specific form of inflexibility, where behaviors with short-term reinforcing consequences dominate the repertoire over behaviors with more substantial long term reinforcing consequences. Delay discounting has been associated with impulsivity, and a variety of problematic behaviors such as substance abuse. Most human delay discounting tasks, however, involve choices between two fictional contingencies. The external validity of such tasks is restricted as participants rarely contact the tasks' relevant contingencies (i.e., reinforcers and delays) directly. This presentation will introduce and describe pilot data from several iterations of the Choice Game—a computer-based, behavioral assessment of delay discounting. In this procedure, participants are likely to directly contact the task's relevant contingencies. Similar to previous findings, these data suggest changes to participants' delay discounting patterns when they experience these contingencies more directly. The current implications for data analysis, and for intervention on impulsivity will be discussed.

Educational Objectives:

1. Describe a new method of assessing psychological flexibility
2. Discuss whether ACT-naïve individuals are able to identify behavior processes
3. Define delay discounting and the most common limitations of traditional delay discounting tasks for human subjects

56. Saying the wrong thing: Practicing psychological flexibility around sensitive topics and vulnerable populations

Workshop - Friday, July 17 (2:15 PM - 3:45 PM)

Components: *Case presentation, Didactic presentation, Experiential exercises*

Categories: Professional Development, Psychological flexibility among professionals

Target Audience: *Beginner, Intermediate, Advanced*

Danielle Moyer, Oregon Health & Science University

Monica Gerber, Asian Pacific Development Center

Molly Tucker, The Mental Health Collective

Have you ever unintentionally said the wrong thing to a client, student, research participant, or even a friend? As a caring and compassionate human, saying the wrong thing can feel horrible. Unfortunately, efforts to avoid sensitive topics can have problematic consequences (Scherr, Herbert, & Forman, 2014). Training in ACT improves professional psychological flexibility and skills (Luoma & Vilaradaga, 2013). This workshop will provide an overview of psychological flexibility and apply the key processes to sensitive topics and vulnerable populations. Highlighted examples will include linguistically and culturally diverse communities, Veterans, transgender and gender diverse youth, and individuals for whom traditional treatment routes have been ineffective. This will be an interactive and experiential workshop. The audience will be invited and encouraged to explore additional areas of relevance to their own work. The focus will be primarily clinical, with flexibility to incorporate teaching, research, or other areas of interest to the audience. If you are ready (or at least willing) to step out of your comfort zone and practice saying the wrong thing, this workshop is for you.

Educational Objectives:

1. Describe how the core processes of ACT relate to clinician flexibility around sensitive topics
2. Identify areas of personal discomfort and apply specific techniques to address discomfort
3. List specific values-based actions that can be taken toward work with vulnerable populations

57. Contextualising the ACT Matrix for Young People: The Two Contrasting Worlds of Residential Care and Private Practice: Children, Adolescents & Families SIG Sponsored

Workshop - Friday, July 17 (4:30 PM - 6:00 PM)

Components: *Case presentation, Didactic presentation, Experiential exercises*

Categories: Clinical Interventions and Interests, Other, Children

Target Audience: *Beginner, Intermediate, Advanced*

Sacha Rombouts, Happy Minds Australia

Danielle Myrtle-Miller, Hillcrest Educational Foundation

The ACT Matrix can be a useful, brief tool to orient people to their psychological world. However, this tool may be used in different ways depending upon the context in which one encounters young people. For instance, in a residential care context, one is working primarily with the young person and staff whereas a community setting offers access to young people, their families, and their schools. Other contextual differences include the types of values emphasised, the sorts of 'stuff' showing up in each context, and the process of how the Matrix is used to promote change.

This workshop is divided into two main sections: first, participants will be introduced to the ACT Matrix structure and process. Second, participants will learn how to help their clients move flexibly around the Matrix so that they can effect values-driven behaviour change. Using case studies and experiential exercises the facilitators will provide an analysis of the similarities and differences, and ensuing clinical implications, of using the Matrix in residential care and community private practice contexts.

Educational Objectives:

1. Describe how to use the ACT Matrix tool with children, families and staff members
2. Analyse how the context of our work can be utilised in a flexible way to promote psychological flexibility using the ACT Matrix
3. Apply creative ways to contextually move around the ACT Matrix in both residential and community settings

58. ACT Under Pressure: Combining Performance Psychology and Contextual Behavioral Science in High Stakes Environments: Sport, Health, and Human Performance SIG Sponsored

Panel - Friday, July 17 (4:30 PM - 6:00 PM)

Components: *Case presentation, Didactic presentation*

Categories: Performance-enhancing interventions, Functional contextual approaches in related disciplines, Sport & Performance Psychology

Target Audience: *Beginner, Intermediate, Advanced*

Chair: Tanya Bialostozky, NY METS
 Amy Baltzell, Amy Baltzell Consulting, LLC
 Nicole Detling, HeadStrong Consulting
 Denise Shull, THE RETHINK GROUP
 Paddy Steinfort, Philadelphia 76ers

We will be taking CBS out on the field. Panelists will: a) discuss the unique characteristics and challenges of working in high-pressure settings such as MLB, NBA, NFL, MLS, NWSL, music, ballet, finance and other performance realms; b) illustrate how they have integrated traditional Performance Psychology with Mindfulness, self-compassion, BA, ACT, and FAP; c) share their experience of what it's like to work in an environment where they are simultaneously serving the individual, the team and the organization d) address some of the contextual and ethical differences between Mental Performance Consultants and Psychologists in traditional clinical settings.

Educational Objectives:

1. Identify similarities and variations in how practitioners have adjusted CBS to address unique challenges in high-pressure environments
2. Provide examples and generate insight into how participants can incorporate elements of Performance Psychology into everyday interventions (such as imagery, goal setting, cueing and competing)
3. Describe the different ways Contextual Behavioral Science (both in research and practice) could contribute to the field of Sport and Performance Psychology and vice versa

59. Looking Back to Stay Ahead: Recasting ACT as Behavior Analysis

Invited - Friday, July 17 (4:30 PM - 6:00 PM)

Components: *Conceptual analysis, Literature review*

Categories: Clinical Interventions and Interests, Theoretical and philosophical foundations, processed-based behavior therapy, contextualism, behavior analysis, therapeutic relationship

Target Audience: *Beginner, Intermediate, Advanced*

Emily Sandoz, University of Louisiana at Lafayette

Behavior therapy is shifting to recognizing empirically-based processes of behavior change over and above empirically-supported treatment packages. From a CBS perspective, this is a welcome change, consistent with how we've characterized Acceptance and Commitment Therapy (ACT) and Functional Analytic Psychotherapy (FAP), for example – by the behavioral processes they target instead of by particular techniques. Over time, however, mid-level processes seem to drift from the basic philosophical, theoretical, and empirical foundations from which they emerged. When this occurs, clinicians struggle to assess and intervene on mid-level processes in the moment, and they devolve into unobservable personological factors. This limits the clinician's sensitivity, responsiveness, and creativity in therapy, thus limiting most of the advantages of using a process-based therapy! And, it doesn't have to be this way. We have, in CBS, an incredibly powerful way of understanding behavior - in terms of its context. And this understanding lends itself directly to assessment and intervening in the moment. This paper will recast ACT as behavior analysis - in terms of context, behavior, and functional relations among them.

Educational Objectives:

1. Describe proposed advantages and disadvantages of mid level terms
2. Explain clinical implications of contextual philosophical foundations
3. Describe clinical implications of behavior analytic theoretical foundations

60. Third-Wave Approaches to Anxiety Disorder Treatment: Outcomes and Processes of Change

Symposium - Friday, July 17 (4:30 PM - 6:00 PM)

Components: *Original data*

Categories: Clinical Interventions and Interests, Anxiety

Target Audience: *Beginner*

Chair: Sultana Mpoukoura, Western Michigan University
Brooke Smith, Western Michigan University
Brian Pilecki, Portland Psychotherapy Clinic, Training, and Research Center
Brian Thompson, Portland Psychotherapy
Michael Twohig, Utah State University
Elizabeth Slivjak, University of Colorado Boulder
Scott Gaynor, Western Michigan University

Anxiety disorders are associated with overall reduced quality of life and functional impairments in multiple domains of life (Herbert, et.al., 2018). The success of exposure-based treatments has made previously difficult to treat disorders, such as obsessive-compulsive disorder, highly treatable (Foa & McLean, 2016). However, low response rates (Loerinc et al., 2015) and the relapse of fear continue to pose problems for researchers and clinicians (Craske et al., 2018). The majority of research into the processes of change in anxiety treatment has focused on reducing and controlling distressing internal experiences, such as fear and intrusive thoughts, with comparatively little attention paid to the effects of directly targeting overt avoidance and values-consistent behaviors (Pittig et al., 2020). Acceptance-based treatments for anxiety target overt behavior while teaching acceptance of internal experiences, thereby teaching skills to mitigate the impact of distressing internal experiences on overt behavior (Smith et al., 2020). The papers presented in this symposium highlight ongoing research on third-wave approaches to anxiety disorder treatments and their underlying processes of change.

- Physiological, Behavioral, and Self-Report Outcomes of Acceptance and Regulation Approaches to Exposures for Intrusive Thoughts

Brooke M. Smith, Western Michigan University
Jennifer L. Barney, Utah State University
Clarissa W. Ong, Utah State University
Tyson S. Barrett, Utah State University
Michael E. Levin, Utah State University
Michael P. Twohig, Utah State University

Leading theories regarding the mechanisms of exposure for OCD focus on Pavlovian fear reduction and fail to include operant processes. Acceptance-based approaches to exposure directly target operant behavior. Integrating these perspectives could lead to a better understanding of mechanisms of change and more effective treatments. This study investigated acceptance and regulation of distress during exposure. Participants with intrusive thoughts were randomized to Acceptance (n = 23), Regulation (n = 20), or Control (n = 21) and completed two behavioral avoidance tests (BATs) 1 week apart. Active treatment participants completed a 30-minute exposure plus 6 days of 10-minute exposures at home; Control participants watched matched duration videos. Self-report, behavioral, and physiological measures were collected at each session. Both active conditions decreased on OCD symptom severity, rituals, subjective units of distress, and skin conductance levels compared to Control. Acceptance showed lower skin conductance levels than Regulation and greater psychological flexibility than Control. Results suggest that willingness to experience distress may paradoxically lead to decreased physiological arousal, which has implications for treatment and future research.

- Moderators and processes of change in traditional exposure and response prevention (ERP) versus acceptance and commitment therapy-informed ERP for obsessive-compulsive disorder

Michael P. Twohig, Utah State University
Clarissa W. Ong, Utah State University
Shannon M. Blakey, University of North Carolina at Chapel Hill
Brooke M. Smith, Western Michigan University
Kate L. Morrison, The OCD & Anxiety Treatment Center
Ellen J. Bluett, University of Montana

Jonathan S. Abramowitz, University of North Carolina at Chapel Hill

The present study evaluated moderators and processes of change in a randomized controlled trial comparing exposure and response prevention (ERP) delivered from a traditional framework versus ERP from an acceptance and commitment therapy framework (ACT + ERP) for obsessive-compulsive disorder (OCD). We examined (a) moderation effects of anxiety, depression, psychological inflexibility, and interpretation of intrusions and (b) the role of psychological inflexibility and interpretation of intrusions respectively as processes of change. Participants with less dysfunctional appraisals at pretreatment performed consistently better in ERP relative to ACT + ERP. In process analyses, psychological inflexibility and interpretation of intrusions positively influenced OCD severity over time in both conditions but OCD symptom severity also positively influenced psychological inflexibility and interpretation of intrusions in both conditions. Furthermore, whereas OCD symptom severity strongly and positively predicted dysfunctional appraisals over the course of treatment in ERP, symptom severity had a weaker positive effect on dysfunctional appraisals in ACT + ERP. Clinical and theoretical implications as well as study limitations are discussed.

- **ACT-informed Exposure for Excoriation Disorder: A Single Case Design**

Brian Thompson, Portland Psychotherapy Clinic, Research & Training Center

A review by Murphy and colleagues (2016) found no research examining the use of exposure in treating body focused repetitive behaviors such as excoriation disorder. This study looked at the impact of ACT-informed exposure on excoriation disorder. It was hypothesized that ACT-informed exposure would result in: (a) decreases in skin picking above and beyond behavior therapy alone; (b) increases psychological flexibility. Study involved a nonconcurrent multiple baseline design with 3 phases: (A) Baseline; (B) behavior therapy with habit reversal training and stimulus control; (C) ACT-informed exposure. After a stable baseline was established, the treatment order was alternated (ABC; ACB) across participants (N = 4). Daily scores and self-report measures were collected. Consistent with previous research, results support behavior therapy as a first-line treatment for excoriation disorder. Results provided limited evidence that ACT-informed exposure therapy may be promising 2nd line treatment for excoriation disorder following behavior therapy but did not appear to be effective as a 1st line treatment. There was no evidence that ACT-informed exposure increased psychological flexibility.

- **Modifying Mindfulness Practices for Anxiety Disorders**

Brian Pilecki, Alpert Medical School of Brown University

Joseph Diehl,

Matthew Multach, University of South Carolina

Theresa A. Morgan, Alpert Medical School of Brown University

Mark Zimmerman, University of Michigan

Mindfulness-based interventions have been shown to be effective in the treatment of various anxiety disorders. However, mindfulness practice may not be useful for everyone and in some cases, may lead to negative experiences. For example, in anxious individuals who are already hypervigilant of bodily sensations, focused attention on the breath or other parts of the body may be problematic. In this study, participants of various diagnoses (e.g. anxiety, depression) were given the option to choose one of several types of mindfulness practice in a daily meditation group that was part of a hospital day program. It is hypothesized that individuals with a primary anxiety disorder will choose breath-focused practices less often than other options. Furthermore, it is predicted that individuals with anxiety diagnoses who use breath methods will report greater difficulty with the practice. Data has been collected on a sample of over 300 participants and is currently being analyzed. These results can help inform how to modify mindfulness practice when working with someone with anxiety.

- **Evaluating the Efficacy of Common Humanity Enhanced Exposure for Individuals with Social Anxiety**

Elizabeth Slivjak, University of Colorado Boulder

Joanna Arch, University of Colorado Boulder

Despite efficacy of exposure for social anxiety disorder (SAD), there remains a pressing need to improve treatment engagement. Brief self-compassion training has been shown to reduce subjective anxiety among individuals with SAD. However, no studies to our knowledge have examined whether enhancing self-compassion prior to exposure increases treatment engagement. In the present study, we will examine the initial utility of one facet of self-compassion—common humanity—and hypothesize that a group-based common humanity intervention prior to exposure will improve behavioral engagement. The study is ongoing, and we are randomly assigning groups of 3 to 6 participants to either common humanity enhanced exposure or exposure alone. Participants complete self-report measures, a group intervention if randomly assigned to the common humanity condition, and a Trier Social Stress Test (TSST). Hypotheses will be tested using hierarchical linear model analyses; of specific interest will be the effect of condition on self-reported anxiety and self-compassion as well as speech completion and length. Findings from the present study will inform the clinical applications of compassion-based interventions in anxious populations.

Educational Objectives:

1. Describe current approaches to third-wave research in anxiety disorder treatment

2. Explain the importance of including overt behavior in process of change research for anxiety disorders
3. Describe the contribution of third wave approaches to improving outcomes in the treatment of anxiety disorders

61. Engaging ACT Processes to Enhance Performance and Optimize Readiness in Military Personnel: ACT for Military SIG Sponsored

Workshop - Friday, July 17 (4:30 PM - 6:00 PM)

Components: *Case presentation, Didactic presentation, Experiential exercises, Role play*

Categories: Performance-enhancing interventions, Functional contextual approaches in related disciplines, Military

Target Audience: Intermediate, Advanced

Wyatt Evans, VA North Texas Health Care System

Christopher Udell, US Navy

David Tubman, United States Air Force

Emily Leeming, Army DOD Contractor

Billy Ryan, AFSC/Magellan Federal

ACT processes have been demonstrated to alleviate suffering and (re)establish well-being for individuals with a wide range of clinical presentations across clinical contexts. Engaging ACT processes to enhance performance and optimize functioning represents a cutting edge in the field. This workshop brings together leaders from the Military and the Sport, Health, and Performance SIGs to describe and demonstrate the application of ACT interventions in military operational contexts. The presenters will draw on first-hand experience developing and implementing ACT-based training programs to increase operational readiness in individual service members, units, and leaders. Presenters will discuss considerations for shifting from treatment to training targets and provide practical instruction on reframing metaphors and exercises to best fit military culture and meet performance optimization goals. Through hands-on practice, participants will gain (or broaden) a repertoire of ACT interventions for enhancing speed, accuracy, and effectiveness and reducing errors, fatigue, and inefficiency. While the focus will be on military readiness and performance, the skills learned in this workshop will be highly adaptable to other high performance populations and intensive operational contexts.

Educational Objectives:

1. Describe, from a contextual behavioral perspective, human performance and military readiness
2. Identify behavioral training targets relevant to military units and personnel as well as psychological flexibility processes facilitative of optimal functioning
3. Adapt and engage ACT interventions to enhance performance (ie, increase effectiveness, decrease errors) and optimize functioning in military and other high performance populations

62. Supervision from a Contextual Lens: SHAPE in Action: Australia & New Zealand Chapter Sponsored

Workshop - Friday, July 17 (4:30 PM - 6:00 PM)

Components: *Case presentation, Didactic presentation, Experiential exercises, Role play*

Categories: Supervision, Training and Dissemination, Professional Development, Experiential supervision

Target Audience: Intermediate

Eric Morris, LaTrobe University

Linda Nicholson, Australian National University

Supervision and consultation play an integral role in the training and continuing development of practitioners, providing a practice context for didactic and experiential learning. Experiential learning is strengthened by including supervision elements that promote psychological flexibility which we argue can help practitioners develop sensitivity and flexibility in applying knowledge and skills in effective and safe ways for clients.

Drawing upon Acceptance and Commitment Therapy and contextual behavioural science, we will present a contextual framework (SHAPE: Morris & Bilich-Eric, 2017) and provide participants with a hands-on approach to building psychological flexibility and learning in supervision based on contemporary behavioural principles. The SHAPE framework identifies five features of contextual supervision: Supervision values; Holding stories lightly; Assessment of function; Perspective-taking;

Experiential methods. We will utilise experiential demonstrations, role-plays and didactic presentation to engage participants in learning about contextual supervision and how to promote psychological flexibility in supervision. The workshop is designed for supervisors who have experience in providing supervision, and practitioners who are wanting to enhance their use of supervision, and who are familiar with the ACT model.

Educational Objectives:

1. Describe a contextual supervision framework that promotes flexibility and functional perspectives
2. Identify and explore SHAPE processes via the use of experiential exercises and demonstrations
3. Practise experientially responding to supervision scenarios involving contracting, functional analysis, and perspective-taking

**63. The Perfectionistic Therapist: Helping others with flexibility, courage and compassion:
Australia & New Zealand Chapter Sponsored**

Workshop - Friday, July 17 (4:30 PM - 6:00 PM)

Components: *Conceptual analysis, Didactic presentation, Experiential exercises, Role play*

Categories: Clinical Interventions and Interests, Supervision, Training and Dissemination, Perfectionism

Target Audience: Beginner, Intermediate, Advanced
Jennifer Kemp, Private Practice

Do you believe you should be able to help every client?

Do you criticise yourself if a client doesn't improve?

Do you attend courses or buy books so you will finally be 'good enough'?

Or do you supervise trainees who strive to deliver 'perfect' interventions only to find this impossible to achieve?

Unhelpful perfectionism is a behavioural pattern that can affect professionals across every industry.

This workshop will explore how behaviour analysis, exposure, ACT, and compassion-focused approaches can help those of us working in the helping professions to approach our desire to help and high expectations of ourselves with flexibility, courage and compassion.

Using 'head, heart and hands', this workshop will first provide a clear and concise formulation of helpful and unhelpful perfectionism ('head'). Participants will have an opportunity to reflect on unhelpful habits in themselves and/or their trainees ('heart').

Then, through mindful and experiential ('hands') activities, the presenter will explore how to unhook from unhelpful perfectionistic behaviours to deliver 'imperfect' yet effective work that helps our clients, supervisees, communities, and ourselves.

Educational Objectives:

1. Apply a clear and concise functional contextual behavioural formulation of helpful and unhelpful perfectionism
2. Identify your own helpful and unhelpful perfectionistic behavior patterns and/or those of their trainees
3. Demonstrate behavioral approaches that help build flexibility and self-compassion when working as a helping professional

SATURDAY – JULY 18

64. ¿Nos entendemos? Transformando el lenguaje Conductual-Contextual a un español que se sienta genuino y se adapte al contexto de las culturas en las que trabajamos.

¿Habla Español? Adapting Contextual-Behavioral language that feels authentic to Hispanic populations

- Workshop in Spanish: Mexico and Argentina Chapters Sponsored

Workshop - Saturday, July 18 (7:15 AM - 8:45 AM)

Components: *Didactic presentation, Experiential exercises, Role play*

Categories: Clinical Interventions and Interests, Professional Development, Diversity and Inclusion, Cross-Cultural Competence

Target Audience: Beginner, Intermediate, Advanced
Tanya Bialostozky, NY METS

Azahalea Sarai Sanchez Morales, DBT Mexico and
Rafael Dubois, Toronto Blue Jays
Oscar Gutierrez, Cleveland Indians
Fabián Olaz, National University of Córdoba

¿Nos entendemos? Transformando el lenguaje Conductual-Contextual a un español que se sienta genuino y se adapte al contexto de las culturas en las que trabajamos. Cuando se trata de diversidad e inclusión, el lenguaje que utilizamos importa. De verdad. Muchos de los conceptos centrales, metáforas y terminología de CBS se han traducido con éxito al español y a otros idiomas; pero traducir y adecuar son dos cosas muy diferentes. La mayoría de las publicaciones de ACT / FAP / RFT aún están en inglés, por lo que gran parte del vocabulario que utilizamos no siempre resuena con nuestra cultura. Si además consideramos la gran diversidad que existe entre poblaciones de habla hispana, no sólo en cuanto a idioma, sino a las expresiones, modismos y formas de entender la realidad, la importancia de las palabras que usamos cobra un significado aún mayor. El objetivo de este taller interactivo es promover la creatividad, colaboración y debate entre los participantes. Por medio de actividades, retos y discusiones, desarrollar diversas formas de expresar los principios básicos de CBS en formas que resuenen, que sean locales, relevantes y se sientan auténticas para las poblaciones con las que trabajan.

¿Habla Español? Adapting Contextual-Behavioral language that feels authentic to Hispanic populations - Workshop in Spanish (other languages welcome)

When it comes to diversity and inclusion, the language that we use matters. Literally. Many of the core concepts, metaphors, and CBS terminology have been successfully translated into Spanish and other languages; but translation doesn't always mean adaptation. With most of ACT/FAP/RFT publications still in English, much of the vocabulary we use fails to resonate with our culture. The goal of this activity-based workshop is to spark creativity, collaboration and debate in order to develop contextual-behavioral language in Spanish that is person/context-centered, having the diversity of Latin cultures (and sub-cultures) in mind. Participants will leave with new ways of explaining and understanding ACT in a manner that feels true and authentic to the populations they work with.

Educational Objectives:

1. Create a deeper awareness and understanding of the cross-cultural components that influence language and how, in turn, that impacts the trust, relationships, and effectiveness of our interventions
2. Develop a richer vocabulary for metaphors, analogies, and ways of explaining CBS that are context-specific, feel familiar, relevant and that practitioners and clients can understand, embody and use with ease
3. Foster flexibility and practice through role-plays, in which participants will actively look for cultural/contextual clues in order to adjust language on the spot and notice the effects of the interventions

65. Helping Clients Identify and Meet Their Needs: The Metaphor of the Attuned Self-Parent

Workshop - Saturday, July 18 (7:15 AM - 8:45 AM)

Components: *Conceptual analysis, Didactic presentation, Experiential exercises, Role play*

Categories: Clinical Interventions and Interests, Self

Target Audience: *Beginner, Intermediate, Advanced*

Rhonda Merwin, Duke University, School of Medicine

Many difficulties arise from a lack of self-attunement, or a failure to recognize how one is feeling in-the-moment and use that information to meet one's needs. In the realm of eating, this may look like following rigid rules regarding what to eat when, rather than cueing into hunger or satiety. It might also manifest as maladaptive responses to fatigue, illness or physical pain or ignoring or rejecting one's emotions and the needs that they convey. This workshop teaches the powerful metaphor of self-parenting to conceptualize clinical problems (behavioral excesses and deficits) as a lack of attunement (i.e., authoritarian, permissive or neglectful self-parenting). Participants learn how to leverage the metaphor to transform the function of internal cues and help clients adopt a more open, responsive approach to themselves and their needs. This intervention was first developed for eating disorders (Merwin, Zucker & Wilson, 2019; Merwin, in press; Merwin & Moskovich, in press); but is applicable to

a broad range of presenting problems. Therapeutic techniques will be learned experientially and via direct skills practice.

Educational Objectives:

1. Identify ways in which client behavior is mismatched to their physical or emotional needs, and conceptualize these problems using a self-parenting frame
2. Use the self-parenting metaphor clinically to cue a kind and responsive approach to oneself and one's needs
3. Describe how the self-parenting metaphor/intervention engages all 6 component processes of the ACT model

66. Viewing EIBI Programming through an RFT Lens

Invited - Saturday, July 18 (7:15 AM - 8:45 AM)

Components: *Conceptual analysis, Didactic presentation, Literature review*

Categories: Relational Frame Theory, Educational settings, Autism

Target Audience: *Beginner, Intermediate*

Siri Ming, Private Practice

For behavior analysts working with children with autism, taking an RFT perspective fundamentally shifts the focus of our language programming. By viewing the development of complex verbal behavior, including the development of a sense of self, as learning to respond to increasingly complex relational patterns, we can approach language intervention from a truly functional standpoint, setting the foundations for generative language from the very start. Beginning with the social roots of language in joint attention, Dr. Ming describes a powerful and developmentally-informed framework for assessment and intervention based on RFT that moves systematically from teaching simple non-arbitrary relational responding towards establishing complex arbitrarily applicable relational responding in numerous relational patterns. Throughout, she shares lessons learned from research and practice to shed light on the path for behavior analysts on their journey of learning and using RFT.

Educational Objectives:

1. Define and give examples of a variety of relational frames and their defining properties
2. Describe the development of relational framing as a generalized operant repertoire
3. Describe the importance of establishing a foundation of contextually-controlled non-arbitrary relational responding as well as early relational framing repertoires in early intervention

67. Using Contextual Behavioral Approaches when working with Gender and Sexual Minority Clients

Symposium - Saturday, July 18 (7:15 AM - 8:45 AM)

Components: *Case presentation, Conceptual analysis, Didactic presentation, Literature review, Original data*

Categories: Clinical Interventions and Interests, Other, Gender & Sexual Minority Issues

Target Audience: *Beginner, Intermediate, Advanced*

Yash Bhambhani, University of Mississippi

R. Sonia Singh, Central Arkansas Veterans Healthcare System/University of Arkansas for Medical Sciences

August Stockwell, Upswing Advocates

Amanda Muñoz Martinez, Universidad de los Andes

Minority stress is defined as the model of psychological stressors experienced by people who identify as a part of marginalized and stigmatized groups (Meyers, 1995). Gender and sexual minority people are defined as individuals experiencing minority stress due to living in a heterocentric, cisgender society. Minority stress studies have consistently and reliably found that people who identify as gender and sexual minorities experience higher rates of depression, anxiety, suicidal ideation, self-injurious behavior, substance abuse, and stigmatization than heterosexual individuals (as cited in Skinta & Curtin, 2016). Further, gender and sexual minority individuals are less likely to seek treatment due to their experiences of discrimination and minority stress. Given this experience of minority stress, there has recently been a push towards addressing and understanding contextual behavioral variables when working with gender and sexual minority clients (Skinta & Curtin, 2016). This symposium will

synthesize research and conceptual papers focused on working with sexual and gender minority clients from contextual behavioral approaches.

- Working with Transgender and Gender Nonconforming Clients from a Contextual Behavioral Approach: Holding Space and Advocating for Systemic Change

August Stockwell, Ph.D., BCBA-D, The Chicago School of Professional Psychology, Upswing Advocates
Worner Leland, M.S., BCBA, LBA, The Chicago School of Professional Psychology, Upswing Advocates
Kayla Comerford, M.S., BCBA, The Chicago School of Professional Psychology, Upswing Advocates

A functional contextual approach to clinical work has much to offer transgender and gender nonconforming (TGNC) clients; however, intentional tailoring of one's approach through a lens of cultural humility is crucial. This presentation will review existing research on the use of ACT with TGNC clients, summarize unique barriers and considerations related to working with this population, and suggest ways in which helping professionals can continue to advocate for increases in gender affirming practices and policies at the systemic level. Intersecting identities including autism and other types of neurodivergence will be discussed, along with trauma-informed recommendations for experiential exercises.

- Interpersonal Intimacy in Gay Men: an Intervention Based on Functional Analytic Psychotherapy

Amanda M. Muñoz-Martínez, Ph.D., Universidad de Los Andes, Colombia
C. Lucía Rincón, M.S., Universidad de Ibagué

Social connection is been found as a determinant factor of physical and mental health (Holt-Lunstad et al., 2017). Intimacy behaviors are in the center of the development and maintenance of social connection (Cordova & Scott, 2001). Research with gender and sexual minorities, has shown that self-identified gay men present high levels of rejection sensitivity, a form of interpersonal guardedness, when experiencing, situations of familial rejection and societal bias. Avoidance of intimacy has been associated with substance use, suicidal ideation, and other mental and physical problems in gay men (Matos et al., 2017; Ryan, et al., 2010). Despite the negative impact of interpersonal guardedness, specific behavioral interventions for emotional intimacy at the level of the individual, as opposed to interventions for couples, are underdeveloped. This study explored the effects of an intervention one-on-one based on Functional Analytic Psychotherapy (FAP) to improve intimacy behaviors. FAP is a therapeutic approach developed to enhance interpersonal behaviors that promote intimacy and closeness through identification and contingent responding to clinically relevant behaviors (Skinta et al., 2018). A non-concurrent, between-participants design was conducted to examine the effectiveness of FAP on reducing avoidance to disclosure (interpersonal guardedness) and improving intimacy behaviors in three Latino self-identified gay men. Participants were recruited through public advertisement in LGBTQI+ centers and a school psychological clinic, as well as through snowball methods. Treatment effects were tested using Between-Case Standardized Mean Difference (BC-SMD; Pustejovsky, 2016). Descriptive statistics were conducted to compare participant differences from baseline to intervention. FAP produced significant changes in intimacy promoting behaviors ($\eta^2 = 65.65$, S.E. = 11.48, $p = 0.0004$) with a large effect size, BC-SMD (17.01) = 1.66, CI [0.69-2.73]. However, intervention did not produce significant changes in avoidance of disclosure behaviors ($\beta = 5.24$, S.E. = 14.19, $p = 0.715$). Recommendations for future research are discussed, including implementation of ecological momentary assessment to capture client changes out-of-session as well as the assessment of FAP for promoting intimacy among other sexual or gender minority individuals.

- Sexual Minority Work Stress and the Acceptability and Feasibility of ACT as an Intervention

R. Sonia Singh, Ph.D., South Central Mental Illness, Research, and Clinical Center, Central Arkansas Veterans Healthcare System, University of Arkansas for Medical Sciences
William H. O'Brien, Ph.D., Bowling Green State University

Approximately ten million individuals in the United States self-identify as lesbian, gay, bisexual, transgender, or queer, and comprise 4% of the work force. There are currently not global protections against discrimination based on sexual identity in the workplace. Therefore, several people who identify as sexual minorities may experience discrimination, incivility, and hostility in the workplace leading to burnout, as well as poor mental and physical health. The current study is a group-based pilot study designed to measure feasibility and acceptability of treatment. Participants were adults ($n = 8$) who self-identified as sexual minorities, were employed at least half time, and reported experiencing work stress. One four-hour ACT session for sexual minorities experiencing work stress was delivered in the current paper. Outcome measures included process-based measures and symptom-based measures. All measures of feasibility and acceptability indicated that participants found the intervention to be helpful, effective, and insightful. Further, one-tailed paired-samples t-tests indicated significant change for burnout [pre-treatment ($M = 3.53$, $SD = 0.78$) to post-treatment ($M = 2.97$, $SD = 0.78$); $t(7) = 2.18$, $p < 0.05$; $d = 0.72$]. These results indicate the intervention was acceptable and helpful to participants. Although it is important to continue to create policy changes against discrimination, this pilot provides some preliminary information that ACT could also provide skills for sexual minorities to build resilience and increase well-being in an unjust world.

Educational Objectives:

1. Synthesize research related to ACT with transgender and gender nonconforming clients and tailor individual practice to meet the needs of this population
2. Apply knowledge of FAP to improving interpersonal intimacy and social connectedness for clients who identify as gay men
3. Describe unique work-place stressors for people who identify as sexual minorities and how a sample of this population responded to an ACT intervention

68. Relationships as context: Psychological Flexibility at the interpersonal level

Symposium - Saturday, July 18 (7:15 AM - 8:45 AM)

Components: *Case presentation, Conceptual analysis, Original data*

Categories: Clinical Interventions and Interests, Functional contextual approaches in related disciplines, Relationships, Mindfulness, Couples, Families

Target Audience: Intermediate

Corey Porche, Camelia House Counseling and Educational Services

Karen Twiselton, University of Edinburgh

Kristina Gordon, University of Tennessee

Ronald Rogge, University of Rochester

David Gillanders, University of Edinburgh

Jenna Macri, University of Rochester

Relationship quality is often linked to individual wellbeing and relationships are key to many important life values and goals. However, less is known about the interactive processes that underlie relationship functioning. As both a recipient and transmitter of behaviour, people are not only impacted by the behaviour of others but themselves influence the experience of others. Enhancing relationship functioning is therefore highly important not only at the individual level but also at the interpersonal level. This symposium considers how core concepts and intervention strategies in CBS can be used to help support couples and families. Case study evaluation will lead into a broader exploration of how psychological flexibility impacts relationships. Cross-sectional individual and couple level data provide an insight into some of the processes which underlie couple functioning. This will lead into a more fine-grained analysis of how mindfulness facets can be predictive of relationship functioning for both actor and partner, over time. The symposium concludes by considering interventions at both the couple and family levels, affording insight into ways relationships may be supported.

- **Process vs. protocol: using contextual behavioral science to be a better couples' therapist.**
Corey Porche, M.S., LPC, Camelia House Counselling and Educational Services
Couples therapy works. There are several empirically supported packages that have common threads (IBCT, EFT, TBCT), especially when looked at through the lens of contextual behavioral science. Long-term, intimate, committed relationships provide a specific context in which some of our most feared vulnerabilities are evoked, and our repertoires subsequently limited. Fluency with CBS principals as they apply to targeted behavioral processes specific to intimate relationships allows the couples' therapist to be more effective and possibly forgo the need to be certified in a myriad of protocol based packages. This presentation will provide an overview of a CBS-consistent, processed-based model of case conceptualization and intervention with couples in distress.
- **How We Ripple: Psychological Flexibility, Individual Wellbeing and Relationship Quality**
Karen Twiselton, M.Sc., University of Edinburgh
Sarah Stanton, Ph.D., University of Edinburgh
David Gillanders, DCLinPsy, University of Edinburgh
The positive effects of romantic relationships on health and wellbeing have been widely explored, with a growing number of studies identifying benefits at both the individual and couple level. Understanding how psychological factors, wellbeing and relationships are connected can inform interventions to facilitate growth in these areas. We present 2 studies which explore how psychological flexibility may be important to relationships. Study 1, an exploratory study of 1176 romantically involved individuals, initially investigated how psychological flexibility was associated with other measures of individual wellbeing using Exploratory Factor Analysis. Structural Equation Modelling then identified that more psychologically flexible people reported higher levels of positive affect and lower levels of negative affect, which in turn was associated with higher relationship quality. Study 2 tested these associations in a sample of 215 romantic couples, identifying that participant's positive affect was positively associated with their partner rating their relationship quality higher. At the same time, participant's higher psychological flexibility was associated with their partner reporting reduced negative affect. Theoretical and clinical implications of these findings are discussed.
- **What's Mindfulness Got to do with it, Babe?: Understanding the Utility of Mindfulness for Relationship Functioning and Quality**

Kristina Coop Gordon, Ph.D., University of Tennessee
Shayla A. Wieser, B.A., University of Tennessee
Katherine A Lenger, M.A., University of Tennessee

Higher levels of mindfulness have been associated with better couples' relationship quality (Lenger, C. Gordon, & Nguyen, 2017). For example, mindfulness is associated with reduced stress in close relationships (Barnes et al., 2007), and greater forgiveness, satisfaction, and stability (Johns et al., 2015; Khaddouma & K. Gordon, 2018; Khaddouma, K. Gordon, & Strand, 2017). However, although mindfulness has been consistently related to individuals' own reports of relationship functioning, mindfulness is inconsistently related to their partners' reports of relationship functioning. It is possible a more coherent picture might emerge when mindfulness is broken down into the five facets described by Baer and colleagues (2006). This talk will describe four empirical studies examining mindfulness in couples experiencing betrayals, couples taking a Mindfulness Based Stress Reduction (MBSR) class, dating couples, and low-income couples experiencing high stress, almost all of which include dyadic data and longitudinal designs. Then we will examine how the mindfulness facets separately predicted actor and partner relationship functioning across these studies to illuminate how these differing facets play unique roles in predicting couples' relationship quality.

- **Understanding Co-Parenting with a Hexaflex Lens: Dimensions of Psychological Flexibility as Treatment Mechanisms of the REFLECT Intervention for Co-Parents**

Jenna A. Macri, University of Rochester
Jennifer S. Daks, University of Rochester
Ronald D. Rogge, University of Rochester

The current study examined changes in flexibility as mechanisms explaining treatment gains of the Reflecting to Enrich Family Life and Enhance Co-parental Teamwork (REFLECT) intervention, a self-guided program that uses popular movies and TV shows to help co-parents talk about their parenting. An online sample of 63 parenting couples (n=126 parents) were enrolled in an RCT contrasting the REFLECT program with a waitlist control. Parents in the REFLECT group received invitations to watch 5 movies from a pre-screened list of films (one per week). They completed online forms after each movie that guided them through co-parenting discussions in which they compared and contrasted their own parenting to the parenting portrayed on screen. ANCOVAs revealed that REFLECT produced improvements in co-parental cooperation and the use of adaptive parenting strategies. The analyses further suggested that these benefits were explained by corresponding changes in specific dimensions of inflexibility (e.g., drops in lack of contact with values) and flexibility (e.g., increases in self-as-context and defusion), suggesting that REFLECT strengthens families by helping parents respond more flexibly when co-parenting.

- **Viewing Self-Directed Change in Couples with a Hexaflex Lens: Dimensions of Psychological Flexibility as Mechanisms underlying the Benefits of the PAIR Intervention for Couples**

Ronald D. Rogge, Ph.D., University of Rochester
Dev Crasta, Ph.D., Canandaigua Veterans Administration

The current study sought to examine how pre-post changes in flexibility and inflexibility (assessed with the MPFI) might help explain the improvements in relationship quality provided by the Promoting Awareness, Improving Relationships (PAIR) intervention, a self-guided program that has been linked to reductions in divorce over the first 3 years of marriage. An online sample of 170 couples (n=340 partners) were enrolled in a waitlist RCT of the PAIR program. Partners were assessed at baseline, 1, 2, and 8 months. During their assigned 1-month treatment period, couples received invitations to watch 5 movies from a pre-screened list of films, completing online forms after each movie that guided them through relationship discussions prompted by those films. Multilevel models revealed significant drops in dimensions of psychological inflexibility as a result of engaging the PAIR program which were then linked to corresponding improvements in relationship satisfaction. Thus, this brief intervention might help to strengthen relationships by helping individuals respond less inflexibly when interacting with their partners.

Educational Objectives:

1. Describe core concepts and intervention strategies in using CBS interventions with couples and families
2. Understand how psychological flexibility and related processes impact behaviours and functioning at the couple and family level
3. Critically evaluate the building evidence for CBS interventions for couples and families

69. Empirical advances in understanding and remediating rigid rule following

Symposium - Saturday, July 18 (7:15 AM - 8:45 AM)

Components: *Original data*

Categories: Relational Frame Theory, Clinical Interventions and Interests, Rule Governed Behavior

Target Audience: *Intermediate, Advanced*

Chair: Louise McHugh, University College Dublin
Sarah Cassidy, Smithsfield Clinic/Maynooth University

Francisco Ruiz, Fundación Universitaria Konrad Lorenz
Varsha Eswara Murthy, University College Dublin
Alison Stapleton, University College Dublin
Maria Garcia-Martin, University of Jaen

The ability to generate and follow rules allows human beings to respond effectively in contexts where learning through direct experience may be dangerous, override immediate consequences and respond to delayed contingencies, but this evolutionary asset can undermine sensitivity to changes in the environment and produce aversive consequences that could have been avoided. The current symposium comprises four empirical papers that look at rule governed behaviour. The first paper investigates the relationship between pliance and tracking across childhood and adolescence. The second paper looks at the development of a generalised self pliance questionnaire. The third paper looks at a qualitative analysis of both self discriminations and rule following in Individuals Experiencing Homelessness. The final paper will discuss a brief text-based conversational agent intervention for promoting flexible rule following in adolescents.

- The relationship between pliance and tracking across childhood and adolescence

Francisco J. Ruiz, Fundación Universitaria Konrad Lorenz
María B. García-Martín, Fundación Universitaria Konrad Lorenz
Daniela Zuluaga, Fundación Universitaria Konrad Lorenz
Jessica M. Ayala-Ávila, Fundación Universitaria Konrad Lorenz
Cristhian A. Espitia-Pereira, Fundación Universitaria Konrad Lorenz

Theoretical analyses have identified two main functional classes of rule-following called pliance and tracking. Pliance has been suggested to be the first type of rule-following developed. Tracking is a more complex type of rule-following that is thought to develop after some experience with pliance. However, there is no empirical evidence of the relationship between pliance and tracking. The recent development of self-report measures of generalized pliance and tracking might be useful to explore their relationship. A sample of 983 Colombian children and adolescents responded to measures of generalized pliance, generalized tracking, psychological inflexibility, repetitive negative thinking, and emotional symptoms. The results showed that the relationship between pliance and tracking was moderated by gender and age: pliance and tracking correlated positively in childhood, but this correlation turned negative during adolescence, with this tendency first observed in females. Similarly, generalized tracking scores correlated positively with psychological inflexibility, repetitive negative thinking, and emotional symptoms, but these correlations turned negative across age. These results are coherent with the theoretical analysis of the development of pliance and tracking.

- Development of the Generalized Self-Pliance Questionnaire

Francisco J. Ruiz, Fundación Universitaria Konrad Lorenz
Juan C. Suárez-Falcón, Fundación Universitaria Konrad Lorenz
Miguel A. Segura, Fundación Universitaria Konrad Lorenz
María B. García-Martín, Fundación Universitaria Konrad Lorenz
Ángela M. Henao, Fundación Universitaria Konrad Lorenz
Luna Bedoya-Valderrama, Fundación Universitaria Konrad Lorenz

During the last few years, some self-report measures of generalized pliance and tracking have been developed. However, there is no self-report measures of self-pliance. In this study, we developed the Generalized Self-Pliance Questionnaire (GSPQ). Generalized self-pliance was defined as the tendency to follow rules to obtain negative self-reinforcement (e.g., "I need to have order in my life to avoid feeling that I'm losing control"). A pool of 18 items was designed and tested on a sample of 370 undergraduates. Six items were eliminated according to the results of the exploratory factor analysis conducted. Afterward, the GSPQ was administered in an online survey to a large sample of adult participants. The results showed that the GSPQ has good psychometric properties and a one-factor structure. The GSPQ showed strong positive correlations with generalized pliance, psychological inflexibility, repetitive negative thinking, and emotional symptoms. In conclusion, the GSPQ seems to be a valid self-report of generalized self-pliance.

- Measuring Occurrences of Relational Responding and Rule-following in Individuals Experiencing Homelessness in Relation to Shame

Varsha Eswara Murthy, MPsychSc, University College Dublin
Alison Stapleton, University College Dublin
Louise McHugh, University College Dublin

Identification with a stigmatised group, such as people experiencing homelessness (PEH), is an important contributor to shame. Shame tends to involve fusion with thoughts of a 'bad self' and is associated with poor mental and physical health outcomes. From a CBS perspective this highlights the potential impact of shame on relational responding, rule-governed behaviour and self-rules. This study examined the impact of shame on relating to self and others, self-rules and rule-governed behaviour and their relationship with shame, depression, stress, and anxiety in a sample of 21 PEH. Semi-structured interviews were conducted with PEH exploring

emotional coping strategies, experiences of mental health services, shame and stigma. Participant responses were coded for the three senses of self and other according to CBS, and rule-governed behaviour using the coding frame developed by Atkins and Styles (2015; 2016). Results indicate that different patterns of relating with self and self-rules are associated with levels of shame. Results will be discussed in terms of implications for future research, such as the development and refinement of interventions.

- Enhancing adolescents' flexible rule-following using a text-based conversational agent

Alison Stapleton, University College Dublin

Andrew Hines, University College Dublin

Abubakr Siddig, University College Dublin

Louise McHugh, University College Dublin

Generalized and rigid patterns of rule-following are highly problematic, precipitating insensitivity to direct contingencies and promoting psychological inflexibility. Rigid rule-following is particularly troublesome at adolescence, a developmental stage where individuals are pushed to make big decisions about their lives. The present study examined the effectiveness of Augie, a novel text-based conversational agent (chatbot) which aims to reduce adolescents' rigid rule-following via motivational augmentals. Adolescents aged 15-16 years completed measures of generalized pliance, generalized tracking, psychological flexibility, and values directed behavior. Following this, adolescents were randomly assigned to either the intervention (chat with Augie) or control conditions (received a general well-being ebook/ non-active control), with measures completed again at one-week and one-month follow-up. Preliminary results show that adolescents were more likely to engage with Augie than the well-being ebook. Preliminary results also suggest that Augie successfully enhances flexible rule-following. Findings are discussed with reference to measurement techniques for rigid rule-following and the use of a chatbot to promote flexible rule-following.

Educational Objectives:

1. Describe different forms of rule governed behavior from a Relational Frame Theory point of view
2. List recent research investigating rule governed behavior
3. Demonstrate an understanding of current issues in the measurement of rule governed behavior

70. A Call for Compassion: CFT with Adolescents: Ohio Chapter Sponsored

Workshop - Saturday, July 18 (7:15 AM - 8:45 AM)

Components: *Didactic presentation, Experiential exercises*

Categories: Clinical Interventions and Interests, Other, Adolescents, Mindful Compassion, Depression, Anxiety, Suicide

Target Audience: Beginner, Intermediate, Advanced

Chris Fraser, Positive Path Counseling

We know adolescence is the developmental period of life for self-discovery and personal exploration, but in our current times it is increasingly becoming full of confusion, anxiety, and depression. Adolescent depression and suicide rates are rapidly increasing and research is beginning to show the importance of teaching teens compassion and more specifically self-compassion. Adolescents hyper-focus on themselves constantly. In addition, they believe that others around them notice all of the "flaws" that they see in themselves. This microscopic examination generally breeds harsh self-criticism, so the need to foster self-compassion with adolescents is paramount. In this workshop participants will learn about the core components of compassion-focused therapy and how they can be applied to working clinically with adolescents. We will work experientially to learn specific practical CFT interventions that can help adolescents mindfully tap into and develop compassion for themselves. It will be illustrated throughout this workshop how compassion is dearly needed for this evolved brain of ours that does relational framing and often becomes caught in experiential avoidance traps.

Educational Objectives:

1. Explain how the brain has evolved and how it can be "tricky"
2. Describe why new brain and old brain loops can be problematic for adolescents
3. Utilize practical CFT interventions with adolescents

71. We're all in this Together: A Coalition of Behavior Science Organizations to Combat Climate Change

Plenary - Saturday, July 18 (9:00 AM - 10:00 AM)

Components: *Conceptual analysis, Didactic presentation, Experiential exercises, Literature review, Original data*

Categories: Prevention and Community-Based Interventions, Evolution, Climate Change

Target Audience: Beginner, Intermediate, Advanced

Lisa Coyne, McLean/Harvard Medical School

Julia Fiebig, ABA Global Initiatives & Ball State University

Anthony Biglan, Oregon Research Institute

Tiffany Dubuc, University of Nevada, Reno; King Faisal Specialist Hospital & Research Center

Considering the effects of climate change and human-caused greenhouse gas emissions can be overwhelming, evoke existential distress, and questions about how individuals and groups can bring about rapid, effective global change. It is clear that the strength of a community can be measured by the collective actions of its members. Transforming current ways of living and creating a world in which our planet and its inhabitants are shielded from further harm requires shared strategic planning and community-level commitment. This panel will articulate the mission and goals of the Behavior Science Coalition's Climate Change Task Force, and engage the audience in effective individual and community action. Current findings and initiatives will be shared to provide a platform for ACBS and other behavior science organizations to work in unison towards engaging in research and influencing policy that combat increasing greenhouse gas emissions. Finally, this panel offers discussion and suggestions of actions that the ACBS community can take to move towards reclaiming a world that fosters nurturing environments and community that account for the needs of all.

Educational Objectives:

1. Describe the mission and goals of the Behavioral Science Coalition
2. Identify at least one behavior, on individual, community, and policy levels, in which to engage to address climate issues
3. Describe and address obstacles to engaging in sustainable living behaviors.

72. Modern behavioral approach to obsessive-compulsive and related disorders

Workshop - Saturday, July 18 (10:15 AM - 11:45 AM)

Components: *Didactic presentation, Experiential exercises*

Categories: Clinical Interventions and Interests, Supervision, Training and Dissemination, OCD and related disorders

Target Audience: Beginner

Julie Petersen, Utah State University

Michael Twohig, Utah State University

There have been substantial advances in the understanding and treatment of obsessive compulsive and related disorders (trichotillomania, excoriation, body dysmorphic, and hoarding disorders) in the last 5 years. We have added new diagnostic labels and categorizations for this set of disorders. Additionally, basic research has led to a completely new understanding of the variables that maintain these disorders. This has led to reconceptualization of many aspects of these disorders including their treatment. In this workshop, we will briefly cover how to diagnose and distinguish these issues. We will talk about conceptualization from a modern behavior therapy viewpoint. The majority of the workshop will involve a unified approach to their treatment that is largely based on ACT.

Educational Objectives:

1. Describe and distinguish processes of different obsessive compulsive and related disorders
2. Create a modern behavioral conceptualization and treatment plan for clients with obsessive-compulsive and related disorders
3. Implement a unified, ACT-based treatment approach for obsessive-compulsive and related disorders

73. Making Mighty Moves: Overcoming Imposter Syndrome One Present Moment at a Time

Panel - Saturday, July 18 (10:15 AM - 11:45 AM)

Components: *Didactic presentation, Experiential exercises, None of these*

Categories: Professional Development, Other, Psychological Flexibility

Target Audience: Beginner, Intermediate, Advanced

Chair: Jill Stoddard, The Center for Stress and Anxiety Management

Miranda Morris, True North Therapy and Training

Lisa Coyne, McLean/Harvard Medical School

Debbie Sorensen, Private Practice, ImpACT Psychology Colorado, Psychologists Off the Clock Podcast
Janina Scarlet, Superhero Therapy

Imposter Syndrome (IS) is so common that it is practically the rule among high achievers. Many of us keep our worries of being fraudulent hidden lest anyone “see” us for the fakes we believe we are. Some don’t even realize they are experiencing an identified phenomena characterized by a belief in one’s fraudulence, fears of being underqualified, and worries that accomplishments are undeserved (due to external factors not ability), a phenomena that may disproportionately affect marginalized groups. Fusion with imposter thoughts (“I’m not expert enough”) and avoidance of associated distress can create obstacles to values-based living and lead to significant distress when accumulation of accomplishments does not diminish IS. ACT offers a path forward in creating the psychological flexibility needed to forge a new relationship to IS. Join us for this panel discussion of five accomplished professionals who feel pretty sure we are frauds. We will share our struggles with IS and times it has been an obstacle. We will explore how we use ACT to travel with our inner imposters and pursue meaningful careers.

Educational Objectives:

1. Explain the concept of impostor syndrome
2. Describe the relationship of impostor syndrome and marginalized groups
3. Identify and implement at least one ACT-based strategy to overcome impostor syndrome in their professional lives/careers

74. Does Functional Analysis Matter in Contextual Behavioral Science Interventions?:

Clinical Behavior Analysis SIG Sponsored

Panel - Saturday, July 18 (10:15 AM - 11:45 AM)

Components: *Conceptual analysis, Didactic presentation, Literature review*

Categories: Clinical Interventions and Interests, Professional Development, Function Analysis in Clinical Interventions

Target Audience: Beginner, Intermediate, Advanced

Chair: Troy DuFrene, California School of Professional Psychology

Glenn Callaghan, San Jose State University

Emily Sandoz, University of Louisiana at Lafayette

William C. Follette, University of Nevada, Reno

Patrick Friman, Boys Town and The University of Nebraska School of Medicine

Robyn D. Walsler, TL Consultation Services, National Center for PTSD, UC Berkeley

Functional analysis (FA) has been long considered the core of behavioral interventions. ACT has its roots in FA and arose amid arguments for alternatives to nosological classification systems and standardized treatment protocols of diagnosed disorders. Functional Analytic Psychotherapy defined itself based on the very terminology of FA. Over time, these therapies became widely disseminated and moved toward less frequent use of FA. This panel discusses how much we need, or don’t need, an idiographic functional analysis of client behavior to provide treatment. Do we need behavioral analyses to define individual treatment goals and intervention strategies as opposed to applying treatment packages or protocols to a broad understanding of human suffering? This panel will discuss how necessary or valuable FA is in contextual behavioral science treatments and the philosophical and practical considerations of that answer. We will discuss research, training psychotherapists, and how we understand complex clinical cases based on the perceived relative importance of FA as well as the implications of moving away from traditional roots as clinical behavior analysts toward becoming technicians applying interventions.

Educational Objectives:

1. Describe functional analysis and its role in defining clinical behavioral problems, training practitioners, and creating a program of behavioral science
2. Identify the advantages and challenges of conducting functional analyses or assessments for clients with problems treated with contemporary behavior therapies (eg, ACT, FAP)
3. Apply this knowledge in the context of conducting psychotherapy as it is helpful in setting treatment goals and plans

75. Explorations of conceptualized self as a key process in trauma recovery

Symposium - Saturday, July 18 (10:15 AM - 11:45 AM)

Components: *Case presentation, Literature review, Original data*

Categories: Clinical Interventions and Interests, Theoretical and philosophical foundations, PTSD, Conceptualized self, Identity

Target Audience: Beginner, Intermediate, Advanced

Chair: Korine Cabrera, Clark University

Nora Kline, Clark University

Peter Grau, Marquette University

Ashley Greenwell, University of Utah

Victoria Follette, Florida Institute of Technology

Approximately 90% of people in the U.S. report experiencing a traumatic event in their lifetime, with many reporting more than one such event (Kilpatrick et al., 2014). Despite this high prevalence, only a small percentage of trauma survivors will go on to develop significant psychological consequences, such as PTSD (Atwoli et al., 2015). Contextual behavioral science (CBS) provides a framework for understanding processes that may predict psychological health in the aftermath of trauma. One process that may particularly impact functioning after a traumatic event is conceptualized self. That is, how individuals relate to themselves (i.e. as survivor or victim) and to others (i.e. relationships with loved ones) can impact psychological flexibility, health, and quality of life (e.g., valued living). These processes represent potential therapeutic targets and may be adaptive in the context of trauma recovery. The symposium will review empirical research and clinical case studies to explore one's relation to the self and others post-trauma from a CBS perspective. Findings from these three presentations can further enhance our understanding of conceptualized self in trauma recovery.

- Coming from a place of compassion: Explorations of shame, self-compassion, and valued living among survivors of interpersonal violence

Korine B. Cabrera, M.A., Clark University

Kathleen Palm Reed, Ph.D., Clark University

Shame, a painful affective experience that consists of negative appraisals of the self, plays a central role in psychological health and well-being in the aftermath of trauma (Harman & Lee, 2010). Negative appraisals of the self after a traumatic experience can impede one's ability to engage in their life in a meaningful way. The present study examined self-compassion, a caring and compassionate attitude toward the self (Neff, 2003), as a mediator of the relationship between trauma-related shame and valued living among 143 survivors of interpersonal violence (Age: $M=19.77$ years, $SD=1.69$ years; 83.2% female; 64.3% White). Results demonstrate that greater trauma-related shame is associated with less self-compassion ($\beta=-0.37$, $SE=0.02$, $p < 0.001$) and greater values obstruction ($\beta=0.44$, $SE=0.03$, $p < 0.001$). Self-compassion was found to partially mediate the relationship between trauma-related shame and values obstruction ($\beta=0.09$, $SE=0.04$, $BootCI=0.02, 0.16$). Results suggest that feelings of shame following trauma function to disrupt valued living, partly due to an inability to respond to one's own distressing internal states in a compassionate way.

- Lending a helping hand: An examination of social support, emotion clarity, and PTSD in the aftermath of trauma

Nora K. Kline, M.A., Clark University

Kathleen Palm Reed, Ph.D., Clark University

Social support has been established as a robust protective factor against the development of posttraumatic stress disorder (PTSD) following a traumatic event (Brewin, Andrews, & Valentine, 2000; Wagner, Monson, & Hart, 2016). Little work has shed insight into why this relationship exists. Engaging with others following a trauma may help survivors differentiate and process their emotional experiences, thus leading to better health outcomes (Vianna et al., 2017). The current analysis aimed to assess the potential mediating effect of emotional clarity on the relationship between social support and PTSD symptom severity in a national sample of trauma survivors ($N=212$; Mean Age: 26.22 years ($SD=9.56$); 82.1% female; 66.1% White). Greater social support was related to fewer difficulties in emotional clarity ($\beta=-0.35$, $SE=0.04$, $p<0.001$) and less PTSD symptom severity ($\beta=-0.30$, $SE=0.17$, $p<0.001$). Emotional clarity partially explained the relationship between social support and PTSD symptom severity ($\beta=-0.12$, $SE=0.03$, $BootCI=-0.19, -0.06$). Intervention strategies that focus specifically on increasing social support that fosters emotional clarity (i.e., therapy groups, interpersonal therapies) may be effective in reducing PTSD symptom severity.

- This isn't everything you are: The role of event centrality and identity in PTSD treatment

Peter Grau, M.S., Marquette University

Sadie Larsen, Ph.D., Medical College of Wisconsin

Steven Lancaster, Ph.D., Bethel University

Mauricio Garnier-Villarreal, Ph.D., Marquette University

Chad Wetterneck, Ph.D., Rogers Behavioral Health

Event centrality, defined as the extent to which a traumatic event becomes a core component of a person's identity (Berntsen & Rubin, 2006), is both a correlate and predictor of PTSD symptoms and functional deficits, over and above event severity. These findings suggest that decreasing the perceived centrality of a traumatic event to one's identity might be an essential component of PTSD treatment. This study examined the impact of change in event centrality in an exposure-based, ACT-informed PTSD partial hospitalization program (n = 132). At discharge, both PTSD symptoms and centrality had significantly decreased (Cohen's d = .7 and .98, respectively). A latent change model for event centrality explained 31% of the variance in PTSD symptom change and 34% of the variance in posttreatment PTSD symptoms. Implications for treatment, including methods for cultivating an expansive sense of identity in a population impacted by trauma, will be discussed.

- **Workability after a traumatic event: Moving from security of a conceptualized self to a more flexible, open presence**

Ashley Greenwell, Ph.D., University of Utah

This presentation provides two case analyses illustrating the clinical utility of fostering a flexible sense of self in trauma recovery. Given the theorized importance of trauma and the self (e.g. Walser & Westrup, 2007), there is relatively little research examining these specific factors. The application of ACT principles and specific outcome monitoring considerations will be reviewed in two diverse cases: a man after the sudden loss of his son by suicide and a woman reflecting on her childhood, raised in the context of civil war. The protective and limiting aspects of a fixed, conceptualized self will be explored both in the immediacy of the data and outcomes for these two individuals as well as a broader analysis of the enduring interaction between trauma, identity, and resilience. Presented by an experienced trauma clinician, this talk integrates the conceptual and experiential self-as-context processes to provide initial insights for clinical application and areas for future research.

Educational Objectives:

1. Use a CBS framework to conceptualize the psychological consequences of traumatic events
2. Describe how individuals relate to the self and others in response to trauma can impact psychological health
3. Address conceptualized self as a clinical target for trauma recovery in session

76. Using ACT-based strategies to improve social skills and play behaviors among children with autism

Workshop - Saturday, July 18 (10:15 AM - 11:45 AM)

Components: *Case presentation, Conceptual analysis, Didactic presentation, Experiential exercises, Literature review, Original data, Role play*

Categories: Clinical Interventions and Interests, Functional contextual approaches in related disciplines, ASD

Target Audience: *Intermediate, Advanced*

Johanne Zaporteza Zipser, FirstSteps for Kids, Inc.

Evelyn Gould, McLean Hospital | Harvard Medical School

Research on ACT-based interventions for children with ASD is still in its infancy, despite agreement that such interventions hold promise for this population, particularly when combined with more traditional ABA strategies (Hoffman, Contreras, Hay, & Twohig, 2016). This workshop will offer participants contextual behavioral approach to promoting and establishing meaningful social behaviors in children with ASD. Pilot data from a recent study (Zaporteza, Gould & Campbell; in preparation) will be presented. This study examined the effects of integrating a DNAV group protocol (Hayes & Ciarrochi, 2015) with traditional behavior management strategies for children aged 7-9 with ASD. Presenters will discuss findings and provide participants with an overview of the treatment model, and recommendations for effectively adapting ACT this population. Participants will be introduced to the process of case conceptualization, treatment planning and implementation derived from the study, through experiential exercises, modeling, role-play, and case examples.

Educational Objectives:

1. Describe and demonstrate the DNAV model from a behavioral perspective, through didactic learning, modeling, role-play, and group exercises
2. Discuss important considerations when designing and adapting DNAV / ACT-based interventions for children with autism
3. Design at least one novel intervention that they might utilize in their own practice, at the group or individual level

77. Values Prototyping: Using Action to Help Clients Explore Their Values

Workshop - Saturday, July 18 (10:15 AM - 11:45 AM)

Components: *Case presentation, Didactic presentation, Experiential exercises, Role play*

Categories: Clinical Interventions and Interests, Values

Target Audience: *Beginner, Intermediate, Advanced*

Jenna LeJeune, Portland Psychotherapy Clinic, Research, and Training Center

Jason Luoma, Portland Psychotherapy Clinic, Research, and Training Center

Brian Pilecki, Portland Psychotherapy Clinic, Training, and Research Center

Helping clients explore their values and connect with what is most meaningful is an essential component of ACT. Central to an ACT perspective is the concept that values are qualities of action, ways of living, rather than words or concepts to identify. Thus, when it comes to values exploration, sometimes the best learning comes through doing. "Values Prototyping" is an experiential tool designed to help clients learn more about their values through engaging in intentional valuing. In this workshop, we'll provide a brief overview of some of the core ideas related to working with values from a CBS perspective. We'll also outline the basic concepts behind values prototyping, including the use of design thinking. However, most of the workshop will focus specifically on how to utilize values prototyping to help clients learn more about what they would choose to value in their life. You will have the chance to practice the steps of values prototyping, so that by the end of the workshop you will be able to use this tool with clients.

Educational Objectives:

1. Describe what is meant by "values" from a CBS perspective
2. Identify the steps involved in values prototyping
3. Design a values prototype

78. Functional Analysis in ACT: Acquiring fluency in the application

Workshop - Saturday, July 18 (10:15 AM - 11:45 AM)

Components: *Case presentation, Didactic presentation, Experiential exercises, Role play*

Categories: Supervision, Training and Dissemination, Professional Development, Clinical Behavior Analysis.

Target Audience: *Beginner, Intermediate*

Germán Teti, Argentine Center for Contextual Therapies Foundation

Functional analysis is one of the most relevant skills for assessment and intervention in ACT. Although therapists often understand the theoretical principles underlying the process, they frequently face some difficulties when trying to develop fluency in its application. During training, participants will learn to go from the initial complain (symptoms) to a functional analytical approach (psychological inflexibility) by means of the five-column functional analysis. Furthermore, RFT basic principles and their usefulness during the process of functional exploration will be articulated. Thus, the development of a flexible repertoire will be promoted in order to enlighten the processes of psychological inflexibility and flexibility.

Educational Objectives:

1. Describe the principles of functional Analysis and its articulation in the clinical practice
2. Develop skills to ask questions fluently about the inflexible regulation pattern
3. Employ RFT principles to explore psychological inflexibility and flexibility processes

79. Working with Overcontrolled and Rigid Behavior in Clients: Insights from Affective Science and Radically Open Dialectical Behavior Therapy

Workshop - Saturday, July 18 (12:30 PM - 2:00 PM)

Components: *Conceptual analysis, Didactic presentation, Experiential exercises, Literature review, Role play*

Categories: Clinical Interventions and Interests, Other, Emotional overcontrol

Target Audience: *Beginner, Intermediate*

Jason Luoma, Portland Psychotherapy Clinic, Research, and Training Center

Mary (Kati) Lear, Portland Psychotherapy Clinic, Training, and Research Center

This workshop aims to help therapists knowledgeable in ACT work more effectively with overcontrolled, rigid, interpersonally aloof behavior that typically manifests in chronic depression, obsessive compulsive personality disorder, avoidant personality disorder, or anorexia nervosa. Methods from Radically Open Dialectical Behavior Therapy (RO DBT) will be shared that can help therapists reach these tough to treat populations. These techniques, largely based on affective science about the communicative and facilitative effects of emotion, are often not intuitive or obvious to ACT therapists. This workshop offers introductory training in key techniques and concepts from RO DBT that therapists can implement immediately to make a meaningful impact. The workshop will focus on overcontrolled social signaling and on how restrained or disingenuous expressions can harm relationships in general and between clients and therapists. A novel mindfulness practice will be introduced, called self-enquiry, that consists of asking yourself questions to help you find your edge where there is something to learn. Therapeutic techniques to overcome overlearned inhibitory barriers and to foster more interpersonal and intrapersonal openness will be demonstrated and practiced.

Educational Objectives:

1. Describe how disingenuous and inhibited expressions result in rejection and ostracism
2. Demonstrate techniques for facilitating a social safety state in the service of more fluid social interactions
3. Explain the basics of self-enquiry, a key RO DBT tool for facilitating learning

80. Committed Adolescence: Implementing values-based work with adolescents

Panel - Saturday, July 18 (12:30 PM - 2:00 PM)

Components: *None of these*

Categories: Clinical Interventions and Interests, Other, Adolescents

Target Audience: Intermediate

Chair: Julie Petersen, Utah State University

Michael Twohig, Utah State University

Jenna LeJeune, Portland Psychotherapy Clinic, Research, and Training Center

Lisa Coyne, McLean Child and Adolescent OCD Institute/Harvard Medical School

Patricia Zurita Ona, East Bay Behavior Therapy Center

Acceptance and commitment therapy (ACT) for adolescent populations is a growing area of research and clinical practice in a variety of contexts. Adolescence in particular is a time of great change and identity development that provides an ideal window for fruitful values development and exploration. Using ACT with adolescents provides plenty of challenges, especially considering the influence of family, friends, and social media. The primary goal of this clinical roundtable is to bring together experts on values and ACT with adolescents for a nuanced discussion on how best to engage adolescents with values and committed action processes. Our diverse panel will discuss values identification, identity development and values, how to navigate a values conflicts within an adolescent and their family, formulating committed action in diverse teenagers, and implementing experiential values exercises with adolescents.

Educational Objectives:

1. Describe different experiential values exercises with an adolescent client
2. Discuss the intersection between identity development and values
3. Identify cultural and contextual considerations while doing values work with adolescents

81. Science of Caring: Examining values in the context of behavioral approach tasks, loneliness, and veteran-centered care

Symposium - Saturday, July 18 (12:30 PM - 2:00 PM)

Components: *Conceptual analysis, Original data*

Categories: Clinical Interventions and Interests, values, anxiety, loneliness, depression, veterans

Target Audience: Beginner, Intermediate, Advanced

Chair: Elizabeth Malagisi, Metropolitan State University of Denver

Kelly Wilson, University of Mississippi

Maureen Flynn, Metropolitan State University of Denver

Olga Berkout, Texas A&M University Corpus Christi

Solomon Kurz, VISN 17 Center of Excellence

Acceptance and Commitment Therapy (ACT) therapists teach clients to engage in values-based action despite the presence of difficult internal experiences. As values are the key guide to behavior change in ACT, understanding this process is important to promote successful intervention. The first paper evaluates the impact of a brief values intervention on approach behaviors in Behavioral Approach Tasks. The second paper reports on the moderating role of progress towards one's values in the relationship between loneliness and depressive symptoms. The final paper discusses clinical innovations designed to help war veterans engage in values-based behaviors.

- **Navigating Aversives: Values Intervention Increases Approach Behaviors**

Maureen Flynn, Ph.D., Metropolitan State University of Denver

Emmie Hebert, Ph.D., JumpStart Autism

Teaching individuals to increase behavioral flexibility around aversive stimuli is a goal of Acceptance and Commitment Therapy. The aim of the current study was to examine the effects of a values-related task on approach behavior. Undergraduate participants (N = 152) were randomly assigned to a values, tickets, or control condition. All participants then completed Behavioral Approach Tasks (BAT). Following this set of BATs, participants completed the intervention associated with their condition before completing a second set of BATs. Results revealed that there were significant differences between conditions in approach behavior from the baseline round of BATs to the second round of BATs ($F(2, 149) = 29.85, p < .001$). Post-hoc pairwise comparisons indicated that, as predicted, the values plus tickets condition yielded differences larger than both the tickets ($p < .001$) and the control conditions ($p < .001$). This study explores a brief intervention that primarily focuses on the process of values and adds to literature that a values component can be a useful part of any therapeutic intervention (e.g., Branstetter-Rost, Cushing, & Douleh, 2009).

- **A meaningful life while struggling: An examination of valued living in relation to loneliness and depression**

Olga Berkout, Ph.D., Texas A&M Corpus Christi

Bridgette Kozar, Texas A&M Corpus Christi

Rebecca J. Hamblin, University of Texas Medical Branch

Loneliness has been associated with depressive symptoms (Cacioppo & Cacioppo 2018). Understanding this relationship can help address it (Teo et al., 2018). Conceptualizations often emphasize affective aspects; however, associated behaviors, such as social withdrawal are likely important. From a psychological flexibility perspective, individuals struggling with loneliness, but able to pursue their values may be protected against impact. These relationships were examined in a cross-sectional survey. Participants were 345 primarily Latino and Caucasian undergraduates at a South Texas University. Loneliness, progress towards one's values, and their interaction was examined in relation to depressive symptoms. Loneliness was positively related to depressive symptoms and progress towards one's values demonstrated a negative relationship. The interaction between loneliness and progress towards one's values contributed to the prediction of depressive symptoms over and above the individual variables, such that individuals who were lonelier, but reported more progress towards their values tended to have fewer depressive symptoms. Overall, the study supported the notion that engagement in valued living may be protective against negative outcomes.

- **Clinical strategies to help veterans can reclaim their lives following values work**

A. Solomon Kurz, Ph.D., A VISN 17 Center of Excellence for Research on Returning War Veterans at Central Texas Veterans Healthcare System

Suzannah K. Creech, Ph.D., VA VISN 17 Center of Excellence for Research on Returning War Veterans at Central Texas Veterans Healthcare System

Joseph Mignogna, Ph.D., VA VISN 17 Center of Excellence for Research on Returning War Veterans at Central Texas Veterans Healthcare System

Eric C. Meyer, Ph.D., VA VISN 17 Center of Excellence for Research on Returning War Veterans at Central Texas Veterans Healthcare System, Texas A&M

Following deployment, many American veterans report psychological wounds of war, such as post-traumatic stress, depression, and substance use difficulties (Department of Veteran's Affairs, 2017). These conditions, as well as subclinical symptom levels and co-occurring physical and psychological wounds of war, impair functioning and reduce quality of life (Meyer et al., 2018). From an ACT perspective, the quality of veteran's lives should improve if they can identify their values, learn effective behavioral skills, and begin engaging in committed action. Prior clinical trials (e.g., Meyer et al., 2018) have shown ACT is feasible and acceptable to veterans. In the present paper, we will cover some of the clinical strategies study therapists within our workgroup recently used in a pilot trial (ongoing) for veterans presenting with multiple wounds of war. We will highlight our use of the values card-sort task, the development of a treatment roadmap, and behavioral strategies for helping veterans connect their values to manageable behavioral goals. These strategies should be effective for veterans and non-veterans alike.

Educational Objectives:

1. Describe the impact of a brief values intervention on approach behaviors in contamination anxiety-related behavioral approach tasks
2. Explain the manner in which valued living may interact with loneliness and associated negative consequences
3. Implement clinical strategies to help clients, veterans and non-veterans alike, connect to their values and engage in committed action

82. Star Wars, Star Trek, and Harry Potter, Oh My! How we can use stories to help clients recover from PTSD

Workshop - Saturday, July 18 (12:30 PM - 2:00 PM)

Components: *Case presentation, Didactic presentation, Experiential exercises*

Categories: Clinical Interventions and Interests, Prevention and Community-Based Interventions, PTSD

Target Audience: Beginner

Janina Scarlet, Superhero Therapy

Chase Masterson, Pop Culture Hero Coalition

Worldwide fascination with popular culture, including Star Wars, Star Trek, Harry Potter, Wonder Woman, and the Avengers is at its all-time high and with good reason. For decades now, these films, books, and TV shows have reflected people's mental health struggles, including PTSD, grief, anxiety, bullying, and depression. This workshop will focus on how elements of popular culture can be incorporated into ACT to treat PTSD, as well as to strengthen rapport with clients, and to increase compliance to treatment. No previous experience with popular culture necessary. Capes are optional.

Educational Objectives:

1. Explain the concept of Superhero Therapy
2. Describe how to incorporate pop culture characters into treatment for PTSD
3. Explain the benefits of using popular culture in treating PTSD

83. Bringing Functional Analytic Psychotherapy (FAP) to the General Public: Awareness, Courage & Love (ACL) Global Project and Cultural Sensitivity

Workshop - Saturday, July 18 (12:30 PM - 2:00 PM)

Components: *Didactic presentation, Experiential exercises, Original data*

Categories: Prevention and Community-Based Interventions, Performance-enhancing interventions, Functional Analytic Psychotherapy

Target Audience: Beginner, Intermediate

Mavis Tsai, University of Washington

Joseuda Lopes, Santa Úrsula University (USU)

Ana Paula Moraes, Private Practice

Fabián Olaz, National University of Córdoba

Juan Pablo Coletti, Argentinean Center for Contextual Therapies

Wendy Zhang, Beijing Normal University

Stavroula Sanida, Private Practice

Fabiana Ramos, Federal University of Espírito Santo, Brazil

Sanna Turakka, Independent Practice

Rikke Kjelgaard, ACT Denmark / Human ACT Sweden

How do we disseminate a treatment sensitively and broadly to people in different cultures who speak different languages? The Awareness, Courage and Love (ACL) Global Project addresses the worldwide loneliness epidemic by bringing the key concepts of Functional Analytic Psychotherapy (FAP) to the general public through meetup groups. FAP emphasizes scientific principles that focus on the healing power of present-moment authentic interactions. ACL meetups foster a safe and accepting space to thrive, to be one's true self, and to create deep connections by being understanding, bold, and kind. In this workshop, co-led by regional ACL leaders whose native languages are English, Spanish, Portuguese, Chinese, Greek, Finnish, and Swedish, you will learn about and experience an innovative approach to disseminate and implement FAP by using powerful protocols that require minimal training. You will leave with a 12 session manual that will enhance your relationships personally and professionally, and you will be invited to join our worldwide ACL movement that currently has over 10,000 members in 104 cities, 27 countries, and 6 continents.

Educational Objectives:

1. Explain the sensitivity that is needed to translate a concept or an exercise that preserves its intent and function, but is responsive to the cultural context
2. Conduct true self and authentic connection exercises with your clients that have been meaningfully translated and adapted to different cultures
3. Implement a model of Functional Analytic Psychotherapy that moves beyond the therapy room and can be disseminated widely to the general public

84. Secrets to Getting your Behavioral Science Research Grant Funded

Workshop - Saturday, July 18 (12:30 PM - 3:45 PM)

Components: *Didactic presentation, None of these*

Categories: Professional Development, Other, Scientific Research Funding

Target Audience: Beginner, Intermediate, Advanced

Jonathan Bricker, Fred Hutchinson Cancer Research Center

Louise McHugh, University College Dublin

Brandon Gaudiano, Brown University

A main strategic initiative of ACBS is to develop and retain a robust global community of CBS scientists. That initiative is constrained by the dearth of training in how to write successful research grant proposals. ACBS has never offered any didactics in this critical area. This workshop addresses this gap by providing training in what grant reviewers look for when they critique a behavioral research proposal. Following an introduction to the presenters' contextual behavioral science grant funding portfolio and experience as grant reviewers, we will review attendees' grant writing learning goals for the workshop. We will examine each commonly scored element of a proposal or its functional equivalent. These elements will lay the groundwork for understanding scoring in practice. The presenters will provide insights they have gleaned as grant writers and reviewers. Finally, we will provide group review and feedback on participants' specific aims for research projects.

To be effective, this workshop will be tailored to your needs and requires your active engagement as a grant writer. Please add your grant's specific aims/abstract or rough ideas, along with a link to the funding agency you are thinking of submitting to, by June

30: https://drive.google.com/open?id=1uKgQT_PGqVpxtbwTLtp0ZfObCUf9wOs- And please prepare at least one question to ask during the workshop. See you there!

Educational Objectives:

1. Describe the common scoring elements of research proposals
2. Describe grant scoring in practice
3. List specific strategies to writing a successful research grant

85. Party of One: A crash course in single- case experimental design: Structure, data collection, analysis, and meta-analysis: Clinical Behavior Analysis SIG Sponsored

Workshop - Saturday, July 18 (12:30 PM - 3:45 PM)

Components: *Didactic presentation*

Categories: Functional contextual approaches in related disciplines, Supervision, Training and Dissemination, Research Methodology

Target Audience: Beginner, Intermediate

Karen Kate Kellum, University of Mississippi

Evelyn Gould, McLean Hospital | Harvard Medical School

Luisa Canon, Institute for Effective Behavioral Interventions (IEBI)

Troy DuFrene, California School of Professional Psychology

Emily Sandoz, University of Louisiana at Lafayette

Heather Garnos, New Harbinger Publications; Western Connecticut State University

Experimental psychology is currently all but synonymous with large-N, comparative, probabilistic studies (including RCTs). This experimental model offers benefits: Divergent therapies can be compared based on outcome variables; conclusions can be drawn about causality; and investigators have many ways to account for confounds. But large-N experiments have also been widely criticized: Samples can be overly homogeneous; career contingencies in academia discourage systematic

replication; and nomothetic hypotheses can foster confirmation biases. Moreover, large-N experiments typically require labs and extensive resources, which all but shut working clinicians out of the research process.

The behavioral tradition, though, has long made use of single-case experimental design (SCED). Through alternating baseline, implementation, and reversal phases, SCED researchers can draw sound conclusions about behavioral control while retaining contextual richness. This workshop is a broad overview of SCED methodology. Participants will learn about experimental design, data collection and analysis strategies, and reporting approaches as well as the limitations of SCED. A vision for expanding single-case research done by working clinicians and aggregated using emerging meta-analytic approaches will be discussed.

Educational Objectives:

1. Describe common structures of single-case experimental design, SCED data collection strategies, and analytic methods
2. Assess the appropriateness of SCED for particular research questions and demonstrate a knowledge of the limitations of SCED
3. Discuss meta-analytic strategies for working with aggregated data collected through SCED

86. Providing Culturally-Appropriate ACT: Diversity, Equity, and Inclusion SIG Sponsored

Panel - Saturday, July 18 (2:15 PM - 3:45 PM)

Components: *Case presentation, Conceptual analysis, Didactic presentation, Experiential exercises*

Categories: Clinical Interventions and Interests, Organizational behavior management, Culturally-appropriate intervention, diversity, equity, and inclusion

Target Audience: *Beginner, Intermediate, Advanced*

Chair: Houyuan Luo, Private Practice
Akihiko Masuda, University of Hawaii at Manoa
Lucia Loureiro, Private Practice
Jennifer Payne, Azusa Pacific University
Daniel Rosen, Bastyr University
Lisa Brady, University of Alabama

Culturally appropriate intervention requires providers' willingness to develop interventions that a) honour clients' worldview and culture, b) incorporate the client's cultural healing traditions, and c) restore the client's dignity (June 2018). In this panel, scholars and practitioners will discuss how to apply ACT to help people of various backgrounds cope with challenges. Topics include but are not limited to culturally tailoring ACT to address mental health concerns facing oppressed populations in the U.S. (e.g., African Americans and Asian Americans), cultural humility, application of ACT in Argentina, and application of ACT in different organizational cultures. Our objectives are a) raise awareness of the importance of providing culturally appropriate intervention using ACT, and b) get to know how to provide culturally appropriate intervention to the clientele covered by the panel discussion.

Educational Objectives:

1. Apply ACT in new ways after understanding how cultural differences may impact its use
2. Provide culturally appropriate interventions using ACT
3. Acknowledge unique issues faced clients affected by the cultures discussed and understand how to address them

87. Where is the Interpersonal in ACT?

Panel - Saturday, July 18 (2:15 PM - 3:45 PM)

Components: *Case presentation, Conceptual analysis, Didactic presentation, Literature review*

Categories: Clinical Interventions and Interests, Theoretical and philosophical foundations, Interpersonal and Intrapersonal Therapies

Target Audience: *Beginner, Intermediate, Advanced*

Chair: Mark Sisti, Manhattan & Brooklyn Cognitive Behavioral, PLLC
Steven Hayes, University of Nevada, Reno
Mavis Tsai, University of Washington
Jenna LeJeune, Portland Psychotherapy Clinic, Research, and Training Center
Angela Cathey, Better Living Center for Behavioral Health

Is ACT a primarily intrapersonal therapy? The paradoxes of conceptualizing through "intra-personal" or "inter-personal" viewpoints are explored among ACT, FAP, RFT, CFT and RP (Relational Psychoanalytic) theories and seeing how these processes may or may not be readily apparent or available in ACT. It could be argued that four of the six ACT processes are primarily intrapersonal. Where and how does ACT become particularly interpersonal? Which of the classic ACT interventions are interpersonal? Is the part of popularity of FAP among ACT practitioners largely a function of missing interpersonal concepts? Are certain clinical dilemmas more interpersonally relevant? Are these intra v inter conceptualizations best seen as, levels of analysis, schools of psychotherapy, or a reflection of more fundamental philosophical positions on what it means to be an individual (e.g., the individual self is the mother of all illusions, H. Sullivan). From an a-ontological position this dialectic is likely yet another arbitrary binary, however, understanding when to use which, and how to best synthesize the binary, offers powerful insights for both clinicians, researchers and patients.

Educational Objectives:

1. Conceptualize on both interpersonal and intrapersonal level of analysis and improve applied facility via ACT process to target both individual and relational clinical problems
2. Increased theoretical understanding for case conceptualization from a variety of therapeutic viewpoints, eg, ACT, FAP, Relational Psychoanalysis, RFT and Improved discrimination skills around optimal targeting of interpersonal v intrapersonal repertoire
3. Increased understanding of interpersonal v intrapersonal conceptualization from an RFT perspective taking level of analysis

88. Climate Change, Climate Justice and Pro-Social Behavior: Bringing Real Change to CBS in the Face of a World Crisis

Panel - Saturday, July 18 (2:15 PM - 3:45 PM)

Components: *Didactic presentation*

Categories: Prevention and Community-Based Interventions, Other, Climate Change

Target Audience: Beginner, Intermediate, Advanced

Robyn Walsler, TL Consultation Services, National Center for PTSD, UC Berkeley

Anthony Biglan, Oregon Research Institute

David Wilson, Binghamton University

Julia Fiebig, ABA Global Initiatives & Ball State University

Lisa Coyne, McLean Child and Adolescent OCD Institute/Harvard Medical School

Hannah Bockarie, Commit and Act

The call to take action concerning the perils of climate change is long past due. The need to engage world citizens in this global problem has lingered in the media, with some people responding by taking very specific steps for change, some feeling deep despair and paralyzed by the enormity of what is referred to as a "super wicked" problem, and some still believing it doesn't exist. The lingering but misinformed call to prevent global warming is still alive and well. It is too late for prevention. Climate change is at hand and we now need to learn how to live differently, engaging fully the ethical and political issues surrounding climate change as well as considering avenues for adaptation and behavior change in support of a sustainable future. This panel will focus on climate justice, climate change tasks, and the value of pro-social behavior in making a sustainable planet. Specific action steps will be explored.

Educational Objectives:

1. Describe how the pro-social approach and behavior change can assist with reducing the impact of climate change and making positive change with respect to the environment and sustainability
2. Describe the current impact of climate change and the projected impact
3. Describe how to change behavior in the service of prevention efforts to slow climate change

89. Micro-Process Analysis of Functional Analytic Psychotherapy: Conceptual and empirical importance of turn by turn process analysis

Symposium - Saturday, July 18 (2:15 PM - 3:45 PM)

Components: *Conceptual analysis, Original data*

Categories: Clinical Interventions and Interests, Behavioral medicine, Functional Analytic Psychotherapy

Target Audience: Intermediate, Advanced

Chair: Kayla Daulton, Morehead State University
William C. Follette, University of Nevada, Reno
Daniel Maitland, Morehead State University
Amanda Muñoz-Martinez, Universidad de los Andes
Abby LeMaster, Morehead State University

Functional Analytic Psychotherapy (FAP; Kohlenberg & Tsai, 1991) has always been defined by turn by turn therapeutic moves. In order to investigate FAP's purported mechanism of action, researchers developed the Functional Analytic Psychotherapy Rating Scale (Callaghan, Follette, Ruckstuhl, & Linnerooth, 2008). Despite having a strong tool for doing so, research evaluating the treatment at a turn-by-turn level of analysis is scarce due to the labor-intensive nature of coding therapy sessions. In this symposium, 3 papers will evaluate turn by turn analysis of FAP sessions across treatment outcomes. Each paper will present the rationale for evaluating FAP at the level of analysis that was chosen and articulate the logic of the study design for isolating the chosen dependent variable. After 3 empirical studies, a theoretical presentation will be made about the strengths and weaknesses for single-subject designs as an investigation tool. Discussion about study findings will follow.

- FAP as a model of Process-Based Behavioral Therapies for interpersonal dysfunctional and psychological distress: a process-to-outcome study

Amanda M. Muñoz-Martínez, Ph.D., Universidad de los Andes, Colombia

Functional Analytic Psychotherapy (FAP) is a process-based behavioral intervention. Several studies have intended to evaluate its mechanism of change (contingencies of reinforcement). Despite some efforts to evaluate contingencies of reinforcement as the explanatory mechanism of therapeutic change in FAP, methodological and analytical barriers limited the scope of studies in this area. This study sought to overcome those limitations by conducting a process-to-outcome research. A non-concurrent multiple baseline design with three-participants who presented interpersonal difficulties and psychological distress was conducted. A lag sequential analysis (Faraone & Dorfman, 1987; O'Connor's, 1999) was performed to evaluate the contingency relationship within a turn-by-turn coding of in-session therapeutic interactions. Between-case standardized mean difference (Hedges et al., 2012) was performed to evaluate treatment outcomes among participants. Results found significant clinical changes on psychological distress and interpersonal functioning when contingent responding went over 60%. Changes in psychological distress required less frequent contingent reinforcement while modification of interpersonal effectiveness require high momentum and contingent responding. Methodological and analytical recommendations for studying therapy mechanisms of change are presented as well as recommendations for future research on therapies' explanatory processes.

- A turn by turn analysis of FAP as a treatment for broad psychological distress

Daniel Maitland, Ph.D., Morehead State University

Research on FAP's proposed mechanism of action has focused on Turn by turn coding of FAP consistent therapeutic techniques that result in decreased ideographically defined problem behavior in session which in turn decreases the problem behaviors outside of session. While theoretically consistent and methodologically rigorous, this turn-by-turn coding approach has yet to provide compelling evidence to implicate FAP's mechanism of action in changing transdiagnostic treatment targets such as psychological distress (broadly defined). In the study presented, 3 participants were treated in a multiple baseline design study that compared an interaction without personal detail exchange to FAP. Data will be presented that explore the implementation of FAP at a turn-by-turn basis, the consequential change in process variables (in and out of session relating), and changes in distal outcomes such as transdiagnostic treatment targets. The discussion will focus on the ramifications of the data as they relate to FAP's proposed mechanism of action and implications for implementing treatment.

- Functional Analytic Psychotherapy and our physical health: A turn by turn investigation of how therapeutic moves impact physiological measures of health

Abby Lemaster, Morehead State University

Daniel Maitland, Ph.D., Morehead State University

Theoretical and empirical literature has explored how contingent responding in FAP engages an interpersonal process that results in feelings of connection (intimacy) between the therapist and client. While analysis of this process typically involves behavioral coding and self-report data, investigation incorporating physiology may be warranted. Higher heart rate variability (HRV) is associated with key aspects of intimacy building behaviors and is a consistent predictor of social functioning variables, including empathy towards others, social competence, and higher perceived social support when stressed. Given the overlap of these constructs with key behavioral targets in FAP, it is possible that the behavioral changes associated with FAP will result in meaningful changes in HRV, which may have meaningful behavioral medicine implications. In the presented study, we analyzed the impact of client clinically relevant behavior on HRV. Further analysis focused on the impact of

treatment as a whole on HRV. Discussion of the findings will link the data to the broad importance on social functioning on health and the feasibility of psychosocial interventions targeting social functioning to impact health.

- The Growing Role for Single-subject Designs and the
- Importance of the Units of Analysis in Process Research

William C. Follette, Ph.D., University of Nevada, Reno

DSM failed to guide research that could identify processes in psychotherapy that are theory-based, falsifiable and can be applied to a variety of treatment contexts. The recent restatements of the importance of process research underscore the role of single-subject designs (SSD) as a fundamentally important research strategy for identifying processes of influence in therapy. This paper presents a discussion of advances in SSD and the analyses of results. Further, the paper addresses issues about combining results across subjects, an issue that requires an important discussion about the research goals of idiographic and nomothetic research. The scope and precision possible with SSDs necessitate decisions about the appropriate unit of analysis required to answer specific research question. A turn by turn analysis of client-therapist interactions is labor-intensive but allows maximum flexibility in analyzing research questions and sharing data. The costs and advantages of behavior sampling issues will be discussed.

Educational Objectives:

1. Evaluate the strengths and weaknesses of single subject design studies
2. Map out methods for evaluating therapy at a turn by turn level
3. Appraise the data supporting FAP's purported mechanism of action

90. An ACT-Based Approach to Psychedelic Harm Reduction and Integration Therapy: Psychedelic and Non-Ordinary States of Consciousness SIG Sponsored

Workshop - Saturday, July 18 (2:15 PM - 3:45 PM)

Components: *Case presentation, Didactic presentation, Experiential exercises, Role play*

Categories: Clinical Interventions and Interests, Psychedelics, Harm Reduction, Integration

Target Audience: Beginner, Intermediate, Advanced

Brian Pilecki, Portland Psychotherapy Clinic, Training, and Research Center

Nathan Gates, Private Practice

Gregory Wells, MAPS

Psychedelic assisted therapy is the next wave of empirically supported treatment for many psychological conditions. As these treatments become more widely available, there will be an increased demand for new types of clinical services. Already, many clients who are using psychedelics on their own are seeking psychotherapy for support before and/or after their experiences. This workshop will provide training in how to use an ACT-based harm reduction approach to help clients prepare for a psychedelic experience, such as by providing accurate resources, managing expectations, and clarifying intentions. Additionally, participants will become familiar with the basic principles of integration and how to help clients maximize benefit from their psychedelic experiences and translate them into long-term behavior change. A basic overview of psychedelic assisted therapy and current evidence base will be reviewed, as well as how the ACT model is ideal for informing psychotherapy in this area. Participants in this workshop will be better equipped to address psychedelic-related matters that arise in everyday clinical practice.

Educational Objectives:

1. Describe the theory and practice of psychedelic-assisted psychotherapy, including a summary of empirical research and current legal status of this new form of treatment
2. Examine ACT-informed interventions for clients pursuing psychedelics as a form of treatment and learn how principles of a harm reduction approach can help guide clinicians in such sessions
3. apply ACT-based strategies for helping clients grow and learn from their psychedelic experiences and understand the importance of integration in benefiting from psychedelic use

91. Reclaiming Ourselves and Restoring Our World Through Compassion

Plenary - Saturday, July 18 (4:30 PM - 5:30 PM)

Components: *Conceptual analysis, Didactic presentation, Experiential exercises, Literature review*

Categories: Clinical Interventions and Interests, Theoretical and philosophical foundations, Compassion

Target Audience: Beginner, Intermediate, Advanced

Dennis Tirch, The Center for Mindfulness and Compassion Focused Therapy

Many of the significant problems we face, within ourselves and at a global level, emerge from the dominance of threat-focused, competitive, and psychologically inflexible ways of being. If we are to reclaim ourselves and restore our world to sanity, we need more effective ways of addressing these aspects of our humanity. We need movement towards more mindful, compassionate and psychological flexibility behavior, on a global scale.

This discussion will explore a conceptual review of the behavioral dynamics of and neural correlates of compassion, courage and adaptive flexibility in the presence of threat-based responding. Together, we will synthesize a working model of how compassion functions to stabilize, ground and prepare humans for engagement with threats, by embodying an affiliative, caring and protective way of being. We will consider how mindfulness, compassion and psychological flexibility processes might be best deployed to meet the global challenges that currently dominate our communities, such as the pandemic aftermath, inequality and the climate crisis.

Educational Objectives:

1. Define how 'compassion' serves to promote general mental health.
2. List 2 therapeutic techniques that can benefit from the use of compassion.
3. Explain the difference between courage and fearlessness in the context of therapy.

SUNDAY – JULY 19

92. Expanding the Repertoire: Psychological Flexibility and It's Influence On Substance Abuse.

Symposium - Sunday, July 19 (7:15 AM - 8:45 AM)

Components: *Conceptual analysis, Literature review, Original data*

Categories: Clinical Interventions and Interests, Theoretical and philosophical foundations, substance abuse, psychological flexibility, emotion regulation, help seeking behavior

Target Audience: Beginner, Intermediate

Chair: Rebecca Copell, University of Louisiana at Lafayette
Rick Perkins, University of Louisiana at Lafayette
Thomas Sease, University of Louisiana at Lafayette
Jerry Scales, Louisiana Contextual Science Research Group
Jacob Simon, University of Louisiana at Lafayette

Psychological flexibility allows one to experience situations, thoughts, and emotions in a fluid and adaptable way. Psychological flexibility has shown to be important in the navigation of a range of life challenges, in responding effectively to health struggles, and in maintaining high quality of life. Sometimes folks become stuck with thoughts and feelings of struggling and they may not seek help, but instead, partake in behaviors that are maladaptive and harmful. This symposium will discuss data that looks at psychological flexibility and it's processes on substance abuse. The first presentation will discuss how psychological flexibility or inflexibility may moderate the impact of particular risk factors on substance abuse. The second presentation will discuss a psychometric evaluation of the a State of Surrender (SoS) scale in a drug use population and explore the association between a SoS and substance users' desire for help, using a sample from Amazon Mechanical Turk. The third presentation will discuss the role of state-based emotion dysregulation when distressed on alcohol.

- Masking aversiveness: Examining psychological flexibility, self-compassion, and empathy as predictors of drug and alcohol use

Jerry L. Scales, University of Louisiana at Lafayette

Emily K. Sandoz, Ph.D., University of Louisiana at Lafayette

For some, substance use is innocuous, enhancing subjective experience without impacting overall functioning. For others, however, substance use is responsive to subjective pain, and has serious impacts on meaningful engagement in living. Often referred to as "self-medication," this type of substance use is characterized by psychological inflexibility and a lack of compassion toward self and others. College students have been identified as being at particular risk for substance abuse. This may be, in part, attributable to limited social and coping skills that many college students struggle with. The current study examined substance use in a sample of undergraduate students, along with different aspects of psychological flexibility, self-compassion, and empathy. Several factors emerged as predicting concurrent alcohol abuse. Prediction of drug abuse, however, was unsuccessful. Implications for prevention and treatment of substance abuse in college students will be discussed.

- Problem recognition: A mediator between a state of surrender and desire for help in substance users

Thomas B. Sease, B.S., University of Louisiana at Lafayette
 Emily K. Sanodz, Ph.D., University of Louisiana at Lafayette
 Yang Yang, Ph.D., Texas Christian University

A State of Surrender (SoS) is a willingness to accept what is to come, good or bad, without resisting. A SoS has a great relevance in understanding help seeking behaviors in the midst of challenges and crises, such as drug use and related life experiences. In recent pilot studies, the newly validated SoS scale has been used to predict psychological growth for people experiencing difficulties with non-substance related crisis and alcohol use. Using a sample from Amazon Mechanical Turk, this study sought to 1) perform a psychometric evaluation of the SoS scale in a drug use population and 2) explore the association between a SoS and substance users' desire for help. Data analysis indicated that the SoS scale had good reliability ($\alpha = 0.84$) and content validity being associated with psychological growth, drug use severity, and resilience. Moreover, a SoS predicted problem recognition, which in turn predicted a desire for help. Implications of this work with regard to conceptual connections between SoS and psychological flexibility will be discussed, along with implications for treatment.

- Examining the Role of State-Based Emotion Dysregulation When Distressed on Alcohol Use Beyond Trait Emotion Dysregulation and Psychological Inflexibility

Jacob S. Simon, A.S., University of Louisiana at Lafayette
 Madison K. Knox, B.S., University of Louisiana at Lafayette
 Madison N. Istre, B.S., University of Louisiana at Lafayette
 Alexis B.I. James, A.S., University of Louisiana at Lafayette
 Michael J. McDermott, Ph.D., University of Louisiana at Lafayette

Emotion dysregulation (EDys) is associated with alcohol use (Berking et al., 2011) and alcohol-related consequences (Dvorak et al., 2014). However, limited research has examined the role of state-based EDys in alcohol use and no studies have examined these effects beyond trait EDys and relevant factors such as psychological inflexibility.

Undergraduate participants ($n = 143$; 58% female, Mage = 19.6 years) completed assessments of trait EDys (Difficulties in Emotion Regulation Scale; Gratz & Roemer, 2004) and psychological inflexibility (Acceptance and Action Questionnaire-II; Bond et al., 2011) followed by a computerized task to elicit emotional distress (PASAT-C; Lejue et al., 2003) and a measure of state EDys (State Difficulties in Emotion Regulation Scale; Lavender et al., 2015).

Lower state-based EDys (i.e. greater emotional awareness) predicted greater alcohol use ($\beta = -.19, p = .024$) beyond trait EDys and psychological inflexibility (total $R^2 = .10, p = .003$). Greater trait EDys, psychological inflexibility, and momentary state-based emotional awareness when distressed may be associated with increased risk for alcohol use. Interpretations and future directions will be discussed.

Educational Objectives:

1. Discuss factors of empathy, self-compassion, and flexibility as possible predictors of problematic substance use.
2. Discuss the role that acceptance may play in predicting a substance users help seeking behaviors.
3. Analyze emotional awareness as a possible predictor of substance abuse behaviors in response to acutely stressful contexts.

93. Using the ACT matrix to explore and work with interpersonal processes and self-disclosure

Workshop - Sunday, July 19 (7:15 AM - 8:45 AM)

Components: *Conceptual analysis, Didactic presentation, Role play*

Categories: Clinical Interventions and Interests, ACT-FAP integration

Target Audience: *Intermediate*

Benjamin Schoendorff, Contextual Psychology Institute
 Marie-France Bolduc, Contextual Psychology Institute
 Fabián Olaz, National University of Córdoba

ACT is a contextual approach that largely focusses on intrapersonal processes while FAP is a contextual approach that focusses on interpersonal processes. Combining both can potentiate interventions and help navigate some of the most difficult clinical situations, especially when interpersonal difficulties interfere with therapy.

In this workshop, participants will practice using the ACT Matrix as a tool to work with interpersonal processes.

In the first part of the workshop, we'll map out ACT and FAP processes onto the ACT matrix.

In the second part of the workshop, participants will practice using the ACT matrix to work with interpersonal processes:

- 1 - to help clients notice their interpersonal functions and choose what effect they want to have on others so as to help them build deeper relationships;
- 2 - to help therapists use effective self-disclosure strategies while modelling defusion, acceptance and valued action;
- 3 - to help therapy get unstuck when all else fails.

Educational Objectives:

1. Describe how ACT and FAP processes map out onto the ACT matrix
2. Utilize the ACT Matrix to guide exploration of interpersonal functions
3. Utilize the ACT matrix to guide self-disclosure in the service of intervention effectiveness

94. The Effect of Psychological Flexibility on Health-related Behaviors

Symposium - Sunday, July 19 (7:15 AM - 8:45 AM)

Components: *None of these*

Categories: Functional contextual approaches in related disciplines, Other, Psychological Flexibility

Target Audience: *Beginner, Intermediate*

Chair: Thomas Sease, University of Louisiana at Lafayette

Amy Murrell, BADDCC

Garret Cantu, University of Louisiana at Lafayette

MaKensey Sanders, University of Louisiana at Lafayette

Jessica Criddle, University of Louisiana at Lafayette

There is a growing body of literature that recognizes the importance of psychological flexibility. Psychological flexibility—the ability to remain mindful and sustain meaningful action through positive and negative life events—has been associated with mental and physical well-being. Given psychological flexibility's role in navigating challenging situations, it has a great relevance in understanding health related behaviors (e.g., exercise, substance use, other risky behaviors). This symposium will provide an overview of health-related behaviors as influenced by psychological flexibility. The first presentation will examine the relationships among body image flexibility, mass media exposure, and unhealthy exercise. The second presentation will evaluate the effects of psychological inflexibility and related attitudes on college student condom use. Finally, the last study will discuss the role of psychological inflexibility on self-destructive behaviors and emotional regulation.

- **Body Image Flexibility and the Impact of Beauty Ideal Exposure on Unhealthy Exercise amongst College Students**

Garret M. Cantu, University of Louisiana at Lafayette

Emily Sandoz, Ph.D., University of Louisiana at Lafayette

Exercise has the potential to produce positive, healthy effects in individuals who engage in it. Exercise can also have detrimental effects, however, when it is excessive, compulsive, or functioning as compensation. Body related media has been shown to predict unhealthy behaviors such as disordered eating, muscle dysmorphia, and unhealthy exercise. Exposure to such media is ubiquitous, however, and many do not experience detrimental effects. It may be that body image flexibility, or one's willingness to have unpleasant experiences of the body in order to pursue valued actions, accounts for this variability. Body image flexibility has been shown to act as a protective factor against risk factors for eating disorders like low BMI, body dissatisfaction, and disordered eating cognitions. The current study sought to further understand the role of body image flexibility in the relationship between mass media and unhealthy exercise. Body image flexibility was a powerful predictor of unhealthy exercise, independent of media exposure. Implications for prevention of unhealthy exercise will be discussed.

- **Feeling Lucky? Predicting Condom Use Behaviors from Implicit and Explicit Attitudes and Psychological Flexibility**

MaKensey Sanders, M.A., University of Louisiana at Lafayette

Jessica Auzenne, University of North Texas

Emily K. Sandoz, Ph.D., University of Louisiana at Lafayette

College students engage in a variety of sexual behaviors with more partners than in the past, often without protection. Condoms are an easily accessible means of sexual protection, but they are often used inconsistently by college students. Although students are generally aware of the consequences of unprotected sex, this awareness does not strongly influence condom use. Research has shown that attitudes about sex may be more influential on sexual behavior than knowledge about high risk behavior. It may be that attitudes have differential effects on behavior, depending on how students cope with uncomfortable experiences. In this study, students'

tracked condom use daily after providing data on implicit and explicit attitudes toward condom use. The results suggest that inflexibility may support predict safer sexual behavior in an uninvolved-upon population. The implications for flexibility-based interventions on high risk sexual behavior will be discussed.

- **Is Difficulty Modulating Current Emotional and Behavioral Responses when Distressed Associated with Impulsive and Self-Destructive Behavior?**

Jessica Criddle, University of Louisiana at Lafayette

Michael J. McDermott, Ph.D., University of Louisiana at Lafayette

Tyler Laurent, University of Louisiana at Lafayette

Bennet Armand, University of Louisiana at Lafayette

Existing literature demonstrates a correlation between psychological inflexibility, emotion dysregulation, and borderline personality disorder (BPD). Impulsive, self-destructive behavior is a core characteristic of BPD. However, few studies have examined these relations while also accounting for momentary emotion dysregulation in response to acute distress. Participants (n = 143; 58% female, Mage = 19.6 years) reported on baseline psychological inflexibility (AAQ-II) emotion dysregulation (DERS), and BPD traits including impulsive and self-destructive behavior (PAI-BOR). Participants then completed a computerized task to induce distress (PASAT-C) followed by a self-report of momentary state-based emotion dysregulation (S-DERS). Both psychological inflexibility and emotion dysregulation were associated with impulsive, self-destructive behavior. Hierarchical linear regression demonstrated that state-based difficulties modulating current behavioral responses when distressed was associated with increased impulsive, self-destructive behavior beyond the psychological inflexibility and emotion dysregulation. Implications will be discussed.

Educational Objectives:

1. Describe the impact of body image flexibility on unhealthy exercise behavior
2. Discuss the contribution of condom-related attitudes and psychological inflexibility on condom use
3. Discuss self-harming behaviors as an emotion modulation strategy in acute contexts

95. Curiosity, Connection, and Committed Action: A Catalyst for Change in the Adolescent Brain

Workshop - Sunday, July 19 (7:15 AM - 8:45 AM)

Components: *Didactic presentation, Experiential exercises, Role play*

Categories: Clinical Interventions and Interests, Other, Adolescents

Target Audience: *Beginner, Intermediate*

Alice Cennamo, SUWS of the Carolinas

Kevin Waller, SUWS of the Carolinas

Cameron Allen, SUWS of the Carolinas

At times, adolescents are coerced into treatment based on their family's agenda. While this can get an adolescent into the therapy room, it does not inherently evoke openness, willingness, or flexibility. This dilemma can leave clinicians feeling stuck in the face of the adolescent's rigidity and avoidance. This presentation will look at common neurological patterns of distress through the lens of the ACT matrix. By understanding our brain's Limbic Loop we are able to move towards either a dopamine or oxytocin response through curiosity, connection, and committed action. This process allows the clinician to gain traction with challenging adolescents and their families. This experiential presentation will explore working with adolescents stuck in resistant or avoidant behaviors in order to uncover what's truly important to them and create a catalyst for change.

Educational Objectives:

1. Describe the chemical process involved in problematic behavior cycles and how to pivot to relational, values-driven decision making
2. Utilize somatic strategies to increase therapeutic buy-in and facilitate emotional shifts within "stuck" clients
3. Demonstrate practical and neurological components of the ACT matrix with adolescents

96. ACT-ing Queer: The Psychological Flexibility Model as a navigational framework for LGBTQ-identified clinicians

Workshop - Sunday, July 19 (7:15 AM - 8:45 AM)

Components: *Didactic presentation, Experiential exercises*

Categories: Clinical Interventions and Interests, Supervision, Training and Dissemination, LGBTQ

Target Audience: *Beginner, Intermediate*

Melissa Farrell, Group Practice
Michael May, Compassionate Psychological Care, LLP

LGBTQ-identified clinicians are situated in a context that inherently involves navigating particular contingencies within the therapeutic relationship. Although the culture surrounding LGBTQ issues continues to evolve, matters such as clinician self-disclosure, coming-out, etc. continue to have aversive functions for the LGBTQ-identified clinician. In the proposed workshop, the Psychological Flexibility model is offered as an evidence-based framework for engaging with these matters, as well as others, with increased flexibility and sensitivity utilizing case examples, didactic training, and experiential demonstrations.

Educational Objectives:

1. Recognize the various ways in which gender and sexual minority identities (for client and clinician) impact treatment
2. Develop ways of distinguishing the various processes of the Psychological Flexibility Model and how they are utilized to address gender/sexual minority concerns within therapy
3. Establish foundational skills necessary to improve their treatment of gender-sexual minorities

97. How to do defusion (more) strategically!

Workshop - Sunday, July 19 (7:15 AM - 8:45 AM)

Components: *Didactic presentation, Experiential exercises, Role play*

Categories: Clinical Interventions and Interests, Relational Frame Theory, Cognitive Defusion, RFT, Treatment and intervention planning, Deliberate skills practice

Target Audience: *Beginner, Intermediate*

Valerie Kiel, Mondriaan and Private Practice

This workshop offers a straightforward framework how to teach your clients cognitive defusion skills in a context-sensitive, gradual, and strategic manner. It will also serve you as a reliable and quick reference point to select relevant defusion interventions throughout treatment. Instead of introducing yet another random series of defusion techniques, you get a chance to review your own (large or small) repertoire of cognitive defusion interventions and organize them into the presented framework. Along the way, you will learn about common mistakes ACT beginners tend to make and how you can easily avoid some of them once you see the "bigger" picture of how (de)fusion works and which sub-skills are required first in order to prepare the ground for the heavier defusion work. For a quick and dirty test whether the proposed framework actually helps you to improve the way you deal with challenging clinical situations that involve cognitive defusion work, please "bring" a current or former client in mind with you to the workshop. The more stuck you feel with that client, the better!

Educational Objectives:

1. Apply the steps presented in the framework to teach your clients cognitive defusion skills
2. List at least three different therapeutic interventions you can do throughout treatment to create fertile ground that some 'heavier' cognitive defusion interventions require
3. Describe the different roles metaphors and experiential exercises play in the proposed framework, and in which way metaphors and experiential exercises complement each other functionally

98. Using contextual behavioral sciences to be a better couples therapist

Workshop - Sunday, July 19 (7:15 AM - 8:45 AM)

Components: *Conceptual analysis, Didactic presentation, Experiential exercises, Role play*

Categories: Clinical Interventions and Interests, Other, Couples' Therapy

Target Audience: *Beginner, Intermediate*

Corey Porche, Camelia House Counseling and Educational Services

Christiansen (2010) proposes a unified protocol to couple therapy based on the notion that 1) couples' therapy works and 2) there are similarities among several of the empirically supported treatments (eg. IBCT, EFT, TBCT, etc.). This workshop will focus on translating the various empirically supported conceptualizations of couples' therapy into a contextual behavioral sciences framework, and exploring their implications on moment-to-moment intervention. Proximal targets and more distal goals will be identified before practicing various process-based interventions aimed at broadening rigid behavioral repertoires in the context of the couple.

Educational Objectives:

1. Describe Christensen's (2010) proposed principals of change in couple therapy
2. Use a process-based conceptualization of couple therapy with your clients
3. Apply CBS interventions when working with couples towards specific goals

99. ACTing on the Unconsidered Choice: A Fresh Perspective on Addiction Work.

Workshop - Sunday, July 19 (9:00 AM - 10:30 AM)

Components: *Case presentation, Didactic presentation, Experiential exercises*

Categories: Clinical Interventions and Interests, Other, Addiction

Target Audience: *Beginner, Intermediate*

Linda Hamilton, Beyond Addiction

M. Joann Wright, ACT One

The proposed workshop will explore and illustrate ways to incorporate the methods of Acceptance and Commitment Therapy (ACT) framework into group therapy sessions focused on addiction work in terms of core ACT principles and exercises. The workshop will both broaden the appeal of and support the practical applications of the ACT model while focusing on addictions specifically in group work. The proposed workshop will give clinicians detailed addictions group activities. Through case examples, user-friendly worksheets, and experiential demonstrations, we plan to assist those who are new to ACT and/or addictions work a comprehensive understanding of utilizing the six core aspects of the model, and how to impart these practices to therapy groups, as well as imparting fresh techniques to veteran consumers of the model and to those who are veterans in addiction services.

Educational Objectives:

1. Apply the core processes of ACT in a group setting specifically aimed at addiction work
2. Use new experiential exercises with your own therapeutic groups
3. Apply innovative approaches for addiction groups

100. Tracking Behavioral Processes: A Clinical Behavior Analysis Approach: Clinical Behavior Analysis SIG Sponsored

Panel - Sunday, July 19 (9:00 AM - 10:30 AM)

Components: *Case presentation, Conceptual analysis, Literature review, Original data, Role play*

Categories: Clinical Interventions and Interests, Theoretical and philosophical foundations, Clinical Behavior Analysis

Target Audience: *Beginner, Intermediate, Advanced*

Chair: Daryl Rachal, Louisiana Contextual Science Research Group

Emily Sandoz, University of Louisiana at Lafayette

Glenn Callaghan, San Jose State University

Amy Murrell, BADDCC

Daniel Maitland, Morehead State University

T.V. Joe Layng, Generategy, LLC

Clinical behavior analysis is amongst the only approaches to understanding talk therapy that has direct implications for understanding and intervening on in-session behavior in such a way as to change behavior out of session. How it is that this occurs has been discussed in terms of nonlinear contingencies, verbal behavior, rule-governed behavior, derived relational responding, and other conceptualizations of complex human behavior. The development of clinical behavior analysis as a subdiscipline, however, has been limited by the branding of specific treatment packages that move away from common behavioral terms. This panel will include clinical behavior analysts with expertise in Acceptance and Commitment Therapy (ACT), Functional Analytic Psychotherapy (FAP), Interpersonal Behavior Therapy (IBT), and Nonlinear Contingency Analysis (NCA). Panelists will analyze sample video recordings of a talk therapy session in terms of behavioral principles that comprise a common ground for clinical behavior analytic approaches. Implications for comparing and contrasting clinical behavior analytic interventions will be discussed, along with questions from the audience.

Educational Objectives:

1. Define clinical behavior analysis and describe its relationship to “packaged” behavioral therapies, including ACT and FAP.
2. Describe how CBA might be used to enhance the power and precision of clinical work.
3. Identify three key benefits of adopting a CBA perspective in one’s approach to conceptualizing and engaging in clinical work.

101. Building and Predicting Mechanisms of Action for Youth through an Acceptance and Commitment Therapy Lens

Symposium - Sunday, July 19 (9:00 AM - 10:30 AM)

Components: *Case presentation, Literature review, Original data*

Categories: Clinical Interventions and Interests, Behavioral medicine, Adolescents

Target Audience: Beginner, Intermediate, Advanced

Chair: Sierra Held, Metropolitan State University of Denver

Sarah Cassidy, Smithsfield Clinic/Maynooth University

Emmie Hebert, JumpStart Autism Center

Alison DeLizza, University of Nebraska Medical Center

Lisa Coyne, McLean Child and Adolescent OCD Institute/Harvard Medical School

Ten to twenty percent of adolescents are affected by mental health concerns. Suicide is the third leading cause of death among children aged 15-19 years (World Health Organization, 2018). The primary aim of this symposium is to highlight factors that may predict and influence mental health in youth populations. The first presenter will introduce a multi-session Acceptance and Commitment Therapy (ACT) protocol that utilizes a singular metaphoric theme (Life is a Show) to guide adolescents through ACT processes in treatment. The second presenter will discuss the impact of behaviorally oriented treatments informed by an Acceptance and Commitment Therapy model on anhedonia symptoms in adolescents. The final presentation will examine relationships between parental psychological flexibility, parent accommodation, emotion regulation, and child obsessive compulsive disorder (OCD) symptoms in adolescents with severe OCD. The symposium will conclude with remarks on the shared concepts in all presentations and the importance of continued work in adolescent mental health.

- 3...2...1...ACTion!: A Unified Metaphor Approach to Treatment with Adolescents

Emmie Hebert, Ph.D., BCBA, JumpStart Autism Center

Ashley Breazeale, Ph.D.

Mindy Chadwell, Ph.D., BCBA, Munroe-Meyer Institute, University of Nebraska Medical Center

The prevalence of anxiety and depression among the US adolescent population has increased in recent years (Mojtabai & Olson, 2016). Adolescents experiencing symptoms of anxiety or depression often have difficulties with low mood, psychological inflexibility, withdrawal from valued activities, and/or heightened autonomic arousal, among many other symptoms that impair functioning. Acceptance and Commitment Therapy (ACT) is a treatment approach aimed at increasing psychological flexibility, increasing contact with the present moment, and increasing engagement in valued activities (Hayes, Strosahl, & Wilson, 2012). While adaptations to ACT have been made to respond to the unique developmental needs of adolescents, there are currently few adolescent-focused ACT approaches that operate from the use of a single metaphor; nor are there many protocols that explicitly incorporate caregiver involvement. The purpose of this paper is to introduce the 3...2...1 ACTion! protocol, a unified metaphor for use with adolescents presenting in clinic with symptoms of anxiety and depression; as well as to present case study data describing the therapeutic impact of the protocol in relation to increasing psychological flexibility and engagement with valued activities. Results indicate that adolescents who were presented with this protocol increased the frequency of values-based behaviors and decreased symptoms of depression and anxiety.

- ACT- Enhanced Behavioral Therapy as a Treatment for Anhedonia in Adolescents

Alison DeLizza, Ph.D., University of Nebraska Medical Center

Scott Gaynor, Ph.D., Western Michigan University

Adolescent depression is a significant public health problem, however the current characterization of depression as a categorical label is problematic for understanding individual phenomenology, interindividual variability, and best treatment practices (Lewinsohn, Solomon, Seeley, & Zeiss, 2000). Anhedonia has been posited as a process underlying depression that may be indicative of more severity and contribute to poorer outcomes (McMakin, et al, 2012; Gabbay, 2015). It has also been posited as a potential target for treatment using a transdiagnostic model of understanding and treating dysfunction (Blom, et al, 2015). The current project explored whether behaviorally oriented treatments informed by an Acceptance and Commitment Therapy model appear to specifically target and diminish anhedonia symptoms. It was found that activation oriented behavioral therapy significantly improved anhedonic symptoms of difficulty having fun, fatigue, and disturbed sleep. These results

suggest that anhedonia may be a more clinically useful identifying feature and treatment target in adolescents. Future research should examine anhedonia targeted treatments feasibility, efficacy, and effectiveness.

- **Parenting Adolescents with Obsessive-Compulsive Disorder: Parent Psychological Flexibility and Accommodation as Predictors of Treatment Outcome**

Lisa W. Coyne, Ph.D., McLean Child and Adolescent OCD Institute/Harvard Medical School
Rebecca Schneider, Ph.D., McLean Child and Adolescent OCD Institute/Harvard Medical School
Mikayla Grimaldi, B.A., McLean Child and Adolescent OCD Institute/Harvard Medical School
Rebecca Michel, B.A., McLean Child and Adolescent OCD Institute/Harvard Medical School

Parent raising children with Obsessive Compulsive Disorder (OCD) are more likely to struggle with anxiety or OCD themselves. In addition, parent mental health issues tend to predict poorer treatment outcome. Parent psychological flexibility may play a role in both unhelpful parenting behaviors such as accommodation, as well as parent modeling of poorer emotion regulation. Thus, our study sought to explore relationships between these variables, parent accommodation, emotion regulation, and child obsessive compulsive disorder (OCD) symptoms in adolescents with severe OCD. We recruited 128 adolescents from a residential treatment program for OCD, and measured child and parent variables at baseline and post-treatment. Data collection is ongoing; our initial sample comprised 128 adolescents with OCD, recruited from a residential treatment program. Parents and children completed self-report assessments at baseline. OCD symptoms, parent accommodation, parent psychological flexibility, and child emotion regulation were measured. Study strengths and limitations are discussed; as are implications for further research.

Educational Objectives:

1. Describe treatment of anxiety, depression, and OCD in adolescents using an acceptance and commitment therapy model
2. Identify factors that may contribute to adolescent mental health
3. Examine the role of parents in treating mental health concerns in adolescents

102. Innovations and advancements in Acceptance and Commitment Therapy and Compassion Focused Therapy for health conditions: Atlantic Canada Chapter Sponsored

Symposium - Sunday, July 19 (9:00 AM - 10:30 AM)

Components: *Conceptual analysis, Didactic presentation, Literature review, Original data*

Categories: Clinical Interventions and Interests, Behavioral medicine, ACT and CFT for health conditions

Target Audience: Beginner, Intermediate

Michael Levin, Utah State University
Dayna Lee-Baggley, Nova Scotia Health Authority/ Dalhousie University
David Gillanders, University of Edinburgh
Jonathan Bricker, Fred Hutchinson Cancer Research Center
Julie Petersen, Utah State University

Millions of individual worldwide live with health conditions (e.g., obesity, diabetes, heart disease, chronic pain). Acceptance and Commitment Therapy (ACT) and Compassion Focused Therapy (CFT) are empirically supported interventions in the management of and treatment of health conditions. In this symposium, we review some of the latest advancements and innovations in ACT and CFT for health conditions. This includes: 1) testing and enhancing novel forms of delivery including telephone-based and online guided self-help to address issues of accessibility; 2) addressing novel topics within health conditions such as helping individuals with chronic disease stay engaged in the workforce and; 3) advancing our understanding of how ACT and CFT may be effective through investigating mechanisms of change and change over time. Join us to learn about recent empirical advancements and innovative uses of ACT and CFT aimed at improving the health and quality of life of individuals living with health conditions.

- **Mindful Diet: Randomized Trial of Telephone Delivered Acceptance and Commitment Therapy for Weight Loss**

Jonathan B. Bricker, Ph.D., Fred Hutchison Cancer Research Center, Division of Public Health Sciences
Kirstin E. Mull, M.S., Fred Hutchison Cancer Research Center, Division of Public Health Sciences
Brianna Sullivan, M.S., Fred Hutchison Cancer Research Center, Division of Public Health Sciences
Evan Forman, Ph.D., Drexel University, Department of Psychology, Philadelphia, PA

Overweight and obesity are major global public health problems, contributing to diabetes, heart disease, and cancer. Unlike in-person interventions for weight loss, telephone-delivered behavioral interventions for weight loss have high reach to racial/ethnic minorities, lower income, and those with behavioral disorders. Current standard telephone interventions for weight loss have small effect sizes. Acceptance and Commitment Therapy

(ACT) has shown promise for weight loss as an intensive in-person intervention but has not been adapted or tested for broad-reach telephone intervention. This presentation describes our user-centered design process for developing our 25-session, 12-month telephone-delivered ACT-based weight loss intervention we called the "Mindful Diet." Presentation will include clinical examples of each session. We then describe our pilot randomized trial of 105 overweight/obese adults (mean BMI: 35.4; 34% minority; 42% male) recruited from 32 US states that compared the ACT intervention with standard behavioral therapy (SBT) for weight loss. Both interventions consisted of 25 phone sessions, 15 minutes per session, delivered over 12 months. The 3-month and 6-month outcome data retention rates were 86% and 86%, respectively, and did not differ between study arms ($p = .95$; $p = .24$, respectively). Compared to SBT, ACT participants were far more likely to attain the 10% or more weight loss main outcome at 3 months (14% for ACT vs. 2% for SBT; OR = 9.81; 95% CI: 0.95, 101.03; $p = .055$) and at 6 months (32% for ACT vs. 15% for SBT; OR = 3.53; 95% CI: 1.03, 12.10; $p = .045$). We discuss implications of these results and our next steps.

- Using online acceptance and commitment therapy to improve diet and physical activity among overweight and obese adults: Results from a randomized controlled trial

Julie M. Petersen, Utah State University
Carrie Durward, Utah State University
Brittany Bingeman, Utah State University
Cindy Nelson, Utah State University
Elizabeth Davis, Utah State University
Shannon Cromwell, Utah State University
Suzanne Prevedel, Utah State University
Emma Parkhurst, Utah State University
Michael E. Levin, Utah State University

Acceptance and commitment therapy (ACT) has shown benefit for improving health, eating, physical activity, and general mental health in overweight and obese populations. However, access to ACT is limited due to barriers related to in-person treatment seeking and provider training. The present study evaluates an online guided self-help ACT program designed to improve health-related outcomes. 79 overweight/obese adults living in Utah interested in improving their health were randomized to receive ACT on Health or onto an 8-week waitlist. Overall, participants reported good usability and satisfaction with the program. At post, participants in the ACT on Health condition significantly improved more on health-related outcomes over waitlist. At follow-up, improvements were maintained, but 24-hour recall healthy eating index scores worsened and cognitive restraint with eating improved. These results indicate promise for online self-guided ACT interventions for health, weight loss, and eating improvement.

- Using ACT to support individuals with chronic disease stay engaged in the workforce
Dayna Lee-Baggle, Ph.D., Nova Scotia Health Authority & Dalhousie University
Arla Day, Ph.D., Saint Mary's University
Meredith Ivany, M.Sc., Saint Mary's University

Individuals with chronic disease are more at risk for leaving the workforce. Maintaining gainful employment may help with a sense of purpose and identity but must be paired with pacing and self-care, especially for those with chronic conditions. This study provides the results of a waitlist-design ACT intervention of 65 individuals with chronic disease currently working. The intervention was aimed at supporting individuals with chronic disease stay engaged in the workplace and used principles from both clinical psychology (e.g., mindfulness and self-compassion) as well as industrial/organizational psychology (e.g., accommodated work schedules) to support workers with chronic disease. Results showed a large majority of participants found the intervention credible, beneficial and helped them make positive changes at work. Weekly changes in mindfulness, value-consistent behaviour, and self-compassion as well as pre-post changes in stress, strain, and burnout were also found. Differences in change observed through the weekly data compared to the pre-post data will be highlighted.

- Learning to self-soothe in persistent pain - a mediation analysis of a pain management programme based on integrating behaviour therapy with Compassion Focussed Therapy

Su Tin, DClinPsy, NHS Lothian
Lindsay Brassington, DClinPsy, NHS Lothian
David Gillanders, DClinPsy, University of Edinburgh

This study aims to evaluate the effectiveness of a Pain Management Programme (PMP) for adults with chronic pain that integrates CFT with behaviour therapy, and tests self-compassion and psychological flexibility as potential mediators of improvement in outcomes. Participants were 122 patients who completed the 11-week, group based PMP. Participants completed the following outcome measures at pre-group (week 1), mid-group (week 6) and post-group (week 11): The Brief Pain Inventory, Hospital Anxiety and Depression Scale, Self-Compassion Scale, Multi-Dimensional Psychological Flexibility Inventory and the Warwick-Edinburgh Mental Wellbeing Scale. Statistically significant improvements were found in measures of pain interference, anxiety, depression, psychological flexibility, self-compassion and mental wellbeing. Increased self-compassion mediated improvements in pain interference, whereas increased psychological flexibility mediated improvements in depression and mental wellbeing. Neither variable mediated improvements in anxiety. This study provides evidence for the use of CFT as a

group intervention for chronic pain, and specific mechanisms of change that were somewhat unexpected. Implications will be discussed.

Educational Objectives:

1. Explain the latest programs of research aimed at improving ACT and CFT interventions for health conditions
2. Describe methods and data on novel delivery methods for ACT and CFT interventions for health conditions
3. Describe mechanisms of change and change over time in ACT and CFT interventions for health conditions

103. Notes from the Behavior Analysis Lab: Recent Research on Overt Measures of Experiential Avoidance

Symposium - Sunday, July 19 (9:00 AM - 10:30 AM)

Components: *Experiential exercises, Original data*

Categories: Relational Frame Theory, Theoretical and philosophical foundations, Experiential avoidance

Target Audience: *Intermediate*

Rhonda Merwin, Duke University, School of Medicine

Jonathan Tarbox, University of Southern California

Amanda Chastain, University of Southern California / FirstSteps for Kids

Carmen Luciano, University of Almeria and Madrid Institute of Contextual Psychology

Nolan Williams, Leonville Elementary

The science of behavior analysis has always been the foundation of ACT. However, everyday practice can often drift from the lab, thereby running the risk that applied science may not be adequately tied to basic science, and vice versa. Many in the ACT community have called for increased research on ACT using behavior analytic tactics, especially laboratory research evaluating ACT components. This symposium brings together three laboratory studies, by presenters from two different continents, that study experiential avoidance using various measures of overt behavior. The first presentation, by Jonathan Tarbox and colleagues, presents two experiments using escape/avoidance of noise as a model of experiential avoidance and studying the effects of values and defusion procedures. The second presentation, by Carmen Luciano and colleagues, presents research on a model of experimentally induced fear and avoidance and assesses the effects of a values protocol. The third presentation, by Nolan Williams and colleagues, consists of a study on a transformation of function laboratory analogue of experiential avoidance. The symposium concludes with a discussion by Dr. Rhonda Merwin.

- **Effects of Defusion and Values Interventions on Lab Models of Experiential Avoidance**
Jonathan Tarbox, University of Southern California and FirstSteps for Kids
Amanda Chastain, University of Southern California and FirstSteps for Kids
Jay Leung, University of Southern California and Halo Behavioral Health

The goal of Acceptance and Commitment Therapy (ACT) is to help people engage in experiential avoidance less and committed action toward values more. From a behavior analytic perspective, this amounts to helping people choose short-term negative reinforcement less and choose longer-term positive reinforcement more. Much research has been published that supports ACT treatment packages, especially on producing changes in self-report measures of symptomology and psychological flexibility. Much more research is needed on components of ACT, in controlled settings, at the level of the individual participant, using repeated measures of overt behavior. This presentation includes data from two studies that included laboratory functional analogues of experiential avoidance. The first study used a delay discounting preparation, using real behaviors and real consequences, that consisted of choices between shorter-term escape from an aversive tone versus longer-term access to positive reinforcement, to study the effects of defusion procedures. The second study measured persistence with listening to an aversive tone and evaluated the effects of a values interventions. Both studies used multiple baseline designs and both produced substantial changes in overt behavior. Implications for applied and basic research will be discussed, including directions for future behavior analytic and relational frame theory approaches to studying and improving ACT.

- **Analyzing the Impact of a Higher-Order Motivative Protocol (Values) on Experimentally Induced Fear and Avoidance Responding**
L. Jorge Ruiz-Sánchez, University of Almeria
Carmen Luciano, University of Almeria
Values-based procedures aim to promote responding under higher-order functions, as higher-order establishing operations, while integrating rules-evoking emotive functions.

The present study aimed to evaluate the impact of a higher-order motivative protocol on avoidance, performance, and SCRs, while tracking in flight the rules emitted by the participants. After the formation of two 6-member classes, 55 participants underwent differential conditioning with two elements from each class (A1/B1 paired with shock and noises; A2/B2 with points) and learned to produce avoidance/approach responses to these and derived stimuli. Participants were assigned to three motivational protocols: (a), conditional motivation protocol, which involved a conditional relation between non-avoidance and earning money in a task; (b), as (a) plus adding a higher-order function for non-avoidance (conditional + higher-order motivation). And (c), the same as previous but only a higher-order function was included (higher-order motivation). Results showed that higher-order motivative protocols (with or without conditional motivation) suppressed completely avoidance behavior, reduced discomfort, increased performance and increased the emission of hierarchical rules (values).

- **The Transfer of Avoidance Functions Through Derived Relational Networks**

Nolan Williams, Leonville Elementary

Emily Sandoz, University of Louisiana at LaFayette

Experiential avoidance is a pattern of operant behavior which can come to dominate an individual's repertoire and create a great deal of suffering and distress (Hayes, Strosahl, & Wilson, 1999). Several studies have explored procedures which might produce such an over extension of avoidance responding by establishing relational networks and arranging for the transfer of avoidance functions through relational networks (Vervoort et al., 2014; Roche et al., 2008; Dougher et al. 1994). The present study extended this thinking by asking two questions. First, would extinction procedures, applied to a single stimulus in the relational network produce a transfer of extinction throughout the remaining members of the relational network? Second, would variations in the extinction procedures result in different patterns of extinction? Unexpected findings may suggest an important component in the production of transfer of stimulus functions.

Educational Objectives:

1. Describe two noise-avoidance lab preparations used to study experiential avoidance and the effects of values and defusion exercises on these measures
2. Describe an experimentally-induced fear and avoidance preparation and the effects of values interventions on this measure
3. Describe a transformation of functions laboratory model of experiential avoidance

104. Working with Queer and Trans People of Color from a Contextual Behavioral Approach: Gender and Sexual Diversity SIG Sponsored

Workshop - Sunday, July 19 (9:00 AM - 10:30 AM)

Components: *Case presentation, Didactic presentation, Experiential exercises, Literature review, Original data, Role play*

Categories: Clinical Interventions and Interests, Prevention and Community-Based Interventions, decolonizing, diversity

Target Audience: *Beginner, Intermediate*

Yash Bhambhani, University of Mississippi

Daniel Ryu, Palo Alto VA Health Care System

R. Sonia Singh, Central Arkansas Veterans Healthcare System/University of Arkansas for Medical Sciences

Individuals who hold more than one marginalized identity/experience, including Queer and Trans People of Color (QTPOC), face unique stressors (e.g., sexual racism, internalized racism) at the intersection of multiple sociocultural processes. This workshop will highlight these issues and will be facilitated by three clinicians who have clinical and research experience that center these communities and who identify as QTPOC themselves. Our workshop aims to apply CBS frameworks (particularly ACT and FAP) to clinical work with QTPOC and to explore the use of CBS approaches to decolonize psychology and center marginalized voices including perspectives from low- and middle-income countries outside of North America that have a history of colonization. The workshop will invite clinicians to decolonize their own mindsets as well as to develop foundational clinical approaches to spark powerful behavior change for clients with multiple underprivileged identities. The workshop will include didactic and research/theory components, however will primarily focus on experiential exercises (e.g., mindfulness exercises, reflective exercises, real-play).

Educational Objectives:

1. Critique the field of mental health's failure to include diverse voices and perspectives
2. Describe applications of CBS approaches (particularly ACT and FAP) in clinical work with Queer and Trans People of Color

3. Demonstrate the use of CBS approaches to decolonize psychology and center marginalized voices as QTPOC providers/stakeholders in the field of mental health (including in countries with a history of colonization)

105. Flexible Leadership: Using the Matrix to Have Conversations for a Shared Purpose

Workshop - Sunday, July 19 (9:00 AM - 10:30 AM)

Components: *Conceptual analysis, Didactic presentation, Experiential exercises, Role play*

Categories: Organizational behavior management, Functional contextual approaches in related disciplines, Leadership, ACT Matrix

Target Audience: Beginner

Scott Herbst, SixFlex Training & Consulting

Jennifer Nardozi, Aliveness Programs and private practice

Hannah Bockarie, Commit and Act

Beate Ebert, Private Practice

We won't save the world talking to one person at a time. We need leaders to speak in ways that give groups access to greater flexibility. Extending ACT to the group level, thoughts can be understood as conversations within the group that can, taken literally, create unworkability. In this workshop we explore leadership conversations as those that presence a shared purpose, identify unworkable patterns of group behavior as a function of existing conversations, and align performance toward that purpose. Participants will use the Matrix as a framework for identifying disempowering conversations and discovering the relationship between conversations, current action and results. We complete an exercise to speak to a purpose that moves towards the fulfillment of that purpose and creates openings for conversations for committed action.

Educational Objectives:

1. Articulate a values statement and shared purpose for a group that speaks to the level of community, organization, and team
2. Use the matrix to identify group conversations and coordinated actions that don't serve that purpose, and the connection between conversations and correlated behaviors
3. Facilitate leadership conversations that create flexibility around existing conversations and orient group conversations to a shared purpose and values

106. Implementations of Acceptance and Commitment Therapy in the Context of Applied Behavior Analysis Treatment Programs

Panel - Sunday, July 19 (11:00 AM - 12:30 PM)

Components: *Conceptual analysis*

Categories: Clinical Interventions and Interests, Functional contextual approaches in related disciplines, Acceptance and Commitment Therapy

Target Audience: Intermediate

Chair: Thomas Falterman, University of Louisiana at Lafayette

Ehren Wertz, Arizona Autism United

Courtney Tarbox, FirstSteps for Kids, Inc.

Evelyn Gould, McLean Hospital | Harvard Medical School

Josh Pritchard, Florida Institute of Technology

Luisa Canon, Institute for Effective Behavioral Interventions (IEBI)

Applied Behavior Analysis (ABA) treatment programs continue to address a variety of client concerns including aggressive behavior excesses, motor stereotypies, and self-injury. ABA interventions show the most empirical support, however, as a means to expand the skill repertoires targeted in the treatment of autism spectrum disorder. Positive outcomes through ABA treatment include gains in receptive language skills (e.g. word recognition) and imitation of speech-sounds, as well as decreases in clients' motor and verbal disruptions. Acceptance and Commitment Therapy (ACT) applies the learning principles that govern the evidence-based practice of ABA for the primary goal of building psychological flexibility to produce personally meaningful behavior change. Its psychological flexibility model's six intervention targets serve as process targets for undermining negative, functional relationships between private events and clients' target behaviors. This panel will explore the potential for professionals to apply ACT's core processes outside of psychotherapy and in the context of ABA.

Treatment methods, from each modality will be discussed to explore ACT's potential to supplement ABA treatment outcomes.

Educational Objectives:

1. Describe core processes central to ACT as they apply to ABA clients, caregivers, and providers.
2. Discuss barriers with implementing ACT-based methodologies to foster progress in an ABA treatment plan.
3. Propose future ABA treatment targets based on current trends or experience with ACT-based methods.

107. Clinical interactions and the deep feeling involved in acting in the same direction

Panel - Sunday, July 19 (11:00 AM - 12:30 PM)

Components: *Conceptual analysis*

Categories: Clinical Interventions and Interests, Supervision, Training and Dissemination, Therapeutic alliance

Target Audience: Beginner, Intermediate, Advanced

Chair: Francisco Ruiz, Fundación Universitaria Konrad Lorenz

Kelly Wilson, University of Mississippi

Carmen Luciano, University of Almeria and Madrid Institute of Contextual Psychology

Robyn Walsler, TL Consultation Services, National Center for PTSD, UC Berkeley

Barbara Kohlenberg, University of Nevada Reno School of Medicine

Psychological therapy is a context in which the client and therapist interact. This kind of interaction has specific goals that vary depending on the context and the philosophical and conceptual underpinnings in which therapy is rooted. Contextual behavioral therapies have tried to identify the relevant functions of particular client-therapist interactions that advance towards generating the deep feeling of being in the same boat. However, research on this topic has been scarce due to the difficulty involved in generating the type of interactions that might result in both the therapist and the client feeling to be in a common direction. In this panel, leading therapists and researchers will discuss what type of interactions promote this profound feeling, how can these behavior be promoted, to what extent they are explicit in different therapies, what the behavioral processes involved and how to measure them. Responding to these and other questions might result in identifying how to do a better job in the therapy room.

Educational Objectives:

1. Identify different ways in which therapeutic alliance is promoted in contextual behavioral therapies
2. Attempt potential experimental procedures to analyze the conditions responsible for creating a profound feeling of having a prevailing therapeutic direction
3. Identify how philosophical and theoretical underpinnings influence the understanding of this phenomenon

108. Processes of risky behavior: Evaluating psychological flexibility associations across diverse behaviors and non-clinical samples

Symposium - Sunday, July 19 (11:00 AM - 12:30 PM)

Components: *Original data*

Categories: Theoretical and philosophical foundations, Clinical Interventions and Interests, Risky Behaviors

Target Audience: Beginner, Intermediate

Chair: Jennifer Kuo, University of South Dakota

Megan Kelly, University of Massachusetts Medical School

Korine Cabrera, Clark University

John Donahue, University of Baltimore

Patricia Mejia, University of Louisiana at Lafayette

The association of low psychological flexibility and high psychiatric symptoms is well established (Kashdan & Rottenberg, 2011). However, researchers have yet to identify the relation of psychological flexibility and risky behaviors among non-clinical samples. Accordingly, this symposium includes four presentations that clarify associations of psychological flexibility and a range of risky behaviors among

student and community samples. First, Louisiana colleagues will detail the contribution of psychological flexibility to disordered eating behaviors among college students. Second, associates from Massachusetts will identify psychological flexibility as a mediator of the relation of intimate partner violence victimization and risky alcohol use in a nationally obtained community sample. Third, members from South Dakota will report relations of social anxiety, psychological flexibility, and alcohol use and problems among college students. Finally, Maryland researchers will apply a contextual behavioral science framework to proactive and reactive aggression in undergraduate and community samples. Dr. Megan Kelly, symposium discussant, will apply her extensive clinical and research knowledge as she highlights the contribution of this research on efforts to better understand and modify risky behavior.

- Examining the Relations of Psychological Flexibility, Body Image Avoidance, and Body Image Satisfaction in Disordered Eating Behaviors

Patricia J. Mejia, B.S., University of Louisiana, Lafayette

Milvia D. Alvarez, University of Louisiana, Lafayette

Michael J. McDermott, Ph.D., University of Louisiana, Lafayette

Emily K. Sandoz, Ph.D., University of Louisiana, Lafayette

Emerging evidence suggests that both psychological flexibility (Shafran et al., 2003), and body image-related avoidance (Reas et al., 2004), may play a role in disordered eating behavior (DEB). However, no studies have examined the role of body image-related psychological flexibility and body image avoidance on DEB beyond the effect of established predictors such as gender and body image satisfaction. To address limitations, data were collected from 1083 undergraduate participants (N=1083; 73% female, Mage = 19 years) on DEB (Eating Disorders Examination-Questionnaire; Fairburn & Beglin, 1994), body image satisfaction (Multidimensional Body-Self Relations Questionnaire – Appearance Scale; Cash et al., 1986), body image-related psychological flexibility (Body Image Acceptance and Action Questionnaire; Sandoz & Wilson, under review), and body image avoidance (Body Image Avoidance Questionnaire; Rosen et al., 1991). Results of a hierarchical regression model demonstrated that body image-related psychological inflexibility ($\beta = .48, p < .001$) and body image avoidance ($\beta = .30, p < .001$) predicted DEB beyond gender and body image satisfaction, total $R^2 = .60, F(4, 1078) = 408.61, p < .001$.

- Psychological flexibility mediates the relation of intimate partner violence victimization and risky alcohol use: Implications for treatment

Korine Cabrera, M.A., Clark University

Nora Kline, M.A., Clark University

Kathleen Palm Reed, Ph.D., Clark University

Intimate partner violence (IPV) victimization is associated with a variety of psychological and behavioral health consequences, such as problem alcohol use (Coker et al., 2002). Extant research theorizes that substance use functions as a way to manage distressing affect or symptoms associated with trauma (McFarlane et al., 2009; Read et al., 2012). The present analysis aimed to examine psychological flexibility as a potential mediator of the relationship between IPV victimization and problem drinking in a national sample of adults in the U.S. (N = 338, 52.66% sexual minority status, 74.55% white, age: M = 33.61, SD = 8.68). Results demonstrate that sexual coercion victimization is associated with greater problem drinking ($\beta = 0.320, SE = 0.009, p < 0.001$), and this relationship is partially mediated by psychological flexibility ($\beta = 0.044, SE = 0.014, 95\% CI [0.019, 0.074]$). Enhancing an individual's ability to flexibly engage with aversive emotional states may represent a therapeutic target for IPV survivors and effective strategy for reducing risky alcohol use.

- Psychological flexibility mediates the relation of social anxiety and alcohol related problems

Jennifer L. Kuo, M.A., University of South Dakota

Emily A. Kalantar, B.A., University of South Dakota

Rachel C. Bock, B.S., University of South Dakota

Lucas D. Baker, B.S., University of South Dakota

Christopher R. Berghoff, Ph.D., University of South Dakota

College students' alcohol misuse contribute to negative sequelae (i.e. health and academic problems, sexual abuse, unsafe sex, and accidental death; SAMHSA, 2019). Extant research suggests social anxiety is associated with alcohol related problems (Lewis et al., 2008; Schry & White, 2013) and psychological flexibility (PF) is associated with alcohol related problems in college students (Levin et al., 2012; Serowik & Orsillo, 2019). However, no research has evaluated PF as a mediator of the relation of social anxiety and alcohol-related problems. The current study aimed to clarify the relations of PF, social anxiety symptoms, and alcohol-related problems. Undergraduate students (N=163; Female=119; Mage=19.1, SD=1.5, Range =18-28) completed online cross-sectional surveys in exchange for course credit. Conditional process analysis using path-analytic regression indicated PF mediated the social anxiety-alcohol related problems relation, $\beta = 0.004, SE = .002, 95\% CI [0.0005, 0.0084]$. Moreover, weekly alcohol consumption moderated the PF-alcohol related problems path ($\beta = 0.36, SE = 0.04, p < .001$), such that high consumption was associated with a stronger PF-problem relation. Theoretical and clinical implications will be discussed.

- A Multi-Sample Investigation of Psychological Flexibility Processes in Relation to Anger and Aggression

John J. Donahue, Psy.D., University of Baltimore
 Cierra King, B.A., University of Baltimore
 Ugochinyere Onyeukwu, B.A., University of Baltimore
 Nicole Birfer, B.A., University of Baltimore
 Dina Ismailova, B.A., University of Baltimore
 Katie Callahan, M.S., University of Baltimore

Research supports the application of the psychological flexibility model to understanding anger and aggression. However, reliance on the Acceptance and Action Questionnaire-II (AAQ-II) as a measurement tool in this research is a methodological limitation (Berkout et al., 2019), in that it limits researchers' ability to examine specific dimensions of psychological flexibility in relation to aggressive behavior. The primary aim of this study was to examine the associations between proactive and reactive aggression, anger, and multiple measures of psychological flexibility processes across an undergraduate (N = 116) and two community samples (N = 262 and N = 324). Proactive and reactive aggression was assessed across all samples, with individual samples responding to various measures of anger, negative affect, experiential avoidance, cognitive fusion, valued living, or a multidimensional measure of psychological flexibility. Correlation and regression analyses reveal patterns of consistencies, as well as diverging associations with aggressive behavior outcomes. The utility of the psychological flexibility model for understanding anger and aggression, and the importance of comprehensively evaluating psychological flexibility processes, will be discussed.

Educational Objectives:

1. Identify three ways psychological flexibility may influence risky behavior
2. Use psychological flexibility processes in case formulations of clients engaging in diverse risky behavior
3. Discuss treatment methods likely to have a positive influence on risky behavior

109. ACT and ABA: Four Studies and a Discussion of the Road We're Traveling

Symposium - Sunday, July 19 (11:00 AM - 12:30 PM)

Components: *Conceptual analysis, Original data*

Categories: Educational settings, Functional contextual approaches in related disciplines, ABA, Gang Violence, Siblings of Children with Autism, University Students, Autism Staff

Target Audience: *Beginner, Intermediate*

Chair: Thomas Szabo, Florida Institute of Technology
 Jonathan Tarbox, University of Southern California
 Amanda Kelly, Firefly Autism
 Giovambattista Presti, Kore University, Enna (Italy)

Recent interest in ACT among applied behavior analysis (ABA) practitioners has broadened the purposes to which workers are aiming their efforts. This is important, because the aim of behavior analysis has always been to generate solutions to real world problems that all people face (not just children with autism). Research in ACT using the precise measurement tactics of ABA to address problems outside the common arenas of intellectual and developmental disabilities is emerging. In this symposium, we will detail four recent studies conducted with novel populations and address these advancements in light of the direction our field is headed. Empirical reports from Tom Szabo and Jonathan Tarbox will detail research on ACT for: siblings of children with autism, teen gang members, college undergraduates, and autism service workers. Then, Amanda Kelly will discuss the trajectory of ACT in ABA: how we got here and where we are going. We suggest that combining ABA with proven ACT procedures will contribute to both the ABA discipline and research and practice of ACT in the mental health arena.

- Improving Sibling Interactions Using Acceptance and Commitment Training

Thomas G. Szabo, PhD., BCBA-D, Florida Institute of Technology
 Alfredo Arciniega, LMFT, BCBA, California PsychCare
 Jonathan Tarbox, University of Southern California

Children with autism may acquire aversive functions for their typically developing siblings. The unusual behavior and excessive needs of a child with autism can evoke aversive behaviors from typically developing siblings that exacerbate intra-familial tensions. We used a multiple baseline across participants design to evaluate a 2-day Acceptance and Commitment Training (ACT) workshop presented in a behavior skills training (BST) format. Our aim was to help siblings of children with autism learn relationship skills to use with their brothers and sisters. Two boys (12 and 15 years of age) received ACT in a package format called DARE to Connect in which we

addressed verbal behavior and monitored the effect upon socially significant, observable, measurable behaviors associated with healthy sibling relationships. Both boys reduced problem behavior to zero and increased duration of engagement with their siblings to at least 40 minutes per hour-long session within five post-workshop follow-up sessions.

- ACT, School Culture, and Violence: A Multiple Baseline Design Across Individuals in Three Schools

Thomas G. Szabo, Ph.D., BCBA-D, Florida Institute of Technology

Paschal Fellah, Commit and Act Foundation

Jamie Nyaa, Commit and Act Foundation

Violence among teenaged youth in Sierra Leone occurs largely within the context of schools. School cultures select behavior in which teens band together for protection, social connection, and financial gain. Individuals in such gangs are reinforced by the submission of others. Threats of force and periodic acts of violence produce financial and social reinforcers that maintain gang activities both in and outside school grounds. In the current study, we evaluated an ABA iteration of a 6-hour Acceptance and Commitment Training for students in three schools. Classroom groups were exposed to lively experiential activities that promoted defusion, acceptance, re-centering, and engaging. Called DARE to Connect, trainings focused on building sensitive, caring connections that transcended destructive social group norms and built contexts for the development of novel social group networks. In a multiple baseline design across individuals in three schools, we reduced aggression and weapon use and increased cooperative behavior in three individuals that were considered the leading offenders by their teachers and school administrators. Behavior changes in these three youth were durable at 2- and 6-month follow-up. We discuss observed changes to school social norms and implications for ABA work in schools.

- Recent Research on ACT Inside Applied Behavior Analysis with Typically Developing Adults

Jonathan Tarbox, Ph.D., BCBA-D, University of Southern California and FirstSteps for Kids

Alexandra Little, University of Southern California and Learning and Behavioral Center

Yiyi Wang, University of Southern California and Autism Partnership Foundation Academy

Attention to and interest in ACT has been expanding rapidly in recent years inside of the field of applied behavior analysis (ABA). This is a potentially important development because behavior analysis has always been the foundation of ACT and many have called for the adoption of more rigorous direct measures of behavior in ACT research and practice. However, relatively little research has been published that evaluates how ACT can be implemented inside of mainstream ABA research and practice. This presentation will describe two studies in which ACT was adapted for use by behavior analysts and implemented for the purposes of changing socially significant overt behaviors. The first study evaluated an ACT approach to coaching bilingual university students for increasing exercise and the second evaluated ACT for enhancing behavioral skills training to improve the performance of staff trainers in a human services agency. Both studies used multiple baseline designs to evaluate the interventions and both produced substantial improvements in direct measures of socially significant overt behaviors. The presentation will conclude with a discussion of our approach for combining intervention components from the ACT literature with experimental design and measurement procedures for studying direct measures of overt behavior in ABA. The case will be made that combining the best of mainstream ABA with proven ACT procedures has the potential for contributing both to the ABA discipline and research and practice on ACT in the mental health arena.

- ACT inside ABA: How did we get here and where are we going?

Amanda Kelly, PhD., BCBA-D, Firefly Autism

Those working in the field of applied behavior analysis (ABA) are becoming more and more interested in both acceptance and commitment therapy (ACT) and relational frame theory (RFT), yet questions remain about the utility and applicability of each within behavior analytic practice. Throughout considerable advances in theory and research over the last three decades, ACT and RFT have always remained inextricably linked under a strategic contextual behavioral science approach. Skinner (1969, p. 78) stated that "our task is to discover all the variables of which probability of response is a function" – behavior analysts who favor a functional contextualistic viewpoint may appreciate how this approach could significantly expand the reach of behavior analysis to potentially achieve Skinner's goal. This presentation aims to examine how together, RFT and ACT expand our understanding and conceptualization of behavioral functions, and can more adequately account for complex covert verbal behavior. Moving forward with an examination of behavioral functions from an ACT perspective, while understanding the role of relational framing and transformation of stimulus functions, can better equip behavior analysts to effectively address complex maladaptive covert verbal behavior leading to maladaptive overt behavior. This may be one way that behavior analysts can move towards a more comprehensive analysis of behavior, and may result in more effective interventions for socially significant change.

Educational Objectives:

1. Describe active experiential exercises recently evaluated with youth in classroom and clinic groups
2. Identify ACT strategies recently evaluated with college undergraduates and human service workers

3. Describe the utility of ACT in behavior analytic practice and ABA measurement tactics in ACT research/practice contexts

110. Mindfulness for Three...or More!

Workshop - Sunday, July 19 (11:00 AM - 12:30 PM)

Components: *Didactic presentation, Experiential exercises*

Categories: Clinical Interventions and Interests, Supervision, Training and Dissemination, Group Therapy

Target Audience: Beginner, Intermediate

Michael May, Compassionate Psychological Care, LLP
M. Joann Wright, ACT One

With Kelly Wilson and Troy Dufrene's book in mind, the proposed workshop will explore the notion of examining the essential consideration of looking at both your group client's moment-to-moment experience as well as your own while leading ACT groups. The functional processes of the ACT model will be discussed as being well-suited for a truly transdiagnostic approach to group work. We will incorporate Acceptance and Commitment Therapy (ACT) framework into group therapy sessions and emphasize present moment awareness of the room. The proposed workshop will give clinicians detailed group activities with a focus on mindful awareness. Through case examples, didactic training, and experiential demonstrations, we plan to assist those who are new to ACT as well as veterans a comprehensive understanding of the importance of slowing down and dropping into this moment.

Educational Objectives:

1. Apply mindfulness to the participants and leaders in an ACT group setting
2. Demonstrate using the ACT core processes with mindfulness in the group setting
3. Create experiential exercises that participants may utilize in their own ACT groups

111. Getting experiential across the screen: Adapting ACT for the video telehealth modality

Workshop - Sunday, July 19 (11:00 AM - 12:30 PM)

Components: *Didactic presentation, Experiential exercises, Original data, Role play*

Categories: Clinical Interventions and Interests, Supervision, Training and Dissemination, Telehealth

Target Audience: Intermediate

Erika Shearer, Puget Sound VA Health Care System
Alycia Zink, VA Puget Sound, American Lake Div
Lauren Hollrah, Puget Sound VA Health Care System

Clinical Video Telehealth (CVT) is a synchronous, internet-based, video teleconferencing technology to facilitate communication between providers and their clients. Despite research suggesting that CVT produces results comparable to in-person mental health care with respect to assessment, treatment outcomes, therapeutic relationship, retention, and patient and provider satisfaction; this innovative modality of care remains underutilized. Providers, who act as gatekeepers of this modality, have an essential role in implementing CVT. In a recent survey of VA ACT providers, potential barriers to CVT use were surveyed and challenges in implementing experiential work via CVT was the most frequently endorsed barrier to providing ACT via CVT. This workshop will briefly overview the telehealth modality and commonly endorsed barriers and challenges to providing ACT via CVT. The overview will be followed by an in-depth presentation on experiential adaptations for the ACT core processes. The majority of the workshop will focus on adapting flexibly to the telehealth environment via role-plays and hands on practice in implementing CVT adaptations.

Educational Objectives:

1. Describe considerations for adapting experiential exercises across the ACT core processes for the telehealth modality
2. Demonstrate and implement various experiential exercises as adapted for the telehealth modality
3. Strategize around resolving remaining barriers to engaging in experiential work via the telehealth modality

112. Ninja ACT for Anxiety and OC and Related Disorders: Using ACT-informed Exposure Disguised as Symptom Reduction for ACT-Resistant Clients

Workshop - Sunday, July 19 (11:00 AM - 12:30 PM)

Components: *Case presentation, Conceptual analysis, Didactic presentation, Experiential exercises, Role play*

Categories: Clinical Interventions and Interests, Performance-enhancing interventions, OCD

Target Audience: *Beginner, Intermediate*

Joanne Chan, Portland Psychotherapy

Brian Thompson, Portland Psychotherapy

Brian Pilecki, Portland Psychotherapy Clinic, Training, and Research Center

Are you struggling with an anxiety or obsessive-compulsive and related disorders client? Do they become overwhelmed during mindfulness exercises and have difficulty making time to practice? Do your metaphors fall flat? Have you tried finger traps, playing tug-of-war, or pushing a clipboard in their face, and they still insist that struggling with their anxiety is necessary to keep them from completely falling apart? What if the solution is the last thing you'd expect: exposure! We'll explain how using exposure exercises designed to result in symptom reduction can be used in ways that are consistent with ACT to strengthen each of the 6 core hexaflex processes. Using recent research on ACT-informed exposure, inhibitory learning theory (e.g., Wiesman & Rodebaugh, 2018), and a dash of clinical RFT, participants will learn to create ACT-consistent exposure exercises for clients who remain skeptical of "acceptance" and appear disinterested when you try to engage them with values. The presenters will discuss practice-based data to support these principles (e.g., Thompson, Twohig, & Luoma, under review).

Educational Objectives:

1. Describe how exposure may be used to strengthen each of the 6 core ACT processes
2. Explain why designing exposure exercises in the service of symptom reduction can be ACT-consistent
3. Discuss how ACT principles and inhibitory learning theory can be used to increase flexibility in the design of exposure exercises