



ACBS Annual

World Conference VIII

June 21-24, 2010

Reno, Nevada

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Welcome from the ACBS President

Welcome to the 8th annual World Conference of the Association for Contextual Behavioral Science (ACBS). The World Conference brings together clinicians and researchers to present cutting-edge research in ACT, RFT, and Contextual Behavioral Science. In addition, world-leading clinicians and researchers will run more than 50 practical workshops that will help you to learn how to better serve your clients, students, and organizations. In the evenings, we have a number of events scheduled that will provide you with opportunities to see old friends, meet new ones and discuss what you've been learning. Lest you think ACBS takes its work (and leading experts!) *too* seriously, our famous Follies on Wednesday night

will make you think again—it's not to miss! Over the past 7 years, ACBS members, guests and fellow travelers have come together at our conferences to learn, share, and grow as human beings. They have been very successful events, and thanks to the World Conference VIII Program Committee, I have every confidence that this year's meeting will be our best yet. On behalf of that committee and the ACBS Board of Directors, I extend to you our warmest of welcomes.

Have a great week!
Frank Bond, Ph.D.

ACBS Board

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Frank Bond, Goldsmiths College, University of London

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Matthieu Villatte, University Nevada, Reno of Wollongong
Rikard Wicksell, Karolinska Institute

Student Representative

Jennifer Villatte, University of Nevada, Reno

Items of Note

Book Selling

ACT/ RFT related books will be for sale at the World Conference III for a **10% discount** off of the retail price, and a **30% discount** off of the *ACT in ACTION* DVDs. Please be kind to our generous volunteers selling books. We encourage Visa or MasterCard, but can accept cash as well (the ability to make change may be limited). Bookselling will be during these times at the registration desk:

Monday, June 21	11:30am – 2:30pm
Tuesday, June 22	8:00am – 4:30pm
Wednesday, June 23	8:00am – 4:30pm
Thursday, June 24	8:30am – 12:30pm

CE Credits & Certificates

- **You need to sign in for each session you attend** on the sheet provided at the door. You will need to complete an evaluation and post-test (APA only) for each session you attend. The evaluations will all be done **online**. You will be emailed the links to complete these forms at the end of each day of the conference. This email will come to you from "ACBS". These online evaluations/ post-test must be completed by July 9. **CE credits can only be given for attending sessions labelled as "workshops" or "plenaries"** (excluding the opening session on Monday morning). We will email you a printable copy of your certificate by August 1. If you do not receive it, please email Emily at acbs@contextualpsychology.org

Approval: *Association for Contextual Behavioral Science (ACBS) is approved by the American Psychological Association to sponsor continuing education for psychologists. ACBS maintains responsibility for this program and its content. ACBS will issue certificates of completion. CE rules require that we only issue credits to those who attend the entire workshop. Those arriving more than 15 minutes late or leaving before the entire workshop is completed will not receive CE credits.*

ACBS is an approved provider of continuing education for MFCCs and/or LCSWs by the California Board of Behavioral Sciences, provider #PCE 4653.

This program has been approved by the National Board for Certified Counselors.

Refunds & Grievance Policies: *Participants may direct any questions or complaints to ACBS Executive Director, Emily Rodrigues, acbs@contextualpsychology.org*

- If you need just a **general certificate of attendance with hours** attended, **please sign in** for each session you attend. We will email you a certificate with the number of hours attended by August 1, 2009.
- **General certificates of attendance** will be available at the registration desk beginning on Wednesday (after lunch), June 23.

Evaluations

- The General Conference Evaluations will be emailed to you. You will click a link in an email coming to you from "ACBS", where you can then fill out your optional evaluation form. This will allow us to better analyze and use the data collected.

Videotaping

- Some sessions at the conference will be videotaped, and will eventually go up on the ACBS website, www.contextualpsychology.org. If you are doing an exercise and the videographer requests to film you, feel free to say yes or no, as you like. If you agree, you may appear in the video that appears on the website.

Conference Building (JCSU) Services

ATMs

At the North end of the 2nd floor there are *Bank of America* and *Wells Fargo* cash machines available.

ASUN Campus Bookstore & Convenience Store

On the 1st floor of the JCSU, you can access the ASUN Campus Bookstore & Convenience store, 7:30am-7:00pm, Monday - Thursday.

Starbucks Coffee

If you can't make it without your Starbucks, there is one at the South entrance of the JCSU on the 1st floor. It is open 7:00am - 7:00pm, during the week.

Vending Machines

There are snack and soda vending machines on the 3rd floor, near the elevators.

Restaurants & Food Court

If you need an extra snack, a number of restaurants are available in the 2nd floor food court during lunch.

Morning Mindfulness & Meditation Workshop -

Monday, Tuesday, Wednesday, & Thursday, June 21-24, 7:00am - 7:45am

Workshop

Room: **Silver Legacy** - Silver Baron E (same location as the poster session)

JAN MARTZ, Dr. med, Psychiatrist & Psychotherapist, Winterthur, Switzerland

Target Audience: Beginner, Intermediate Advanced

CEs available each day - bring your yoga mat or towel if you like - chairs also available

Start your day practicing breathing and relaxation techniques that you can apply in your practice. Learn how to focus on the present moment, defuse from thoughts, and lay the groundwork to move in valued directions.

Educational Objectives:

1. Experience what meditation is and how it can work to support your therapeutic practice.
2. Learn to apply meditation techniques with your clients (breathing, grounding, tension regulation).
3. Learn to focus your attention and recognize unwanted thoughts and emotions for what they are.

SIG (Special Interest Group) Meeting - Tuesday, June 22, 12:00pm - 1:15pm

ACBS RFT SIG

Planning Meeting

Room: 406

LOUISE MCHUGH, Swansea University

Target Audience: All interested RFT

This will be an inaugural meeting in which we decide on precisely what the members want the SIG to be about (e.g., promotion of RFT theory and research) and how we might go about doing those things including when and how we will meet in the future. We will also contemplate recruiting of new members etc. Bring your lunch!

SIG (Special Interest Group) Meeting - Tuesday, June 22, 12:00pm - 1:15pm

ACBS CHICAGO CHAPTER

Organizational Meeting

Room: 405

SANDRA GEORGESCU, The Chicago School of Professional Psychology

Target Audience: All interested in the Chicago chapter

An opportunity to get connected, vitalize our relationships, and discuss / plan for the further dissemination and development of ACT and RFT in Chicago. Bring your lunch!

SIG (Special Interest Group) Meeting - Wednesday, June 23, 12:00pm - 1:15pm

CONTEXTUAL PSYCHOLOGY AND EATING CONCERNS: RESEARCHERS AND PROVIDERS CHAT SESSION

Organizational Meeting

Room: 406

EMILY K. SANDOZ, M.S., University of Mississippi

Target Audience: All interested in Eating Concerns

All ACBS members with research or clinical interest in eating concerns or related issues are invited to attend an informal working lunch. This will allow us to get a sense of who we are, what we're doing, what we're learning and what kind of support might facilitate our continued progress. Among items for discussion could be the establishment of a Special Interest Group. Ideas for other agenda items are welcome.

Sponsors

The ACBS World Conference VIII is possible with the support of our generous sponsors.

**University of Nevada, Reno, Dept. of Psychology
New Harbinger Publications - Association for Contextual Behavioral Science
Mary Freebed Clinic, Grand Rapids, Michigan**

Special Thanks...

Thank you to our conference committee: Linda Bilich, University of Wollongong, Australia; Frank Bond, Goldsmiths, University of London, UK; Jennifer L. Boulanger Villatte, University of Nevada, Reno; Martin Brock, Nottingham Psychotherapy Unit, UK; Lisa Coyne, Suffolk University, Boston, MA; Brandon Gaudiano, Brown University, Providence, RI; Steven C. Hayes, University of Nevada, Reno; Jason Luoma, Portland Psychotherapy Clinic, Research, & Training Center, PC, Portland, OR; Louise McHugh, University of Wales, Swansea, UK; Giovanni Miselli, ASCCO-Parma, IULM University-Milan, AUSL-Reggio Emilia, Italy.

And thanks to our onsite conference organizers Jennifer Boulanger Villatte, University of Nevada, Reno; Lindsay Fletcher, University of Nevada, Reno; Mikaela Hildebrandt, University of Nevada, Reno; Tami Jaffcoat, University of Nevada, Reno; Mike Levin, University of Nevada, Reno; Jennifer Plumb, University of Nevada, Reno; Emily Rodrigues, ACBS; Merry Sylvester, University of Nevada, Reno; Jamie Yadavaia, University of Nevada, Reno, and others.

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

SUNDAY -June 20 - Evening

Poster Session/ Registration / Social Event

7:00pm - 9:00pm

Silver Legacy

Room: Silver Baron E & D

ACBS Chapters & Special Interest Groups Reception

8:00pm-9:30pm

Silver Legacy

Room: Silver Baron C

Come Socialize & Have a Drink with Your Fellow Members & Potential Members! This will be informal in the service of building community. All are welcome.

And to commemorate your attendance at World Conference 8, don't forget to get party pics with Milky Steve, ACBS' *unofficial* ('cause that's just how he rolls) mascot. Milky has generously offered to donate his time and stunning good looks to this fundraiser for the Student SIG. So grab a friend (or someone you'd like to get to know) and pose with Milky Steve. Values-based donations welcome! - *Emily Sandoz, Student SIG President*

Poster Session

ACT - Clinical

1. Acceptance and Commitment Therapy (ACT) with Immigrants

JELENA KECMANOVIC, Ph.D., *Argosy University*

2. Acceptance and Mindfulness Therapies Effective in Treating Anxiety Disorders: A Meta-Analysis

MELISSA D. FALB, M.A., *Bowling Green State University*

Devon Superville, *Bowling Green State University*

3. ACT in the treatment of a football quarterback with uncontrolled salivation and choking during game performance: A clinical case study

R. TRENT CODD, III, EdS, *Cognitive-Behavioral Therapy Center of WNC, P.A.*

RICHARD BAKER, *Cognitive-Behavioral Therapy Center of WNC, P.A.*

4. ACT with kids: a case of school refusal and anxiety

Gaia Oldani, *Humanitas Specialization School, Milan (Italy)*

GIOVANBATTISTA PRESTI, *IULM University (Milan), IESCUM, Italy*

Francesca Pergolizzi, *Humanitas Specialization School, Milan, IESCUM (Italy)*

Moderato Paolo, *IULM University (Milan), IESCUM, Italy*

5. An ACT-informed approach to sex offender treatment in an outpatient context

STEPHANIE SWAYNE, MSW, RSW, *Centre for Addiction and Mental Health, Toronto*

6. An Investigation of the Potential Utility of Acceptance and Commitment Therapy to Treat Diverse Populations

MICHELLE WOJDNECK, *Utah State University*

Kim Pratt, *Utah State University*

Jessica Gundy, *Utah State University*

Casey Nelson, *Utah State University*

Mike Twohig, *Utah State University*

7. Analysis of ACT key components in the treatment of drug dependence through a case study

Marcos López, *Universidad de Almería / Grupo Exter (Spain)*

Marisa Páez, *Instituto ACT, Madrid (Spain)*

Carmen Luciano, *Instituto ACT, Madrid (Spain)*

FRANCISCO MONTESINOS, *Instituto ACT, Madrid (Spain)*

8. Attending to Process Variables Matters, Even Within a Self-Help Context: A Fresh Look at the Role of ACT and CBT Processes in the Alleviation of Anxious Suffering

AMANDA R. RUSSO, *University at Albany, State University of New York*
John P. Forsyth, Ph.D., *University at Albany, State University of New York*
Sean C. Sheppard, M.A., *University at Albany, State University of New York*
Christopher R. Berghoff, M.A., *University at Albany, State University of New York*
Andrew Orayfig, *University at Albany, State University of New York*
Charles Raffaele, *University at Albany, State University of New York*

9. BASE: Building Awareness, Support, and Empowerment. An Application of ACT for Military Veterans.

JAMES GILLIES, PH.D., *New Mexico Veterans Administration Healthcare System*
MARK DONOVAN, OTR/L,

10. Healthy Living in Intimate Relationships: Proposing Acceptance and Commitment Therapy as a New Intervention Protocol for Domestic Violence Offenders

MELISSA DUPLANTIS, MA, *The Chicago School of Professional Psychology*

11. Targeting Fear of Spiders with Control-, Acceptance-, and Information-Based Approaches

ALEXANDRA WAGENER, MA., *Wichita State University*
ROBERT ZETTLE, Ph.D., *Wichita State University*

12. The Influence of Values on Pain Tolerance

BROOKE M. BERRY, *University of Nevada, Reno*

13. The Utility of ACT Sans a Therapist: An RCT Evaluating ACT and Traditional CBT Self-Help Workbooks in an International Sample of Persons With Anxiety Disorders

AMANDA R. RUSSO, *UNIVERSITY AT ALBANY, STATE UNIVERSITY OF NEW YORK*
John P. Forsyth, Ph.D., *University at Albany, State University of New York*
Sean C. Sheppard, M.A., *University at Albany, State University of New York*
Christopher R. Berghoff, M.A., *University at Albany, State University of New York*
Patrick Clark, *University at Albany, State University of New York*
Jessica Posey, *University at Albany, State University of New York*

14. Typology of Emotion Regulation and Eating Disorder Symptomatology

MICHELLE SCHLESINGER, B.A., *Boston University School of Medicine, Department of Pediatrics*
Debra Franko, Ph.D., *Northeastern University, Department of Counseling Psychology and Applied Educational Psychology*
C. Alix Timko, Ph.D., *Towson University, Department of Psychology*

ACT - Other

15. ACT for Traumatized People in Sierra Leone

BEATE EBERT, *Private Practice*

16. Conceptualization of anxiety sensitivity from the perspective of cognitive fusion: using an implicit measure of fear of respiratory symptoms

HYOSEOK (HUGH) KWON, *Ball State University*
Jang-Han Lee, Ph.D., *Chung-Ang University*

27. Does values clarification impact cortisol stress responding?

VANESSA RICH, B.A., *San Jose State University*
KEMISHA JAMES, *San Jose State University*
Jennifer A. Gregg, Ph.D. *San Jose State University*

18. Is Psychological Flexibility an Effective Metaphor For Understanding the Positive Relationship Between Mindfulness Meditation and Religious Well-Being?

ROBERT TAPP, M.A., *Spalding University*
Bethany Christian, *Spalding University*
Kenneth Linfield, Ph.D., *Spalding University*
SHAKSHI SHARMA, *Spalding University*
Racheal Solomon, *Spalding University*

19. Italian Validation of Mindful Attention Awareness Scale: a Preliminary Study

ELISA RABITTI PsyD, *IESCUM, ASCCO (Academy of Behavior and Cognitive Science), ACT-Italia, IULM University*
giovanni miselli, PhD, *IESCUM, ASCCO (Academy of Behavior and Cognitive Science), ACT-Italia, IULM University*
Anna Prevedini, PsyD, *IESCUM, ACT-Italia, IULM University*
Paolo Moderato, PhD, *IESCUM, ASCCO (Academy of Behavior and Cognitive Science), ACT-Italia, IULM University*

20. Maternal emotion avoidance as a socializing agent – the relationship between avoidance and reactivity towards children's negative emotional displays

Angela M. Burke Currie, M.A., *Suffolk University*
JASON BENDEZU, B.S., *Tufts University*
JACLYN JENKINS, B.A., *Suffolk University*
Lisa W. Coyne, Ph.D., *Suffolk University*
Evan Martinez, *Suffolk University*
Mia Bensuda, B.A.,

21. Mediating role of experiential avoidance in relationship between distress and quality of life in cancer patients

STACEY ALVAREZ, *San Jose State University*
BETHANY BUYNO, B.A., *San Jose State University*
ERIN PTASCHINSKI, B.A., *San Jose State University*
Jennifer A. Gregg, Ph.D *San Jose State University*

22. The Biathlon: An Examination of Perseverance on Challenging Tasks in Relation to Level of Experiential Avoidance

ANGELA BURGESS, MA, *Wichita State University*
Robert Zettle, PhD, *Wichita State University*
Stacey Barner, MA, *Wichita State University*
Linda Boone, MA, *Wichita State University*
Blake Webster, MA, *Wichita State University*
Britania Latronica, BA, *Wichita State University*

23. The Impact of Verbal Abuse on Depressive Symptoms in Lesbian, Gay, and Bisexual Youth: The Roles of Self-Criticism and Psychological Inflexibility

AARON P. ARMELIE, PH.D., *Tulane University Health Sciences Center*
Douglas L. Delahanty, Ph.D., *Kent State University*
Jessica M. Boarts, Ph.D., *Kent State University*

24. The role of experiential avoidance in the performance in a work-memory task.

Juan Carlos López-López, *Universidad de Almería*
Jonas Feder, *Universidad de Almería*
Adrián Barbero, *Universidad de Almería*
Joaquín Suárez, *Universidad de Almería*
FRANCISCO J. RUIZ, Ph.D., *Universidad de Almería*

ACT - Skills

25. ACT intensive training for clinical psychologists in Spain

Carmen Luciano, *Instituto ACT, Madrid (Spain)*
Marisa Páez, *Instituto ACT, Madrid (Spain)*
FRANCISCO MONTESINOS, *Instituto ACT, Madrid (Spain)*

26. I Just Want To Be... Me!

SANDRA BOWDEN M.Ed (Counselling Psychology), *NSW Dept of Education, Australia*
TIM BOWDEN Grad Dip Psych,

27. Training for health professionals from ACT perspective in Spain

FRANCISCO MONTESINOS, *Instituto ACT, Madrid (Spain)*
Marisa Páez, *Instituto ACT, Madrid (Spain)*
Carmen Luciano, *Instituto ACT, Madrid (Spain)*

28. Prediction and Control of Fluctuations in the Reinforcement Properties of events: an Approach from Range-Frequency Theory

ABRAHAM ALVAREZ-BEJARANO, *Autonomous University of Madrid*
SARA DE RIVAS, *Autonomous University of Madrid*

RFT - Clinical

29. Contextually Based DBT: Description, Justification, and Initial findings on clinical effectiveness

ABBY HURLEY, MA, *Wheaton College*
E. Paul Holmes, Psy.D., *University of Chicago*

30. Emergence of Relational Frame in Children with Developmental Disability

SHINJI TANI, PH.D., AYAHA TAKESITA., and NANOHA IWASAKI, *Osaka University of Human Sciences*

Other

31. Differences between Dieters and Non-Dieters on Emotion Regulation, Mindfulness, and Eating Disorder Symptomatology

MICHELLE SCHLESINGER, B.A., *Boston University School of Medicine, Department of Pediatrics*
Debra Franko, Ph.D., *Northeastern University, Department of Counseling Psychology and Applied Educational Psychology*
C. Alix Timko, Ph.D., *Towson University, Department of Psychology*

32. Transformation in Psychotherapy

BEATE EBERT, *Private Practice*

MONDAY - June 21 - Evening

BBQ & Social Event

6:00pm - 11:00pm

Manzanita Bowl (UNR campus, NE corner of N. Virginia & 9th St.)

We will walk to the Manzanita Bowl after the Monday evening plenary session.

Shuttle: The shuttle will make 2 trips from the JCSU to the Manzanita Bowl after the plenary session at 5:45pm, for those who have trouble walking. Then the shuttle will circle from the Manzanita Bowl to the Silver Legacy for the duration of the evening (last shuttle at 11:00pm). Alternatively, you can walk the 4 blocks to the Silver Legacy. If you do not plan to attend the BBQ, you may take the public *Sierra Spirit Bus* back to the Silver Legacy (available until 7:00pm).

Food (food will be available at 6:30pm):

For Meat Eaters:

Championship Award Winning Pulled Pork & Shredded Chicken Sandwiches, BBQ Smoked Meatballs, Gordon's Famous Meaty Beans, Green Salad with Dressing, Whole Kernel Corn, Garlic Bread, Soda OR Bottled Water

For Vegetarians:

Portabella Mushroom Sandwiches, Vegetarian 4 Cheese Lasagna, Vegetarian Beans, Green Salad with Dressing, Whole Kernel Corn, Garlic Bread, Soda OR Bottled Water

Dessert (available at 7:30pm):

Your choice of 4 flavors of ice cream from Tahoe Creamery

Bar (6:00pm-10:30pm):

A reasonably priced Cash bar will be available onsite.

Bathrooms:

You may use the onsite SaniHut portable toilets, or if you'd like a real bathroom, you can follow the map (on the SaniHut) to a campus building (Mackay Science) open for this purpose.

TUESDAY - June 22 - Evening

Reno Aces (minor league) Baseball Game & Social Event

7:00pm - 10:00pm

Reno Ballpark, (corner of Evans Ave. & E. 2nd St.; 250 Evans Avenue)

Join ACBS at the Reno Aces minor league baseball game! This is a great opportunity to enjoy Reno's newly built ballpark with fun for the whole family. The **ticket in your registration packet** includes admission to a reserved section of the **lawn seating** just for us, which is situated for excellent views, is cool and comfortable, and allows for easy mingling (there is a playground directly behind the grass berm where we'll be sitting and kids are invited to run the bases after the game). ACBS will make a splash at the game, with Steve Hayes throwing out the first pitch, and one of our members signing the National Anthem to start off the game.

Once in the park, there is access to concession food and drinks. **If baseball is not quite your "cup-of-tea," your ticket also buys admission into the Freight House District adjacent to the park; an awesome new complex of restaurants and bars.** The District is high class with swanky outdoor bars and terrace areas but has moderately priced food for all tastes, including a Sports Bar (with up-scale pub food and views of the game), an Irish pub (with 100 beers on tap and wood-fired pizzas), an industrial loft/bistro (with Cajun-style entrees) that becomes a dance club later on, and a fresh Mexican place. Your game ticket covers admission to the Freight House District and you can easily move back and forth between it and the park. Both are centrally located, within walking distance of the Silver Legacy; convenient for those who might like to stay out late after the game.

Not going or need another ticket for a family member? We'll have a Leave-A-Ticket, Take-A-Ticket basket at the registration desk to make swapping easier. Or you can purchase these lawn tickets for your family at the ballpark for \$5.

Don't forget to bring a towel or blanket to sit on at the game!

WEDNESDAY - June 23 - Evening

Follies & Social Event

7:30pm - Midnight

Reno Ballroom, (next door to the Silver Legacy: 401 N. Center St.)

The Follies began as a manifestation of one of our CBS values -- remembering to hold ourselves and the work lightly -- and what better way to do so than through humor? Today it consists of songs, skits, and funny powerpoint presentations related to the conference, ACT, RFT, and psychology, put together by conference attendees, and coordinated by our own lovely Sonja Batten. (When you get to Reno, if you have an event to add to the follies let Sonja know so that she can help you and get you on the schedule.)

While not an official ACBS event, ACBS has always made room for this popular night. This event is open to conference attendees and spouses/partners (even though they may not understand all of the psychology humor!); *we request that children are not brought to this event*, as the content is sometimes not kid friendly. The **likely start time for the follies themselves is 8:30pm**, but we will update you during the week.

A reasonably priced cash bar will be available.

Monday, June 21 (morning)

	7:00am-7:45am	9:00am	10:00am-Noon	Noon-1:15pm		
Room		Plenary	Sessions			
Ballroom A & B		Conference Kickoff & Orientation (1)- <i>Bond, Luoma, & Rodrigues</i>	ACT Treatment for Depression in Groups (2)- <i>Strosahl & Robinson</i> (Workshop)	L U N C H		
Theater (3rd floor)			ACT Anxiety Research (3)- <i>Twohig, Szymanski, Kashdan, J. Herbert, & V. Follette</i> (Panel Discussion)			
Ballroom C			Mindfulness and Acceptance Processes in Relation to Weight-Related Difficulties and Diabetes (4)- <i>Horwath, P. Lappalainen, Merwin, Schmidt, Tarango, Vanveghel & Rabitti</i> (Symposium)			
Senate Chambers - Room 356			Linking RFT to the Hexaflex: How basic principles apply to clinical issues and ACT techniques (5)- <i>Villatte & Monestes</i> (Workshop)			
Great Room Room 403			Values and Willingness: New Strategies to Enhance Willingness in ACT Values Work (6)- <i>McKay</i> (Workshop)			
Room 320			ACT on Happiness?? (7)- <i>Jardine</i> (Workshop)			
Room 323			Reconstructing Measurement Theory from a Contextualistic Perspective (8)- <i>Wilson, Bond, Ciarrochi, Hayes, & Bordieri</i> (Panel Discussion)			
Room 324			Developing behavioral measures of ACT/RFT processes: An international lab meeting (9)- <i>Long, Muto, Drake, Levin, & Hooper</i> (Symposium)			
Room 422			Doing ACT while still recalling your A-B-C's (10)- <i>Robb</i> (Workshop)			
Room 423			ACT Training: What is carried forward, what might be left behind, and does it matter? (11)- <i>Westrup</i> (Workshop)			
Room 420			ACT for young Adults (16-28 year olds): ACT used in group format as prevention or an early intervention aimed towards psychological ill-health and stress (12)- <i>Livheim</i> (Workshop)			
Room 317						
Silver Legacy - Silver Baron E			Meditation - <i>Martz</i>			

Monday, June 21 (afternoon)

	1:15pm-3:00pm	3:00pm-3:15pm	3:15pm-4:15pm	4:30pm-5:45pm
Room	Sessions			Plenary
Ballroom A & B	ACT for Addiction (13)- <i>Wilson & D. Merwin</i> (Workshop)			ACT is not enough, and ACBS has more to offer (31)- <i>Bond</i> (Plenary)
Theater (3rd floor)	How to integrate ACT into your existing treatments for OCD (14)- <i>Twohig & Szymanski</i> (Workshop)			
Ballroom C	Creating Real Behavior Change in Primary Care: Providing ACT for the Masses (15)- <i>Robinson & Gould</i> (Workshop)	B R E A K	Dissemination of Acceptance and Commitment Therapy for Depression in the Veterans Health Administration (25)- <i>Karlin & Walsler</i> (Invited Lecture)	
Senate Chambers - Room 356	The client's perspective on a preliminary brief group intervention for chronically depressed treatment resistant people (16)- <i>Pisaturo & Webster</i> (Discussion)		ACT Peer Consultation Groups (26)- <i>Bricker, Guarna, Jacobsen, & Georgescu</i> (Panel Discussion)	
Great Room - Room 403	ACT on Living and Dying (17)- <i>Gregg</i> (Workshop)		Many Hands: Raising the Single-Case Design Collaboration! (27)- <i>Koerner</i> (Collaborative Practice-Research Network Start-Up)	
Room 320	RFT Basis of ACT and Third Wave CBT (18)- <i>McHugh, Stewart, Hooper, & Sandoz</i> (Workshop)			
Room 323	Functional Eclecticism: Four Conversations about Complex Behavior (19)- <i>Drake, Moran, Herbst, Schoendorff</i> (Symposium)			
Room 324	Surfing the Learning Curve: ACT, RFT, and Functional Contextualism (20)- <i>Boone, Polk, Steinwachs, Minor, Archer, & Stone</i> (Panel Discussion)		Experiential Metaphor: The life line (28)- <i>Dahl</i> (Workshop)	
Room 422	ACT according to RFT, Transformation of functions involved in values clarification and defusion(21) <i>Luciano, Ruiz, & Paez-Blarrina</i> (Workshop)			
Room 423	ACT Group Treatment for Health Anxiety (22)- <i>Frosthalm & Eilenberg</i> (Workshop)	B R E A K	Supporting self-help ACT with e-mail counseling (29)- <i>Schreurs & Fledderus</i> (Workshop)	
Room 420	Transformation in Psychotherapy (23)- <i>Ebert</i> (Workshop)			
Room 317	ACT-consistent relaxation techniques: "Body-and-Mindfulness" in practice (24)- <i>Rovner</i> (Workshop)		Interventions to Foster Resilience and Psychological Flexibility in Non-Clinical Populations (30)- <i>Pakenham</i> (Symposium)	

BBQ/Social - UNR Campus (food served at 6:30pm) - see front of program for more information -

6PM

Tuesday, June 22 (morning)						
	7:00am-7:45am	9:00am-10:30am	10:45am-11:00am	10:45am-Noon	Noon-1:15pm	
Room	Sessions					
Ballroom A & B	ACT in Real Time: A workshop to ACTIVELY Refine your ACT Skills (32)- Sawyer & Walser (Workshop)					
Theater (3rd Floor)	ACT in Practice: Case Conceptualization in Acceptance & Commitment Therapy (33)- Bach & Moran (Workshop)					
Ballroom C	Using Appreciation in ACT (34)- Wilson, Flynn, & Lucas (Workshop)					
Senate Chambers - Room 356	The truth about Functional Contextualism (35)- Hayes, Moderato, Miselli, & Biglan (Panel Discussion)			Special Issues in ACT Supervision: Training, Trauma, and Context (45) - V. Follette, R. Lappalainen, & Siltakoski (Panel Discussion)		
Great Room - Room 403	The Shaping Game: Using DBT, FAP & ACT for clients with chronic distress (36)- Georgescu (Workshop)					
Room 320	ACT with Young People (37)- L. Hayes (Workshop)					
Room 323	Testing the efficacy of third wave interventions (38)- McHugh, Villatte, Masuda, & Larsson (Symposium)		B R E A K	Training and Assessment of Relational Precursors and Abilities (TARPA): Preliminary findings and future directions (46) - Stewart (Invited Lecture)		
Room 324	The Matrix and the Art of Improvisation (39)- Polk & Hambright (Workshop)					
Room 422	Efficacious and effective practice: From clinical trails to everyday therapeutic routine (40) - Presti, Plumb, Twohig, Koerner, & Ciarrochi (Panel Discussion)			Translating the Progress in Contextual Behavioral Science into the Creation of More Nurturing Cultures (47) - Biglan (Invited lecture)		
Room 423	Perspectives on Perspective Taking (41) - Zettle, Luoma, Sylvester, Carrasquillo, Gird, & Vilardaga (Symposium)		B R E A K	For the Benefit of My Patients: A Family Physician's Journey into ACT (48) - Gould (Invited Lecture)		
Room 420	ACT Based Preventive Programming on College Campuses (42) - Morse, Pistorello, & Levin (Panel Discussion)			ACT and RFT Analog Component Research (49) - Dillow, Hooper, McHugh, Paez-Blarina, & Masuda (Symposium)		
Room 317	ACT-Based Family Intervention for Adolescents with Anorexia Nervosa (43) - Merwin, Timko, & Zucker (Workshop)					
Room 406	Stress Less, Live More (44)- Blonna (Workshop)				RFT SIG	
Silver Legacy - Silver Baron E	Meditation - Martz				Room 405	Chicago SIG

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Tuesday, June 22 (afternoon)

	1:15pm-2:30pm	2:30pm-2:45pm	2:45pm-4:15pm	4:30-5:45pm	7PM
Room	Sessions			Plenary	
Ballroom A & B	Enhancing Values Work in Psychotherapy: Practical Tools and Exercises (50) - Dahl & Plumb (Workshop)			Improving CBT: Problems and Prospects (73) - T. Wilson, Herbert, & Wilson (Plenary)	Reno ACES Baseball Game - Reno Ballpark (250 Evans Ave.) -see front of program for more information-
Theater (3rd Floor)	Pillars and Posts and Arches, Oh Boy (51) - Strosahl (Invited Lecture)	B R E A K	Using ACT to Enhance Mindfulness and Engagement in Primary Care Practice (63) - Robinson, Gould, & Strosahl (Workshop)		
Ballroom C	How is the Third Wave Contributing to the Progress of CBT? (52) - Wilson, T. Wilson, Koerner, W. Follette, & J. Herbert (Panel Discussion)		Emotion Regulation and ACT (64) - Gross (Invited Lecture)		
Senate Chambers - Room 356	Research and Therapeutic Application in the Context of Values Living (53) - Nassar, Flynn, & Slater (Symposium)		Contributions of a Contextual Behavioral Approach to the Assessment and Treatment of Trauma (65) - Bonow, V. Follette, Walsler, Batten, Varra, & W. Follette (Panel Discussion)		
Great Room - Room 403	Social Communication and RFT (54) - McHugh, Villatte, & Vilardaga (Workshop)		An Engaging Partnership: Integration of ACT and the Motivational Interviewing Model (66) - Dempsey (Workshop)		
Room 320	How do I design an IRAP and implement it easily in my research? (55) - Vahey (Workshop)		Psychosis and ACT (67) - J. Farhall, Monestes, & Bach (Symposium)		
Room 323	Toward a contextual neuroscience? (56) - Schoendorff, Hayes, & Fletcher (Panel Discussion)		ACT and RFT (68) - Luciano, Wilson, Hayes, Blackledge, & McHugh (Panel Discussion)		
Room 324	ACT for Spiritual Development (57) - Robb (Workshop)				
Room 422	ACT and Trauma: New Data and Directions (58) - V. Follette, Walsler, Batten, Bastien, Varra, & Polk (Symposium)	B R E A K	ACT with Students and Educators (69) - Biglan, Backen Jones, Vizcaino, Lucas, Muto, & Woidneck (Symposium)		
Room 423	Using Acceptance and Commitment Group Training in Vocational Rehabilitation Programs with Special Needs Veterans (59) - Billig, Merladet, & Acord (Workshop)		Matrix Workgroups for Adolescents (70) - Farley & Polk (Workshop)		
Room 420	New Interventions and Applications of ACT (60) - Ronchei & R. Lappalainen (Symposium)		How do we ACT in Teams? (71) - Heuts & Schreurs (Workshop)		
Room 317	Acceptance and Commitment Therapy for Body Image Dissatisfaction (61) - Pearson & Hefner (Workshop)				
Room 406	Psychological Health/Flexibility in the context of Behavioral Medicine (62) - Masuda, Landstra, & Ciarrochi (Symposium)		Eating Dialog: An Academic program for physician and dietitian (72) - Kalter (Workshop)		

Wednesday, June 23 (morning)					
	7:00am-7:45am	9:00am-10:45am	10:45am-11:00am	11:00-Noon	Noon-1:15pm
Room	Sessions				
Ballroom A & B	The Basic Behavior Analytic Principles of Psychotherapy (74) - <i>W. Follette, Callaghan, Darrow, & Bonow</i> (Workshop)				
Theater (3rd Floor)	ACT as a Brief Intervention (75) - <i>Strosahl</i> (Workshop)				
Ballroom C	Building a Firm Foundation: Intervention Development from the Bottom Up (76) - <i>Hayes, Wegner, Gross, Kashdan</i> (Panel Discussion)	B R E A K	Implementing ACT in Large Clinical Institutions (87) - <i>Mitchell, Twohig, D. Hebert, Lensegrav-Benson, Batten, Rokx, Clowers, & Benson</i> (Panel Discussion)		
Senate Chambers Room 356	ACT and the Full Spectrum of Disordered Eating (77) - <i>Timko, Merwin, Zucker, Sandoz, R. Lappalainen, Boone, Pearson, & Walton</i> (Panel Discussion)		Evolving as an ACT trainer: What is working and where are we going? (88) - <i>Guarna, Polk, Miselli, & Monestes</i> (Panel discussion)		
Great Room - Room 403	Sticky Thoughts & Other Unwanted Experiences (78) - <i>Brock & Walsler</i> (Workshop)				
Room 320	ACT for Anxious Children, Adolescents, and Families (79) - <i>Coyne & Davis</i> (Workshop)				
Room 323	The Wisdom to Know the Difference (80) - <i>Jeffcoat, Hildebrandt, & Yadavaia</i> (Workshop)				
Room 324	Perspectives on Applied Clinical Processes Involved in Compassion-Focused Psychotherapy Techniques in ACT (81) - <i>Tirch, Wilson, Taitz, Silberstein, & Schoendorff</i> (Symposium)	B R E A K	The Road Ahead: Developing and ACT research and publication strategy consistent with Contextual Behavioral Science (89) - <i>Bond, Hayes, T. Wilson, & Herbert</i> (Round Table Discussion)		
Room 422	Leadership in Times of Change (82) - <i>Houmanfar, Stewart, Plumb, Ward, & Rafacz</i> (Symposium)		New Directions in ACT for Addiction (90) - <i>Bricker, Zucchi, Luoma, & Montesinos</i> (Symposium)		
Room 423	Implementing ACT Online: Past and Future Projects (83) - <i>Levin, Ciarrochi, Almada, Prevedini, Rokx, & P. Lappalainen</i> (Symposium)		IRAP round table: RFT is more "Cognitive" than Mainstream Social-Cognitive Psychology: How Weird is That? (91) - <i>D. Barnes-Holmes, Vahey, Drake, & Stewart</i> (Panel Discussion)		
Room 420	Single Case Designs for Clinicians: Bridging the gap between research and practice (84) - <i>Boulanger & Sylvester</i> (Workshop)				
Room 317	ACT for the Spectrum of Body-Image and Disordered Eating-Related Concerns: Theory, Assessment and Practice (85) - <i>Masuda, Manduchi, Rabitti, Scaglia, & Borelli</i> (Symposium)		Using the Hexaflex Model to Develop Depth in a Dynamic ACT Conceptualization (92) - <i>Ryder, Rowland, & Moran</i> (Panel Discussion)		
Room 406	Standing Your Ground: Why Philosophy Matters for Clinicians (86) - <i>Steinwachs, Buckner, & Heerman</i> (Workshop)				Eating Disorders SIG
Silver Legacy - Silver Barone	Meditation - <i>Martz</i>				

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Wednesday, June 23 (afternoon)

	1:15pm-3:00pm	3:00pm-3:15pm	3:15pm-4:15pm	4:30pm-5:45pm	7:30PM
Room	Sessions			Plenary	
Ballroom A & B	An Experiential Journey Through the Matrix (93) - Polk, Webster, & Schoendorff (<u>Workshop</u>)			The Art and Science of Thought Suppression (111) - Wegner (<u>Plenary</u>)	Follies/ Social - Reno Ballroom (next to Silver Legacy) (follies will start around 8:30pm) -see front of program for more information-
Theater (3rd Floor)	Enhancing ACT-Based Contextual Behavioral Supervision (94) - Batten & Walser (<u>Workshop</u>)				
Ballroom C	ACT with Depression (95) - Zettle (<u>Workshop</u>)				
Senate Chambers - Room 356	Analysis of "Intrapersonal" Psychological Processes from an "Interpersonal" Perspective (96) - Bonow, Callaghan, Kohlenberg, & W. Follette (<u>Panel Discussion</u>)		Developments in RFT (105) - Hayes, Wilson, Stewart, Vahey, & McHugh (<u>Panel Discussion</u>)		
Great Room - Room 403	Finding Hope Inside Creative Hopelessness (97) - Boulanger (<u>Workshop</u>)				
Room 320	ACT with Challenging Patients (98) - Strosahl (<u>Workshop</u>)				
Room 323	Taking it Out of the Box: Multilevel ACT/RFT Applications inside Clinical Behavior Analysis (99) - Sylvester, Rickard, Newsome, & Szabo (<u>Symposium</u>)	B R E A K	Three Lessons on Personality and Well-Being (106) - Kashdan (<u>Invited Lecture</u>)		
Room 324	Speaking across islands: Building communication between ACT and other approaches to clinical psychology (100) - Villatte, Blackledge, Ciarrochi, & Robb (<u>Symposium</u>)		Balancing Clinical Innovation with the Imperative to Utilize Best Available Practices (107) - Herbert (<u>Invited Lecture</u>)		
Room 422	Ongoing Defusion and Deliteralization of Language in ACT (101) - Korn (<u>Workshop</u>)				
Room 423	From Basic Science to Clinical Application: Empirical Advances in ACT Research with Children and Families (102) - Coyne, Murrell, Thompson, Bendezu, Morrill, Davis, & Martinez (<u>Symposium</u>)	B R E A K	Parenting, Families, and Couples: ACT Applications (108) - Ronchei, Yardley, Andriola, & Miselli (<u>Symposium</u>)		
Room 420	Stigma and Discrimination Research: Empowering the Research Agenda (103) - Luoma, Bach, Lillis, Levin, & Masuda (<u>Roundtable discussion</u>)		Further Developments in Measuring Cognitive Fusion (109) - Bolderston & Gillanders (<u>Symposium</u>)		
Room 317	Modeling key psychological phenomena using RFT (104) - McHugh, Luciano, Hooper, Stewart, & Ruiz (<u>Symposium</u>)		Cultivation is not control: Broadening and Building on ACT (110) - Loverich (<u>Invited Lecture</u>)		
Room 406					

Thursday, June 24						
	7:00am-7:45am	9:00am-10:30am	10:30am-10:45am	10:45-Noon	Noon-12:30pm	12:30pm-1:45pm
Room		Sessions				Plenary/ Lunch
Ballroom A & B		Things Might Go Terribly, Horribly Wrong (112) - Wilson & Slater (Workshop)			L U N C H	All ahead go! Creating an even better ACBS (125) - Bond, Biglan, & Walser (Plenary)
		Using the Matrix and FAP tools to conceptualize and strengthen the therapeutic relationship in ACT (113) - Schoendorff (Workshop)				
Ballroom C		ACT in the Treatment of Psychosis (114) - Bach (Workshop)				
Senate Chambers - Room 356		ACT/CBS Chapters: Serving Regional Needs of Clinicians, Scientists, and Clients (115) - Bricker, Miselli, Luciano, Ciarrochi, & Plumb (Panel Discussion)	B R E A K	Assessment of Mindfulness and Acceptance Processes in ACT (124) - Thompson, Kearney, Blackledge, & Foody (Symposium)		
Great Room - Room 403		ACT for Conceptualization, Assessment, and Treatment of Disordered Eating (116) - Sandoz, Manduchi, & Presti (Workshop)				
Room 320		Improving clinicians' empathy skills with ACT (117) - Villatte, Monestes, & Vilardaga (Workshop)				
Room 323		ACT-Enhanced Behavioral Parent Training (118) - Field, Armstrong, & Malmberg (Workshop)				
Room 324		RFT and the Self: Theory, Research and Applications (119) - Boulanger & Stewart (Workshop)				
Room 422		ACT for Safety (120) - Moran (Workshop)				
Room 423		Introduction to Longitudinal Data Analysis (121) - Gallop (Workshop)				
Room 420		AAQ and Gender Differences (122) - Pistorello, Biglan, Stromberg, & Hildebrandt (Symposium)				
Room 317		Doing ACT research: An interactive primer for beginners (123) - Lillis (Workshop)				
Silver Legacy - Silver Baron E	Meditation - Martz					

1. Conference Kickoff and Orientation

(9:00-9:45am)

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Target Audience: All

Location: Ballroom A & B

FRANK BOND, Ph.D., Goldsmiths, University of London University

JASON LUOMA, Ph.D., Portland Psychotherapy Clinic, Research, & Training Center

EMILY RODRIGUES, M.A., ACBS

The opening plenary will serve to orient participants to the conference and will include welcoming remarks by the conference planning chair, Dr. Jason Luoma, and ACBS president, Dr. Frank Bond.

Monday Morning 10:00am

2. ACT Treatment for Depression in Groups WORKSHOP (10:00-Noon)

ACT - Clinical/ Depression

Target Audience: Beginner

Location: Ballroom A & B

KIRK STROSAHL, Ph.D., Central Washington Family Medicine, University of Washington Family Practice Residency, Mountainview Consulting Group

PATRICIA ROBINSON, Ph.D., Mountainview Consulting Group

This workshop provides practical details about using materials from the Mindfulness and Acceptance Workbook for Depression as the basis for group treatment of depression. Participants will receive session guidelines and recommendations concerning specific experiential exercises that work well in the group treatment context.

Educational Objectives:

1. Learn how to create feasible agendas for a series of on-going classes where participants can learn to apply ACT strategies to the problem of depression.
2. Experience several experiential exercises that work well in the group setting.
3. Consider ways to adapt the traditional group format for mental health settings to the primary care setting, where the majority of patients seek care for depression.

3. Where is the field going in the treatment of anxiety disorders?

PANEL DISCUSSION (10:00-Noon)

ACT - Clinical/ Anxiety

Target Audience: Intermediate

Location: Theater (3rd Floor)

MICHAEL TWOHIG, Ph.D., Utah State University

TODD KASHDAN, Ph.D., George Mason University

JEFF SZYMANSKI, International OCD Foundation

VICTORIA FOLLETTE, Ph.D., University of Nevada, Reno

JAMES HERBERT, Drexel University

Anxiety disorders are one of the most commonly occurring categories of disorders that a clinician will encounter. We now have treatments that are successful with most types of anxiety disorders. Still, many of these treatments are met with high refusal, drop-out, or poor treatment response. This panel will discuss what is occurring in the field to address these concerns. Future direction for the treatment of anxiety disorders will be discussed.

4. Mindfulness and Acceptance Processes in Relation to Weight-Related Difficulties and Diabetes

SYMPOSIUM (10:00-Noon)

ACT - Clinical/ Eating disorders, diabetes, obesity, weight control

Target Audience: Beginner, Intermediate, Advanced, Clinical, Research

Location: Ballroom C

Chair: CAROLINE HORWATH, Ph.D., Dept of Human Nutrition, University of Otago, New Zealand

- Experiential avoidance and obesity: A random population study of adult women.
CAROLINE HORWATH, Ph.D., Dept of Human Nutrition, University of Otago, New Zealand
Clara Madden, University of Otago, New Zealand
Sookling Leong, University of Otago, New Zealand
Andrew Gray, University of Otago, New Zealand
- Understanding values associated with weight control problems among Finnish obese subjects
PÄIVI LAPPALAINEN, MA, University of Jyväskylä, Finland
Essi Sairanen, University of Jyväskylä, Finland
Henna Tuomela, University of Jyväskylä, Finland
Leila Karhunen, University of Jyväskylä, Finland
Raimo Lappalainen, University of Jyväskylä, Finland
- Psychological Inflexibility and Symptom Expression in Anorexia Nervosa
RHONDA M. MERWIN, Ph.D., Duke University Medical Center
Ashley Moskovich, Duke University
Nancy L. Zucker, Ph.D., Duke University Medical Center
- The role of thought believability in the relationship between depression, diabetes, and stress.
ERIC SCHMIDT, B.A., San Jose State University
Kate Ward, San Jose State University
Jennifer Gregg, Ph.D., San Jose State University
JESSE TARANGO, San Jose State University
TOMMY VANVEGHEL, San Jose State University
- The Influence of Summer Camps for Adolescents with Type 1 Diabetes Mellitus on Acceptance of Chronic Disease
ELISA RABITTI, PsyD, IULM University, Milan; ASCCO, IESCUM, ACT-Italia
Valerio Miselli, MD,
Tosca Soprani, MD,
Giovanni Miselli, PsyD, IESCUM, ACT-Italia
Giovanni Zucchi, PsyD, IESCUM, ACT-Italia
Paolo Moderato, Ph.D., IULM University, Milan

This symposium focuses on research on weight-related difficulties and diabetes. One paper presents data from a cross-sectional study of women finding that greater psychological flexibility is associated with lower Body Mass Index and mediated by eating behaviors. A second paper discusses the possible applications of value analysis for the development of intervention aimed

at obese and overweight individuals in treating weight control problems. A third paper focuses on understanding anorexia nervosa (AN) as a behavioral repertoire dominated by avoidance and control and the rigid application of verbal rules to behavior and presents data to support this view. A fourth paper discusses

research examining the mediating role of negative thought believability in individuals with diabetes to elucidate a possible alternative mechanism to impact the role of depressive thoughts and stress responses. Finally, a fifth paper presents data on the effect on acceptance of a 5 day summer camp, as measured by the Italian version of Diabetes Acceptance and Action Scale for Children and Adolescents.

5. Linking RFT to the Hexaflex: How basic principles apply to clinical issues and ACT techniques

WORKSHOP (10:00-Noon)

RFT - Clinical/ ACT processes

Target Audience: Beginner, Intermediate, Clinical, Research

Location: Senate Chambers - Room 356

MATTHIEU VILLATTE, Ph.D., University of Nevada, Reno

JEAN-LOUIS MONESTES, University Department of Psychiatry, Hôpital Ph. Pinel, Amiens, France.

Acceptance and Commitment Therapy (ACT) is a clinical application of fundamental research conducted in the field of Relational Frame Theory (RFT), a modern behavioral approach to language and cognition. Although the relations shared by research and application are very close in ACT-RFT, it is not always easy for clinicians to see what RFT brings to their understanding of ACT and to what extend learning about RFT is relevant to their daily practice. While this is partly due to the relative complexity of RFT and its experimental procedures, it is possible to learn quickly how the fundamental principles apply to clinical issues and techniques. This way, not only can clinicians access to more complex literature and trainings but also appropriate ACT techniques and refine them by targeting more precisely their function, thus gaining more flexibility in their practice with various clients.

This workshop is an invitation to a journey around the Hexaflex with RFT. Each point of the model will be discussed in relation to basic principles with both experimental studies and concrete clinical examples. This intends to help clinicians who have never read about RFT or have difficulties with going further in the theoretical background of their practice. It will also help trainers who want to infuse RFT in their ACT workshops.

Educational Objectives:

1. Learn the basic principles of RFT.
2. Learn how RFT support ACT main techniques.

3. Learn how RFT can be useful for clinical practice.

6. Values and Willingness: New Strategies to Enhance Willingness in ACT Values Work
WORKSHOP (10:00-Noon)

ACT - Clinical/

Target Audience: Intermediate

Location: Great Room - Room 403

MATTHEW MCKAY, Ph.D., The Wright Institute / New Harbinger Publications

Based on a forthcoming book by M. McKay, J. Forsyth, and G. Eifort, the workshop will distinguish three categories of values (self-fulfillment, meaning-based, and life-purpose) and explore ways to assess each. An assessment strategy will be described and practiced for identifying emotional, cognitive, and behavioral barriers to values-based action. New (and established) willingness techniques will be explored experientially. These approaches include positive outcome imagery, radical acceptance visualizations, "Focusing" - based emotion exposure, covert rehearsal, defusion techniques, and others. The workshop's overall approach is practical, hands-on, and experiential.

Educational Objectives:

1. Be able to assess and identify self-fulfillment, meaning-based, and life purpose values.
2. Be able to assess emotional, cognitive, and behavioral barriers to values-based action.
3. Learn and be able to use key techniques for enhancing willingness.

7. ACT on Happiness??

WORKSHOP (10:00-Noon)

ACT - Clinical/ Happiness, Positive Psychology, Humour

Target Audience: Beginner, Intermediate, Advanced, Clinical

Location: Room 320

KATHRYN JARDINE, Ph.D., Private Practice

Although the focus of ACT has been on committed action in valued direction, many clients want to feel happier & believe that should be the goal of therapy. Is there a place for happiness in the ACT model? This workshop will focus on 3 levels of happiness (momentary feelings, satisfaction, & meaning/fulfillment) and their relevance to the practice of ACT. In addition, the use of humour & Positive Psychology & their applicability to the ACT model will be explored. How does humour contribute to diffusion & holding our thoughts more lightly? What are the dangers associated with the pursuit of positive feelings & when/how can they contribute to motivation and commitment? Is mindfulness related to happiness? Is the pursuit of happiness a detour or a catalyst on the road to the valued life?

Educational Objectives:

1. Learn how to incorporate the 3 types of happiness into the practice of ACT.
2. Learn how to use humour as a tool in the practice of ACT.
3. Learn how Positive Psychology can fit into the practice of ACT.

8. Reconstructing Measurement Theory From a Contextualist Perspective

PANEL DISCUSSION (10:00-Noon)

ACT - Clinical/ Measurement

Target Audience: Beginner

Location: Room 323

KELLY WILSON, Ph.D., University of Mississippi
FRANK BOND, Ph.D., Goldsmiths, University of London
JOSEPH CIARROCHI, Ph.D., University of Wollongong
STEVEN HAYES, Ph.D., University of Nevada, Reno
MICHAEL BORDIERI, M.S., Chair, University of Mississippi

The accurate measurement of psychological constructs lies at the heart of empirical psychology. Psychometric instruments measure and define constructs that are central to the development of psychological theories and are often used as the primary basis for the empirical evaluation of treatments. Reliability and validity, the core components of classical measurement theory, are offered as necessary and sufficient qualities of sound psychometric instruments. However, the underlying philosophical assumptions that have guided the development of classical test theory are rarely articulated. Stated succinctly, classical test theory holds that an instrument is true to the extent that it accurately and reliably measures a theoretical construct that corresponds to a latent entity existing in the natural world. This assumption falls within a mechanistic system that is inconsistent with the philosophical foundation that guides Contextual Behavior Science. This panel will reexamine psychometric theory from a contextualist perspective and will attempt to define a new paradigm for the development of psychometric instruments. In doing so, an increased emphasis will be placed on demonstrating the utility of psychometric instruments for their stated purposes in research and clinical practice. Within this proposed framework, the extent to which an instrument guides clinical treatment or advances scientific theory will hold primacy over traditional psychometric criteria. In addition, the concepts of reliability and validity will be redefined not as static properties of an instrument, but instead as properties of the use of an instrument within a particular context.

9. Developing behavioral measures of ACT/RFT processes: An international lab meeting

SYMPOSIUM (10:00-Noon)

RFT - Research/ Behavioral measures of ACT processes

Target Audience: Research

Location: Room 324

Chair: MICHAEL LEVIN, University of Nevada, Reno

- Is Interresponse time (IRFT) variability useful for a measurement for psychological flexibility?
TAHASHI MUTO, Ph.D., Ritsumeikan University
- IRAPing our Way to Psychological Flexibility
CHAD E DRAKE, Ph.D., University of South Carolina, Aiken

- Using derived relations to model thought suppression: Combining cognitive paradigms with behavioral preparations
NIC HOOPER, Swansesa University
- Testing the Impact of a Brief Acceptance, Mindfulness and Values Intervention on Multiple Features of Task Persistence
MICHAEL LEVIN, University of Nevada, Reno



In this international lab meeting, researchers from around the world will come together to discuss their work in the development of behavioral measures of ACT/RFT processes. Taka Muto will discuss his work relating psychological flexibility to behavioral variability across different reinforcement schedules. Chad Drake will discuss his application of the Implicit Relational Assessment Procedure to different hexaflex processes. Nic Hooper will discuss a variety of ways in which he has used derived relations to model thought suppression – combining cognitive paradigms with behavioral preparations. And finally, Michael Levin will discuss the impact of brief interventions on multiple features of task persistence measures. Following the presentations, the floor will be opened for audience members and presenters to discuss research strategies.

10. Doing ACT While Still Recalling Your A-B-C's WORKSHOP (10:00-Noon)

ACT - Clinical/ ACT for those trained in "Second Wave CBT"

Target Audience: Beginner, Intermediate, Clinical

Location: Room 422

HANK ROBB, Ph.D., ABPP, Private Practice

I did Rational Emotive Behavior Therapy, and taught clients to “dispute beliefs,” for almost twenty years before I started doing Acceptance and Commitment Therapy. This workshop will aim to show participants how to develop their ability to use clinical “moves” directed at changing the Context of Function, typically targeted in ACT, within which client thoughts, images and sensations appear as they build on to, rather than try to “forget,” their skills directed at changing the Context of Relation, typically targeted by “Second Wave CBT.”

Educational Objectives:

1. Observe more direct methods of instantiating ACT principles while including “Second Wave” moves.
2. Explore the application of such methods on actual issues.
3. Consider ways to incorporate basic moves in participant’s repertoire.

11. ACT Training: What is carried forward, what might be left behind, and does it matter?

WORKSHOP (10:00-Noon)

ACT - Clinical/ Training

Target Audience: Beginner, Intermediate, Advanced, Clinical

Location: Room 423

DARRAH WESTRUP, Ph.D., Private Practitioner, VA PAHCS Consultant

This workshop will address the ACT training process, focusing on common barriers to developing competency in ACT and the ways in which these typically manifest. The discussion will cover which of the core tenets of ACT

seem to be readily and successfully applied, and which (and how) core ideas can be misapplied or even abandoned. We will explore the resultant effects upon the trainee and the therapy, as well as corrective and preventative training strategies.

Educational Objectives:

1. Learn common barriers to developing competency in ACT.
2. Learn the ways in which these difficulties manifest and their impact upon the therapeutic process.
3. Learn strategies that can prevent and/or resolve these training sticking points.

12. ACT for Young Adults (16-28 year olds) – ACT used in group format as prevention or an early intervention aimed towards psychological ill-health and stress

WORKSHOP (10:00-Noon)

ACT - Clinical/ General psychological health, stress, prevention, early intervention

Target Audience: Beginner, Intermediate, Advanced, Clinical, Research

Location: Room 420

FREDRIK LIVHEIM, clinical psychologist, Karolinska Institutet, Medical University

According to calculations by the World Health Organization (WHO), the second largest health problem of the Swedish population today is psychological ill-health. In some further years it is predicted to be the very argest health problem in the Swedish populace (Swedish National Institute for Public Health, 2005). Self reported mental health is found to rapidly deteriorate especially among Swedish "young adults" (defined as 18-24/29 years of age), where the problems are reported to have doubled or tripled in the period of 1988 to 2001 (Swedish National Institute of Public Health; 2006). Common problems as reported are anxiety, worry, pain and sleep problems.

The focus of the workshop will be on the content in "ACT- To cope with stress and promote health". This will give the participants an understanding and examples of one way of working with young adults in group-settings as prevention or as an early intervention. The workshop will also provide examples of how it is possible to create an infrastructure to make ACT interventions available to young adults in a larger scale.

The participants will be guided through handpicked exercises that are part of the course "ACT- To cope with stress and promote health" as if they themselves were taking part in the full course. A special focus will be on components, exercises and metaphors that are a bit new or unusual in the more "traditional ACT tool-box". For example using a "reward-system" when following up homework, the "bus-metaphor"

role-played in a group setting, RFT easily explained for young adults etc.

There will be time for questions throughout the workshop. Participants will be encouraged to ask any questions they want, and questions about pitfalls when working with groups will get extra attention. The presenter has extensive experience both of giving the course clinically directly with young adults and also with training group leaders.

Educational Objectives:

1. Learn how to apply an ACT-consistent group approach to presenting problems of diffuse mental health problems and stress.
2. Learn how to work with the "life-compass" as a tool for values clarification.
3. Learn exercises and metaphors that are easy for the participants to adopt and use in their own clinical work, either individually or in group settings.

Monday Lunch 12:00-1:15pm

Monday Afternoon 1:15pm

13. ACT for Addiction

WORKSHOP (1:15-4:15pm)

ACT - Clinical/ Addiction

Target Audience: Beginner, Intermediate, Advanced, Clinical

Location: Ballroom A & B

KELLY WILSON, Ph.D., University of Mississippi

The ACT model is an excellent fit for addictions treatment. Walking away from substances can be incredibly difficult. Trajectories in and out of serious substance use problems are extremely varied. Because ACT is so essentially contextual in its treatment formulation, it is well prepared to take clients where they are. It is well suited to a variety of potential treatment outcomes. In the workshop, we will examine an initial harm reduction approach with a stepped approach to more intensive interventions based upon workability in the individual client's life. The workshop will also explore serious substance dependence and treatment for clients seeking an abstinence outcome. Because AA is ubiquitous, we will explore in depth the ways that ACT fits and does not fit with AA and other 12-step programs.

12-step sensibilities, originating in Alcoholics Anonymous, are often either loved or hated by providers of addictions treatment. Those speaking both for and against AA have given voice to everything from the vilest slander to the most absurd caricature of the opposing position. Fault lies on both sides of this argument, even though both sides want the same thing—better lives for addicted individuals.

There is a way towards radical reconciliation that is entirely respectful of the AA tradition and to the sensibilities within ACT. Love it or hate it, in many countries, AA is a ubiquitous fact of life. Complaining about that is about as effective as complaining about gravity. Ignoring it is like ignoring gravity—do so at your

peril. AA is an enormous, freely available resource. Everyone knows about it, but unfortunately, much of what is known is wrong, or so incomplete as to be functionally inaccurate. AA's intuitive embrace of acceptance, defusion, and to a practical approach to recovery are riches that ought not be passed up lightly. They are not for every client, but we can make utilization of those resources more or less available.

In this workshop, I will describe the common ground that lies between ACT and AA and other 12-step approaches. Taken in the right way, AA can extend dramatically the context in which a client can be supported in the practice of ACT principles. I will provide very practical guidance on the use of AA as an adjunct to ACT addictions treatment.

Educational Objectives:

1. ACT substance abuse interventions focused on harm reduction.
2. The nature of the division between 12-step and behavioral treatments.
3. The potential for reconciliation between ACT and 12-step.
4. Practical methods for integrating 12-step as a potential adjunct to ACT addictions treatment.

14. How to integrate ACT into your existing treatments for OCD

WORKSHOP (1:15-4:15pm)

ACT - Clinical/ OCD

Target Audience: Clinical

Location: Theater (3rd Floor)

MICHAEL P. TWOHIG, Ph.D., Utah State University
JEFF SZYMANSKI, Ph.D., Executive Director,
International OCD Foundation

Effective treatments have been developed for OCD including exposure with ritual prevention and traditional cognitive behavioral procedures. Nevertheless, these treatments are not effective for all individuals, and exposure-based treatments for OCD are met with surprisingly high treatment refusal and drop-out rates. Even when clients agree to participate in exposure-based treatments for OCD, their levels of engagement in treatment are often low. Even though ACT has growing support as a stand alone treatment for OCD and OCD spectrum disorders, it is most commonly being implemented as an adjunct to already supported practices.

In this workshop, the presenters will 1) present the current empirical support for ACT for OCD and OCD spectrum disorders, 2) discuss its model and how to generally use ACT for OCD, and 3) illustrate the ways that ACT is most commonly integrated into existing treatments for OCD.

Educational Objectives:

1. Present the empirical support for ACT as a treatment for OCD

2. Present the treatment model used in ACT as a treatment for OCD
3. Teach participants the most common ways that ACT is integrated into existing treatments for OCD

15. Creating Real Behavior Change in Primary Care: Providing ACT for the Masses

WORKSHOP (1:15-3:00pm)

ACT - Clinical/ Primary Care, Transdiagnostic

Target Audience: Beginner, Intermediate, Advanced, Clinical

Location: Ballroom C

PATRICIA ROBINSON, Ph.D., Mountainview Consulting Group
DEBRA A. GOULD, MD, MPH, Central Washington Family
Medicine, University of Washington Family Practice
Residency

This workshop introduces several new tools for translating ACT for primary care provider use, including the TEAMS method for understanding a patient's inner experiences, the Core Process Assessment Tool (CPAT) for planning and assessing patient needs and change over time, a descriptive version of the hexaflex, and a "short list" of ACT interventions designed to work in the brief context of primary care.

Educational Objectives:

1. Learn to use the TEAMS tool to gain an understanding of patient private experience.
2. Learn to use the CPAT to assess patient needs and change over time.
3. Consider a descriptive version of the hexaflex.
4. Gain an understanding of specific ACT interventions that are primary care-friendly.

16. The client's perspective on a preliminary brief group intervention for chronically depressed treatment resistant people

DISCUSSION (1:15-3:00pm)

ACT - Clinical/ Chronic Depression

Target Audience: Clinical

Location: Senate Chambers - Room 356

DR JACOPO PISATURO
MARK WEBSTER, Acceptance and Mindfulness Centre

This session will be looking at video feedback from clients who attended a preliminary brief group intervention based on the Grid/Matrix. They will be sharing their experience of the group looking at what was helpful and also not so helpful. The intervention was delivered in three 'pulses' and the rationale for this format will be presented along with the format itself. The data collected includes AAQ-II and BDI2, and it will be considered in the context of the clients' perspectives, including further narrative data.

17. ACT on Living and Dying: End-of-life, meaning, and mechanisms of longevity

WORKSHOP (1:15-3:00pm)

ACT - Clinical/ Health

Target Audience: Beginner, Intermediate, Advanced, Clinical, Research

Location: Great Room - Room 403

JENNIFER GREGG, Ph.D., San Jose State University

Recent advances in positive psychology have sought to understand the relationship between subjective well-being and various health mechanisms and outcomes, particularly in terminally ill populations. Unlike more traditional models of psychopathology, a positive psychology approach explores the role of positive emotions, happiness, hope, and meaning as underlying structures for improving health and increasing longevity. While this approach has demonstrated merit in understanding health and disease beyond symptom reduction, it still assumes positive affect as the primary mechanism of improvement and thereby adheres to a paradigm of changing internal experience in order to bring about improvements. This workshop will summarize the empirical findings in this area, including our own data with cancer patients, to discuss an alternative pathway that does not require a modification of internal experiences to impact biological mechanisms of disease progression, end-of-life processes, and possibly longevity.

Educational Objectives:

1. Develop an increased awareness of end-of-life issues relevant to ACT, and the interventions used.
2. Define the difference between hedonic and eudaimonic well-being and their relevance to health and longevity.
3. Practice strategies for generating meaning rather than distress reduction as a method for reducing neuroendocrine stress responses in the body.

18. RFT Basis of ACT and Third Wave CBT WORKSHOP (1:15-4:15pm)

RFT - Clinical/ RFT research

Target Audience: Beginner, Intermediate, Advanced, Clinical, Research

Location: Room 320

LOUISE MCHUGH, Ph.D., Swansea University
 IAN STEWART, Ph.D., National University of Ireland Galway
 NIC HOOPER, Swansea University
 EMILY SANDOZ, MS, University of Mississippi

The third wave of cognitive behavior therapy focuses on enhancing psychological flexibility in the service of achieving core life values. Recent studies have shown the efficacy of third wave approaches over more traditional CBT interventions in the treatment of a variety of different forms of psychopathology. Perhaps the most important feature of the third wave therapies, however, is that is that they are underpinned by a modern contextual behavioral scientific approach to language and cognition known as Relational Frame Theory (Hayes, Barnes-Holmes & Roche, 2001). This grounding in basic theory not alone ensures that third wave therapies are coherent and evidence based but also allows for the continued refinement of therapy at the process level thus facilitating

their ongoing evolution and development. The current workshop aims to explore the RFT-third wave link, thus comprehensively demonstrating how Relational Frame Theory underpins the third wave.

Educational Objectives:

1. Participants will learn the basic RFT concepts.
2. Participants will gain an appreciation of the link between relational frame theory (RFT) and acceptance and commitment therapy (ACT).
3. Participants will learn about recent empirical research linking RFT to ACT.

19. Functional Eclecticism: Four Conversations about Complex Behavior

SYMPOSIUM (1:15-4:15pm)

ACT - Other/ RFT - Other

Target Audience: Beginner, Intermediate, Advanced, Clinical, Research

Location: Room 323

Chair: CHAD E DRAKE, Ph.D., University of South Carolina Aiken

- The Treachery of Language: Do Emerging Artistic Styles throughout Human History Parallel the Pattern of Relational Frame Development for the Individual?
 DANIEL J. MORAN, Ph.D., BCBA-D, Pickslyde Consulting
 Julie L. Giampaolo, Columbia College Chicago
- Pulling the listener into the present moment: Using a self-assessment of verbal behavior to drive conversations that make a difference
 SCOTT A. HERBST, University of Nevada Reno
- Transforming The Matrix into a Measure of Psychological Flexibility
 BENJAMIN SCHOENDORFF, Private practice and Provence University, Aix-Marseille, France
 Benjamin Putois, Private Practice and Louis Lumière University, Lyon, France
- Fooling around with Definitions of Psychological Flexibility
 CHAD E DRAKE, Ph.D., University of South Carolina Aiken

This collection of talks contains a variety of conceptual approaches to the influence of relational conditioning on human behavior. Topics range from the perception and creation of art and conversation to the conceptualization and assessment of psychological flexibility. These presentations will contain unorthodox metaphors, ideas, and some interactive and experiential elements. Presenters can assume only partial responsibility for Blown Mind Syndrome resulting from this conceptual event. If symptoms persist, consult your mental health practitioner. No warranty expressed or implied.

20. Surfing the Learning Curve: ACT, RFT, and Functional Contextualism

PANEL DISCUSSION (1:15-3:00pm)

ACT - Clinical/ ACT Clinician Development

Target Audience: Beginner, Intermediate, Clinical

Location: Room 324

MATTHEW BOONE, LCSW-R, Cornell University Counseling and Psychological Services
 KEVIN POLK, Ph.D., Togus Veterans Affairs Hospital and Private Practice
 JOANNE STEINWACHS, LCSW, Private Practice
 KELLY MINOR, Ph.D., Mental Research Institute (MRI)

ROB ARCHER, MSc, Bloom Psychology
CATHY STONE, MSW, LISW-CP, Private Practice

The number of resources for learning ACT has greatly expanded since the publication of Acceptance and Commitment Therapy (Hayes, Strosahl, & Wilson, 1999). As ACT gains popularity, more and more ACT clinicians will likely come from disciplines outside of behavior analysis and the cognitive behavioral therapies. However, finding the most optimal and accessible path through workshops, conferences, consultation groups, articles, books, DVDs, and listserv threads can be a matter of trial and error. A panel of ACT practitioners who have come from outside the treatment development world will discuss the vicissitudes of self-directed education and training in ACT, RFT, and Functional Contextualism. The conversation will address choosing resources for getting started, shaping ACT to fit one's practice, learning with one's clients, discerning the role of RFT and functional contextualism in becoming an ACT practitioner, and encountering turning points along the way. Panelists and audience members will explore possible best practices for learning and future directions for dissemination.

21. ACT according to RFT. Transformation of functions involved in values clarification and defusion

WORKSHOP (1:15-4:15pm)

RFT - Clinical/ Transformation of functions

Target Audience: Intermediate, Advanced, Clinical, Research

Location: Room 422

CARMEN LUCIANO, Ph.D., Universidad de Almería
FRANCISCO J. RUIZ, Universidad de Almería
MARISA PÁEZ-BLARRINA, Instituto ACT

ACT is a therapy explicitly rooted over the RFT implications to human psychopathology. However, it is still needed to advance in the specific transformations of functions involved in the methods used to values clarification and defusion components. This workshop aims to present the cutting edge experimental evidence respecting this topic and to explicitly connect to specific ACT practical examples. The connection between RFT studies and ACT practice will be done through the presentation of videos containing some typical ACT interactions, analyzing them from a RFT perspective and suggesting ways to empower methods as metaphors and experiential practice. This workshop is especially directed to clinicians and researchers interested in knowing how RFT can be applied to understand what occur in ACT and to improve its clinical methods.

Educational Objectives:

1. Presenting cutting edge RFT studies with direct clinical implications.
2. Connecting RFT with ACT practice.
3. To offer RFT guidelines for improving ACT clinical methods.

22. ACT Group Treatment for Health Anxiety WORKSHOP (1:15-3:00pm)

ACT - Clinical/ Health Anxiety

Target Audience: Beginner, Intermediate, Advanced, Clinical

Location: Room 423

LISBETH FROSTHOLM, Ph.D., Research Clinic for Functional Disorders, Aarhus University Hospital, Denmark

TRINE EILENBERG, M.SC., The Research Clinic for Functional Disorders, Aarhus University Hospital, Denmark

The workshop will outline and present a treatment model and preliminary results for a patient group often know as "the difficult patients" – patients with functional symptoms, more specifically health anxiety disorder. In the workshop we will explore and discuss the challenges in applying ACT to this patient group as well as challenges experienced working with ACT group treatment in general.

Health anxiety disorder or Hypochondriasis is a prevalent somatoform disorder, which has an early onset and is persistent and hence it is a burden for the sufferers and costly for society. The diagnosis 'Hypochondriasis' is rarely used in clinical practice despite reported prevalences between 0.8-9.5% in primary care. As a consequence, the disorder is rarely treated. In this randomized controlled trial of the effect of ACT group therapy for health anxiety we use the newly introduced diagnosis 'health anxiety which rests on empirically established positive criteria.

In a both didactic an interactive format we will present the treatment manual. We will explore the clinician's experience of working with patients with chronic functional illness behavior and examine how ACT applies to the therapist when working in the field of functional disorders. Participants will learn methods for integrating ACT strategies into group treatment for patients with functional symptoms and briefly be introduced to challenges in doing clinical research on ACT.

This workshop will present the layout of a manual for using ACT in groups to patients with health anxiety as well as preliminary results from 2 pilot groups.

Educational Objectives:

1. Learn about health anxiety and how to conceptualize health anxiety from an ACT perspective.
2. Experience how ACT can be applied in a group setting and discuss challenges in the group format.
3. Learn about and discuss the challenges in designing a randomized controlled trial on ACT in a medical setting.

23. Transformation in Psychotherapy

WORKSHOP (1:15-3:00pm)

ACT - Other/ Transformation

Target Audience: Beginner, Intermediate, Clinical

Location: Room 420

BEATE EBERT, Private Practice

What are the limits to the effects of psychotherapy? As an ACT therapist I assume for my clients that beyond any changes in symptoms a profound shift in the view

on life and the self can occur, opening a broader, richer and more meaningful horizon of possibilities for the future.

ACT can be seen as a transformational therapy, and I am interested in identifying factors leading to such transformation. Can we operationalize them, investigate them and apply them purposefully? If we focus on such factors in therapy, how would this influence the process and outcome of our work, our clients, ourselves, as well as the reputation of psychotherapy in our society? We will investigate these questions in this workshop.

Educational Objectives:

1. To exercise defusion with our stories about the possible effects of psychotherapy and to create new possibilities.
2. To get present to our implicit knowledge about variables which cause a profound shift in psychotherapy.
3. To learn about the power of fun and freedom with "not knowing" to cause results in therapy.

24. ACT-consistent relaxation techniques: "Body- and Mindfulness" in practice

WORKSHOP (1:15-3:00pm)

ACT - Clinical/ Relaxation and body-awareness for Psychologists and Physical physical therapists

Target Audience: Beginner

Location: Room 317

GRACIELA ROVNER, MSc Physical Therapist, Pain Specialist, Rehabilitation Medicine, Sahlgrenska Academy, University of Gothenburg, SWEDEN

Are we guiding ACT-consistent relaxation techniques, or are they being used to control and to avoid?

ACT has developed our understanding on how important it is to open up to the inner psychological experiences, accepting them, and releasing control. But our relaxation techniques did not follow that progress, we are still using old exercises and training the minds to control the bodies (to decrease muscle tension, to regulate breathing, to stop an increasing feeling of anxiety while practicing mindfulness, etc.). You will be invited to rethink about how and why we use relaxation, and why we just use relaxation when we intend to notice the body? Furthermore... are we using ACT-consistent terminology while guiding these exercises?

Learn "active relaxation", dynamic and functional body-awareness techniques that serve to create the flexible physical and psychological space to be able to be in contact with the present moment. We will learn and practice exercises alone and in pairs in order to train how to guide them.

This protocol is part of the rehabilitation program presented during the poster session at

last year's conference in a pilot study where it was shown that ACT combined with mindfulness-based physical therapy had good effects on activity level, function, and quality of life in patients with long-lasting pain conditions, but also applicable to other therapeutic contexts.

Educational Objectives:

1. Learn and increase the repertoire of body-based mindfulness exercises.
2. Increase awareness on why I am using the exercises with the client.
3. To rephrase some of the terminology used when guiding relaxation or other body-based mindfulness in an ACT-consistent manner.

Monday Afternoon 3:15pm

25. Dissemination of Acceptance and Commitment Therapy for Depression in the Veterans Health Administration

INVITED LECTURE (3:15-4:15pm)

ACT - Other/ Depression

Target Audience: Beginner, Intermediate, Advanced, Clinical, Research

Location: Ballroom C

BRADLEY KARLIN, Ph.D., Department of Veterans Affairs Central Office

ROBYN WALSER, Ph.D., National Center for PTSD

The Department of Veterans Affairs (VA) is nationally disseminating Acceptance and Commitment Therapy (ACT) for depression throughout the Veterans Health Administration (VHA), as part of a major initiative to make evidence-based based psychotherapies widely available to Veterans. As part of this effort, VA has developed a national training program in ACT for depression, consisting of experientially-based workshop training, followed by intensive 6-month consultation to promote skill mastery and implementation.

In addition to providing intensive clinical training, numerous mechanisms have been developed at multiple levels of the VA health care system to enable and sustain the national dissemination of evidence-based psychotherapies. The presentation will review VA's comprehensive, multidimensional model for promoting the dissemination and sustainability of evidence-based psychotherapies, as well as promoting local accountability. Furthermore, important clinical considerations and approaches for applying these therapies to depressed Veterans will also be examined.

Lastly, the presentation will review key outcomes associated with these training and dissemination efforts. Initial program evaluation results have shown that ACT competencies have significantly increased among participants in the VA ACT for Depression Training Program. Moreover, patients have overall shown significant improvement in depression following treatment and have overwhelmingly remained committed to the treatment, which include motivational enhancement components designed to promote motivation and patient-centeredness.

26. ACT Peer Consultation Groups: Opportunities for Learning and Supporting

PANEL DISCUSSION (3:15-4:15pm)

ACT - Other/ Education; Peer support

Target Audience: Beginner, Intermediate, Advanced, Clinical, Research

Location: Senate Chambers - Room 356

JONATHAN BRICKER, Ph.D., University of Washington & Fred Hutchinson Cancer Research Center

JOEL GUARNA, Ph.D., White Pine Behavioral Health TRYM JACOBSEN, Cand.psych, Inpatient Unit Molde DPS, Molde, Norway

SANDRA GEORGESCU, Psy.D, The Chicago School of Professional Psychology

Since the 1999 publication of Acceptance & Commitment Therapy: An Experiential Approach To Behavior Change, there has been a growing interest, practice, and testing of ACT therapy. In particular, scholarly publications, therapist and self-help manuals, as well as workshops presented throughout the US and worldwide are making it possible for greater numbers of clinicians and scientists to learn and apply ACT in their work.

A natural extension of this learning process is ACT peer consultation groups. These groups are providing a community-based system for professionals to develop, apply, and hone their experience of ACT as well as provide ongoing social support, exchange of ideas, and professional networking. In short, peer consultation groups help build a local ACT community.

In this one hour panel discussion, you will hear from a diverse group of professionals—spanning from Seattle, Washington to Molde, Norway—as they tell their stories of ACT peer consultation groups which they currently participate in. They will highlight the following experiences of their groups: (1) logistics, (2) the values their groups serve, (3) goals of the group, (4) group content, (5) group process, (6) challenges, (7) ways they address challenges, and (8) future plans. The panel will aim for a 50/50 mix of sharing their experience and interactive discussion with the audience.

27. Many Hands: Raising the Single-Case Design Collaboration!

COLLABORATIVE PRACTICE-RESEARCH NETWORK START-UP (3:15-4:15pm)

Other/ Collaborative Practice-Research Network Start-Up

Target Audience: Beginner, Intermediate, Advanced, Clinical, Research

Location: Great Room - Room 403

KELLY KOERNER Ph.D., Evidence-Based Practice Institute

What if we pooled efforts to carry out single-case design research? Where should we focus? What would we need? What would you like to see happen? What do you have energy for? Come help raise the barn: many hands will make it easy to start-up a collaborative practice-research network! We will be brainstorming together on a wall at the conference, come jot

and chat with us and we'll see just how powerful a self-organizing passionate group can be!

28. Experiential Metaphor: The life line WORKSHOP (3:15-4:15pm)

ACT - Clinical/ Behavior analysis

Target Audience: Beginner, Intermediate, Advanced, Clinical

Location: Room 324

JOANNE DAHL, Ph.D., Department of Psychology, University of Uppsala, Uppsala Sweden

The life line is an experiential metaphor that has been shown to be a very useful ACT tool for conceptualization and treatment of a variety of clients with dug in problems. Specifically, the life line has been used for one treatment sessions in clinical research protocols for pain, epilepsy, obesity and is presently being developed for domestic violence in an indigenous population. From an RFT perspective, metaphor involves the coordination of relational networks, allowing a transformation of functions such that newly insightful behavior becomes more likely (e.g., Stewart & Barnes-Holmes, 2001). This pattern is the centrally defining feature of metaphor in ACT. Another feature is particularly important in the context of experiential therapeutic metaphors such as the values compass: In successful metaphors that actually contribute to a change in behavior, there is often an awareness of physical similarity between two contexts that increases the likelihood of a transformation of important functions of the target context involving the client's behavior. In the life line exercise, there are several such physical experiences. One is stepping off the life line and into a dead end. In addition to understanding the metaphor at an intellectual level, the client may perceive a physical similarity between some of his own values-relevant behavior patterns in real life and the role-play experience of moving at a tangent from a chosen direction and getting stuck in a dead end. Another physical experience is having his arm tugged by the therapist as he tries to move forward, analogous to the real-life experience of having nagging thoughts and feelings as he moves in a values-consistent direction. In the case of these types of experiences during the metaphorical role-play, the awareness of similarity may be an important factor in transforming the functions of values-relevant situations in life outside of the therapy session such that the client is more likely to recognize values-inconsistent behavior and take steps to stay on his valued path instead.

In our practical experience, the life line exercise is particularly useful because it can be employed early in therapy and replace much talk about the problem or how it came about. In that respect, this exercise is a time-saver. It is also flexible, with many variations possible depending on the client and the situation. We will provide a couple of examples; hopefully these will inspire you to explore more variations.

The aim of this session is to demonstrate the life line and show a variety of applications. An evaluation of its effectiveness will be shown as well. Future applications presently being developed for a aboriginal population with for domestic violence will be presented.

Educational Objectives:

1. Learn how metaphors can be used more effectively using dramatization and thus experiential than merely through language.
2. Learn how to use experiential metaphors to create and experience a functional analysis on the floor and thus aid the client in perspective taking of one's learning history.
3. Learn how to creatively apply ACT processes in the present moment using experiential metaphors rather than 'talking about the problem'.

29. Supporting self-help ACT with e-mail counseling

WORKSHOP (3:15-4:15pm)

ACT - Skills/ Self-help ACT, e-mail counseling

Target Audience: Beginner, Intermediate

Location: Room 423

KARLEIN SCHREURS, Ph.D., Roessingh Rehabilitation Centre, University of Twente

MARTINE FLEDDERUS, MSC, University of Twente

This workshop describes how buyers of ACT self-management books can be supported to really use the material instead of just browsing through. The self-help book 'Living to the fullest' based on ACT and mindfulness consists of 9 modules that can be followed in 9 weeks. The self-help process is supported by personal e-mail contact with a counselor every week. Counselors were students in clinical psychology trained by an experienced ACT therapist. Preliminary results of an RCT showed that after the intervention, participants (n = 250) were experiencing less depression, anxiety, fatigue, and more psychological flexibility and mindfulness than a waiting list control group (n = 126).

By the end of the workshop, participants will have an idea of the surplus value of supporting self-help ACT programs with e-mail counseling. They will practice with giving feedback using e-mail and they will have some tools to train students in e-mail counseling.

Educational Objectives:

1. Learn how to write a supportive e-mail for participants who use a self-help ACT program.
2. Learn how to train students for providing e-mail support for participants who use a self-help ACT program.
3. Learn how much counseling is necessary for an effective self-help ACT program.

30. Interventions to Foster Resilience and Psychological Flexibility in Non-Clinical Populations

SYMPOSIUM (3:15-4:15pm)

ACT - Clinical/ Stress, resilience

Target Audience: Clinical

Location: Room 317

Chair: KENNETH PAKENHAM, Ph.D., The University of Queensland

- ACT on stress: The efficacy of ACT for reducing stress and improving the quality of therapy in clinical psychology interns
Jeanie Stafford-Brown, University of Queensland, Australia
KENNETH PAKENHAM, University of Queensland
- Evaluation of an ACT Resilience Intervention for Adults
KENNETH PAKENHAM, Ph.D., The University of Queensland
Nicola Burton, Ph.D.
Wendy Brown, Ph.D.

This symposium features two presentations examining resilience and psychological flexibility in non-clinical populations. One paper focuses on results of a cohort-controlled design examining an ACT stress management intervention for post-graduate Australian clinical psychology students. The second presentation outlines the results of a randomized controlled trial of a group resilience program (called READY: REsilience and Activity for every DaY) targeting adults.

Monday Plenary 4:30pm

31. ACT is not enough, and ACBS has more to offer PLENARY (4:30-5:45pm)

Other/ ACT, RFT, and Cognitive Behavioural Science

Target Audience: Beginner

Location: Ballroom A & B

FRANK BOND, Ph.D., Goldsmiths, University of London

A key aim of ACBS is to develop a coherent and progressive science of human action that is more adequate to the challenges of the human condition. ACT, with its emphasis on mindfulness and values-based action to help people live more vital lives, is crucial in furthering this aim. Nevertheless, ACT is just one tool in the contextual behavioral science toolbox, and it takes more than one tool to build a house, never mind a better society. This session will consider how ACT, RFT, and other examples of functional contextualism are beginning to address a wide-range of human challenges, from promoting mental health, educational achievement, and productive organizations to even increasing human intelligence. It's early days, but we're on our way.

Educational Objectives:

1. Know how ACT is used outside of the clinical consulting room.
2. Understand implications of RFT theory to applied settings.
3. Learn how knowledge of contingency management, ACT, and RFT provide a useful account of human behaviour.

Monday BBQ/Social 6:00pm

32. ACT in Real Time: A workshop to ACTively Refine your ACT skills
WORKSHOP (9:00-Noon)

ACT - Skills/ Strengthening the use of core ACT components

Target Audience: Beginner, Intermediate, Clinical

Location: Ballroom A & B

MARY SAWYER, Private Practice Sydney Australia
ROBYN WALSER, National Center for PTSD, VA Palo Alto Health Care System

In this inter-ACTive workshop we will be working with participants to refine their ACT skills. This will be done through three mediums including role-play, experiential exercises, and work with personal cases. The goal is to focus on challenges encountered in of each of the core components and personal challenges such as difficult clients or personal barriers. Participants are encouraged to bring a challenging case to the workshop. Both example role plays and opportunities to use the core components with these cases will be provided. The workshop presenters will be completing rounds during experiential work to give individual feedback.

Educational Objectives:

1. Strengthened your skills in using the core components
2. Understand ACT more fully in working with challenging clients
3. Developed awareness of personal barriers in session

33. ACT in Practice: Case Conceptualization in Acceptance & Commitment Therapy

WORKSHOP (9:00-Noon)

ACT - Skills/ Case conceptualization

Target Audience: Beginner, Intermediate

Location: Theater (3rd Floor)

PATRICIA BACH, Ph.D., Illinois Institute of Technology
DANIEL J. MORAN, Ph.D., BCBA-D, Pickslyde Consulting

This half-day workshop is based on ACT in Practice: Case Conceptualization in Acceptance and Commitment Therapy (Bach & Moran, 2008). This workshop will provide a step-by-step framework for functionally conceptualizing client behavior problems, and will discuss application of specific ACT interventions.

Attendees will become familiar with the six core ACT principles of defusion, self-as-context, acceptance, values, committed action, and contacting the present moment, and will become able to conceptualize clinically relevant behaviors as functional response classes, and discriminate when they are amenable to an ACT approach.

There will be a slide presentation, plus demonstrations, large group exercises and case-based practice. Participants will be provided with

handouts to use with their clients for assessment and homework assignments to augment in session interventions. Worksheets will also be distributed for the participants to use to facilitate ACT case formulation.

Educational Objectives:

1. Workshop participants will become familiar with defusion and fusion.
2. Workshop participants will become familiar with a behavior analysis approach to "the self".
3. Workshop participants will become familiar with acceptance and experiential avoidance.
4. Workshop participants will become familiar with value directed behavior.
5. Workshop participants will become familiar with contacting the present moment and mindfulness.

34. Using Appreciation in ACT

WORKSHOP (9:00-Noon)

ACT - Clinical/ Appreciation

Target Audience: Beginner, Intermediate, Advanced, Clinical

Location: Ballroom C

KELLY WILSON, Ph.D., University of Mississippi
MAUREEN FLYNN, M.A., University of Mississippi
NADIA LUCAS, B.A., University of Mississippi

It is remarkable how little time people spend appreciating their lives. So often we are caught going through the motions of living without pausing, however briefly, to appreciate the moment you spend petting your beloved cat, watching a movie at home with your family, or the vibrant colors of the sky as you drive home from work. In this workshop, we will discuss how we conceptualize appreciation from an ACT perspective. We will also lead you through some appreciation exercises so that you can experience appreciation and the ACT processes in yourself. Finally, we will talk about how appreciation might be useful in a variety of contexts, clinical and nonclinical.

Educational Objectives:

1. Learn about appreciation from an ACT perspective.
2. Understand appreciation through experiential exercises.
3. Learn how appreciation can be useful in a wide variety of contexts.

35. The truth about Functional Contextualism

PANEL DISCUSSION (9:00-10:30am)

Behavior Analysis/ Philosophy, Contextualism.

Target Audience: Beginner, Intermediate, Clinical, Research

Location: Senate Chambers - Room 356

STEVEN C. HAYES, Ph.D., University of Nevada, Reno
PAOLO MODERATO, Ph.D., IULM University, Milan IESCUM
GIOVANNI MISELLI, PSY.D.; IESCUM, ACT Italia, IULM University, AUSL Reggio Emilia
ANTHONY BIGLAN, Ph.D., Oregon Research Institute

What is ACT? Is the essence of ACT in its techniques and procedures? Is its essence in the form? Are those question useless? It is just philosophy?

The value of philosophy has shown its importance in the choices that had being made in psychology; particularly



when those choices had being made with awareness. Contextual Behavioral Science are standing with awareness on the philosophical foundation of contextualism. While philosophical assumptions are often left unstated, particularly in science, this is not the case of CBS. Functional contextualism is a specific variety of contextualism explicitly developed as one pragmatic philosophy of science (Biglan & Hayes, 1996). Our panelsits will explore those foundation in their historical and actual development highlighting how philosophy guides our vision of the world, our day to day practice, and even the development of cultural practices.

36. The shaping game – using DBT, FAP & ACT for clients with chronic distress

WORKSHOP (9:00-Noon)

ACT - Clinical/ DBT, FAP, chronic distress, personality disorders

Target Audience: Intermediate, Clinical

Location: Great Room - Room 403

SANDRA GEORGESCU, PSY.D., The Chicago School of Professional Psychology
Paul Holmes, Psy.D.,

This workshop will introduce (& define) “chronic distress” and propose one way of integrating interventions from each of the above approaches to provide theoretically and experientially consistent client care across stages of treatment. The background assumption is that conceptualizing treatment from a shaping perspective – from chronic distress to valued living – allows clinicians to pull from all behavioral models and tailor treatment to client needs.

With that in mind, this workshop will summarize an “acceptance based DBT model” and make a case for the use of skills training and the hierarchy of treatment targets as a first step in achieving behavioral control.

Once skills are established, ACT as “Stage II” DBT will be proposed and explained. Last, this workshop will make explicit the use of FAP principles throughout this work and encourage clinicians to amplify the relational work across stages of care.

Given the tightly packed agenda, participants will be provided with a theoretical presentation and then spend a third of the time working in pairs. Their task will be to outline how they would tailor the treatment they provide to respond to the needs of a chronically distressed client and shape increased flexibility over time.

Educational Objectives:

1. Participants will learn about “chronic distress” and shaping across models
2. Participants will learn about an “acceptance based DBT model” for individuals with chronic distress

3. Participant will learn and practice conceptualizing ACT as “Stage II” DBT treatment once skills are in place

37. ACT with Young People: Exploring Ways to Create Experiential Exercises

WORKSHOP (9:00-Noon)

ACT - Clinical/ Adolescents

Target Audience: Intermediate, Clinical

Location: Room 320

DR. LOUISE HAYES, University of Ballarat

This workshop will explore the principles of ACT and how they can be applied while also considering the developmental needs of young people (adolescent up to 24 years of age). It will include a range of experiential activities, such as art materials, music, poetry, and role-play. The presenter will use materials that were developed in a series of studies testing ACT with adolescents in a psychiatric setting and in schools. The formats include group work, individual therapy, and written materials for young people.

Educational Objectives:

1. Develop an understanding of using ACT with young people.
2. Learning how to create experiential activities using a range of materials.
3. Developing activities that consider the developmental needs of adolescents.

38. Testing the efficacy of third wave interventions

SYMPOSIUM (9:00-10:30am)

ACT - Other/ ACT clinical

Target Audience: Beginner

Location: Room 323

Chair: LOUISE MCHUGH, Swansea University

- How deictic relational responding can improve mindfulness skills
MATTHIEU VILLATTE, University of Nevada, Reno
Suzy Yardley, University of Wales, Swansea. UK
Roger Vilaradaga, M.A., University of Nevada, Reno
Jean-Louis Monestès, Service Universitaire de Psychiatrie - Neurosciences Fonctionnelles & Pathologies – CNRS UMR 816 - Centre Hospitalier Ph. Pinel. Amiens, France
Louise McHugh, University of Wales, Swansea. UK
- Decision making deficits after Acquired Head Injury: Mindfulness as a potential intervention
LOUISE MCHUGH, Swansea University
Rodger Wood, Swansea University
- The Role of Mindfulness on the Relations between Disordered Eating-Related Cognition and Psychological Distress
AKIHIKO MASUDA, Ph.D., Georgia State University
- Development of a novel mode of service-delivery (PH-ACT) to promote autonomy in socially-isolated older people
ANDREAS LARSSON, Swansea University
Lisa Osborne, Swansea University
Phil Reed, Swansea University
Louise McHugh, Swansea University

The current symposium consists of four papers the unifying concern of which is the empirical testing of third wave interventions. The first paper involves testing how deictic relational responding (perspective taking) can improve mindfulness skills. The second paper examines

the utility of mindfulness versus unfocused attention in overcoming dysfunctional levels of stimulus over-selectivity in a population with acquired head injury. The third paper looks at the role of mindfulness in disordered eating-related cognition. The final paper is a report on the development of a novel mode of service-delivery (PH-ACT) to promote autonomy in socially-isolated older people. The findings from all four studies support the use of third wave therapeutic techniques.

39. The Matrix and the Art of Improvisation: Making snap decisions in psychotherapy that work

WORKSHOP (9:00-Noon)

ACT - Clinical/ PTSD

Target Audience: Beginner, Intermediate, Advanced, Clinical

Location: Room 324

KEVIN POLK, Ph.D., The Psychological Flexibility Group
JEROLD HAMBRIGHT, Ph.D.,

In practice, psychotherapy is a process that requires making moment-to-moment decision regarding what to say and do (e.g., Improvisation). However, successful decision making in psychotherapy relies on a balance between deliberate and instinctive thinking (e.g., making snap decisions). During this workshop we will explore how to use a tool (The Matrix), that is grounded in ACT's model of Psychological Flexibility, which we have found can assist therapists in making more effective moment-to-moment therapeutic responses.

Educational Objectives:

1. To learn how the Matrix is related to ACT's Model of Psychological Flexibility.
2. To learn how having too much information interferes with effective decision making.
3. To learn how to use the Matrix to increase your effectiveness in making therapeutic responses.

40. Efficacious and effective practice: from clinical trials to everyday therapeutic routine

PANEL DISCUSSION (9:00-10:30am)

ACT - Clinical/ Single-subject design, Clinical trials

Target Audience: Beginner

Location: Room 422

GIOVAMBATTISTA PRESTI, IULM University (Milan, Italy), IESCUM (Italy)

JENNIFER PLUMB, M.A., University of Nevada Reno (USA)

MICHAEL TWOHIG, Utah State University (USA)

KELLY KOERNER, Ph.D., Evidence-Based Practice Institute

JOSEPH CIARROCHI, Ph.D., University of Wollong (Australia)

Adopting and using evidence-based interventions is not only mandatory from a scientific and legal point of view, but most of all it is relevant from an ethical point of view. Neglecting to apply the best available treatment to the client restricts his/her access to the best

opportunities of getting back to as soon as possible and effectively to a valued life.

Clinicians face difficulties in translating evidence from literature and clinical trials in a daily routine that incorporates scientific cogency and clinical flexibility as dictated by patient's behavior and context of life. In behavior analysts' tradition there's continuity between research and practice and this vision is summarized by the "scientist-practitioner" approach. However behavior analysts traditionally rely on single-subject studies as a way to join research and practice and relate both of them on the same continuum.

Evaluation of the efficacy of psychotherapies has been an issue since the '50s and since the '80s Cognitive Behavior Therapy trials tried to solve it mainly by standardizing the procedures, with the side-effect of creating a generation of "manual-based" interventions away from the subtle changes needed to be promoted in client's behavior. In addition

because of the nature of the group-based trials, devised measurements were mainly normative and focused on detecting differences between groups while mathematically reducing data fluctuation and background noise. Again being unable to detect the changes that happen in short periods of time, those on which the therapist acts, being sensible only to changes in the long run.

On the other hand there is a need for a way to embrace scientific rigor and psychotherapeutic flexibility to focus on the behavioral repertoire of clients to increase psychological flexibility. This way should be found along a continuum that places precision and scope on either ends. Where enlarging the scope is the focus, like in clinical trials, collecting normative data is a way to accomplish it, where otherwise precision is the goal, then single subject methodologies and relation between behavioral repertoires and normative data is a way to pursue it.

The panel discussion will explore and debate the ways efficacy is accounted for at the level of the clinical studies and at the level of everyday practice while maintaining a rigorously scientific profile on the side of the clinician in a scientist-practitioner fashion.

41. Perspectives on Perspective Taking

SYMPOSIUM (9:00-10:30am)

ACT - Other/ Self-as-Context

Target Audience: Beginner, Intermediate, Advanced, Clinical, Research

Location: Room 423

Chair: ROBERT D. ZETTLE, Ph.D., Wichita State University

- **Who Am I Now?: Perspectives on Self Following a Disabling Injury.**
MERRY SYLVESTER, MA, University of Nevada, Reno
Steven C. Hayes, Ph.D., University of Nevada, Reno
- **Enhancing Self as Context and Pain Tolerance**
NAKISHA CARRASQUILLO, Wichita State University
Robert Zettle, Ph.D., Wichita State University
- **Developing a Spirituality Inventory**
SUZANNE GIRD, Wichita State University
Robert D. Zettle, Ph.D., Wichita State University
Debra Renollet, Wichita State University



Blake K. Webster, Wichita State University
Britania Latronica, Wichita State University

- Associations among Deictic Relational Responding, Empathy, Experiential Avoidance and Social Anhedonia in a sample of College Students
ROGER VILARDAGA, M.A., University of Nevada, Reno
Ana Estévez, Universidad de Deusto
Michael Levin, University of Nevada, Reno
Steven C. Hayes, Ph.D., University of Nevada, Reno

This symposium will present papers as well as comments from a discussant on four recently completed research projects in the area of self-as-context, perspective taking, and spirituality.

42. ACT Based Preventive Programming on College Campuses

PANEL DISCUSSION (9:00-10:30am)

ACT - Other/ Preventive Mental Health Programming

Target Audience: Beginner, Intermediate, Advanced, Clinical, Research

Location: Room 420

CHARLES MORSE, MA, LMHC, Worcester Polytechnic Institute, Massachusetts
JACQUELINE PISTORELLO, Ph.D., University of Nevada, Reno
MICHAEL LEVIN, Contextual Change, Reno, Nevada

Multiple surveys of college students' mental health and well being converge on some concerning observations; in any given year nearly half of college students experience symptoms of depression that make it difficult for them to function, about 10% of students consider suicide and close to 2% actually make an attempt (ACHA-NCHA). Fifty-five percent of students have experienced some form of suicidal ideation in their lifetime, but only half of students will tell others about it. When they do tell others, most often it is their friends they tell and these students often feel ill equipped to help. (Eisenburg, Drum, 2009)

Annually college counseling centers cite increasing numbers of students seeking help with ever increasing severity of concerns. Recent high profile incidents on college campus involving students harm to self and others has drawn significant attention to the issue of student mental health and campus safety. Increased staffing at many college counseling centers has helped provide more adequate mental health resources and campus communities are beginning to investigate and implement more comprehensive preventive mental health programming aimed at suicide prevention.

Acceptance and Commitment Therapy offers a uniquely practical perspective on the development and implementation of preventive programming which can be delivered within campus communities. This panel presentation focuses on three such initiatives which have emerged sponsored by federal funding. At

Worcester Polytechnic Institute a peer training program has been developed with SAMHSA funding which draws heavily from ACT principles and perspectives and seeks to help students recognize and effectively respond to peer distress. At University of Nevada, Reno, over the last two years approximately 500 students have been randomly assigned to either an ACT or a psychodynamic-based freshmen class on Adjustment to College and Life (A2C). Participants are being followed for up to three years; outcome data is not yet available, but class satisfaction and drop out data will be presented. A third project to be discussed at this panel will include the recently funded development of an adaptation of ACT to a web-based course to prevent mental health problems among college students. This project is in its infancy but ongoing developments as well as possible uses and product marketability will be discussed.

Panelists will discuss the development of ACT-based preventive programming and share projected development, as well as qualitative and/or outcome data associated with the implementation of this programming.

43. ACT-Based Family Intervention for Adolescents with Anorexia Nervosa

WORKSHOP (9:00-Noon)

ACT - Clinical/ Eating disorders

Target Audience: Intermediate, Advanced, Clinical

Location: Room 317

RHONDA M. MERWIN, Ph.D., Duke University Medical Center
ALIX C. TIMKO, Ph.D., Towson University
NANCY L. ZUCKER, Ph.D., Duke University Medical Center
Lindsay Martin, BS, Towson University
Ashley A. Moskovich, BA, Duke University

The treatment of anorexia nervosa (AN) presents some unique challenges and opportunities for acceptance-based approaches. The current workshop will train ACT-based technologies developed to treat adolescents with AN within a separated family therapy framework. This 20-session protocol capitalizes on advances in parent training and Maudsley family therapy, but enhances these interventions with ACT-based parent skills training and ACT-based individual therapy for the adolescent. Participants in the workshop will receive didactic and experiential instruction on intervention rationale and components from the study team of this NIMH-sponsored Duke-Towson collaborative treatment development study. There will be opportunities for practice, role plays and discussion, as well as preliminary data presentation. Participants will also be invited to actively develop intervention strategies that are consistent with the model and sensitive to the unique features of this population.

Educational Objectives:

1. Learn how to conceptualize AN (and its related trait features) from an ACT perspective.
2. Learn the rationale and theoretical frame for an ACT-based separated family therapy for adolescents with AN.
3. Learn the components of an intervention strategy and practice application of strategies via experiential exercises and role play.

44. Stress Less, Live More: How Acceptance and Commitment Therapy Can Help You Lead a Busy yet Balanced life

WORKSHOP (9:00-Noon)

ACT - Skills/ Stress Management

Target Audience: Beginner, Intermediate, Advanced

Location: Room 406

RICHARD BLONNA, Ed.D., Department of Public Health, William Paterson University, NJ & private practice

Often clients who seek the services of therapists, counselors, and professional coaches do not have a diagnosable (meets DSM IV criteria) mental illness but are still stuck because of their psychological inflexibility. They suffer from stress, anxiety and worry that keep them from taking valued action and making progress in achieving their goals. These clients struggle with unhelpful thoughts, personal scripts, mental images, and emotions that contribute to their psychological inflexibility and keep them stuck in a rut. Acceptance and Commitment Therapy can help these clients develop greater psychological flexibility, get unstuck, and move forward towards meeting their goals. In this workshop I will use the principles and practices described in my new book; *Stress Less, Live More: How Acceptance and Commitment Therapy Can Help You Lead a Busy yet Balanced Life* (New Harbinger, 2010) to demonstrate how to help clients suffering from stress clarify their values, set meaningful goals and work towards those goals while co-existing with the painful thoughts, negative personal scripts, scary mental images, and painful emotions that contribute to them being inflexible and stuck.

Educational Objectives:

1. Learn how psychological inflexibility contributes to stress.
2. Learn how to apply the six core therapeutic process of act to manage stress.
3. Learn a variety of new ACT-based techniques that can be used to manage stress.

Tuesday Morning 10:45am

45. Special Issues in ACT Supervision: Training, Trauma, and Context

PANEL DISCUSSION (10:45-Noon)

ACT - Clinical/ Supervision

Target Audience: Intermediate, Advanced, Clinical

Location: Senate Chambers - Room 356

VICTORIA FOLLETTE, University of Nevada Reno
RAIMO LAPPALAINEN, University of Jyväskylä
IRMELI SILTAKOSKI, University of Jyväskylä

Special issues and concerns in ACT supervision will be discussed in a panel discussion that will invite audience involvement. Lappalainen will discuss a behavior analytic approach to the supervision process and will present some

preliminary data from training in Finland. Follette will be focusing on creating the environment for managing extremely traumatic material in the supervision setting. Siltakoski will address some issues related to integration of ACT and trauma training with new students and difficulties related to long distance supervision. Finally, organizational factors that impact supervision will also be considered.

46. Training and Assessment of Relational Precursors and Abilities (TARPA): Preliminary findings and future directions

INVITED LECTURE (10:45-Noon)

RFT - Research/ Autism

Target Audience: Research

Location: Room 323

IAN STEWART, Ph.D., NUI Galway

Relational Frame Theory conceptualizes the core skill in language as learned contextually controlled relational responding (referred to as relational framing). The Training and Assessment of Relational Precursors and Abilities (TARPA) is a novel computer-based protocol designed to allow for the assessment and training of a progression of key skills critical to the development of advanced flexible relational framing and hence generative language. The hierarchical ordering and content of the stages and levels of the TARPA is based on relevant theory and research. In the current study, five children with autism were assessed using the TARPA and their score on this protocol was correlated with ratings on the Vineland Adaptive Behavior Scales (VABS). Findings showed a statistically significant correlation. This and other features of TARPA performance and their implications for future testing and development of this protocol are discussed.

47. Translating the Progress in Contextual Behavioral Science into the Creation of More Nurturing Cultures

INVITED LECTURE (10:45-Noon)

Other/ Nurturing Cultures

Target Audience: Advanced

Location: Room 422

ANTHONY BIGLAN, Ph.D., Oregon Research Institute

The ultimate goal of contextual behavioral science could be to increase the prevalence of wellbeing in entire populations. Choosing this goal would ensure that our scientific work contributes, not just to the alleviation of individuals' psychological and behavioral problems, but to the creation of nurturing environments in which fewer people have problems and many more become caring and productive members of their communities. Such an outcome is a realistic prospect thanks to the substantial progress that has been made in contextually oriented behavioral sciences. The progress includes the development of a wide array of effective preventive interventions, which were identified in the recent report of the Institute of Medicine. These family and school-based interventions have been shown to reduce the incidence of antisocial behavior, anxiety and depression, substance use, risky sexual behavior, child abuse, marital conflict, and stress-related problems. At the same time, research on Relational Frame Theory and

Acceptance and Commitment Therapy (ACT) has pinpointed basic verbal processes that subserve all of these problems and clinical research on



ACT shows that modifying these processes can ameliorate a wide variety of psychological and behavioral problems.

This presentation will review the evidence supporting the above assertions and provide a synthesis of the two lines of work that can form the basis for creating nurturing cultures that not only reduce the burden of psychological, behavioral, and health problems, but significantly increase the proportion of people who are able to live productive lives in caring relationships with others.

Analysis of the generic features of effective preventive interventions indicates that they make family, school, neighborhood, and workplace environments more nurturing.

Nurturing environments have four features: (a) they minimize biologically and socially toxic events; (b) they model and reinforce prosocial behavior; (c) they limit antisocial behavior; and (d) they promote psychological flexibility. In this talk, I will focus on how the promotion of psychological flexibility could function as the foundation for achieving the other features of nurturing environments. And I will delineate lines of research that could contribute to the goal of increasing the prevalence of wellbeing.

Psychological flexibility appears to enhance people's caring toward others, although research on this issue remains limited. It appears that ACT interventions help people become more willing to have feelings, which, if avoided, would interfere with caring relationships. They also encourage people to make their values explicit and those values typically include closer relationships with others. (Further research is needed on whether values involving better relationships with others naturally emerge; this possibility is suggested by evolutionary analyses of the value to human groups of having positive social relationships.) Finally, ACT facilitates people acting in the service of their values, which is aided by defusion from difficult thoughts and feelings that arise when others are aversive.

Increasing individuals' psychological flexibility has the potential to increase the proportion of the population that is caring toward others. It might also encourage others to become more psychologically flexible, as the tendency to "hold our thoughts and feelings lightly" is spread from person to person.

As the proportion of people who are psychologically flexible spreads, the tendency of social environments to be aversive should diminish and the modeling and reinforcement of prosocial behavior should increase.

However, it is unlikely that this will happen solely through clinical interventions. If our ultimate goal is to affect the prevalence of psychological flexibility in society, why not open up other lines of research and practice that could contribute to this goal? This presentation will conclude with a framework for research and practice that should contribute to the spread of environments that nurture prosociality and thereby human wellbeing. The framework includes: (a) further research and effective communication of epidemiological evidence that promotes the establishment of environments that promote prosociality; (b) experimental evaluations of comprehensive interventions to promote prosociality; (c) evaluations of ACT interventions to promote social cohesion, trust, and prosociality in organizations and comity and pragmatism in public discussion; (d) the development of a surveillance system to track progress in evolving nurturing environments.

48. For the Benefit of My Patients, A Family Physician's Journey into ACT

INVITED LECTURE (10:45-Noon)

ACT - Clinical/ Primary Care

Target Audience: Beginner, Intermediate, Clinical

Location: Room 423

DEBRA A. GOULD, MD, MPH, Central Washington Family Medicine Residency Program

- Using ACT Bibliotherapy to Reduce Distress Among Japanese International College Students
TAKASHI MUTO, Ph.D., University of Nevada, Reno
Steven C. Hayes, Ph.D.,
Tami Jeffcoat,

This lecture will focus on the application of ACT in the primary care setting. The presenter will describe her experience of learning how to integrate ACT into her practice as a family physician and as a teacher in a family medicine residency program. Based on both personal experience growing up in a rural, underserved community and her professional experience, she will discuss the rationale of providing ACT via an integrated behavioral health service model and/or through training family physicians and other primary care providers in ACT technology. She will also present the practical and potential challenges associated with these activities and advocate for ACT research in primary care settings.

49. ACT and RFT Analog Component Research

SYMPOSIUM (10:45-Noon)

Other/ ACT and RFT

Target Audience: Beginner, Intermediate, Advanced, Clinical, Research

Location: Room 420

Chair: NIC HOOPER, Swansea University

- The Effects of Cognitive Defusion vs Restructuring on Distress
JARED DILLOW, B.S., Morehead State University
J. T. Blackledge, Ph.D., Morehead State University
- Thought suppression versus defusion in the mitigation of learned helplessness
NIC HOOPER, Swansea University
LOUISE MCHUGH, Ph.D., Swansea University
- A RFT analysis of the verbal processes involved in acceptance, suppression, and distraction
MARISA PÁEZ-BLARRINA, Instituto ACT

Carmen Luciano, Universidad de Almería
Olga Gutiérrez-Martínez, Universidad de Almería
Francisco J. Ruiz, Ph.D., Universidad de Almería
Sonsoles Valdivia-Salas, Universidad de Almería

- **Cognitive Defusion versus Thought Distraction: A Clinical Rationale, Training, and Experiential Exercise in Altering Psychological Impacts of Negative Self-Referential Thoughts**
AKIHIKO MASUDA, Ph.D., Georgia State University
Johanna W. Wendell, Georgia State University
Amanda B. Feinstein, Georgia State University
Shawn Sheehan, Georgia State University

This symposium focuses on studies of components of ACT and RFT. The first study examines the effectiveness of cognitive defusion and cognitive restructuring in reducing the believability of negative thoughts. The second compares strategies for coping with unwanted content prior to a learned helplessness preparation: participants were assigned to cognitive defusion, thought suppression, or control conditions. In the third, the verbal processes involved in acceptance, suppression, and distraction strategies were analyzed across four experimental conditions. Lastly, a study compares the effects of a cognitive defusion strategy with a thought distraction strategy on the emotional discomfort and believability of negative self-referential thoughts across two modes of intervention delivery.

Tuesday Lunch 12:00-1:15pm

Tuesday Afternoon 1:15pm

50. Enhancing Values Work in Psychotherapy: Practical Tools and Exercises

WORKSHOP (1:15-4:15pm)

ACT - Skills/ Values

Target Audience: Beginner, Intermediate, Advanced, Clinical

Location: Ballroom A & B

JOANNE DAHL, Ph.D., University of Uppsala, Sweden
JENNIFER PLUMB, M.A., University of Nevada Reno

Do you want to increase your focus on values in therapy but feel unsure how best to do so? Do you ever feel stuck when clarifying values or setting goals with clients? If so, you may benefit from this work shop, presented by the authors of *The Art and Science of Valuing Psychotherapy*, the first book wholly devoted to values work in ACT. You will learn about the basic theory of values from an ACT perspective, ways to work with values in different stages of therapy, practice using several specific clinical tools and exercises to both establish a clearer sense of your client's values and develop valued-

action patterns, and learn how to develop your own values exercises.

Educational Objectives:

1. To understand values and values-based case conceptualization from an ACT perspective.
2. To gain facility with numerous practical tools for working with values throughout the course of psychotherapy.
3. To learn the skills necessary to create your own value-based exercises and activities for your clients.

51. Pillars and Posts and Arches, Oh Boy!: What's Up With This Response Style Business Anyway?

INVITED LECTURE (1:15-2:30pm)

Other/ ACT Core Processes, Response Styles, Case Formulation

Target Audience: Research

Location: Theater (3rd Floor)

KIRK STROSAHL, Ph.D., Central Washington Family Medicine

One of the more recent developments in ACT has been the attempt to streamline the clinical model so that it is more efficient as a case formulation method and is more accessible to non-mental health trained helping professions. A potentially useful way to do this is to move from reliance on six core processes to three basic response styles. This talk will examine progress that is being made on this front. I will define what we mean by a "response style" and then individually examine each one in terms of its clinical significance. Various attempts have been made to incorporate this idea into ACT case formulation and treatment planning models (i.e., pillars & posts, psy-flex arches, three legged stool) and I will briefly review these developments. The movement to a response style model also has significant implications for ACT/RFT research, for example, does the research support the parsimony of moving to three response styles over six core processes?

52. How is the Third Wave Contributing to the Progress of CBT?

PANEL DISCUSSION (1:15-2:30pm)

ACT - Other/ ACT, DBT, FAP

Target Audience: Research

Location: Ballroom C

KELLY WILSON, Ph.D., University of Mississippi
TERRY WILSON, Ph.D., Rutgers University
KELLY KOERNER, Ph.D., Evidence-Based Practice Institute
WILLIAM C. FOLLETTE, Ph.D., University of Nevada, Reno
JAMES HERBERT, Drexel University

Where is CBT going? What is needed to move the field forward? What do therapies like ACT, FAP, and DBT have to add to more mainstream CBT approaches? This panel will focus on the broad trends in research on CBT through identifying gaps in the literature, discussing links to basic research, and talking about the role of research on dissemination and implementation.

53. Research and Therapeutic Application in the Context of Valued Living

SYMPOSIUM (1:15-2:30pm)

ACT - Clinical/ Values-Centered Interventions

Target Audience: *Beginner, Intermediate, Advanced, Clinical, Research*

Location: **Senate Chambers - Room 356**



Chair: STEPHANIE L. NASSAR, University of Mississippi

- Exploring the Use of the Hexaflex Functional Dimensional Experiential Interview (HFDEI)
MAUREEN K. FLYNN, University of Mississippi
Kelly G. Wilson, Ph.D., University of Mississippi
Kate Kellum, Ph.D., University of Mississippi
Stephanie L. Nassar, University of Mississippi
Regan M. Slater, University of Mississippi
- Update on Values-Centered Adaptation of The Expressive Writing Paradigm
STEPHANIE L. NASSAR, University of Mississippi
Kelly G. Wilson, Ph.D., University of Mississippi
Kate Kellum, Ph.D., University of Mississippi
- Exploring Values and Present Moment: An Examination of the Sweet Spot Exercise
REGAN M. SLATER, University of Mississippi
Kate Kellum, Ph.D., University of Mississippi
Kelly G. Wilson, Ph.D., University of Mississippi

Values are defined as “freely chosen, verbally constructed consequences of ongoing, dynamic, evolving patterns of activity, which establish predominant reinforcers for that activity that are intrinsic in engagement in the valued behavioral pattern itself” (Wilson & DuFrene, 29; Wilson, Sandoz, Kitchens, & Roberts, in press). Valued living is significantly and positively correlated with general mental health, vitality, social functioning, and lack of interference by emotional and physical problems. It is also significantly and negatively correlated with experiential avoidance, mood difficulties, relationship problems, somatic complaints, hostility, maladaptive psychosocial surroundings, general psychopathology, and treatment resistance (Wilson & DuFrene, 29; Wilson et al., in press). This symposium presents findings from studies exploring the utility of a values-centered clinical interview/case conceptualization, the unique and added benefits of values-centered writing, as well as an examination of a values & present moment exercise.

54. Social Communication and Relational Frame Theory

WORKSHOP (1:15-2:30pm)

RFT - Research/ RFT-Clinical

Target Audience: *Intermediate*

Location: **Great Room - Room 403**

LOUISE MCHUGH, Swansea University
MATTHIEU VILLATTE, University of Reno Nevada
ROGER VILARDAGA, M.A., University of Reno Nevada

Researchers within cognitive and traditional developmental fields have written volumes on the social-cognitive nature of social problems in disorders such as autism and schizophrenia, with the “Theory of Mind” (ToM) construct receiving

the majority of attention. While behavior analysis has offered descriptions of how to teach basic social behaviour to individuals with autism, descriptions of complex social behaviour (e.g., understanding deception, empathy, “self-reflection” – all falling under the rubric of “perspective taking”) have eluded commonly utilized behavioural intervention resources, and little or no research has attempted to remediate social deficits in schizophrenia. However, researchers within behavior analysis are beginning to investigate how complex social behavior constructs can be examined within a behaviour analytic framework, with recent progress in derived multiple stimulus relations offering particular promise. “Relational Frame Theory” (RFT) accounts of ToM, perspective-taking in particular, have yielded testable hypotheses, developmental profile analyses, and descriptions of treatment protocols. This workshop will summarize this literature, and discuss the relevance to clinical disorders such as autism-related and schizophrenia spectrum related deficits (e.g., understanding deception, intentions, others’ interest in discussion topics, other’s feelings, etc.).

Educational Objectives:

1. Learning the RFT account of Theory of Mind: how deictic relational responding is involved in mental states attribution.
2. Learning about the developmental studies conducted in RFT to analyze deictic relational responding in relation to ToM.
3. Learning about the deictic studies conducted with pathological populations.

55. How do I design an IRAP and implement it easily in my research?

WORKSHOP (1:15-2:30pm)

Other/ RFT & ACT Clinical

Target Audience: *Beginner, Intermediate*

Location: **Room 320**

NIGEL VAHEY (PhD Candidate), National University of Ireland Maynooth

Ian Stewart, National University of Ireland, Galway

Louise Mc Hugh, University of Wales, Swansea

Dermot Barnes-Holmes, Ph.D., National University of Ireland, Maynooth

A key objective of the workshop will be to trace the empirical development of the IRAP, placing each successive optimisation in context. From there, the Relational Elaboration and Coherence model (RECM) will be used to interpret the latest design implications of the extant empirical base of IRAP research. The authors’ primary objective is to formalise and expand upon tacit principles that have guided the design and implementation of IRAP’s to date; the authors thereby aim to both maximise the IRAP’s ease of delivery, and its precision, among a wider audience. These principles will be illustrated in practice for workshop participants by the workshop facilitator(s). The IRAP is a computerised response-time measure derived from an integration of the account of human language and cognition provided by Relational Frame Theory (RFT), and the substantial cognitive literature addressing so-called “implicit” attitudes. In broad terms the model underlying the IRAP conceptualises implicit effects as being driven by immediate and relatively brief relational responses; in contrast, explicit (self-report) measures

then are thought to reflect more elaborated and coherent relational response networks for which implicit attitudes are precursors. More simply, the IRAP captures spontaneous and automatic evaluative responses, whereas self-report measures capture more carefully considered deliberative reactions. Whereas explicit measures are frequently criticised as suffering from the limitations of introspection, and as largely reflecting a person's tendency to respond in a socially desirable manner, implicit measures are relatively impervious to such confounding biases. Indeed, to date numerous studies have shown that the IRAP supplements traditional explicit measures, to provide greater prediction of target behaviours and a more precise understanding of the processes of attitude and behaviour change (see http://psychology.nuim.ie/IRAP/IRAP_Articles.shtml). Implicit attitudes appear to be particularly useful in the analysis of relatively established behaviours that do not often come under deliberative control such as those underlying addictive compulsions or prejudice. The workshop facilitators will provide workshop participants advice on how best to harness these strengths for the purposes of their individual research interests.

Educational Objectives:

1. To describe, introduce and place the IRAP within the extant literature. This will include communicating the broad psychometric properties of the IRAP within the theoretical framework of the recently offered Relational Elaboration and Coherence Model (RECM), a model derived from RFT.
2. Using role-play, to provide workshop participants with the core practical knowledge of how to prepare and maintain subjects across the IRAP procedure. This information is particularly important for minimising the substantial possibility of task attrition among novice researchers and research participants.
3. To use role-play experience to illustrate important IRAP design parameters that have a bearing on the difficulty and relevance of each IRAP design to target groups. The objective is to equip workshop participants to decide between the qualities of competing IRAP designs according to their particular analytic goals.

56. Toward a contextual neuroscience?

PANEL DISCUSSION (1:15-2:30pm)

Other/ Neuroscience, RFT, Mindfulness, Brain imaging

Target Audience: Beginner, Intermediate, Advanced, Research

Location: Room 323

BENJAMIN SCHOENDORFF, Private Practice and Provence University, Aix-Marseille, France.

STEVEN HAYES, Ph.D., University of Nevada, Reno

LINDSAY FLETCHER, M.A., University of Nevada, Reno

Neuroimaging is sometimes hailed as the future of psychology, but can the psychological and behavioral level of explanation be usefully reduced to neurobiology? The panel will explore alternatives to brain reductionism, ways in which brain imaging can be used to increase the depth and consistency of explanations across levels, and discuss the contour of a process-based contextual behavioral neuroscience.

57. ACT for Spiritual Development

WORKSHOP (1:15-4:15pm)

ACT - Other/ Spiritual Development

Target Audience: Beginner, Intermediate, Advanced, Clinical, Research

Location: Room 324

HANK ROBB, Ph.D., ABPP, Private Practice

This workshop suggests ACT based principles and practices could be used to support a monistic, pragmatically oriented approach to spiritual development. The workshop will address issues of love, the development and application of one's leading principles, forgiveness, reconciliation, a formula for human liberation and a formula for serenity in action with the overall aim of increasing joyful participation in the sorrows of the world.

Educational Objectives:

1. Identify the outlines of a monistic, pragmatically oriented approach to spiritual development.
2. Identified a possible root metaphor for the approach.
3. Consider ACT principles as a basis for spiritual development rather than an adjunct to it.

58. ACT and Trauma: New Data and Directions

SYMPOSIUM (1:15-2:30pm)

Other/ ACT Research

Target Audience: Beginner

Location: Room 422

Chair: VICTORIA FOLLETTE, Ph.D., University of Nevada Reno

- Experiential Avoidance and Anger in Veterans with PTSD
SONJA BATTEN, VA Central Office
Andrew P. Santanello, VA Maryland Health Care System
M. B. Ranucci, Portland VA Medical Center
- Mindfulness and Acceptance-Based Group Treatment for Uniformed Services Professionals with Complex Trauma
JAMES BASTIEN, Uniformed Services Program
Barbara Hermann, Uniformed Services Program
Dana Moore, Uniformed Services Program
- Acceptance and Commitment Therapy Group Treatment for Veterans with Posttraumatic Stress Disorder
ALETHEA A VARRA, VA Puget Sound Health Care System, UW
Tracy L. Simpson, VA Puget Sound Health Care System, University of Washington
Matthew Jakupcak, VA Puget Sound Health Care System, University of Washington
- ACT for Complex PTSD in Trauma Survivors
VICTORIA FOLLETTE, Ph.D., University of Nevada Reno
Devika Ghimire, UNR

Jessica Heaton, UNR

- Intensive Outpatient PTSD Treatment
KEVIN POLK, Togus VA



While ACT has been used for the treatment of trauma since the early 1990's, data on the effectiveness of this work continues to be limited. PTSD and "Complex PTSD" continue to be significant problems in both veteran and civilian populations. While data supports the use of traditional CBT for some PTSD clients, there continues to be a need for alternative forms of therapy that can be used for those clients who do not benefit from CBT or who present with other forms of life interfering problems associated with a history of trauma. This symposium brings together data from leaders in the field who have been at the center of developing trauma work. Varra will discuss data from a 1 week open trial of group treatment for veterans. Bastien will discuss a mindfulness and ACT based group program for uniformed professionals with complex trauma. Batten will discuss treatment for problems with anger in a veteran population. Finally, Follette will present single case data on treatment of a child abuse survivor who presents with complex PTSD.

59. Using Acceptance and Commitment Group Training in Vocational Rehabilitation Programs with Special Needs Veterans

WORKSHOP (1:15-2:30pm)

ACT - Clinical/ Vocational Rehabilitation

Target Audience: Beginner, Intermediate, Advanced, Clinical

Location: Room 423

JOHN P. BILLIG, Ph.D., VAMC, Minneapolis, MN
JOHN MERLADET, Ph.D., VAMC, Minneapolis, MN
DIANE ACORD, MA, CRC, CBIS, Hennipin County, Minneapolis, MN

The purpose of this workshop is to introduce participants in the use of Acceptance and Commitment Training (ACT) as part of an overall vocational rehabilitation tool for helping persons with physical, cognitive and emotional disabilities accept their barriers to employment and commit to reemployment. We worked with Afghani and Iraqi Veterans with traumatic brain injury/post-traumatic stress disorder (TBI/PTSD) and with individuals with spinal cord and multiple sclerosis (MS) conditions who were at different stages in their recovery process and time since injury. They were part of the Veterans Health Administration's, Veteran's Industries Compensated Work Therapy Program. Compensated Work Therapy (CWT) is a Department of Veterans Affairs (VA) vocational rehabilitation program that endeavors to match and support work ready veterans in competitive jobs, and to consult with business and industry regarding their specific employment needs. Helping newly injured veterans or veterans who

have been stuck in their injuries for many years can be a challenge for vocational rehabilitation staff and veterans with brain injury add to the complexity of moving them forward into employment. While these populations receive considerable medical attention and seemingly appear not really able to participate in the established rapid employment models, vocational interventions can produce positive outcomes for those who are ready to talk about an employment activity even if in a pre-employment stage. These populations present with multiple barriers to employment even after many years of medical rehabilitation.

From a vocational point of view, veterans (especially the newly injured) initially present with significant lack of confidence, avoidance and limited flexibility in exploring options for their future. Rehab teams focus on mobility, ADLs/IADLs, cognition, recreational therapy, and emotional functioning, but leave vocational issues in the background, thinking they will be addressed later when the patient is "better." However, a veteran can become stuck in their own psychological entanglements about their disabilities very early and can simply conclude return to work (RTW) is not an option and begin to choose life goals representing stagnation and despair. Many times we hear stated life goals like: "I want to be a stay at home dad;" "I want to do on line course work;" "I want to work alone;" "I want to stay on the couch and channel surf;" and "I am only going to get worse" in response to the return to work question especially from those who are early in their injury. Then there is the other extreme where veterans overreact and select occupations where failure seems inevitable given their constellation of injuries and stay stuck in this belief and consequently stuck in finding adequate, sustainable employment.

ACT has been successfully used organizationally in decreasing error rates among groups of call center employees, decreasing burn out, diminishing sick day calls, and associated with higher levels of perceived job control. ACT has also been used successfully in behavioral medicine to help patients control their weight, manage chronic illness, and improve quality of life. ACT also has achieved positive outcomes in mental health helping people manage anxiety, depression, and PTSD. For the vocational rehabilitation field, this type of intervention can provide a new avenue for individuals with disabilities who are stuck on the disabling aspects of their medical or psychological conditions. Coupling ACT with a vocational rehabilitation model of intervention, the ACT on L.I.F.E. (Lifting Individuals for Future Employment) group was formed (acronym adapted from prior ACT group models with permission). During the intervention, the Veteran is asked to expose him or herself to thoughts, feelings and actions related to barriers associated with return to work and are trained to accept these barriers in the service of moving in valued life directions. The goal of the training is to increase psychological flexibility in helping the CWT Veteran planning to return to work such that the Veteran can make more effective choices when choosing a meaningful life path when working with their vocational rehabilitation clinician. This is performed through the ACT based group while the Veteran in the CWT. Workshop participants will be introduced to the

group format and its process. Theoretical underpinnings will be discussed and a proposed protocol will be introduced.

Educational Objectives:

1. Learn how to apply an ACT in a vocational rehabilitation setting with consumers presenting with chronic disabilities.
2. Learn how ACT can improve on psychological flexibility and increase outcomes for re-employment.
3. Learn how to assess right time to engage consumer in process of ACT intervention.

60. New Interventions and Applications of ACT

SYMPOSIUM (1:15-2:30pm)

ACT - Clinical/ depression, OCD, values, in-patient

Target Audience: Beginner, Intermediate, Advanced, Clinical, Research

Location: Room 420

Chair: RAIMO LAPPALAINEN, Ph.D., University of Jyväskylä, Finland

- Acceptance and Commitment Therapy for Treatment-Severe and Resistant Obsessive-Compulsive Disorder: A Case Study
MASSIMO RONCHEI, Psy.D, IESUM, Parma;
ASCCO (Academy of Behavior and Cognitive Science) Parma; ACT-Italia, Risorse Psicologiche, Reggio Emilia
- A four session Acceptance and Commitment Therapy for depression
RAIMO LAPPALAINEN, Ph.D., University of Jyväskylä, Finland
Elina Timo, University of Jyväskylä, Finland
Aino Kohtala, University of Jyväskylä, Finland
Laura Savonen, University of Jyväskylä, Finland
Piia Astikainen, University of Jyväskylä, Finland

This symposium examines novel ACT interventions. The first paper presents a case study of an ACT intervention with a 48-year old man with resistant and severe obsessive-compulsive disorder (OCD) and major depressive disorder. A second paper reviews data on a brief ACT intervention for depression as compared to a wait list condition.

61. Acceptance and Commitment Therapy for Body Image Dissatisfaction: A 3 Hour Clinician's Workshop

WORKSHOP (1:15-4:15pm)

ACT - Clinical/ Eating Disorders

Target Audience: Beginner, Intermediate, Advanced, Clinical

Location: Room 317

ADRIA PEARSON, Ph.D., VA Long Beach Healthcare System

MICHELLE HEFFNER, Ph.D.,

Victoria Follette, Ph.D., University of Nevada, Reno

Body image dissatisfaction is a pervasive problem, evidenced in men and women across a variety of age cohorts and clinical populations. Acceptance and Commitment Therapy (ACT) has shown preliminary success in treating body

image and weight related problems (Lillis, Hayes, Bunting and Masuda, 2009; Pearson, Follette and Hayes, unpublished manuscript). The current proposal is to facilitate a 3 hour intensive workshop training for clinicians to apply ACT to treatment of clients with body image dissatisfaction. The underlying tenets of ACT and its application to treat body image dissatisfaction will be covered. Applications to women and men across a range of ages and populations will be discussed using case examples. The 3 hour workshop will be interactive, facilitating discussion of attendees as to their experience treating populations with body image dissatisfaction. Participants will have opportunity to gain feedback from facilitators and other workshop attendees. ACT for Body Image Dissatisfaction by Pearson, Heffner and Follette (2010) will be used as an instructional tool for the workshop. The book addresses the treatment of body image dissatisfaction with theory and application with a specific ACT protocol. Case examples illustrate the application of the therapy with a diversity of clients, including men and women, across a range of ages and populations, including body image problems associated with injury or illness. Workshop attendees will gain a basic knowledge of ACT, the protocol and its application.

Educational Objectives:

1. To discuss and learn about the prevalence, various manifestations and psychological and behavioral impact of body dissatisfaction.
2. To learn how to conceptualize body image dissatisfaction using a functional/contextual approach (specifically, an ACT approach).
3. To learn how to apply ACT to treat body image dissatisfaction. The book ACT for Body Image Dissatisfaction: A Practitioner's Guide to Using Mindfulness and Acceptance based Behavior Change Strategies (Pearson, Heffner & Follette, 2010) will be used as a guiding treatment protocol in the workshop.

62. Psychological Health/Flexibility in the context of Behavioral Medicine

SYMPOSIUM (1:15-2:30pm)

ACT - Other/ Psychological Flexibility, behavioral medicine

Target Audience: Beginner, Intermediate, Advanced, Clinical, Research

Location: Room 406

Chair: AKIHIKO MASUDA, Ph.D., Georgia State University

- Pain Intensity, Psychological Inflexibility, and Acceptance of Pain as Predictors of Functioning in Adolescents with Juvenile Idiopathic Arthritis
Amanda B. Feinstein, Georgia State University
Evan M. Forman, Drexel University
AKIHIKO MASUDA, Ph.D., Georgia State University
Lindsey L. Cohen, Georgia State University
James D. Herbert, Drexel University
Nandini Moorthy,
- Pain Intensity, Psychological Inflexibility, and Acceptance of Chronic Illness as Predictors of Quality of Life in Adolescents with Sickle Cell Disease
Lindsey Cohen, Georgia State University
AKIHIKO MASUDA, Ph.D., Georgia State University
Amanda B. Feinstein, Georgia State University
Josie Welkon, Georgia State University
Kevin E Vowles, The Haywood Hospital & Keele University

- Emotional awareness and acceptance predict coping with cancer screening and protect mental health



JODIE LANDSTRA, M.A., University of Wollongong, Australia; St Vincent's Hospital, Darlinghurst Australia
 JOSEPH CIARROCHI, Ph.D., University of Wollongong, Wollongong Australia
 Frank Deane, Ph.D., University of Wollongong, Wollongong Australia
 Leon Botes, STI Research Centre, University of Sydney, Sydney, NSW Australia; St Vincent's Hospital, Darlinghurst NSW Australia
 Richard Hillman, STI Research Centre, University of Sydney, Sydney, NSW Australia; St Vincent's Hospital, Darlinghurst NSW Australia

So far the current symposium consists of 3 papers the unifying the role of psychological flexibility in daily function and quality of life of patients in the field of pediatric and adult behavioral medicine. The first paper is a cross-sectional study investigating the role of psychological flexibility in the quality of life and daily functioning of adolescents with juvenile idiographic arthritis (JIA). The second paper examines whether psychological flexibility is a useful concept/criterion for understanding the daily functioning and quality of living among adolescents with sickle cell disease (SCD). Finally, the third paper reports whether psychological flexibility predicts coping with cancer screening and protects mental health. These findings from all three studies support that psychological flexibility is a useful concept in understanding and perhaps suggesting useful interventions to improve the lives of consumers in the field of behavioural medicine.

Tuesday Afternoon 2:45pm

63. Using ACT to Enhance Mindfulness and Engagement in Primary Care Practice
WORKSHOP (2:45-4:15pm)
ACT - Clinical/ Primary Care, Transdiagnostic
Target Audience: Beginner
Location: Theater (3rd Floor)

PATRICIA ROBINSON, Ph.D., Mountainview Consulting Group
 DEBRA A. GOULD, MD, MPH, Central Washington Family Medicine, University of Washington Family Practice Residency
 KIRK D. STROSAHL, Ph.D., Central Washington Family Medicine, University of Washington Family Practice Residency, Mountainview Consulting Group, Inc

This workshop introduces an ACT perspective on burn-out and provides several new tools that primary care providers and their behavioral health colleagues can use for self-assessment and planning, both at the individual practice and system levels.

Educational Objectives:

1. Learn how to assess sources of stress in the primary care setting.
2. Learn how to assess your current level of psychological flexibility.

3. Consider a variety of ways to enhance mindfulness and meaning in your work activities.
4. Make a plan to enhance your resiliency for working in the primary care setting.

64. Emotion Regulations and ACT
INVITED LECTURE (2:45-4:15pm)

Other/ Emotion regulation, basic research
Target Audience: Research
Location: Ballroom C
 JAMES GROSS, Ph.D., Stanford University

One canonical distinction in the field of emotion research is the distinction between emotion generation and emotion regulation. This distinction fits comfortably with folk theories which view emotions as passions which arise unbidden and then must be controlled by reason. For example, a child may get angry when a sibling gets a treat but she does not (emotion generation). The child then may need help calming down after the upset (emotion regulation). But is it really possible to distinguish between the processes (and brain regions) implicated in emotion generation versus emotion regulation? In the first part of this talk, I will make the case that such a distinction is (often) both possible and useful. In the second part of this talk, I will then spell out how emotion regulation research makes contact with ACT.

65. Contributions of a Contextual Behavioral Approach to the Assessment and Treatment of Trauma

PANEL DISCUSSION (2:45-4:15pm)
Other/ Trauma
Target Audience: Clinical

Location: Senate Chambers - Room 356
 JORDAN T. BONOW, M.A., University of Nevada, Reno
 VICTORIA M. FOLLETTE, Ph.D., University of Nevada, Reno
 ROBYN D. WALSER, Ph.D., National Center for Posttraumatic Stress Disorder
 SONJA V. BATTEN, Ph.D., Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury
 ALETHEA VARRA, Ph.D., VA Puget Sound; University of Washington
 WILLIAM C. FOLLETTE, Ph.D., University of Nevada, Reno

Mainstream approaches to the treatment of individuals who have been exposed to traumatic events typically focus on exposure. While exposure-based approaches have a large amount of empirical support, their ultimate utility can be limited. Many clients with a history of trauma exhibit complex forms of psychological dysfunction and distress that extend beyond simple Posttraumatic Stress Disorder (PTSD) symptomatology (e.g., broad patterns of experiential avoidance, substance abuse, interpersonal deficits). As a result, these clients may require more comprehensive forms of therapy that enhance traditional exposure-based approaches. A contextual behavioral approach provides a framework for the development of these therapies. This panel gathers clinicians and researchers to discuss the contextual behavioral approach to the assessment and treatment of trauma. Specific focus will be placed on the broad theoretical approach, the technologies it utilizes, and its unique benefits.

66. An Engaging Partnership: Integration of ACT and the Motivational Interviewing Model

WORKSHOP (2:45-4:15pm)

ACT - Clinical/ Engagement, Motivational Interviewing

Target Audience:

Location: Great Room - Room 403

KRISTIN L. DEMPSEY, MFT, Member, Motivational Interviewing Network of Trainers (MINT), San Mateo County Behavioral Health and Recovery Services; Dominican University of California
Ali Hall, JD, MINT, Full time consultant and trainer for evidence-based practices implementation

Motivational Interviewing (MI), is a counseling method which has its origins in the alcohol and drug treatment field as an approach to engage and retain individuals who had typically been seen as "resistant" and therefore not likely to change (quit using substances). In the last twenty five years, Motivational Interviewing has been researched and adapted to engage and successfully treat individuals with "difficult" behavior change issues in a variety of settings – behavioral health , primary care, and corrections, among others. As a method to engage clients, Motivational Interviewing relies on creating a spirit of collaboration, empathy, and hope to create a base for engagement. MI also employs specific strategies to identify and strengthen discussions around behavior change.

Once a client has moved from the initial engagement to actively changing behavior, the clinician can use a variety of theoretical approaches to maintain client engagement, and help them develop practical skills to achieve their change goals.

It is in this transition from "pre-action" to "action" stage of change that Motivational Interviewing and Acceptance and Commitment Therapy form an effective partnership. Specifically, a client can be motivated toward change, but not feel confident regarding having the ability to make the change. It is in this skill and confidence building that ACT well compliments the motivational approach.

Acceptance and Commitment Therapy has much in common with Motivational Interviewing, and is a natural choice for the client moving from "pre-action" to behavior change. ACT and MI share a strength-based, hopeful, empowered vision of the client. As the client moves from pre-action, low engagement, to consideration, preparation and eventual change, the specific ACT skills based on the principles of defusion, mindfulness and the creation of an action-oriented, values-driven life, help the client develop the competencies necessary for engaging in the new behavior. In this process the new abilities reinforce the motivation, which in turn provides energy to develop new attitudes and skills.

Demonstration, case example or role play will be used to illustrate the integration of the techniques.

Educational Objectives:

1. Participants will be able to identify the major principles of the Acceptance and Commitment and Motivational Interviewing approaches, and be aware of when each approach is best applied depending on client readiness to change regarding target behaviors.
2. Identifying how Motivational Interviewing techniques can be used to engage clients around developing mindfulness skills and value-based behaviors.
3. Learn to use defusion and mindfulness to move clients toward change who present as motivated, but not confident in their ability to change.
4. Practice using valued-based living and committed action to those struggling to identify reasons and needs to change.
5. Learn how to introduce clients to the ACT model as they move away from ambivalence toward developing a sense of self and committed action based on values.

YADUSMCH

67. Psychosis and ACT

SYMPOSIUM (2:45-4:15pm)

ACT - Other/ Psychosis

Target Audience: Clinical, Research

Location: Room 320

Chair: JOHN FARHALL, Ph.D., La Trobe University

- Preliminary results from the Lifengage trial - a randomised controlled trial of acceptance and commitment therapy for medication-resistant psychosis
JOHN FARHALL, Ph.D., La Trobe University
Neil Thomas, D.Psych., La Trobe University
Frances Shawyer, Ph.D., La Trobe University
Steven Hayes, University of Nevada
- Rule-governed behavior as delusion maintenance factor in schizophrenia
JEAN-LOUIS MONESTES, MA, Service Universitaire de Psychiatrie, Amiens, CNRS FRE 3291
Ian Stewart, National University of Ireland Galway, Ireland
Gwenole Loas, Service Universitaire de Psychiatrie, Amiens, CNRS FRE 3291
Matthieu Villatte, University of Nevada, Reno
- Experiential avoidance and delusional beliefs
PATRICIA BACH, Ph.D., Illinois Institute of Technology
Marta Fliss, M.S., Illinois Institute of Technology

This symposium consists of studies of the use of ACT principles in people with delusions and psychosis. The first study presents data from a randomized controlled trial of ACT for people with medication-resistant psychotic symptoms. The second presents a study data on the maintenance of delusional beliefs as a form of rule-based insensitivity to changing environmental contingencies in patients with schizophrenia. The last presentation explores the relationships among delusional beliefs, experiential avoidance (EA), and quality of life in a large community sample.

68. ACT and RFT

PANEL DISCUSSION (2:45-4:15pm)

RFT - Clinical/ ACT Clinical

There will be a series of interactive group exercises presented to the participants as a means of introducing the participants to the Matrix. The group exercises will include group rules, affirmations, identifying a person in your life who has influenced your behavior, the personal coat of arms. At the conclusion of the exercises a mobile storefront is open for business. The participants will purchase five values from our core stock of thirty-five values.

At this juncture the participants will participate in a specific intervention using the group process of the Matrix developed by Kevin Polk, Ph.D. The matrix grid will provide a structure for a group process where the participants experience problematic feelings through their physical experience, which consists their five senses and their personal experience, as viewed through their mental image. The value domains presented to the group are: family, dating, friends and social relationships, education and personal growth, recreation and fun, spirituality and well-being. The participants identify their values, list barriers to acting on those values. They then explore unsuccessful solutions they have tried and counter these with opportunities they find for taking actions that are more aligned to their values

Kevin Polk will provide the participants with a summary of the experience. At this juncture a group interactive process will be lead as to other ideas and invocations of how to introduce the concept to Middle Schools and Elementary Schools.

Educational Objectives:

1. Develop through experience how to conduct groups with adolescents introducing the concept of values through the use of the matrix grid.
2. Develop clinical techniques in the treatment of adolescents and children
3. Will experience insight into their personal values.

71. How do we ACT in teams?

WORKSHOP (2:45-4:15pm)

ACT - Other/ Interdisciplinary teamwork

Target Audience: Intermediate

Location: Room 420

PETER HEUTS, MD, Ph.D., VU University Amsterdam and Rehabilitation Centre Amsterdam

KARLIN SCHREURS, Ph.D., University of Twente and Rehabilitation Centre 't Roessingh, Enschede

We will discuss some of the promises and challenges of implementing ACT in a non-academic setting with professionals of different backgrounds and education. In 2008 we started an ACT training for multidisciplinary rehabilitation teams. This training programme consists of 5 lines: -1- introduction in RFT; -2- clinical ACT model/hexaflex; -3- case conceptualization; -4- personal development of the therapist; -5- exercises & metaphores.

Consisting of 3 workshops of 2 days each, this training programme for multidisciplinary rehab-teams offers the basic information about ACT, as well as experiential learning and opportunity to develop skills. In this workshop we will share our experiences with colleagues for the purpose of further development of multidisciplinary work with ACT.

Educational Objectives:

1. Learn strategies for using ACT in multidisciplinary rehabilitation-teams with psychologists, physicians, occupational therapists, physiotherapists and social workers.
2. Information about our teaching and training programme for teams starting with ACT.
3. Identify the needs for further development of working with ACT in multidisciplinary teams.

72. Eating Dialog – An academic program for physician and dietitian using ACT to make the shift from the diet paradigm focuses on weight to the HAES paradigm focuses on well being.

WORKSHOP (2:45-4:15pm)

ACT - Clinical/ Eating language and behavior

Target Audience: Clinical

Location: Room 406

AYELET KALTER, MSc. RD, Eating Dialog Study and Therapy Center; Ariel University

Obesity “kills” each year approximately 400,000 Americans, it costs the American economy about 100 Billion dollars a year. As much as 60% of the Americans are considered overweight and one out of four Americans is considered fat. Obesity causes heart condition, cancer, diabetes, asthma, high blood pressure and countless medical problems. This data has defined the obesity phenomenon as a global epidemic.

Today there are two main approaches trying to treat obesity:

1. Weight based approaches (diet paradigm) – these approaches are leaning on a bio – medical model and are in the middle of the consensus. These approaches have created in the society an eating language that can be called the Diet Language, which rules the entire social – medical conversation. Despite the existence of this approaches and in spite of the comprehensive war against obesity we know that: the obesity problem is increasing, our eating dialog has been disrupted and became not healthy, there is an increase in the social discrimination against people with weight problems, there is an increase in the frequency of eating disorders, there is an irreversible damage to the body image and self esteem and a lose of social values which derive from the increasing of medicalization and mystification of eating and obesity.

2. Approaches based well being = HAES approaches – these approaches were built over the failure of the diet paradigm and on the background of the increasing problem of obesity. These approaches examine the obesity from a systematic point of view and leans on the bio – psycho – social model. The Language of Intuitive Eating is a by – product of these approaches.

The "eating dialog" is a two years program (400 academic hours, 15 professors), one of a kind, which designed to address doctors, nurses and dietitians. The academic eating dialog program uses ACT in order to make the shift from the diet paradigm focuses on weight to the HAES paradigm focuses on well being. The program was founded over the background of the "war on obesity" and its goal is to change and promote the therapeutic conversation beyond the borders and limits of the exciting paradigm. A conversation which will examine the "war against obesity" from a social, critical, political and economical perspective and will broaden the observation from the bio – medical model to the bio – psycho – social model. This future change should eventually lead towards a better treatment for those who suffer from obesity and eating disorders.

The main topics on the (program's) agenda:

- o Social, philosophical and psychological aspects of food, eating and weight.
- o The fight against obesity on the background of political economical processes.
- o Eating as a language – the dialog we manage with eating, is leaning on the need for physical and emotional nourishing, which begins as soon as we emerge to the world as infants and ends when we leave. This dialog is the "eating language".
- o The diet language, the intuitive eating language and the language of thoughts that manages it.
- o The legitimacy of being different.
- o Examination of the body on the background of social flows and the thin imperative of the media.

The study and change process, that the physicians and dietitians are going throw is based almost completely on the philosophy and techniques that creates the base of the Acceptance commitment therapy. The medical staff is going throw a process of a psycho – cognitive flexibility which allows them to change their dominant perception, changing the eating language and the therapeutic conversation over the current diet paradigm. Throw that change of concept the change trickles from the individual to the general public.

Educational Objectives:

1. Learn how to apply the basic principles of ACT approaches to make the transition from the diet language to the language of intuitive eating?
2. Learn how to use of the basic principles of ACT approaches in cope with emotional eating.

3. Learn the rule and the base of the acceptance process in which the medical staff are going through.

Tuesday Plenary 4:30pm

73. Improving CBT: Problems and Prospects PLENARY (4:30-5:45pm)

Other/ CBT

Target Audience: Beginner, Intermediate, Advanced, Clinical, Research

Location: Ballroom A & B

G. TERENCE WILSON, Ph.D., Rutgers University

Obstacles to improvement can be grouped into misconceptions about "evidence-based treatment " and the applicability of research findings to clinical practice on the one hand, and gaps in our current knowledge about treatments, mechanisms of change, and reliable means of training competent practitioners. I criticize the APA notion of evidence-based practice, summarizing the well-documented limitations of subjective clinical judgment and emphasizing the need for high quality treatment guidelines (e.g., NICE). Treatment research priorities include identifying predictors, moderators, and mechanisms of change. Other needs are the development of practical and valid measures of treatment integrity, and innovative research on dissemination and implementation of effective treatments. Ways in which transdiagnostic models and therapy manuals enhance individualization of treatment and address comorbidity are noted.

Educational Objectives:

1. To clarify the nature of "evidence-based treatment".
2. To describe priorities for clinical research (e.g., identification of predictors, moderators, and mechanisms of therapeutic change).
3. To highlight the need for innovations in therapist training and research on dissemination and implementation.

Reno Aces Baseball Game 7:00pm

74. The Basic Behavior Analytic Principles of Psychotherapy

WORKSHOP (9:00-Noon)

Behavior Analysis/ Clinical Behavior Analysis

Target Audience: Clinical

Location: Ballroom A & B

WILLIAM FOLLETTE, Ph.D., University of Nevada, Reno
GLENN CALLAGHAN, Ph.D., San Jose State University
SABRINA DARRROW, M.A., University of Nevada, Reno
JORDAN BONOW, M.A., University of Nevada, Reno

Clinical Behavior Analysis (CBA) is a broad, contextual approach to psychotherapy. Dougher and Hayes (1999) defined clinical behavior analysis (CBA) as "the application of the assumptions, principles, and methods of modern functional contextual behavior analysis to 'traditional clinical issues'" (p. 11). Multiple specific therapeutic modalities have been developed within this approach, including: Acceptance and Commitment Therapy (ACT), Functional Analytic Psychotherapy (FAP), and Behavioral Activation (BA). Many clinicians have been introduced to CBA through these specific therapies without having an opportunity to be exposed to the broader behavioral philosophy and principles underlying them. This workshop provides an opportunity for clinicians to gain a more thorough understanding of the basic principles of CBA. Specific focus will be placed on the use of the therapeutic relationship as a context for positive change. After completing this workshop, clinicians will be able to understand basic behavioral principles and use them to develop a case conceptualization that will guide intervention.

Educational Objectives:

1. Learn the basic principles of behavior analysis as they operate in psychotherapy.
2. Learn how to develop a client case conceptualization focusing on behavioral processes.
3. Learn how to develop intervention strategies based on a case conceptualization and behavioral processes.

75. ACT as a Brief Intervention

WORKSHOP (9:00-Noon)

ACT - Clinical/ Rapid Therapy Response, Strategic Interventions, Brief Therapy

Target Audience: Beginner, Intermediate, Clinical

Location: Theater (3rd Floor)

KIRK STROSAHL, Ph.D., Central Washington Family Medicine

There are many settings in which time and access to the client is limited, such as schools, crisis services, hospitals and general practice clinics ACT has a number of clinical qualities that make it ideal for brief, powerful interventions. In this workshop, participants will be exposed to

the underlying principles of brief strategic therapy. We will also examine how ACT interventions can be tailored to fit the demands of one or two session treatments. While there will be some lecture material presented, the majority of the workshop will be "hands on" role playing to demonstrate how to set up brief interventions using acceptance, mindfulness and values based actions.

Educational Objectives:

1. Appreciate the basic principles of brief strategic change theory.
2. Demonstrate the application of ACT principles to brief intervention.
3. Appreciate clinical strategies for identifying behavior change targets when applying brief interventions.

76. Building a Firm Foundation: Intervention Development from the Bottom Up

PANEL DISCUSSION (9:00-10:45am)

Other/ RFT, research, emotion regulation

Target Audience: Research

Location: Ballroom C

JAMES GROSS, Ph.D., Stanford University
STEVEN HAYES, Ph.D., University of Nevada Reno (USA)
TODD KASHDAN, Ph.D., George Mason University
DANIEL WEGNER, Ph.D., Harvard University

This panel will focus on the essential role of basic research as a foundation for intervention development. Panelist will respond to questions such as, how can basic research guide the development of principles with sufficient scope and precision for use in applied domains? What is the role for technical terminology in basic behavioral research? What are the barriers to translation from basic to applied domains? Each discussant will focus on how basic research in their particular area of interest might lead to new applications.

77. ACT and the Full Spectrum of Disordered Eating: Challenges and Possibilities

PANEL DISCUSSION (9:00-10:45am)

ACT - Clinical/ Eating Disorders

Target Audience: Beginner, Intermediate, Advanced, Clinical

Location: Senate Chambers - Room 356

C. ALIX TIMKO, Ph.D., Towson University
RHONDA MERWIN, Ph.D., Duke University Medical Center
NANCY ZUCKER, Ph.D., Duke University Medical Center
EMILY SANDOZ, MS, University of Mississippi
RAIMO LAPPALAINEN, Ph.D., University of Jyväskylä, Finland
MATTHEW BOONE, LCSW-R, Cornell University Counseling and Psychological Services
ADRIA PEARSON, Ph.D., VA Long Beach Healthcare System
CARLA WALTON, B.Sc, D.Psyc., Centre for Psychotherapy, Hunter New England Area Health Service, Australia

A panel of researchers and practitioners will discuss the challenges and possibilities inherent in treating the full spectrum of disordered eating (e.g., anorexia, bulimia, obesity, unhealthy dieting) with Acceptance and Commitment Therapy (ACT). Panelists will focus on conceptualizing disordered eating within an ACT framework, tailoring ACT to the unique characteristics of disordered eating, integrating ACT with established evidence-based treatments, and integrating ACT into a

multidisciplinary team approach. Future directions in basic and applied research and possible limitations of ACT with disordered eating will be explored.

78. Sticky Thoughts & Other Unwanted Experiences

WORKSHOP (9:00-Noon)

ACT - Skills/ Mindfulness

Target Audience: Beginner, Intermediate, Clinical



Location: Great Room - Room 403

MARTIN J BROCK, MSc, Sheffield Hallam University

ROBYN D WALSER, Ph.D., National Center for PTSD

Acceptance and Commitment Therapy (ACT) is a promising treatment that is progressing contemporary psychological approaches more appropriate to the human condition. Within the ACT model the context for change is underpinned by a focus on the role of experiential avoidance and the associated control agenda. The current data for ACT is promising and the ACT model suggests that developing willingness to be present to currently avoided thoughts and other unwanted experiences is helpful. However it is apparent, particularly within presentations such as Obsessive Compulsive Disorder (OCD) and Post Traumatic Stress Disorder (PTSD) that some thoughts and experiences seem more "sticky" than others. That is, the intrusive nature of these kinds of thoughts can be highly distressing and motivation to abate, avoid or eliminate them is strong. Willingness to be present to these types of thoughts is challenging, given their nature and the attendant social disapproval.

This workshop will offer an experiential setting in which to explore these issues and will give the opportunity to practise relevant techniques with each other designed to promote willingness and acceptance around these sorts of "sticky" experiences.

Educational Objectives:

1. Explore typical "sticking points" in developing willingness to be present to unwanted thoughts and experiences.
2. Explore how one's personal fusion as a therapist and non-acceptance may be an obstacle
3. Develop enhanced skills in recognising and responding to experiential avoidance as it is related to particularly challenging thoughts found in OCD and PTSD.

79. ACT for Anxious Children, Adolescents, and Families

WORKSHOP (9:00-Noon)

ACT - Clinical/ Child Anxiety

Target Audience: Beginner, Intermediate, Advanced, Clinical, Research

Location: Room 320

LISA COYNE, Ph.D., Suffolk University

ELIZABETH DAVIS, M.A., Suffolk University

This workshop will explore the use of Acceptance and Commitment Therapy (ACT) with anxious children and adolescents, and their parents. The application of ACT theory, exercises, and treatment goals to a younger population requires thoughtful adaptation. Thus, this workshop will explicitly address ways to use ACT in a developmentally sensitive way. This will include how to explore and implement values-based work, and how to apply the six core ACT processes to work with young children and adolescents.

When working with children and teens, it is also imperative to consider the family context, including the ways in which parents model how to handle emotional experiences. Recent data suggest that parents of children with anxiety disorders exhibit different emotion regulatory and expressive strategies than parents of children without anxiety disorders. If parents model emotional avoidance for their children, children may in turn learn avoidant coping strategies. These tendencies may negatively impact treatment outcome and may constitute a significant obstruction to treatment for anxiety disorders. Therefore, we believe it is essential to consider the role of parent behaviors and familial interactions when using an ACT approach with children and adolescents.

This workshop will address how to use ACT with anxious youths, and when necessary, their parents as therapeutic coaches. We will provide a brief overview of literature to date regarding children, adolescents, and parents. Functional assessment strategies, case conceptualization and treatment planning from an ACT perspective will be described. More specifically, the presenters will discuss how treatment goals and the six core components of ACT work can be tailored to anxious youth and parents. Clinical examples will be used to illustrate therapeutic techniques, and participants will have opportunities to participate in experiential work and role plays, in addition to the workshop's didactic content. Participants are encouraged to bring cases to discuss.

Educational Objectives:

1. How to conceptualize child anxiety cases from an ACT perspective, including functional assessment, structuring of treatment goals, and monitoring progress.
2. How to harness values-based work in treating children and teens with anxiety.
3. Specific applications of the 6 core ACT processes in developmentally sensitive ways.

80. The Wisdom to Know the Difference

WORKSHOP (9:00-Noon)

Other/ Third Wave CBT Clinical Skills

Target Audience: Beginner, Intermediate, Advanced, Clinical, Research

Location: Room 323

TAMI JEFFCOAT, University of Nevada, Reno

MIKAELA HILDEBRANDT, University of Nevada, Reno

JAMES YADAVAIA, University of Nevada, Reno

The purpose of this combination didactic/experiential workshop is to highlight the functional importance of

several discriminations. As we and those we serve experientially "wise" and mentally "know" these differences, we increase differential responding to features of our extra-, intra-, and inter- personal contexts. During this session, we will playfully tinker with the conditions under which we are mindful of our sensations, perceptions, thoughts, and urges. Some differences we will discuss and experience include: thinking and our broader experience; self and self-imagining; perceiving what's inside versus outside the skin; experiential acceptance versus entanglement; approaching appetitives versus evading aversives; working for now and working for life. These repertoire-broadening skills can be useful for helping individuals lead richer lives while addressing issues including the "self", interpersonal relating, decision-making, emotional awareness, and life quality.

Educational Objectives:

1. Learn how to make and train clinically useful discriminations.
2. Learn how to address entanglement with self-image issues.
3. Learn how to identify the appetitive versus aversive control with behavior.

81. Perspectives on Applied Clinical Processes Involved in Compassion-Focused Psychotherapy Techniques in ACT

SYMPOSIUM (9:00-10:45am)

ACT - Clinical/ Compassion

Target Audience: Beginner, Intermediate, Clinical

Location: Room 324

Chair: DENNIS TIRCH, Ph.D.; Discussant: KELLY WILSON, Ph.D., Albert Einstein Medical School; University of Mississippi

- An ACT-Consistent, Compassion-Focused Intervention for Generalized Anxiety Disorder
DENNIS TIRCH, Ph.D., Chair, Albert Einstein Medical School
- Different Roads, Same Direction: DBT and ACT Processes
JENNIFER TAITZ, Ph.D., The American Institute for Cognitive Therapy
Dennis Tirch, Ph.D., Albert Einstein Medical School
Robert Leahy, Ph.D.,
- Relationships among Emotional Schemas, Psychological Flexibility, Dispositional Mindfulness, and Emotion Regulation
LAURA SILBERSTEIN, Ph.D., The Cognitive Behavioral Institute of Albuquerque
Dennis Tirch, Ph.D., Albert Einstein Medical School
Robert Leahy, Ph.D.,
- Applied ACT and RFT processes relevant to self-compassion
BENJAMIN SCHOENDORFF, M.A., Calypso, Lyon, France

Over the past several years, compassion-focused techniques have begun to emerge as a thread of potential intervention within evidence-

based psychotherapies (Gilbert, 29; Neff, 29; Germer, 29). These compassion-focused techniques often involve mindfulness as a practice that may foster compassion (Neff, 29; Brantley, 29; Gilbert, 29). Recent neuroscience evidence has supported the assertion that mindfulness and compassionate mind training practices may activate regions of the brain involved in distress tolerance and more attuned relationships (Lutz, 28; Cahn & Polich, 26; Siegel, 27). Indeed, among its other noted potential benefits, mindfulness may serve as a context for the cultivation of compassion (Gilbert & Tirch, 29, Tirch, 21). During the last several years, ACT trainings have begun to feature compassion as a central theme (Hayes, 28; Walser, 29; Forsyth & Shepperd, 28; Hayes, 29). Compassion is now beginning to be conceptualized and studied in terms of ACT processes, leading to ACT consistent interventions. This symposium will aim to explore a number of perspectives on applied clinical processes that may be involved in ACT consistent compassion-focused psychotherapy interventions.

As this research and conceptualization of compassion is emerging at the cusp of new developments in psychotherapy theory and practice, this symposium will provide a blend of cross-sectional research, clinical research, a single-case study, and theoretical perspectives upon compassion from an ACT based perspective.

The discussant, Kelly Wilson, will provide his perspective upon the presentations and the role of compassion in ACT as it has been described and explored throughout this symposium.

82. Leadership in Times of Change

SYMPOSIUM (9:00-10:45am)

Other/ ACT/RFT in organizations (OBM)

Target Audience: Beginner, Intermediate, Advanced, Clinical, Research

Location: Room 422

Chair: RAMONA HOUMANFAR, Ph.D; Discussant: IAN STEWART, Ph.D., University of Nevada, Reno; National University of Ireland, Galway

- The Additive Impact of Values Clarification Training to an Online Goal Setting Module on Academic Performance and Student Retention Rates
Jared Chase, M. A., University of Nevada, Reno
RAMONA HOUMANFAR, Ph.D., University of Nevada, Reno
JENNIFER C. PLUMB, University of Nevada, Reno
TODD A. WARD, M. A., University of Nevada, Reno
- The Potential Role of Motivative Augmentals in the Analysis of Cooperative Behavior in Organizations
SHARLET RAFACZ, M. A., University of Nevada, Reno
RAMONA HOUMANFAR, Ph.D., University of Nevada, Reno
- Psychological Flexibility and Innovative Leadership
TODD A. WARD, M. A., University of Nevada, Reno
RAMONA HOUMANFAR, Ph.D., University of Nevada, Reno

Through recent empirical work in RFT, behavior analysis is increasingly placing itself in a position to theorize effectively and test empirically these educated guesses about the functioning of verbal behavior in organizations. The development and communication of

verbal products, such as rules, instructions, leadership statements and strategic plans are major components of leadership activities in organizations. For instance, strategic planning and readiness are highly verbal activities because they rely on being prepared for a future that is not here yet; a future that is verbally constructed; and a future that will most probably be unlike what we have seen in the past. In addition, recognizing employees' implicit

responding and values can guide leadership in presenting formative and motivative augmentals that produce shared goals and hence improved cooperation within the organization. The powerful effects of associated technologies such as value clarification and goal setting have also been demonstrated in areas of employee burnout and buy-in. By drawing upon RFT and ACT, this symposium provides an overview of recent experimental and conceptual analyses in the areas of leadership decision making, cooperative behavior in organizations and learner retention.

83. Implementing ACT Online: Past and Future Projects

SYMPOSIUM (9:00-10:45am)

ACT - Clinical/ Online Interventions

Target Audience: Clinical, Research

Location: Room 423

Chair: MICHAEL LEVIN, University of Nevada, Reno

- Supporting people diagnosed with cancer: Developing an ACT intervention for the internet
JOSEPH CIARROCHI, School of Psychology, University of Wollongong
PRISCILLA ALMADA, School of Psychology, University of Wollongong
- Strategies and difficulties in building, administering and testing ACT based and CBT based podcasts in a university counseling project.
ANNA BIANCA PREVEDINI, M.A., IULM University Milan; IESCUM Italy
Giovanni Miselli, Psy. D., IULM University Milan; IESCUM Italy
Francesco Pozzi, M.S., IULM University Milan; IESCUM Italy
Elisa Rabitti, M.A., IULM University Milan; IESCUM Italy
Giovannbattista Presti, M.D., IULM University Milan; IESCUM Italy
Julian McNally, M.Psych, Counseling Psychologist
Paolo Moderato, Ph.D., IULM University Milan; IESCUM Italy
- The Red Room: ACT interventions on television and online in the Netherlands
ANDO ROKX, Msc, GGNET, Apeldoorn, The Netherlands
- Smoking cessation and prevention of mental health problems: Discussing two ongoing projects
MICHAEL LEVIN, University of Nevada, Reno
Jacqueline Pistorello, Ph.D., University of Nevada, Reno

Steven C. Hayes, Ph.D., University of Nevada, Reno
John Seeley, Ph.D., Oregon Research Institute
Jennifer Plumb, M.A., University of Nevada, Reno
Doug Long, University of Nevada, Reno
Roger Vilardaga, M.A., University of Nevada, Reno

- Developing ACT-based web treatment for Eating Disorders
PÄIVI LAPPALAINEN, MA, University of Jyväskylä, Finland
Marja Koskinen, University of Jyväskylä, Finland
Raimo Lappalainen, University of Jyväskylä, Finland

There is a growing evidence-base supporting the efficacy of ACT for a broad range of problems. However, there are also substantial barriers to disseminating and implementing ACT at a large-scale level such as the resources required to effectively train clinicians and the individual barriers involved in adopting and adhering to a new intervention approach.

Interventions conducted through websites and other computerized formats provide another means of disseminating ACT that circumvents many of these barriers by providing stand-alone or adjunctive interventions directly to clients. These interventions are easy to distribute, have a low cost after initial development, ensure consistent application of an evidence-based intervention, can be updated regularly to fit new findings in the literature, and can reach individuals who may not otherwise have access to evidence-based care (i.e., rural populations) or are not willing to access services (i.e., stigma). Furthermore, these technologies provide the opportunity for a range of novel applications of ACT that may enhance participation and engagement in treatment.

Recently, researchers in the ACBS community have begun to develop and test online ACT interventions. The current symposium will present a series of papers discussing these recent and ongoing projects, with an emphasis on ways ACT has been transferred to an online format, data that has been collected so far, problems that have been encountered in developing and testing these types of interventions, and future directions for implementing ACT through online and related technologies.

84. Single Case Designs for Clinicians- Bridging the gap between research and practice

WORKSHOP (9:00-Noon)

ACT - Clinical/ Case formulation, treatment planning, progress monitoring

Target Audience: Beginner, Intermediate, Advanced, Clinical, Research

Location: Room 420

JENNIFER BOULANGER, M.A., University of Nevada, Reno
MERRY SYLVESTER, M.A., University of Nevada, Reno

Clinicians in private practice rarely have the time, resources, or support to conduct the kind of applied research that is typically awarded grants or published in major peer-reviewed journals. As a result, those who develop, test, and train new therapies rarely have access to the wealth of clinical experience and knowledge possessed by those who practice outside of academic or research settings. However, there is a way for clinicians to incorporate research strategies into their existing practice, providing opportunities to improve

therapy outcomes for their clients while contributing to the scientific literature.

Single-case designs do not require large samples of participants or statistical expertise, but allow clinicians to analyze a client's behavior and the context in which it occurs through repeated measurement over time. These designs can be used to conduct functional analyses of behavioral targets, facilitate case formulation and treatment planning, and improve therapy efficiency and effectiveness. This workshop will introduce clinicians to the logic of single-case designs, demonstrate the application of these methods through case presentations, and help clinicians develop a strategy for incorporating these methods into their existing practices. We will walk through the steps of designing, implementing, analyzing, and publishing/presenting single case designs. Clinicians will also learn to use single case design elements to facilitate case formulation, treatment planning, and progress monitoring. No prior research experience is necessary.

Educational Objectives:

1. Understand the logic and methodology of single-case, or time-series, research.
2. Learn how to use single-case designs to facilitate case formulation, treatment planning, and progress monitoring.
3. Develop a strategy for designing, implementing, and analyzing single case research within private practice settings.

85. ACT for the Spectrum of Body-Image and Disordered Eating-Related Concerns: Theory, Assessment, and Practice

SYMPOSIUM (9:00-10:45am)

ACT - Clinical/ Body Image and Disordered Eating Spectrum Problems

Target Audience: Intermediate, Clinical, Research

Location: Room 317

Chair: AKIHIKO MASUDA, Ph.D., Georgia State University

- The Validation of Italian Version of Body Image Acceptance and Action Questionnaire (BIAAQ)
ELISA RABITTI PsyD, IESCUM, ASCCO (Academy of Behavior and Cognitive Science), ACT-Italia, IULM University
Katia Manduchi PsyD, ACT-Italia
Giovanni Miselli PsyD, IESCUM, ASCCO (Academy of Behavior and Cognitive Science), ACT-Italia, IULM University
Giovambattista Presti MD, IESCUM, ASCCO (Academy of Behavior and Cognitive Science), ACT-Italia, IULM University
Paolo Moderato PsyD, IESCUM, ASCCO (Academy of Behavior and Cognitive Science), ACT-Italia, IULM University
- The Role of Psychological Flexibility in the Relations between Eating Disorder-Related Cognition and Psychological Distress Specific

and Non-specific to Disordered Eating Spectrum Problems

AKIHIKO MASUDA, Ph.D., Georgia State University
Johanna W. Wendell, Georgia State University

- Acceptance and Commitment Therapy for Obesity and Weight Management: A Preliminary Investigation
Giovambattista Presti, MD, IESCUM, Parma; ASCCO (Academy of Behavior and Cognitive Science) Parma; ACT-Italia
Katia Manduchi, Psy D, ACT-Italia
FRANCESCA SCAGLIA, Psy.D., IESCUM; ACT-ITALIA
Giovanni Miselli, Psy. D, IESCUM, Parma; ASCCO (Academy of Behavior and Cognitive Science) Parma; ACT-Italia
Elisa Rabitti, Psy.D, IESCUM, Parma; ASCCO (Academy of Behavior and Cognitive Science) Parma; ACT-Italia
- Mindfulness and Acceptance and Commitment Therapy in Eating Disorders Treatment: A Single Case Study
SARA BORELLI, Psy D, IESCUM
Ronchei, M. Psy, IESCUM
- Acceptance and Commitment Therapy in Eating Disorders: Clinical Practice with a complex case
KATIA MANDUCHI, Psy.D, IESCUM, Parma; ASCCO (Academy of Behavior and Cognitive Science) Parma; ACT-Italia
Giovambattista Presti, MD, IESCUM, Parma; ASCCO (Academy of Behavior and Cognitive Science) Parma; ACT-Italia
Giovanni Miselli, Psy.D, IESCUM, Parma; ASCCO (Academy of Behavior and Cognitive Science) Parma; ACT-Italia
Elisa Rabitti, Psy.D, IESCUM, Parma; ASCCO (Academy of Behavior and Cognitive Science) Parma; ACT-Italia



Body-image and disordered eating spectrum concerns are widespread across the world. In this context, researchers and practitioners have become very enthusiastic about acceptance- and mindfulness-based interventions as an effective model and treatments for the spectrum of body-image and disordered eating problems. Although growing dramatically in recent years, empirical evidence and clinical reports on this topic are relatively limited. The present symposium consists of five papers, presenting preliminary data on the theory, assessment, and practice of ACT for the spectrum of body-image and disordered eating spectrum concerns. The first paper presents the psychometrics of Italian version of Body Image Acceptance and Action Questionnaire (BIAAQ), a measure of psychological flexibility tailored specifically to body image concerns. The second paper examines the role of psychological flexibility in disordered eating problems and non-specific psychological distress. The last three papers present the application of ACT principle to individuals with a various forms of body image and disordered eating issues, obesity and weight management, anorexia nervosa, and complex clinical case of disordered eating.

86. Standing Your Ground: Why Philosophy Matters for Clinicians

WORKSHOP (9:00-Noon)

ACT - Clinical/ Philosophy of science

Target Audience: Beginner, Intermediate, Advanced, Clinical, Research

Location: Room 406

JOANNE STEINWACHS, LCSW, Private Practice
ARNICA BUCKNER, Ph.D., Private Practice
MATT HEERMAN, M.A., University of Denver, Psy.D student

Clinicians coming to the ACT community from other approaches often have never examined the philosophical ground they work from. This workshop will explore Pepper's world hypotheses and the implications for clinical work. Functional contextualism, as the foundation of our work is often grasped only intellectually, if at all. When clinicians are able to experientially and viscerally work from a functionally contextualistic perspective, ACT and other behavioral approaches become much easier to learn and implement.

This workshop will use a combination of case presentation, role play and small group processes to both conceptually and experientially compare and contrast the various philosophical grounds discussed by Pepper that inform a CBT, ACT and psychodynamic approach. A case will be presented and conceptualized, noting the ways in which the pre-analytic assumptions of each philosophic approach determine what clinicians focus on and what clinicians do. Participants will engage in small groups to "try on" a functionally contextualistic approach and a role play will demonstrate the various ways clinicians lose their philosophic and clinical coherence by slipping into other world views and attempting to do ACT from one of those perspectives.

The first goal of this workshop is for clinicians to not just understand intellectually, but experience the effects of a shift in perspective from the more common world views to functional contextualism. The second is to help clinicians self monitor this shift. Handouts will be supplied to suggest further reading and training resources to deepen and strengthen this philosophical shift. As well, further exercises that clinicians can practice on their own will be provided.

Educational Objectives:

1. Understand Pepper's world hypotheses as it relates to doing ACT.
2. Learn to reliably identify the world hypotheses that informs their own clinical approach.
3. Be able to experientially distinguish a functionally contextualistic approach from others.

Wednesday Morning 11:00am

87. Implementing ACT in Large Clinical Institutions

PANEL DISCUSSION (11:00-Noon)
ACT - Clinical/ Training others in ACT

Target Audience: Beginner, Intermediate, Advanced, Clinical

Location: Ballroom C

P. R. MITCHELL, B.S., Utah State University, Department of Psychology
MICHAEL P. TWOHIG, Ph.D., Utah State University, Department of Psychology
DON HEBERT, Ph.D., LMFT, Avalon Hills Residential Eating Disorders Program
TERA L. LENSEGRAV-BENSON, Ph.D., Avalon Hills Residential Eating Disorders Program
SONJA V. BATTEN, Ph.D., VA Central Office
ANDO ROKX, Msc, GGNET
GRANT CLOWERS, MSW, Carson City, NV
PAUL R. BENSON, Ph.D., VA Maryland Health Care System

In recent years, Acceptance and Commitment Therapy (ACT; Hayes, Strosahl & Wilson, 1999) has gained empirical support for a wide range of behavioral and mental disorders including obsessive-compulsive disorder, eating disorders, post-traumatic stress disorder and substance use disorders. The growing body of research demonstrates an increasing interest in how ACT can be used for treatment of these various disorders. As well, the frequency of ACT oriented workshops is increasing along with numbers of attendees, illustrating a desire of mental health professionals to incorporate ACT into their practice. With the expanding number of ACT oriented therapist, this treatment is now being implemented in institution-wide settings (residential, hospitals, etc.). A panel of five professionals will discuss the process of implementing ACT in these larger settings, with a focus on the associated challenges and how they found success.

88. Evolving as an ACT trainer: What is working and where are we going?

PANEL DISCUSSION (11:00-Noon)

ACT - Skills/ Skills for ACT trainers

Target Audience: Intermediate, Advanced

Location: Senate Chambers - Room 356

JOEL GUARNA, Ph.D., White Pine Institute, Portland, ME, USA
KEVIN POLK, Ph.D., The Psychological Flexibility Group, Hallowell, ME, USA
GIOVANNI MISELLI, PsyD, IULM University, IESCUM, ACT-Italia, Milan, Italy
JEAN-LOUIS MONESTES, Service Universitaire de Psychiatrie, Centre Hospitalier Ph. Pinel, Route de Paris-Dury, France

Many questions about effective training approaches will likely be answered through research. In the meantime, this event will provide an opportunity to share our observations of what seems to be effective and to learn from one another's experiences. Panel members will open the discussion by sharing their observations of workshops they have given in recent years. However, the heart of this event will be a roundtable discussion among participants. If you have given introductory or intermediate ACT workshops, or plan to do so in the near future, please join us for this open discussion about evolving approaches to ACT training.

Sample issues to be addressed by panel members:

- How has your ACT training approach evolved since your earliest workshops?
- What approaches appear to be effective in reaching your audience and helping introduce them to ACT?

- What challenges have you encountered? Are there approaches you have abandoned as ineffective?
- Are “one-shot” introductory workshops a good model? Have you been successful in connecting your attendees to ongoing learning after your introductory workshops?
- How are you hoping to improve your workshops? What are your best ideas for innovating ACT training?

89. The Road Ahead: Developing an ACT research and publication strategy consistent with Contextual Behavioral Science

ROUNDTABLE DISCUSSION (11:00-Noon)
ACT - Other/ Research & Publication

Target Audience: Beginner, Intermediate, Advanced, Research

Location: Room 324

FRANK BOND, Ph.D., Goldsmiths, University of London
 STEVEN HAYES, Ph.D., University of Nevada, Reno
 G. TERENCE WILSON, Ph.D., Rutgers University
 JAMES D. HERBERT, Ph.D., Drexel University

What horizons do we see with regards to ACT and contextual behavioral science (CBS) research? What outcomes, processes, and data analytic procedures do we need to examine next, and what are the barriers to doing so? In addition, how do we continue to make in-roads into the “mainstream” behavioral and social sciences journals, while still being consistent with CBS principles? These are just some of the topics that this panel will consider when it tries to highlight potential research paths, analytic considerations and publication strategies for ACT and CBS.

90. New Directions in ACT for Addiction SYMPOSIUM (11:00-Noon)

ACT - Clinical/ Addictions, alcohol, smoking, in-patient

Target Audience: Beginner, Intermediate, Advanced, Clinical, Research

Location: Room 422

Chair: JASON LUOMA, Ph.D., Portland Psychotherapy Clinic, Research, & Training Center

- Telephone-delivered Acceptance & Commitment Therapy (ACT) for adult smoking cessation: A feasibility study
 JONATHAN BRICKER, Ph.D., University of Washington & Fred Hutchinson Cancer Research Center
- The role of brief residential programs in alcohol addiction treatment: presentation of an ACT consistent program
 GIOVANNI ZUCCHI, Psy.D., Villa Maria Luigia Hospital (Parma, Italy), IESCUM Istituto europeo per lo studio del comportamento umano
 Giovanni Miselli, Psy.D., IULM University Milan, IESCUM Istituto europeo per lo studio del comportamento umano
 Elena De Bernardis, Psy.D., Villa Maria Luigia Hospital (Parma, Italy)

Paola Bizzi, M.D., Villa Maria Luigia Hospital (Parma, Italy)
 Paolo Moderato, Ph.D., IULM University Milan, IESCUM Istituto europeo per lo studio del comportamento umano
 Giuliano Turrini, M.D., Villa Maria Luigia Hospital (Parma, Italy)

- **Experiential Avoidance and Self-Stigma in Addiction: Two New Measures**

JASON LUOMA, Ph.D., Portland Psychotherapy Clinic, Research, & Training Center

- **A randomized clinical trial comparing effectiveness of ACT and CBT in the treatment of substance dependence**

Marcos López, Universidad de Almería / Grupo Exter (Spain)

Marisa Páez, Instituto ACT, Madrid (Spain)

Carmen Luciano, Instituto ACT, Madrid (Spain)

FRANCISCO MONTESINOS, Instituto ACT, Madrid (Spain)



The focus of this symposium is on the development of ACT treatments and measures for substance abuse. One paper describes preliminary data using a telephone-delivered ACT intervention for smoking cessation. A second paper presents outcomes of an ACT-consistent residential program for alcohol addiction established in 2006. A third paper describes measure development projects focusing on two measures: one incorporating Relational Frame Therapy principles in measuring self-stigma; a second on an Acceptance and Action Questionnaire for Substance Abuse. The fourth paper presents preliminary data from a randomized clinical trial comparing effectiveness of CBT and ACT in the treatment of substance dependence.

91. IRAP round table: Relational Frame Theory is more “Cognitive” than Mainstream Social-Cognitive Psychology: How Weird is That?

PANEL DISCUSSION (11:00-Noon)

RFT - Research/ RFT - Other

Target Audience: Intermediate, Research

Location: Room 423

DERMOT BARNES-HOLMES (via WebConference), National University of Ireland, Maynooth

NIGEL VAHEY, National University of Ireland, Maynooth

CHAD E DRAKE, Ph.D., University of South Carolina, Aiken

IAN STEWART, National University of Ireland, Galway

The IRAP has generated a considerable amount of empirical research in a relatively short period of time, especially for a method that emerged from the behaviour-analytic approach to psychology. Although the excitement and interest (not to mention the research funding) is very welcome, it is important to understand that the IRAP’s origins are very different to that of other implicit measures, and that this difference appears to have wide-ranging theoretical implications for the definition and understanding of implicit cognition itself.

Most implicit measures, including the IAT, emerged from assumptions concerning the associative nature of human cognition. Indeed, non-behaviour analytic accounts of implicit attitudes typically locate the source of such attitudes in an underlying associative network, which competes with and/or interacts with propositional reasoning processes (e.g., a dual process model).

In contrast, the IRAP was derived from Relational Frame Theory (RFT), and the Relational Elaboration and Coherence (REC) model provides a possible relational frame account of the findings that have emerged from the IRAP. Specifically, the REC model assumes that the source of implicit attitudes lies not in "raw" associations but in immediate and brief relational responses (or mini propositions), and as such it offers a serious challenge to the

mainstream view of implicit cognition. Paradoxically, therefore, the REC model appears to have more in common with an "extreme" cognitive approach to implicit cognition. .



92. Using the Hexaflex Model to Develop Depth in a Dynamic ACT Conceptualization

PANEL DISCUSSION (11:00-Noon)

ACT - Clinical/ Diagnostic

Target Audience: Beginner, Intermediate, Clinical

Location: Room 317

BRENT G. RYDER, M.S., Trinity Services, Inc.
MELISSA ROWLAND, M.A., Trinity Services, Inc.
D.J. MORAN, Ph.D., BCBA, Trinity Services, Inc.

When the Hexaflex Model for conceptualization from ACT in Practice is employed on a regular basis, it can be used to incorporate client data from sessions, and then coupled with relevant therapeutic ACT interventions to yield a path for further clinical progress. Clinical improvement can become apparent in more relevant detail by applying this process. Whether an aspiring therapist, or an experienced ACT clinician, the Dynamic ACT Conceptualization should prove valuable.

Wednesday Lunch 12:00-1:15pm

Wednesday Afternoon 1:15pm

93. An Experiential Journey Through the Matrix

WORKSHOP (1:15-4:15pm)

ACT - Clinical/ FC and RFT

Target Audience: Beginner, Intermediate, Clinical

Location: Ballroom A & B

KEVIN POLK, Ph.D., The Psychological Flexibility Group
MARK WEBSTER, South Hampshire CBT Ltd
BENJAMIN SCHOENDORFF, Calypso, Lyon, France

The Matrix (aka, Grid) can be thought of as a user-friendly interface for ACT clinicians and clients. After establishing the Matrix (Functional Contextual) point of view ACT-consistent exercises can be tied to the Matrix. This workshop will introduce you to the Matrix, it's Functional Contextual and RFT underpinnings, and then the presenters will take you through a series of planned and improvised exercises toward increasing psychological flexibility.

Educational Objectives:

1. Learn how the Matrix is an interface for the Hexaflex.
2. Learn the Matrix as a guide to RFT and FC.
3. Learn how to use the Matrix as a guide to ACT presentations.

94. Enhancing ACT-Based Contextual Behavioral Supervision

WORKSHOP (1:15-4:15pm)

ACT - Other/ Supervision

Target Audience: Beginner, Intermediate, Advanced, Clinical, Research

Location: Theater (3rd Floor)

SONJA V. BATTEN, Ph.D., VA Central Office
ROBYN D. WALSER, Ph.D., National Center for PTSD

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

Educational Objectives:

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

95. ACT with Depression

WORKSHOP (1:15-4:15pm)

ACT - Clinical/ Depression

Target Audience: Beginner, Intermediate, Clinical

Location: Ballroom C

ROB ZETTLE, Ph.D., Wichita State University

This workshop will focus on the extension of the ACT model to both the initiation and maintenance of clinical depression as well as its alleviation. A mixture of both didactic presentations and experiential exercises will be used to illustrate the core processes that contribute to the struggles clients experience with depression as well as those that can be activated by the successful treatment of the presenting problem of ACT.

Throughout, a case conceptualization approach will be emphasized and illustrated.

Educational Objectives:

1. Learn how to apply an ACT-consistent case conceptualization approach to the presenting problem of depression.
2. Learn how to identify and assess for processes of psychological inflexibility that may contribute to depression.
3. Learn how to activate processes of psychological flexibility that may help alleviate the suffering of clients who struggle with depression.

96. Analysis of "Intrapersonal" Psychological Processes from an "Interpersonal" Perspective

PANEL DISCUSSION (1:15-3:00pm)

Other/ ACT/FAP Interface

Target Audience: Beginner, Intermediate, Advanced, Clinical

Location: Senate Chambers - Room 356

JORDAN T. BONOW, M.A., University of Nevada, Reno

GLENN CALLAGHAN, Ph.D., San Jose State University

BARBARA KOHLENBERG, Ph.D., University of Nevada, Reno

WILLIAM C. FOLLETTE, Ph.D., University of Nevada, Reno

The core psychological processes of Acceptance and Commitment Therapy (ACT) are: acceptance, defusion, values, committed action, present moment focus, and sense of self. Discussion and explication of ACT, both informally and in the literature, often highlights the intrapersonal nature of these processes. This tends to place excessive focus on an individual's private experience when a therapist is performing assessment and intervention activities. From a contextual behavioral perspective, this can be extremely limiting. One way for therapists to broaden their analyses in a useful way is to notice the social context in which these processes are occurring. This is especially important given that the therapeutic relationship is a social environment in which a client's behavior is being shaped. For example, a client's statements of values are, as verbal behavior, shaped by the verbal community that includes the therapist. This panel gathers therapists who are familiar with both ACT and Functional Analytic Psychotherapy (FAP; an interpersonally focused contextual behavioral approach to psychotherapy) to discuss the interpersonal variables that may be involved in "intrapersonal" processes. The goal of this discussion is to aid clinicians in broadening their understanding of the context of the client behavior in a way that will usefully inform treatment strategies.

97. Finding Hope Inside Creative Hopelessness

WORKSHOP (1:15-4:15pm)

ACT - Skills/ Assessment, therapeutic stance

Target Audience: Beginner, Intermediate, Clinical

Location: Great Room - Room 403

JENNIFER BOULANGER, M.A., University of Nevada, Reno

Creative hopelessness is an important, but often misunderstood component of ACT. Occurring at the beginning of treatment, creative hopelessness functions both as an assessment and intervention tool and provides the client's first exposure to all six ACT processes and to the ACT therapeutic stance. Creative hopelessness offers the opportunity to examine the function of clinically relevant behaviors, identify treatment targets, build rapport, and validate the client's experience. However, some clinicians are reluctant to use this component for fear that the client may feel invalidated and lose confidence in treatment, potentially leading to premature treatment termination. This workshop is intended to foster both a theoretical and experiential understanding of creative hopelessness as an integral part of the ACT therapeutic model. Experiential exercises will help therapists contact a sense of creative hopelessness and case studies and video will be used to explore therapists' concerns and clarify common misconceptions about the concept. Finally, role plays will allow clinicians to practice different ways of engendering creative hopelessness and to experience this process from the client's perspective.

Educational Objectives:

1. Understand how creative hopelessness fits into the ACT model of assessment and intervention.
2. Practice using creative hopelessness to model and evoke the six ACT therapeutic processes.
3. Learn to avoid common pitfalls when conducting creative hopelessness sessions.

98. ACT With Challenging Patients

WORKSHOP (1:15-4:15pm)

ACT - Clinical/ Personality Disorders, Suicidal Behavior, High Risk Behaviors, Non-Adherence, Challenging Behaviors

Target Audience: Intermediate, Advanced, Clinical

Location: Room 320

KIRK STROSAHL, Ph.D., Central Washington Family Medicine

To date, ACT has shown great promise as a treatment approach for complex, therapy wise clients, in large part due to the ACT therapeutic stance of working in a defused, accepting, mindful and value oriented "space". In this heavily practice oriented workshop, we will examine what makes complex clients "difficult" using a new ACT case conceptualization approach called the "three arches". Experiential exercises will help attendees identify their "hot buttons" which, when pushed, draw the therapist out of this healing stance. Attendees will learn when & how to apply core ACT strategies (defusion, acceptance, getting present, valuing, committed action) with the complex client. Participants will be shown how the therapist can use the ACT "stance" to both humanize the client's difficulties and bring the client into the present moment and undermine emotional avoidance in session. Attendees will practice generating responses to selected "show stoppers", or comments that difficult patients make that stall out the therapeutic interaction. Video tapes of live ACT therapy sessions and/or live role playing will be used to demonstrate key principles introduced in this workshop.

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Educational Objectives:

1. Demonstrate the ACT conceptualization of what makes complex clients "difficult."
2. Appreciate therapist "hot buttons" that, when triggered by the client, draw you out of an accepting, defused clinical stance.
3. Appreciate the three arches case conceptualization approach to direct ACT interventions with the complex client.
4. Demonstrate how to respond in an ACT consistent way to the therapy challenging statements that complex clients make.



99. Taking it Out of the Box: Multilevel ACT/RFT Applications inside Clinical Behavior Analysis

SYMPOSIUM (1:15-3:00pm)

Behavior Analysis/ Developmental Disabilities

Target Audience: Beginner, Intermediate, Advanced

Location: Room 323

Chair: MERRY SYLVESTER, MA, University of Nevada, Reno

- An Investigation of Language-Building Procedures on Derived Relations of Coordination and Distinction: Implications for Comprehension.
KENDRA RICKARD, MA, BCBA, University of Nevada, Reno
Kimberly Nix-Berens Ph.D., BCBA-D, University of Nevada, Reno
Patrick Ghezzi, Ph.D., BCBA-D, University of Nevada, Reno
Tiffany Humphreys, University of Nevada, Reno
- Improving Social Skills by Building Fluency on Deictic Framing and Relevant Relational Classes
DONNY NEWSOME, MA, University of Nevada, Reno
W. Larry Williams, Ph.D., BCBA-D, University of Nevada, Reno
- The Implicit Relational Assessment Procedure (IRAP) in an Organizational Context: An Initial Field Study
THOMAS G. SZABO, MA, BCBA, University of Nevada, Reno
W. Larry Williams, Ph.D., BCBA-D, University of Nevada, Reno
- Taking the Barrier with You: An ACT Group Treatment to Improve Behavior Plan Compliance Among Parents of Children with Autism and Developmental Disabilities.
MERRY SYLVESTER, MA, University of Nevada, Reno
Ashley Greenwald, MA, University of Nevada, Reno
Donald Jackson, Ph.D., Sierra Regional Center

Acceptance and Commitment Therapy (ACT) and Relational Frame Theory (RFT) have shown promise in treating a variety of clinical and non-clinical problems. Clinical behavior analysis has long addressed the needs of individuals with developmental disabilities and the systems which serve them. Despite the strong empirical base in either arena, the integration of ACT/RFT

with clinical behavior supports is in its infancy. This symposium will explore four new directions in this emerging domain. The papers will cover a variety of topics, including two RFT-based interventions to improve social and language skills among individuals with developmental disabilities, an RFT-based assessment of communication among a large provider organization, and an ACT intervention to improve behavior plan implementation among parents of children with autism.

100. Speaking across islands: Building communication between ACT and other approaches to clinical psychology.

SYMPOSIUM (1:15-3:00pm)

Other/ ACT, CBT, BA, Humanistic therapies

Target Audience: Beginner, Intermediate, Advanced, Clinical, Research

Location: Room 324

Chair: MATTHIEU VILLATTE, Ph.D., University of Nevada, Reno

- ACT, RFT, & "Conventional" Behavior Analysis: Bridges, Gaps, and Group Hugs
JOHN T. BLACKLEDGE, Ph.D., Morehead State University
- Integrating CBT and ACT
JOSEPH CIARROCHI, Ph.D., University of Wollongong
- Humanists and ACT
HANK ROBB, Ph.D., Private Practice Lake Oswego, Oregon

Acceptance and Commitment Therapy (ACT) is built on a modern behavior analytic account of language and cognition, Relational Frame Theory (RFT). It is thus not surprising that such clinical model emphasizes the role of context in the functional analysis of clients' disorders. However, the fact that ACT acknowledges the importance of cognitions and emotions in psychopathology also situates this approach in the family of Cognitive and Behavioral Therapies (CBT), even though language is often employed in a different manner than in mainstream CBT techniques. In addition, considerations for certain topics such as the therapeutic relationship and values have linked ACT to humanistic therapies.

The various roots and features of ACT might explain why it attracts the interest of those who seek an integrative approach that could both satisfy scientific demands and remain open to techniques originally created outside an experimental framework. However, misunderstandings easily arise when discussing similarities and differences between approaches considered as belonging to the same family. Indeed, one might wonder if the ACT model still belongs to CBT and BA or if its specificities (e.g., its use of language, the outcomes that are targeted, or its philosophical roots) constitute impassable gaps. Similarly, the attachment of ACT to basic experimental research and to a specific way of evaluating clinical practice is behind common hitches with humanistic approaches.

The symposium will clarify the specificities of ACT by systematically comparing it to BA, CBT, and humanistic therapies. The aim will be to foster effective communication and to propose paths to integrate other approaches in a constructive way, while respecting the philosophy underlying the ACT model.

101. Ongoing Defusion and Deliteralization of Language in ACT

WORKSHOP (1:15-4:15pm)

ACT - Clinical/ Defusion/Deliteralization of Language

Target Audience: Beginner, Intermediate, Clinical

Location: Room 422

ZAMIR KORN, Ph.D., Universal Psychological Services

One third of the workshop will be a didactic presentation on the creation, ontology and nature of language, leading to the philosophy and rationale of defusion/deliteralization in clinical application. The balance will be a practicum on utilizing these principles in individual and group therapeutic settings. Three sets of mindful/truthful speaking techniques will be presented and practiced, each followed by open discussion. All attendees are encouraged to participate.

Educational Objectives:

1. Discuss the genesis and nature of language.
2. Apply Mindful/Truthful Speaking strategies in individual and group psychotherapy sessions.
3. Maintain Mindful/Truthful Speaking strategies with clients through all phases of therapeutic process, and instruct clients on integrating these in their in vivo communication.

102. From Basic Science to Clinical Application: Empirical Advances in ACT Research with Children and Families

SYMPOSIUM (1:15-3:00pm)

ACT - Clinical/ ACT research

Target Audience: Research

Location: Room 423

Chair: LISA W. COYNE, Suffolk University

- ACT-Relevant Constructs in Child Therapy Process: The Role of Child Experiential Avoidance, Willingness, and Safety Seeking Behaviors in a Family-Based CBT for Young Children with OCD
ELIZABETH DAVIS, Suffolk University
EVAN R. MARTINEZ, Suffolk University
Lisa W. Coyne, Suffolk University
Angela M. Burke, Suffolk University
Abbe M. Garcia, Rhode Island Hospital/Warren Alpert Medical School
Jennifer B. Freeman, Rhode Island Hospital/Warren Alpert Medical School
- Experiential Avoidance of Parenting Questionnaire (EAP): Development Study
MELINDA I. MORRILL, Clark University
Katy Crowe, Clark University
James V. Cordova, Clark University
- Maternal Emotion Regulatory Strategy Mediates Maternal Depression and Child Internalizing Problems
ALYSHA D. THOMPSON, Suffolk University
- Maternal Avoidant Emotion Regulation and its impact on Emotion Regulation in Early Childhood

JASON J. BENDEZU, Tufts University
Angela M. Burke, Suffolk University
Jaclyn Jenkins, Suffolk University
Evan Martinez, Suffolk University
Mia Bensouda, Suffolk University

In recent years, acceptance and mindfulness-based approaches have enjoyed a great deal of empirical attention, and their use with a variety of psychological issues in adult populations now has a substantive empirical base. However, the literature on children and families is still nascent. Despite myriad scientific advances in the adult clinical literature, the role of acceptance, mindfulness, and related processes in child and adolescent populations has not been well described. Some types of childhood adjustment problems and ineffective parenting behaviors appear to be characterized by reliance on unsuccessful or problematic emotion regulation strategies, such as experiential avoidance (EA), that interfere with valued action. Empirical work has revealed EA as central to the development of rigid maladaptive repertoires that are a core feature of many psychopathologies in adults, although there has been less of a focus on its implications for children and families. Thus, our symposium will address this knowledge gap by examining EA and related processes children and families using data from both basic and applied research. We will present data regarding measurement of EA in parents, the role of EA in maternal depression and child internalizing problems, its relationship to child emotional regulation, and child reliance on EA during the course of exposure-based therapy.

In the first presentation, Thompson et al. will present data illustrating the role of experiential avoidance in parenting practices and internalizing problems in early childhood. Next, Bendezu et al. will discuss a conceptual model for how parent emotion regulatory processes influence child emotional functioning, and present data linking parent experiential avoidance to child emotion regulation in young children. In the third presentation, Morrill et al. will present a newly developed measure of parental experiential avoidance. Finally, Coyne et al.'s presentation will describe a newly developed coding system to capture experiential avoidance in children, and will present data on the role of child experiential acceptance/avoidance, behavioral approach in treatment outcome for children in a family-based cognitive-behavioral therapy for early onset OCD. Taken together, these presentations will present a conceptual framework for considering the role of ACT-relevant processes, such as experiential avoidance, in parenting behavior and child psychological functioning. We will highlight methodological issues, suggest new veins of inquiry, and discuss clinical implications of these findings.

103. Stigma and Discrimination: Empowering the Research Agenda

ROUNDTABLE DISCUSSION (1:15-3:00pm)

Other/ Stigma, prejudice, diversity

Target Audience: Research

Location: Room 420

JASON LUOMA, Ph.D., Portland Psychotherapy Clinic, Research, & Training Center
PATRICIA BACH, Ph.D., Illinois Institute of Technology

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JASON LILLIS, Ph.D., University of Nevada, Reno
MICHAEL LEVIN, University of Nevada, Reno
AKIHIKO MASUDA, Ph.D., Georgia State University

A number of studies have now been conducted based on contextual behavioral science that address the broad domain of discrimination, prejudice, diversity, and human objectification. Anyone conducting research on these topics or contemplating such research is invited to join in this roundtable discussion. The goal of the

meeting is to identify gaps and opportunities for research in this domain and develop preliminary ideas on new lines of research.

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104. Modeling key psychological phenomena using RFT SYMPOSIUM (1:15-3:00pm)

RFT - Research/ RFT-Clinical

Target Audience: Intermediate

Location: Room 317

Chair: LOUISE MCHUGH, Swansea University

- Modeling the direct and indirect effects of thought suppression on behavioral preference
NIC HOOPER, Swansea University
Louise McHugh, Swansea University
Ian Stewart, National University of Ireland, Galway
- Contextual control over non arbitrary relational responding and pragmatic verbal analysis
IAN STEWART, Ph.D., National University of Ireland, Galway
Gillian Kelly, National University of Ireland, Galway
Louise McHugh, Swansea University
Dermot Barnes-Holmes, National University of Ireland, Maynooth
Denis O'Hora, Swansea University
- Complex hierarchical relational networks: analysis of the transformation of functions
Enrique Gil, Universidad de Almería
Carmen Luciano, Ph.D., Universidad de Almería
FRANCISCO J. RUIZ, Universidad de Almería
- Transformation of functions through temporal relations
Juan C. López, Universidad de Almería
CARMEN LUCIANO, Universidad de Almería
Francisco J. Ruiz, Universidad de Almería

The current symposium presents a series of papers each of which involves the RFT modeling of important behavioral processes of direct relevance to the applied arena. The first paper provides a model of the direct and indirect effects of thought suppression on behavioral preference. The second paper demonstrates contextual control over non arbitrary relational responding which it is suggested may provide at least a preliminary model of pragmatic verbal analysis, the RFT process implicated in problem solving. The third paper investigates complex hierarchical relational networks and the transformation of functions across these complex relations. Finally, the last paper looks

at the transformation of functions through temporal relations. Together these papers add to the burgeoning literature on the RFT modeling of key psychological phenomena.

Wednesday Afternoon 3:15pm

105. Developments in RFT PANEL DISCUSSION (3:15-4:15pm)

RFT - Research/ RFT Clinical

Target Audience: Advanced,

Location: Senate Chambers - Room 356

STEVEN C. HAYES, Ph.D., University of Nevada, Reno
KELLY G. WILSON, Ph.D., University of Mississippi
IAN STEWART, NUI Galway
NIGEL VAHEY, NUI Maynooth
LOUISE MCHUGH, Swansea University

Relational Frame Theory (RFT) is a modern behavioral theory which adopts the generic concept of derived stimulus relations as a means of explaining the basic processes that underpin human language and cognition. RFT has gained empirical support both from basic research as well as through its application. Behavioral psychology has always sought a comprehensive naturalistic scientific theory of human behavior rooted in empirical research: a unified paradigmatic psychology. This is an ambitious goal but the advances being seen in RFT increase the possibility that this promise might one day be fulfilled. In this symposium we consider recent advances in RFT research in a variety of areas, and with what the future developments of RFT should be in order to move a contextual behavioral science approach forward to the goal of a comprehensive psychology.

Areas to be addressed include:

- Education and special needs
- Social and clinical issues
- Criminal psychology
- Organisational behaviour management

106. Three Lessons on Personality and Well-Being INVITED LECTURE (3:15-4:15pm)

ACT - Other/ Anxiety, PTSD, happiness, alcohol, emotion, emotion regulations, mindfulness, purpose in life

Target Audience: Intermediate, Research

Location: Room 323

TODD B. KASHDAN, Ph.D., George Mason University

Psychological factors in isolation ("main effect" models) are insufficient for understanding risk and resilience to healthy psychological functioning. This talk will provide an overview of how meta-emotion processes offer an increased understanding of when emotional disturbances are problematic and when healthy outcomes are most likely. Multiple studies will be presented that support the idea that an open and receptive attitude toward negative thoughts and feelings, an ability to precisely describe emotions, and behavioral commitment to a larger purpose in life each serve as natural interventions. With the aim of showing the trans-diagnostic nature of these processes, studies will focus on social anxiety, social anxiety disorder, and post-traumatic stress. The outcomes of these studies extend beyond symptom reduction to broader concepts such as positive events

and emotions, the presence of meaning in life, and healthy sexuality. The importance of integrative approaches to the study of resilience and vulnerability will be highlighted.

107. Balancing Clinical Innovation with the Imperative to Utilize Best Available Practices

INVITED LECTURE (3:15-4:15pm)

Other/ General clinical science (including but not limited to ACT)

Target Audience: Beginner, Intermediate, Advanced, Clinical, Research

Location: Room 324

JAMES D. HERBERT, Ph.D., Drexel University

Clinicians have an obligation to use the best available practices in their work. For scientifically minded clinicians (including those grounded in contextual behavioral science), this means state-of-the-art technologies that are supported by the best available research. At the same time, there is a pressing and ongoing need for clinical innovation, as existing technologies are (and forever will be) far from perfect. The tension between the imperative to use current best practices and the need to innovate plays itself out in multiple domains, from front-line clinical work to clinical research. Various solutions to this problem have been offered, but the field has yet to achieve consensus. This talk will explore this issue, proposed solutions, and future directions.

108. Parenting, Families, and Couples: ACT Applications

SYMPOSIUM (3:15-4:15pm)

ACT - Clinical/ Couples, parenting, personality, experiential avoidance, OCD

Target Audience: Beginner, Intermediate, Advanced, Clinical, Research

Location: Room 423

Chair: JENNIFER YARDLEY, Utah State University

- Acceptance and Commitment Therapy as a Treatment for Couple Dysfunction: the six core ACT processes in relationship issues.
MASSIMO RONCHEI, Psy.D, IESCUM, Parma; ASCCO (Academy of Behavior and Cognitive Science) Parma; ACT-Italia, Risorse Psicologiche, Reggio Emilia
- Treatment of Pediatric Obsessive Compulsive Disorder: Utilizing Parent-Facilitated Acceptance and Commitment Therapy
JENNIFER YARDLEY, Utah State University
- Acceptance and action or experiential avoidance in parents: can temperament make a difference?
ELDA ANDRIOLA, PSY.D, Beck Institute, Rome, Italy
GIOVANNI MISELLI, PSY.D, IESCUM; IULM University, Milan, Italy
Georgianna G. Gardner, Psy.D, AUSL Department of Mental Health, Rome, Italy
C. Robert Cloninger, MD, Washington University School of Medicine, St Louis, USA

The symposium examines ACT-relevant research on couples, parents, and children. The first presentation focuses on the use of ACT with couples that shows how Acceptance and Commitment Therapy can be used to conceptualize conflict within the couple and how it can suggest new therapeutic strategies for dealing with these difficulties. This second paper outlines a multiple baseline study of the effects of a 10-week protocol for parent-child interaction in facilitating treatment using child-focused acceptance and mindfulness techniques. The third paper details preliminary data on the investigation of the relationships between parental experiential avoidance and Cloninger's psychobiological model of personality, and their role and influence in the context of child symptomatology.

109. Further Developments in Measuring Cognitive Fusion

SYMPOSIUM (3:15-4:15pm)

ACT - Clinical/ Fusion, measurement, questionnaire construction

Target Audience: Intermediate, Advanced, Clinical, Research

Location: Room 420

Chair: HELEN BOLDERSTON, University of Southampton

- Clinical validation of the Cognitive Fusion Questionnaire
HELEN BOLDERSTON, University of Southampton
Sue Clarke, Dorset Healthcare NHS Foundation Trust
- Further developments of the CFQ in community samples
DAVID GILLANDERS, University of Edinburgh
Lindsey Campbell, NHS Grampian
Louise Tansey, University of Edinburgh
- Cognitive Fusion, Beliefs about Thinking and Rumination in Depression
DAVID GILLANDERS, University of Edinburgh
Sian Kerr, NHS Grampian

The ACT model suggests that a number of key processes contribute to psychological flexibility/inflexibility and thus to the development and maintenance of mental health problems. ACT is therefore a broad intervention containing multiple components designed to address these various processes. It is important to develop specific measures of ACT processes in order to facilitate testing and fine-tuning of theory, as well as to allow researchers and clinicians to monitor therapeutic change and evaluate the effectiveness of specific therapy components. Our previous conference symposium at ACBS 29 introduced the Cognitive Fusion Questionnaire and outlined its initial development. There is now good evidence that the Cognitive Fusion Questionnaire is a reliable, valid measure of Cognitive Fusion, at least in non clinical samples. The current symposium presents three papers that further demonstrate the CFQ's validity via correlation with other measures in two clinical samples and one further community sample. In addition, data is presented demonstrating the test-retest reliability of the CFQ.

110. Cultivation is not control: Broadening and Building on ACT

INVITED LECTURE (3:15-4:15pm)

ACT - Clinical/ Positive Psychology

Target Audience: Beginner, Intermediate, Advanced, Clinical

Location: Room 317

TAMARA LOVERICH, Ph.D., Eastern Michigan University
Eric Miller, M.A., Eastern Michigan University
Sarah Wice, M.A., Eastern Michigan University

Acceptance and Commitment Therapy made its way into the therapeutic repertoire through its unique take on increasing psychological flexibility, and contact with and action in accordance with deeply held values. In the service of these ends ACT has explicitly taken the stance that, "control (of private events) is the problem, not the solution," to psychological suffering and its attendant behavioral fallout. Since the inception of ACT a new approach to psychology with similar presuppositions about the inherent strengths of people and the pathology producing societies in which we live has begun to evolve. This paper examines points of similarity and difference between ACT theory and clinical intervention and the Broaden and Build Theory of Positive Emotion from positive psychology. We offer that it is possible to remain theoretically consistent with ACT, to increase mindfulness and acceptance, and to commit to value-based behavior while intentionally creating a context that increases the likelihood of positive emotional experience. Suggestions for doing so from the Broaden and Build research will be presented along with ways to integrate the cultivation of positive emotion into ACT treatments. It is hypothesized that integrating positivity practices with ACT may increase willingness and committed behavior in both the treatment and ongoing life.



in avoiding direct suppression. Scientific studies of thought suppression can inform the art of thought suppression in everyday life.

Educational Objectives:

1. Learn how mental control is achieved through the interaction of intentional operating processes and ironic monitoring processes.
2. Understand the role of ironic processes in the etiology and maintenance of obsession, anxiety, depressive mood, and unwanted actions.
3. Discover strategies for the indirect suppression of unwanted thoughts, including mindfulness, disclosure, and paradoxical approaches.

Wednesday Follies/ Social 7:30pm

Wednesday Plenary 4:30pm

111. The Art and Science of Thought Suppression

PLENARY (4:30-5:45pm)

ACT - Other/ Mental Control

Target Audience: Beginner, Intermediate, Advanced, Clinical, Research

Location: Ballroom A & B

DANIEL M. WEGNER, Ph.D., Harvard University

A person who is asked to think out loud while trying not to think about a white bear will typically mention the bear once a minute. Thought suppression creates an obsession. So how can we suppress an unwanted thought? This talk looks into why thought suppression is difficult—and what can make it easy. Suppression can be difficult because the mental mechanisms involved include a search for the very thing we don't want to think—and this ironically increases our sensitivity to the thought and promotes its return. Suppression can be easier, however, when we sidestep such ironic monitoring. Successful indirect strategies can be found in relaxation and body awareness, self-disclosure and social relationships, and practice

112. Things Might Go Terribly, Horribly Wrong

WORKSHOP (9:00-Noon)

ACT - Clinical/ Anxiety

Target Audience: Beginner, Intermediate, Advanced, Clinical

Location: Ballroom A & B

KELLY WILSON, Ph.D., University of Mississippi
REGAN M. SLATER, University of Mississippi

Whether it manifests itself as worry, fear, rumination, obsession, compulsion, or shyness, anxiety is everywhere, and it causes no end of trouble for just about all of us. But at its core, our response to anxiety often serves an important purpose: to neutralize uncomfortable ambiguities. The workshop will examine the sources of anxiety and our habitual response to it. Sampling material from Things Might Go Terribly Horribly Wrong (DuFrene & Wilson, 2010) we will demonstrate methods of working with anxious clients.

Educational Objectives:

1. Participants will understand psychological flexibility with relation to anxiety disorders.
2. Participants will understand anxiety and habitual responses to it.
3. Participants will learn techniques for working with anxious clients.

113. Using the Matrix and FAP tools to conceptualize and strengthen the therapeutic relationship in ACT

WORKSHOP (9:00-Noon)

ACT - Skills/ Therapeutic relationship, case conceptualisation, FAP

Target Audience: Beginner, Intermediate, Advanced, Clinical

Location: Theater (3rd Floor)

BENJAMIN SCHOENDORFF, Private Practice and Provence University, Aix-Marseille, France.

In this workshop I will present how the ACT matrix model (Polk) and Functional Analytic Psychotherapy (Kohlenberg and Tsai) can be seamlessly combined to help ACT clinicians of all experience levels to an intuitive case conceptualization incorporating clients' struggles against their private experiences and values, and bringing mindfulness of the therapeutic relationship center stage. In this interactive workshop, you will be walked around an intuitive Matrix-based case-conceptualization form and get a chance to train how to supercharge your ACT practice using the powerful tools of FAP.

Educational Objectives:

1. Learn how to use the ACT matrix as a case conceptualization tool.
2. Learn how to use the ACT matrix to conceptualize client and therapist behavior within the therapeutic relationship.

3. Learn how to use FAP tools to help move ACT processes.

114. ACT in the Treatment of Psychosis

WORKSHOP (9:00-Noon)

ACT - Clinical/ Psychosis, clients with cognitive impairment

Target Audience: Beginner, Intermediate, Advanced, Clinical

Location: Ballroom C

PATRICIA BACH, Ph.D., Illinois Institute of Technology

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

Educational Objectives:

1. Identify strategies for adapting ACT to treating clients with psychosis.
2. Identify challenges in using ACT with clients with psychosis .
3. Explore the role of client and clinician stigma towards persons with psychotic disorders and implications for ACT.

115. ACT/CBS Chapters: Serving Regional Needs of Clinicians, Scientists, and Clients

PANEL DISCUSSION (9:00-10:30am)

Other/ Chapters

Target Audience: Beginner, Intermediate, Advanced, Clinical, Research

Location: Senate Chambers - Room 356

JONATHAN B. BRICKER, Ph.D., University of Washington & ACBS Washington State

GIOVANNI MISELLI, Psy.D, IULM University & ACBS Italy

CARMEN LUCIANO, Ph.D., University of Almería & ACBS Spain

JOSEPH CIARROCHI, Ph.D., University of Wollongong & ACBS Australia & New Zealand

JENNIFER PLUMB, M.A., University of Nevada Reno & ACBS

Last year, the Association for Contextual and Behavioral Science put out a call for the official formation of local chapters. The response to date has been promising: As of January 2010, chapters in Australia/New Zealand, Spain, Italy, and Washington State have been officially formed to serve the regional needs of clinicians, scientists, and clients following a contextual and behavioral perspective. Chapters provide a unique opportunity for regional ACT professionals to share, connect, network, and grow.

In this panel discussion, you will hear from board members of the official chapters to date—as they tell their stories and have a dialogue with the audience. They will highlight the following experiences of their chapters: (1) how they formed, (2) the values their chapters serve, (3) goals of the chapters, (4) activities to date, (5) challenges, (6) ways they are addressing challenges, and (7) future plans. The panel will aim for a



50/50 mix of sharing their experience and interactive discussion with the audience.

116. ACT for Conceptualization, Assessment, and Treatment of Disordered Eating

WORKSHOP (9:00-Noon)

ACT - Clinical/ Disordered eating

Target Audience: Beginner, Intermediate, Advanced, Clinical, Research

Location: Great Room - Room 403

EMILY SANDOZ, M.S., University of Mississippi
KATIA MANDUCHI, Private Practice; Rimini, Italy
NANNI PRESTI, M.D., IULM University Milan

Disordered eating is a class of behaviors associated with devastating disruptions of life, frightening medical consequences, and traditionally unsuccessful interventions, especially in terms of long-term results. Acceptance and Commitment Therapy (ACT) is an emerging behavior therapy that may offer a unique approach to changing an individual's relationship with food, the body, the self and others in service of a life that he or she values.

This workshop will focus on a combination of didactic and experiential orientation to conceptualization, assessment, and treatment of disordered eating from an ACT perspective.

Educational Objectives:

1. Become oriented to empirical support for ACT with eating disorders.
2. Learn how to conceptualize and assess disordered eating from an ACT perspective.
3. Learn strategies for treatment of disordered eating from an ACT perspective.

117. Improving clinicians' empathy skills with ACT

WORKSHOP (9:00-Noon)

ACT - Skills/ Empathy

Target Audience: Beginner, Intermediate, Advanced, Clinical

Location: Room 320

MATTHIEU VILLATTE, Ph.D., University of Nevada, Reno

JEAN-LOUIS MONESTES, University Department of Psychiatry, Hôpital Ph. Pinel, Amiens, France.

ROGER VILARDAGA, University of Nevada, Reno

Empathy represents a core tool of all psychotherapies, so important that it has been presented as one of the main ingredients of the so-called "dodo-effect". But empathy has to be explained theoretically and experimentally in order to be improved, because it is not a competency delivered the day you graduate. Indeed, numerous therapists encounter hard times to connect with clients they don't manage to help, who have conflicting values or behave in choking ways thus interfering with efficient clinical practice. Fortunately, empathy is a skill

that can be trained to become a real tool for psychotherapists, used with a function.

In Relational Frame Theory terms, empathy is built upon the ability of taking and changing perspective (i.e., deictic relational responding). RFT comprehension of empathy allows for the creation of a great variety of techniques facilitating a movement from I to YOU, hence helping seeing things from others' point of view. This movement is an important step toward contacting and accepting others' emotions.

The aim of this workshop is to present the ACT-RFT approach to empathy with short theoretical presentations and to allow participants enhancing their competency in this domain by mean of experiential and practical exercises involving perspective taking skills in different clinical contexts. Notably, participants will work on improving empathy toward their most difficult clients.

Educational Objectives:

1. Learn how ACT-RFT conceptualizes empathy (the role of deictic relational responding).
2. Enhance your empathy skills as a clinician.
3. Learn how to use empathy to serve ACT processes in session with clients.

118. ACT-Enhanced Behavioral Parent Training

WORKSHOP (9:00-Noon)

ACT - Clinical/ Parenting

Target Audience: Intermediate, Clinical

Location: Room 323

CLINT FIELD, Ph.D., Utah State University

ANDREW ARMSTRONG, M.S., Utah State University

JESSICA MALMBERG, M.S., Utah State University

Early data have indicated that parental experiential avoidance is positively correlated with child behavior problems (Berlin, Sato, Jastrowski, Woods, & Davies, 2005; Shea & Coyne, 2006), punitive and inconsistent parenting techniques (Shea & Coyne, 2006), parental stress (Shea & Coyne, 2006; Silvia et al., 2007), and child depression and anxiety (Shea & Coyne, 2006; Silvia, Conti, Sommerville, & Coyne, 2007). ACT-based parenting models have begun to emerge. ACT has been presented in group format for parents of children with autism (Blackledge & Hayes, 2006). Coyne and Murrell (2009) published an ACT manual for parents of young children. However, to date, an ACT model has not been presented for psychologists to use in the context of behavioral parent training (BPT). An ACT-enhanced BPT model has the potential to increase parents' acceptance of private experiences related to child behavior, decrease tolerance for child misbehavior while increasing acceptance of the child. Further, including ACT processes in BPT may increase parents' adherence to BPT components. To be clinically viable, an ACT-enhanced BPT model would not add extra sessions to BPT (usually 6-10 sessions), but would incorporate ACT processes into standard BPT sessions. To accomplish this, traditional ACT exercises and metaphors have been adapted and new ones have been developed. A workshop is planned which would share a proposed integrated model, provide opportunities to interactively practice treatment components, and present early clinic case data.

Educational Objectives:

1. Learn how to conceptualize dysfunctional parenting in terms of ACT processes.
2. Learn how to integrate ACT processes with BPT in the context of clinical work with parents.
3. Practice treatment components via interactive role plays; provide and receive feedback.

119. RFT and the Self: Theory, Research and Applications

WORKSHOP (9:00-Noon)

RFT - Clinical/ Perspective taking, deictic framing, self as context

Target Audience: Beginner, Intermediate, Advanced, Clinical, Research

Location: Room 324

JENNIFER BOULANGER, M.S., University of Nevada, Reno

IAN STEWART, Ph.D., University of Ireland, Galway

The self has long been a key theoretical construct in psychology, with separate analyses developed by such diverse sources as James, Freud, and even Skinner. Understanding of self versus other appears critical to normal human development (e.g., Baron-Cohen, 1991) and changes in the experience of self have been correlated with processes of therapeutic change across cognitive, behavioral, and dynamic therapies (Gibbons, Crits-Cristoph, et al., 2009). Relational Frame Theory defines the self in terms of responding verbally to one's own behavior and predicts that relational responding gives rise to three distinct senses of self. Over the last decade RFT/ACT research has empirically examined several concepts related to the self including verbal self-discrimination, perspective-taking and self-rules. The current workshop will outline the RFT approach to self, describe developmental and clinical research that has explored these concepts, and illustrate applications of this analysis of self in third wave therapies including ACT, DBT, and FAP.

Educational Objectives:

1. Understand the RFT conceptualization of self and its implication for training self-discrimination, perspective-taking, and self-regulation in clinical and educational settings.
2. Become familiar with key studies that support the RFT conceptualization of self & perspective taking from behavior analysis, neuroscience, and clinical psychology.
3. Assess strengths and weaknesses in the three senses of self identified by RFT and apply this to case formulation and treatment planning.

120. ACT for Safety

WORKSHOP (9:00-10:30am)

ACT - Other/ I/O - OBM

Target Audience: Intermediate

Location: Room 422

DANIEL J. MORAN, Ph.D., BCBA-D, Pickslyde Consulting

In July 2009, a construction foreman approached a psychologist and the gauntlet was thrown: "If this ACT stuff is so good at changing behavior, let me see you use it to get my boilermakers to wear their hard hats!" Given that there was no precedent set in the literature about applying Acceptance and Commitment Therapy to wearing personal protective equipment, the prudent psychologist thought of declining the challenge, and defused from that thought!

The construction foreman said his boilermakers are like "the black hat wearing cowboys from the Wild West." He also indicated that most of his employees did not complete high school. ACT principles were crystallized and simplified into a coherent model, and the identical ACT for Safety workshop that was presented to the boilermakers will be performed in this 1.5 hour workshop. Anecdotal and survey data will be discussed, and hard hat stickers will be distributed.

Educational Objectives:

1. Participants will learn a version of the ACT hexagon model that uses colloquial language to make the principles easily accessible and practical, even when conveyed in a group format.
2. Participants will be exposed to the variety of investigations regarding ACT in the workplace, and will learn the potential for generalizability of this approach to safety behavior and work culture change.
3. Participants will learn how the ACT model for psychological flexibility has been used at construction sites to improve safety measures, improve morale, increase voluntary enrollment in substance abuse treatment, and increase the number of weekly safety meetings being attended.

121. Introduction to Longitudinal Data Analysis

WORKSHOP (9:00-Noon)

Other/ Statistical Methods

Target Audience: Intermediate, Clinical, Research

Location: Room 423

ROBERT GALLOP, West Chester University

Longitudinal data acquisition has always been a component of psychotherapy research, but the reporting of results through longitudinal data analysis (LDA) has been advanced substantially during the past 20 years. Previously, longitudinal data would be summarized into one measure through methods such as last observation carried forward (LOCF). Then analyses would incorporate cross-sectional methods such as analysis of covariance (ANCOVA) for reporting study results. The fundamental difference with LDA methods is that they recognize that the repeated observations within subjects are correlated. This correlation has a profound impact on the resulting tests of significance. When this within subject correlation is properly incorporated, the LDA takes full advantage of all information obtained from each subject, thereby greatly increasing statistical power over methods that compare treatments cross-sectionally. At least two general approaches are

ACT WORKSHOP

available in a number of software packages for analyzing longitudinal data: Multilevel models adjusting for the hierarchy of clusters with nested random effects; General Mixed Model Analysis of Variance.

Educational Objectives:

1. How to implement various longitudinal model, interpret the results, and distinguish between the two models.
2. How to handle missing data.
3. How to assess if dropout mechanism is informative or ignorable.

122. AAQ and gender differences: Is what's good for the goose, good for the gander?

SYMPOSIUM (9:00-10:30am)

ACT - Other/ Experiential Avoidance

Target Audience: Research

Location: Room 420

Chair: JACQUELINE PISTORELLO, Ph.D.,
University of Nevada, Reno Counseling
Services

ACT

- Relationships between Experiential Avoidance and the Psychological and Behavioral Problems of Adolescence: Gender Differences
ANTHONY BIGLAN, Oregon Research Institute
Amy R. Murrell, University of North Texas
Laura Howe-Martin, University of Texas
Southwestern Medical Center
- Experiential Avoidance and Academic Performance and Persistence in Male and Female College Students: A 4-year Prospective Study
JACQUELINE PISTORELLO, PHD, University of Nevada, Reno Counseling Services
Chelsea MacLane, Psy.D., University of Nevada, Reno
Steven C. Hayes, Ph.D., University of Nevada, Reno
Elisa Hanna, B. A., University of Nevada, Reno
- Gender Differences in the Relationship between Experiential Avoidance and Worksite Factors
COLIN C. STROMBERG, B.A., University of Nevada, Reno
Steven C. Hayes, Ph.D., University of Nevada, Reno
Jacqueline Pistorello, Ph.D., University of Nevada, Reno
Roger Vilardaga, M.A., University of Nevada, Reno
Mike Levin, M.A., University of Nevada, Reno
Jason Luoma, Ph.D., Private Practice
Barbara Kohlenberg, Ph.D., University of Nevada
- Predicting Healthcare Utilization among College Students: Examining the Role of Experiential Avoidance and Gender
MIKAELA J. HILDEBRANDT, M.A., University of Nevada, Reno
Jacqueline Pistorello, Ph.D., University of Nevada, Reno
Steven C. Hayes, Ph.D., University of Nevada, Reno

Robert Gallop, Ph.D., West Chester University of Pennsylvania

Females typically score higher on experiential avoidance using the Acceptance and Action Questionnaire (AAQ, Hayes et al., 24) than do males. More recently, however, data seems to suggest that there are also gender differences in the relationship between AAQ-based measures and other psychological and behavioral variables. In general, it appears that the AAQ is more predictive of problematic functioning in females than in males. This symposium will include four different papers on gender differences in the relationship between experiential avoidance, as measured by the AAQ, and a variety of behaviors. The findings will be reported across a variety of samples (college students, adolescents, substance abuse counselors), using different versions of the AAQ (AAQ-R, AAQII, AFQ-Y), measuring correlations with a variety of different variables (work-site factors, adolescent problem behaviors, health care utilization, and academic persistence), including both self-report and archival variables, as well as cross-sectional and longitudinal data collection. In addition to documenting the issue, potential explanations will be explored for the gender differences identified.

123. Doing ACT research: An interactive primer for beginners

WORKSHOP (9:00-Noon)

ACT - Other/ Research

Target Audience: Beginner, Research

Location: Room 317

JASON LILLIS, Ph.D., University of Nevada, Reno

ACT is an empirically based approach to treatment that is built on contextual behavioral science. A contextual behavioral science approach is a principle-focused, inductive strategy, which emphasizes developing interventions based on theoretical models tightly linked to basic principles that are themselves constantly upgraded and evaluated. ACT is a model as opposed to a collection of clinical techniques, and can be studied across a variety of methods, settings, and populations, ranging from micro component studies to full-scale clinical trials. The common thread in ACT research is theory testing based on the ACT model, with each study adding to the knowledge base on ACT processes and the impact of the ACT model across a broad range of psychological phenomena.

This 3-hour workshop will help you understand the ACT model from a research perspective and help you design ACT research studies that fit your interests and available resources. Time permitting, the workshop will consist of the following: (1) Discussion of philosophy of science and the importance of theory, (2) Presentation of the ACT model, (3) Description of study designs that have been used successfully to study the ACT model- highlighting examples from the literature, (4) Group brainstorm of study ideas, (5) A discussion of special issues when researching ACT using examples from the literature, and (6) A consultation session designed to help shape individual ideas into working ACT studies. This workshop will NOT review RFT and RFT research.

This workshop is designed for (1) Students who are conceptualizing masters, dissertation, and other

empirical studies; (2) Clinicians who have little or no experience researching ACT; and (3) Researchers who are new to ACT.

Educational Objectives:

1. Learn and understand the ACT model of psychopathology.
2. Understand the ACT research literature and its implications for designing research studies.
3. Design an ACT empirical research study.

Thursday Morning 10:45am

124. Assessment of Mindfulness and Acceptance Processes in ACT

SYMPOSIUM (10:45-Noon)

ACT - Clinical/ Mindfulness, PTSD, depression, values assessment

Target Audience: Clinical, Research

Location: Senate Chambers - Room 356

Chair: BRIAN L. THOMPSON, Ph.D., Portland Psychotherapy

- Mindfulness and Experiential Avoidance as Predictors of Posttraumatic Stress Disorder Avoidance Symptom Severity
BRIAN L. THOMPSON, Ph.D., Portland Psychotherapy
Jennifer Waltz, Ph.D., University of Montana
- Measuring cognitive fusion and defusion in depression using a modified Dysfunctional Attitudes Scale.
BRIAN KEARNEY, Senior Clinical Psychologist, Mood Disorders Unit, Northside Clinic, 2 Greenwich Rd Greenwich NSW 265 Australia.
- Continuing Assessment of the Bullseye Survey of Valued Living
JOHN T. BLACKLEDGE, Ph. D., Morehead State University
Cory Ruffing, Morehead State University
Jennifer Taylor, Morehead State University
Cassiah Winkle, Morehead State University
- What is the Role of Self in ACT and Mindfulness? Are the Two Accounts Similar in this Regard?
MAIREAD FOODY, National University of Ireland, Maynooth
Yvonne Barnes-Holmes, National University of Ireland, Maynooth
Dermot Barnes-Holmes, National University of Ireland, Maynooth

This symposium focuses on the assessment of ACT-related processes. One presentation examines the ability of mindfulness to predict the variance of PTSD avoidance symptom severity above and beyond experiential avoidance in a sample of students endorsing posttraumatic stress symptoms. A second shows how a simple defusion strategy can reduce believability in dysfunctional attitudes, and how instructions can improve the measurement of fusion. A third presents data on the reliability and validity of the Bull's Eye measure, a measure of valuing. A fourth paper discusses the role of the self from the perspectives of ACT, RFT, and Buddhism.

Thursday Lunch 12:00-12:30pm

Please feel free to eat your lunch in the ballroom during the plenary.

Thursday Plenary 12:30pm

125. All ahead go! Creating an even better ACBS PLENARY (12:30-1:45pm)

Other/ Psychological flexibility, research, practice

Target Audience: Beginner, Intermediate, Advanced, Clinical, Research

Location: Ballroom A & B

FRANK BOND, Ph.D., Goldsmiths, University of London

- Evolving Psychologically Flexible Cultures
ANTHONY BIGLAN, Ph.D., Oregon Research Institute
- ACBS Review and Moving Forward: Growth, Challenges and Direction
ROBYN WALSER, Ph.D., National Center for PTSD

This final plenary reviews briefly where ACBS has come from, where we are going, and the challenges we face in moving forward. We also consider how we can create a culture of psychological flexibility that can help ACBS, and our wider societies, move towards their valued directions.

Educational Objectives:

1. Understand how ACBS is promoting the scientific study of human behaviour.
2. Learn how psychological flexibility can emerge from organisational and societal cultures.
3. Appreciate the practical and scientific challenges that face the ACBS agenda.

ACT
SYMPOSIUM

Psychologist Opening

For Multidisciplinary Treatment of Chronic Pain,
Headaches and Fibromyalgia



We have a **full-time position opening in September 2010** for a fully licensed doctoral level psychologist to work as part of a multidisciplinary team in the treatment of chronic pain. We take a rehabilitation approach based on ACT principles to promote acceptance of pain and pursuit of valued life activities. The Pain Center is located at Mary Free Bed Rehabilitation Hospital in Grand Rapids, MI.

Essential Characteristics

- Doctoral level psychologist, fully licensed in the state of Michigan
- Personal characteristics include: independence, initiative, very good communication skills, a drive for excellence, attention to detail, and a passion for ACT as evidenced by knowledge of the literature and a history of remaining current with evidence-based interventions

Desired Characteristics

- Passion for and experience with chronic pain populations (we will train in pain psychology for the right candidate)
- Biofeedback experience (we will train the right candidate if needed)
- Several years ACT and/or pain experience, although outstanding newly licensed professionals are encouraged to apply

Compensation

- Mary Free Bed sets a competitive pay scale based on market research and years of experience
- Health and dental insurance, vacation, life-insurance, and retirement benefits

For More Information or To Apply

- For more about The Pain Center at Mary Free Bed Rehabilitation Hospital www.maryfreebed.com/ThePainCenter.aspx
- You may also contact Dr. O'Connor directly at 616.233.3482 or Edmund.OConnor@maryfreebed.com for more information
- To apply go to www.maryfreebed.com and click "Job Search" under the "Employment" header at the bottom of the page. Search "Mary Free Bed Rehabilitation Hospital"; "Professional"; "Full-time" categories to start the process

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The Pain Center will have a table at the Poster Session and by the Registration Desk (3rd Floor)

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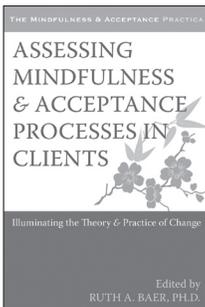
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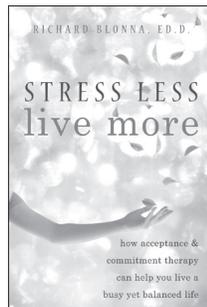
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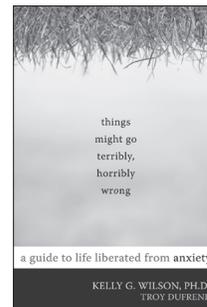
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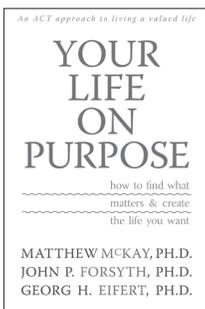
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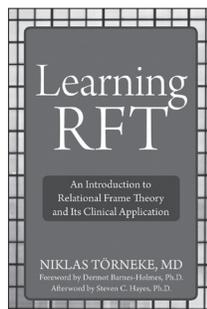
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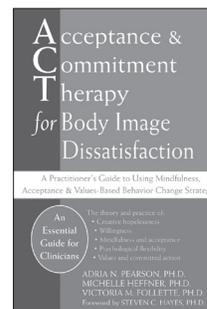
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Shuttles:

ACBS is happy to provide shuttle busing for the 1.5 mile distance between the conference hotel (Silver Legacy) and the conference venue (Joe Crowley Student Union, JCSU) on UNR's campus.

You will need to go to the Silver Legacy "valet parking area", on Sierra St., to catch these shuttles.

Busing will begin at 7:45am each morning, and will finish at approximately 9:15/9:30am. We will have multiple coaches and shuttles looping in the morning. If you do your math, you'll see that if you catch the shuttle bus after 8:45am, you'll be late! This also means that if everyone attending the conference tries to catch the bus at the exact same time, you all won't make it. Please consider this when planning for the shuttle. As early as 8:00am we'll have coffee & tea up at the university for you and you'll have access to the conference bookstore if you'd like to take that time to peruse the books (the bookstore will be closed in the morning on Saturday & Monday).

We will have shuttles in the evening to take you back to the hotel after events at the JCSU, and one looping from the BBQ to the Silver Legacy on Monday night.

- Busing is not provided from the Silver Legacy to the Baseball game on Tuesday, June 22 (it is a short walk).

If you need to come/go at a different time, or **don't want to wait for the conference shuttle at all**, from 7:00am - 7:00pm **the city of Reno has a free shuttle, the "Sierra Spirit" which runs every ten minutes.**

You can catch this shuttle from right outside the front of the hotel (Virginia St.), and it will drop you right in front of our conference venue, the JCSU.

See the map on the back of this program.

Taxis:

If you need a taxi, you can easily find one in the Silver Legacy valet area, or on Virginia St. (in front of the hotel).

If you need to call for a taxi, here are a few different phone numbers:

Whittlesea Checker Taxi: (775) 322-2222

Reno-Sparks Cab Co: (775) 333-3333

If calling from the JCSU you'll need to tell them "I'm at the Joe Crowley Student Union, on UNR's campus, it's at the East end of 15th St., off Virginia, near Lawlor events center." There is no "physical" address.

If calling from a Reno phone, do not dial the "775", if calling internationally or from a USA phone from outside of Reno, dial "1-775-.....".

Airport Shuttle:

We will provide shuttle service from the JCSU to the Silver Legacy, every 30 min. (starting at 10:30am) on **Thursday, June 24th**, for those of you who need to leave early to get to the airport.

The Silver Legacy then provides shuttle service to the airport, every 30 minutes.

Luggage:

If you need to check out of your hotel and bring your luggage to the conference with you on June 24th, you may do so and put it into Room 405 or 406. Note: this room will be unattended, but the door shuts and no other groups will be in the building. *ACBS is not responsible for any lost or stolen items (but this has never happened before).*

Reno Restaurants

Walkable from Campus/Silver Legacy:

Archie's

N. Virginia St (just north of campus)
College atmosphere with beer, burgers and pub food. Price Range: \$5-10

Beaujolais Bistro

130 West Street
This charming country French bistro is set ½ a block from the riverfront with carefully prepared entrees and a friendly atmosphere. It is satisfying, classy, and a local favorite for dinner! Entrees: \$20+

Blue Moon

California Ave and Virginia St
Gourmet pizza options are creative and filling and served in a hip pizza parlor atmosphere. Slices and full pizzas available.

Chocolate Bar

California Ave and Arlington St
SoHo-style bar serves up creative martini concoctions and offers a small selection of well-crafted appetizers, entrees and desert options. A local favorite is the chocolate fondue. Price Range: \$10-20

Harrah's Steak House

Inside Harrah's Casino
The finest "old school" steak house in Reno. Bring your wallet and your appetite. Bring fire to the table by ordering Diablo Coffee with your dessert. Entrees: \$30+

La Famiglia Ristorante

180 E. 1st Street
Homemade pasta, creative daily specials, and an extensive wine list make this family-owned and cozy Italian restaurant a worthwhile visit. Entrees: \$20+

Louis' Basque Corner

301 E. 4th Street
Family style seating and food from the Basque country. Simple comfort food and wine served in humble surroundings. Menu is evening specials. Price Range: about \$20

Nugget Diner

233 N. Virginia Street (about 1/2 block south of the Reno Arch)
This is one of those completely unhealthy, but famously yummy greasy spoons. The "Awful Awful" burger & fries (more than you could ever eat), and "The Hangover Omelet" (served with a Bloody Mary) are probably their most famous meals, but they have all kinds of American food. If no seats during peak hours, you can always elbow your way to the counter and get it to go. *Open 24 hours*; breakfast served anytime; Cash Only. Price Range: \$4-\$9

Peg's Glorified Ham and Eggs

420 South Sierra Street
Yummy breakfast and lunch options with Texas-sized portions. Price: \$8-15

Silver Peak

135 N Sierra St 89501.
This microbrewery boasts the "best suds in town"(with seasonal specials) and offers a creative pub-style menu with large portions and includes items as humble as hot wings and as sophisticated as pistachio crusted salmon. Prices from \$8-\$20, and excellent happy-hour choices.

Sterling's Seafood Steakhouse

Inside the Silver Legacy
Sterling's opens at 5 p.m. and reservations are recommended and can be made by calling 775-329-4777. Outstanding and unique steak and seafood finely presented.

Wild River Grille

17 S. Virginia St
Wide-ranging menu options appeal to any taste and serves good food at affordable prices. This restaurant boasts patio seating along the Truckee River in downtown Reno. Lunch: \$10. Dinner: \$20.

Zagol Ethiopian Restaurant

855 E. 4th St
If you are looking for something a little different, Ethiopian fare is a bright and delightful alternative to the burger or pasta platter. For those unfamiliar, most dishes are served with a light and fluffy sponge-like bread instead of utensils - don't be afraid to get your hands dirty for this delicious treat!
Entrees: \$10+

Buffets:

Looking for a buffet downtown? Plan wisely, depending on the time of day & day of the week your wait can be 15 - 90 minutes, but some of them are worth it. In the downtown area I would try *The Buffet* (Eldorado) or *Carvings Buffet* (Harrah's).

Looking for a seafood buffet? Most only have seafood on Friday and/or Saturday night, however *Carvings Buffet* (Harrah's) and the *Lodge Buffet* (inside Grand Sierra Resort, near the airport) have snow crab nightly.

Here are some favorites of the lab students, a listing of local favorites, and a sample of fine-dining Reno hotspots.

The Wolfpack Labbie Picks for Eating in Reno:

Lillis' Pick: Silver Peak

135 N Sierra St 89501.

This microbrewery boasts the "best suds in town"(with seasonal specials) and offers a creative pub-style menu with large portions and includes items as humble as hot wings and as sophisticated as pistachio crusted salmon. Prices from \$8-\$20, and excellent happy-hour choices. The original location (1 mile south of downtown). (Sierra location walkable from hotel).

Doug (Doogie)'s Pick: Bangkok Cuisine

55 Mount Rose St 89509.

Well known in Reno for its delicious Thai food. It gives filling portions at very reasonable prices. We recommend the Pad Thai. (A short cab ride away).

Jamie's Pick: India Kabab and Curry

1091 S. Virginia Street 89502

Good, vegetarian-friendly Indian food (especially saag paneer). You never have to wait for a table, and there is a lunch buffet for \$8.95 that will only satisfy. Truly a no-holds-barred orgiastic gustatory experience! Entrees \$8.95 - \$12.95. (A short cab ride away)

Jenn (Boo)'s Pick: Pneumatic Diner

501 W. 1st St. 89503

Vegetarian comfort food. Nothing fancy and very small. A healthier, hipper version of the classic greasy spoon. Don't be afraid to wait for a seat – it's worth it! Prices: \$5-12. (Walkable from hotel).

Mistress Merry's Pick: El Adobe

55 W Arroyo St 89509

El Adobe serves excellent Mexican food, and the best mole rojo sauce in Reno. They boast world-class tequila selections for their killer margaritas. You will enjoy the traditional Mexican atmosphere with friendly staff. One of our labbies might fly back to Reno just for the mole enchiladas! Plates range from \$8.00 to \$15.00. (A short cab ride away).

Jen (Hum)'s Pick: Sup

719 S Virginia St 89501

This stylish hole-in-the-wall offers tempting salads, sandwiches, and scrumptious homemade soups that won't dent the budget. At dinnertime this casual lunch place transforms into a swanky but homey establishment with dinner options available for more discerning tastes. Lunch: \$7-15, Dinner: about \$25. (A very short cab ride away).

Lindsay (Fletch)'s Pick: Bertha Mirada's

336 Mill St. 89501

Mexican food at its best. Comfortable, open setting with traditional Mexican atmosphere puts you in the mood for a margarita and home-made tortilla chips. Reasonably priced. Family friendly. Entrees: \$10-15. (A very short cab ride away).

Tuna's Pick: Stone House Café

1907 S Arlington Ave 89509.

A European style, fine dining café with an interesting selection of items. Indoor and patio seating. Open for breakfast, lunch, and dinner. Entrees: \$8-18. (A short cab ride away).

Mikaela (Mac)'s Pick: Newman's Deli

20 California Ave 89509.

A local favorite and very busy at lunch. A fast-paced counter serves up a killer sandwich and some of the best Pastrami in town. Price: \$5-10. (A very short cab ride/long walk away).

Mike (Soup)'s Pick: The Golden Flower

205 W. 5th St 89503.

A humble Vietnamese place with delicious down-to-earth Pho for the starving student's budget. Price: \$5-12. (Across from hotel).

Tami's Pick: The Little Waldorf Saloon

1661 N Virginia St 89503.

Pizzas, burgers, sandwiches, beer and Wolfpack history. Located just across the street from campus, the "Wal" probably fed your elders if they lived in Reno. The menu also includes some cool items outside the 'bar' box. Price: \$5-12. (Across from campus).

Fine Dining a short cab-ride away (10-15 min.):

Rapscallion Seafood House and Bar:

1555 S. Wells Ave 89509

This place has served reliably great seafood in Reno for years. Seafood, steaks, old-New-England-style ambiance, and an outstanding wine list. Open for lunch and dinner. Price: \$15+

4th St. Bistro

3065 W. 4th St 89523.

Excellent French-inspired cuisine. Contemporary fresh, sustainable, local, seasonal, with most of the menu featuring local, organic farm produce. Open for dinner Tuesday through Saturday from 5 pm. Reservations recommended - (775) 323-3200. Entrees: \$20+

Sezmu

670 Mount Rose St

One of the hipper fine dining favorites in Reno. Each dish is made with love and more than a touch of flair. Open California ambiance and extensive house-designed cocktail and wine selections make this experience truly satisfying. Reservations recommended - (775) 327-4448. Entrees: \$25+

Lulu's Restaurant

1470 S. Virginia St 89502

Carefully crafted cuisine worthy of the big-city. Seasonal specials and an excellent wine selection highlight this cozy establishment. Reservations recommended - (775) 329-9979. Entrees: \$25+

Charlie Palmer's Steakhouse and Fin Fish

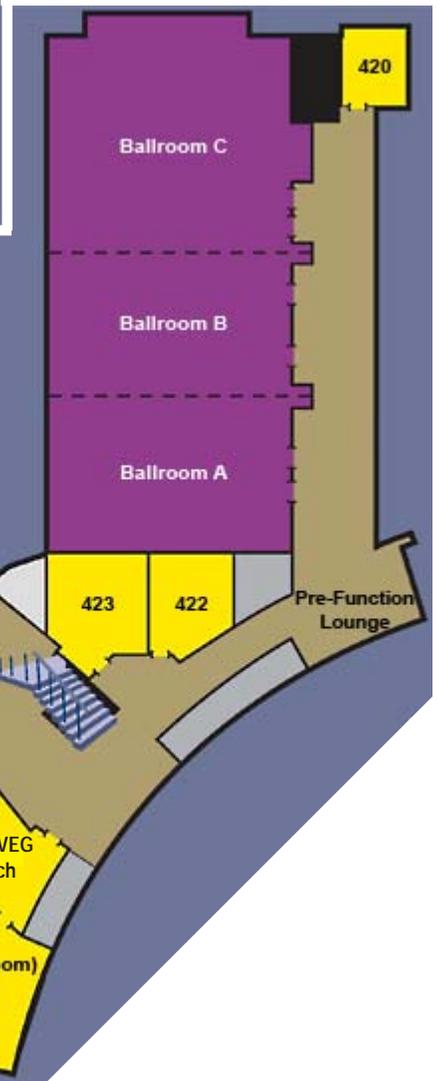
2500 E 2nd St

Inside the Grand Sierra Resort

These two fine options are located together inside the Grand Sierra Resort (formerly the Hilton hotel). The steaks and wine list are superb and, in each of Palmer's places, the menu is a work of delicious culinary creativity. Entrees: about \$30

JCSU Building Maps

- 3rd Floor



4th Floor

Conference Events & Sierra Spirit bus route map



RTC SIERRA SPIRIT will take you from the University of Nevada, all around downtown and back — FREE!

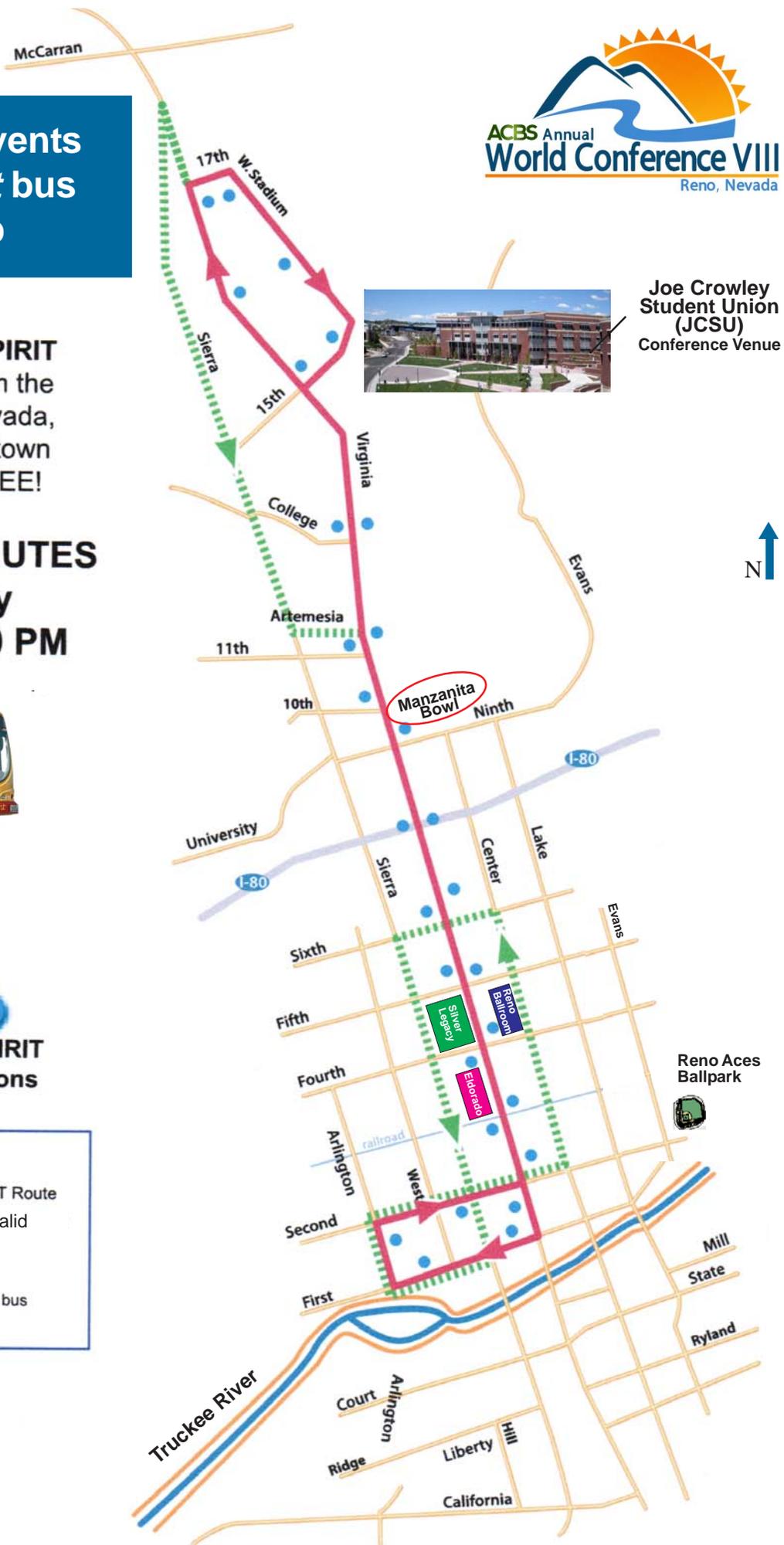
EVERY 10 MINUTES
Every Day
7:00 AM-7:00 PM



RTC SIERRA SPIRIT
bus stop locations

LEGEND

- RTC SIERRA SPIRIT Route
- Green Route Not Valid June 2010
- RTC SIERRA SPIRIT bus stop locations



Joe Crowley Student Union (JCSU)
 Conference Venue