Acceptance & Commitment Therapy

MINDFULNESSCBT

TRAINING PROPOSAL

2016

New Zealand Acceptance & Commitment Therapy Training Ltd.

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TRAINING PROPOSAL

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Overview of New Zealand Acceptance & Commitment Therapy Training Ltd.

New Zealand Acceptance & Commitment Therapy Training Ltd. was founded in 2011 on the principles of developing and delivering high-quality training. We specialise in Acceptance & Commitment Therapy (ACT) training and supervision with training courses in our ACT Professional Development Series.

This series provides the knowledge and skills for professionals to develop ACT knowledge and skills. This series provides participants with the tools necessary to utilise evidence-based therapy skills to enhance the well-being of clients experiencing a range of mental health problems, and psychological and emotional distress.

What is ACT?

Human living involves experiencing a variety of situations, events, and emotions. Painful events such as loss, fear, and upset, occur. We can struggle against these difficulties, and try and use our ability to think and reason (which is very useful for some areas of life) to overcome them.

We can try and get rid of them by trying to avoid the event that triggered them and remove the associated thoughts and emotions that we view as being negative. However, our minds can become consumed with efforts to eliminate these experiences, and this struggle, and the amount of effort spent on it, can actually increase these experiences.

Acceptance and Commitment Therapy, known as '**ACT**' (pronounced as the word 'act') is a mindfulness based behavioural therapy that has a major emphasis on values, forgiveness, acceptance, compassion, living in the present moment, and accessing a transcendent sense of self. These skills are taught and practised in therapy to help clients create and live a rich and meaningful life guided by their values, while accepting the pain that inevitably goes with it. Barriers to valued living such as unwanted and difficult internal experiences (thoughts, images, sensations, memories) are identified and mindfulness skills taught as an effective way of coping with these and help us to change our relationship with them, thus reducing their impact and influence over our life.

ACT has its theoretical foundations in Relational Frame Theory (RFT) and is based on the philosophy of Functional Contextualism. RFT is a theory of human language to understand, predict and influence behaviour. Through language we create links (relational frames) of thoughts, emotions, memories, and other experiences of ourselves.

Problems occur when we become so fused with these frames that we ignore actual experience. We become further entangled and stuck when we use language to try and resolve some of our internal experiences – stuck in thinking, reason-giving, mental argument, justifications and explanations. In a lot of areas of our lives, solving problems means – identifying something as a problem and something that we do not want to have, working out how to get rid of it, then getting rid of it. These skills that are useful in many areas of our lives, can actually work against us when used for internal experiences, and our attempts to 'get rid of the problem' can lead to suffering. Therefore, different strategies are required.

Functional Contextualism takes the view that Internal experiences are not inherently maladaptive or dysfunctional (therefore needing to be repaired or removed), but that their impact within the context of our lives is what can be problematic. A context of experiential avoidance, cognitive fusion,

attachment to a conceptualised self, attachment to a conceptualised past/future, and lack of contact with our values, leads to psychological inflexibility which can be defined as the inability to act in line with our chosen values. The goal of ACT is psychological flexibility which is when we can have a different relationship with our thoughts and feelings, one in which they are no longer obstacles to us living in line with our values, and we can choose to behave in ways that match our values regardless of what we are experiencing internally. The focus is therefore not on removing these experiences but on being able to live a fulfilling and valued life, even whilst having them.

ACT is functional, contextual, and behavioural.

What is the evidence for ACT

As of August 2014, there are 102 randomized controlled trials (RCTs) of ACT published. www.contextualpsychology.org

ACT is now considered to an empirically supported treatment on the American Psychological Association Division 12 list of empirically-based treatments (http://www.div12.org/PsychologicalTreatments/treatments.html), and it is listed as an evidence-based practice on SAMHSA's National Registry of Evidence-based Programs and Practices (http://nrepp.samhsa.gov/ViewIntervention.aspx?id=191).

ACT Data

Some efficacy or effectiveness data is available for the problems below.

Depression

Anxiety

OCD

Psychosis

Substance Abuse

Smoking

Chronic Pain

Dual Diagnosis

Epilepsy

Diabetes Management

Coping With Cancer

Eating Disorders

Self Harm/BPD

Please see Appendix 1 for a list of some of the ACT research that has been carried out. For a more detailed list of outcome studies and other empirical research you can also download the "ACT handout" in the research resources page of www.contextualpsychology.org

How does ACT fit in with current guidelines and health outcomes

The Mental Health Commission published the paper 'Blueprint II Improving mental health and wellbeing for all New Zealanders' in June 2012 which provides a pathway for developing mental health services in New Zealand. Issues raised which are very much in sync with ACT include;

- responses designed around a person's needs
- the importance of building resilience and the capacity for people to care for their own mental health
- people living well even without regaining their full health
- early and effective responses to mental health, addiction and behavioural issues
- Increased access to these responses

ACT training can support the stepped care approach in making a contribution to:

- Making interventions with different levels of intensity available
- Matching the needs of individuals to the most appropriate intervention
- the provision of services such as talking therapies, that are known to be of value
- the accessibility of clinical expertise
- the workforce continuing to develop its ability to implement new methods of care in different settings using a variety of methods

The paper also emphasises the importance of investing in workforce development by providing training to develop the diverse skills of the team to be able to provide interventions (for both groups and individuals) at the right level and intensity. Ensuring that the workforce has these essential capabilities will enhance the recovery of and support for individuals and their family/whānau.

Meet the Trainer

Elizabeth Maher is the Director of New Zealand Acceptance & Commitment Therapy Training Ltd. She is a UK qualified Cognitive Behavioural Therapist and a Registered Mental Health Nurse. After completing her Psychology Honours training, she proceeded to complete her Cognitive Behavioural Psychotherapy training at the Institute of Psychiatry at the Maudsley Hospital in London and spent several years working for the South London and Maudsley NHS Trust CBT Service. Elizabeth has completed Mindfulness, and Acceptance and Commitment Therapy training and has used these approaches in therapy over the last fifteen years. She has worked in a variety of settings in the UK and in New Zealand at both the primary and secondary level services, including; forensics, addiction services, acute mental health, community mental health, primary mental health, and maternal mental health services.

Teaching and Training

Elizabeth has worked as an Associate Lecturer for The Open University in the UK teaching on both their Nursing and Psychology programmes. She has also held training workshops in the UK on CBT, Mindfulness Based CBT and ACT, and Motivational Interviewing at the University of Kent. Elizabeth currently works in private practice and facilitates ACT training workshops across New Zealand and at conferences.

Elizabeth is on the Executive Board of the Australia and New Zealand Chapter of the Association for Contextual Behavioural Science (ANZACBS).

Professional Membership and Registration

- Aotearoa New ZealandAssociation of Cognitive Behavioural
- Therapy (AnzaCBT)
- Professional member of the Association of Contextual Behavioural Science (ACBS)
- DAPAANZ Registered Clinician and Clinical Supervisor
- New Zealand Nursing Council
- Executive Board member of AnzaCBT 2011 & 2012
- DAPAANZ Registered Clinician and Clinical Supervisor
- ACC Approved Supplier, Provider, and Assessor (Sensitive Claims)

The Professional Development Series

This series of training workshops includes:

Understanding Acceptance & Commitment Therapy Workshop
An Experiential and Practical Introduction to ACT (Part 1 of 2)
Beginner Level

Understanding Acceptance & Commitment Therapy Workshop
ACT Skills Development Workshop (part 2 of 2)
Beginner/Intermediate Level

Acceptance & Commitment Therapy For Anxiety
Intermediate Level *– Skills building*

Acceptance & Commitment Therapy *As a Brief Intervention for High Distress/Crisis*
Intermediate Level *– Skills building*

Acceptance & Commitment Therapy for Addictions

Acceptance & Commitment Therapy for Depression

Mindfulness Workshop

Clinical Supervision

Workshops can be commissioned separately or as a complete package taught over a 12 - `18 month period thus allowing participants the opportunity to practise and consolidate learned skills between workshops.

Cost

1 day workshops - $2500 (up to 25 participants unless agreed otherwise)

2 day workshops - $4500 (up to 25 participants unless agreed otherwise)

Travel and accommodation expenses for up to 2 presenters (if required)

Understanding ACT - An Experiential and Practical Introduction to ACT (part 1 of 2)

Overview

This workshop is designed to introduce Acceptance and Commitment Therapy (ACT) and teach practical techniques, tools and strategies for beginning to work with ACT. All workshops are taught with a variety of teaching methods, including instruction, practical exercises, and role-play in small groups.

Objectives

Participants will gain knowledge and understanding of :

- the ACT model of psychological inflexibility
- the six core therapeutic processes of ACT
- tools and strategies for each of the therapeutic processes

Who should attend?

This is an introductory workshop suitable for all health professionals. It is not necessary to have prior knowledge and experience of ACT, just an interest in learning more about effective talking therapies. Workshops are inclusive, encouraging and supporting a multidisciplinary approach to the development of ACT knowledge and practice.

Length

2 days from 9am to 4.30pm

Understanding Acceptance & Commitment Therapy Workshop - ACT Skills Development Worksop (part 2 of 2)

Overview

This workshop is designed for participants who have previously completed an ACT Introductory Workshop to increase and develop their ACT Knowledge and Clinical Skills.

Participants will engage in a range of experiential exercises which are focused on developing knowledge of the different ACT processes and develop practical skills to develop their ACT Clinical Practice.

Objectives

Participants will:

- practice the core processes of ACT in clinical work through live demonstrations and role play
- Learn and develop practical skills to enhance their ACT practice
- develop skills in ACT assessment and formulation
- start to work with the model as a whole

Who should attend?

Clinicians who have already completed any ACT Introductory Workshop. Workshops are inclusive, encouraging and supporting a multidisciplinary approach to the development of ACT knowledge and practice.

Length

2 days from 9am to 4.30pm

ACT For Anxiety

Learn practical techniques and develop your skills of using ACT to address fear, anxiety, and worry.

Objectives

Participants will gain knowledge and understanding of :

- Anxiety disorders from an ACT perspective
- the six core therapeutic processes of ACT
- tools and strategies for using each of the therapeutic processes when working with fear, anxiety and worry
- working with anxious thoughts and feelings
- using mindfulness strategies

Who should attend?

Clinicians who have already completed any ACT Introductory Workshop. Workshops are inclusive, encouraging and supporting a multidisciplinary approach to the development of ACT knowledge and practice.

Length
1 day from 9am to 4.30pm

Acceptance & Commitment Therapy (ACT) In Crisis - As a Brief Intervention for High Distress/Crisis

Learn practical techniques and develop your skills of using ACT as a brief intervention with those experiencing a mental health crisis or in acute distress.

Overview

This workshop is designed for clinicians who have already completed an ACT Introductory Workshop. The aim is to for participants to learn practical techniques on using ACT as a brief intervention with those experiencing a mental health crisis or in acute distress.

Participants will engage in a range of experiential exercises which are focused on developing knowledge of the different ACT processes and develop practical skills to develop their ACT Clinical Practice.

Objectives

- Review the ACT hexagons – Psychological Inflexibility and Psychological Flexibility
- Consider 'crisis client presentation' – e.g. suicide/self-harm, emotional and psychological distress, psychosis
- Apply ACT principles to Crisis work through instruction, practical exercises, role-play and demonstration
- develop skills in ACT assessment and formulation and the application of ACT to specific presenting issues

Participants will gain knowledge and understanding of:

- the six core therapeutic processes of ACT
- ACT as a brief intervention
- ACT as an intervention for self-harm/suicide prevention

Who should attend?

Clinicians who have already completed any ACT Introductory Workshop. Workshops are inclusive, encouraging and supporting a multidisciplinary approach to the development of ACT knowledge and practice.

Length 1 day from 9am to 4.30pm

Acceptance & Commitment Therapy for Depression Workshop

Overview

Learn practical techniques and develop your skills of using ACT when working with depressed clients.

Objectives

Participants will gain knowledge and understanding of :

- Depression from an ACT perspective
- the six core therapeutic processes of ACT
- tools and strategies for using each of the therapeutic processes when working with depression
- working with depressed thoughts and feelings
- using mindfulness strategies

Who should attend

Clinicians who have already completed any ACT Introductory Workshop. Workshops are inclusive, encouraging and supporting a multidisciplinary approach to the development of ACT knowledge and practice.

Length

1 day from 9am to 4.30pm.

Acceptance & Commitment Therapy for Addictions Workshop

Overview

Learn practical techniques and develop your skills of using ACT when working with addictions.

Objectives

Participants will gain knowledge and understanding of :

- Addiction from an ACT perspective
- the six core therapeutic processes of ACT
- tools and strategies for using each of the therapeutic processes when working with addiction
- how to teach clients mindfulness strategies
- how to teach clients to connect with their values and make workable values based decisions

Who should attend

Clinicians who have already completed any ACT Introductory Workshop. Workshops are inclusive, encouraging and supporting a multidisciplinary approach to the development of ACT knowledge and practice.

Length

1 day from 9am to 4.30pm.

Mindfulness Workshop

Overview

A one day experiential workshop on practising mindfulness and using mindfulness in everyday life and clinical practice.

Objectives

Participants will gain knowledge and understanding of :

- Experiential understanding of using mindfulness
- formal and informal mindfulness practise
- The therapeutic value of using mindfulness in clinical practice

Who should attend

This workshop is suitable for all health professionals. It is not necessary to have prior knowledge and experience of mindfulness or mindfulness based therapies. Workshops are inclusive, encouraging and supporting a multidisciplinary approach to the development of ACT knowledge and practice.

Length

1 day from 9am to 4.30pm.

Supervision

Overview

Structured and supportive supervision specifically aimed to support supervisees to learn ACT. Supervision has a special role in helping supervisees to develop their ACT therapy expertise and provides a solid base to help them to make sense of learning experiences and to monitor and review their work as well as the client's progress. Supervision is essential to ensure high standards of professional practice

Objectives

- To help you to develop your understanding of the therapeutic processes from an ACT perspective.
- To help you to learn practical skills within each of these processes
- To help you to develop your confidence and individual 'ACTing' therapeutic style
- To help you to develop principles of best professional practice.
- For us to build an engaging, active, connected, supervision experience enabling growth and skill development.

Method

- Frequency of supervision to be negotiated
- Supervision is offered via skype, phone, or face-to-face
- Group supervision is also available.

Cost

Option 1 – post workshop six weeks email support **$100 + GST**

Option 2 – post workshop Group Supervision –monthly

Video conferencing 3 months **$150+ GST**

Option 3 - post workshop Group Supervision – monthly

Video conferencing 6 months **$275 + GST**

Option 4 Individual supervision **$120 + GST**

Bibliography

Bach, P., & Moran, D. (2008). *ACT in practice: Case conceptualization in Acceptance and Commitment Therapy*. Oakland, CA: New Harbinger.

Hayes, S. C., and Smith, S. (2005) *Get out of your mind & into your life – The New Acceptance & Commitment Therapy*, Oakland, CA: New Harbinger.

Luoma, J. B., Hayes, S. C., & Walser, R. D. (2007). *Learning ACT: An Acceptance & Commitment Therapy Skills-Training Manual for Therapists*. Oakland, CA: New Harbinger & Reno, NV: Context Press.

Mental Health Commission (2012) *Blueprint II: How things need to be*, available at www.hdc.org.nz accessed 24th October 2012.

www.contextualpsychology.org accessed 24th October 2012.

Appendix 1

Below is a list of meta-analyses, systematic or narrative reviews of the ACT evidence base, or large sections of it. They are presented in reverse chronological order, by year of publication:

A-Tjak, J. G., Davis, M. L., Morina, N., Powers, M. B., Smits, J. A., & Emmelkamp P. M., (2015) A meta-analysis of the efficacy of acceptance and commitment therapy for clinically relevant mental and physical health problems. *Psychotherapy and Psychosomatics, 84*(30), 30-36.
DOI: 10.1159/000365764
Full Text: Available at DOI

Ost, L. G. (2014). The efficacy of Acceptance and Commitment Therapy: an updated systematic review and meta-analysis. *Behaviour Research and Therapy, 61*, 105-121.
DOI: 10.1016/j.brat.2014.07.018
Full Text: Available at DOI

Smout, M.F., Hayes, L., Atkins, P.W.B., Klausen, J., & Duguid, J.E. (2012). The empirically supported status of acceptance and commitment therapy: An update. *Clinical Psychologist, 16,* 97-109.
DOI: 10.1111/j.1742-9552.2012.00051.x
Full Text: ACBS Website

Ruiz, F. J. (2010). A review of Acceptance and Commitment Therapy (ACT) empirical evidence: Correlational, experimental psychopathology, component and outcome studies. *International Journal of Psychology and Psychological Therapy, 10*, 125-162.
DOI: No DOI
Full Text: ACBS Website

Powers, M.B., Vörding, M. & Emmelkamp, P.M.G. (2009). Acceptance and commitment therapy: A meta-analytic review. *Psychotherapy and Psychosomatics, 8*, 73-80.
DOI: 10.1159/000190790
Full Text: ACBS Website

Gaudiano, B. A. (2009). Öst's (2008) Methodological Comparison of Clinical Trials of Acceptance and Commitment Therapy versus Cognitive Behavior Therapy: Matching Apples with Oranges? *Behaviour Research and Therapy, 47*, 1066-1070.
DOI: 10.1016/j.brat.2009.07.020
Full Text: ACBS Website

Öst, L. (2008). Efficacy of the third wave of behavioral therapies: A systematic review and meta-analysis. *Behaviour Research and Therapy, 46*(3), 296-321.
DOI: 10.1016/j.brat.2007.12.005
Full Text: ACBS Website

Hayes, S. C., Luoma, J., Bond, F., Masuda, A., & Lillis, J. (2006). Acceptance and Commitment Therapy: Model, processes, and outcomes. *Behaviour Research and Therapy, 44*(1), 1-25.
DOI: 10.1016/j.brat.2005.06.006
Full Text: ACBS Website

Recent ACT Studies (by topic and chronologically within topic)

Gaudiano, B. A. (2011). A review of acceptance and commitment therapy (ACT) and recommendations for continued scientific advancement. *The Scientific Review of Mental Health Practice, 8,* 5-22. A well-balanced scholarly review of ACT, its underlying theory, and scientific status

General outpatient populations (mostly anxiety and depression)

Lappalainen, R., Lehtonen, T., Skarp, E., Taubert, E., Ojanen, M., & Hayes, S. C. (2007). The impact of CBT and ACT models using psychology trainee therapists: A preliminary controlled effectiveness trial. *Behavior Modification, 31,* 488-511. Randomized controlled study in which 14 student therapists treat one client each from an ACT model or a traditional CBT model for 6-8 sessions following a 2 session functional analysis. Participants with any normal outpatient problem were included, mostly anxiety and depression. At post and at the 6 month follow up ACT clients are more improved on the SCL-90 and several other measures. Greater acceptance for ACT patients; great self-confidence for CBT patients. Both correlated with outcomes, but when partial correlations are calculated, only acceptance still relates to outcome.

Depression

Hayes, L., Boyd, C. P., & Sewell, J. (2011). Acceptance and Commitment Therapy for the treatment of adolescent depression: A pilot study in a psychiatric outpatient setting. *Mindfulness, 2,* 86-94. Small RCT of ACT for adolescent depression compared to treatment as usual. Good outcomes (about 60% showed clinically significant change in ACT; *d* = .38 at post and 1.45 at follow up).

Bohlmeijer, E. T., Fledderus, M., Rokx, T. A., & Pieterse, M. E. (2011). Efficacy of an early intervention based on acceptance and commitment therapy for adults with depressive symptomatology: Evaluation in a randomized controlled trial. *Behaviour Research and Therapy, 49,* 62-67. Medium sized RCT of ACT for adults with mild to moderate depressive symptomatology, randomly assigned to the ACT intervention (n=49) or to a waiting list (n=44). Significant reduction in depressive symptomatology (Cohen's *d*=.60) maintained at the three-month follow-up.

Fledderus, M., Bohlmeijer, E.T., Pieterse, M. E., & Schreurs, K. M. (2011) Acceptance and commitment therapy as guided self-help for psychological distress and positive mental health: a randomized controlled trial. *Psychological Medicine, 11,* 1-11. Large RCT of an early intervention study for mild to moderate depression using ACT self-help with or without heavy email support. Reductions in depression, anxiety, fatigue, experiential avoidance and improvements in positive mental health and mindfulness; sustained at follow up.

Stress

Brinkborg, H., Michanek, J., Hesser, H., & Berglund, G. (2011). Acceptance and commitment therapy for the treatment of stress among social workers: A randomized controlled trial. *Behaviour Research and Therapy, 49,* 389-398. RCT examining ACT for stress and burnout in social workers (n = 106) ACT significantly decreased stress and burnout, and increased general mental health compared to a waiting list control among the 2/3 who were stressed at baseline. Among participants with high stress, a substantial proportion (42%) reached criteria for clinically significant change.

Fledderus, M., Bohlmeijer, E. T., Smit, F., & Westerhof, G. J. (2010). Mental health promotion as a new goal in public mental health care: A randomized controlled trial of an intervention enhancing psychological flexibility. *American Journal of Public Health, 10,* 2372-2378. Medium RCT (N = 93) comparing ACT groups with wait list for those with mild to moderate psychological distress. Good outcomes.

Coping with psychosis

Bach, P. & Hayes, Steven C. (2002). The use of Acceptance and Commitment Therapy to prevent the rehospitalization of psychotic patients: A randomized controlled trial. *Journal of Consulting and Clinical Psychology, 70* (5), 1129-1139. Shows that a three-hour ACT intervention reduces rehospitalization by 50% over a 4 month follow-up as compared to treatment as usual with seriously mentally ill inpatients. Process of change fit the model but would be very much unexpected outside the model. The one year follow up was still significant: Bach, P., Hayes, S. C. & Gallop, R. (2012). Long term effects of brief Acceptance and Commitment Therapy for psychosis. *Behavior Modification, 36,* 167-183.

Gaudiano, B.A., & Herbert, J.D. (2006). Acute treatment of inpatients with psychotic symptoms using Acceptance and Commitment Therapy. *Behaviour Research and Therapy, 44*, 415-437. This study replicates the Bach and Hayes study with better measures and a better control condition. Good results esp. on measures of overt psychotic behavior (the BPRS). Mediational analyses of the effect of hallucinations fit the ACT model and are described in more detail in Gaudiano, B. A., & Herbert, J. D. (2006). Believability of hallucinations as a potential mediator of their frequency and associated distress in psychotic inpatients. *Behavioural and Cognitive Psychotherapy, 34,* 497-502. Mediational analyses of the impact of treatment on hallucination distress due to post levels of believability of hallucinations also fit the ACT model and are described in more detail in Gaudiano, B. A., Herbert, J. D., & Hayes, S. C. (2010). Is it the symptom or the relation to it? Investigating potential mediators of change in Acceptance and Commitment Therapy for psychosis. *Behavior Therapy, 41*, 543-554.

White, R.G., Gumley, A.I., McTaggart, J., Rattrie, L., McConville, D., Cleare, S, & Mitchell G. (2011). A feasibility study of Acceptance and Commitment Therapy for emotional dysfunction following psychosis. *Behaviour Research and Therapy, 49,* 901-907. Small RCT (n = 27) of 10 sessions of ACT versus TAU to help cope with anxiety and depression following psychosis. Blind raters; 3 mo f-up. Significant impact on negative symptoms, depression, crisis calls, and mindfulness. Process changes correlated with outcomes.

Anxiety

Roemer, L., Orsillo, S. M., & Salters-Pedneault, K. (2008). Efficacy of an acceptance-based behavior therapy for generalized anxiety disorder: Evaluation in a randomized controlled trial. *Journal of Consulting and Clinical Psychology, 76,* 1083-1089. Small RCT. Good outcomes. The approach "acceptance-based behavior therapy" but the protocol relies heavily on ACT methods (w/ contemplative practice and psychoed in there as well). Changes due to acceptance and values based action Hayes, S., Orsillo, S., & Roemer, L. (2010). Changes in proposed mechanisms of action during an acceptance-based behavior therapy for generalized anxiety disorder. *Behaviour Research and Therapy, 48*(3), 238-245.

Kocovski, N. L., Fleming, J. E. & Rector, N. E. (2009) Mindfulness and acceptance-based group therapy for social anxiety disorder: An open trial. *Cognitive and Behavioral Practice, 16,* 276–289. Open trial with 42 SAD patients using an ACT protocol with mindfulness – resulted in significant reductions in social anxiety, depression, and rumination and increases in mindfulness and acceptance, with medium to large effect sizes. RCT is underway.

Wetherell, J. L., Liu, L., Patterson, T. L., Afari, N., Ayers, C. R., Thorp, S. R., Stoddard, J. A., Ruberg, J., Kraft, A., Sorrell, J. T., & Petkus, A. J. (2011). Acceptance and Commitment Therapy for generalized anxiety disorder in older adults: A preliminary report. *Behavior Therapy, 42,* 127-134. Small open trial on GAD for the elderly. Generally good outcomes.

Addiction

Hayes, S. C., Wilson, K. G., Gifford, E. V., Bissett, R., Piasecki, M., Batten, S. V., Byrd, M., & Gregg, J. (2004). A randomized controlled trial of twelve-step facilitation and acceptance and commitment therapy with polysubstance abusing methadone maintained opiate addicts. *Behavior Therapy, 35*, 667-688.

A large randomized controlled trial was conducted with polysubstance abusing opiate addicted individuals maintained on methadone. Participants (n=114) were randomly assigned to stay on methadone maintenance (n=38), or to add ACT (n=42), or Intensive Twelve Step Facilitation (ITSF; n=44) components. There were no differences immediately post-treatment. At the six-month follow-up participants in the ACT condition demonstrated a greater decrease in objectively measured (through monitored urinalysis) opiate use than those in the methadone maintenance condition (ITSF did not have this effect). Both the ACT and ITSF groups had lower levels of objectively measured total drug use than did methadone maintenance alone.

Luoma, J. B., Kohlenberg, B. S., Hayes, S. C., Bunting, K. & Rye, A. K. (2008). Reducing the self stigma of substance abuse through acceptance and commitment therapy: Model, manual development, and pilot outcomes. *Addiction Research & Therapy, 16,* 149-165. Open trial with in substance users in inpatient program. Lower self stigma over time.

Hernández-López, M., Luciano, M. C., Bricker, J. B., Roales-Nieto, J. G. & Montesinos, F. (2009). Acceptance and Commitment Therapy for smoking cessation: A preliminary study of its effectiveness in comparison with Cognitive Behavioral Therapy. *Psychology of Addictive Behaviors, 23,* 723-730.

Group trial comparing ACT (N=43) and CBT (N=38). Quasi-experimental. 7 weekly 90-minute sessions in a group format. Significantly better smoking outcomes at 1 year (30.2% to 13.2%).

Peterson, C. L. & Zettle, R. D. (2009). Treating inpatients with comorbid depression and alcohol use disorders: A comparisons of Acceptance and Commitment Therapy and treatment as usual. *The Psychological Record, 59,* 521-536. Small RCT comnparing the impact of individual sessions of ACT or TAU while hospitalized. ACT produced equivalent outcomes but with about 20-25% less intervention and 1/3 less time in the hospital.

Bricker, J.B., Mann, S. L., Marek, P. M., Liu, J., & Peterson, A.V. (2010) Telephone-delivered Acceptance and Commitment Therapy for adult smoking cessation: A feasibility study. *Nicotine and Tobacco Research, 12,* 454-458. Open trial with 14 adults (57% racial/ethnic minority), receive a 5-session (90-

min total). Good acceptability; acceptance and commitment moved significantly; 43 to 29% quite rates.

Smout, M., Longo, M., Harrison, S., Minniti, R., Wickes, W., & White, J. (2010). Psychosocial treatment for methamphetamine use disorders: a preliminary randomized controlled trial of cognitive behavior therapy and acceptance and commitment therapy. *Substance Abuse, 31*(2), 98-107. RCT showing that ACT is no more effect than CBT in retaining or treatment methamphetamine users.

Pain

Dahl, J., Wilson, K. G., & Nilsson, A. (2004). Acceptance and Commitment Therapy and the treatment of persons at risk for long-term disability resulting from stress and pain symptoms: A preliminary randomized trial. *Behavior Therapy, 35*, 785-802.

A small randomized controlled trial shows that a four hour ACT intervention reduced sick day usage by 91% over the next six months compared to treatment as usual in a group of chronic pain patients at risk for going on to permanent disability.

Vowles, K. E. & McCracken, L. M. (2008). Acceptance and values-based action in chronic pain: A study of effectiveness and treatment process. *Journal of Clinical and Consulting Psychology, 76,* 397-407. Effectiveness study. 171 completers of an ACT interdisciplinary treatment program, examine a pre, post, follow up. Significant improvements for pain, depression, pain-related anxiety, disability, medical visits, work status, and physical performance. Effect size statistics were uniformly medium or larger. Both acceptance of pain and values-based action improved, and increases in these processes were associated with improvements in the primary outcome domains.

Vowles, K. E., McCracken, L. M., O'Brien, J. Z. (2011). Acceptance and values-based action in chronic pain: A three-year follow-up analysis of treatment effectiveness and process. *Behaviour Research and Therapy, 49,* 748-755. Follow up study of 108 participants with chronic pain examining outcomes three years after treatment completion. Significant improvements (generally medium to large) in emotional and physical functioning relative to the start of treatment, as well as good maintenance of treatment gains relative to an earlier follow-up assessment. 65% of patients were reliably improved in at least one key domain. Improvements in acceptance of pain and values-based action were associated with improvements in outcome measures.

OCD and OCD spectrum

Twohig, M. P., Hayes, S. C., Masuda, A. (2006a). Increasing willingness to experience obsessions: Acceptance and Commitment Therapy as a treatment for obsessive compulsive disorder. *Behavior Therapy, 37,* 3-13. Multiple baseline showing very large reductions in OCD with an 8 session ACT protocol without in session exposure.

BPD

Gratz, K. L. & Gunderson, J. G. (2006). Preliminary data on an acceptance-based emotion regulation group intervention for deliberate self-harm among women with Borderline Personality Disorder. *Behavior Therapy, 37,* 25-35. Randomized trial comparing and ACT / DBT combo to TAU. Very strong outcomes on self-harm and other measures. No follow-up.

Chronic disease

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