



**ACBS UK and Ireland Chapter**  
Association for Contextual Behavioural Science

Acceptance & Commitment Therapy (ACT)  
Special Interest Group  
British Association for Behavioural  
& Cognitive Psychotherapies



**The Third BABCP ACT SIG / ACBS UK & Ireland Chapter  
conference on  
ACT and Contextual Behavioural Science**

# Building Bridges

Edinburgh International Conference Centre



**Tuesday 22 to Friday 25  
November 2016**

(Pre-conference workshops - 22 & 23 November)

# Welcome

**Dear Conference delegate,**

**On behalf of the Conference Organising Committee and the Scientific Programme Committee, we wish you a very warm welcome to Edinburgh!** This is the third ACT and Contextual Behavioural Science Conference, hosted jointly by the British Association for Behavioural & Cognitive Psychotherapies' Acceptance and Commitment Therapy Special Interest Group (BABCP ACTSIG) and the Association for Contextual Behavioural Science UK & Ireland Chapter (ACBS-UK&I). Phew, what a mouthful!

In this programme you will find an overview of the whole event, including details of the pre-conference programme, social events, poster session, and all of the submitted sessions. The back pages contain a conference planner and a venue map.

This year we have received a wealth of material for the Programme Scientific Committee to evaluate and choose from. We have four pre-conference workshops from internationally renowned ACT trainers. Presenters with an asterisk next to their name are ACBS Peer Reviewed ACT Trainers, and we have several of those throughout the programme.

The Peer Review is a mark of high fidelity, high quality training, demonstrated through an assessed portfolio. We have 17 different skills classes, 16 symposia, two panel debates and four keynote plenary sessions. Sessions are grouped into conference streams. These are colour coded on the programme plan and also mentioned in the detail of each session.

The five conference streams are:

**RFT/Basic Science**

**Beyond the Therapy Room: CBS in Different Sectors**

**Meeting Places of CBS and Other Approaches**

**Working with Complex/Enduring Presentations  
and Other**

The topics included in the sessions range from organisational interventions, integration of ACT and other approaches, working with diverse health problems, working across the lifespan, working directly with clients as well as indirectly with carers, parents, and teachers, understanding organisational politics, the experience of bereavement, enhancing supervision, working with gender and sexual minorities, using the body, and novel methods of delivering and researching contextual behavioural science.

In addition, one of the great strengths of this community is the bridging between basic science and applied concerns, and in this conference we have continued to offer a whole stream of research into basic science and Relational Frame Theory. This track contains two skills classes as well as research symposia. These classes help you to get started as an RFT researcher and help applied practitioners to use RFT as a guide to their intervention work.

Many of the submissions speak directly to our overall conference theme of 'Building Bridges'. It has been wonderful to see the creative and diverse ways that our community has responded to this theme. Many of the sessions explore meeting points between modalities, creative synthesis between models, links between basic science and applied work, work designed to enhance communities of practice, to bring groups of human beings together for shared purposes and work to build bridges with marginalised or disempowered parts of our society.



Acceptance & Commitment Therapy (ACT)  
Special Interest Group  
British Association for Behavioural  
& Cognitive Psychotherapies





The 'Building Bridges' theme extends geographically too: We have had submissions from all over the globe and the content contains a broad diversity of presenters from Scotland, England, Wales, Ireland, Portugal, Sweden, Spain, Italy, Denmark, Germany, Belgium, Canada, the USA, Australia, and New Zealand. This reflects that whilst this is a local chapter and SIG event, Contextual Behavioural Science is supported by an international community, working together to develop a psychology more adequate to the understanding of the human condition. A lofty goal, and one that is worth working towards.

The conference would not have been possible without the hard work and dedication of the Conference Organising Committee and the Scientific Programme Committee. These individuals tirelessly gave of their free time to bring together the content and organise the event, and we thank them all for providing us with this great event:

### Conference Organising Committee

David Gillanders*	University of Edinburgh
Martin Wilks*	Independent Practice / BABCP ACT SIG
Joe Oliver*	University College London / Contextual Consulting
Richard Bennett*	University of Birmingham / Think Psychology
Lene Forrester	ACT Events / Independent Practice

### Scientific Programme Committee

Ross White*	University of Glasgow
Jo Lloyd	Goldsmiths, University of London
Miles Thompson	University of the West of England
Helen Bolderston	University of Bournemouth
Elizabeth Burnside	Bangor University
Louise McHugh*	University College Dublin
Graciela Rovner*	ACT Institute / University of Gothenburg

We would also like to thank Marie-Anne James, Beth Feldware and Amy Donohoe from our professional conference organisers EYAS, as well as Morag Truffelli and Nigel MacLean at EICC, and Laura Henry at Marketing Edinburgh. Finally, thank you to our volunteer stewards, Maeve, Nell, Shri, Kerry, Leona, Laura, Duncan and Jakub.

We hope that you all have a wonderful time here in Edinburgh and leave feeling enriched, skilled, emboldened, enthused, and connected to this international community.

### David Gillanders & Ross White

Conference and Programme Chairs

# Meet Some of the Faces of the 3rd UK & Ireland ACT CBS Conference



**David Gillanders**  
(Conference and Programme Chair and expert in CBS for chronic pain)



**Dr Helen Bolderston**  
(Expert in acceptance-based psychotherapies, especially ACT, MBSR/MBCT, and DBT)



**Dr Ross White**  
(Conference and Programme Chair and expert in ACT with psychosis & global health)



**Dr Mary Welford**  
(Consultant Clinical Psychologist )



**Dr Richard Bennett**  
(Clinical Psychologist and Cognitive Behavioural Psychotherapist)



**Dr Louise McHugh**  
(ACBS research fellow and peer-reviewed ACT Trainer)



**Dr Joe Oliver**  
(Expert in ACT with psychosis and ACT in the workplace)



**Graciela Rovner**  
(Expert in CBS for chronic pain)



**Robyn D Walser PhD**  
(Expert in Acceptance and Commitment Therapy (ACT))



# Conference Social Programme

## Wednesday 23rd November 2016

5.45pm - Welcome Reception

The conference contains two social events. Wednesday night is the official opening of the conference in the Lomond Suite on the ground floor.

After a few words from the conference chairs, we will have our poster presentations. Presenters will be available at their posters to discuss their work, there will be a cash bar and it will be a relaxed and informal way to kick off the conference.

# The Follies

## Thursday 24th November 2016

7.30pm to midnight - Follies Night

Of course, the highlight of the conference (and the real reason why we all come here) is the Follies. The Follies is a core feature of ACBS conferences. At the Edinburgh conference it will take place on the Thursday night from around 7.30pm to midnight. Basically it's a cabaret show, filled with funny songs, sketches, stand-up comedy routines, humorous PowerPoint presentations, premade videos, etc. And all of this funny and talented content is created by you: the conference delegates!

There will be a cash bar to facilitate you getting in touch with your values as a performer (yeah, right...), after the Follies there will be dancing, supported and enabled by our ACBS resident DJ - Eric Morris (who is coming especially to Edinburgh from Melbourne, Australia, just to DJ the Follies).

There are very few rules regarding the content - Firstly it has to be short (around three minutes is perfect. Any longer and the shepherd's crook will be sweeping you off the stage!) Secondly, any aspect of ACT, mindfulness, behaviourism, therapy, RFT, CBS or any of the people you know in the ACT / CBS Community is fair game to be (gently and kindly) mocked.

The Follies actually comes from an important tradition: in the past 'The Truth' was what an authority deemed to be true. Then science came along and people started to look to their direct observations to determine what was true. But of course, human beings being as we are and loving to categorise things in hierarchies, began to automatically create hierarchies of people who could directly observe what was true and hence we have scientific authorities. The purpose of the Follies is to ensure that no idea, and no person in this community who has an idea, is immune to question, playfulness, challenge.

So delegates: get your creative powers focussed, anything you have seen in the CBS world that deserves to be made fun of is fair game. Produce your sketches, songs, PowerPoints, stand ups and either email [david.gillanders@ed.ac.uk](mailto:david.gillanders@ed.ac.uk) to ensure I have your name down for a place in the Follies or come and see me during the conference (Hurry you only have the first day to do it).

As a Follies veteran, my top tips are: if you have a funny song, produce a PowerPoint with the lyrics so people can see and sing along. If you are looking for a backing track to sing to, this is a good site:

<http://www.karaoke-version.com/>

# Pre-Conference Workshops

Tuesday 22 November 2016

*(Intermediate / Advanced Workshop)*

## **1 Beyond the basics in Acceptance & Commitment Therapy: Advancing through use of the therapeutic relationship and implementing the processes with flexibility & effectiveness (Day 1)**

Carrick Suite 9:00 - 5:00pm

**Robyn Walser PhD\*** TL Consultation Services, University of California, Berkeley, and National Center for PTSD

Acceptance and Commitment Therapy uses a variety of verbal and experiential processes and techniques to assist clients in making life-enhancing choices based on personally held values. The behavioural processes implemented in ACT may be learned and understood at many levels, yet, they may also remain challenging to implement in a flexible, consistent, and effective fashion. This workshop will be an advanced training focusing on applying ACT to a broad range of issues. It will include role plays and guided skills development. Participants will engage in exercises designed to refine and develop their ACT skills. Didactics and discussion will be oriented to increasing flexibility in the use of the core processes and consistent application of the model.

**Robyn D Walser PhD** is Director of TL Consultation Services, Assistant Professor at the University of California, Berkeley, and works at the National Center for PTSD. As a licensed psychologist, she maintains an international training, consulting and therapy practice. Dr Walser is an expert in Acceptance and Commitment Therapy (ACT) and has co-authored four books on ACT including a book on learning ACT. She also has expertise in traumatic stress, depression and substance abuse and has authored a number of articles and chapters and books on these topics. She has been doing ACT workshops since 1998; training in multiple formats and for multiple client problems. Dr Walser has been described as a "passionate, creative, and bold ACT trainer and therapist" and she is best known for her dynamic, warm and challenging ACT trainings. She is often referred to as a clinician's clinician. Her workshops feature a combination of lecture and experiential exercises designed to provide a unique learning opportunity in this state-of-the-art intervention.

*(Introductory workshop)*

## **2 ACTivating your practice: An introductory Acceptance and Commitment Therapy (ACT) workshop (Day 1)**

Ochil Suite 9:00 - 5:00pm

**Dr Richard Bennett\*** Think Psychology

**Dr Joe Oliver\*** Contextual Consulting

Are you a CBT therapist, psychologist, nurse therapist, or counsellor with an interest in mindfulness and acceptance? Are you interested in dipping a toe in the water to see if this approach fits with your practice? Then this workshop is for you! ACT is a unique transdiagnostic psychological intervention that uses acceptance and mindfulness strategies, together with behaviour change strategies, to increase psychological flexibility. It is concerned with helping individuals identify what is important to them and taking committed action in order that their behaviour is more consistent with their values. ACT also promotes skills that help to change the relationship between an individual and their experience. It is rapidly developing a wide-ranging evidence base across numerous areas of clinical practice.

You will learn to:

- Engage clients in exploring their personal values to drive purposeful life change
- Use mindfulness in a flexible, formulation-informed manner
- Supercharge your therapy relationship to develop strong and meaningful connections
- Develop a toolkit of powerful and new techniques to work with difficult thoughts and feelings

The workshop will be highly interactive, involving a variety of methods including didactic teaching, experiential exercises, group work, and live/video demonstrations of therapeutic interventions.



**Dr Richard Bennett** works as a Clinical Psychologist and Cognitive Behavioural Psychotherapist. He works on the CBT Programmes at the University of Birmingham where he leads the Postgraduate Diploma in High Intensity Psychological Therapies. He has trained and supervised a wide range of healthcare professionals across the UK, as well as overseas. He worked in the NHS for over 20 years in adult and forensic mental health and is now in independent practice in Birmingham, as Director of Think Psychology. He is also an active member of the ACBC and BABCP.

**Dr Joe Oliver** is a Clinical Psychologist who has worked within the NHS for over twelve years. He currently holds a position within a North London NHS Trust as Cognitive Behavioural Therapies Training Lead. He has additionally been developing and researching ACT/mindfulness individual and group interventions at the Institute of Psychiatry, King's College London. He is also Director for Contextual Consulting, a London-based consultancy offering ACT focused training, supervision and psychological therapy. He is co-editor of *Acceptance and Commitment Therapy and Mindfulness for Psychosis* with Wiley-Blackwell, and co-author of the self-help book *ACTivate Your Life* with Constable Robinson.

*(Intermediate / Advanced workshop)*

### **3 Adapting ACT for people with personality disorder**

Harris Suite 9:00 - 5:00pm

**Dr Helen Bolderston** University of Bournemouth

It might be expected that ACT, with its focus on avoidance and valued living, would be an effective therapeutic approach for personality disorders. To date, however, there has been little research testing ACT as an intervention for people with personality disorder diagnoses. Furthermore, the few published studies focus almost exclusively on Borderline Personality Disorder, despite the high prevalence rates of other personality disorder presentations. Helen will begin this one-day workshop by briefly outlining the empirical evidence available, including data from her own pilot study testing a group-based ACT intervention for DBT graduates with complex personality disorder presentations.

The remainder of the workshop will use experiential exercises, demonstration, and didactic teaching to explore the ways in which ACT might need to be adapted to be a safe and beneficial therapeutic option for people with personality disorder diagnoses. Topics covered will include the use in ACT of experiential exercises, the use of metaphors, therapeutic style, and how to develop a safe and effective approach to addressing avoidance and acceptance of private experiences. There will also be discussion of some possible limitations of ACT for this client group. *The workshop is aimed at clinicians with some knowledge and experience of ACT.*

**Dr Helen Bolderston** is a clinical psychologist with over 25 years of experience working predominantly in mental health settings in the NHS. She specialises in acceptance-based psychotherapies, especially ACT, MBSR/MBCT, and DBT. Her NHS clinical work and research over the last few years has predominantly been with people with complex, chronic psychological difficulties; people who are often given personality disorder diagnoses. Her PhD focused on ACT and personality functioning.

Helen currently works as a lecturer and researcher in the Department of Psychology, University of Bournemouth. She is currently conducting research examining aspects of social cognition in people with borderline personality disorder diagnoses, as well as several ACT and mindfulness focused studies.

# Pre-Conference Workshops

Wednesday 23 November 2016

*(Intermediate / Advanced Workshop)*

## 1 **Beyond the basics in Acceptance & Commitment Therapy: Advancing through use of the therapeutic relationship and implementing the processes with flexibility & effectiveness (Day 2)**

Carrick Suite 9:00 - 5:00pm

**Robyn Walser PhD\*** TL Consultation Services, University of California, Berkeley, and National Center for PTSD

*(Introductory workshop)*

## 2 **ACTivating your practice: An introductory Acceptance and Commitment Therapy (ACT) workshop (Day 2)**

Ochil Suite 9:00 - 5:00pm

**Dr Richard Bennett\*** Think Psychology **Dr Joe Oliver\*** Contextual Consulting

*(Intermediate workshop)*

## 4 **ACTing to promote community wellbeing**

Harris Suite 9:00 - 5:00pm

**Dr Ross White\*** Institute of Health and Wellbeing, University of Glasgow

Concerted efforts are being made to build capacity for community-based mental health services across the globe. However, this work has progressed in the absence of sufficient consideration being given to how the concept of 'community' can vary across time, geography and culture. To date, 'community' approaches have tended to focus on finding cost-effective ways of reaching large numbers of individuals, rather than exploring how the collective strengths and resources of communities can be harnessed to promote wellbeing. This workshop highlights the role that Contextual Behavioural Science (CBS) can play in building community-based approaches aimed at elevating wellbeing. A key aspect of this work will be addressing sources of social injustice (e.g. marginalisation, discrimination, stigma, and gender-based violence). Particular emphasis will be placed on moving beyond the therapy-room to work creatively with voluntary sector organisations, charities, non-governmental organisations, schools, community groups, and service-user organisations to promote mental health and wellbeing. Attendees will learn about innovative projects that have used CBS approaches (Acceptance and Commitment Therapy and PROSOCIAL approaches) to challenge social injustice and foster personal and social-environmental contexts for promoting wellbeing in diverse communities in the UK, Uganda, Rwanda and Sierra Leone. Emphasis will be placed on finding creative ways to support communities to deal with the impact of emerging global crises related to climate change, food insecurity and migration.

Intended Learning Outcomes: By the end of the workshop attendees will have:

- A good working knowledge of the PROSOCIAL process
- Generated innovative ideas for engaging with communities and identifying sources of strengths that exist within these communities
- Practiced strategies aimed at elevating community wellbeing

**Ross White\* (PhD, DClinPsy)** is a Senior Lecturer and Director of the MSc Global Mental Health programme at the University of Glasgow. His research interests relate to psychological mechanisms involved in complex mental health difficulties such as psychosis. He conducts randomised controlled trials to determine the effectiveness of psychotherapeutic interventions for complex mental health difficulties. His particular interests relate to the application of mindfulness-based treatments and Acceptance and Commitment Therapy for these populations. Dr White is engaged in scholarly activity that investigates the role that socio-cultural factors play in the manifestation of mental health difficulties, and explores how psychological interventions can be adapted to accommodate cultural beliefs and practices. He is a co-editor of the upcoming *Palgrave Handbook for Global Mental Health: Socio-cultural Perspectives*. Dr White has active collaborations in Rwanda, Uganda and Sierra Leone, and he is the Chairperson of the ACBS Developing Nations Committee. He is deputy-chairperson of the charity 'commit and act' - a non-governmental organisation training non-specialist workers to deliver psychosocial interventions in Sierra Leone. Dr White has an honorary contract as a Principal Clinical Psychologist with Greater Glasgow and Clyde NHS.



### **Conference Opening, Welcome Reception and Poster Presentations**

Lomond Suite 5:45 - 8:00pm

Come and join us for the conference opening event, in the Lomond Suite on the ground floor. After a few words from the conference chairs, there will be a cash bar, and presenters will be at their posters to talk to you about their work.

### **Crowdfunding Training in Developing Nations**

We will also announce at the opening event a new initiative from the SIG committee, that continues the theme of 'Building Bridges'. Around the globe there are small communities of CBS practitioners and researchers growing in developing nations. For many of these communities training opportunities are very hard to come by. The committee has created a 'Just Giving' crowdfund page to raise money to pay for the travel expenses for ACT trainers who would be prepared to offer free training for developing nations. We may not be able to take our conference arrangements to a venue in a developing nation - but perhaps we can encourage, via the crowd-sourcing opportunity of this conference, the supply and delivery of an ACT trainer to where ACT may be most needed and least afforded.

Please consider giving - even the equivalent of a couple of days of your usual Flat White or Americano. If that donation is multiplied by the number of donors at this conference, it could make a real difference. This represents an opportunity for the community here to facilitate access to evidence-based health care training where it is needed and could lead to scores of trained practitioners, multiplying out to thousands of people in need meeting ACT right where it counts. To learn more and donate, point your browser to:

**<https://www.justgiving.com/crowdfunding/ACTinclusive>**

# Poster Presentations

## **P1 Fibromyalgia from the point of view of clinicians: A preliminary study**

**Rubén Uclés-Juárez, David F Carreno, Sergio Fernández-Miranda-López, Emilio Moreno and Adolfo J Cangas** University of Almería, Spain

Fibromyalgia is a chronic non-malignant musculoskeletal disease whose main symptom is widespread pain. It is a relatively recent phenomenon over which ignorance and debate prevail. Some clinicians understand it as an organic problem, others approach it as the medicalisation of a problem. Respect to the study of professionals' perceptions about this entity, there are some studies showing the perception about the type of diagnosis, treatment, the professional suitable for treating it as well as the origin of this pathology. In such climate of disagreement and confusion, it would be valuable to know the opinion of professionals who work every day with these patients. Beliefs about fibromyalgia can determine behaviours that condition their professional work, the patient behaviour and, ultimately, the therapeutic process. Thus, this preliminary study aimed to explore the different beliefs regarding fibromyalgia in a small sample of Spanish clinicians. To do this, a set of questionnaires was applied including open-ended questions and Likert-type scale items, together with the Brief Illness Perception Questionnaire (B-IPQ), in order to explore the perceptions about this illness. The results showed that a high percentage of participants suggested that fibromyalgia could be explained from a biopsychosocial perspective, understanding the pain as a sign of an underlying organic alteration. Given the preliminary nature of this study and the limitations about the sample size, the results of this work are discussed.

## **P2 Psychological Factors in Asthma: The role of psychological flexibility, coping and illness beliefs**

**Dr Sophie Hughes, Dr Laura Flower and Dr Sarah Kirby** National Health Service

Asthma is a chronic respiratory condition associated with preventable deaths, avoidable health care use, poor quality of life and high levels of distress. Researchers are beginning to explore the influential role of psychological factors in asthma outcomes. Psychological flexibility has been found to be influential in outcomes for other chronic diseases but has yet to be explored thoroughly in an adult asthma population. This study aimed to provide a preliminary exploration of psychological factors in adult asthma using a cross-sectional design (n=203). The study also aimed to explore the relationship between avoidant coping and psychological flexibility. Psychological inflexibility predicted psychological distress (anxiety) and mediated the relationship between avoidant coping and distress in two separate models. An avoidant coping style predicted psychological distress (depression). Beliefs about asthma were also found to be an important predictive variable, as increased concern around asthma and expectation of significant harm predicted poorer quality of life. Belief that one understands their asthma and expectation of significant harm predicted increased likelihood of hospital admissions for asthma. Findings reveal the importance of considering psychological factors in asthma populations and offer valuable clinical opportunities for the development of psychological interventions within health care settings. For example, the use of Acceptance and Commitment Therapy approaches.

## **P3 Bridging the Gap Between Treatment and Mutual Aid in Substance Addiction**

**Dr Lee Hogan** Betsi Cadwaldr **Kevin Fisher** University Health Board & Bangor University

Moving On in My Recovery: Bridging the Gap Between Substance Misuse Treatment Services and Mutual Aid. The Moving On in My Recovery (MOIMR) program is a novel acceptance-based group intervention programme that aims to bridge the gap between substance misuse treatment services and mutual aid. It is an innovation promoted by a charity based in Wales called Helping Groups to Grow. The programme was developed from consultations with people in recovery and with practicing clinicians from across Wales. In 14 focus groups and with more than one hundred people we asked two broad questions: (a) what topics are important to discuss with people when leaving treatment services to support on going recovery and (b) which strategies and techniques do you feel helped you or other people the most? From these conversations we developed 12 group sessions each of two-hour duration. The programme covers many topics surrounding mental wellbeing such as dealing with difficult issues like loss, stigma, shame, relapse and practical ways of enhancing life. All of the topics discussed and the strategies used are based on evidence-based techniques that work in practice and are underpinned by the hexaflex used in Acceptance and Commitment Therapy. In line with how the programme was developed, the sessions are jointly delivered by formally trained treatment service professionals and by people in recovery from substance misuse problems themselves. In this presentation I will outline how the programme was developed and the underlying psychological theories that are used to promote change.



## **P4 A feasibility study investigating the effectiveness and acceptability of an ACT-based anger intervention for adolescent males**

**Jennifer Livings and Mary John** University of Surrey

Mental health difficulties are more prevalent in adolescent boys than girls; with conduct disorder dominating their diagnostic picture. Aggressive behaviour irrespective of a diagnosis is problematic; it is associated with peer-rejection, school dropout, and is a strong predictor of violence and crime in adulthood. Despite this clinical picture there has been a significant decline in anger interventions since 2000. Available interventions largely adopted a CBT framework and/or social skills training, and were not specifically designed for boys. Given the substantial developments in theory and intervention, and the changing cohort effects of the 21st Century adolescent, new, innovative, preventative interventions are needed. Interventions that can be delivered in a naturalistic setting such as a school environment may be helpful in terms of reaching a greater number of young men, and being cost-effective. A novel five-week ACT-based preventative intervention was developed specifically for adolescent males with identified anger difficulties, to be delivered in a school. ACT differs from the CBT framework; rather than exerting control over thoughts it encourages acceptance of difficult emotions and promoting meaningful behavioural change in line with an individual's values. The notion of "dropping the struggle" with difficult experiences was thought to be particularly relevant to "anger". In addition, learning mindfulness skills may help reduce the impulsive, reactive aggression that is common in adolescent males. The current study assesses the feasibility of delivering this intervention in a school setting and evaluates the impact of the programme from both the adolescents' and school's perspective.

A mixed methods approach, including interview, questionnaire and behavioural data was employed. Final data collection was completed in July 2016. Preliminary results and discussion will be presented.

## **P6 Beyond branding: An attempt to carefully integrate ACT and traditional CBT in Pain Management Programmes**

**Elenor McLaren, Elizabeth Wearn, Craig Crawley** Pain Management Centre, University College London Hospitals NHS Foundation Trust

Background: While traditional CBT has been shown effective in improving functioning and reducing distress in people with persistent pain, the efficacy of treatments has not improved over time (Williams et al 2012). There is increasing evidence for ACT in improving outcomes of people with chronic pain (McCracken & Vowles 2014). Currently the two approaches are equivalent in efficacy. Careful integration of treatments has been called for (McCracken & Morley 2014) but few have reported this. Aim to develop and test an integrated Pain Management Programme (PMP) which attempts to create coherence at the level of core therapeutic goals to go beyond simply a merging of methods. Methods: 81 people with chronic pain completed an eight-day multi-disciplinary outpatient PMP with one and nine-month follow-ups. The programme integrated cognitive behavioural methods (e.g. goal setting and behavioural experiments) with ACT processes (e.g. mindfulness and values-based action). We aimed to broaden flexible behavioural repertoires enabling people to more consistently follow their values in the presence of obstacles. Ciarrochi and Bailey's 2008 integrated approach guided treatment. Attendees completed self-report questionnaires including the Chronic Pain Acceptance Questionnaire-8 (CPAQ-8) and a physical measure at every time point. Results: 74% attended seven or eight out of eight of sessions. The most frequent feedback was that the programme "changed my relationship with pain". At nine-month follow-up, more were working; GP visits reduced and the physical measure improvements were maintained. On the CPAQ-8, the effect size at nine-month follow-up was  $d=0.70$ , suggesting a medium effect size. On traditional CBT measures, outcomes compared favourably with other PMC studies (Rahman et al 2014). Conclusions: Outcomes compare well to traditional CBT PMPs. The approach was acceptable to patients and team. Conclusions are tentative due to small sample size.

## **P7 Comparing the effectiveness of Self as Context versus Relaxation Training on the negative impact of Ostracism**

**Nadia Shafique** University College Dublin

The distressing and negative effects of ostracism have been well documented. One method in which ostracism has been studied experimentally is through the use of a virtual ball-toss game known as Cyberball. In this game, participants may be included in or excluded from the ball-toss game and those who are excluded typically report lower feelings of self-esteem, control, belonging and meaningful existence. The present study sought to explore

# Poster Presentations

whether training in Relaxation techniques versus an Acceptance and Commitment Therapy (ACT) technique targeting self-awareness would lessen the impact of an episode of ostracism. Participants were randomly assigned to one of three groups: a group in which they were guided to be an observer to the events and experiences around them (self-as-context); a group in which they were guided to relax and breathe (relaxation) or a third group that received no intervention (control). Next, all participants played the Cyberball exclusion game. Participants were subsequently instructed to make post-experimental ratings to four basic needs (belonging, control, self-esteem and meaningful existence). Pre- and post-experimental measures of participants' moods were also recorded. Findings revealed that threats to need satisfaction were significantly less for the self-as-context group in comparison to the relaxation and no intervention groups. In addition, significant differences between pre- and post-experimental measures of mood ratings were observed for all three groups. The present findings highlight the potential utility of brief interventions in reducing the distress associated with ostracism. Implications for our understanding of the prevention of the negative effects of ostracism and future research directions are discussed.

## **P8 Avoidance, Depression and Autobiographical Memory: A multiple mediational study**

**Dr Elizabeth Burnside and Dr Rose Stewart** Bangor University

The tendency to generate overgeneral autobiographical memories (OGM) by individuals with depression has been long established (see Williams et al 2007 for a recent review). In response to cue words or sentence completion tasks, individuals with depression are less likely to generate a memory representing a single event that lasted less than one day, than are non-depressed controls. The CaR-FA-X model (Williams et al 2007) proposes that OGM occurs as a result of capture and rumination difficulties, functional avoidance and/or problems with executive control. This study investigated the relationship between avoidance, OGM and depression in a non-clinical sample. Online measures were completed by 399 participants, recruited through a UK university and social media. Three measures were administered; Multidimensional Experiential Avoidance Questionnaire (MEAQ) (Gámez et al 2011) to measure dimensions of experiential avoidance, the Patient Health Questionnaire 9 items (PHQ-9) (adapted from PRIME MD, Spitzer, Kroenke & Williams 1999) to measure depressive symptomatology and the Sentence Completion for Events from the Past Test (SCEPT) (Raes et al 2007) to assess for Overgeneral Memory. Linear regression analyses revealed a significant mediational role for avoidance in the relationship between overgeneral memory and depressive symptoms. A multiple mediator model using bootstrapping revealed that of the six MEAQ sub-scales, only the specific indirect effects of the repression/denial sub-scale reached significance. Unlike some of the other more active sub-scales, such as procrastination or behavioural avoidance, repression and denial is characterised by distancing and dissociating from distress, or a lack of distress awareness. These preliminary findings are discussed with respect to implications for how to address experiential avoidance clinically, including the role of autobiographical memory and awareness raising of avoidance within therapy.

## **P9 Learning outcomes from an Acceptance & Mindfulness based approaches to psychotherapy training module**

**Nic Wilkinson and Jennifer Darling** Department of CBP Training, Sheffield Health & Social Care NHS FT

The Department of Cognitive Behavioural Psychotherapy Training at Sheffield Health and Social Care NHSFT has, since 2012, delivered an Acceptance and Mindfulness Based Approaches to Psychotherapy Module. The module aims to enable participants to develop a detailed understanding of Acceptance and Commitment Therapy (ACT) and Mindfulness-Based Cognitive Therapy (MBCT) in relation to their personal life experiences via experiential learning and reflective enquiry. The course includes an eight-week MBCT course as well as an exploration of the psychological flexibility model. This poster will report basic demographic data about course participants as well as quantitative and qualitative data obtained from measures used on the last two cohorts of the course. Course participants were asked to rate their level of knowledge and practice of ACT and mindfulness based approaches using a Knowledge and Practice Questionnaire. Changes in psychological flexibility and mindfulness skills were assessed before and at the end of training using the Acceptance and Action Questionnaire II (AAQ-II), Five Facets Mindfulness Questionnaire and the Mindful Attention Awareness Scale (MAAS). Participant's experience of the course was captured in the form of a self-report course evaluation questionnaire. The poster will report the results of a data analysis which demonstrates an improvement in psychological flexibility and mindfulness skills as assessed on standardised measures. The qualitative data analysis demonstrates the importance of experiential



learning which focuses on personal engagement with the ACT and mindfulness processes, personal growth relating to values, committed action, relationships, connectivity, awareness and acceptance. ACT and MBCT are based upon distinct psychological theories and interventions, and yet they have much in common. Our data suggest that learning these different third wave approaches together can be mutually facilitative and life enhancing.

## **P10 Does Self-Compassion in pregnancy influences depressive and anxiety symptoms in the third month postpartum? A preliminary prospective study**

**Cristiana Marques, S Xavier, J Azevedo, MJ Soares, MJ Martins, A Macedo, AT Pereira**

Department of Psychological Medicine, Faculty of Medicine, Coimbra University, Portugal

Self-compassion has been considered as a protective factor of antenatal depressive and anxiety symptoms. Our aim was to analyse if self-compassion in pregnancy influences levels of depressive and anxiety symptoms at three months postpartum. A sample of 139 pregnant women ( $32.51 \pm 4.740$  years) in their second trimester of pregnancy ( $18.70 \pm 4.681$  weeks of gestation) completed the Portuguese validated version of Self-Compassion Scale (SCS; Bento et al 2016), and at three ( $3.70 \pm 0.910$ ) months postpartum they completed the Postpartum Depression Screening Scale-21 (PDSS-21; Pereira et al 2013) and the Depression, Anxiety and Stress Scale-21 (DASS 21; Xavier et al 2016), but only Anxiety was considered. Participants scoring above the PDSS-21 cut-off score for clinical depression ( $\geq 40$ ) had, in pregnancy, significantly lower scores of total SCS, but significantly higher scores in Self-Judgement, Isolation, and Over-Identification dimensions, than participants scoring below ( $p < .05$ ). The same three dimensions of SCS also correlated positively and moderately with postpartum anxiety ( $r = .32$ ;  $p < .001$ ). Multiple regression analysis demonstrated that Isolation ( $\beta = .397$ ;  $p < .001$ ) was a significant predictor of depression at three months postpartum. Additionally, Self-Judgement ( $\beta = .326$ ;  $p < .001$ ) was a significant predictor of anxiety at three months postpartum. Results emphasise that self-compassion in pregnancy, particularly Isolation and Self-judgement aspects, prospectively influence the depressive and anxiety symptoms at three months after childbirth. Self-compassion components should be included in prevention and early intervention programs for psychological distress in the perinatal period.

Keywords: Self-Compassion, Depression, Anxiety, Perinatal.

## **P12 Acceptability, Utility and Effectiveness of using Technology to Deliver Acceptance and Commitment Therapy: A Systematic Review**

**Estelle Barker, Kate Randell and David Gillanders** University of Edinburgh

**Introduction:** The use of technology in everyday life is increasing. Psychological scientists seek to explore how the delivery of psychotherapy might evolve to capitalise on this trend. This has been highlighted as an effective way to promote self-help and lower intensity therapy in the UK for CBT. A recent development in CBT is Acceptance and Commitment Therapy (ACT). A common problem faced in delivering ACT is one of volume. Research into delivery through different modalities such as the internet or smartphones has progressed. This review aims to consider whether such interventions are feasible, acceptable and effective. **Methodology:** This review searched for pilot, comparison or control trials. It placed no restrictions on age, ethnicity, gender or intervention for particular condition. Delivery of ACT was by the internet or smartphones. Real-time therapists were an exclusion. Two independent researchers determined inclusion of articles and rated the studies according to the quality criteria. If there was uncertainty a third reviewer was used. **Results:** The search yielded 18 studies which met inclusion criteria. The focus of the studies included health promotion, mental and physical health. Ten studies reported on adherence to the intervention. This ranged from 27.5%-92%, with one exception which was 2%. Four studies compared satisfaction between groups. All found ACT delivered via technology had higher satisfaction than control groups. Where there were no control groups, patients rated they were satisfied with this form of treatment. Effects on primary outcome and process measures ranged from no effect-large. **Discussion:** Using technology was deemed acceptable and effective in delivering ACT and could enhance the availability of psychological therapies. This has been highlighted as a government objective in various countries. Methodological weaknesses limit conclusions. Further research is needed with more robust methodology.

# Poster Presentations

## **P13 The toxicity of the self: The nature of self-disgust**

**Paula Castilho and Diogo Carreiras** Cognitive and Behavioural Center for Research and Intervention - Faculty of Psychology and Educational Sciences, University of Coimbra, Portugal

Self-disgust is a maladaptive generalisation of the adaptive response of disgust that arises when aspects of the self are perceived as a threat that needs to be avoided or expelled. Despite the growing interest on this subject, there are no studies to date regarding the nature of self-disgust. This study aimed to explore if early experiences of threat and submissiveness, external shame and experiential avoidance would play a role in the development of self-disgust. Specifically, it was hypothesised that external shame and experiential avoidance would have a mediator role in the relationship between the recall of experiences of threat and subordination in childhood and the components of self-disgust (defensive activation, cognitive-emotional, avoidance and exclusion). The sample of this study comprised 604 participants (408 females and 196 males) with ages between 18 and 60 years. To analyse a theoretical hypothesised model about the nature of self-disgust, a Structural Equation Modelling was conducted. The results suggested that memories of threat and subordination in childhood have an impact on all components of self-disgust through external shame and experiential avoidance. The findings of the present study provided a great contribution to the literature and clinical practice, alerting to the need of early interventions and preventive programs. Key-words: self-disgust, recall of perceived threat and subordination in childhood, external shame, experiential avoidance.

## **P14 A brief training program with ACT and ACT-FAP to enhance the health of public administration employees**

**Juanjo Macías, Luis Valero, Israel Mañas, David Carreno, Adrián Muñoz** University of Málaga  
**and Frank W Bond** Goldsmiths, University of London

For many years, Acceptance and Commitment Therapy (ACT) is being applied in organisational settings to improve occupational health with promising results. However, besides its closeness to ACT, Functional Analytic Psychotherapy (FAP) has not been implemented in the organisational arena thus far. To examine this issue, in this comparative intervention study two single training programs, one with ACT-FAP and another one only with ACT were applied. In order to know whether the combined intervention with FAP is more effective and which are the mechanisms of change, 40 employees of the public administration with above average levels of distress were randomly assigned to one of the two conditions: ACT group based on a brief protocol (ACT, n = 20) or ACT-FAP as a waitlist control group (n = 20). Both programs consisted of three-day training session, applied across one month. The content of the session with ACT imparted a mixture of functional analysis, creative-hopelessness, working with values, perspective taking, verbal regulation and acceptance. ACT-FAP program added to the previous protocol: emphasis on the therapeutic relationship, the application of the five rules and functional generalisation. The results of both programs showed significant differences in measures: GHQ-12, MBI, DASS-21, AAQ-II, WAAQ & FAP-SNAPSHOT, compared to the waitlist control group. Although treatment with ACT also improved the health of employees from a statistical viewpoint, the impact of the combined treatment with ACT-FAP was significantly higher compared to ACT group. The study highlights the importance of combining ACT and FAP to improve the quality of life at workplace as an added value to training with ACT.

## **P15 The impact of chronic diseases on personal values: A preliminary study**

**David F Carreno, Sergio Fernández-Mirand, Rubén Uclés-Juárez, Juanjo Macías,**  
**Adolfo J Cangas and Emilio Moreno** University of Almeria, Spain

It is common clinically to hear patients with chronic disease reporting change of personal values after diagnosis. This value change may reflect or have an effect on the psychological adjustment to their illness. However, there is a lack of research studies analysing value change in chronic patients. The current is a preliminary study aimed to analyse how the diagnosis and the course of several chronic diseases impact on life priorities, standards, values, committed actions and quality of life. A cross-sectional survey was carried out comprising of 50 patients with cancer, 56 patients with cardiovascular disease, 42 patients with chronic obstructive pulmonary disease (COPD), 50 patients with diabetes mellitus and 33 patients with HIV. The instruments used to evaluate values and committed actions were the Valued Living Questionnaire (VLQ) and the shortened version of the Committed Action Questionnaire (CAQ-8), together with a few open-ended questions about value change. Quality of life was measured with the WHOQOL-BREF. To assess value change, participants responded to both a normal version of the



VLQ and a retrospective version which asked about the pre-diagnosis condition. Moreover, a statistical analysis was performed to compare values among patients depending on the time elapsed since diagnosis. The results showed that value change is statistically more pronounced among patients with cancer and HIV and less pronounced among patients with diabetes or some types of cardiovascular diseases. Patients valued physical self-care and personal relationships like family, couples and friends more after diagnosis, increasing this importance over time. Areas such as work and education/training lost importance. Many patients reported important committed actions in the line of their value change. Consistency between values and behaviour highly correlated with quality of life. Overall, this study gives a deeper understanding about the psychological impact of a chronic disease and the role of values as health promoters.

## **P16 Relating Self and Other to Mental Health in adolescents**

**Orla Moran, Louise McHugh and Priscilla Almada** University College Dublin

Adolescence is a time of significant psychological development with evidence suggesting that relationships to oneself and to others undergo considerable change during this period. This plays a considerable role in adolescent mental wellbeing. According to Contextual Behavioural Science, deictic relating or perspective taking is a critical process underlying many core aspects of social and emotional development including empathy, compassion, and a transcendent sense of self. While research indicates that adolescents outperform younger counterparts on deictic trials, there are deficits present when compared to adults. To date no study has specifically investigated deictic ability in relation to relationships with the self and others in typically developing adolescents, and the implications of this for mental health. The present study looked at self-related variables (deictic ability; self-as-process; self-as-context) and other-related variables (deictic ability; empathy; common humanity), in two separate models of Self and Other, in relation to adolescent well-being in a sample of 125 adolescents ( $M = 15.71$  years of age; males=92). Standard multiple regressions revealed significant models for both the Self and Other models as predictors of adolescent mental wellbeing. Results are discussed in terms of implications for future research, such as the development of interventions for the improvement of relationships to self and other in adolescents.

## **P17 ACT made Simpler**

**Rowena Mattan and Laura Winckley** Bradford District Care Foundation Trust

People admitted to acute mental health wards are often in crisis, highly unwell, distressed and emotionally overwhelmed. There is an expectation from managers and commissioners to offer them psychological interventions to make them 'well' again which can often act as an extra stressor for patients and staff alike. In one female acute mental health ward, a weekly ACT group is offered to patients; called 'Feeling Better Group' it offers an ACT perspective of looking after oneself and moving toward well-being regardless of what is going on for them at the present moment. Due to the unpredictable admission length of stay in acute wards, each group is seen as a stand-alone intervention. Because of the acute distress the participants are often experiencing, it can be difficult for them to be able to sustain attention and concentration around concepts introduced to them. To that end, ACT concepts and ideas are offered in a clear and brief format designed to be easily understood and taken on board. Behavioural activation is often carried out in vivo in the group to aid participants in incorporating ACT concepts e.g. when talking about a committed action, group participants are asked to walk across the room from a place of 'not yet committed' to a place of 'commitment' in order to better embed their willingness to carry out a committed action. The aim of this service evaluation is to understand the patient's views about attending this group, what they have learned and may use, and ways in which it could be improved using the Group Session Rating Scale and a semi-structured interview. The service evaluation is currently ongoing and was completed in July 2016. Data will be analysed quantitatively and qualitatively using thematic analysis.

## **P18 The use of Acceptance and Commitment Therapy in the management of chronic fatigue syndrome/ME: A case example**

**Miss Ashley Mai Williams** Royal National Hospital for Rheumatic Diseases

Acceptance and Commitment Therapy (ACT) has attracted much interest over the last 17 years, and literature is fast increasing on its use in Functional Somatic Syndromes, such as Fibromyalgia Syndrome and Irritable Bowel Syndrome. To date, the use of ACT in the treatment of CFS/ME has not been investigated. This case example illustrates how ACT has been used in the treatment of an adult with Chronic Fatigue Syndrome/Myalgic

# Poster Presentations

Encephalomyelitis (CFS/ME). The patient was a 52-year-old woman severely affected by CFS/ME. It was hypothesised that fusion with her critical mind was leading to a reduction in her engagement in valued life domains. ACT was used as the psychological treatment model in this study, focusing on fostering behaviours embedded in valued life directions rather than emphasising reductions in fatigue and psychological distress. Following treatment, improvements were seen in valued life activities, psychological resilience, and long-term management of fatigue. This was evidenced by improved communication of needs to significant others, validation of self, reduced isolation (yoga classes, seeing friends), compassionate relationship with self, stronger sense of self-identity not dominated by fatigue, willingness to accept challenging emotions and symptoms, and engagement in self-care behaviours (mindfulness meditation, rest). The outcome of this intervention indicates that ACT can be an important therapy for supporting adults with CFS/ME to manage this long-term condition. Empirical studies are needed to examine the clinical effectiveness of ACT with this patient population.

## **P19 Chronic Pain in Adolescents: A pilot study evaluating the effectiveness and acceptability of an Acceptance and Commitment Therapy Group**

**Dr Jennifer MacDonald** NHS Forth Valley

**Aim:** To determine the effectiveness and acceptability of an Acceptance and Commitment Therapy (ACT) Group for adolescents with chronic pain. **Method:** Twelve adolescents with chronic pain were invited to attend an intensive group intervention, consisting of six one-and-a-half-hour sessions with a review session six weeks later, based on ACT principles. Six adolescents attended, aged between 11 to 16 years old, four females and two males. All participants completed the Paediatric Index of Emotional Distress (PI-ED), the Child Acceptance and Mindfulness Measure (CAMP) and the Brief Illness Perception Questionnaire - Revised (IPQ-R) on three occasions: pre and post group, and following the review session. **Results:** Preliminary feedback results indicate that all of the adolescents enjoyed attending the group and the majority (83%) found the ACT model helpful in understanding and managing their pain. The majority (83%) also enjoyed the group format and felt it was helpful to meet other young people experiencing similar issues. There was a 100% retention rate. Further objective measures are pending following the review session. **Conclusions:** It seems that the provision of an ACT group is a promising approach to the management of chronic pain in adolescents.

## **P20 Doing things differently: development of transdiagnostic ACT groups for older adults in mental health**

**Dr Hannah Picton, Dr Amanda Stevenson and David McGraw** NHS Lothian

**Introduction:** Acceptance and Commitment Therapy (ACT) has been found to be "probably efficacious" with several psychiatric disorders (A-Tjak et al 2015). The development of the ACT evidence base with older people across a range of mental and physical health conditions is at an early stage. Emerging evidence suggests that ACT may be an effective treatment for chronic pain in older adults (Wetherell et al 2015) and there seems to be a strong rationale for using this approach with this population (Roberts & Sedley 2016) including ongoing work with late life anxiety and long term conditions. **Methods:** The aim was to add to the emerging evidence base in the context of a small but Lothian-wide service with the challenge of the Psychological Therapies HEAT Target. Building on a previous inpatient format used in NHS Lanarkshire, we piloted three separate transdiagnostic groups in an older adult population. Each group met weekly for six weeks. Data regarding psychological distress (as measured by CORE-10) and also ACT processes (as measured by Cognitive Fusion Questionnaire & Acceptance and Action Questionnaire-II) were gathered pre and post treatment. In addition, qualitative information was gathered from patients and clinicians. **Results/Discussion:** Results from three pilot groups (n=14) demonstrated a significant reduction in psychological distress (CORE-10). A reduction trend was also found on the ACT measure of Cognitive Fusion although not statistically significant. With the aim of communicating and disseminating clinical practice, this poster will discuss these significant and non-significant results in relation to qualitative feedback from patients and clinicians. Qualitatively patients found the group valuable but also reported specific difficulty with some of the ACT techniques/concepts, e.g. Cognitive Defusion. These results will be discussed in the context of adapting the model which at this preliminary stage appears to be promising with an older population.



## **P21 The Willingness and Acceptance of Delusions Scale (WADS): A new measure for assessing psychological flexibility in psychosis**

**Maria João Martins** Cognitive and Behavioural Center for Research and Intervention (CINEICC), Faculty of Psychology and Educational Sciences, University of Coimbra, Portugal

Background: Recent models have been stressing the important role of contextual variables, such as experiential acceptance/avoidance, in vulnerability and emergence of delusion. Simultaneously there is a growing interest on acceptance-based interventions for psychosis. Still, there are no instruments for assessing experiential acceptance and willingness regarding delusions. This study sought to develop and validate such a measure in a sample of patients with a diagnosis of psychosis. Method: Literature regarding Acceptance and Commitment Therapy for psychosis and previously developed instruments measuring the variables of interest were consulted to develop the Willingness and Acceptance for Delusions Scale (WADS). The validation sample (n=91) was mostly male (87%), single (86%), unemployed (44%), with a schizophrenia diagnosis (71%) and currently with delusions (last week - 52%). Results: Exploratory factor analysis yield a three-factor structure, which adequately fitted the data ('Acceptance and Action', 'Non-entanglement' and 'Non-struggling'). Adequate reliability (internal consistency and composite reliability) was found. The WADS subscales were associated with distress elicited by paranoia, self-disgust, mindfulness and satisfaction with life. Discussion: The WADS aims at filling the gap in acceptance-based assessment measures for delusions and was found to be a reliable and valid measure with potential utility in clinical and research settings. Keywords: Acceptance; Assessment; Commitment; Delusions; Psychosis; Willingness.

## **P22 ACT with Pain - A Programme Evaluation of a Psychologist-led Uni-disciplinary Group for Chronic Pain Patients**

**Leila Gray and Rachel Clarke** Plymouth Pain Management Centre, Plymouth Hospitals NHS Trust

Chronic pain affects 14 million people in the UK. It can be defined as pain that persists for more than three months and often has significant impacts on a person's sleep, mood, mobility, energy and quality of life. The complex nature of persistent pain conditions necessitates a biopsychosocial approach for management. Acceptance and Commitment Therapy (ACT) has grown popular in chronic pain clinics and there is strong evidence for the efficacy of interdisciplinary pain management programmes incorporating ACT. These group programmes traditionally also incorporate pain and medication education alongside regular exercise. The aim of this programme evaluation was to consider the effectiveness of a unidisciplinary psychologist-led ACT group without these elements. Patients were referred following assessment within the interdisciplinary chronic pain team. After a further Practitioner Psychologist assessment, suitable patients were offered the programme. The group is once a week for eight weeks with sessions lasting two-and-a-half-hours. The group is co-facilitated by two Practitioner Psychologists with group size being on average 11 patients. Patients completed the following measures prior to assessment and at the final group session: Brief Pain Inventory (BPI), Generalised Anxiety Questionnaire (GAD-7), Physical Health Questionnaire (PHQ-9), Pain Self Efficacy Questionnaire (PSEQ), Oswestry Disability Index (ODI) and Chronic Pain Acceptance Questionnaire -8 (CPAQ-8). Forty-five complete data sets over 18 months show statistically significant differences in pain intensity/interference (BPI) and depression symptoms (PHQ-9). Eighty-nine per cent of patients had at least one clinically significant measure with the BPI interference subscale, PHQ-9 and CPAQ-8 scales the most sensitive to change. Psychologist-led ACT groups for chronic pain patients not incorporating traditional pain management psychoeducation and exercise can provide high levels of clinically significant improvements for complex patients.

## **P23 Is pain acceptance a good indicator for differential response to various rehabilitation packages?**

**Graciela Rovner** ACT Institutet Sweden & Karolinska Institutet  
**Linn Wifstrand and Louise Pettersson** University of Gothenburg  
**David Gillanders** University of Edinburgh

Behavioural medicine and inter-professional rehabilitation are considered state of the art in the area of chronic pain. There is good evidence that both ACT and CBT are effective. However, there is a lack of systematisation for selecting patients to pain rehabilitation programs, and little evidence that we can reliably predict who benefits. Aim: These three clinical trials investigate 1) the usefulness of clustering patients according to their pain

# Poster Presentations

acceptance as indicator for rehabilitation need and differential response to rehabilitation, 2) the patients' differential response to ACT respectively CBT-based pain rehabilitation programs, and 3) if men and women with similar pain acceptance respond differently to the same rehabilitation program. Method: This poster summarises three studies from the two largest pain rehabilitation clinics in Sweden (n1=91+ n2+3=374). Measures of physical, mental and social function (SF-36, MPI, EQ-5D, CPAQ-8, TSK) were gathered and analysed with ANOVA, Chi2 and mixed methods ANOVA. Results: 1) To cluster patients according to their pain acceptance identifies distinct functional differences at baseline. The clusters also demonstrated differential response to the same rehabilitation program. 2) Patients receiving ACT were at baseline in worse conditions than those receiving CBT-program. Both groups improved during rehabilitation, but only the ACT group improved regarding physical function while the CBT group decreased their kinesiophobia without increasing physical functioning. 3) Women have more pain locations and pain intensity but demonstrate greater pain acceptance as well as better physical function than men. Conclusion: These studies show that grouping patients in four distinct clusters according to pain acceptance can identify differential treatment needs and predict response to rehabilitation programs.

## **P24 Veteran and family member evaluations of The Matrix**

**Charlie Allanson-Oddy** NHS Lothian

Introduction: Veterans First Point Lothian (V1PL) is an NHS Lothian service that opened in 2009 and is funded by the Scottish Government. It provides a range of services that include mental health assessment and treatment, with Psychiatry and Psychological Therapy, to veterans and their family members. The veteran population experiences a similarly wide range of common mental disorders to the general adult population (Iversen & Greenberg 2009). Acceptance and Commitment Therapy (ACT) has the creation of psychological flexibility at its core (Hayes, Luoma, Bond, Masuda, & Lillis 2006). The Matrix was designed to improve psychological flexibility (Polk 2014) and has not been evaluated thus far by Dr Polk. Method: A questionnaire was designed - with permission from Dr Polk - to capture some of the experiences of patients in individual therapy at V1PL, in treatment with a range of diagnoses, who had some degree of exposure to The Matrix. The questionnaire comprises Likert Scale responses for quantitative data and will look at overall client experience & satisfaction, changes in psychological flexibility and coping strategies, client expectations, whether it helped and adherence to the Matrix model. In order to maximise the amount of data gathered, the invitation to provide responses to the questionnaire will be made during and before the end of therapy. Results: Descriptive analysis will be split between qualitative and tabulated quantitative data. Discussion: It is hoped this small study will contribute to the growing interest in ACT and to work the growing work with veterans and their family members.

## **P25 When shame, self-criticism and self-disgust contribute to the impact of humiliation on depressive symptoms**

**Lara Palmeira, Teresa Garcia, José Pinto-Gouveia and Marina Cunha** Faculty of Psychology and Education Sciences, University of Coimbra, Portugal

Humiliation is an intense emotion related with the experience of being or perceiving oneself as being debased, scorned or ridiculed. It has been considered an important risk factor for depression. The experience of humiliation is felt as unfair and as an external attack to one's self that may lead people to seek revenge. Often, people feel powerless and inferior, and start to believe that others are looking down to the self. These self-evaluations may lead people to engage in a self-hatred, self-disgust and self-attacking relationship. It is already known that shame, self-disgust and self-criticism can predict depressive symptoms. However, the mediator role of these variables in the relationship between humiliation and depression remains unexplored. The present study aimed to explore the mediator effect of shame, self-disgust and hated self (self-criticism) in the relationship between humiliation and depressive symptoms. Results from path analyses showed that experiencing humiliation may lead people to believe that others look down to the self, to become self-critical and to develop feelings of self-disgust. Therefore, this harsh view of the self may lead to depressive symptoms. Our findings highlight that the impact of experiencing humiliation in depressive symptoms occurs through a negative and harsh relationship with oneself.



# Conference

Thursday 24 November 2016

## 5 Invited Plenary

Sidlaw Auditorium 9:00 - 5:00pm

**Dr Helen Bolderston** Towards a culture of cooperation in psychotherapy development and research

Dr Helen Bolderston is a clinical psychologist with over 25 years of experience working predominantly in mental health settings in the UK National Health Service. She specialises in acceptance-based psychotherapies, especially ACT, MBSR/MBCT, and DBT. Her NHS clinical work and research over the last few years has predominantly been with people with complex, chronic psychological difficulties; people who are often given personality disorder diagnoses. Her PhD focused on ACT and personality functioning.

Helen currently works as a lecturer and researcher in the Department of Psychology, University of Bournemouth. She is currently conducting research examining aspects of social cognition in people with borderline personality disorder diagnoses, as well as several ACT and mindfulness focused studies.

## 6 Skills Class: How to do Relational Frame Theory research

Sidlaw Auditorium 10:05 - 11:20am

**Louise McHugh** University College Dublin

**Charlotte Dack** University of Bath

**Nic Hooper** University of West England

**Nigel Vahey** Trinity College Dublin

**Lynn Farrell** University College Dublin

**Ahmet Nalbant** Istanbul

STREAM: RFT/Basic science

Beginner - Audience members with little to no familiarity with the topic will likely still benefit.

Relational Frame Theory (RFT) is a modern behavioural 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. Behavioural psychology has always sought a comprehensive naturalistic scientific theory of human behaviour rooted in empirical research: a unified paradigmatic psychology. This is an ambitious goal but the advances being seen in RFT research increase the possibility that this promise might one day be fulfilled. The aim of this workshop is to provide an interactive overview of different research methods that can be used to conduct an RFT study, and to explore the current and future areas of research that this framework offers. This training will be particularly useful for researchers and students who intend to develop an RFT research program in their laboratory or for their dissertation and thesis projects. Prior knowledge of the RFT basic principles is expected. The workshop will focus on research methods employed in RFT (e.g. matching to sample, IRAP etc.). Attendees will be supported to start their own research project after the workshop.

## 7 Skills Class: CFT for dummies: bridging theory and practice

Harris 1 10:05 - 11:20am

**Mary Welford** Compassion in Mind

STREAM: Meeting places of CBS and other approaches

Beginner - Audience members with little to no familiarity with the topic will likely still benefit.

Intermediate - Audience members will benefit most if they have some familiarity with the topic.

It's often said that we're our own worst critics and it's true. This skills class offers straightforward and practical advice for developing self-compassion, as a more helpful way of relating to ourselves. With self-compassion rather than self-criticism we can approach ourselves, others and the process of therapy in a more supportive way. The skills class will explore: The forms and perceived functions of self-criticism; The impact of a critical self to self-relationship; The rationale for self-compassion; Skills to address your own and other people's self-criticism.

# Conference

Thursday 24 November 2016

## 8 Skills Class: A whistle stop experiential introduction to ACT

Harris 2 10:05 - 1:00pm

**Dr Elizabeth Burnside** Bangor University

STREAM: Other

Beginner - Audience members with little to no familiarity with the topic will likely still benefit.

This is a way in to understanding the core concepts of Acceptance and Commitment Therapy, and how these concepts apply to us all. The workshop is geared towards beginners and welcomes participants from all fields and areas of interest. The speediest and deepest way to understand the potential of ACT as an approach is to experience directly how it is relevant to you. This workshop offers opportunities throughout to contact those experiences, and thus enables you to find out if this is an approach that you would like to learn more about. Each of the six core concepts of ACT will be described and demonstrated using participatory exercises and attendees are able to share as much or as little of their personal experiences of these exercises as they choose. Participants are invited to bring a gentle, open curiosity to the workshop in order to make the most of the time that we have. The intention is that everyone will leave the workshop with an idea of at least one small different step that could be tried in their own time to see how ACT might work out for themselves and for others.

## 9 Skills Class: Compassionate ACT in the Context of End of Life & Bereavement

Ochil 2&3 10:05 - 11:20am

**Martin Brock\*** University of Derby

STREAM: Meeting places of CBS and other approaches

Intermediate - Audience members will benefit most if they have some familiarity with the topic.

Advanced - Audience members will need to be familiar with the topic to benefit.

Within the ACT model, the context for change is underpinned by a focus on the processes of Values and Committed Action, that is, defining and pursuing the path that makes one's life rich and meaningful. End of life and bereavement presents a stark perspective to view these processes, provides unique opportunities and challenges for both clients and therapists and is indeed the one event that will happen in all our lives. One may feel destabilised and disorientated. The learning context of this workshop will be closely structured to a case study involving the application of ACT approaches to a parent who is bereaved of a child. Explicit links to Relational Frame Theory and the stages of grief will be presented. This workshop will offer an experiential setting in which to explore these issues further and will give the opportunity to practice relevant techniques. This workshop is most suitable for those who already have some familiarity in applying ACT and are looking to deepen their understanding within challenging contexts. It is proposed that whether or not clinicians specifically work with clients and/or carers at end of life or following bereavement, these issues will face all clients from time to time, or their family members and indeed therapists themselves - thus affecting the work of therapy. In addition, it is suggested that an ongoing awareness of the inevitability of end of life can energise both day-to-day living, and the clinical setting.

Educational Objectives: 1. Develop enhanced ACT case formulation in the context of end of life and bereavement informed by components of the case example. 2. Develop compassionate practice in the challenging context of bereavement or awareness of imminent or future end of life. 3. Demonstrate an enhanced understanding of the therapist role in end of life issues including engagement, the impact on self, and making best use of clinical supervision.



## 10 Symposium: ACT and long term physical health conditions 1

Ochil 1 10:05 - 11:20am

### **Chair / Discussant:**

**Anne-Marie Doyle** Chair of Faculty of Clinical Health Psychology, BPS DCP

**Carolyn Cheasman** City Lit

**Rachel Everard** City Lit

**Vasiliki Christodoulou** Cyprus Institute of Psychotherapy

**Artemiou Katerina** Cyprus Institute of Psychotherapy

**Christopher Graham** University of Leeds

STREAM: Working with complex / enduring presentations

Suitable for all levels

In this symposium the Programme Committee have brought together three individual papers that show the wide scope of ACT in the field of health and long-term conditions. The symposium will be chaired by Dr Anne-Marie Doyle, Chair of the British Psychological Society, Faculty of Clinical Health Psychology, who will also act as discussant. The three papers present two novel empirical studies evaluating ACT in Rheumatic Disease and ACT for people who stammer. The study in Rheumatic Disease is a qualitative study of participants in two new therapy groups, applying ACT to living with the condition. The nature of these difficulties and the meaning of acceptance and valued living are discussed in depth, along with the challenges of change and developing mindfulness and self-care. In the study of people who stammer, the presenters will highlight the range of methods and strategies used in two novel group-based interventions for people who stammer. These are a three-day workshop and a ten-week evening class. The encouraging outcomes of these groups will be presented, along with video examples of the work. In the final paper, the systematically reviewed evidence for ACT for long-term conditions is presented and critically analysed. This paper contains a manifesto for improving the quality of outcome research in ACT for long-term conditions, along with personal reflections on designing clinical trials that try to meet what is required to bring ACT to a standard that it might begin to be considered 'evidence-based' for long-term conditions.

### **Application of ACT with people who stammer - intensive and non-intensive group programmes**

**Carolyn Cheasman and Rachel Everard** City Lit

Stammering (also known as stuttering) is likely to be enduring once adult life is reached, and can have profound effects on quality of life. Whilst there may be underlying neuro-physiological causes, it is widely accepted that psychological factors play a major role in the development and maintenance of stammering. For most people who stammer (pws), avoidance-based coping strategies are nearly always present and these feed the struggle dynamic of the stammering behaviours and can impact on life choices, affecting both social life and employment opportunities. In some cases, mental health is affected; for example, research indicates a high correlation between stammering and social anxiety. Avoidance and anxiety can lead pws to become disconnected from their values, and helping clients identify and reconnect with their values can support work on reducing experiential avoidance. Working on acceptance has long been recognised as beneficial in therapy, both by pws and speech and language therapists. This has traditionally been approached in a behavioural manner. ACT offers a radical alternative. The presenters are excited and enthused by ACT's potential relevance to work with pws. This paper will focus on two ACT-specific group programmes for adults who stammer: a three-day workshop and a 10-week evening course which both have had encouraging outcomes. The paper will elaborate on the nature of stammering and will then focus on the structure and content of the two group programmes, accompanied by video material from participants. Outcome data will be presented. Whilst the presenters specialise in therapy with adults who stammer, they believe the structure and content of the group programmes have the potential to be relevant to many other client groups and will be of interest a wide range of professionals.

# Conference

Thursday 24 November 2016

## **The Experience of an ACT Group for Patients with Rheumatic Diseases**

**Vasiliki Christodoulou and Katerina Artemiou** Cyprus Institute of Psychotherapy

Background: Rheumatic diseases are characterised by their chronic nature and by a multitude of symptoms to be managed by patients. The diseases often fluctuate between periods of symptom exacerbation and symptom remission which makes it difficult for patients to systematically pursue life goals. ACT has been shown effective in the management of chronic illnesses, yet no studies have examined the process by which ACT may benefit patients with Rheumatoid Diseases. Method: An ACT group intervention was delivered in two groups of 10 participants diagnosed with a Rheumatic Disease. Participants were invited to discuss their experience of the group in an in-depth semi-structured interview. Interviews were analysed thematically, identifying themes that highlight ways in which participants describe their difficulties and the process of change experienced in the group. Participants further completed a Quality of Life and a Mindfulness questionnaire prior to and post-intervention. Questionnaire results were used to corroborate, where possible, the story that emerged from the interviews. Twenty participants were recruited into the intervention with 12 of them having completed an in-depth interview. Results: Preliminary themes indicate that participants engaged in a struggle with regards to accepting their illness and continuing to pursue valued-based actions. A pattern of over-striving - exhaustion was often described. Mindfulness skills emerged as an alternative stance where participants spoke about being gentler and more allowing towards themselves in periods of symptom exacerbation. Discussion: The study appears to emphasise the importance of discovering a new way to converse with one's body in a compassionate manner to balance self-care and physically-demanding valued-based actions in periods of illness exacerbation.

## **A reflection on: a systematic review of the use of ACT in chronic diseases and long-term conditions**

**Christopher Graham** University of Leeds

Acceptance and Commitment Therapy (ACT) has high face validity for use in the context of chronic disease and long-term conditions. This is apparent in the clinical adoption of ACT - to the extent that NHS job specifications for clinical/health psychologists often feature "knowledge of ACT" within their desirable criteria. Yet, high face validity is not sufficient to imply efficacy, and there had been no collation of studies detailing how and with what degree of success ACT had been applied in chronic diseases. Thus, I will first present our recent systematic review of the use of ACT in long-term conditions and chronic diseases (Graham et al 2016). This uncovered a growing body of work evaluating ACT in this context- with applications ranging from disease self-management, to improving quality of life. There were 18 studies in all, of which eight used randomised controlled or pre- post- designs; the rest were case studies/series. However, study quality was mostly low. And so, while there was promising evidence for some applications (e.g. parenting of children with chronic diseases, psychological flexibility), much work is to be done before ACT could be considered "evidence-based" for improving any outcome in this context. Therefore, we concluded this paper with a list of recommendations for improving the quality of ACT research in the area. Following this I will reflect on my/our experience of attempting to meet these recommendations in our own forthcoming NIHR-funded trial of ACT for improving quality of life in muscle disorders (ACTMuS).

## **11 Skills Class: Mindfulness and Acceptance for Gender and Sexual Minorities**

Harris 1 11:45 - 1:00pm

**Aisling Curtin\*** ACT Now Ireland / WTF Psychology

STREAM: Meeting places of CBS and other approaches

Moving through life as a gender or sexual minority (GSM; e.g., lesbian, gay, bisexual, transgender, queer) often entails some period of secrecy, guardedness, shame, and familial ruptures. From the perspective of functional analytic psychotherapy (FAP), we know that we cannot automatically generate the ability to express genuineness and vulnerability when these behaviours have been punished or unreinforced previously. Similarly, Compassion-Focused Therapy (CFT) offers the insight that expressions of kindness and warmth might elicit shame and guardedness when one's history has involved ruptures of major relationships. Research will be shared regarding the minority stress model and how this affects GSM. This workshop will facilitate an awareness of the ways that GSM histories, and the therapist's own history of cultural messages about gender and sexuality, might arise in the therapeutic relationship. Through the use of awareness, courage, therapeutic love, compassion, perspective-taking,



and acceptance, participants will grow in their ability to relate as gendered and sexual beings. From this place, powerful and therapeutic relationships can blossom. This workshop will increase the experience of the diversity of both CBS clinicians and the communities we work with, and will provide opportunities for non-GSM clinicians to build skills and broaden their repertoire with GSM clients.

## **12 Panel Debate: Supervision and Training: What can Contextual Behavioural Science bring?**

Ochil 2 & 3 11:45 - 1:00pm

**Chair: Eric Morris** La Trobe University

**Panellists:**

**Robyn Walser\*** TL Consultation Services / University of California at Berkley

**Yvonne Barnes-Holmes\*** Ghent University

**David Gillanders\*** University of Edinburgh

**Richard Bennett\*** University of Birmingham

STREAM: Other

Suitable for all levels

This panel will discuss supervision and training of practitioners based on principles from Contextual Behavioural Science. The CBS community has focused resources on dissemination and training of ACT and other contextual approaches. Training is usually in the form of experiential workshops over one to two days, supported by a variety of treatment manuals. The typical experience of trainees is to participate in experiential workshops and engage in further reading, to develop competence. In recent years, online forms of training have emerged, that open the potential for those learning CBS to do so at their own pace and time of their choosing. ACBS has engaged in building structures to promote training quality, such as the peer-approved trainers process. As the numbers increase of those trained, there may be a challenge to scale in a sustainable way: how do practitioners access ongoing supervision and consultation for their work? How do they ensure that they are practising competently? Supervision is also context-dependent: the approach that one might take re skill development and reflective practice can be quite a bit different with a beginning clinician to how supervision is done with an experienced clinician. In this panel we will share our experience of supervising trainee and established practitioners, in developing ACT/ CBS competencies, promoting functional contextual perspectives, and maintaining practise over time.

We will explore questions such as:

- 1) What are the best ways to supervise practitioners to develop competencies in contextual therapies?
- 2) How should supervision be structured to promote flexibility and functional perspectives?
- 3) What models and practices of supervision are useful?
- 4) How do we foster supervisees to understand and influence function, over form?
- 5) In scaling CBS, what strategies should our community use to create a sustainable supervision culture?

# Conference

Thursday 24 November 2016

## 13 Symposium: ACT in the Workplace: Innovations in Research

Harris 1 11:45 - 1:00pm

**Chair: Joda Lloyd** Goldsmiths, University of London

**Rachael Skews** Goldsmiths, University of London

**Anneli Gascoyne** Goldsmiths, University of London

**Danni Lamb** University College London

**Discussant: Paul Flaxman** City University

Beyond the therapy room: The role of CBS across different sectors

Suitable for all levels

This symposium presents three innovative new studies examining ACT and psychological flexibility in the workplace. First, Ms Skews will discuss the results of an ACT-based coaching intervention study. Specifically, 121 managers within the UK Civil Service were randomly allocated to an ACT-based coaching or a waitlist control condition. The ACT-based coaching participants received three 90-minute coaching sessions spread over three months with data collected at four time-points in this period. The impact of ACT-based coaching on wellbeing, coping, work-attitudes, goal-directed self-regulation, and performance/skills was assessed. Mediation analysis was carried out to examine whether increases in psychological flexibility mediated improvements in the outcomes. Next, Ms Lamb will discuss the results of a study examining psychological flexibility within a sample of 445 mental health staff working in 25 Crisis Resolution Teams (CRT) within the NHS. Data were collected from both frontline staff and their managers, at two data collection points 12 months apart, in this longitudinal multi-level study. The data were used to examine the impact of individual-level, team-level and manager-level psychological flexibility on health and performance outcomes in the CRT staff. Thirdly, Ms Gascoyne will discuss the results of a psychometric study designed to produce a valid and robust measure of organisational flexibility: A construct proposed as a functional equivalent of psychological flexibility and hypothesised as being useful in predicting and influencing organisational productivity and health. Initial findings indicated the presence of a 15-item unidimensional measure that significantly correlated in the expected directions with psychological flexibility, job satisfaction and aspects of organisational climate. The next phases of the research will be presented. Finally, Dr Flaxman will summarise the studies and explore how they relate to the wider ACT and CBS literature.

### Examining the Impact of ACT-Based Coaching: A Randomised Controlled Trial

**Rachael Skews, Joda Lloyd and Frank Bond\*** Goldsmiths, University of London

This study examines whether an ACT-based coaching protocol can impact employee wellbeing, coping, work-attitudes, goal-directed self-regulation and performance, and whether increases in psychological flexibility can account for these changes. We employed a randomised controlled trial comparing ACT coaching with a waitlist control condition. There were 121 participants in total, with 62 participants in the intervention group and 59 in the control group. Participants were recruited from a population of working adults at middle management level (grade 6/7) within a range of departments across the UK Civil Service. Participants took part in three 90-minute coaching sessions focused on work performance and/or personal development goals. The coaching sessions were informed by ACT principles with congruent structure, discussion and activities. Participants completed a series of online surveys consisting of validated measures of psychological flexibility, wellbeing, coping, work attitudes, goal-attainment and performance. Repeated measures ANOVAs will be used to explore the impact of the coaching intervention on each outcome, and regression analysis will be used to determine any mediating relationship between psychological flexibility and coaching outcomes. Analysis of this study is currently underway and findings will be available for the conference.

### An Investigation of Psychological Flexibility at the Individual, Leadership, and Team Level in Crisis Resolution Teams

**Danni Lamb, Sonia Johnson, Bryn Lloyd-Evans** University College London  
**and Joda Lloyd** Goldsmiths, University of London



This presentation reports on research undertaken for a PhD. The project investigates psychological flexibility in the workplace, using a sample of staff working in mental health teams in the NHS. In a longitudinal study, staff in 25 Crisis Resolution Teams (n=445) completed questionnaires including the WAAQ, MBI, UWES and GHQ at two time points 12 months apart. The resulting data has been used in three sub-studies: 1) investigating the extent to which psychological flexibility predicts burnout, work engagement, and general health in CRT staff; 2) investigating associations between managers' levels of psychological flexibility and staff levels of psychological flexibility, burnout, engagement and general health; and 3) investigating associations between team-level psychological flexibility and service user outcomes. It is hypothesised that higher levels of psychological flexibility will be associated with better staff and service user outcomes, and the hypotheses for each sub-study will be tested using a random effects multilevel regression model. The results of each sub-study will be presented, and implications for future practice and research discussed.

## **Organisational Flexibility: Building a Bridge to the Organisational Level**

**Anneli Gascoyne, Joda Lloyd and Frank Bond\*** Goldsmiths, University of London

This research aims to explore organisational flexibility: a construct proposed as a functional equivalent of psychological flexibility and hypothesised as being useful in predicting and influencing organisational productivity and health, as well as influencing employees' psychological flexibility (Bond 2015). To test this hypothesis, a measure is being developed and validated. Initial findings from 300 participants have shown evidence of a 14-item unidimensional scale. As predicted, the scale correlates significantly and moderately with psychological flexibility ( $r = .33$ ) and strongly with job satisfaction ( $r = .57$ ). It also correlates significantly and strongly with organisational climate dimensions such as "innovation and flexibility" ( $r = .75$ ), "clarity of organisational goals" ( $r = .67$ ) and "employee welfare" ( $r = .63$ ) whilst demonstrating a strong negative correlation with "tradition" (an inflexible adherence to cultural norms) ( $r = -.64$ ). The next study is collecting further data, from 30 organisations, for multilevel analysis to confirm the scale's structure, and to assess the relationships between psychological and organisational flexibility, as well as their relationships with individual and organisational productivity and health.

## **14 Invited Panel Discussion: Fellow travellers: Points of connection and points of distinction between third wave therapies**

Sidlaw Auditorium 2:00 - 4:15pm

**Chair: David Gillanders\***

**Panellists:**

**Robyn Walser\*** TL Consultation Services / University of California at Berkley

**Mary Welford** Compassionate Mind Foundation

**Helen Bolderston** Bournemouth University

**Louise McHugh\*** University College Dublin

STREAM: Meeting places of CBS and other approaches

Suitable for all levels

In keeping with the conference theme of Building Bridges, this specially invited panel debate will bring together our four keynote speakers to talk about the developments within cognitive and behavioural therapy that can be termed 'third wave'. The panellists represent expertise in Acceptance & Commitment Therapy, Compassion Focused Therapy, Mindfulness Based Cognitive Therapy, Dialectical Behaviour Therapy, Cognitive and Behavioural Therapies more broadly, Humanistic and Psychodynamic therapies, as well as Behaviour Analysis and Relational Frame Theory. There will be plenty of opportunities for the audience to ask questions, as well as the panellists beginning by discussing issues such as, "What is the third wave and why has this term been coined?"; "In what ways has the idea of 'third wave' been a help or a hindrance to progress within the field of psychotherapy?"; "What is shared and what is distinct between each of your respective approaches to psychotherapy / applying psychology?"; "What do you most value in your own approach and what do you see in other approaches that you feel your approach could benefit from?"; "Are there important distinctions between therapies within this third wave?" and "What do you see in the future development of this field?"

# Conference

Thursday 24 November 2016

## **15 Skills Class: "The Thriving Adolescent" An Introduction to Louise Hayes and Joseph Ciarrochi's DNA-V approach to developing 'flexible strength'**

Harris 1 2:00 - 3:15pm

**Jim Lemon** NHS Dumfries & Galloway

STREAM: Meeting places of CBS and other approaches

Suitable for all levels

Louise Hayes and Joseph Ciarrochi have developed a powerful yet simple approach to working with young people. It is based on the framework of contextual behavioural science and also includes applied knowledge on growth and development gained from positive psychology interventions in schools. This skills class will introduce the approach and provide opportunities to practice basic skills. Resources and suggestions for further, advanced training will be outlined. Learning Outcomes: The theoretical foundations of the approach will be explained. Attendees will take a 'walk-through' the basics of the DNA-V approach. This will involve didactic teaching and experiential learning. Attendees will practice and develop skills in using this approach. Attendees will see examples of the varied ways in which this approach can be used to help young people develop strengths, overcome unhelpful mental habits and self-doubt, live in the present moment and make choices that help them reach their full potential.

## **16 Skills Class: "I'm just not the person I used to be"; working with a changing sense of self using ACT**

Harris 2 2:00 - 3:15pm

**Ray Owen** Wye Valley NHS Trust

STREAM: Beyond the therapy room: The role of CBS across different sectors

Suitable for all levels

Clinicians are often faced with clients who are struggling with an altered sense of self, due to the impact of aging, changing life circumstances or illness. This skills class will review how ACT perspectives such as self-as-content and self-as-context can help; it will also include experiential exercises to make contact with these processes in our ourselves and others, and share ideas on helpful clinical strategies.

## **17 Skills Class: Ten mistakes you don't want to make as a therapist**

Ochil 2&3 2:00 - 4:50pm

**Rikke Kjelgaard\*** ACT Danmark / Human ACT Sweden

STREAM: Other

Suitable for all levels

What are some of the common mistakes we make as therapists? And once we get stuck in these, how do we get unstuck again? This workshop lists 10 common therapist mistakes in a compassionate and humorous way. Through self-disclosure and role-plays we will explore these mistakes and ways of avoiding them. This workshop is run by licensed psychologist and peer-reviewed ACT trainer Rikke Kjelgaard from Scandinavia. Rikke is an experienced ACT trainer, therapist, supervisor and public speaker.



## **18 Symposium: Hierarchical, conditional and complex relational framing and their impact on motivation and intelligence**

Ochil 1 2:00 - 3:15pm

**Chair: Nic Hooper** University of the West of England

**Teresa Mulhern** National University of Ireland, Galway

**Varsha Eswara Murthy** University College Dublin

**Shane McLoughlin** University of Chichester

**Discussant: Ian Tyndall** University of Chichester

STREAM: RFT / Basic Science

Suitable for all levels

In this symposium we have brought together three papers that explore the use of more complex forms of relational framing. Moving beyond experiments involving relatively simple frames of same as, different from, these experimental studies used conditional framing, and hierarchical framing. The impact of procedures to train such framing on other outcomes such as motivation, IQ and language abilities in both adults and children are investigated. These papers represent a bridge between basic science and applied concerns.

### **Assessing the role of response latencies and relational complexity in improving performance on tests of cognitive ability**

**Shane McLoughlin, Ian Tyndall and Antonina Pereira** University of Chichester

Relational Frame Theory (RFT) proposes that the learned ability to derive arbitrary stimulus relations (i.e., derived relational responding) underlies the complexity and generativity of language and cognition. One research program (Strengthening Mental Abilities with Relational Training; SMART) has provided evidence that training relational skills results in improved performance on cognitive ability tests. RFT has also provided insight into analogical responding, the investigation of relations among stimulus relations themselves. To date, the SMART program has trained relatively simple forms of relational responding. In the present research, a version of SMART was programmed to provide multiple exemplar training in analogical responding between SAME/OPPOSITE and MORE/LESS relations. A pilot test first determined an analogical responding fluency criterion (i.e., optimal average accuracy and response latency on analogy tasks). Then, we tested adults' performances on Raven's Progressive Matrices and the Kaufman Brief Intelligence Test at four time points. From Time 1 to Time 2, participants received no intervention. From Time 2 to Time 3, participants received the SMART intervention to train simple relational responding. From Time 3 to Time 4, participants received the SMART for analogy intervention. The criterion for ending the analogy SMART intervention was achieving fluency (mean accuracy divided by response latency) of responding in analogy tasks. Analyses of IQ scores and response latencies revealed some interesting dynamics of relational complexity and the implications of these will be discussed.

### **Investigating Containment and Hierarchical Relational Responding in Young Children**

**Teresa Mulhern and Ian Stewart** National University of Ireland, Galway

Hierarchical relational responding is seen within Relational Frame Theory (RFT) as a key repertoire for categorisation. Containment relations are seen as an important precursor to hierarchical responding. The current studies used a protocol to assess and train these repertoires in young children. Study 1 measured these repertoires in young typically developing children ( $n = 50$ ) from three to eight years and showed strong positive correlations with linguistic (Peabody Picture Vocabulary Test), categorisation (Children's Category Test) and cognitive performance (Stanford Binet 5). Study 2 trained arbitrary containment relational responding in a five-year-old using a multiple baseline across components design. Correct responding increased from baseline to criterion performance in each component skill upon intervention, and generalisation and maintenance were also observed. Results are discussed in relation to previous research and for their implications with regard to future studies focused on containment and hierarchical relations in children. Keywords: relational frame theory; hierarchy; containment; intelligence; language; classification.

# Conference

Thursday 24 November 2016

## **Investigating the effect of Conditional vs Hierarchical framing on Motivation**

**Varsha Eswara Murthy and Louise McHugh\*** University College Dublin  
**and Matthieu Villatte\*** Evidence Based Practice Institute, Seattle

Background: According to RFT, language provides frameworks that direct individuals and give some indication of how to proceed in this direction. It is proposed that utilising different methods of framing can be effective in impacting motivation. Conditional framing, which can be likened to outcome based motivation, and hierarchical framing, which can be likened to process based motivation, are two language tools used to identify higher functions of specific goals through verbal interactions, thus impacting motivation. The current study aims to investigate how hierarchical vs. conditional vs. a mixed condition (hierarchical and conditional) framing of task participation impacts motivation. The study wishes to investigate the impact of the framing conditions on specifically: task performance, transfer of framing condition functions to performance on an alternate task, task persistence, mood reactivity to tasks, self-efficacy, willingness to participate in the task again, comfortableness doing task, self-perceptions of task performance. Method: Participants completed an anagram task, followed by the presentation of scripts relating to three separate framing conditions. Participants then proceeded to participate in an adapted PASAT-C to measure task persistence, followed by completion of self-report measures evaluating mood, self-efficacy and experiences of task participation. A final anagram task was completed to evaluate the effect of framing condition on task performance and transfer of framing conditions across different tasks. Results and Discussion: This study is exploratory, however, it is expected that the hierarchical and mixed condition groups will outperform the conditional group on measures of task performance and persistence. This is based on findings comparing the effects of outcome versus process-based motivation. Findings will provide an empirical account of how differing framing conditions can impact motivation.

## **19 Symposium: Scratching the Surface: The Diverse Applications of the IRAP as a Non-Relative Measure of Implicit Cognition**

Sidlaw Auditorium 3:35 - 4:50pm

**Chair: Charlotte Dack** University of Bath

**Lynn Farrell** University College Dublin

**Louise McHugh\*** University College Dublin

**Nigel Vahey** Trinity College Dublin

**Discussant: Ian Hussey** University of Ghent

STREAM: RFT / Basic Science

Suitable for all levels

The Implicit Relational Assessment Procedure (IRAP) is a response latency task that measures pre-established verbal relations. The IRAP is rooted in Relational Frame Theory and can be used as a non-relative measure of implicit cognition, capable of examining more complex implicit relations than the standard implicit measures developed from the cognitive tradition. This symposium contains a collection of IRAP papers reflecting diverse topics that demonstrate such complexity in their findings. The first empirical paper uses the IRAP to assess attitudes towards diabetes versus typical health with a view to inform more effective diabetes self-management. Explicit measures showed a negative bias towards diabetes while the IRAP revealed a positive bias. The second empirical paper examines gender-STEM bias among STEM and non-STEM students comparing the IRAP and IAT. The evidence of a pro-Female-STEM bias has implications for gender-STEM bias interventions and demonstrates the utility of a non-relative measure of implicit cognition. The third empirical paper explores attitudes towards Cyberbullying among adolescents with results showing both positive and negative implicit attitudes, indicating a need for greater education around the behaviours that constitute Cyberbullying. The fourth paper will be conceptual rather than empirical, and seeks to consolidate the preceding presenters' arguments by addressing ongoing confusion in the literature about the IRAP's status as a non-relative measure. In particular, we hope that in addressing this pivotal issue it will not only provide aspiring researchers with a key advantage in designing IRAP's to achieve greater validity, but it will also help them to fully nuance their analyses of any resulting data. We offer this symposium to highlight the diversity of IRAP research and the advantages of this non-relative measure of implicit cognition with the hope to promote further research in this domain.



## **Implicit and explicit attitudes towards Type 2 diabetes versus typical health**

**Charlotte Dack and Samantha Garay** University of Bath

Type-2 diabetes mellitus (T2DM) affects 3.3 million people in the UK alone. Effective self-management is essential to avoid diabetes-related complications. However, negative attitudes surrounding T2DM may be a barrier to this. This study aimed to investigate explicit and implicit attitudes towards T2DM versus typical health. In total, 30 participants, all of whom had no diagnosis of T2DM completed an Implicit Relational Assessment Procedure (IRAP) designed to assess implicit relational responding towards T2DM versus typical health. Participants also completed a range of explicit measures including a feeling thermometer for both T2DM and typical health. Explicit measures indicated a negative T2DM bias, with T2DM rated significantly more negatively and less warmly than typical health. The IRAP measure demonstrated a significant positive bias on all trial types (T2DM-positive-True; typical health-negative-False; typical health-positive-True) except for T2DM-negative-False. The differences found between implicit and explicit responses will be discussed.

## **Examining differences in gender-STEM bias between STEM and non-STEM students**

**Lynn Farrell and Louise McHugh\*** University College Dublin

Only 28% of science researchers worldwide are women. Research has identified implicit gender-bias as a major barrier to women's progression in Science, Technology, Engineering and Maths (STEM). Therefore, in order to understand this bias fully we must examine it implicitly as well as explicitly. Much of the research in this area has relied upon self-report measures or relative measures of implicit bias such as the Implicit Association Test (IAT). Previous IAT research suggests that individuals studying/working in STEM fields exhibit different levels of implicit male-STEM bias than those in non-STEM fields. The Implicit Relational Assessment Procedure (IRAP) utilised in this study allowed a non-relative examination of gender-STEM bias among STEM and non-STEM students to probe this difference further.

STEM and non-STEM university students (N = 61) completed an IAT, an IRAP and a rating scale measuring gender-STEM bias. The IRAP revealed a more complex picture of gender-STEM bias. All groups demonstrated a significant implicit pro-male-STEM bias, however, there was also evidence of a pro-female-STEM bias. This pro-female-STEM bias only reached significance among female STEM students. Correlations were observed between the explicit and implicit measures, particularly the IRAP. This study allowed a deeper examination of gender-STEM bias among STEM and non-STEM students. The presence of a pro-female-STEM bias (though weak for most groups) has implications for the development of interventions. If this relational response can be made more normative it may influence attitudes and behaviour towards women in STEM.

## **Using the Implicit Relational Assessment Procedure (IRAP) to explore adolescents' attitudes toward Cyberbullying**

**Louise McHugh\*, Anita Munnely, Lynn Farrell and Martin O'Conner** University College Dublin

The current study reports the findings of two experiments in which adolescents' explicit and implicit attitudes toward cyberbullying were explored. Across two experiments, participants first completed an explicit questionnaire in which they were asked to rate the extent to which they agreed or disagreed with a number of statements in relation to cyberbullying (Experiments 1 and 2) and bullying (Experiment 1). Next, participants completed the IRAP in which they were asked to respond to label statements (e.g., "Cyberbullying is") and words (e.g., "Malicious") related to cyberbullying and bullying. Results from Experiment 1 revealed that participants surprisingly displayed pro-cyberbullying implicit attitudes and a combination of anti- and pro-bullying implicit attitudes. In Experiment 2, participants displayed a combination of anti- and pro-cyberbullying implicit attitudes. No correlations were observed between participants' explicit and implicit attitudes toward cyberbullying (Experiments 1 and 2) and bullying (Experiment 1). The current findings may have important implications for our understanding of adolescents' attitudes toward cyberbullying and the development of relevant educational programs.

# Conference

Thursday 24 November 2016

## **The IRAP is Non-relative to What? In Pursuit of Red Herrings that Obscure IRAP Design and Analysis**

**Nigel Vahey** Trinity College Dublin

The Implicit Relational Assessment Procedure (IRAP) is typically promoted over its rivals in terms of its rather unique ability to measure implicit evaluations in a 'non-relative' fashion. And yet, the term 'non-relative' remains undefined in the IRAP literature from the point of view of Relational Frame Theory (RFT). The current discussion will begin by summarising some key historical reasons why it was originally useful for IRAP proponents to borrow this term in whole cloth from cognitive theory without a technical definition. From there, the discussion will move on to consider various reasons why it is no longer safe for IRAP researchers to proceed without a technical definition of the IRAP's key advantage over other measures of implicit evaluating. In particular, it will illustrate how there are many ways in which to interpret the IRAP as being relative (rather than non-relative) - and such that these alternative interpretations are currently generating serious methodological and conceptual confusion in the IRAP literature. As a remedy to this confusion, the presentation will conclude by offering a preliminary technical definition of the uniquely useful ways in which the IRAP is in fact non-relative.

## **20 Skills Class: Building shame resilience across the disorders**

Harris 1 3:35 - 4:50pm

**Lisa Williams and Anna Smith** Anxiety Disorders Residential Unit, Bethlem Royal Hospital, South London & Maudsley NHS Trust

STREAM: Meeting places of CBS and other approaches

Intermediate - Audience members will benefit most if they have some familiarity with the topic

Shame is a self-conscious and deeply painful emotion. It is often experienced as a wholly negative judgement leading us to feel worthless, small and often exposed (Tangney & Dearing 2002). Shame is instrumental in causing many individuals to avoid rather than approach the meaningful life that many so wish to lead. Shame often leads to poor access of treatment and often causes barriers within treatment due to difficulty in disclosing memories or cognitions related to shame experiences. When compared to guilt and embarrassment, shame appears to be more painful, more consistently correlated with psychopathology and more predictive of damaging outcomes. Research has highlighted that shame and self-criticism are transdiagnostic (e.g. higher levels are found in people with depression, anxiety disorders, eating disorders, personality disorders and PTSD) and can accentuate and maintain these disorders. High levels of shame and self-criticism have also been found to limit the effectiveness of standard therapy. One reason for such difficulties is that people may not have developed abilities to experience certain affiliative positive emotions such as safeness, reassurance and compassion. These individuals often come from abusive/bullying, neglectful and/or critical backgrounds. Alongside more traditional CBT approaches to working with shame, participants will learn about the model underpinning CFT, rooted in evolutionary understanding of the development of mind, neuroscience, neurophysiological and attachment research helping to understanding the nature of our three basic emotions regulation systems, and our understanding the development and function of shame and self-criticism. We will also explore how by developing a 'compassionate mind', using imagery, breathing techniques, compassionate flexibility and building strength and courage we can help people to work with their shame and self-criticism and build their shame resilience.



## 21 Symposium: Exploring treatment targets and novel methods of increasing psychological flexibility in young people with diabetes

Harris 2 3:35 - 4:50pm

**Chair: Nuno Ferreira** University of Edinburgh

**Estelle Barker** University of Edinburgh / NHS Lothian

**Lorraine Lockhart** University of Edinburgh / NHS Forth Valley

**Emma Nieminen** Trinity College Dublin

**Discussant: Jim Lemon** NHS Dumfries & Galloway

STREAM: Other

Suitable for all levels

Background: Successful self-management of Type 1 diabetes (TD1) poses significant psychological challenges during adolescence. Psychological factors such as psychological flexibility and mindfulness have proved useful in adult diabetes populations however it is as yet unclear if they are as useful for adolescents with diabetes. Purpose: This symposium presents three studies that look at whether incorporating diabetes acceptance, parental psychological flexibility or the use of smartphone technology could be useful in diabetes management for young people.

Results: Better diabetes acceptance and lower diabetes distress were predictors of better self-management. Parent and adolescent diabetes-specific psychological flexibility predicted treatment adherence. Young people identified that the use of smartphones in diabetes care could be beneficial but apps need to accurately represent young people's needs and reflect how diabetes impacts them.

Summary: Diabetes acceptance for the teen and their parents, and diabetes distress are important predictors for health and behavioural outcomes. ACT and other mindfulness-based therapies may be beneficial for improving outcomes for teens and their families. These factors should be considered for ideal diabetes management and they could be incorporated in to a smartphone app to improve health outcomes and self-management.

### Diabetes acceptance and personal characteristics: Impact on health and behaviour outcomes in emerging adults with Type 1 diabetes (T1D)

**Emma Nieminen and Nuno Ferreira** University of Edinburgh

Objectives: Emerging adulthood is an important transition point for youths with Type 1 diabetes. Personal characteristics such as self-efficacy, fear of hypoglycaemia, depressive symptoms, emotional distress, and impulse control have been hypothesized to be key predictors of health and behavioural outcomes (Hanna 2012). This study aims to test the utility of incorporating diabetes acceptance (Schmitt, Reimer, & Kulzer 2014) in this model of transition. Methods: Participants included 175 young adults aged 16-25 with a diagnosis of Type 1 diabetes recruited from online diabetes support forums and groups. An online survey was used to collect data on the key variables of personal characteristics, acceptance and health and behavioural outcomes. Linear multiple regression analysis was used to test the predictive value of personal characteristics and acceptance in health (glycaemic control, quality of life) and behavioural (self-management) outcomes. Results: Diabetes acceptance (31.5%) and diabetes distress (10.3%) predicted 41.7% of variance in self-management ( $R^2 = .417, F(2,142) = 50.83, p < .001$ ). Diabetes acceptance (25.9%), diabetes distress (4.1%), and age of diagnosis (3.7%) predicted 33.7% of variance in glycaemic control ( $R^2 = .337, F(3,134) = 22.69, p < .001$ ). Diabetes distress (50.2%) was the only predictor of quality of life ( $R^2 = .502, F(1,143), p < .001$ ). Conclusions: Diabetes acceptance is an important predictor of both health and behavioural outcomes in emerging adults with Type 1 diabetes. There is also further support for other personal characteristics such as diabetes distress affecting these outcomes. These should be considered for ideal diabetes management. Keywords: Type 1 diabetes, acceptance, emerging adults, personal characteristics, health outcomes, behaviour outcomes.

# Conference

Thursday 24 November 2016

## **Improving outcomes for young people with diabetes - The role of parenting, psychological flexibility and mindfulness**

**Lorraine Lockhart** University of Edinburgh / NHS Forth Valley  
**and Nuno Ferreira** University of Edinburgh

**Background:** Outcomes for adolescents with Type 1 diabetes are influenced by a number of factors including psychological and family factors. Psychological factors such as psychological flexibility and mindfulness have proved useful in adult diabetes populations however it is as yet unclear if they are as useful in understanding outcomes for adolescents with diabetes. Parental involvement is necessary to ensure positive adjustment. However, adolescents who perceive their parents as controlling, rather than warm and caring, often have poorer outcomes. It is unclear if a parent's psychological flexibility would influence their behaviours towards their child and as such their child's health outcomes.

**Purpose:** The current study was designed as an initial exploration of the associations between psychological flexibility and mindfulness, parenting behaviours and diabetes-related outcomes, specifically quality of life and treatment adherence.

**Results:** Although parenting behaviours were associated with health outcomes these constructs lost their predictive value when considered in the context of psychological flexibility and mindfulness. In regression analyses only parent and adolescent diabetes-specific psychological flexibility predicted treatment adherence while adolescent mindfulness and insulin administration predicted quality of life.

**Conclusions:** Psychological flexibility and mindfulness are useful constructs for understanding health outcomes in adolescents with Type 1 diabetes suggesting acceptance and commitment and mindfulness-based therapies may be beneficial for improving outcomes in this population. Further research would be beneficial in elucidating these relationships further.

## **The utility of an ACT based app for young people with Type 1 diabetes: An account of user's experiences**

**Estelle Barker** University of Edinburgh / NHS Lothian  
**and David Gillanders\*** University of Edinburgh

**Background:** Successful self-management of Type 1 diabetes (TD1) poses significant psychological challenges during adolescence. Acceptance and Commitment Therapy (ACT) shows promise as a theoretically and practically relevant intervention. The problem faced in delivering such an intervention is one of volume. A potential solution is to design a theoretically driven mobile application. In the first instance, adolescents with TD1 should evaluate the application based on their experiences of using it.

**Methods:** A purpose built application (SweetSpot) was created, that combined diabetes self-monitoring, with strategies from ACT to reduce avoidance of diabetes and related cues and promote healthy engagement in life. Nine individuals used SweetSpot for four weeks and were interviewed about their experiences. Narrative accounts were transcribed and analysed using framework analysis.

**Results:** Two main themes were evident in the data: 'Desire for apps to represent my needs' and 'How diabetes impacts me and how this could potentially be addressed in an app'.

**Discussion:** Adolescents were positive about SweetSpot, yet there was a high risk of disengagement. This could be due to using avoidance as a coping strategy. The majority of adolescents reported that they did not struggle with their diabetes, yet went on to discuss psychological difficulties they experience living with diabetes. ACT seems an appropriate intervention to target these difficulties. Findings highlighted the need to target avoidance early on. SweetSpot showed promise in helping adolescents with TD1 become more independent in decision making around glucose management.



## 22 Symposium: Interventions beyond the therapy room

Ochil 1 3:35 - 4:50pm

**Chair / Discussant: Miles Thompson** University of the West of England / ACT Centre for Wellbeing

**Olivia Donnelly** North Bristol NHS Trust / ACT Centre for Wellbeing

**Nic Hooper** University of the West of England / ACT Centre for Wellbeing

**Emma Nieminen** Trinity College Dublin

**Freddy Jackson Brown** Positive Behaviour Solutions / ACT Centre for Wellbeing

STREAM: Beyond the therapy room: The role of CBS across different sectors

Suitable for all levels

ACT now has a considerable evidence base in multiple areas related to health and clinical health. However, the wider mission of CBS is to: "create a behavioural science more adequate to the challenges of the human condition". This implores us to explore applications of ACT beyond the therapy room. Research of any type often moves through two stages: first cross sectional studies (measuring relevant variables alone), second intervention studies (which try to influence behaviour, in this case, using ACT processes). This symposium presents three presentations outlining ACT intervention studies outside the therapy room, the results and implications of all of the studies will be discussed. Nic Hooper presents a small investigation that aimed to determine if a brief self-compassion intervention could reduce body image distress in a female undergraduate population. Fifteen participants in the intervention group completed one 20-minute self-compassion exercise a week for three weeks, whilst 23 participants in the control group received no intervention. Freddy Jackson Brown and Olivia Donnelly outline a three-session ACT-based intervention (based on Paul Flaxman's 2+1 model) delivered as a pilot project to clinical and non-clinical staff in a busy NHS acute medical hospital. Supporting NHS staff wellbeing is an increasing national priority, with high levels of stress, sickness, turnover, and rates of presenteeism in staff. Overall there were small but non-significant gains in a measure of distress (e.g. anxiety and depression) and larger gains in behaviour. Miles Thompson presents two intervention studies focused on using ACT and mindfulness to try and increase helping behaviour in single session, lab based experiments. In both studies (n=83 & n=85), participants were paid £5 for taking part in the study. The experiment sought to see if a contextual, education or control intervention would help increase the amount subjects donate make to charity.

### Using Self Compassion to Improve Body Image Concerns

**Nic Hooper** University of the West of England / ACT Centre for Wellbeing

Nic Hooper presents a small investigation that aimed to determine if a brief self-compassion intervention could reduce body image distress in a female undergraduate population. Fifteen participants in the intervention group completed one 20-minute self-compassion exercise a week for three weeks, whilst 23 participants in the control group received no intervention.

### Using ACT to promote wellbeing in NHS acute hospital staff

**Freddy Jackson Brown** Positive Behaviour Solutions / ACT Centre for Wellbeing

**and Olivia Donnelly** North Bristol NHS Trust / ACT Centre for Wellbeing

In this paper we outline a three-session ACT based intervention (based on Paul Flaxman's 2+1 model) delivered as a pilot project to clinical and non-clinical staff in a busy NHS acute medical hospital. Twenty-nine participants enrolled on the course (25 completed). Outcomes showed positive changes on psychometric outcomes measures and participants reported significant life changing events, such as stopping smoking, major weight loss, increased exercise and better sleep. Implications for delivering ACT-based wellbeing programmes for staff are discussed.

# Conference

Thursday 24 November 2016

## **Increasing donations to charity: the role of ACT and education**

**Miles Thompson** University of the West of England / ACT Centre for Wellbeing

This paper describes two intervention studies focused on using ACT and mindfulness to try and increase helping behaviour in single session, lab based experiments. In both studies (n=83 & n=85), participants were paid £5 for taking part in the study. The experiment sought to see if a contextual, education or control intervention would help increase the amount subjects donate make to charity.

## **23 Afternoon Plenary Keynote: Building relationship: with our 'selves' and each other**

Sidlaw Auditorium 4:55 - 5:55pm

**Dr Mary Welford**

Dr Mary Welford is a Consultant Clinical Psychologist who lives and works in the South West of England. Mary held a range of roles at the BABCP and later helped set up and Chaired the Compassionate Mind Foundation. Mary trains a range of individuals in Compassion Focused Therapy (CFT) both in the UK and overseas. She is author of *The Compassionate Mind Guide to Building Self Confidence* and has recently completed the *Dummies Guide to CFT*.

**Don't forget to join us for  
The Follies!**

7:30 til Late - Lomond Suite, Ground floor

**Get your behavioural party on!**



# Conference

Friday 25 November 2016

## 24 Morning Plenary: Language as a tool in the clinical environment

Sidlaw Auditorium 9:00 - 10:00am

**Dr Louise McHugh\***

Louise's research interests are centred on the experimental analysis of language and cognition from a behaviour analytic and Relational Frame Theory perspective, including especially the development of complex cognitive skills such as perspective-taking and the process-level investigation of behavioural and cognitive psychotherapies including Acceptance and Commitment Therapy. She has published over 70 papers on these topics and has received funding from several sources including the British Academy, the Leverhulme Trust, the Waterloo Trust, Welsh Assembly and the Health Research Board. Louise is an ACBS research fellow and peer-reviewed ACT Trainer.

## 25 Skills Class: Clinical RFT in practice: an interactive video demonstration

Sidlaw Auditorium 10:05 - 1:00pm

**Yvonne Barnes-Holmes\*** University of Ghent

**Richard Bennett\*** University of Birmingham

**John Boorman** South London & Maudsley NHS Foundation Trust

**Joe Oliver\*** University College London

**Miles Thompson** University of the West of England

STREAM: RFT / Basic Science

Intermediate - Audience members will benefit most if they have some familiarity with the topic.

Advanced - Audience members will need to be familiar with the topic to benefit.

Acceptance and Commitment Therapy (ACT) now has a considerable evidence base in multiple clinical areas. Alongside this, members of the Contextual Behavioural Science community are investigating what a therapeutic approach more directly informed by Relational Frame Theory (RFT) could look like. Work in this area may have implications both for ACT and for other contextual and non-contextual therapeutic approaches. This skills class provides the audience with the opportunity to watch, dissect, discuss and interact with recorded video footage of live, unscripted, clinical RFT case studies. The audience will learn how RFT processes influenced the delivery of the therapy recorded in the video footage and how such explanations can guide and enhance their own clinical practice. The skills class will cover examples of applied clinical RFT that may be beneficial to situations the audience often experience in their own clinical work, such as the need for rapid and precise functional analysis. The skills class will allow time for discussion and feedback - including the opportunity to ask questions of both the therapist (Yvonne Barnes-Holmes) and the client (Richard Bennett) who appear in the video. This Q&A will allow the audience the opportunity to gain both therapist and client perspectives as they explore and learn from the footage.

## 26 ACT in the Workplace: New Insights Beyond the therapy room: The role of CBS across different sectors

Harris 1 10:05 - 11:20am

**Chair: Joda Lloyd** Goldsmiths, University of London

**Paul Flaxman** City University

**Ross McIntosh** City University

**Discussant: Robyn Walser\*** TL Consultation Services / University of California at Berkeley

We present three studies which utilise ACT theory and research to offer new insights into workplace health and performance. Firstly, Dr Lloyd will discuss the results of a study examining the role of psychological flexibility in work-family conflict. In this study dyadic analysis was used to examine 128 romantic couples and assess whether psychological flexibility could reduce the transfer, or crossover, of work-related strain from employees to their

# Conference

Friday 25 November 2016

partners. More specifically, the study examined whether employee (Person 1) work-related strain led to decreased partner (Person 2) health and life satisfaction, and whether this harmful relationship was moderated by high levels of partner (Person 2) psychological flexibility. Next, Dr Flaxman will discuss the results of a randomised controlled study in which different workplace applications of mindfulness-based interventions (MBIs) were directly compared. The study examined three conditions:

(1) a mindfulness training program adapted from MBSR; (2) a similar length MBI based on ACT; and (3) a waiting list control group. The impact of the two workplace interventions on employees' general mental health and specific mindfulness skills over a six-month evaluation period was assessed. Thirdly, Mr McIntosh will present a qualitative study exploring organisational politics and psychological flexibility within the UK civil service, during a period of significant change. Themes related to values and interpersonal behaviour emerged. Finally, Dr Walser will summarise the studies and explore how they relate to the wider ACT and CBS literature.

## **Psychological Flexibility in the Spillover-Crossover Model of Work-Related Strain**

**Dr Jo Lloyd** Goldsmiths, University of London

This study examined psychological flexibility in the context of the spillover-crossover model of work-related strain. This model proposes that strain may transfer, or spillover, from the work domain to the home domain and that it may also crossover from an employee (referred to herein as Person 1) to their romantic partner (referred to herein as Person 2). We examined: (a) whether Person 1 psychological flexibility could moderate, or buffer, the relationship between Person 1 work demands and Person 1 ratings of work-spouse conflict (i.e., the spillover effect); and (b) whether Person 2 psychological flexibility could buffer the relationship between Person 1 work-spouse conflict on Person 2 ratings of psychological health and life satisfaction (i.e., the crossover effect). We examined our hypotheses using moderated regression analysis of 128 couples. Analyses revealed that Person 1 psychological flexibility did not buffer the spillover effect; specifically, the positive relationship between Person 1 job demands and Person 1 work-spouse conflict was not dependent on Person 1 levels of psychological flexibility. However, Person 2 psychological flexibility did buffer the crossover effect; specifically, the negative relationship between Person 1 work-spouse conflict and Person 2 life satisfaction was only significant for individuals with low levels of psychological flexibility. Theoretical and practical implications for work-life balance and psychological flexibility research are discussed.

## **A Randomised Controlled Comparison of ACT and Mindfulness Training in the Workplace**

**Paul Flaxman** City University of London

**Joe Oliver** Contextual Consulting

**Vasiliki Christodoulou** South London and Maudsley NHS Trust

**Nigel Guenole** Goldsmiths, University of London

**Eric Morris** La Trobe University

**Joda Lloyd and Frank W Bond\*** Goldsmiths, University of London

Few studies have compared workplace applications of ACT and mindfulness training. The present randomised controlled study compares three conditions: (1) a mindfulness training program adapted from MBSR (henceforth mindfulness training; MT); (2) a similar length program based on Acceptance and Commitment Therapy (ACT); and (3) a waiting list control group. The ACT and MT programs were delivered to healthcare workers over four sessions, with each session lasting for two hours. The impact of the two interventions on employees' general mental health and specific mindfulness skills was assessed on five occasions spread over a six-month evaluation period. Results indicated that ACT and MT were equally effective in improving employees' general psychological health. Latent growth curve modelling revealed that the effects of both interventions were mediated by an increase in the non-judging facet of mindfulness. The theoretical and practical implications of these findings will be discussed.



## **Yes Minister! How Senior Civil Servants experience Organisational Politics with reference to Psychological Flexibility**

**Ross McIntosh** City University

There is a scarcity of qualitative research on organisational politics and none within the UK Senior Civil Service (SCS). This qualitative study is an in depth exploration of the experience and management of organisational politics in the SCS. It also explores the theme of interactions between the constructs of organisational politics and the processes of psychological flexibility. Seventeen members of the SCS were interviewed (10 female, seven male; 12 Deputy Directors (DDs), five Directors). Participant narratives revealed three themes, all strongly related to values led behaviour in the workplace and the interaction between organisational politics and aspects that can be understood as psychological flexibility. Most people expressed a desire to operate in an open and accountable way, and their values were strongly linked to a public service ethos. Behaviours consistent with both state and trait mindfulness also emerged in the accounts of participants in their leadership roles. Participants compartmentalise their time, allowing them to switch focus between different activities. The research also showed that political will (a behavioural antecedent to the deployment of political behaviour) was heavily influenced by personal values. The author was a Civil Servant for 20 years before embarking on an MSc in Organisational Psychology.

## **27 Symposium: Defusion and Self**

Harris 2 10:05 - 11:20am

**Chair / Discussant: Louise McHugh\*** University College Dublin

**Arianna Prudenzi** Sapienza University of Rome

**Varsha Eswara Murthy** University College Dublin

**Tracey McDonagh** University College Dublin

**Ian Tyndal** University of Chichester

STREAM: Meeting places of CBS with other approaches

Suitable for all levels

The unifying concern of this symposium is the effectiveness of cognitive defusion and self-based interventions in coping with negative thoughts or emotions. Recent research has found cognitive defusion to be effective in coping with negative thoughts (Larsson, Hooper, Osborne, Bennett, McHugh 2015). The first study, based on the findings of Presti et al (2015) and Larsson et al (2015), employs a virtual reality task in order to explore the effectiveness of cognitive defusion in dealing with negative thoughts, where participants are instructed to 'play' with their thoughts. The second study explores how self-based mindfulness techniques can specifically enhance therapeutic outcomes, by comparing a 'self as context' intervention to a focused breathing intervention. This study finds evidence for the efficacy of the self-based mindfulness intervention as a superior strategy for managing negative intrusive thoughts over strategies that employ present moment awareness alone. The third study compares the effectiveness of brief cognitive defusion and perspective taking interventions with a CBT based cognitive restructuring task for coping with angry thoughts and elevated state anger. The fourth paper describes the impact of rate of word repetition on defusion effects in a clinical analogue experiment.

# Conference

Friday 25 November 2016

## **Using Cognitive Defusion during a Virtual Reality Task: An Exploratory Study to Cope With Negative Thoughts**

**Louise McHugh\*** and **Brandan Rooney** University College Dublin

**Giovambattista Presti\*** IULM University, Milan / Kore University, Enna, Italy

**Marco Lombardo** Behaviour Labs, Catania, Italy

**Cetty Messina** Kore University, Enna, Italy

**Arianna Prudenzi** Sapienza University of Rome

One of the six processes of ACT is the process of defusion. This means taking some distance from our thoughts, and letting them come and go without getting trapped in them. Based on the previous experiments of Presti et al (2015) and Larsson et al (2015) the purpose of this study is to study the effect of two different conditions (Cognitive Defusion, Control) in a virtual reality task in which subjects were asked to play with their thoughts. Pre- and post-experiment questionnaires (AAQ-II (Bond et al 2011; Hayes et al 2004); TT (Healy et al 2010); Positive and negative statements (Healy et al 2010); CFQ (Gillanders et al 2014 and Pinto-Gouveia et al 2011)) were administered to 60 subjects (aged 18-65) divided into two groups. Different audio instructions on defusion and control groups were adapted for each condition (see Hayes et al 2012; O'Donohue & Fisher 2012) before the experiment.

## **Self-as-Context Intervention Versus Focused Breathing Intervention to Cope with Negative Thoughts**

**Varsha Eswara Murphy and Louise McHugh\*** School of Psychology, University College Dublin

The current study aimed to compare whether the effects of a self-as-context intervention differed from those of a focused breathing intervention for coping with a negative self-referential thought. Participants were asked to identify a personally relevant negative thought and given either a self-as-context, focused breathing or no-instruction control strategy to manage the negative thought over a five-day period. The self-as-context intervention involved the completion of the 'observer you' exercise daily, as well as utilising hierarchical metaphors as a coping strategy. The focused breathing group completed a focused breathing exercise daily and were given brief focused breathing exercises as a coping strategy. Findings indicate that the self-as-context intervention lowered believability, increased comfort, increased willingness and decreased negativity associated with the target thought significantly more than the focused breathing or control strategy. The focused breathing strategy also made significant gains in the same direction, however the control group did not. Frequency of target thought occurrence was reduced for both the self-as-context and focused breathing intervention and increased for the control group. Findings provide evidence for the efficacy of self-as-context interventions for managing negative self-referential thoughts.

## **A Comparison of Brief Cognitive Intervention Methods for Anger Reduction**

**Tracey McDonagh and Louise McHugh\*** School of Psychology, University College Dublin

The current study aimed to assess the relative effectiveness of cognitive restructuring, cognitive defusion and perspective taking techniques for coping with angry thoughts. Participants underwent mood induction in order to bring to mind autobiographical memories of a recent anger inducing inter-personal encounter. They also reported on the state anger they experienced by completing the relevant questions from a STAXI-2 inventory. Pre- and post-intervention, participants reported (a) anger associated with the thought (b) believability of the thoughts, (c) discomfort associated with the thoughts, and (d) willingness to experience the thoughts.

This study is exploratory, aiming to assess the potential effectiveness of techniques for managing angry thoughts. It was postulated that all three of the techniques would be more effective than a no intervention control. While cognitive restructuring is an established technique in the treatment of anger, recent research on negative thoughts has suggested that cognitive defusion lowers believability, increases comfort and willingness to have the target thought, and increases positive affect significantly more than a control and cognitive restructuring (Larsson et al 2015). The current study hypothesised that these findings may generalise to negative thoughts generated by affective processes. Perspective taking was also hypothesised to be an effective brief anger reduction technique.



## **The Impact of Word Repetition Rate on Cognitive Defusion Efficacy**

**Ian Tyndall** University of Chichester

**Objective:** The word repetition technique is used by Acceptance and Commitment Therapy as a method of facilitating cognitive defusion from distressing private experiences associated with problem words, such as thoughts, behaviours, or emotions (Blackledge 2015). The present study conducted a randomised trial to manipulate the rate of word repetition and evaluate its impact on the efficacy of cognitive defusion. **Method:** Thirty-two participants (F = 24, M = 8) ranging in age from 19 to 46 years (M = 23.69, SD = 6.48) repeated a self-chosen negative self-evaluative word for 30 seconds at the rates of one word every 0.5, one, or two seconds. Visual analogue scales (Wewers & Lowe 1990) were used to measure the associated levels of discomfort and believability at pre- and immediately post-repetition, and one month later. **Results:** Word repetition rate did not elicit significant differences in the reduction of believability, however, there was a significantly greater reduction in discomfort in the 1-second condition in comparison to the two-second condition. Both believability and discomfort were significantly reduced immediately after word repetition in the 0.5-seconds and 1-second conditions. The two-second condition significantly reduced believability only. The one-second condition alone maintained significant reductions in both believability and discomfort at one-month follow up. **Conclusions:** Word repetition at the rates of one word every 0.5 and one seconds are supported as effective methods of reducing distressing private experiences associated with problem words. Differences in the reduction of distressing private experiences appear to be elicited by word repetition rate, which future research should investigate further.

## **28 Skills Class: ACTIVE Body Part I: Embodying ACT principles whilst working with people with chronic pain**

Ochil 2&3 10:05 - 11:20am

**Graciela Rovner\*** ACT Institutet Sweden, Gothenburg / Karolinska Institutet, Stockholm, Sweden

Intermediate - Audience members will benefit most if they have some familiarity with the topic.

Advanced - Audience members will need to be familiar with the topic to benefit.

Chronic conditions today are mostly related to lifestyles (according to WHO), being sedentary is one of the highest risk factors for our health. Patients seeking help for chronic mental and physical conditions or multi-complains may not be helped only by verbal-based psychotherapy. There is a gap in integration of the body and movement in therapy. To mindfully integrate the body, movement and lifestyle changes in ACT require knowledge and skills that are not offered in conventional training programmes. This workshop will bridge this gap with ACTIVEBODY: a step-by-step model for the 'ACT psychologist/psychotherapist and also the physiotherapist working alone or in multi-professional teams with patients with chronic conditions. ACTIVEBODY 'embodies' the ACT processes in a structured and clinical applicable way that will feel natural and easy to integrate in your practice. ACTIVEBODY is an intervention and also an assessment tool that will allow you and your client to discriminate which ACT-principles and processes are in need to be strengthened and focused on. ACTIVEBODY has two parts. The first has three introductory steps (the ive part of ACTIVE) and the second (BODY) is formed by four sequential body-based interventions. (IVE). The three introductory steps (ive) include: 1) Introduce mindfulness practice: How to help a person with physical conditions to increase awareness and use mindfulness. 2) Verbalize in an ACT consistent-manner: Be aware of how you use the language and not create pliance. 3) Embody mindfulness instead of controlling the body with your mind. The four body-based interventions (BODY) include B: Balance and strength; O: Open and flexible stretch; D: Dynamic and playfully; Y: You commit to move. Learning objectives: 1) You will increase your knowledge and understand the rationale on why and how important it is to integrate the body and movement into your ACT practice. 2) Increase your confidence to integrate body-related aspects in your ACT intervention. 3) This workshop will deepen and purify your mindfulness guiding skills while working with individuals or groups of patients with chronic pain.

# Conference

Friday 25 November 2016

## **ACTive Body Part II: Guiding Body Based Interventions with people with chronic pain**

Ochil 2 & 3 11:45 - 1:00pm

**Graciela Rovner\*** ACT Institutet Sweden, Gothenburg / Karolinska Institutet, Stockholm, Sweden

Intermediate - Audience members will benefit most if they have some familiarity with the topic.

Advanced - Audience members will need to be familiar with the topic to benefit.

In this workshop you will experience and train novel body-based mindfulness and body awareness practices. You will also learn how to use the different levels of body-based mindfulness and to recognise in which facets your clients are stuck. This will help you to customise the mindfulness intervention for each client's needs. Learning objectives: 1) You will learn: one novel breathing exercise, one organ-based mindfulness exercise, one skeleton focused exercise, one pain specific body-based exercise and one movement based mindfulness exercise; 2) You will learn the five facets of body-based mindfulness 3) This workshop will give you tools to increase your repertoire of body-based mindfulness while working with clients/patients with chronic conditions.

## **29 Symposium: Recent Developments in Working with People with Psychosis and their Carers: Beyond Individual Therapy**

Ochil 1 10.05 - 11.20am

**Chair: Louise Johns** University of Oxford

**Gillian Nightall** Oxford Health NHS Foundation Trust

**Vivienne Hopkins** Oxford Health NHS Foundation Trust

**Edel Crehan** St Patrick's University Hospital

**Maria João Martins** CINEICC, University of Coimbra

**Discussant: Eric Morris** La Trobe University

STREAM: Working with complex/enduring presentations

Suitable for all levels

This symposium brings together new approaches for working with people with psychosis and their caregivers. It presents innovative work being carried out with people who have first-episode or established psychosis, delivered within community and inpatient settings. The speakers will present conceptual and experiential aspects of their interventions, together with initial outcome data. Gillian Nightall will describe using ACT with adult couples where one member has a psychotic illness. Dr Nightall includes an ACT approach alongside concepts and techniques drawn from systemic therapy and cognitive behavioural therapy. She has found that ACT offers a meta-frame that allows her to grapple with the challenges of long-term mental illness, and also acknowledges the experience of chronic difficulties within acute settings. Vivienne Hopkins will present her experience of running an MBCT group for carers of people with psychosis, which aims to improve caregivers' wellbeing and support them in their caring role. Dr Hopkins will outline the challenges to delivering the intervention, and will present preliminary pre-post changes in mindfulness, self-compassion, distress and wellbeing, together with feedback from participants on their experience of the course. Edel Crehan will present the Living Through Psychosis (LTP) Group Programme, which is a CBT/DBT-informed brief intervention that targets emotional recovery. LTP consists of eight sessions over four weeks, and teaches emotional regulation skills to people recovering from psychosis. Initial evaluation shows pre-post reductions in emotional regulation difficulties, positive psychotic symptoms and fear of relapse, and increases in mindfulness skills and recovery (N=43). Qualitative findings (N=6) indicate increased hope, feelings of self-efficacy and decreased self-stigma. Dr Eric Morris will be the discussant for the symposium.



## **Integrating ACT into couple work with acute inpatients**

**Gillian Nightall** Oxford Health NHS Foundation Trust

This presentation describes using ACT with adult couples where one member of the couple has psychosis, borderline personality or bipolar disorder. An ACT approach is included alongside concepts and techniques drawn from systemic therapy and cognitive behavioural therapy. ACT offers a meta-frame that allows the therapist to grapple with the challenges of long-term mental illness. This frame can sit alongside 'disease and treatment' models, and also acknowledges the experience of chronic difficulties in acute settings.

## **MBCT for carers of people with psychosis**

**Vivienne Hopkins, Helen Close, and Lyndsay Gittins** Oxford Health NHS Foundation Trust

This MBCT group aims to improve caregivers' wellbeing and to support them in their caring role. It is provided in addition to general carer support and psychoeducation. The presentation outlines the facilitators and challenges to delivering the intervention, and presents preliminary pre-post changes on measures of mindfulness, self-compassion, distress and wellbeing. Data from the session rating scales provide insights into the participants' experience of the course.

## **Living Through Psychosis (LTP) Group Programme: A CBT / DBT informed brief intervention**

**Edel Crehan and Aisling Ryan** St Patricks University Hospital  
**and Louise Johns** University of Oxford

The LTP programme targets emotional recovery, and teaches emotional regulation skills to people recovering from a psychotic episode. LTP consists of eight sessions over four weeks, and measures are given at baseline, pre-group, post-group, and follow-up. Initial evaluation shows pre-post reductions in emotional regulation difficulties, positive psychotic symptoms and fear of relapse, and increases in mindfulness skills and recovery (N=43). Qualitative findings (N=6) indicate increased hope, feelings of self-efficacy and decreased self-stigma.

## **Creating a safe space within the threat: a compassion-based group approach to psychosis**

**Célia Carvalho** University of Azores

**Maria João Martins, Paula Castilho, Ana Telma Pereira and António Ferreira de Macedo**  
University of Coimbra

Compassion-based approaches have a particular focus on developing compassionate attitudes towards others and self, reducing feelings of shame and activating the soothing system, and have shown promising results for psychosis. Aims: To develop a compassion-based intervention for schizophrenia and schizoaffective disorder. Method: The intervention was based on the theoretical model of Compassion-focused Therapy, research on self-compassion and studies on loving-kindness meditation. Other interventions on CFT for Psychosis were analysed and recommendations for running groups were followed. Mindfulness adaptations for psychosis were integrated and feedback from patients from previous pilot studies was considered. Leading researchers and clinicians in the field were contacted. Results: This intervention comprises 12 two-hour group sessions. All sessions begin with a brief experiential exercise (mindfulness/compassion) followed by a welcome discussion; the session theme is then introduced with a main experiential exercise. At the end practice between sessions is introduced and a summary is made. The groups evolve through three phases: Group as a safe place (introductory session; three-system model; threat system and shame; motivations and recovery); Activating the soothing system and developing a compassionate mind (compassion; fears of compassion; flows of compassion and LKM; appreciation/joy; self-compassion; safe place) and Recovery (motives and recovery; what has changed). A 'Participants' Manual' has been developed (review of the session; key ideas; additional information; extra exercises; tips to make practice easier) as well as a cd with recorded practices. Conclusions: The present intervention is currently being tested in a clinical trial with a control group. The intervention will be tested regarding several outcomes and mediational analysis will be performed regarding contextual variables. Key-words: Compassion, Group, Mindfulness, Psychosis.

# Conference

Friday 25 November 2016

## 30 Symposium: Helping the helpers to use psychological flexibility

Harris 1 11:45 - 1:00pm

**Chair: Nuno Ferreira** University of Edinburgh

**Catriona George** University of Edinburgh

**Rachael Williams** Clares Court School

**Louise Hankinson** NHS & Independent Practice

**Charlie Allanson-Oddy** Veterans First Point Lothian (NHS Lothian)

**Discussant: Freddy Jackson Brown** Positive Behaviour Solutions / ACT Centre for Wellbeing

STREAM: Beyond the therapy room: The role of CBS across different sectors

Suitable for all levels

In this symposium we bring together three papers that explore psychological flexibility in the context of intervening indirectly with carers, support workers and teachers. The first paper from the University of Edinburgh explores carer burden and values in dementia caregivers, and how the carer's psychological flexibility interacts with the care recipient's needs and behaviour to influence management strategies and carer burden. The second study is brought by an NHS Lothian service, Veterans First Point Lothian. In the third study, ACT, The Matrix and Compassion Focussed Therapy have been delivered to secondary school teachers with a view to it influencing their work with pupils, particularly those that display disruptive behaviour. Themes of using ACT and Contextual Science to work indirectly will be synthesised with opportunities for audience questions and discussion.

### **An exploration of carer burden and positive gain in dementia: the role of executive functioning deficits, management strategies and experiential avoidance**

**Catriona George and Nuno Ferreira** University of Edinburgh

**Objectives:** Executive functioning deficits have been proposed as a core feature of all types of dementia, and can result in behavioural and personality changes that are difficult for carers to manage. This study explored symptoms associated with executive functioning deficits and their impact on three dimensions of carer burden and positive gain. It also aimed to discover whether behaviour management strategies employed by carers, and their level of experiential avoidance, had an independent impact on these factors.

**Methods:** One hundred and ten dementia caregivers completed the following self-report measures as part of a cross-sectional design: the Dysexecutive Questionnaire (DEX), Zarit Burden Interview (ZBI), Positive Aspects of Caregiving Questionnaire (PAC), Dementia Management Strategies Scale (DMSS) and Experiential Avoidance in Caregiving Questionnaire (EACQ).

**Results:** Executive functioning deficits (DEX) were found to account for most variance in burden, with DEX subscales impacting differentially on the three dimensions of burden and positive gain. The use of negative management strategies was associated with higher levels of burden, as was Active Avoidant Behaviour (a subscale of the EACQ), while positive management strategies were associated with positive gain. The EACQ, which is based on the AAQ, did not perform as expected on subscales relating to cognitive avoidance strategies. Possible reasons for this are discussed in the context of recent debate on the measurement of experiential avoidance.

**Conclusions:** In line with previous findings, symptoms associated with executive functioning deficits were the most significant factor in the development of carer burden. The findings relating to behaviour management strategies and experiential avoidance suggest that these could be potential mediating mechanisms in this relationship, and warrant further exploration



## **Veteran and family member evaluations of The Matrix**

**Charlie Allanson-Oddy** Veterans First Point Lothian (NHS Lothian)

Veteran and family member evaluations of The Matrix Introduction: Veterans First Point Lothian (V1PL) is an NHS Lothian service that opened in 2009 and is funded by The Scottish Government. It provides a range of services that include mental health assessment and treatment, with Psychiatry and Psychological Therapy, to veteran and their family members. The veteran population experiences a similarly wide range of common mental disorders to the general adult population (Iversen and Greenberg 2009). Acceptance and Commitment Therapy (ACT) has the creation of psychological flexibility at its core (S. C. Hayes, J. B. Luoma, F. W. Bond, A. Masuda, J. Lillis 2006). The Matrix was designed to improve psychological flexibility (Polk 2014) and has not been evaluated thus far by Dr. Polk. Method: A questionnaire was designed - with permission from Dr. Polk - to capture some of the experiences of patients in individual therapy at V1P Lothian, in treatment with a range of diagnoses, who had some degree of exposure to The Matrix. The questionnaire comprises Likert Scale responses for quantitative data and will look at Overall client experience & satisfaction, changes in psychological flexibility and coping strategies, client expectations, whether it helped and adherence to the Matrix model. In order to maximise the amount of data gathered the invitation to provide responses to the questionnaire will be made during, and before the end of therapy. Results: descriptive analysis will be split between qualitative and tabulated quantitative data Discussion: It is hoped this small study will contribute to the growing interest in ACT and to work the growing work with veterans and their family members.

## **Sister ACT II: ACTing Compassionately in schools**

**Rachael Williams** Clares Court School

**and Louise Hankinson** NHS & Independent practice

Following on from our debut in Berlin 2015, Sister ACT returns with a stunning sequel. Based on the further experiences of stepping out of our comfort zone and the willingness of a school to join us, we are back. Previously, we had run a four-week ACT course for staff, and were delivering ACT 1:1 with students. Since then, we have focused on a particular year group with high levels of disruptive behaviour, and a committed team of staff. A group comprising of form tutors and the head of year, attended six half-hour sessions with us, learning the Matrix, and exploring ways of bringing it into their work. We also re-modelled the Year 11/Year 7 buddy system to see how mindfulness might be included in this. We would like to present our experience of this matrix group, both what has gone well (a significant drop in detentions) and lessons learned. We would also like to present an overview of the parent talks which have been delivered on building resilience in adolescence, and teaching Mindfulness. Due to demand, these are now being delivered in other schools, and are a popular event in the school's calendar. There are plans to deliver a Mindfulness for stress course to parents in the Autumn. Having immersed ourselves in the work of Mary Welford and compassion in schools, we are now in the process of pulling together the best of CFT and ACT and Mindfulness. Our aim is to develop some tools for teaching staff, which they can use with individual students suffering from emotional distress. We hope to role this out in the next academic year.

## **31 Symposium: Compassion and flexibility around weight and eating**

Harris 2 11:45 - 1:00pm

**Chair: Elizabeth Burnside** University of Bangor

**Lara Palmiera** CINEICC, University of Coimbra

**Helen Moffat** NHS Grampian

**Fiona Campbell** NHS Grampian

**Discussant: Elizabeth Burnside** University of Bangor

STREAM: Meeting places of CBS and other approaches

Suitable for all levels

In this symposium, three clinical research-based papers are presented that describe applications of third wave behaviour therapy concepts with eating behaviours. The first paper from the University of Coimbra, presents an

# Conference

Friday 25 November 2016

observational study of the mediation of the relationship between weight based stigma and quality-of-life by experiential avoidance. The study also compares this mediating relationship between women with and without binge eating disorder. The second study from NHS Grampian picks up the theme of weight based shame and self-criticism and describes an integrated ACT and CFT group for people who are severely obese. Initial outcome data from the 'Weigh Forward' programme and participant feedback will be reported. The third paper, again from the University of Coimbra describes a randomised controlled trial comparing an integrated ACT and compassion group for people who are obese. Compared against treatment as usual, the 'Kg-Free' intervention shows a range of beneficial outcomes. Both of these group interventions target self-soothing, reducing criticism, and self-acceptance, as well as behaviour change strategies around eating and exercise. Themes from the three papers will be discussed, and there will be opportunity for audience questions.

## **The weight of weight self-stigma in quality-of-life: A comparison between women with and without binge-eating**

**Lara Palmeira, José Pinto-Gouveia, and Marina Cunha** CINEICC, Cognitive and Behavioral Research Centre, University of Coimbra

Weight self-stigma relates to experiences of shame, self-devaluation and the perception of being discriminated against in social situations due to one's weight. It has been associated with experiential avoidance, unhealthy eating behaviours, binge eating and diminished quality-of-life (QoL). This study main goal is to explore the mediator effect of weight-related experiential avoidance on the relationship between weight self-stigma and obesity-related QoL in women with and without binge eating (BE). Participants were 282 women with overweight or obesity, from which 100 presented BE symptoms. Sample's mean age was 44.24 (SD = 11.30), with a mean BMI of 31.40 (SD = 4.53). Results from path analysis supported the mediational role of weight-related experiential avoidance on the relationship between weight self-stigma and QoL, even when BMI was controlled for. The model accounted 58% of QoL variance. Furthermore, the multi-group analysis revealed that the model was not invariant for both groups, explaining 39% of QoL for the group without BE and 65% of QoL for the BE group. This study highlights the pervasive role of weigh self-stigma, particularly fear of being discriminated and weight-related experiential avoidance on obesity-related quality-of-life, especially for women with BE. Finally, it supports that interventions should focus not only on weight loss but also on improving individual's QoL, promoting the development of adaptive emotional regulation strategies.

## **"Weigh Forward": an integration of ACT and CFT for clients with severe and complex obesity**

**Helen Moffat and Fiona Campbell** NHS Grampian

Shame and self-criticism are frequently reported by individuals with morbid obesity. While there is growing evidence for the effectiveness of Acceptance and Commitment Therapy (ACT) as an intervention for people with severe and complex obesity, the integration of Compassion Focussed Therapy (CFT) with ACT, can help people to manage shame and low self-worth so that they feel more able to engage in committed actions. "Weigh Forward" is an NHS specialist weight management service. Most clients have several long-term health conditions, including mental health conditions, with average body mass index of 47Kg/m<sup>2</sup>. The multi-disciplinary team of psychologists and dieticians have developed a structured ACT based intervention which integrates CFT. There is a strong focus on values to help participants identify what is important to them and motivate them toward achievable goals, but exploration of the evolutionary function of overeating and the "obesogenic" nature of western culture also helps address self-blame. We focus on the "choice point" in terms of day-to-day decisions in relation to both lifestyle and interpersonal situations, however, it is not unusual for participants to feel so stuck in patterns of avoidance and overeating, that committed actions can feel futile or overwhelmingly challenging. Explaining the threat system helps to normalise this trap. By recognising and developing the soothing system, participants are more able to respond flexibly to stressful situations and make space for the difficult feelings that arise as they move towards more fulfilled lives. Outcome measures for those who have completed our six-month group intervention indicate significant improvements in mood, binge eating and quality of life, as well as physical markers such as weight and blood results. Positive feedback from participants also supports the benefits of this integrated approach. As one participant commented "you give us choices, not reprimands".



## **Fostering health, quality-of-life and eating behaviours in women struggling with their weight using Kg-Free: An acceptance, mindfulness and compassion-based group intervention**

**Lara Palmeira, José Pinto-Gouveia, and Marina Cunha** CINEICC, Cognitive and Behavioral Research Centre, University of Coimbra

There is growing evidence on the importance of integrating the third-wave cognitive-behavioural therapies in chronic conditions treatments, particularly obesity and weight management issues. Acceptance and mindfulness-based interventions have been shown to be effective in reducing weight-stigma, unhealthy eating patterns, psychological distress and weight and increased physical activity and health-related QoL. Moreover, increasing self-compassion seems to be especially important for people that struggle with eating and weight, as it can be considered an antidote to shame and self-criticism. The current RCT aims to test the efficacy of Kg-Free - a compassionate, mindfulness and acceptance group training for women with overweight or obesity. Kg-Free was developed to specifically target weigh self-stigma, weight-related experiential avoidance and self-criticism and increase wellbeing and quality-of-life (QoL). Participants (N = 73) were women, aged between 18-55 years old, with BMI  $\geq$  25 without binge-eating seeking weight loss treatment that were randomly assigned to Kg-Free intervention (n = 36) or Treatment as Usual (n = 37). At all assessments participants were weighed, provided blood samples to evaluate their lipid profile and were assessed using EDE-interview and a set of self-report questionnaires. Overall, when compared with TAU, at post-treatment the Kg-Free group revealed a significant increased health-related QoL and physical exercise and a reduction of unhealthy eating behaviours, BMI, weight self-stigma, self-criticism, weight-related experiential avoidance and psychopathological symptoms. Interestingly, both groups showed improvements in their cholesterol levels at post-intervention. Overall, results were maintained at three-months follow-up assessment. Taken together, evidence was found for Kg-Free efficacy in reducing weigh-related negative experiences and promoting healthy behaviours, psychological functioning and QoL. Clinical implications will be discussed.

### **32 Symposium: Developments & challenges in CBS: Psychoeducational delivery, eHealth delivery, measurement concerns, & mixed methods approaches to naturalistic suicide data**

Ochil 1 11:45 - 1:00pm

**Chair: Ian Hussey** University of Ghent

**Neil Frude** Cardiff University

**Martin O'Connor** University College Dublin

**Ian Hussey** University of Ghent

**Discussant: Ian Hussey** University of Ghent

STREAM: Other

Suitable for all levels

In this symposium, two papers are presented that explore solutions to the challenge of the effective dissemination of third wave therapies, and a third paper outlines the use of existing public domain data to explore a functional analytic perspective on attempted suicide. The first paper describes a large-scale psychoeducational approach to enhancing psychological flexibility, whilst the second paper describes a meta-analysis of the effectiveness of using eHealth modalities to improve psychological flexibility. Finally, the third paper is novel in using opportunistic data and in using a mixed methods approach to exploring the consequences of attempted suicide.

*The paper by Frude and colleagues will extend into the lunchtime period to illustrate some of the techniques and strategies used to deliver ACT at a largescale*

# Conference

Friday 25 November 2016

## **Evaluating a Group Psychoeducational Delivery of ACT**

**Neil Frude** Cardiff University

**Jim Handley** University of South Wales

**Jessica Cartwright** Abertawe Bro Morgannwg University Health Board

This paper will consider the delivery of ACT ideas and strategies using the format of a live psychoeducational intervention and will present evaluation data relating to a four-session ACT-based psychoeducation course which has now been delivered through the majority of NHS Health Boards in Wales to well over 1000 primary care clients with a wide range of emotional and physical conditions. The results offer strong support for the position that ACT, like several forms of CBT, is highly 'portable' and 'robust', and can be delivered in a psychoeducational format that can be highly cost-effective. Professor Neil Frude is a consultant clinical psychologist. He recently retired from his post as Research Director of the South Wales Training Programme in Clinical Psychology. He is a Fellow of the BPS and also of the BABCP. Jim Handley is a HCPC-registered occupational psychologist and lectures at the University of South Wales. His interests include research methods, ACT and coaching. Jessica Cartwright is a Clinical Psychology Assistant employed by the Abertawe Bro Morgannwg University Health Board in South Wales.

## **The Efficacy and Acceptability of Third Wave Behavioural and Cognitive eHealth Treatments: A Systematic Review and Meta-analysis of Randomised Controlled Trials**

**Martin O'Connor, Anita Munnely, Robert Whelan and Louise McHugh\*** University College Dublin

**Background:** eHealth is an innovative method of delivering therapeutic content with the potential to improve access to third wave behavioural and cognitive therapies. This systematic review and meta-analysis aimed to determine the efficacy and acceptability of third wave eHealth treatments in improving mental health outcomes. **Methods:** A comprehensive search of electronic bibliographic databases including PubMed, PsychINFO and Web of Science was conducted to identify randomised controlled trials of third wave treatments in which eHealth was the main component. **Results:** Twenty-two studies were included in the review. Random effects meta-analyses revealed that third wave eHealth treatments were significantly more efficacious than inactive control conditions in improving depression, anxiety, stress and quality of life outcomes and significantly more efficacious than active control conditions in alleviating depression and anxiety at post-treatment with small to medium effect sizes. No statistically significant differences were found relative to comparison interventions. Participant evaluations supported the acceptability of third wave eHealth. **Conclusions:** Third wave eHealth treatments are efficacious in improving mental health outcomes, but not more so than comparison interventions. Preliminary evidence indicates that participants are receptive to these treatments.

## **The consequences of attempted suicide: A mixed-methods analysis of naturalistic internet data**

**Ian Hussey** University of Ghent

**Miles Thompson** University of the West of England

In the last decade, several domains of clinical psychology research have benefited from re-embracing behavioural principles. However, the study of suicide has lagged behind. For example, contemporary theories of non-suicidal self-injury are overwhelmingly operant in nature, insofar as they view self-injury as being maintained by its consequences (e.g., emotional relief: Bentley, Nock & Barlow 2014). In stark contrast, theories of suicidal behaviour (e.g., Joiner 2005; O'Connor 2011) tacitly focus on the antecedents of that behaviour rather than its consequences, despite that fact that suicidal behaviours are thought to be learned and strengthened over time and exposure. The first half of this paper will outline the potential benefits of a functional analytic approach to suicidal behaviour. A review of the literature on the consequences of suicidal behaviour will be provided, which suggests that an individual's immediate reaction to having survived a suicide attempt (e.g., relief vs. ambivalence about survival) is an important yet understudied predictor of future attempts. One key barrier to the study of the consequences of suicidal behaviour is the difficulty accessing the population of interest: individuals who regret survival may be less likely to engage with healthcare services, thus representing a sampling bias. Following similar trends elsewhere, we therefore made use of a relevant naturalistic source of public internet data. More than 2000 individual comments were "scraped" from a popular discussion forum from a thread asking about individuals' immediate reactions to



surviving suicide attempts. The second half of this paper will present a mixed method analysis of this data. The quantitative aspect of this analysis assesses the emotional valence of individuals' reactions. The qualitative aspect of this analysis identifies themes and attempts to situate them within the researcher's own functional-analytic orientation.

### **33 Symposium: New frontiers in IRAP research**

Sidlaw Auditorium 2:00 - 3:15pm

**Chair: Louise McHugh\*** University College Dublin

**Corinna Stewart** National University of Ireland, Galway

**Ian Hussey** University of Ghent

**Annalisa Oppo** Sigmund Freud University, Milan

**Discussant: Nigel Vahey** Trinity College, Dublin

STREAM: RFT / Basic science

Suitable for all levels

In this symposium, three papers are presented that use the IRAP to investigate implicit responses in novel ways. The first paper, describes a clinical analogue study that models and explores facets that may be relevant to our understanding of paranoia in psychotic states. Using non-psychotic participants, implicit relations between self and negative or positive evaluation, as well as state paranoia, and self-esteem, were manipulated by a virtual experience of social exclusion. Whilst explicit measures showed theoretically predicted effects, the implicit measures provided nuanced detail about the nature of those effects. The second paper describes advances in IRAP methodology using tests of measurement invariance. Data on implicit gender stereotypes are used to explore the different conclusions reached according to how IRAP data is analysed, and a novel method is presented that will help future researchers decide what is an appropriate analytic strategy for their own data. In the final paper, a further novel aspect of the IRAP is presented, that instead of using word based stimuli, uses pictorial symbols and photographs of emotionally valent facial expressions. This study explores implicit responding to religious symbols and their coordination with expressions of fear or joy. Results show that for this sample of participants, Christian symbols are responded to more quickly than Islamic symbols, for both coordinating frames of joy and fear. There will be opportunity for audience questions and the themes will be discussed.

#### **Investigating paranoia and responding to the self and others following social exclusion within the general population using the Implicit Relational Assessment Procedure (IRAP)**

**Corinna Stewart and Ian Stewart** National University of Ireland, Galway

**and Yvonne Barnes-Holmes** Ghent University

Paranoia is a complex, multi-dimensional phenomenon on a continuum with normal experiences (Freeman et al 2005). An important implication is that researching non-clinical paranoia may inform our understanding of clinical paranoia. This research explores paranoia within the general population from a Contextual Behavioural Science (CBS) perspective using Relational Frame Theory (RFT) and an RFT-based measure called the Implicit Relational Assessment Procedure (IRAP). RFT assumes that the learned ability to relate stimuli (or 'relational responding') is the core of human cognition and the IRAP in turn analyses how people relate particular concepts together. The IRAP has been used to investigate patterns of relational responding pertaining to a variety of clinical phenomena (e.g., OCD, depression) and has provided important insights in this domain (see Vahey et al 2015). This study used the IRAP amongst other measures to investigate the effect of social exclusion on paranoia and self-esteem. Eighty-five non-clinical participants completed measures of trait and state paranoia, self-esteem and implicit self-esteem. They were then randomly allocated to the exclusion or inclusion condition of Cyberball - a virtual ball-toss game used to examine social exclusion. Afterwards they completed the same measures again. Results indicated that social exclusion was associated with increased state-paranoia and decreased self-reported self-esteem. The IRAP indicated that reductions in self-esteem may be due to increases in 'Me-Negative' and 'Others-Positive' biases (rather than reductions in 'Me-Positive' bias). These findings are consistent with previous evidence that paranoia is associated with negative self-evaluations, whereas positive self-evaluations may persist, and highlights the utility of the IRAP in parsing out these patterns of relational responding.

# Conference

Friday 25 November 2016

## **It depends on how you look at it: Using tests of measurement invariance to guide IRAP data analysis**

**Ian Hussey, Aoife Cartwright, Maarten De Schryver and Jan De Houwer** Ghent University

Indirect measures of implicit attitudes represent a common alternative to self-report measures in many areas of psychology. RFT researchers frequently employ one such task, the Implicit Relational Assessment Procedure, in order to assess the relative strength of relational responding, in both basic (e.g., transformation of function: Perez et al 2015) and applied domains (e.g., suicidality: Hussey et al 2016). One key choice that researchers must make when analysing IRAP data is between examining "overall" bias scores for the whole task (e.g., overall implicit gender stereotypes), or analysing its four trial types separately (e.g., separate men-masculine, men-feminine, women-masculine, and women-feminine scores). However, at present, no methods exist that can suggest which is more appropriate. In order to demonstrate the dilemmas this can create, data will be presented from a relatively large dataset on implicit gender stereotypes (N = 194). As will be explained, when the overall scores were compared, there was moderate Bayesian evidence that men and women possess equivalent implicit gender stereotypes (BF10 = 0.26). However, in contrast, when the trial-type level effects were compared there was strong Bayesian evidence that men and women differ, albeit on specific trial types (BF10 = 98.11). As such, the same data can be presented as evidence for mutually exclusive conclusions. We present tests of "measurement invariance" as a way to resolve this quandary. This method will be explained and then applied to the dataset. Results demonstrate that, in this case at least, the analysis of overall scores is not statistically appropriate, and analyses of trial-type effects are warranted. We therefore conclude that men and women differ in their implicit gender stereotypes in important ways. Implications for future IRAP research will be discussed. Finally, the broader utility of tests of measurement invariance to clinical research will be discussed.

## **Obscured by cloud: Cognition and implicit prejudice against religion**

**Annalisa Oppo** Sigmund Freud University, Milan

**and Giovambattista Presti\* and Valeria Squatrito** Kore University of Enna

Relational Frame Theory (RFT) conceptualises implicit cognition as a repertoire of relational responses under simultaneous control (Power, Barnes-Holmes, Barnes-Holmes and Stewart 2010). Experimental manipulation of implicit cognition is particularly interesting to assess brief and immediate relational responses as a product of an individual history of learning with respect to specific verbal contexts.

Stigma is the focus of this pilot study. According to RFT, stigma and prejudice are general verbal processes of categorisations (Hayes et al 2001; Lillis & Levin 2007) related to the self or to others that are structured in a verbal context (Hayes et al., 2002) and are maintained by social reinforcement processes (Jablonka & Lamb 2005). Prejudice is not based on direct experience but comes from stimulus generalisation (Dymond & Rehfeldt 2000).

The present pilot study aims to empirically test the validity of an implicit model of analysis of facial recognition of positive and negative emotions (specifically joy and fear) in the context of the symbols of the Christian and Islamic religion. In other words, we were interested to study if a bias in choosing joy and fear were tied to a particular context, and if this was a reflection of a stigmatising choice. The Implicit Relational Association Procedure, commonly known as the IRAP, was used to test implicit cognition in a standardized computerised task, specifically designed for the purpose of this study. The task was based on the assumption that the verbal relations learned in the interaction with the natural and social verbal environment are not always accessible to the subject that might be oriented to deny them at the explicit level. The bias observed with exposure to controlled conditions in a crossover design in denying or accepting a consistent or inconsistent decision, is considered a sign of implicit trends towards an opinion or its opposite.

Data show that participants were homogeneous with respect to socio-demographic characteristics and other characteristics, detected through explicit measures, like empathy, values, authoritarianism, and the degree of preference of inequality between social groups. Preliminary data show a statistically significant trend to associate joy to the Christian and the Islamic symbol, and that these implicit relational answers are independent. Faster responses were recorded when expression of joy was associated to the Christian symbol than the expressions of joy and fear associated with the Islamic symbol or the expression of fear with the Christian symbol. In addition, faster association of expression of fear to the Christian symbol than Islamic were recorded.



### **34 Symposium: Recent empirical developments in ACT for long-term health conditions**

Harris 1 2:00 - 3:15pm

**Chair: Whitney Scott** King's College, London

**Graciela Rovner\*** University of Gothenburg

**David Gillanders\*** University of Edinburgh

**Discussant: Christopher Graham** University of Leeds

STREAM: Working with complex/enduring presentations

Growing evidence demonstrates the potential efficacy of Acceptance and Commitment Therapy (ACT) for long-term health conditions (LTCs). However, there remains a need to achieve greater treatment impacts following ACT for LTCs. This symposium will discuss recent advances in ACT for LTCs with a focus on opportunities for progress, including: selection of patients for treatment; development and evaluation of ACT for people with complex, multi-morbid health complaints; and, understanding the impact of ACT on the full range of processes of psychological flexibility. Chris Graham will first review the evidence from his recent systematic review of trials of ACT for chronic disease and long-term conditions. Next, Graciela Rovner will discuss the lack of systematisation for selecting patients for pain rehabilitation programs. She will then describe studies showing that grouping patients in four clusters according to pain acceptance can identify differential treatment needs and response. The implications of these findings for patient assessment and selection, and treatment development will be discussed. David Gillanders will discuss a non-randomised trial of ACT-based bibliotherapy for irritable bowel syndrome (IBS). In this study, 45 people with IBS completed standardised measures prior to receiving the "Better Living with IBS" book, and two and six months later. Random effects multi-level modelling showed significant improvements in IBS acceptance, adaptive behavioural responses, quality of life, and IBS-related anxiety and symptom severity. Results will be discussed in relation to the cost-effectiveness of low intensity psychological intervention for LTCs. Lastly, Whitney Scott will discuss recent observational studies examining the impact of interdisciplinary ACT-based treatment for chronic pain on acceptance, cognitive defusion, and committed action, including data linking changes on these processes to chronic pain outcomes.

#### **Grouping patients according to their pain acceptance distinctly predicts needs and response to rehabilitation programs**

**Graciela Rovner\***, Linn Wifstrand and Louise Pettersson University of Gothenburg

**and David Gillanders\*** University of Edinburgh

There is a lack of systematisation for selecting patients to pain rehabilitation programs, and little evidence that we can reliably predict who benefits. In contrast, the studies by our group show that grouping patients in four distinct clusters according to pain acceptance can identify differential treatment needs and predict response to rehabilitation programs. This talk will present this evidence and discuss the implications for patient assessment and selection, as well as pointing at how clustering could be used to shape rehabilitation programmes.

#### **Low intensity psychological intervention for Irritable Bowel Syndrome**

**David Gillanders\***, Nuno Ferreira, Eugenia Angioni and Maria Eugenicos University of Edinburgh **and Sergio Carvalho** University of Coimbra

IBS is a functional GI disorder characterised by bowel discomfort, pain, diarrhoea and constipation. People with IBS also often fear having bowel accidents, and experience shame and embarrassment. People with IBS often use strategies to control or avoid these experiences, which have the unintended consequence of putting life on hold, at great cost to living. Anxiety, depression and reduced quality of life are common consequences. In this study, a sample of 45 people diagnosed with treatment resistant IBS were given an ACT based self-help book and audio CD, "Better Living with IBS". They completed standardised measures prior to receiving the book, approximately two months and six months later. Results of random effects multilevel modelling showed that participants improved significantly in terms of IBS acceptance, adaptive behavioural responses, quality of life, IBS related anxiety, and IBS

# Conference

Friday 25 November 2016

symptom severity. Though spontaneous remission cannot be discounted in the absence of a control condition, this sample had an average of ten years of living with IBS and therefore spontaneous improvement is considered unlikely. Results are discussed in relation to the cost effectiveness of low intensity psychological intervention for long-term health conditions.

## **Changes in cognitive fusion and committed action following interdisciplinary ACT-based treatment for people with chronic pain**

**Whitney Scott, Katie Hann, Aisling Daly, Lin Yu and Lance McCracken** King's College London

The majority of research on ACT and the psychological flexibility (PF) model in people with chronic pain has focused on the role of acceptance in relation to pain outcomes. As such, there is a need to examine other facets of the PF model in this context. This presentation will discuss recent observational studies examining the impact of interdisciplinary ACT-based treatment for chronic pain on acceptance, cognitive defusion, and committed action, including data linking changes on these processes to improvements in chronic pain outcomes. Results are discussed in terms of optimising treatment delivery for people with chronic pain.

### **35 Skills Class: "3 Spots" - the ACT processes, embodied**

Harris 2 2:00 - 3:15pm

**Martin Bonensteffen** ACT PRAXIS, Suessen, Germany  
**and Fleur Joyce** Shropshire IAPT, NHS Shrewsbury

STREAM: Other

Suitable for all levels

We will introduce our participants to a simple new exercise, the "3 Spots", to bring clients directly into contact with powerful experiences of the ACT processes, especially Self-as-Context. This short, memorable technique can easily be applied in clinical, consulting and coaching settings, with both individuals and groups. We have used the exercise successfully in a number of situations, for example: • client stuck unable to make a decision • client deeply fused with painful thoughts (i.e. the thought "I'm useless" is 'true') • client is stuck in a process of disputing thoughts and getting nowhere. We have found that it can have profound and transformative effects. The 3 Spots exercise walks the client around the core ACT processes using a simple 'constellation'. It helps people to step back and to observe different parts of their experience, so aiding defusion from thoughts and feelings which function as barriers. It takes clients to a place where values emerge more clearly, and choosing values-consistent action becomes easier. After the experiential component we will invite the audience to explore with us the RFT, Polyvagal Theory and Constellation work elements that inform the exercise. Attendees could expect the following learning outcomes from the session: 1) How the six ACT processes can be embodied - in particular defusion and Self-as-Context 2) How an open, curious, 'anything can happen' attitude can be established 3) How "Feeling safe to learn" can be supported.

### **36 Skills Class: Increase your precision in ACT through functional analytic psychotherapy (FAP)**

Ochil 2 & 3 2:00 - 4:50pm

**Aisling Curtin\*** ACT Now Ireland / WTF Psychology

STREAM: Meeting places of CBS and other approaches

FAP promotes the development of open, genuine, and intimate therapeutic relationships as a powerful road to therapeutic change. As such, conducting FAP involves not only theoretical knowledge - of how and why the relationship can shape change - but also the therapist's willingness to be, again and again, in an authentic self-disclosing relationship with real skin in the therapy game. This therapeutic intimacy requires therapists to develop self-knowledge; the ability to take strategic risks and be vulnerable with clients; and the ability to be emotionally close - expressing genuine emotional reactions with awareness and care. In FAP, these personal practices are deployed therapeutically within the principled framework of the FAP Five Rules. The objective of this skills class is the cultivation of our capacities for awareness, courage, and therapeutic love. We will engage in a series of experiential



exercises and genuine interactions with each other and, in parallel, we will apply these personal exercises in our work with clients. We will aim for personal and professional development to assist you in integrating FAP with ACT to increase your precision in applying functional analytic values guided therapy. Topics will include: Five guidelines and concrete exercises to increase connection and intensity in your therapeutic interventions; functional analysis to help you decide the most effective techniques for clients with diverse histories and issues; when commonly used interventions can be inadvertently counter therapeutic; how to make the hidden meanings of your clients' communications more visible; and how to best use yourself as a potent agent of change. PowerPoint presentation, real plays, role plays, discussions, and experiential exercises will serve as teaching tools.

### **37 Symposium: Adapting ACT for an Intellectual Disabilities Population**

Ochil 1 2:00 - 3:15pm

**Chair: Helen Lynn** NHS Ayrshire & Arran

**Steve Noone** Northumberland Tyne & Wear NHS Trust

**Matthew Selman** Northumberland Tyne & Wear NHS Trust

**Dr Mark Oliver** Northumberland Tyne & Wear NHS Trust

**Discussant: Helen Lynn** NHS Ayrshire & Arran

STREAM: Working with Complex/Enduring Presentations

Suitable for all levels

People with intellectual disabilities (PWID) have complex and enduring needs and face a disproportionate level of disadvantage across their lifespan. Although policy drivers have long emphasised the importance of helping PWID to lead fulfilling lives, the institutional abuse of PWID revealed by the Winterbourne View scandal moved the care of PWID up the national agenda. This symposium presents efforts by an NHS intellectual disabilities service to adapt and implement ACT for the specific needs of this population.

#### **Using ACT to make MBSR work for adults with intellectual disabilities**

**Steve Noone** Northumberland Tyne and Wear NHS Foundation Trust/ Honorary Senior Lecturer, Bangor University

Given the vulnerability of people with intellectual disabilities, it is important to help promote resilience to anxiety and depression. Mindfulness Based Interventions, delivered in groups, have a strong evidence base. Some studies have shown that Mindfulness Based Stress Reduction can be adapted for this population. It remains unclear how best to do this. This paper describes adaptations that are built upon core ACT principles and a collaboration with a self-advocacy group to promote practice and values clarification. Funding was obtained to employ a local filmmaker to create a fly on the wall documentary about three people who have intellectual disabilities attending such an adapted group over a period of three months. The talk will examine how the challenge facing someone with an intellectual disability that may impede defusion and acceptance may be helped through group work with support to implement practice in real life situations. The presentation will use excerpts from the film.

#### **Lessons learned from working with ACT with adults with Intellectual Disabilities**

**Mark Oliver** Northumberland Tyne and Wear NHS Foundation Trust

People with intellectual disability (PWID) experience mental ill health in numbers at least as great as those found in the typically developing population. There is every reason to expect that the same verbal processes that contribute to psychological inflexibility and psychological distress in the typically developing population also apply to PWID, and that they would therefore benefit from therapy designed to increase psychological flexibility. Unfortunately, the cognitive deficits and developmental delays presented by this population presents a challenge to many ACT interventions, particularly those that use verbally sophisticated metaphors, orient towards metacognitions, and target deictic frames. In addition, the freedom to engage in value-guided activities is frequently constrained by the lived experience of being supported by paid and unpaid carers. The challenge for clinicians is to identify ways of

# Conference

Friday 25 November 2016

adapting ACT to meet the needs of people with intellectual disabilities while remaining true to the processes considered to be responsible for therapeutic change. This paper outlines examples of lessons learned through adapting ACT for an intellectual disabilities population. It highlights areas of success and failure and identifies a number of directions where more clinical development is needed to mediate the cognitive limitations of this client group.

## **An ACT based approach to systems work with people with intellectual disabilities**

**Matt Selman** Northumberland Tyne and Wear NHS Foundation Trust

People with intellectual disabilities often live in a context where they have little personal agency; being dependent on paid or unpaid carers for many aspects of their lives. With often complex needs at times in their lives they may also require multiple services to be involved at once. In this paper I explore an ACT based approach to systems work to help inform working within these complex systemic factors.

## **38 Symposium: The scalpel is to the surgeon as language is to the therapist: Empirical RFT research on analogy, pseudo analogy, and levels of derivation/complexity**

Sidlaw Auditorium 3:35 - 4:50pm

**Chair: Miles Thompson** University of the West of England

**Ian Hussey** Ghent University

**Shane McLoughlin** University of Chichester

**Discussant: Nic Hooper** University of the West of England

STREAM: RFT / Basic Science

Intermediate - Audience members will benefit most if they have some familiarity with the topic.

Advanced - Audience members will need to be familiar with the topic to benefit.

Relational Frame Theory (RFT) aspires to provide a general framework for the prediction-and-influence of language and complex human behaviour in both basic and applied contexts. This symposium presents data from three related lines of research on increasingly complex forms of relational behaviour. The first paper (Hussey & De Houwer) outlines the RFT account of analogy and pseudo-analogy and its relevance to therapy, and presents data from studies modelling the relational behaviours involved in both. The second paper (McLoughlin & Stewart) presents data from two studies on learning via pseudo-analogy via the Implicit Association Test (IAT). These results have implications for researchers interested in implicit attitudes but also for those interested in the understanding of (pseudo) analogy more generally. The third paper (Hussey, Hughes, & De Houwer) concerns two recently proposed factors that are thought to influence relational responding, namely levels of derivation and coherence. These concepts and their importance will be outlined, and data from three studies presented. These manipulate the level of derivation and complexity of relational responses and observe their separate and interactive impact on speed of relational responding. Future directions for the study of the relational behaviours that constitute language will be discussed.

## **Analogy as relating relations: the IAT as an analogical learning task**

**Ian Hussey and Jan De Houwer** Ghent University

The first paper outlines an RFT account of analogy and pseudo-analogy in terms of relating relations. Data will be presented from two experiments which demonstrate that a commonly used indirect measure of implicit attitudes, the Implicit Association Test, is an analogical learning task. The utility of a learning approach to analogy will be discussed, and the implications of this novel data for research using indirect measures will be outlined.



## **Establishing analogical and pseudo analogical responding within the laboratory**

**Shane McLoughlin** University of Chichester  
and **Ian Stewart** National University of Ireland, Galway

The second paper will present data from two experiments on the training of analogical and pseudo analogical responding in a laboratory setting. This will include a discussion on the recent expansion of the RFT account of analogy to also include pseudo analogical responding. Implications for the ability to predict and influence verbal behaviour of increasing complexity will be outlined.

## **Manipulating derivation and complexity of relational responding**

**Ian Hussey, Sean Hughes and Jan De Houwer** Ghent University

The third paper will present data from several studies regarding levels of derivation and coherence; two recently proposed factors that are thought to influence relational responding. These concepts and their importance to an RFT account of language will be outlined. These experiments manipulate the level of derivation and complexity of relational responses and observe their separate and interactive impact on speed of relational responding. Broader implications and future directions will be considered.

## **39 Skills Class: Valuing the Caregiver: Introduction to a new group intervention for dementia caregivers using Acceptance and Commitment Therapy**

Harris 1 3:35 - 4:50pm

**Catriona George and Nuno Ferreira** University of Edinburgh

STREAM: Other

Suitable for all levels

Dementia has been a global priority for over a decade, with a recognition that it presents a growing challenge for all those directly affected, as well as for health and social care services. Those who are caring for a relative at home have been found to be more vulnerable to psychological morbidity and poorer physical health. ACT has been found to be a particularly helpful approach, where distressing aspects of a situation are unchangeable e.g. chronic pain (Vowles et al 2009) and palliative care (Feros et al 2011). ACT interventions have also produced promising results in other caregiving populations e.g. parents of children with autism and carers of people with acquired brain injury (Blackledge & Hayes 2006; Williams et al 2014), as well as with dementia caregivers (Marquez-Gonzalez et al 2010; Losada et al 2015). This workshop will provide an experiential introduction to a new ACT based group intervention for dementia caregivers. The focus is on helping increase caregivers' willingness to experience the difficult thoughts and emotions that are part of the caregiving situation, in order to increase their capacity for living a meaningful, values-driven life. Understanding and managing the behavioural and personality changes that can occur in dementia has been found to be important in increasing caregiver wellbeing. This course also uses an experiential approach to help caregivers understand and connect with the experience of living with various cognitive deficits, potentially allowing a more empathic stance to be taken and more positive behavioural approaches adopted.

Learning Objectives:

- Provide an introduction to using ACT with dementia caregivers
- Provide an overview of a specific group-based ACT intervention
- Provide practitioners with ideas for experiential exercises to help increase carers' understanding of the impact of cognitive deficits in dementia

# Conference

Friday 25 November 2016

## 40 Skills Class: ACTivate your supervision

Harris 2 3:35 - 4:50pm

**Martin Wilks\*** and **Sue Hart** Independent Practice / BABCP ACT SIG

STREAM: Other

Intermediate - Audience members will benefit most if they have some familiarity with the topic.

Advanced - Audience members will need to be familiar with the topic to benefit.

As contextual CBT approaches continue to grow in popularity, we are recognising a distinct shortfall in the number of supervisors available to ACT therapists wishing to continue in their learning and development through the learning process of ongoing supervision. In the ACT SIG we are addressing this shortfall principally by encouraging skilled and experienced ACT therapists to step up into supervision roles. There will be many practitioners however who, whilst happily engaged with their supervisors in "traditional" CBT supervision, are now also beginning to incorporate aspects of the Contextual Behavioural Science (CBS), via their CPD into their client work. At this point there may be some unhelpful dissonance. The proposed workshop would intend to provide some bullet point introduction/reminders of the ACT model and then to move on with many experiential opportunities to practice the ACT way of being - a deeper relational connection incorporating and modelling the sharing of personal vulnerability - as participants co-facilitate each other to address a range of typical pitfalls that the ACT learning community has now identified. One very important issue can be summarised with the acronym WTF, What is The Function? Experienced ACT supervisors and trainers are noticing - not surprisingly - a tendency amongst CBT practitioners who have previously delivered their work according to a protocol of interventions, to do something similar in ACT without sufficient regard or even recognition of the function of that specific intervention at that moment in the flow of the therapeutic context. In a recent paper: "Recognising common clinical mistakes in ACT: A quick analysis and call to awareness" (Journal of Contextual Behavioural Science), - Brock et al, 2015 a team of four very experienced ACT supervisors identified 11 common clinical mistakes; we can address as many of these as time allows via experiential role-play.

## 41 Skills Class: Delivering Acceptance and Commitment Therapy for Smoking Cessation

Ochil 1 3:35 - 4:50pm

**Louise McHugh\*** and **Martin O'Connor** University College Dublin

STREAM: Other

Suitable for all levels

A growing body of evidence supports Acceptance and Commitment Therapy (ACT) as an efficacious therapeutic approach for smoking cessation. According to the ACT model, many problem behaviours are functionally similar: They are unhealthy efforts to avoid or control aversive internal experiences. Rather than attempting to change the content or intensity of these experiences, ACT promotes smoking cessation by altering clients' relationship with their experience. In this skills class, participants will be trained in an ACT protocol for smoking cessation. The protocol is based on research from an ongoing randomised controlled trial being conducted in University College Dublin. Participants in this skills class will be guided through innovative exercises designed to engage clients in the processes of attention to the present moment, experiential acceptance, cognitive defusion, the observing self, values clarification and committed action to promote smoking cessation. Although the protocol was designed to be delivered as a group intervention for adults, large parts will also be applicable when working with individual clients. Materials covered will include experiential exercises, cultivating willingness to experience the discomfort of smoking cessation, clarifying personal values underlying the decision to quit and working with barriers to smoking cessation.

Learning Outcomes:

- Utilise an ACT-based group approach for smoking cessation
- Describe rationales for engaging in ACT core processes to promote smoking cessation
- Apply experiential exercises and metaphors to help clients quit smoking



## **42 Afternoon Plenary**

### **Living life from the feet up: Creating well-being in the larger context of Earth, animals and humans.**

Sidlaw Auditorium 4:55 - 5:55pm

#### **Robyn D Walser\* PhD**

**Robyn D Walser PhD** is Director of TL Consultation Services, Assistant Professor at the University of California, Berkeley, and works at the National Center for PTSD. As a licensed psychologist, she maintains an international training, consulting and therapy practice. Dr Walser is an expert in ACT and has co-authored four books on ACT including a book on learning ACT. She also has expertise in traumatic stress, depression and substance abuse and has authored a number of articles and chapters and books on these topics. She has been doing ACT workshops since 1998; training in multiple formats and for multiple client problems. Dr Walser has been described as a "passionate, creative, and bold ACT trainer and therapist" and she is best known for her dynamic, warm and challenging ACT trainings. She is often referred to as a clinician's clinician. Her workshops feature a combination of lecture and experiential exercises designed to provide a unique learning opportunity in this state-of-the-art intervention.

## Local restaurants near to the EICC

Edinburgh has hundreds of great eateries, catering for all tastes and budgets. In addition to the list below, from Marketing Edinburgh, have a look at the following link to The List, Eating and Drinking Guide. Simply type Edinburgh in the Location bar. You can then filter by a number of criteria, such as food type and distance.

<https://food.list.co.uk/>

**Brasserie Les Amis** offers a unique opportunity to enjoy the very best of French and Scottish cuisine in the heart of Edinburgh. With a passion for sourcing local and seasonal ingredients they bring you inspired menus and classic dishes all served in a relaxed environment.

Distance from the EICC: 27 Second Walk • Tel: **0131 228 7517** • Website: [www.brasserielesamis.co.uk](http://www.brasserielesamis.co.uk)

**Rodi's Turkish BBQ Restaurant** offers the best in Turkish cuisine, all freshly prepared daily from locally sourced ingredients then cooked to perfection on a traditional Ocakbasi (open BBQ) in their open plan kitchen. Choose from lamb, chicken, fish or vegetarian dishes.

Distance from the EICC: 50 Second Walk • Tel: **0131 2292727** • Website: [www.rodibbq.co.uk](http://www.rodibbq.co.uk)

**The Atelier** is a must visit on Edinburgh's dining scene – highly rated amongst some of Edinburgh's finest and most well-known eateries for fine food, fine wine in a relaxed, friendly atmosphere. Modern European dishes infused with a hint of Caledonia, is the perfect description of what you can expect when you dine with us.

Distance from the EICC: 2 Minute Walk • Tel: **0131 6295040** • Website: [www.theatelierrestaurant.co.uk](http://www.theatelierrestaurant.co.uk)

**Vietnam House** opened in Edinburgh during 2011 and is Edinburgh's first Vietnamese restaurant. They focus upon providing deliciously healthy and authentically prepared Vietnamese food in an informal environment. It is a family business which offers traditional Vietnamese dishes, cooked with fresh local produce and authentically sourced spices to give you the "real" taste of Vietnam.

Distance from the EICC: 3 Minute Walk • Tel: **0131 228 3383** • Website: [www.vietnamhouse.co.uk](http://www.vietnamhouse.co.uk)

**One Square** is a comfortably modern bar and restaurant at the heart of Edinburgh. Vibrant and informal with an inventive range of British dishes and drinks list to impress even the most learned of cocktail connoisseurs. Hearty and honest, the One Square menu is home to a seasonal selection of signature creations, as well as our ever-popular Inverurie burger, dry-aged Flat Iron steaks and beer-battered Scabster haddock and chips.

Distance from the EICC: 4 Minute Walk • Tel: **0131 221 6422** • Website: [www.onesquareedinburgh.co.uk](http://www.onesquareedinburgh.co.uk)

**McKirdy Steak House** The McKirdys have been butchers in and around the Edinburgh and East Lothian area since 1895, gaining a reputation for the very highest quality meat available; a quality that is now available at McKirdy's Steakhouse. They also have BYOB.

Distance from the EICC: 2 Minute Walk • Tel: **0131 2296660** • Website: [www.mckirdysteakhouse.co.uk](http://www.mckirdysteakhouse.co.uk)

**Bar Italia Ristorante** Family run restaurant serving authentic Italian food using only the finest quality ingredients. The menu emphasises the use of simple, fresh produce, lovingly combined to bring out the best of a wide range of classic & contemporary Italian dishes. The homemade, traditional pasta is produced on site at Bar Italia which adds to the authenticity of the Italian cuisine.

Distance from the EICC: 4 Minute Walk • Tel: **0131 228 6379** • Website: [www.baritalia-edinburgh.co.uk](http://www.baritalia-edinburgh.co.uk)

# Conference Planner

Tuesday 22 and Wednesday 23 November 2016

Date & Time	Intermediate / Advanced Pre-conference workshop	Introductory Pre-conference Workshop	Single Day Pre-conference Workshops
<b>Level 1</b>	<b>Carrick Suite</b>	<b>Ochil Suite</b>	<b>Harris Suite</b>
<b>Tues 22 Nov 9:00 – 5:00</b>	<b>1. Robyn Waiser* PhD</b> <b>Day 1:</b> Beyond the basics in Acceptance & Commitment Therapy: Advancing through use of the therapeutic relationship and implementing the processes with flexibility & effectiveness	<b>2. Dr Richard Bennett* &amp; Dr Joe Oliver*</b> <b>Day 1:</b> ACTivating your practice: An introductory Acceptance and Commitment Therapy (ACT) workshop	<b>3. Dr Helen Bolderston</b> Adapting ACT for people with personality disorder
<b>Wed 23 Nov 9:00 – 5:00</b>	<b>1. Robyn Waiser* PhD</b> <b>Day 2:</b> Beyond the basics in Acceptance & Commitment Therapy: Advancing through use of the therapeutic relationship and implementing the processes with flexibility & effectiveness	<b>2. Dr Richard Bennett* &amp; Dr Joe Oliver*</b> <b>Day 2:</b> ACTivating your practice: An introductory Acceptance and Commitment Therapy (ACT) workshop	<b>4. Dr Ross White*</b> ACTing to promote community wellbeing
<b>Level 0: Lomond Suite Wed 23 Nov 5:45 – 8:30</b>	<b>Welcome Reception and Poster Presentations</b>		

# Conference Schedule

Thursday 24 November 2016 - Morning Session

Time	Activity	Sidlaw	Harris 1	Harris 2	Ochil 2 & 3	Ochil 1
9:00 - 10:00am	Morning Keynote	RFT/Basic Science	Beyond the Therapy Room: CBS in Different Sectors	Other	Meeting Places of CBS and Other Approaches	Working with Complex/Enduring Presentations
<b>5. Helen Bolderston:</b> Towards a culture of cooperation in psychotherapy development and research Introduced by David Gillanders						
10:05 - 11:20am	Morning Session 1	<b>SKILLS CLASS:</b> <b>6. How to do Relational Frame Theory research Part 1</b> Louise McHugh* Charlotte Dack Nic Hooper Nigel Vahey Lynn Farrell Ahmet Nalbant	<b>SKILLS CLASS:</b> <b>7. CFT for Dummies: Bridging theory &amp; practice</b> Mary Welford (Keynote Speaker)	<b>SKILLS CLASS:</b> <b>8. A whistle stop experiential introduction to ACT</b> Elizabeth Burnside	<b>SKILLS CLASS:</b> <b>9. Compassionate ACT in the Context of End of Life &amp; Bereavement</b> Martin Brock*	<b>SYMPOSIUM:</b> <b>10. ACT and long-term physical health conditions I</b> Vasiliki Christodoulou Katerina Artemiou Carolyn Cheasman Rachel Everard Christopher Graham Anne-Marie Doyle (Chair / Discussant)
11:20 - 11:45am	Break	<b>Level 0: Strathblane</b> <b>Coffee Break</b>				
11:45 - 1:00pm	Morning Session 2	<b>SKILLS CLASS:</b> <b>6. How to do Relational Frame Theory research Part 2</b> Louise McHugh* Charlotte Dack Nic Hooper Nigel Vahey Lynn Farrell Ahmet Nalbant	<b>SKILLS CLASS:</b> <b>11. Mindfulness and Acceptance for Gender and Sexual Minorities</b> Aisling Curtin*	<b>SKILLS CLASS:</b> <b>8. A whistle stop experiential introduction to ACT</b> Elizabeth Burnside	<b>PANEL DISCUSSION:</b> <b>12. Supervision and Training: What can contextual behavioural science bring?</b> Eric Morris (Chair) Robyn Walser* Yvonne Barnes-Holmes* David Gillanders* Richard Bennett*	<b>SYMPOSIUM:</b> <b>13. ACT in the Workplace: Innovations in Research</b> Joda Lloyd (Chair) Rachael Skews Annell Gascoyne Danni Lamb Paul Flaxman (Discussant)

Conference themes are colour coded through the programme, ACBS Peer reviewed trainers are denoted by asterisk\*

# Conference Schedule

Thursday 24 November 2016 - Afternoon Session

Time	Activity	Sidlaw	Harris 1	Harris 2	Ochil 2 & 3	Ochil 1
1:00 - 2:00pm 1:15 - 1:50pm	Lunch Open meeting	RFT/Basic Science	Beyond the Therapy Room: CBS in Different Sectors	Other	Meeting Places of CBS and Other Approaches	Working with Complex/Enduring Presentations
2:00 - 3:15pm	Afternoon Session 1	Level 0: Strathblane Harris 1	Lunch ACT for Health SIG Meeting (Convener: Giuseppe Deledda)			
		<b>INVITED PANEL DISCUSSION:</b> 14. Fellow travellers: Points of connection and points of disconnection between third wave therapies. Chair: David Gillanders* Robyn Walser* Mary Welford Helen Bolderston Louise McHugh*	<b>SKILLS CLASS:</b> 15. "The Thriving Adolescent" An Introduction to Hayes and Ciarrochi's DNA-V approach to developing 'flexible strength' Jim Lemon	<b>SKILLS CLASS:</b> 16. "I'm just not the person I used to be"; working with a changing sense of self using ACT Ray Owen	<b>SKILLS CLASS:</b> 17. Ten mistakes you don't want to make as a therapist? (Part 1) Rikke Kjelgaard*	<b>SYMPOSIUM:</b> 18. Hierarchical, conditional and complex relational framing and their impact on motivation and intelligence. Nic Hooper (Chair) Teresa Mulhern Varsha Eswara Murthy Shane McLoughlin Ian Tyndall (Discussant)
3:15 - 3:35pm	Break	Level 0: Strathblane	<b>Coffee Break</b>			
3:35 - 4:50pm	Afternoon Session 2	<b>SYMPOSIUM:</b> 19. Scratching the Surface: The Diverse Applications of the IRAP as a Non-Relative Measure of Implicit Cognition Charlotte Dack (Chair) Lynn Farrell Louise McHugh* Nigel Vahey Ian Hussey (Discussant)	<b>SKILLS CLASS:</b> 20. Building shame resilience across the disorders Lisa Williams Anna Smith	<b>SYMPOSIUM:</b> 21. Exploring treatment targets and novel methods of increasing psychological flexibility in young people with diabetes Nuno Ferreira (Chair) Estelle Barker Lorraine Lockhart Emma Nieminen Jim Lemon (Discussant)	<b>SKILLS CLASS:</b> 17. Ten mistakes you don't want to make as a therapist? (Part 2) Rikke Kjelgaard*	<b>SYMPOSIUM:</b> 22. Interventions beyond the therapy room Olivia Donnelly Nic Hooper Freddy Jackson Brown Miles Thompson (Chair/ discussant)
4:55 - 5:55pm	Afternoon Keynote	Sidlaw	<b>23. Mary Welford: Building relationship: with our 'selves' and each other - Introduced by Ross White</b>			
7.30 - midnight	Evening Social	Level 0: Lomond Suite	<b>The Follies</b>			

# Conference Schedule

Friday 25 November 2016 - Morning Session



Time	Activity	Sidlaw	Harris 1	Harris 2	Ochil 2 & 3	Ochil 1
9:00 - 10:00am	<b>Morning Keynote</b>	<b>Sidlaw</b>	<b>24. Louise McHugh:</b> Language as a tool in the clinical environment - Introduced by Joe Oliver			
10:05 - 11:20am	<b>Morning Session 1</b>	<p><b>SKILLS CLASS:</b></p> <p><b>25. Clinical RFT in practice: an interactive video demonstration</b> Yvonne Barnes-Holmes* Richard Bennett* John Boorman Joe Oliver* Miles Thompson</p>	<p><b>SYMPOSIUM:</b></p> <p><b>26. ACT in the Workplace: New Insights</b> Joda Lloyd (Chair) Paul Flaxman Ross McIntosh Robyn Walser* (Discussant)</p>	<p><b>SYMPOSIUM:</b></p> <p><b>27. Defusion and Self</b> Louise McHugh* (Chair / Discussant) Arianna Prudenzi Tracey McDonagh Varsha Eswara-Murthy Ian Tyndal</p>	<p><b>SKILLS CLASS:</b></p> <p><b>28. ACTIVE Body Part I: Embodying ACT principles whilst working with people with chronic pain</b> Graciela Rovner*</p>	<p><b>SYMPOSIUM:</b></p> <p><b>29. Recent Developments in Working with People with Psychosis and their Carers: Beyond Individual Therapy</b> Louise Johns (Chair) Gillian Nightall Vivienne Hopkins Edel Crehen Maria João Martins Eric Morris (Discussant)</p>
11:20 - 11:45am	<b>Break</b>	<b>Level 0: Strathblane</b>	<b>Coffee Break</b>			
11:45 - 1:00pm	<b>Morning Session 2</b>	<p><b>SKILLS CLASS:</b></p> <p><b>25. Clinical RFT in practice: an interactive video demonstration</b> Yvonne Barnes-Holmes* Richard Bennett* John Boorman Joe Oliver* Miles Thompson</p>	<p><b>SYMPOSIUM:</b></p> <p><b>30. Helping the helpers</b> Nuno Ferreira (Chair) Catriona George Charlie Allanson-Oddy Rachael Williams Louise Hankinson</p>	<p><b>SYMPOSIUM:</b></p> <p><b>31. Compassion and flexibility around weight and eating</b> Helen Moffat Fiona Campbell Lara Palmeira Elizabeth Burnside (Chair / Discussant)</p>	<p><b>SKILLS CLASS:</b></p> <p><b>28. ACTIVE Body Part II: Guiding Body Based Interventions with people with chronic pain</b> Graciela Rovner*</p>	<p><b>SYMPOSIUM:</b></p> <p><b>32. Developments &amp; challenges in CBS: Psychoeducational delivery, eHealth concerns, &amp; mixed methods approaches to naturalistic suicide data</b> Neil Frude Jim Handley Jessica Cartwright Martin O'Connor Ian Hussey (Chair)</p>

# Conference Schedule

Friday 25 November 2016 - Afternoon Session

Time	Activity	Sidlaw	Harris 1	Harris 2	Ochil 2 & 3	Ochil 1
1:00 - 2:00pm	Lunch Open meeting Open meeting	RFT/Basic Science	Working with Complex/Enduring Presentations	Meeting Places of CBS and Other Approaches	Other	Other
1:15 - 1:50pm						
1:10 - 1:50pm						
2:00 - 3:15pm	Afternoon Session 1	<b>Level 0: Strathblane</b> <b>Harris 1</b> <b>Ochil 1</b> <b>SYMPOSIUM:</b> <b>33. New frontiers in IRAP research</b> Louise McHugh* (Chair) Corinna Stewart Ian Hussey Annalisa Oppo Nigel Vahey (Discussant)	<b>SYMPOSIUM:</b> <b>34. Recent empirical developments in ACT for long-term health conditions II</b> Whitney Scott (Chair) Graciela Rovner* David Gillanders* Christopher Graham (Discussant)	<b>SKILLS CLASS:</b> <b>35. "3 Spots" - the ACT processes embodied</b> Martin Bonensteffen Fleur Joyce	<b>SKILLS CLASS:</b> <b>36. Increase your precision in ACT through functional analytic psychotherapy (FAP)</b> Aisling Curtin*	<b>SYMPOSIUM:</b> <b>37. Adapting ACT for an Intellectual Disabilities Population</b> Helen Lynn (Chair) Steve Noone Matthew Selman Mark Oliver
3:15 - 3:35pm	Break	<b>Level 0: Strathblane</b> <b>SYMPOSIUM:</b> <b>38. The scalpel is to the surgeon as language is to the therapist: Empirical RFT research on analogy, pseudo analogy, and levels of derivation / complexity</b> Miles Thompson (Chair) Ian Hussey Shane McLoughlin Nic Hooper (Discussant)	<b>SKILLS CLASS:</b> <b>39. Valuing the Caregiver: Introduction to a new group intervention for dementia caregivers using Acceptance and Commitment Therapy</b> Catriona George Nuno Ferreira	<b>SKILLS CLASS:</b> <b>40. ACTivate your supervision</b> Martin Wilks* Sue Hart	<b>SKILLS CLASS:</b> <b>36. Increase your precision in ACT through functional analytic psychotherapy (FAP)</b> Aisling Curtin*	<b>SKILLS CLASS:</b> <b>41. Delivering Acceptance and Commitment Therapy for Smoking Cessation</b> Louise McHugh* & Martin O'Connor
3:35 - 4:50pm	Afternoon Session 2					
4:55 - 5:55pm	Afternoon Keynote	<b>Sidlaw</b> <b>42. Robyn Walser*: Living life from the feet up: Creating well-being in the larger context of Earth, animals and humans - Introduced by Martin Wilks</b>				
5:55 - 6:00pm	Closing remarks: David Gillanders / Ross White					

## Notes

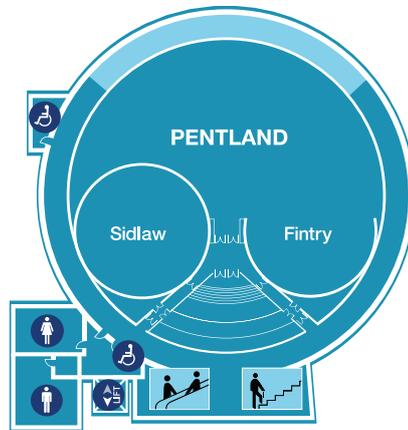


# Notes

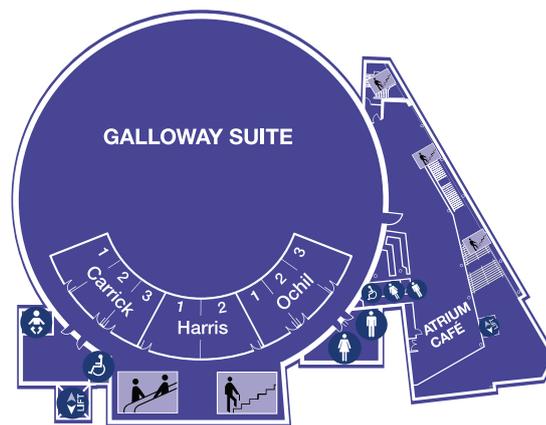


# The EICC venue plan

## Level 3



## Level 1



## Level 0

