



New England (HHS Region 1)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Acceptance and Commitment Therapy (ACT) for Early Psychosis

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Webinar on 5/15/19, sponsored by the New England MHTTC's Early Psychosis Learning Collaborative



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Click [here](#) to join the Early Psychosis
Learning Collaborative!

Disclosures

- ♦ **Brandon Gaudiano, Ph.D.** receives grant funding from the National Institutes of Health and Brown Mindfulness Center. He also receives royalties from Oxford University Press and Routledge/Taylor & Francis, and consults for McKesson/Change Healthcare.
- ♦ **Michelle Friedman-Yakoobian PhD** receives grant support from the National Institute of Mental Health, Substance Abuse and Mental Health Services Administration New England Technology Transfer Center and the Massachusetts Dept of Mental Health

Webinar Overview:

1. What is ACT?
2. What is the evidence base for ACT for psychosis?
3. Application of ACT for first episode psychosis (FEP) and clinical high risk (CHR)
4. Case example

What is ACT?

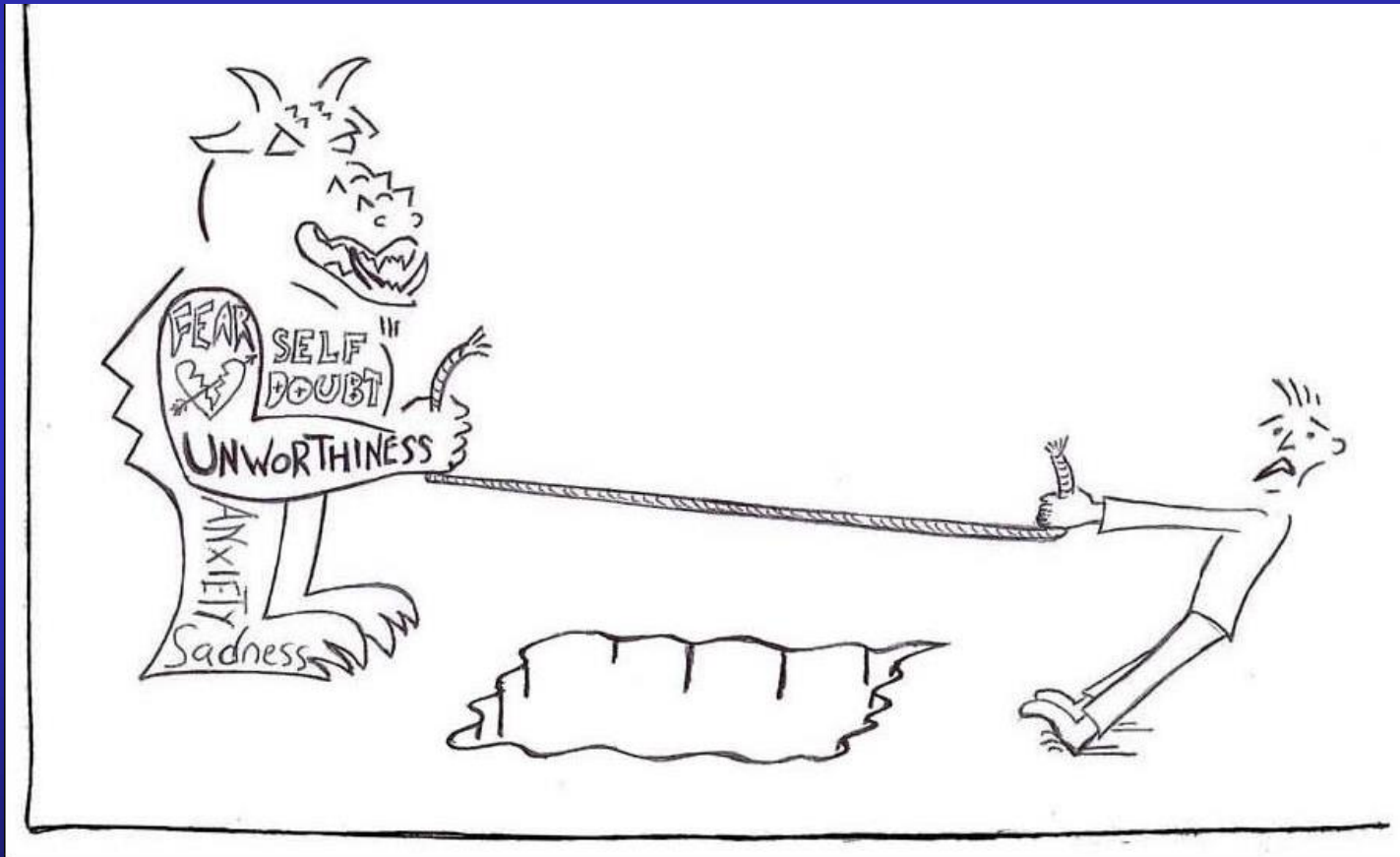
- ◆ Behaviorally-based intervention
- ◆ Incorporates acceptance and mindfulness strategies to help people disentangle from difficult thoughts and feelings
- ◆ In order to engage in behavior that is guided by personal values.

What is the goal of ACT?

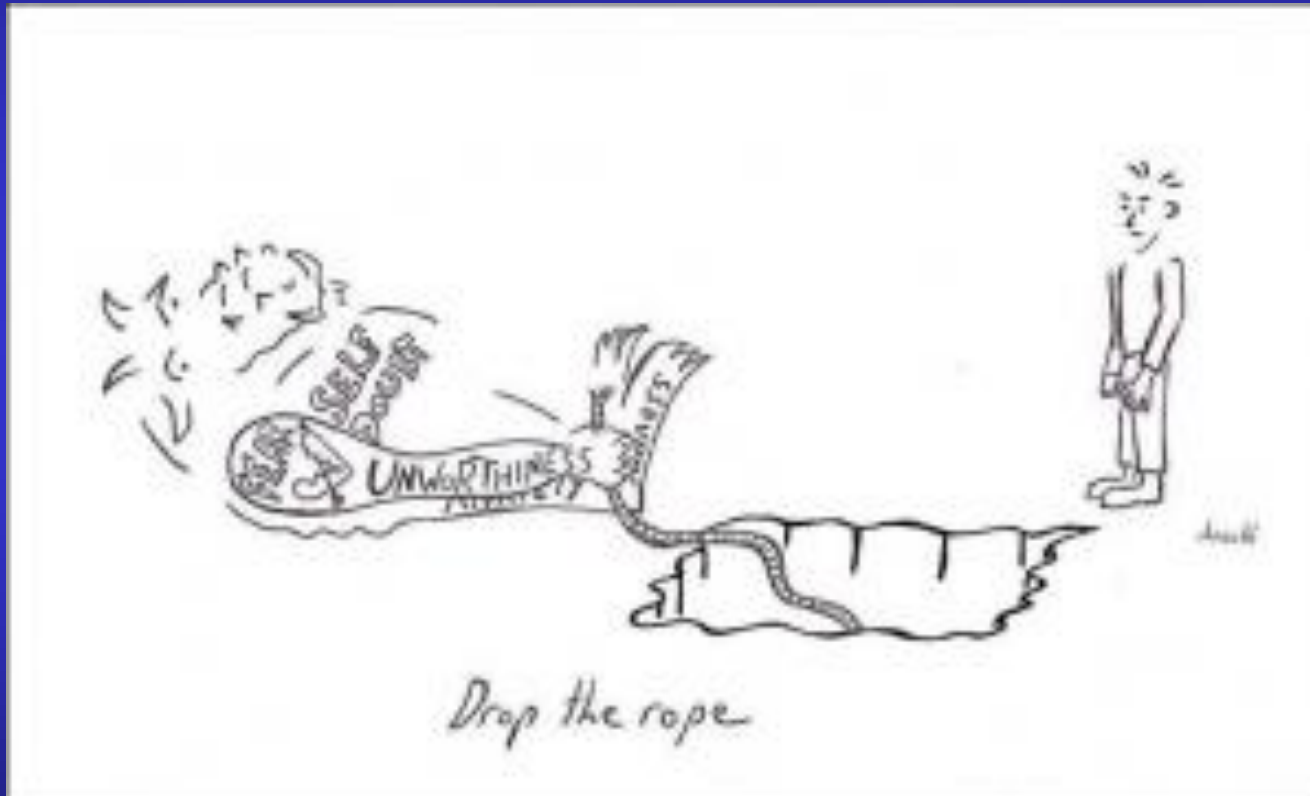
“Creating a rich, full and meaningful life while accepting the pain that inevitably goes with it.”

Harris (2009) *Act Made Simple*, New Harbinger Publications, Inc., p 7.

The Control-Agenda/ Psychological Inflexibility/ Unwillingness/ Experiential Avoidance

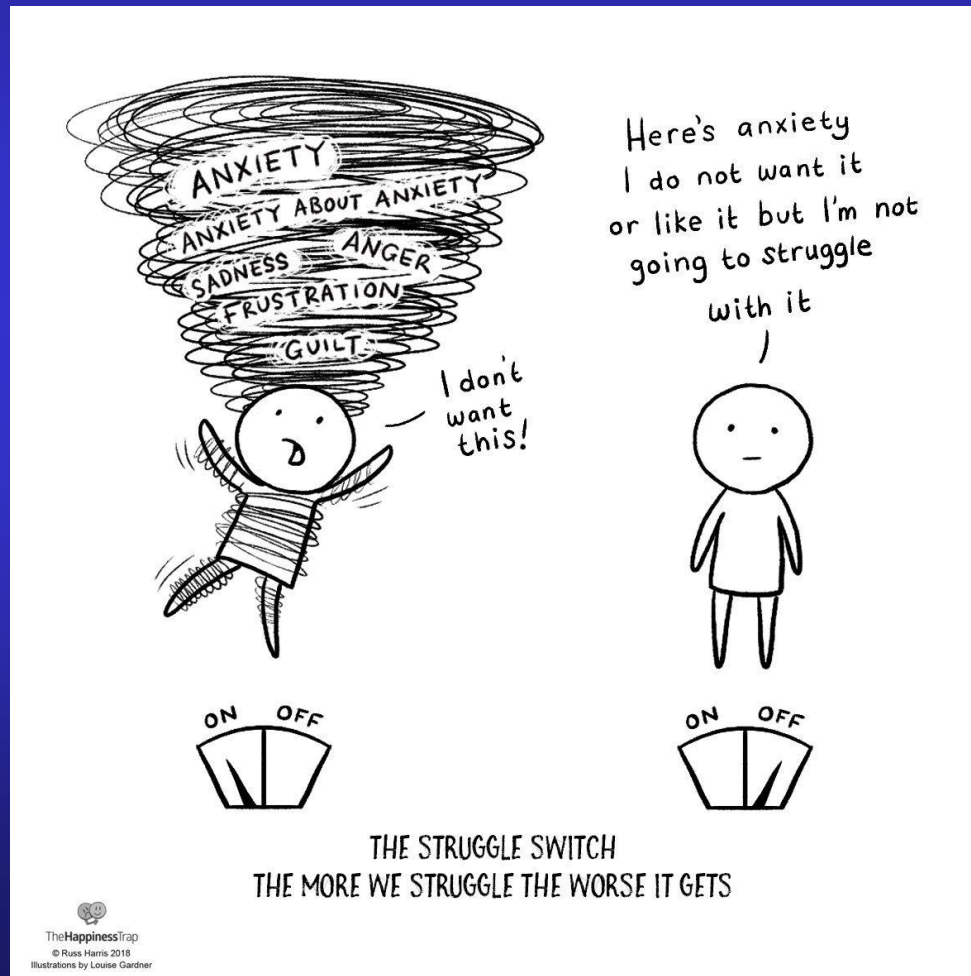


Willingness/ Acceptance/ Psychological Flexibility



<https://www.thecareerpsychologist.com/tug-of-war-with-the-anxiety-monster/>

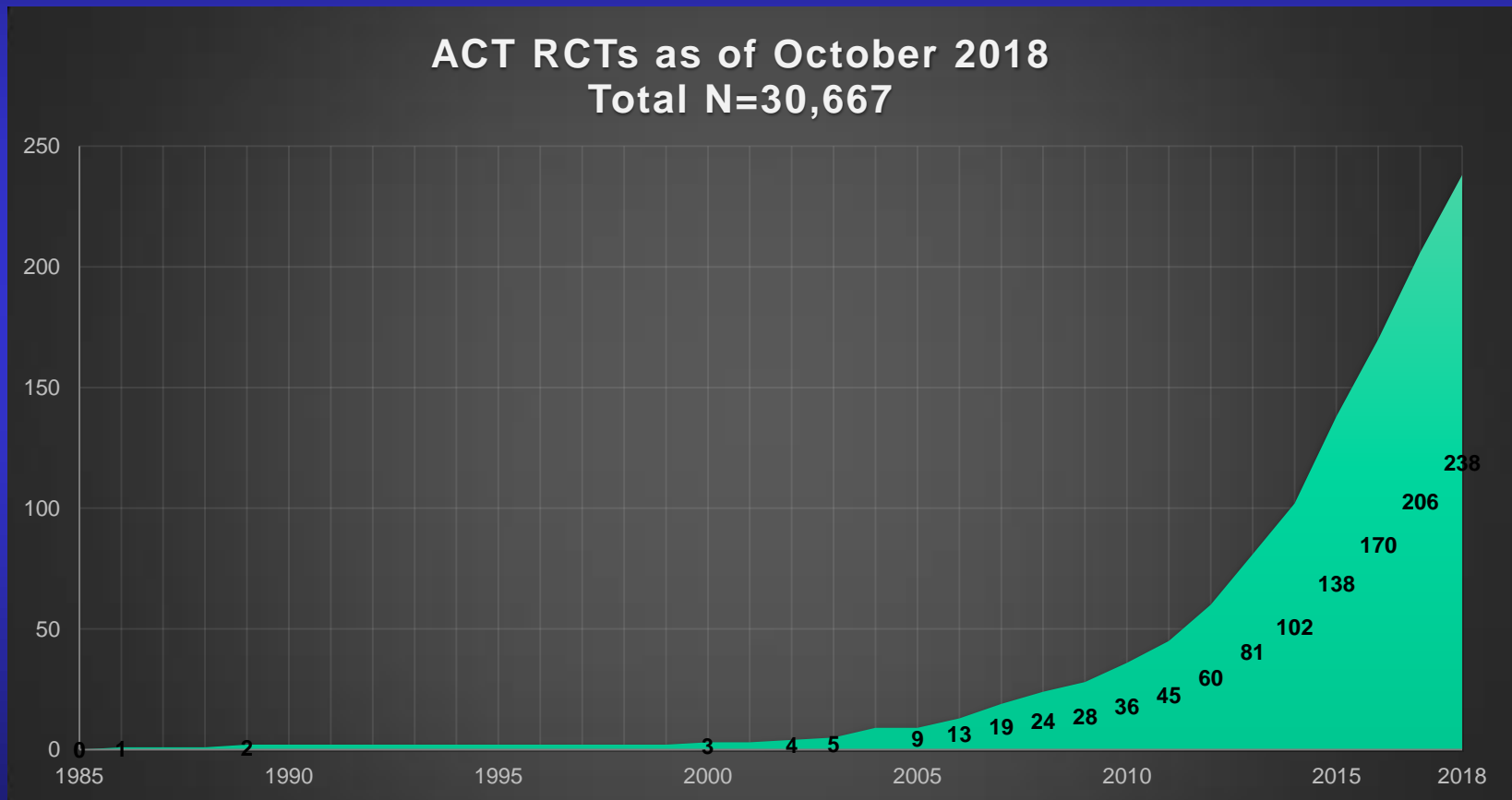
Making space for difficult internal experiences while taking action towards values



Experiential avoidance/
control agenda is
transdiagnostic. So is ACT.

ACT has a growing evidence base
for efficacy in treating individuals
experiencing depression, anxiety
disorders, diabetes, chronic pain,
addiction, parenting stress and
psychosis

Over 200 ACT clinical trials to date



39 studies, total n = 1,821

A-Tjak et al (2015) Meta-Analysis

ACT vs Comparison Conditions (Primary Outcomes)

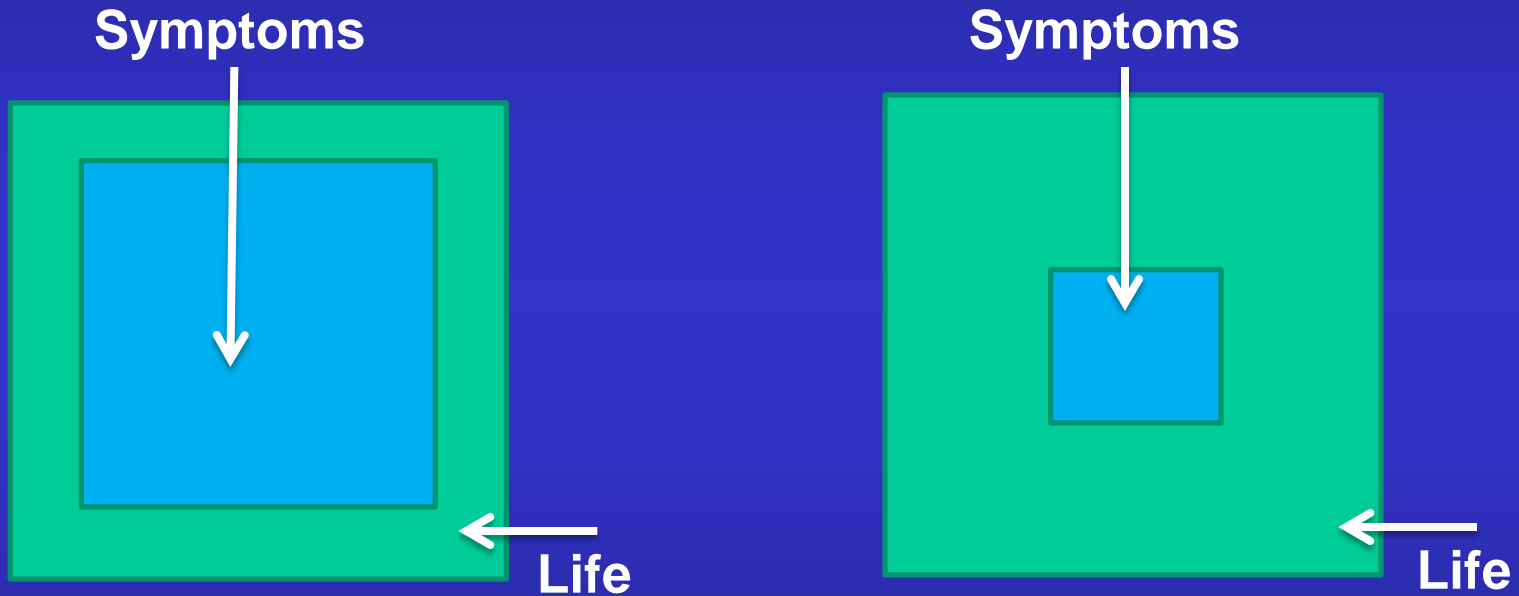


ACT > Controls for primary outcomes, quality of life, and process measures

ACT theory/ formulation is compatible with other cognitive and behavioral therapies

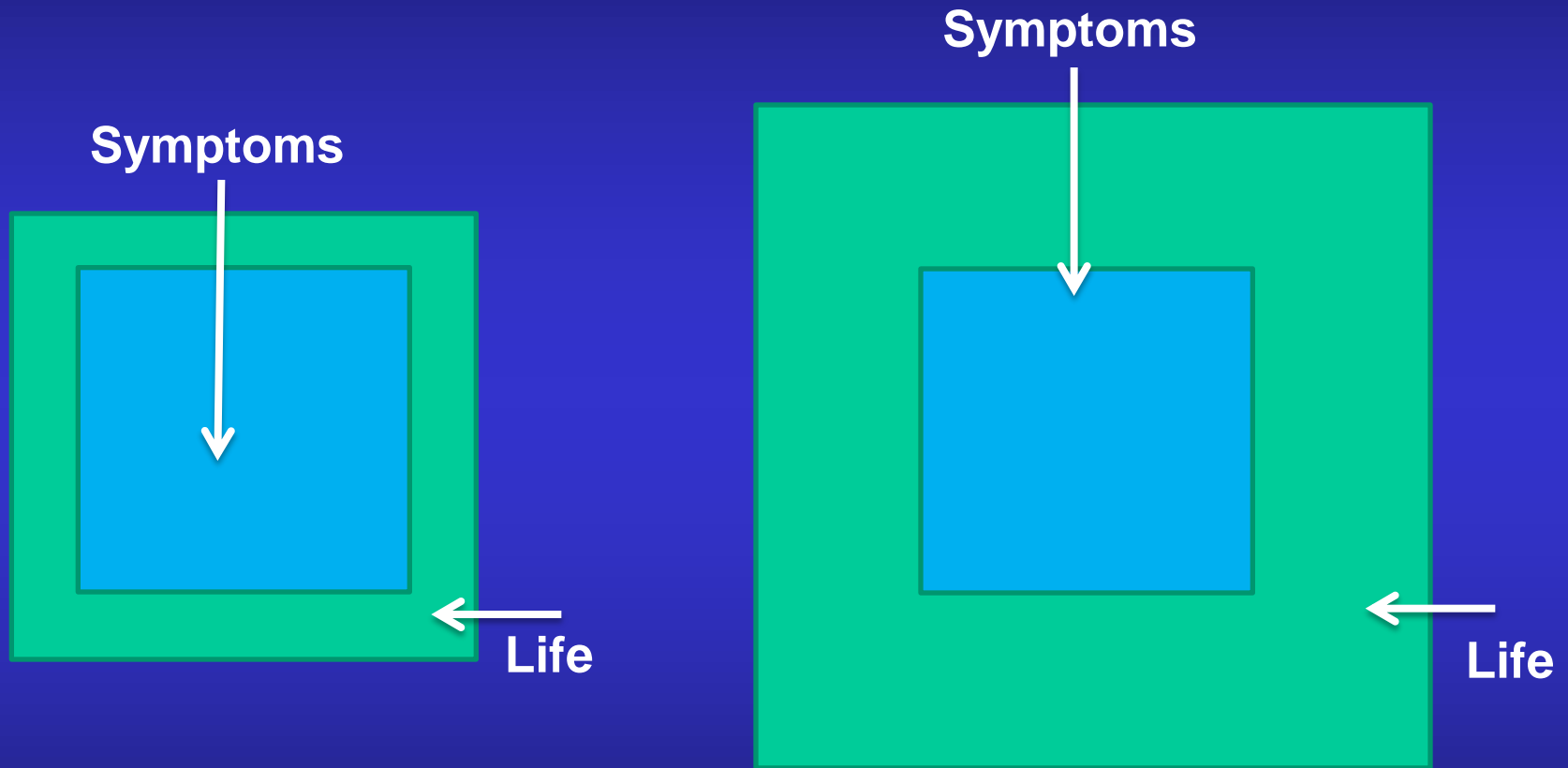
- ◆ Including DBT, CBT (especially more behaviorally-oriented approaches), motivational interviewing, metacognitive therapy, etc., etc.

Conceptual Difference



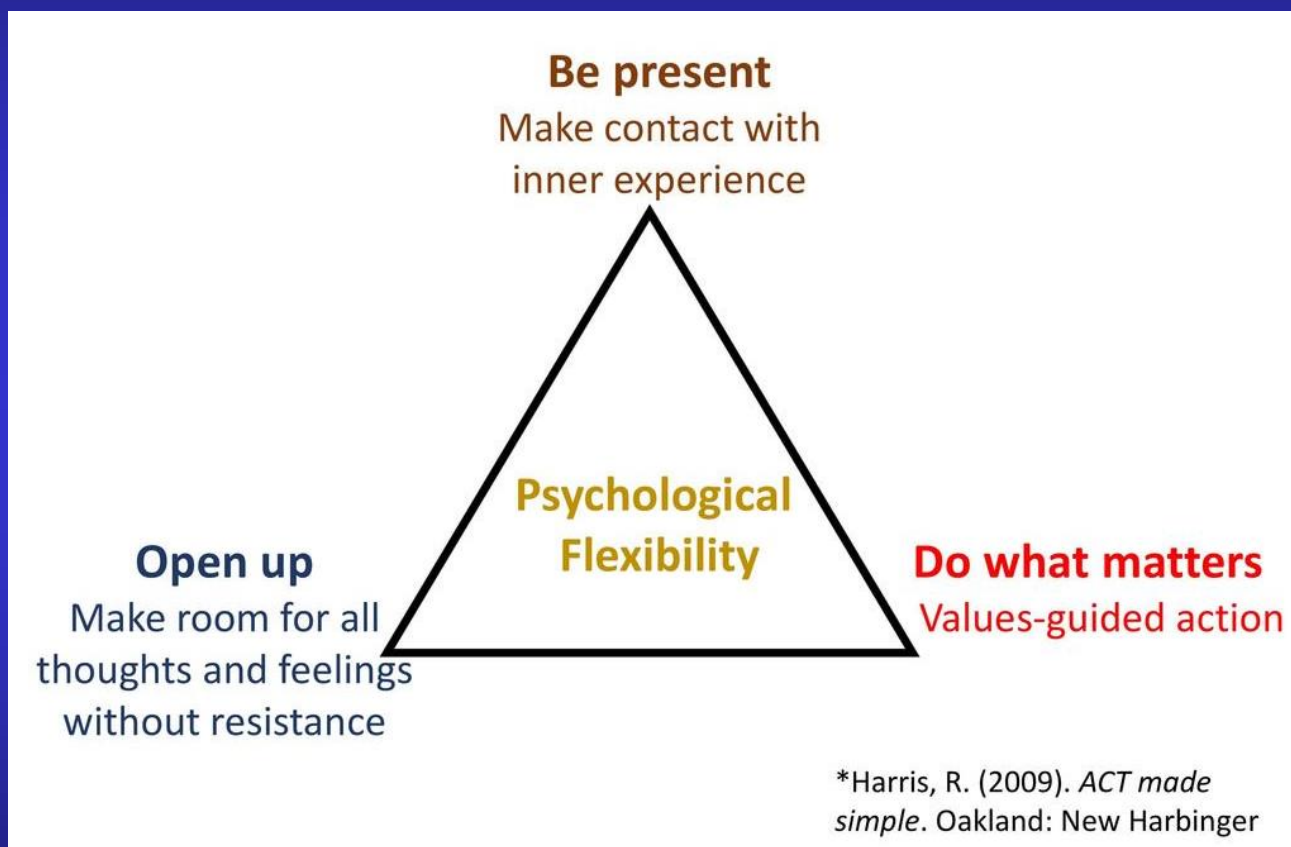
Many traditional therapies

Conceptual Difference

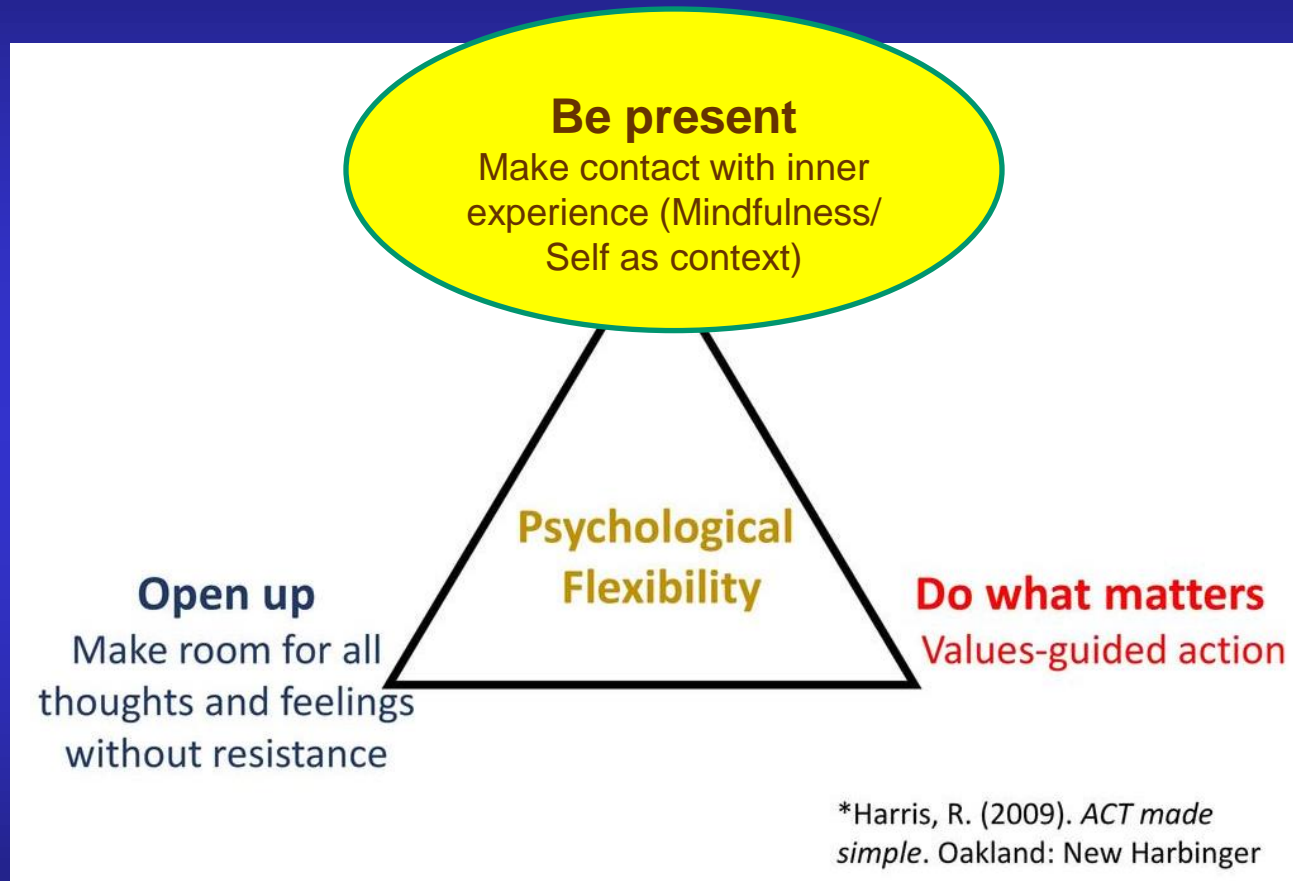


ACT

ACT Treatment Processes



ACT Treatment Processes



Mindfulness



Paying attention on purpose to the present moment, without judgment.

Some Present Moment Mindfulness Exercises

- ◆ Paying attention to breath
- ◆ Body Scan
- ◆ Clap and notice how long sensation lingers
- ◆ Listening to music with full attention
- ◆ Playing with pet with full attention
- ◆ Mindfulness concentration games

Self as observer separate from experiences



https://www.youtube.com/watch?v=dz_nexLqY_8

Be present
Make contact with
inner experience

**Psychological
Flexibility**

Do what matters
Values-guided action

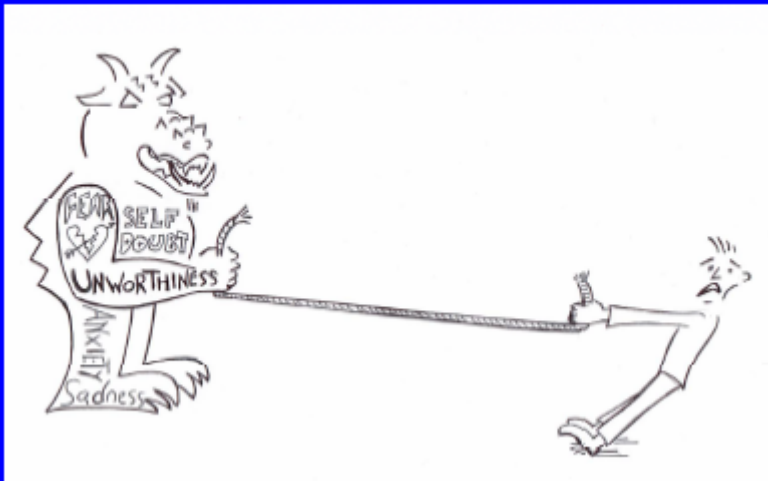
Open Up
Make room for all
thoughts and feelings
without resistance
(defusion/ acceptance)

*Harris, R. (2009). *ACT made
simple*. Oakland: New Harbinger

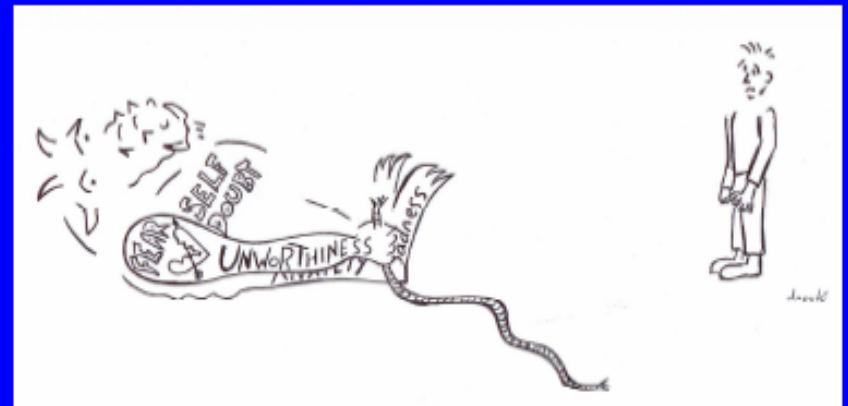
What is acceptance/ willingness?

- ♦ Allowing thoughts/ feelings/ internal experiences to be as they are
- ♦ Opening up /making room – dropping the struggle

Struggling to get rid of our emotions can be like playing tug of war with a monster



What is the alternative to struggle?



What acceptance is not:

- ♦ Passively accepting a bad life situation rather than taking action to change it
- ♦ “Bucking up”
- ♦ A technique

Acceptance is a process that involves practicing being willing to make room for thoughts/ feelings/ internal experiences that come up while doing things that matter.

Pain vs. Suffering



YOU CAN'T GET RID OF YOUR FEARS...
BUT YOU CAN LEARN TO LIVE WITH THEM



Y U NO VISIT 9GAG.COM

Cognitive Fusion:

Fixed beliefs, rules, judgments that seem like self-evident truth to an individual and influence their willingness to engage in valued actions.

Adapted from Ciarrochi & Mercer (2005)

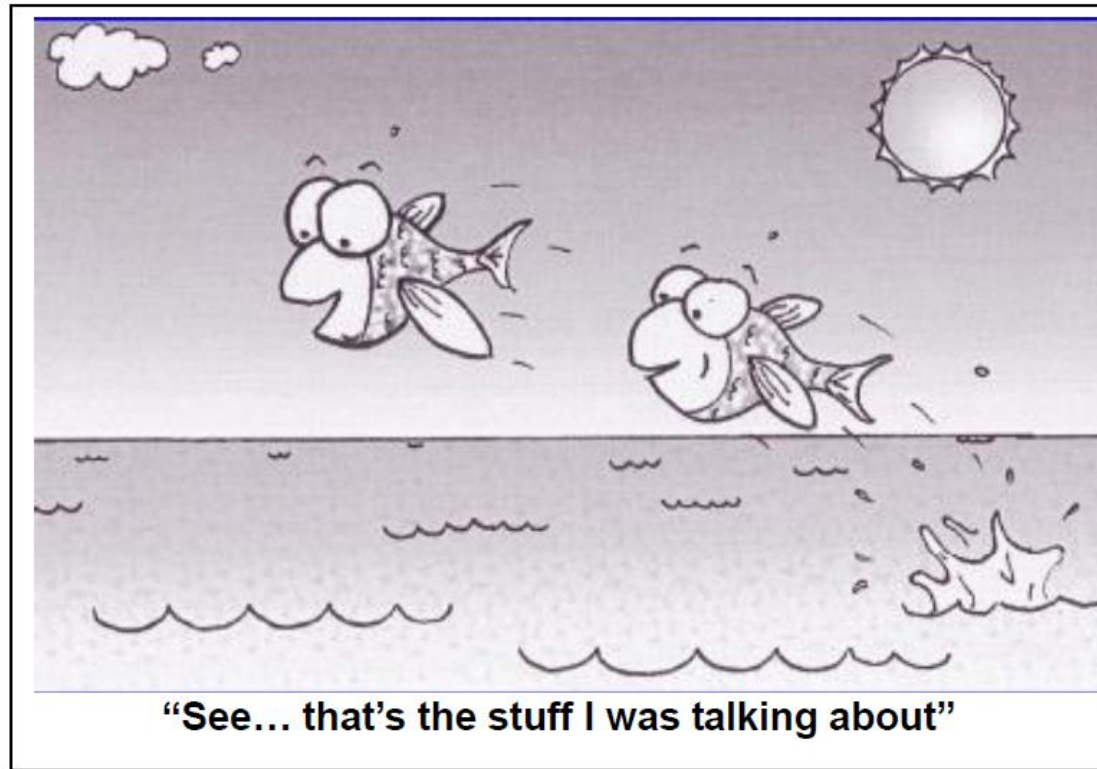


Illustration from Ciarrochi & Mercer (2005)

I'm too
anxious/ tired/
depressed to
do X.

I must be alone
when I hear
voices or I'll
hurt someone

You can't trust
people because
they will leave
you.



I'm a loser.

I not smart /
good enough
to be at this
school.

There's no
point in trying
because it
won't work

Seeing the world through SH**T colored glasses
(Russ Harris ACT in Context Podcast)

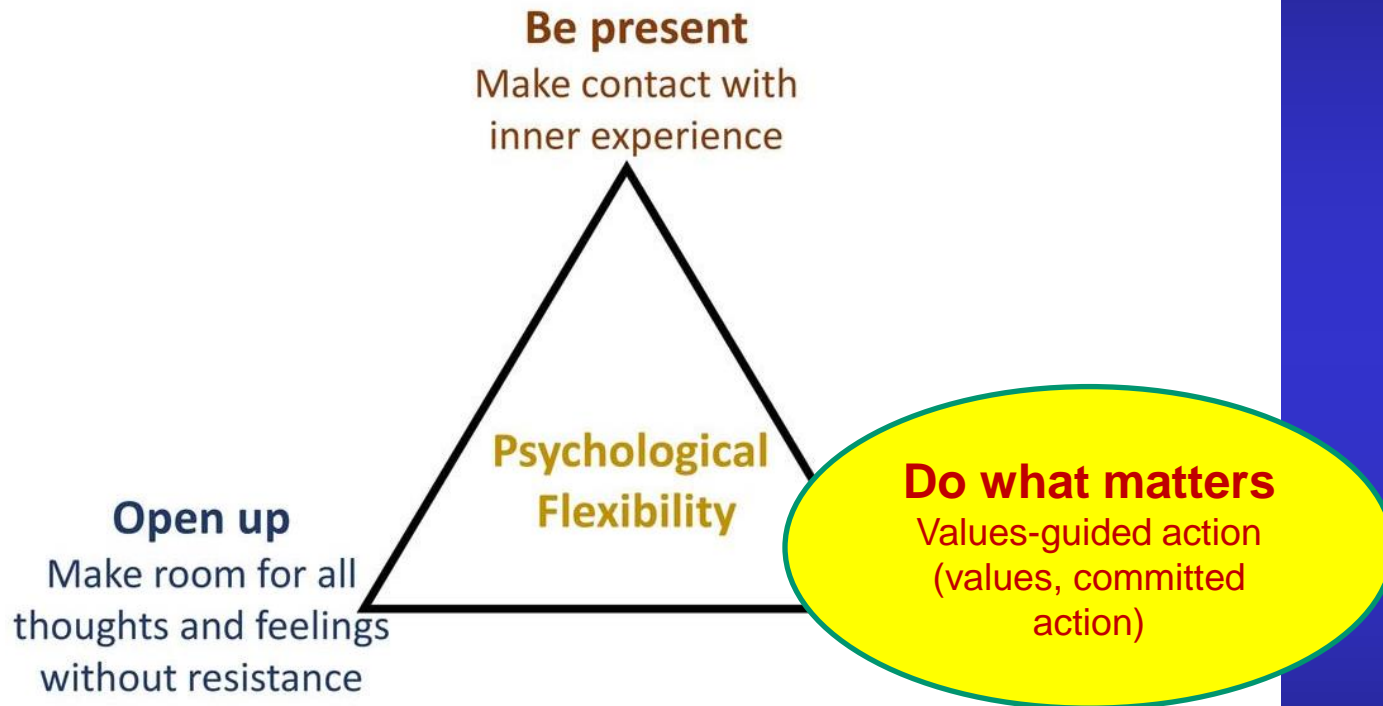
Illustration from Ciarrochi & Mercer (2005)

Defusion exercises:

- ◆ Noticing the mind
- ◆ How useful is it to get all caught up in what your mind is telling you right now?
- ◆ Thoughts/ words are a collection of sounds that have been given meaning (milk milk milk and other variations)
- ◆ Exploring the origin of fused beliefs

Try this out

1. Think of a nasty belief or judgment about yourself that has shown up for you recently (i.e., I am incompetent)
2. Focus on it (repeat it out loud or in your mind and fuse with it) for 30 sec
3. Now think of that judgment again, but this time add this phrase first
4. “I’m having the thought that _____”
5. Now add, “I’m noticing I’m having the thought that _____”



*Harris, R. (2009). *ACT made simple*. Oakland: New Harbinger

Values vs. Goals



Living Your Values



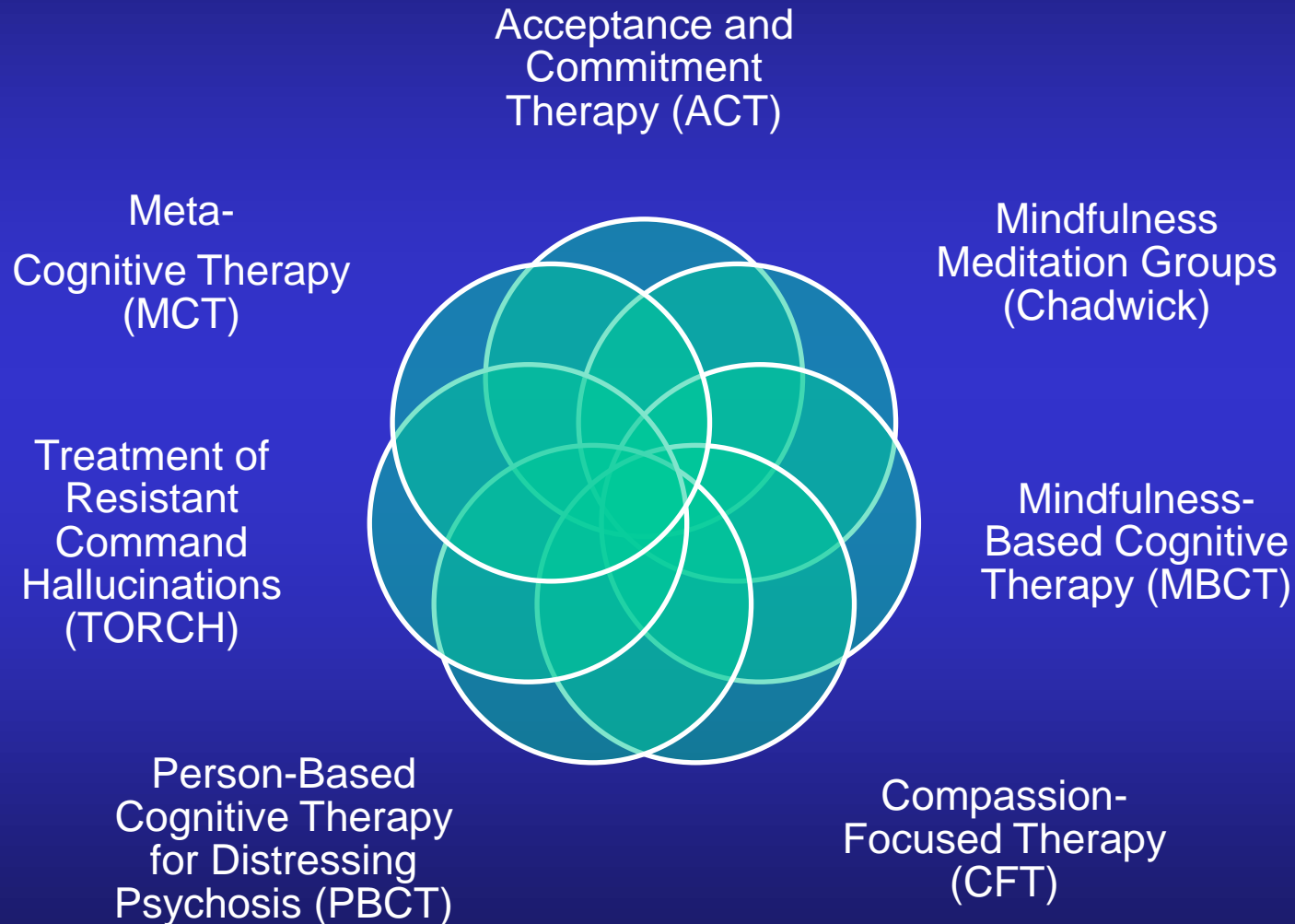
When you are living by these values, how will you:

- *Treat yourself?*
- *Treat others?*
- *Treat your body?*
- *Treat your work/education?*
- *Treat your interests/hobbies?*
- *Treat the world around you?*

Values = directions.
Goals = destinations.

ACT for Psychosis Research

Newer Mindfulness/Acceptance Approaches for Psychosis



Review of Current Mindfulness/Acceptance Therapies for Psychosis (Gaudiano, 2015)

♦ Mindfulness

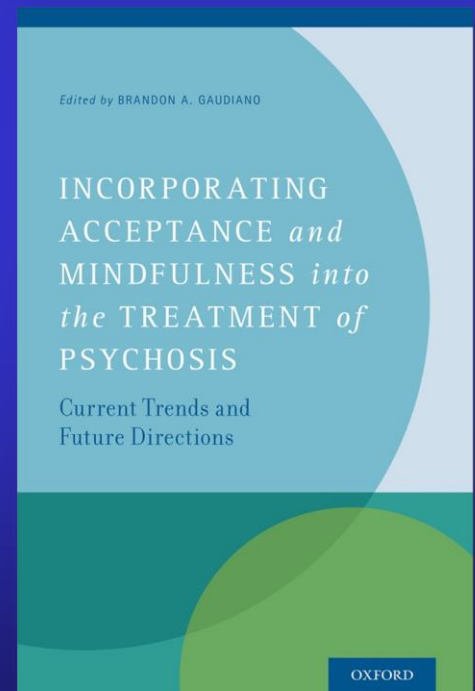
- ♦ Acknowledging psychotic symptoms in the moment without evaluating them as true or false

♦ Acceptance/self-compassion

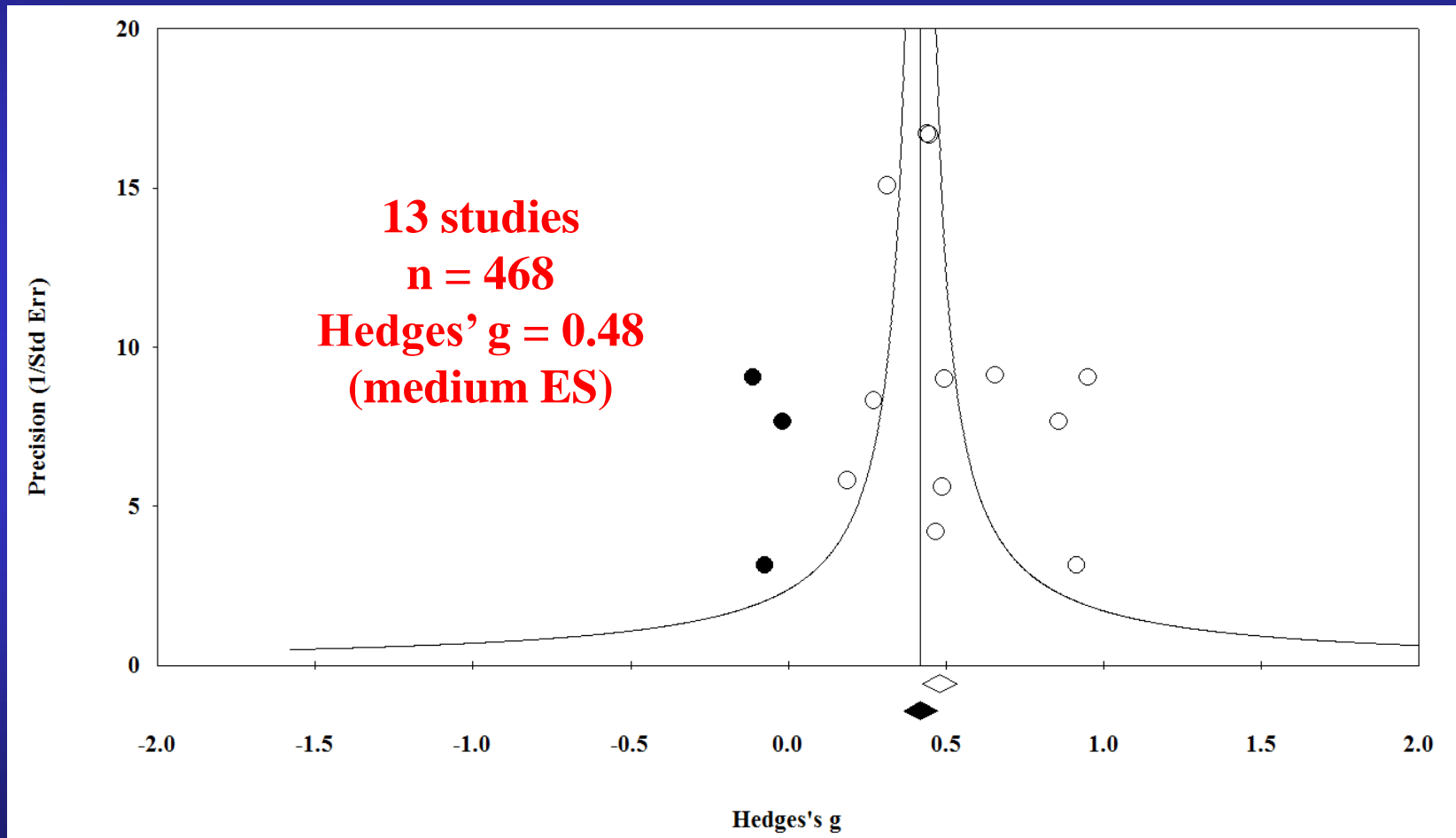
- ♦ Being willing to experience uncontrollable symptoms and showing compassion toward oneself for difficulties

♦ Values

- ♦ Living a fuller and more desired life despite residual psychotic symptoms

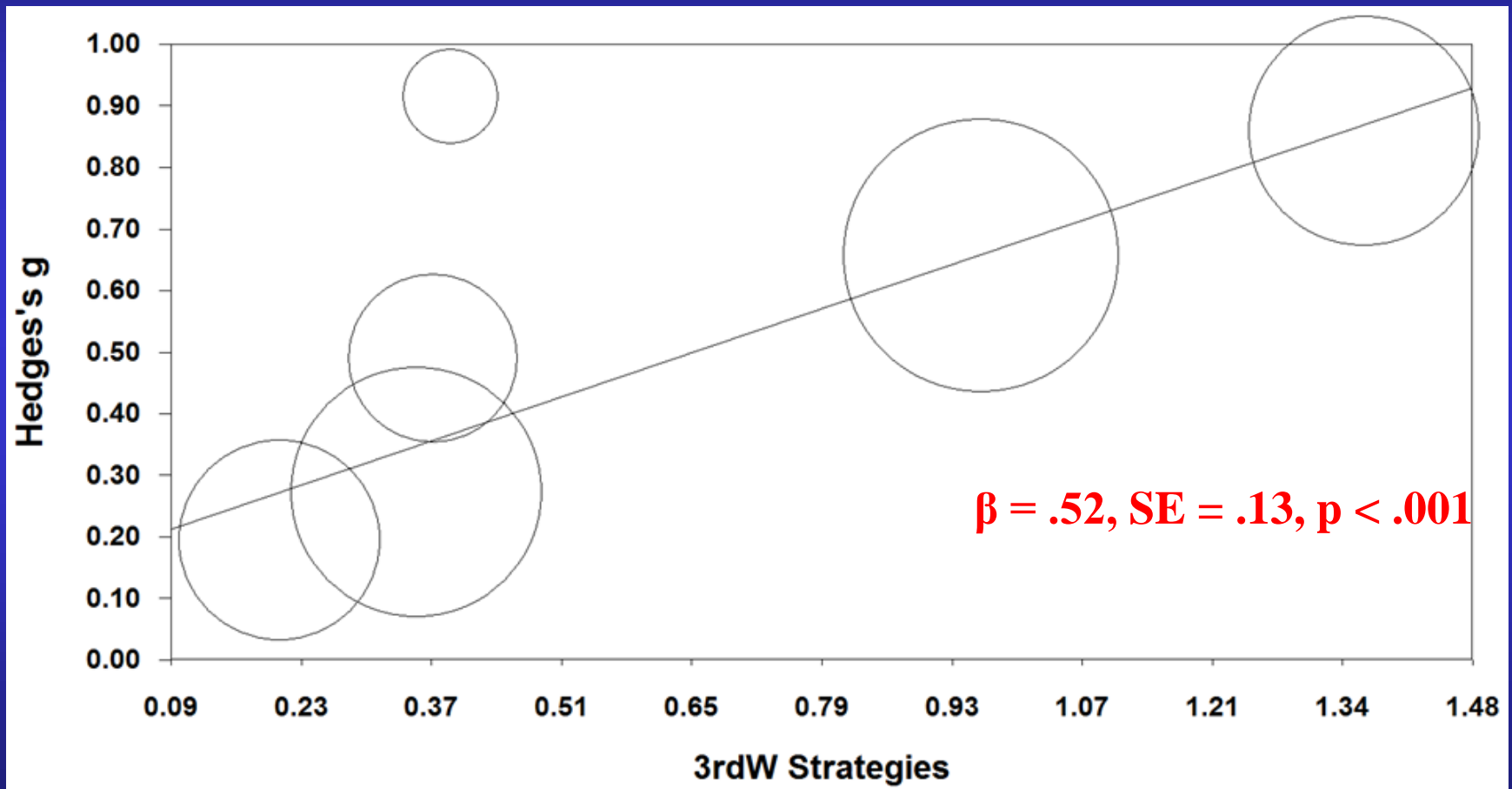


Meta-Analysis of Mindfulness Therapies for Psychosis



Khouri, B., Lecomte, T., Gaudiano, B. A., & Paquin, K. (2013). Mindfulness interventions for psychosis: A meta-analysis. *Schizophrenia Research*, 150, 176-184.

Mindfulness, Acceptance, and Compassion Predicts Outcomes



Khoury, B., Lecomte, T., Gaudiano, B. A., & Paquin, K. (2013). Mindfulness interventions for psychosis: A meta-analysis. *Schizophrenia Research*, 150, 176-184.

ACT for Psychosis (ACTp) Published Research to 2018

Study	Sample	Comparison	Format	Results
1. Bach & Hayes (2002) (n=80)	Inpatients (acute psychosis)	ACT vs Treatment as usual	Individual	ACT < rehospitalization
2. Gaudiano & Herbert (2006) (n=40)	Inpatients (acute psychosis)	ACT vs Treatment as usual	Individual	ACT < rehospitalization, symptoms, impairment, hallucination distress
3. White et al (2011) (n=27)	Outpatients (post-psychosis depression)	ACT vs Treatment as usual	Individual	ACT < negative symptoms and crises and > mindfulness
4. Shawyer et al (2012) (n=43)	Outpatients (command hallucinations)	ACT vs Supportive therapy	Individual	ACT < command hallucinations
5. Gaudiano et al (2013) (n=14)	Outpatients (psychotic depression)	ACT (open trial)	Individual	ACT < depression and psychosis and > functioning
6. Gaudiano et al (2015) (n=13)	Outpatients (psychotic depression)	ACT vs Treatment as usual	Individual	ACT < depression, experiential avoidance and > functioning
7. Johns et al (2016) (n=69)	Outpatients (Psychosis)	ACT (open trial)	Group	ACT > functioning and mood
8. Gumley et al (2017) (n=29)	Outpatients (post-psychosis depression)	ACT vs Treatment as usual	Individual	ACT < depression, experiential avoidance
9. Tryberg et al (2016) (n=22)	Outpatients (acute psychosis)	ACT vs Treatment as usual	Individual	ACT < rehospitalization
10. Shawyer et al (2017) (n=96)	Outpatients (residual psychosis)	ACT vs Supportive therapy	Group	ACT < positive symptoms and distress
11. Spidel et al (2018) (n=50)	Outpatients (psychosis and trauma)	ACT vs Treatment as usual	Group	ACT < severity, anxiety > help-seeking, acceptance
12. Ghouchani et al (2018) (n = 30)	Inpatient to Outpatient (aggression and meth use)	ACT vs Psychoeducation	Individual	ACT > general health < aggressiveness

ACT for Inpatients with Psychosis Study

- ♦ Randomized inpatients with psychosis to Enhanced Treatment as Usual vs ACT (average 3 sessions)
- ♦ N = 40 (TAU = 19 and ACT = 21)
- ♦ Assessments at admission and discharge
 - ♦ Psychiatric Symptoms
 - ♦ Disability Related to Illness
 - ♦ Self-ratings of psychotic symptoms
 - ♦ Rehospitalization rates (4 month follow-up)

Gaudiano, B. A., & Herbert, J. D. (2006). Acute treatment of inpatients with psychotic symptoms using Acceptance and Commitment Therapy: Pilot results. *Behaviour Research and Therapy*, 44, 415-437.

Brief ACT for Psychotic Inpatients

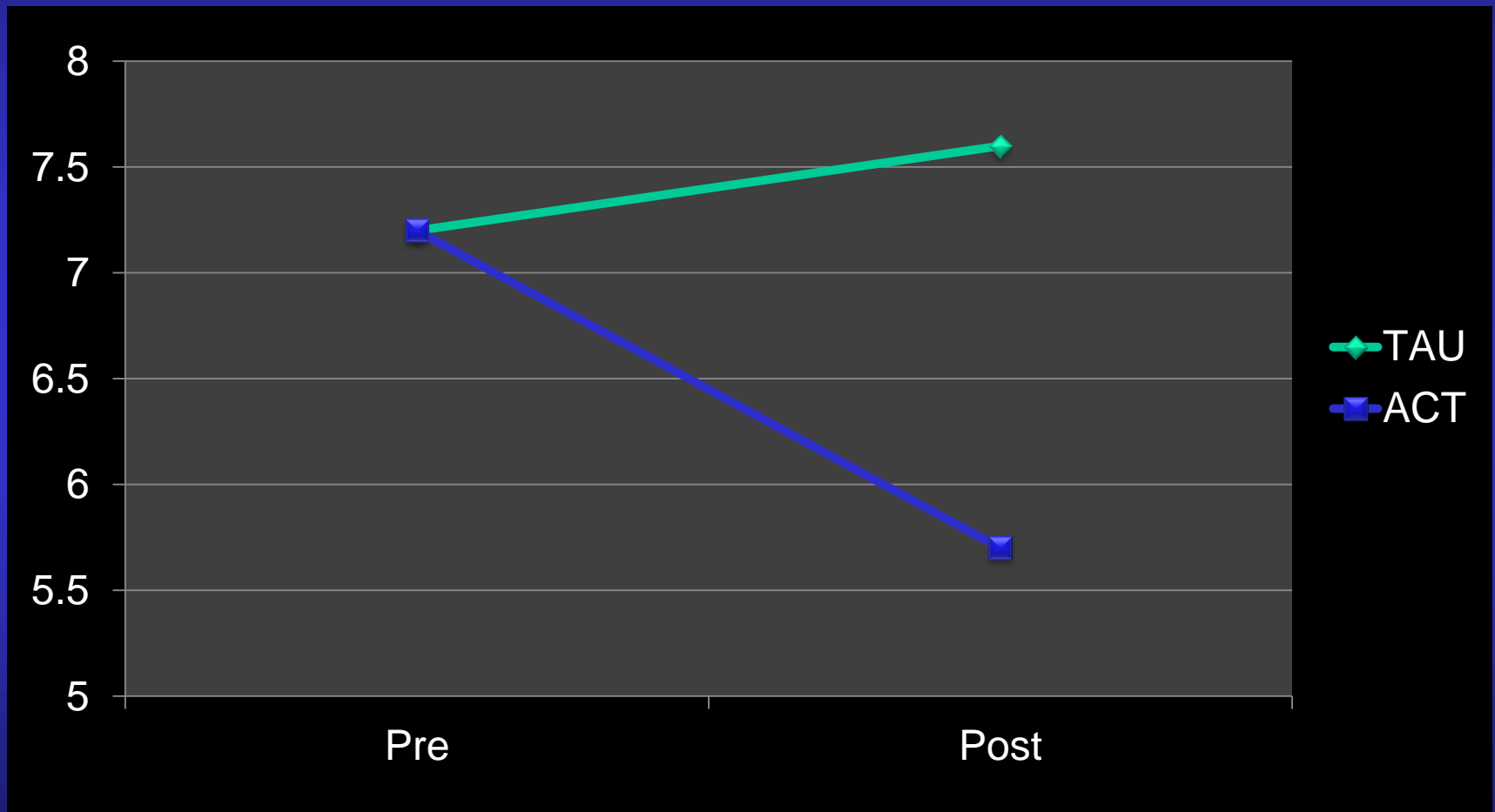
Patients were taught:

1. To accept unavoidable psychological distress
2. To simply notice psychotic symptoms without treating them as either true or false
3. To identify and work toward valued goals despite their symptoms.

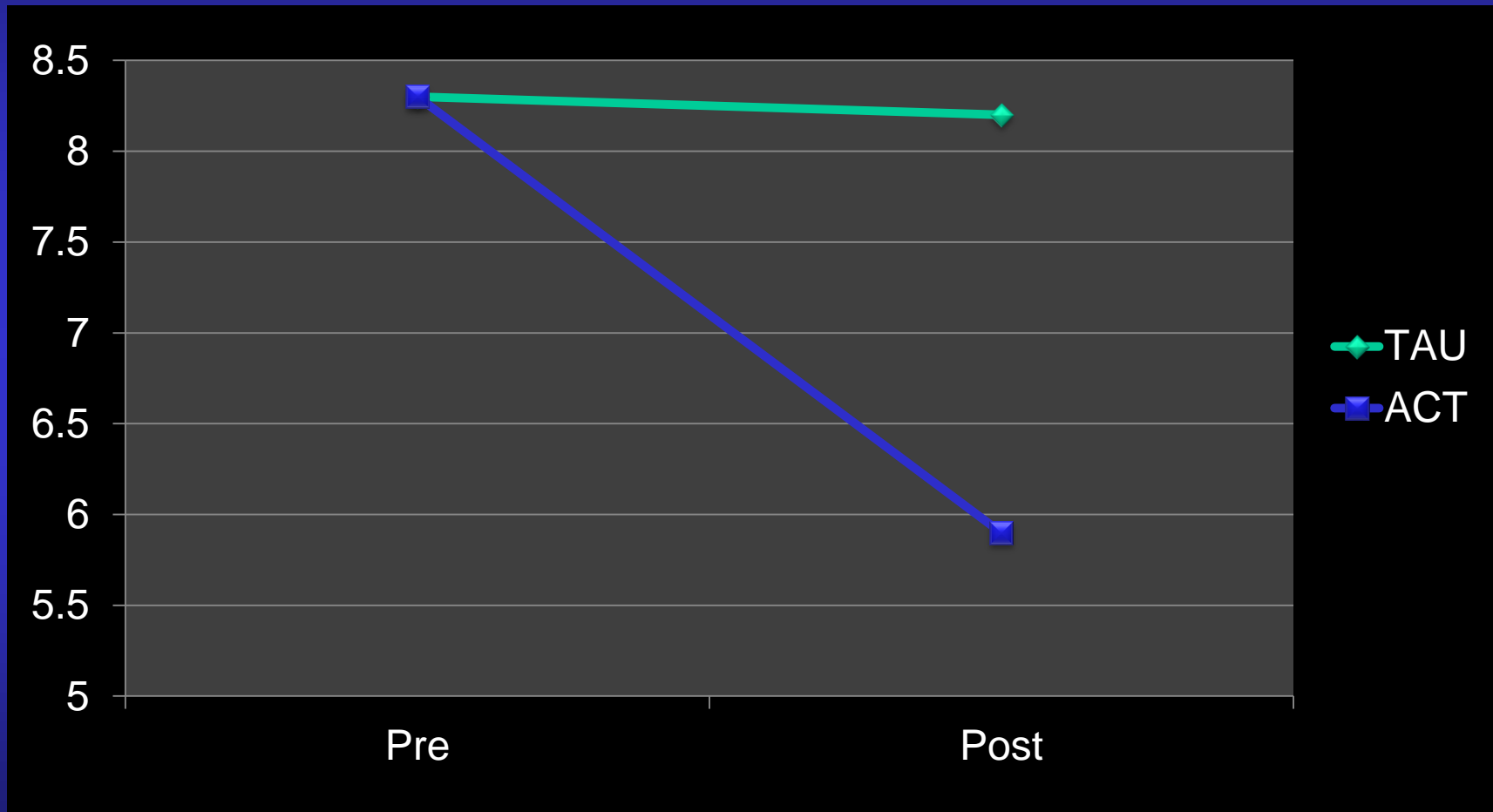
No attempt to directly change beliefs about psychotic symptoms

Gaudiano, B. A. (2013). Brief acceptance and commitment therapy for the acute treatment of hospitalized patients with psychosis. In C. Steel (Ed.), *CBT for schizophrenia: Evidence-based interventions and future directions* (pp. 191-212). Oxford, UK: Wiley-Blackwell.

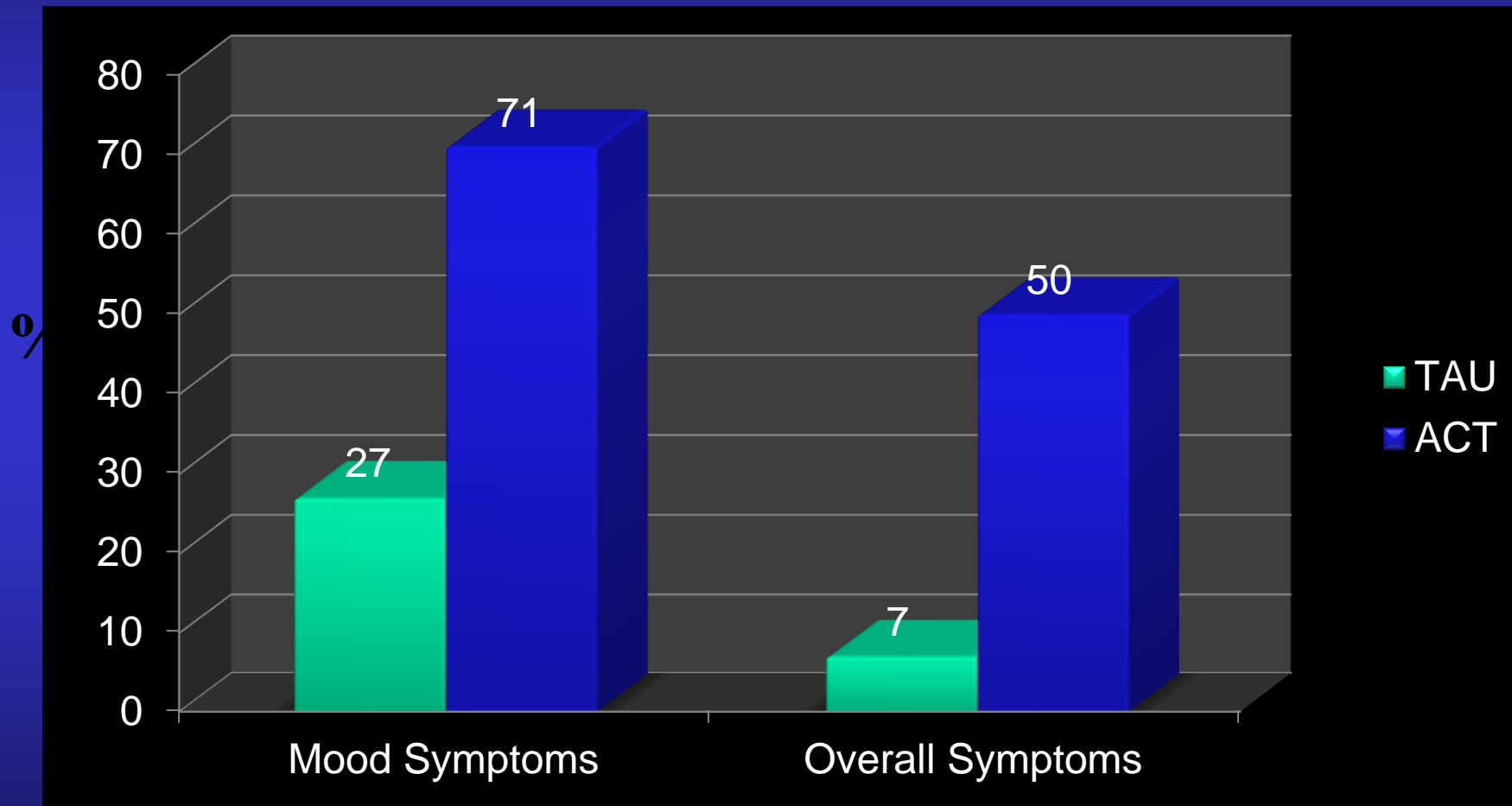
Change in Distress Related to Hallucinations (Self-Ratings of Psychotic Symptoms)



Change in Disability Related to Illness (Sheehan Disability Scale)



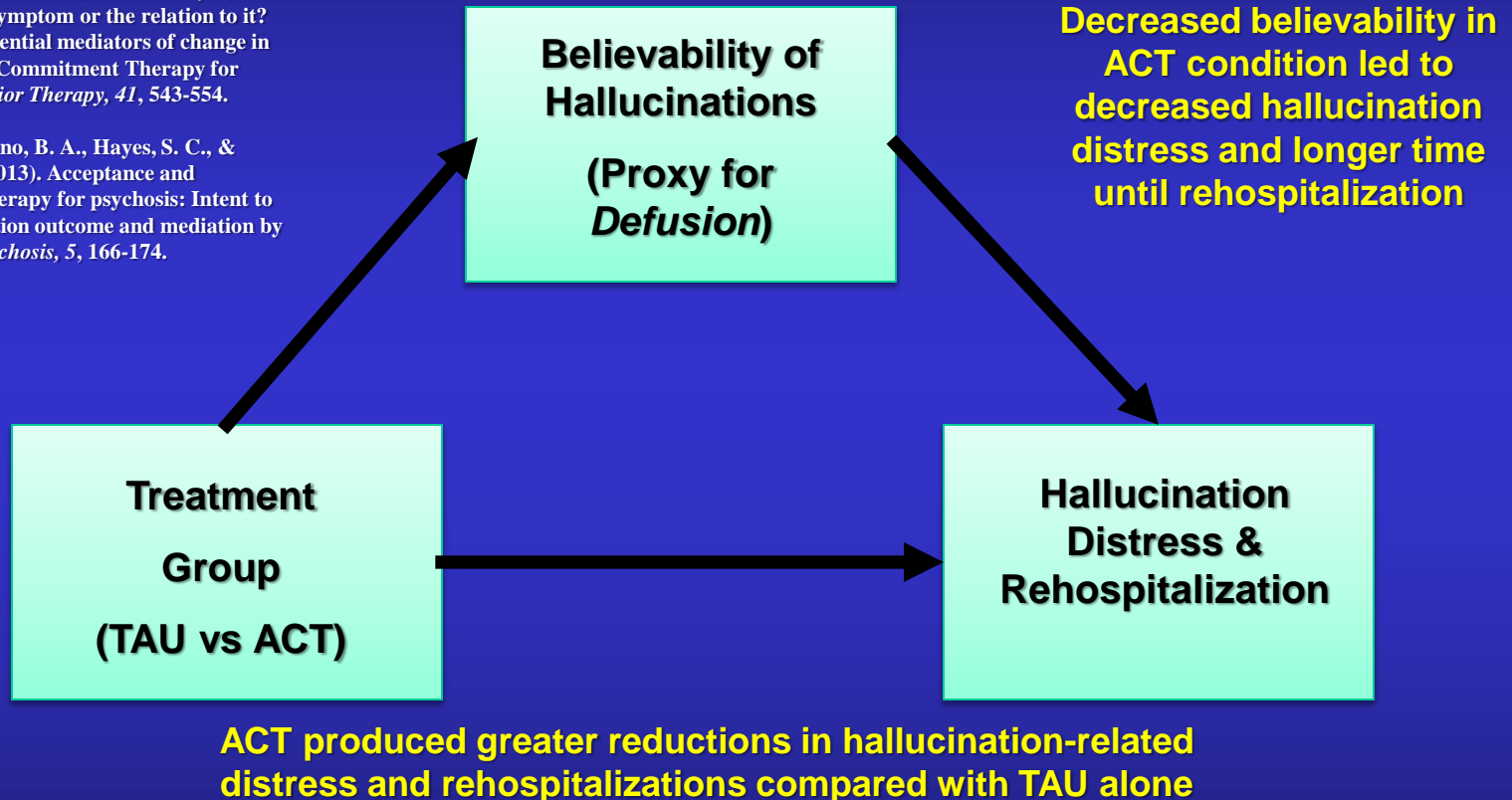
Clinically Significant Change in Symptoms Pre-Post (Brief Psychiatric Rating Scale)



ACT-Consistent Mediation of Treatment Effects

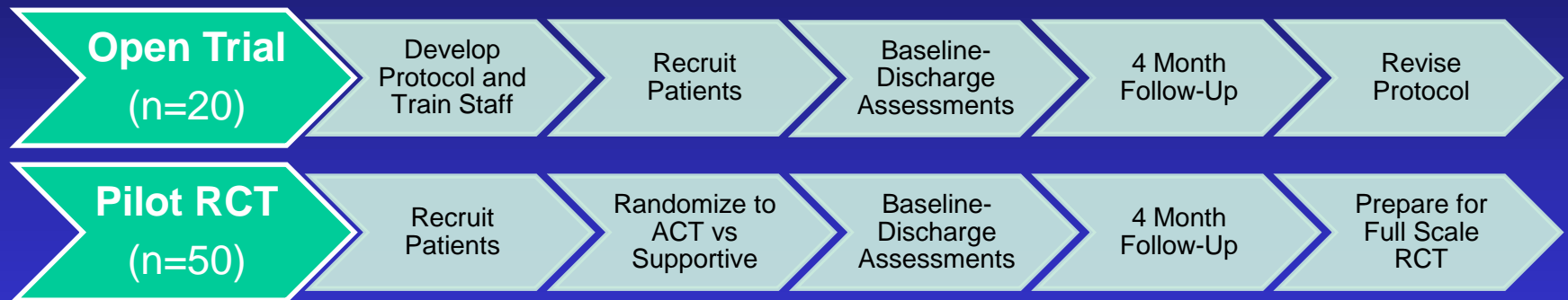
Gaudiano, B. A., Herbert, J. D., & Hayes, S. C. (2010). Is it the symptom or the relation to it? Investigating potential mediators of change in Acceptance and Commitment Therapy for psychosis. *Behavior Therapy*, 41, 543-554.

Bach, P., Gaudiano, B. A., Hayes, S. C., & Herbert, J. D. (2013). Acceptance and Commitment Therapy for psychosis: Intent to treat hospitalization outcome and mediation by believability. *Psychosis*, 5, 166-174.



The Research-Practice Divide



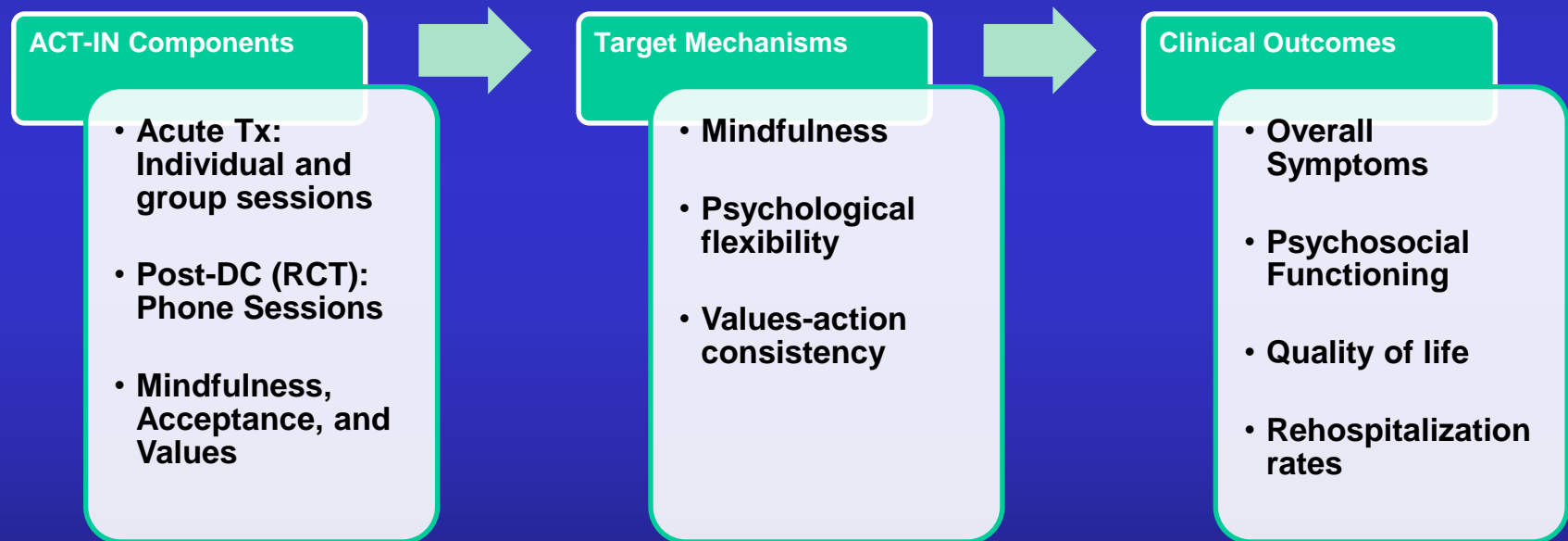


Researching the Effectiveness of Acceptance-based Coping during Hospitalization (REACH)



PI: Gaudiano NIMH Grant MH097987

ACT for Inpatients (ACT-IN) Model

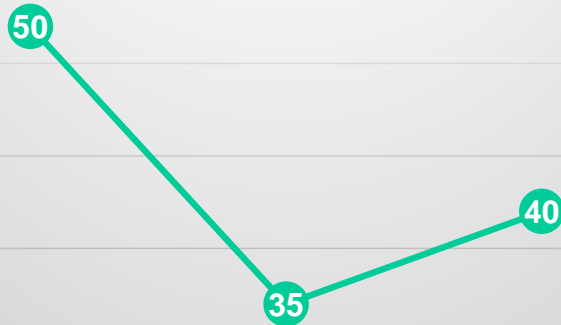


ACT-IN Open Trial Sample (n = 26)

Demographics	Mean or Percentage
Age	M = 38 yrs
Education Level	M = 13 yrs
Female	62%
Disabled	50%
Latino/Hispanic	15%
White	69%
Married	12%
Schizophrenia-Spectrum	85%
Psychotic Mood Disorder	15%
Group/Individual Sessions	M = 5.6
4-Month Antipsychotic Medication Adherence	80% (self-report)

ACT-IN Change in Symptoms and Targets

Brief Psychiatric Rating Scale



ADMISSION DISCHARGE 4 MONTH
FOLLOW-UP

*$p < .001$, Cohen's $d = .91$
($n = 26$)*

Cognitive and Affective Mindfulness Scale

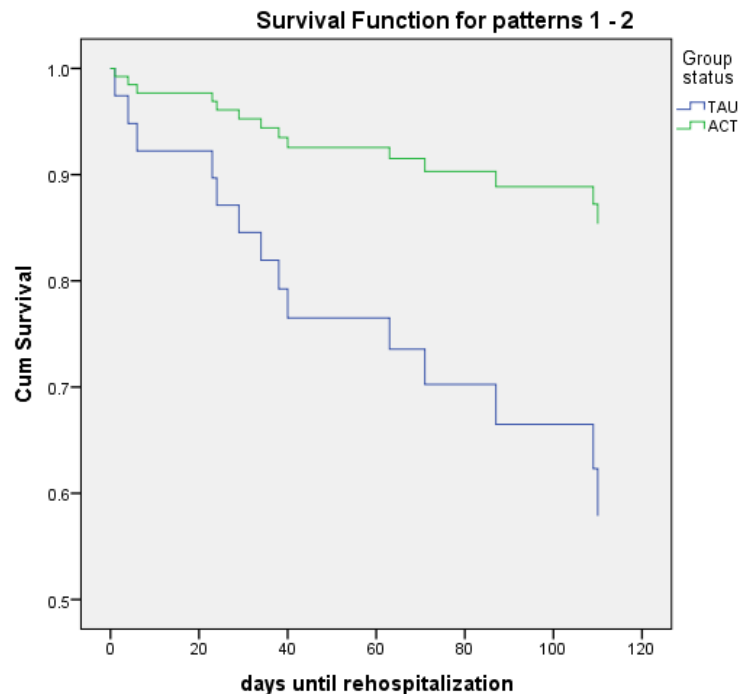


ADMISSION DISCHARGE 4 MONTH
FOLLOW-UP

*$p < .001$, Cohen's $d = .68$
($n = 26$)*

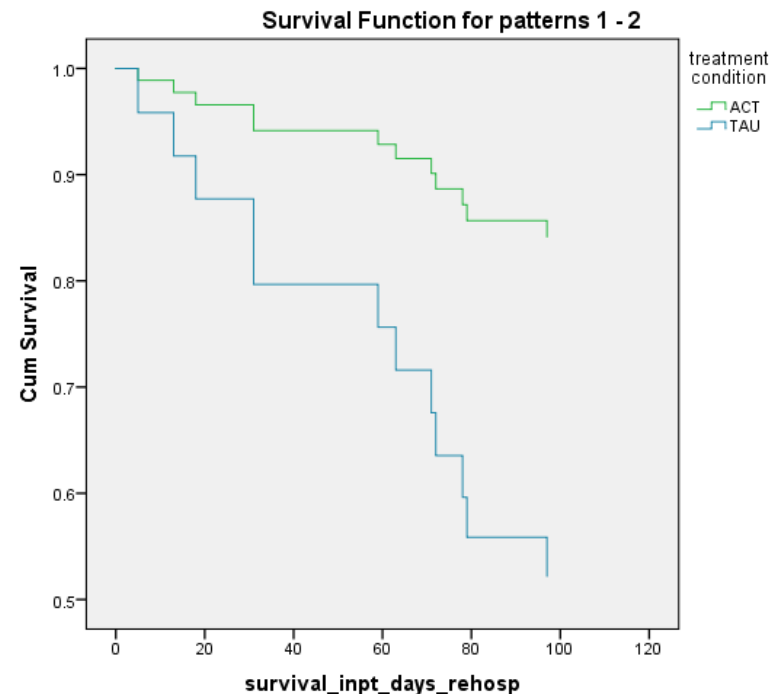
PILOT RCT: ACTp vs Enhanced Treatment as Usual (Rehospitalization Rates 4 Months Post-Discharge)

2006 Philly Study



N = 40, survival analysis $p < .05$
*As reported in Bach, Gaudiano, et al. (2013)

2017 Providence Study



N = 38, survival analysis $p < .05$
PI: Gaudiano; Grant# R34 MH097987

Lingering Questions



- ◆ Unclear if ACT works better than traditional CBT
- ◆ Unclear if ACT works through different mechanisms than traditional CBT
- ◆ Only preliminary work so far on how best to combine ACT and other psychosocial approaches psychosis

ACT for Early Psychosis

First Episode Psychosis (FEP)

- ♦ Often begins in late teens/mid-20s
- ♦ 100,000 adolescents/young adults each year in the US
- ♦ High rates of:
 - ♦ relapse (80% over 5 years)
 - ♦ functional impairment (50-70%)
 - ♦ comorbid depression/anxiety (50%)

(Linszen et al 2001; Whitehorn et al, 2002; Birchwood, 2003)

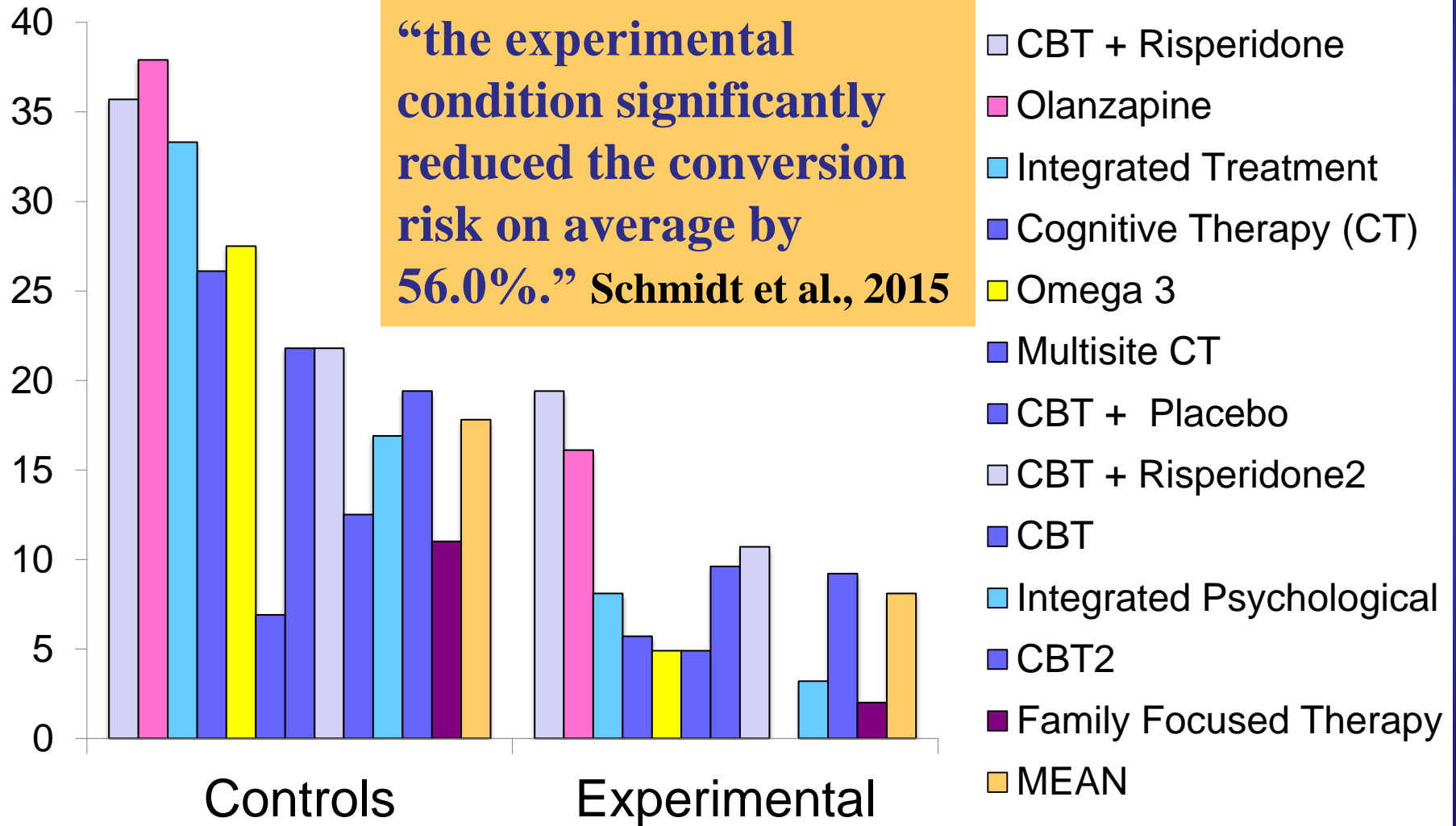
- ♦ Research supports coordinated specialty care (CSC):
 - ♦ Individual/group psychotherapy (mainly CBT)
 - ♦ Family support/education
 - ♦ Supported employment/education
 - ♦ Case management
 - ♦ Pharmacotherapy

Clinical High Risk for Psychosis (CHR-P)

- ◆ Syndromes indicative of risk for developing psychotic illness within the next 3 years
 - ◆ 1) Attenuated positive symptoms
 - ◆ 2) Genetic risk and functional decline
 - ◆ 3) Brief intermittent psychotic symptoms
- ◆ Emerging research supports promise of interventions for reducing worsening of symptoms
 - ◆ Medication, CBT, family focused treatment, integrated care
 - ◆ SAMHSA recently invested more than \$10M in development of Community Programs for Outreach and Intervention for Youth at CHR-P.

Early Interventions: % Transitioned at 12 months

“the experimental condition significantly reduced the conversion risk on average by 56.0%.” Schmidt et al., 2015



Adapting ACT for FEP and CHR-P

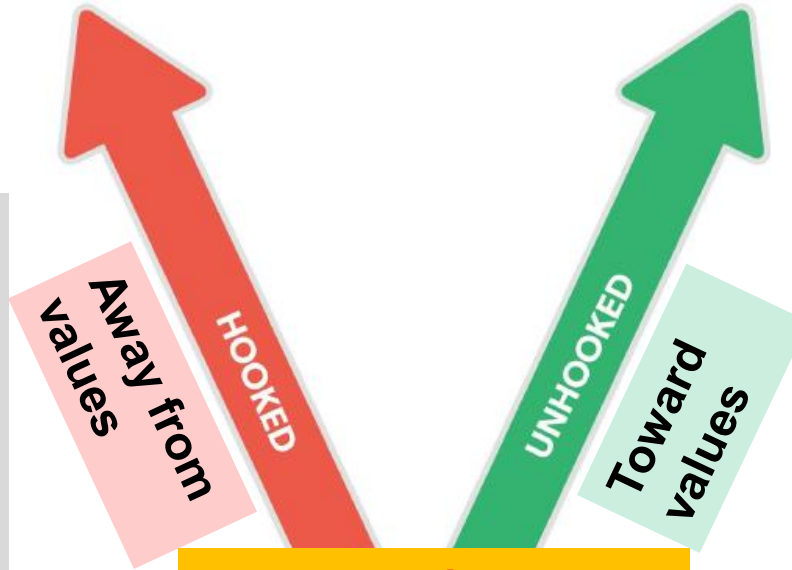
- ◆ New area of study!
- ◆ Adaptations focused on developmental needs of teens and young adults
 - ◆ Identifying values for first time
 - ◆ Acceptance of emotion – realization of differences between outside appearance and inside experience
 - ◆ Metaphors work for some and not others
 - ◆ More active present moment mindfulness rather than meditation

Miracle Question



Making a choice: Acting on Values

- Oversleeping
- Skipping school
- Too much video games
- Overeating



- Completing school work
- Helping a friend
- Playing basketball
- Taking care of my health

Thoughts / Feelings that Hook me:

- Work is too hard
- Tired
- Voices tell me I'm dumb
- Depressed
- Can't deal

Adapted from
Harris 2017

Choice

Harris 2013

ACT Pilot for Youth at CHR-P

EnACT (Enriched ACT)

- ◆ 11 session group
 - ◆ (adapted from ACT for Life— Oliver, Morris, Johns and Byrne, 2011)
 - ◆ Added psychoeducation about CHR-P + additional experiential exercises targeting ACT triflex
- ◆ Weekly therapy sessions (6 months)
- ◆ Comparison condition in a cognitive remediation trial.

Demographics of Included Participants

Table 1. Demographic Characteristics

Characteristic	<i>M (SD); N=18</i>
Age	19.1 (3.0)
Sex (M/F/Other)	12 / 4 / 2
Race (White/AA/Asian/Interracial)	9 / 4 / 3 / 2
Years of Education Completed	12.1 (2.9)

Results of EnACT Treatment

Table 2. EnACT Baseline vs End of Treatment Assessments – Significant or Trending Findings (paired t tests) N=11

Outcome Measure	Baseline M (SD)	End of Treatment M (SD)	BL vs ET p, Cohen's D
SIPS Positive Symptoms	10.7 (2.9)	7.5 (5.1)	p = .028, d=0.78
Distraction/Suppression (MEAQ*)	31.6 (6.4)	26.9 (7.2)	p = .054, d=0.66
Experiential Avoidance (MEAQ*)	206.5 (25.4)	193.9 (31.5)	p = .078, d=0.59

*Multidimensional Experiential Avoidance Questionnaire

CHR-P Case Example: Jennifer

- ♦ Jennifer* - 20 year old female
- ♦ Referred by college counseling center after being put on academic suspension
- ♦ Chief complaint: “I think my former roommate is trying to spy on me and play mind tricks with me.”

*** Composite case example to protect confidentiality and illustrate treatment**



Jennifer continued

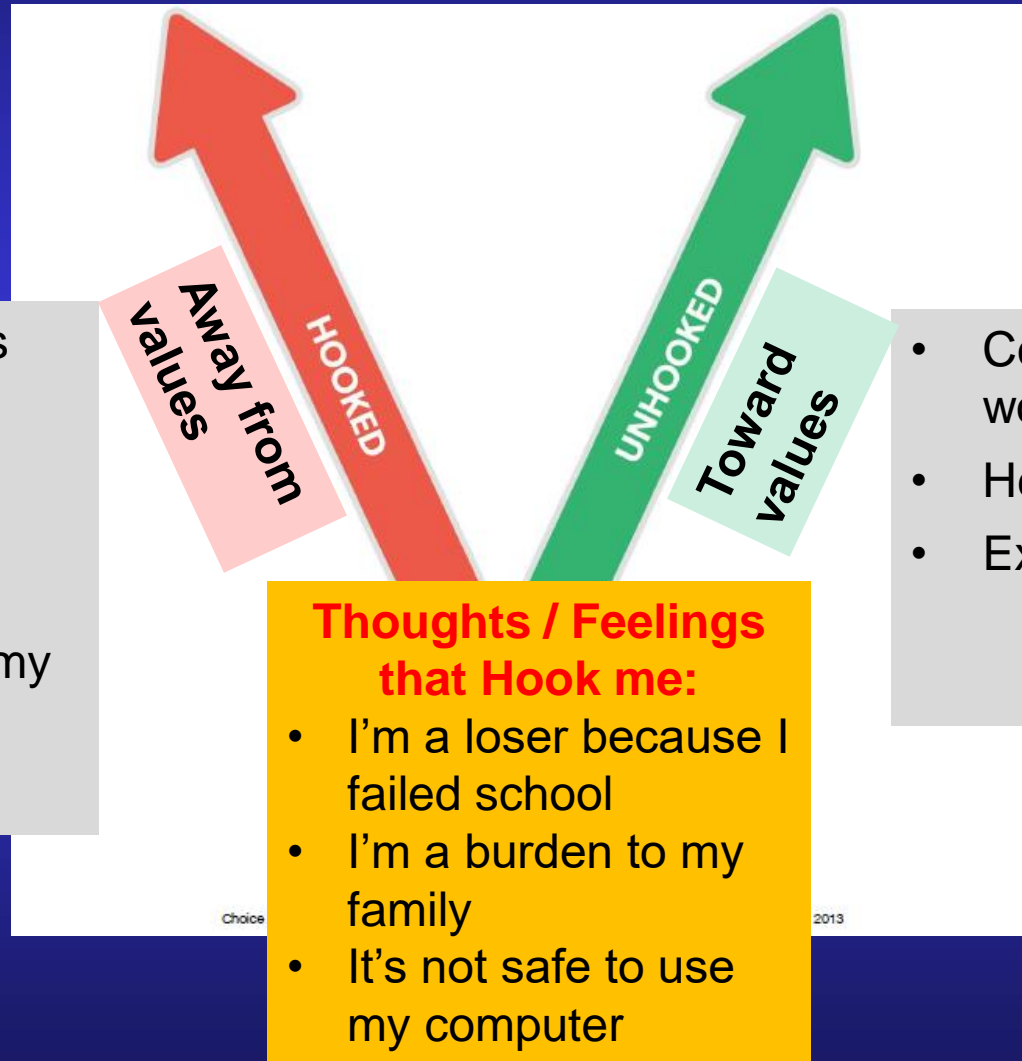
- ♦ Stopped attending class and using computer/ phone due to concern her former roommates might* be taking videos of her to post on the internet.
- ♦ Felt guilty/ hopeless about failing classes
- ♦ Cut off all contact with friends feeling that they were a “waste of time.”
- ♦ Previously high functioning (admitted to competitive university, large circle of friends)

* Maintained insight that this could be in her mind

Case Conceptualization

- ◆ Highlighting values and essential components of a meaningful life
- ◆ Evaluating barriers to flourishing
 - ◆ External (e.g., financial and social stressors)
 - ◆ Internal “sticky thoughts and feelings” (unhelpful rules and assumptions, unworkable actions, avoidance)
 - ◆ Attenuated Psychotic Symptoms

Making a choice: Acting on Values



- Skipping class
- Avoiding my phone and computer
- Spending too much time in my room

- Completing school work
- Helping my family
- Exercising

Adapted from
Harris 2017

Psychosis Continuum:

Normative range

Mild

(SIPS* 1-2):

Noticeable, but
not bothersome

Reality testing intact

Clinical high risk

Moderate

(SIPS* 3-5):

Bothersome and
affects daily life.

Able to induce doubt

Psychotic

High

(SIPS* 6):

Significantly
interferes with
daily life

100% Conviction

“My old
roommate
wasn’t
trustworthy”

“My old
roommate
might be
watching me on
my computer”

“My old
roommate is
spying on me and
watching my
every move.”

*SIPS = Structured Interview for Psychosis Risk Syndromes

Understanding Relationship between Symptoms and Stress

Stressors: e.g., Starting college, relationship stress, lack of sleep, unhealthy eating, using energy drinks.

Factors affecting vulnerability/ susceptibility :

e.g., Close relative has mental illness, birth complications, head injury, illness when baby



**Vulnerability
(Genes/ early
experiences)**

**Symptoms can
boil over!**

Symptoms: e.g., Having trouble telling what's real and what's not.

Symptom Reliever: e.g., Avoiding street drugs, regular sleep, learning skills to reduce getting hooked by sticky thoughts and feelings, exercise, spending time with supportive people, possibly taking prescribed meds

Treatment Focused On...

- ◆ Identifying and taking steps towards valued actions
- ◆ Disentangling from unhelpful rules/ assumptions/ beliefs
- ◆ Making room for uncomfortable thoughts and feelings while doing what matters (exposure)
- ◆ Self-compassion
- ◆ Mindfulness
- ◆ Wellness planning

Association for Contextual Behavioral Science (ACBS)

www.contextualscience.org

The screenshot shows the ACBS website homepage. The browser window title is "What's New | Association for Contextual Behavioral Science - Mozilla Firefox". The address bar shows "contextualpsychology.org". The website has a blue header with navigation links: "About Us", "News", "Events", "International", "Mailing Lists", "FAQ", "Contact Us", "My Account", and "Logout". The ACBS logo is prominently displayed, with the text "ACBS - ASSOCIATION FOR CONTEXTUAL BEHAVIORAL SCIENCE". Below the logo is a search bar and a navigation menu with links: "Home", "ACT", "RFT", "CBS", "Resources", "Training", "Networking", and a "Join | Renew" button. A large green banner features the text "Welcome to ACBS's Online Learning & Research Community!" and a sub-header "Welcome to the official website of the Association for Contextual Behavioral Science, a worldwide online learning and research community, and a living resource for anyone interested in ACT, RET, and Contextual Behavioral Science. Find out more about us". Below this banner are two buttons: "FIND AN ACT THERAPIST" and "JOIN ACBS". To the right of the banner is a video player showing a person presenting to an audience, with the text "Looking for a Professional Training in your Area?". Below the banner, there are three main content areas. The first area, titled "New Publication", features the article "Associations among experiential avoidance, couple adjustment, and interpersonal aggression in returning Iraqi war veterans and their partners" by Reddy, M. K., Meis, L. A., Erbes, C. R., Polusny, M. A., and Compton, J. S. (2011). The second area, titled "Focusing on Mindfulness and Values Work in ACT with Kelly G. Wilson", features the article "Focusing on Mindfulness and Values Work in ACT Marina Village 1936 Quivira Way San Diego, CA November 3 & 4, 2012 9:30 AM to 5:00 PM For Registration visit." The third area, titled "Acceptance and Commitment Therapy: A Workshop on Psychological Flexibility, Kelly G. Wilson", features the article "PRESENTED BY: Kelly G. Wilson, Ph.D. Associate Professor of Psychology, University of Mississippi, internationally recognized scientist, clinician, and ACT co-developer. CO-SPONSORS: PLEA (Programs for Living, Education, and Advocacy), GPPA (Greater Pittsburgh Psychological Association), Staunton Farm Foundation and Onelife Education and Training, LLC. WHEN: Thursday, August 30, 2012 Registration 8:30 am, Workshop 9:00 am - 5:00 pm". To the right of these three areas is a purple banner for the "WORLD CONFERENCE X" in Washington, D.C. July 22-25, 2012. Below this banner is a "Community Events" section with a list of events: "AUG 6 Portland, Maine. ACT Study Group (monthly intermediate training) United States", "AUG 23 ACT in ACTION Australia", and "AUG 30 Acceptance and Commitment Therapy: A Workshop on Psychological Flexibility, Kelly G. Wilson United States".

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New Publication

Associations among experiential avoidance, couple adjustment, and interpersonal aggression in returning Iraqi war veterans and their partners

Reddy, M. K., Meis, L. A., Erbes, C. R., Polusny, M. A., Compton, J. S. (2011). Associations among experiential avoidance, couple adjustment, and interpersonal aggression in returning Iraqi war veterans and their partners. *Journal of Consulting and Clinical Psychology*, 79, 515-520.

Focusing on Mindfulness and Values Work in ACT with Kelly G. Wilson

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Acceptance and Commitment Therapy: A Workshop on Psychological Flexibility, Kelly G. Wilson

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WORLD CONFERENCE X
Washington, D.C. July 22-25, 2012

Community Events

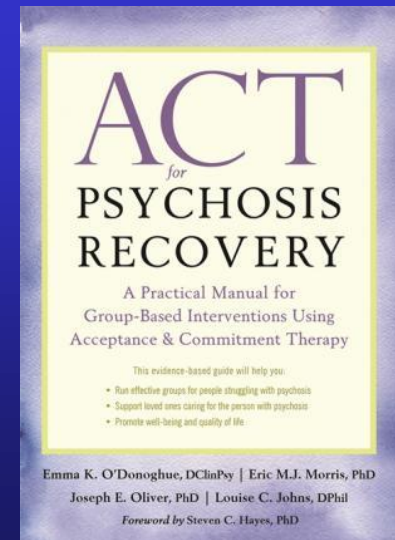
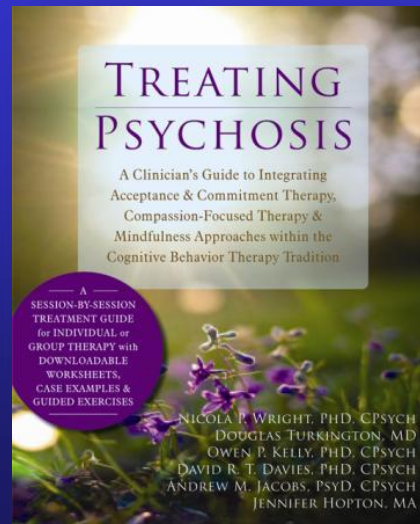
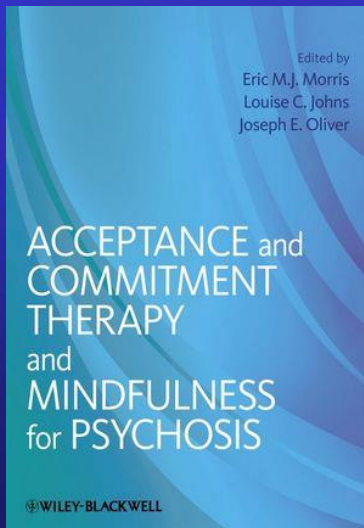
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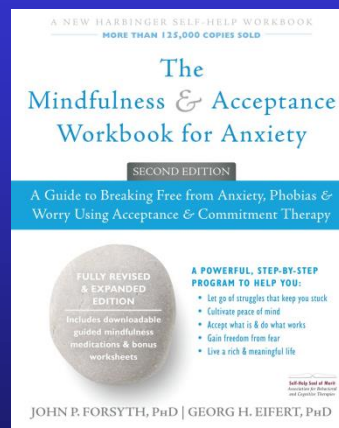
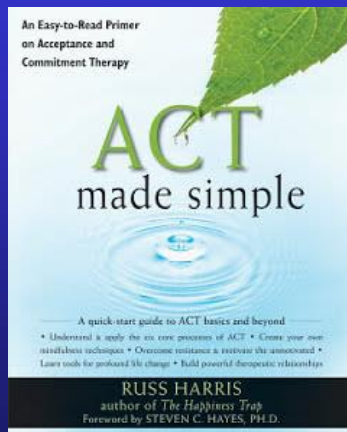
Further Reading ACT for Psychosis

- ♦ Acceptance and Commitment Therapy and Mindfulness for Psychosis (Morris, Johns, Oliver editors)
- ♦ Incorporating Acceptance and Mindfulness into the Treatment of Psychosis (Gaudiano editor)
- ♦ ACT for Psychosis Recovery Manual (O'Donoghue, Morris, Oliver, et al)
- ♦ Treating Psychosis: Clinician Guide to Integrating ACT, CFT, and Mindfulness... (Wright, Turkington, Kelly et al)



Further Reading ACT

- ♦ ACT Made Simple (Russ Harris)
- ♦ Mindfulness and Acceptance Workbook for Anxiety (Eifert and Forsyth)
- ♦ Get Out of Your Mind and Into Your Life for Teens (Ciarrochi, Hayes, Bailey)



Online Resources

- ◆ Act in Context Podcast (available on iTunes)
- ◆ ACT Turning Hurt to Hope Podcast on ACT for psychosis
- ◆ Eric Morris webinar ACT for psychosis

Questions and Discussion

