


# Focused Acceptance and Commitment Therapy

*for all people*

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# Objectives

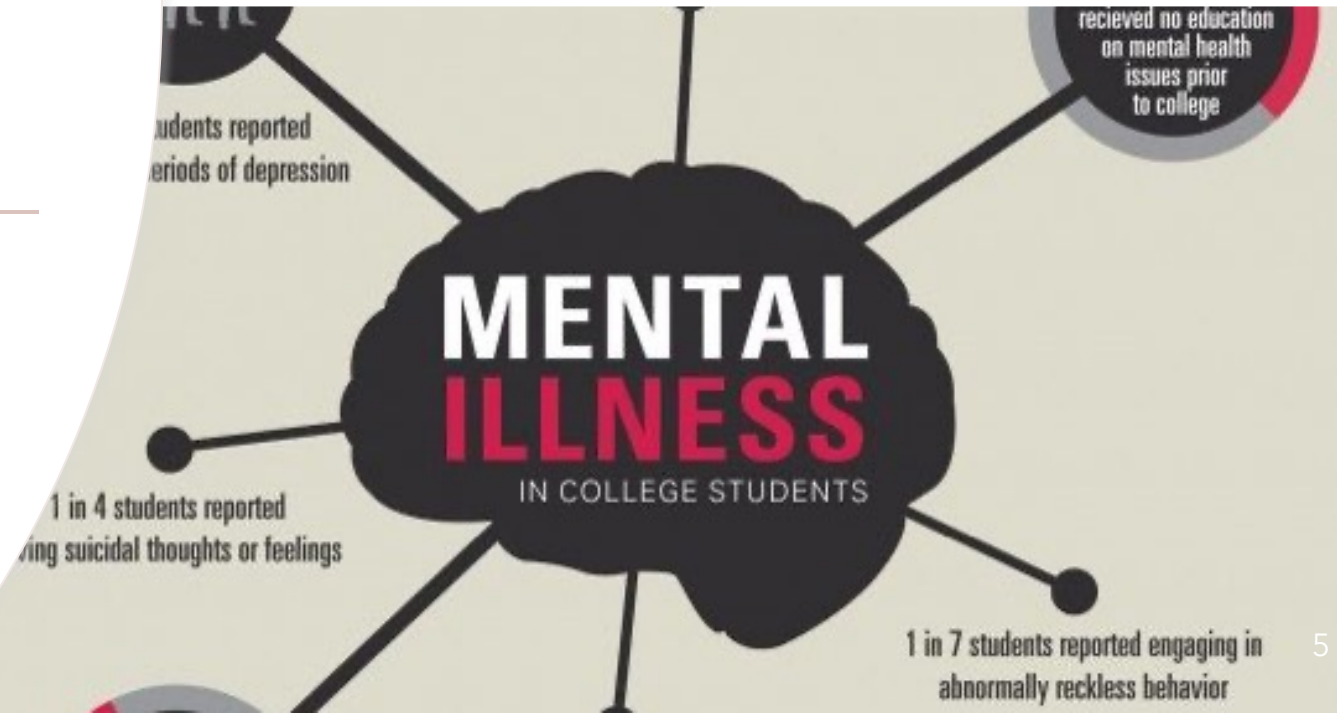
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- Provide a definition of psychological flexibility (PF)
- Offer brief description of the evidence for using FACT or brief ACT with All People, Young and Older
- Introduce Focused Acceptance and Commitment Therapy Self-Assessment Tool (FACT-SAT)
- View Demonstration and Use of Four Square Tool (for case formulation and intervention) and Life Path (for intervention with many problems)


# Skills Training Document (in Spanish)

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What is FACT?  
Why do we  
need it now?



Increasing Rates of Medical Problems on the Rise  
Mental Health Problems on the Rise  
Healthcare Provider Stress and Burnout  
Workforce Shortage



*The world  
needs more  
PF.*

*All day,  
everyday.*

## **Psychological flexibility (PF)**

Being **aware** and **accepting** of  
the **pain** that comes into our lives  
while continuing to **pursue** what  
we **value**

# Language as a behavioral control system

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- Self instructional control
- Rule following
- Over-identification (fusion)
- Context insensitivity
- Ubiquitous invisibility





Everyday rules that support society and promote individual suffering

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9

Everybody else feels good, what's wrong with you?  
**Psychological health is being happy**

**Feeling bad is bad for you**

**Control yourself!**

**To solve a problem, you need to determine the cause and eliminate it.**

Experiential  
avoidance of ..

·  
Uncomfortable  
thoughts,  
feelings,  
memories,  
sensations ...



Behavioral  
Avoidance  
(our actions . .  
. what we do  
that can be  
observed)



FACT improves access for all people needing more psychological flexibility.

## **PF and psychological health**

Low PF is associated with psychological problems and difficulties with functioning, including anxiety, lower quality of life, poorer work performance, difficulties with learning, and long-term disability (Kashdan & Rotterburg, 2010).

*What is the  
evidence for  
FACT?*



# FACT and Health Care Equity – New Zealand

## ALL PRIMARY CARE BEHAVIORAL HEALTH PROVIDERS IN NZ ARE TRAINED IN FOCUSED ACCEPTANCE AND COMMITMENT THERAPY (FACT)

- Significantly improved equity of access across Māori, Pacific, Asian and European populations with no significant difference between rates of conversion of referral to appointments across ethnicities
- 74% of Māori clients report improved wellbeing (compared to 72% European, 74% Asian, 71% overall)
- 95% satisfaction rating from over 3,000 client surveys
- Reduction in prescribing of medication in favor of a 'skills before pills' approach

See <http://www.tetumuwaiaora.co.nz/#tetumuwaiaora>

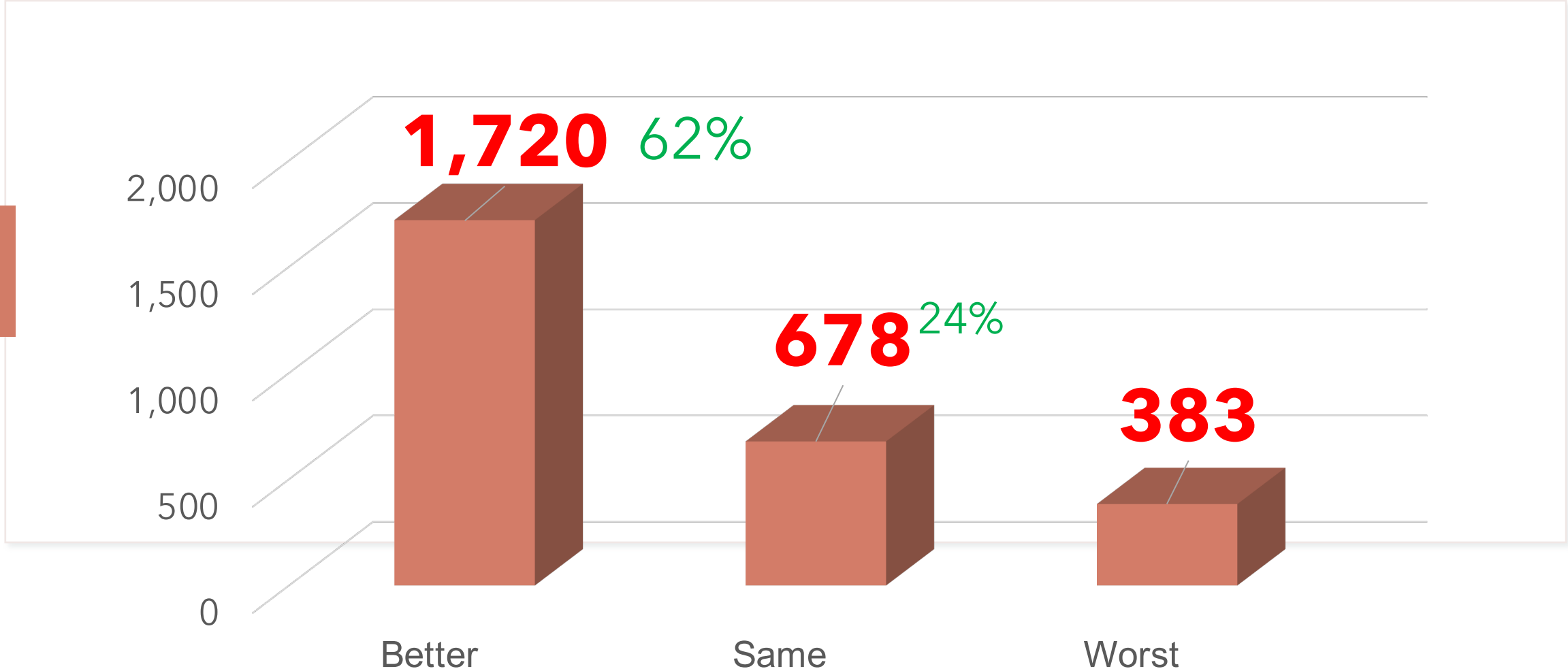
# Patient Access - NZ\*

57 - 70% of patients are seen for therapy on the same day as disclosing distress to their PCP (compared to 3 - 5% for conventional service)

75% seen for talking therapy within five days (less than 17% in conventional services)

<http://www.tetumuwaiaora.co.nz/#tetumuwaiaora>

# Clients Ratings of Problem Severity at FACT Follow-Up Visit New Zealand--Better, Same, Worse





# ACT is Effective with Psychological and Medical Problems

- Psychological Problems

- Anxiety
- Depression
- Stress
- OCD
- Eating Disorders
- Psychosis
- Substance Use
- Trichotillomania
- PTSD and other co-morbid conditions
- And more

- Medical Problems

- Diabetes
- Hypertension
- Healthy weight
- Chronic Pain
- Tobacco Cessation
- Multiple medical conditions

*And for both medical & psychological*

# Two Recent Studies

Arroll, B., et al., (2021). FACT effectiveness in primary care; **a single visit RCT** for depressive symptoms. *The International Journal of Psychiatry in Medicine*, 0(0), 1-12. SAGE DOI: 10.1177/00912174211010536

Dochat, Wooldridge, Herbert, Lee & Afari (2021). **Single-session** acceptance and commitment therapy (ACT) interventions for patients with **chronic health conditions**: A systematic review and **meta-analysis**. *Journal of Contextual Behavioral Science*, 20, 52-69.

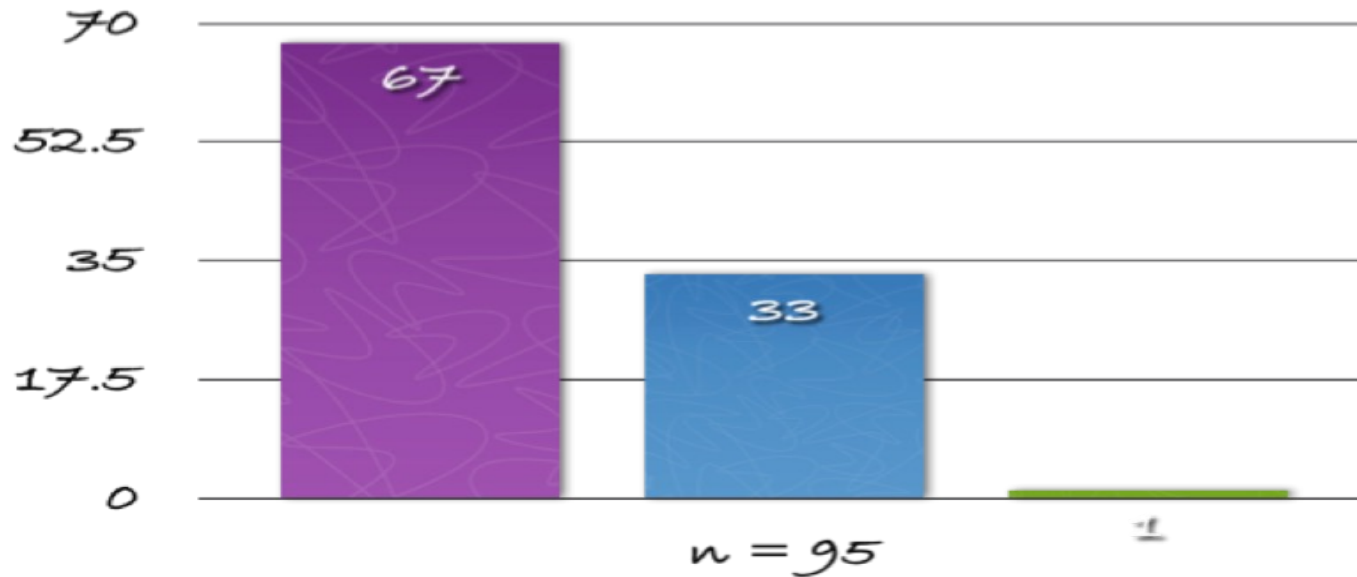
# FACT Life Path **group TX** in Integrated PC Glover, et al., 2016

- 4-week group, 51 participants
- Pre- to Post-treatment analyses of variance demonstrated
  - **Large effects for quality of life**
  - Moderate effects for depressive sx's
  - Moderate effects for perceptions of mental health functioning
  - Small effects for perceptions of perceived stress and physical health functioning

# Clinical Impact: Children in US Rural Health

Improved Stayed the Same Declined

Rural HC System\*



\*62% Hispanic, 40% Spanish-speaking

# Families Matter

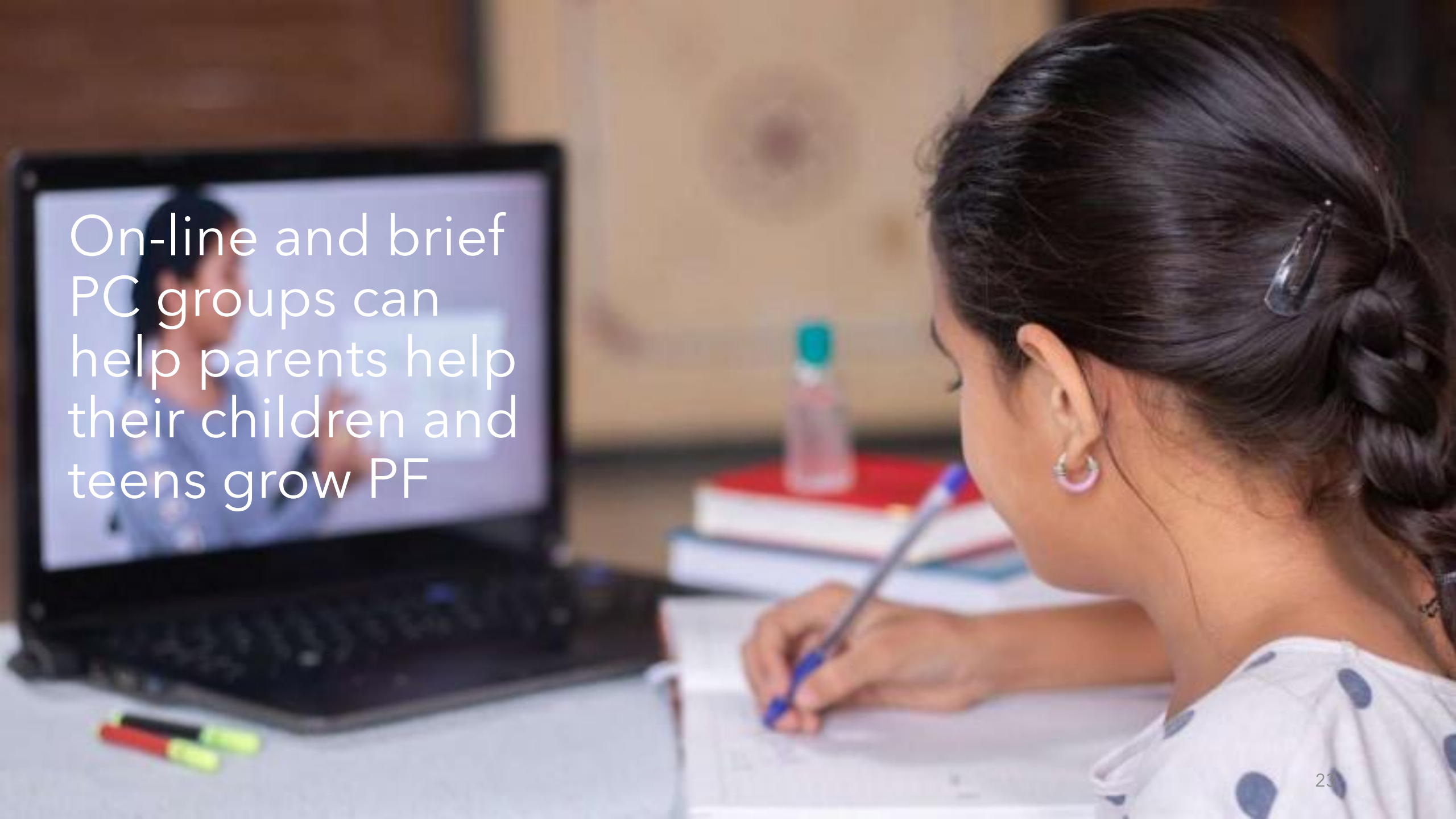
- Parenting is the most influential factor on child psychopathology and child development
- *Styles* of parenting are directly mediated by experiential avoidance (Parental Acceptance and Action Questionnaire, PAAQ)
  - Behaviors used across contexts to manage child behavior (affection, receptiveness, control, punishment)
- Internalizing and externalizing problems in younger children - associated with low psychological flexibility in parent(s) (Kashdan, et al., 2006; Lee, et al., 2010)



# Families Matter



- MH problems in adolescents – mediated by parent's psychological flexibility (Flujas-Contreras, & Gomez, 2018)
- Parent mental health impact child development of psychological flexibility (e.g., parents with recurring symptoms of depression or with problematic use of alcohol or drugs)



On-line and brief  
PC groups can  
help parents help  
their children and  
teens grow PF

# Evidence for on-line ACT for Parents

(Sairanen, et al.,  
2022)

Parents of children with type 1 diabetes randomized to on-line intervention (74) or wait list control (66)

- Parents benefitted from an ACT web intervention, significant indirect impact on children's quality of life in children.
- Children quality of life associated with improvements in parental wellbeing and mindfulness skills.
- Parents gained skills in describing their experiences, being non-reactive to inner experiences and acting with awareness.



# Evidence for using ACT with children and young people

RCT trial examined the efficacy of a novel Finnish web- and mobile-delivered five-week intervention program called Youth COMPASS

- A general sample of ninth-grade adolescents (n= 249, 49% females).
- Results: A small but significant decrease in overall stress (between-group Cohen's  $d = 0.22$ ) and an increase in academic buoyancy ( $d = 0.27$ ).
- Academic skills did not influence the intervention gains, but the intervention gains were largest among highly stressed participants.
- Conclusion: Youth COMPASS program may be well suited for promoting adolescents' well-being in the school context.

**Puolakanaho, Lappalainen, Lappalainen,  
Muotka, Hirvonen, et al., 2018**

# Evidence for using ACT with children and young people

2015 review of ACT interventions with children and young people\*

- 13 studies - the majority found ACT resulted in improvement in measures of symptoms, quality of life, and psychological flexibility
- Superior outcomes found in comparison to TAU for difficulties with pain, depression, and sexualized behavior

\*Swain et al., 2015

# Evidence for using ACT with Children with Special Health Care Needs (SHCN)

“those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health-related services of a type or amount beyond that required by children generally” (Suryavanshi, et al., 2016)

may have only one condition, or both a chronic physical and emotional condition (McPherson, et al., 1998; Cobham, et al., 2020), such as co-existing depression with type I diabetes (Sendela, et al., 2015).

# Evidence for using ACT with Children with Special Health Care Needs (SHCN)

(Parmar, et al., 2021)

Systematic review and meta-analysis (2020-2021); 10 studies (7 children, 3 parents)

Had comparison group and evaluated ACT (administered independently with no other psychological therapy), compared with no treatment.

In children with SHCN, ACT was more effective than no treatment at helping depressive symptoms and avoidance and fusion, but not stress.

In parents of children with SHCN, ACT may help psychological inflexibility.

# Evidence for Children with Developmental Differences

- Group training of parents of children with autism spectrum disorder reduced depression, anxiety and stress as well as marital conflicts (Salimi, et al., 2019)
- Integrating ACT into parental asthma education decreased parental anxiety and stress, reduced asthma-related emergency department visits of children at 6 months postintervention.
- ACT also associated with reducing inflexible behaviors in children with autism (Szabo, 2019)

# Evidence for using ACT with children and young people

## Systematic Literature Review of Prevention and Intervention Programs for MH Difficulties in Children and Young People\*

- Ten articles
- Focused on prevention and intervention for **anxiety**, depression, obsessive compulsive disorder, anorexia nervosa, and trichotillomania
- Most studies found MH symptoms decreased and psychological flexibility increased following ACT intervention

\*Harris & Samuel, 2020

# Hancock, Swain, Hainsworth, Dixon, Koo, & Munro, 2018

- 193 children from urban Sydney, Australia with a DSM 4 anxiety disorder.
- Block-randomized to a **10-week group-based program** of ACT or CBT or a 10-week waitlist control (WLC).
- Completers included 157 children (ACT = 54, CBT = 57, WLC = 46;  $M = 11$  years,  $SD = 2.76$ ; 78% Caucasian, 58% female). **Pretreatment, posttreatment, and 3 months posttreatment assessments.**
- Completer and intention-to-treat analyses revealed that ACT and CBT were **both superior to WLC across outcomes**, reflecting statistically and clinically significant differences, with gains maintained at 3 months posttreatment.
- Both completer and intention-to-treat analyses found ACT and CBT to produce similar outcomes.
- There **was some support for ACT having greater effect sizes for QOL outcomes.**

# Evidence for using ACT as a Preventive Intervention

- Prevention work with families – obesity, overweight
  - The Family Check-up (Smith, et al., 2016)
  - Family Check-Up 4 Health (FCU4Health) (Smith, et al., 2018)
- 4-session protocol associated with increased in variety of foods tasted by 3-5-year-old preschoolers (Kennedy, Whiting, Dixon, 2014)





*What is the aim (and scope) of FACT?*

(

[Redacted]

# Focused ACT with Adults

## Focus on

Accepting feelings, thoughts, stories, memories as they are (not more than what they are)

Choosing the best option (that promotes safety, growth, learning, creativity, autonomy ...) available in the moment

Taking actions that represent a flexible response to the opportunities and adversities life offers (as we live and grow in our families and communities)

# Focused ACT with Children, Young People and Families

Focus - on optimizing a child's ability to function within the social and family context, learning via carrots (positive reinforcers) rather than sticks (negative reinforcers and punishment)

Accepting feelings, thoughts, stories, memories as they are (not more than what they are)

Choosing the best option (that promotes safety, growth, learning, creativity, autonomy ...) available in the moment

Taking actions that represent a flexible response to the opportunities and adversities life offers (as we live and grow in our families and communities)

# FACT Pillars of Psychological Flexibility

- 3 pillars, representing abilities and linking to skills
- **open, aware, engaged**
- all inter-related
- most people have more abilities in one or two areas
- life challenges and **stress may reduce skills for being open, aware, engaged** or require one to learn new skills
- FACT **identifies strengths**, helps apply to them to current problems. Also **teaches new skills** life is requiring of person now.

# Identify strengths and needs

## FACT Pillars of Psychological Flexibility

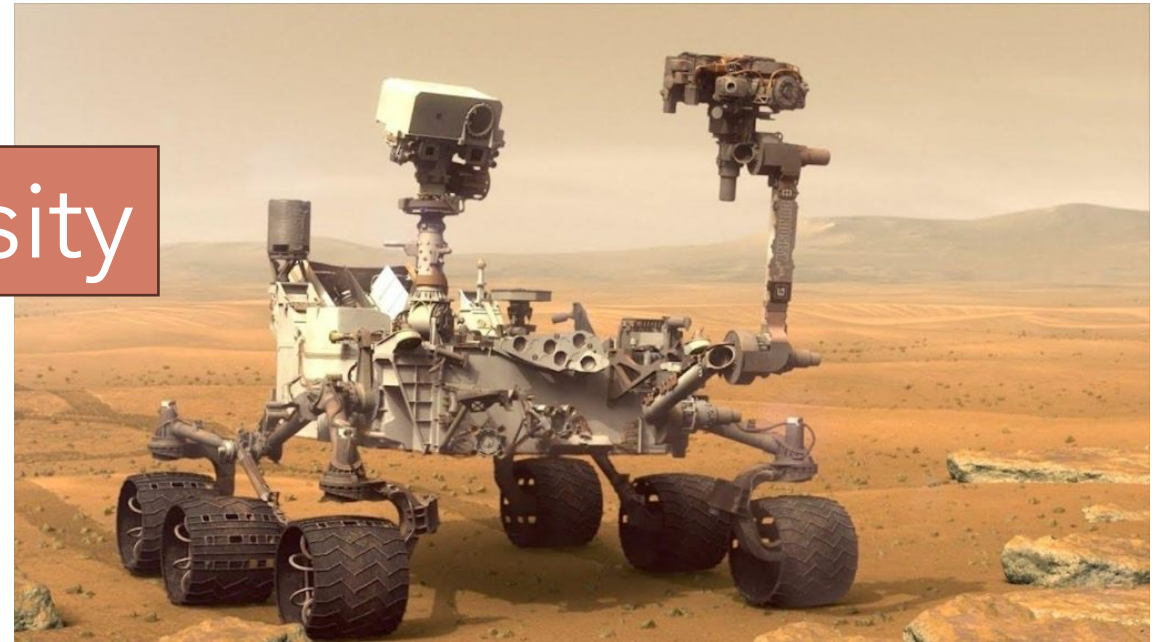


Open	Aware	Engaged
<ul style="list-style-type: none"><li>• Accepts distressing thoughts and feelings</li><li>• Creates a safe observational distance from distressing thoughts and feelings</li><li>• Uses experiences to inform behavior, rather than habits and rules</li></ul>	<ul style="list-style-type: none"><li>• Intentionally focuses on present moment experience</li><li>• Uses self-reflective awareness to promote sensitivity to context</li><li>• Can change perspectives on stories told about self and others</li></ul>	<ul style="list-style-type: none"><li>• Speaks about values with emotion, recalls moments of values-in-action, and accepts vulnerability that comes with caring</li><li>• Plans and implements behavior change experiments that promote vitality</li></ul>
<b>Strengths / Needs</b>	<b>Strengths / Needs</b>	<b>Strengths / Needs</b>

The FACT Mission - teach skills that help a person or family find an "observational distance" to view approach / avoidance dynamic . . . Shift from experiential avoidance to "name and notice", from behavioral avoidance to "actions that reflect values".



Curiosity



*How  
can I  
learn  
FACT?*

LEARNING  
FOR  
LIFE

## Let's break it down . . .

- FACT Contextual Interview
- Pillars of Psychological Flexibility
- FACT Focusing Questions
- FACT Four Square Tool
- FACT Life Path
- FACT Self-Assessment Tool

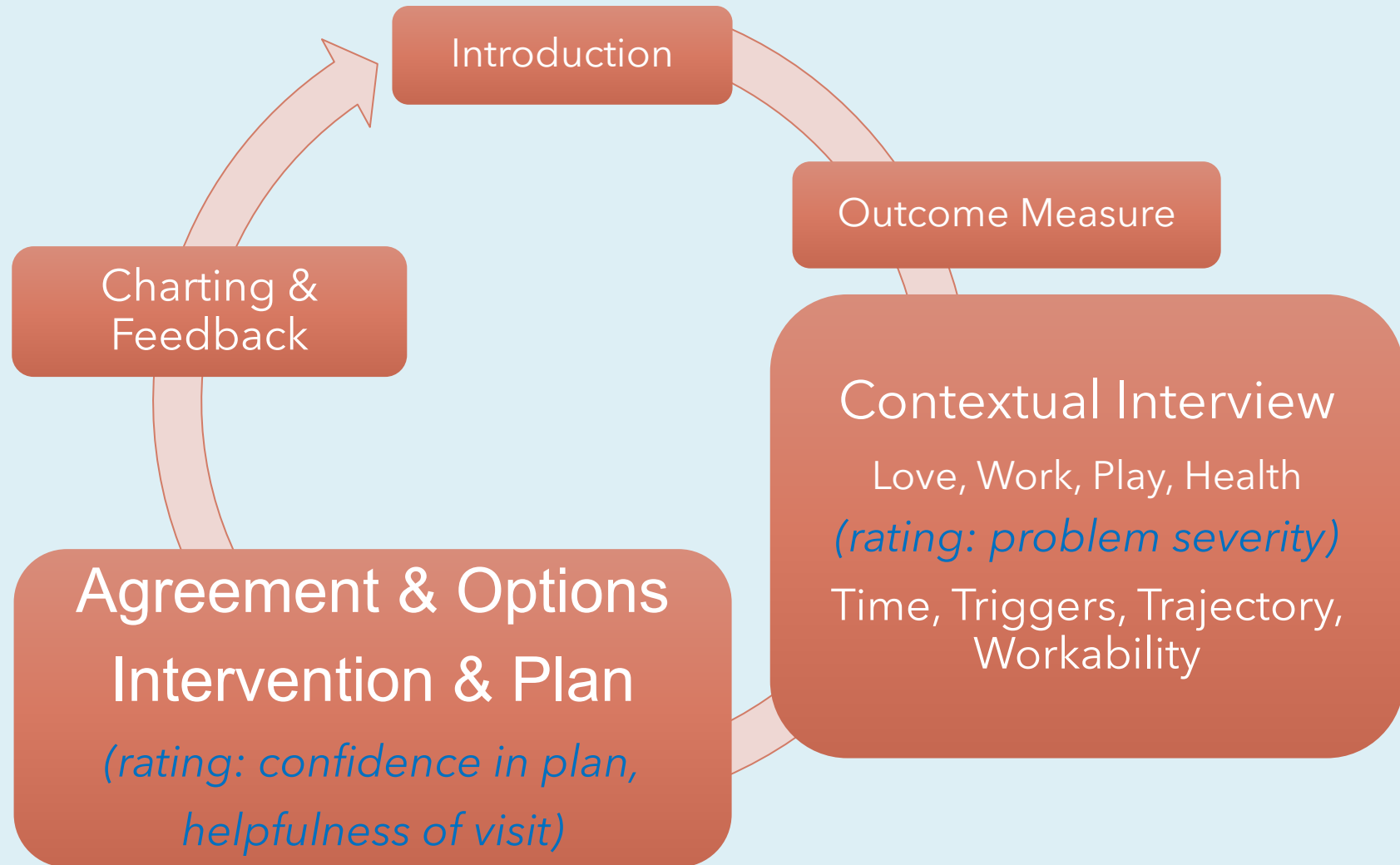




# Functional assessment

- An alternative to the diagnostic interviewing and treatment matching approach
- Helps clinician develop behavior change plans that target specific factors maintaining problem behaviors
- Helps clinician use evidence-based interventions with greater precision and impact
- Functional assessment of a problem behavior involves
  - Indirect assessment (e.g., results of a health-related QOL survey)
  - Direct assessment (e.g., interview questions, rating scales)
  - Functional analysis involves the clinician intentionally changing factors in the environment (e.g., changing positions in the room, asking the patient to stand or speak at a faster or slower rate) and then observing the impact of the change of the problem (e.g., the patient's attention, experience of emotion, etc.)

# FACT Flow: FIRST Visit (25 minutes)



FACT

Assessment:

# **Contextual Interview**

Questions

**Contextual Interview  
Questions - Children and  
Adolescents**

**2**

**Contextual Interview  
Questions - Adults**

**3**

*Life context*

**LOVE**

**WORK**

**PLAY**

**HEALTH**

*Problem context*

**TIME**

**TRIGGERS**

**TRAJECTORY**

**WORKABILITY**

FACT

Assessment:

## Rating Scale Questions

Rating Scale Questions

4

**How big of a problem is x?**

**1 = not a problem 10 =, a very big problem**

**How confident are you that you will do this experiment?**

**1 = not confident and 10 = very confident**

**How helpful was this visit?**

**1 = not helpful and 10 = very helpful**



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# Workability & Willingness

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*“What have you tried . . . to make things better?”*

*“Does it work . . . how?”*

*”Would you like for things to be better?”*

*“Are you willing to try something different?”*



FACT

## Focusing Questions

*... a mental checklist for your understanding of the person or family's context. Reflect on this as you transition from the FACT Contextual Interview to a FACT Intervention.*

**FACT Focusing Questions**

**5**

\*Adapted from Robinson, 2020

*Do I have clear ideas about . . .*

- What is the problem the person / family is most concerned about?
- What have they tried?
- What do they want for their life/lives?
- What are the barriers to doing what they want for their life/lives?
- Are they at war with these barriers?
- If anything were possible, what would they choose to do now?

FACT

# Pillars Assessment Tool\*

Assess each pillar.  
What are the patient's strengths?  
What are the patient's needs?  
Is there a pillar that is a priority for skill development?

**FACT Pillars Assessment  
Tool (PAT)**

6

\*Adapted from Robinson, 2020

<b>Open</b>	<b>Aware</b>	<b>Engaged</b>
<ul style="list-style-type: none"><li>• Accepts distressing thoughts and feelings</li><li>• Creates a safe observational distance from distressing thoughts and feelings</li><li>• Uses experiences to inform behavior, rather than habits and rules</li></ul>	<ul style="list-style-type: none"><li>• Intentionally focuses on present moment experience</li><li>• Uses self-reflective awareness to promote sensitivity to context</li><li>• Can change perspectives on stories told about self and others</li></ul>	<ul style="list-style-type: none"><li>• Speaks about values with emotion, recalls moments of values-in-action, and accepts vulnerability that comes with caring</li><li>• Plans and implements behavior change experiments that promote vitality</li></ul>
Strengths	Strengths	Strengths
Needs	Needs	Needs
Targets	Targets	Targets

FACT

# Four-Square Tool\*

Conceptualization  
&  
Intervention

(Actions vs TEAMS)

**Four Square Tool**

**7**

\*Adapted from Robinson, 2020;  
Strosahl, Robinson, & Gustavsson,  
2012

	Avoidance / Controls Suffering	Approach / Supports Flourishing
Actions		
Thoughts		
Emotions		
Action Tendencies		
Memories		
Sensations		



## FACT

# Agreement and Options Worksheet\*

Based on your Four Square, what intervention options are you considering?

Based on the Pillars Assessment Tool, what pillars do you want to target?

Agreement and Options Worksheet

8

*Write out your conceptualization. Use these questions to formulate options for behavior change.*

- What are the patient's strengths?
- What are the values related to the problem?
- What are the barriers to addressing the problem more optimally?
- What options will you offer the patient for addressing the current problem with greater psychological flexibility?

Option A (requires less effort, less risk, more certain results)

Option B (requires greater effort and perhaps more radical change)

\*Adapted from Robinson, 2020

# FACT Pillars Intervention Guide

FACT Pillars Intervention Guide (PIG)

9

Open	Aware	Engaged
When "stuck", be curious, model acceptance, notice the "mind"	If confused, go to the present, look at different perspectives	Whenever possible, promote connection between values and action
Support openness and curiosity about previously avoided thoughts/feelings/sensations	Promote flexible, voluntary and purposeful attention to the present moment	Identify qualities of meaningful action in the here and now
Attend to thinking as an ongoing process, rather than the world structured by it	Support mindfulness and noticing of the continuity of consciousness	Collaboratively create SMART behavioral experiments

*A behavioral experiment* is a plan that identifies a specific action a patient plans to implement to observe its impact on the problem of concern or more broadly on their ability to flourish.

*How do you make behavioral variability?*



## "SMART" Behavioral Experiments

▶ If the patient's history included painful, punishing experiences (e.g., critical or depressed parent, multiple traumas), you may want to spend a little more time explaining the value of experimenting and the usefulness of trying something new.

▶ Is the experiment engaging?

▶ Is the experiment SMART?

▶ Specific

▶ Measurable

▶ Attainable

▶ Relevant to person's/family's values

▶ Time-bound

The behavioral  
experiment supports

## ***Behavioral Variation***

▶ *Opens the door to  
new life outcomes*

▶ Developed in **every  
visit**





More Control  
What do you want to control, avoid, or get rid of?



More Meaning  
What type of life would you choose if you could choose?

# Life Path

1. Where are you on your life path? Mark an X. Which direction are you moving toward?
2. What, if any, are the costs and benefits of moving towards control?
3. Why would you want to move toward your values now? What values?
4. What behaviors would tell you that you're moving toward more meaning in life?
5. How would you turn in the direction of a more meaningful life?

**FACT Life Path**

**12**

# Life Path

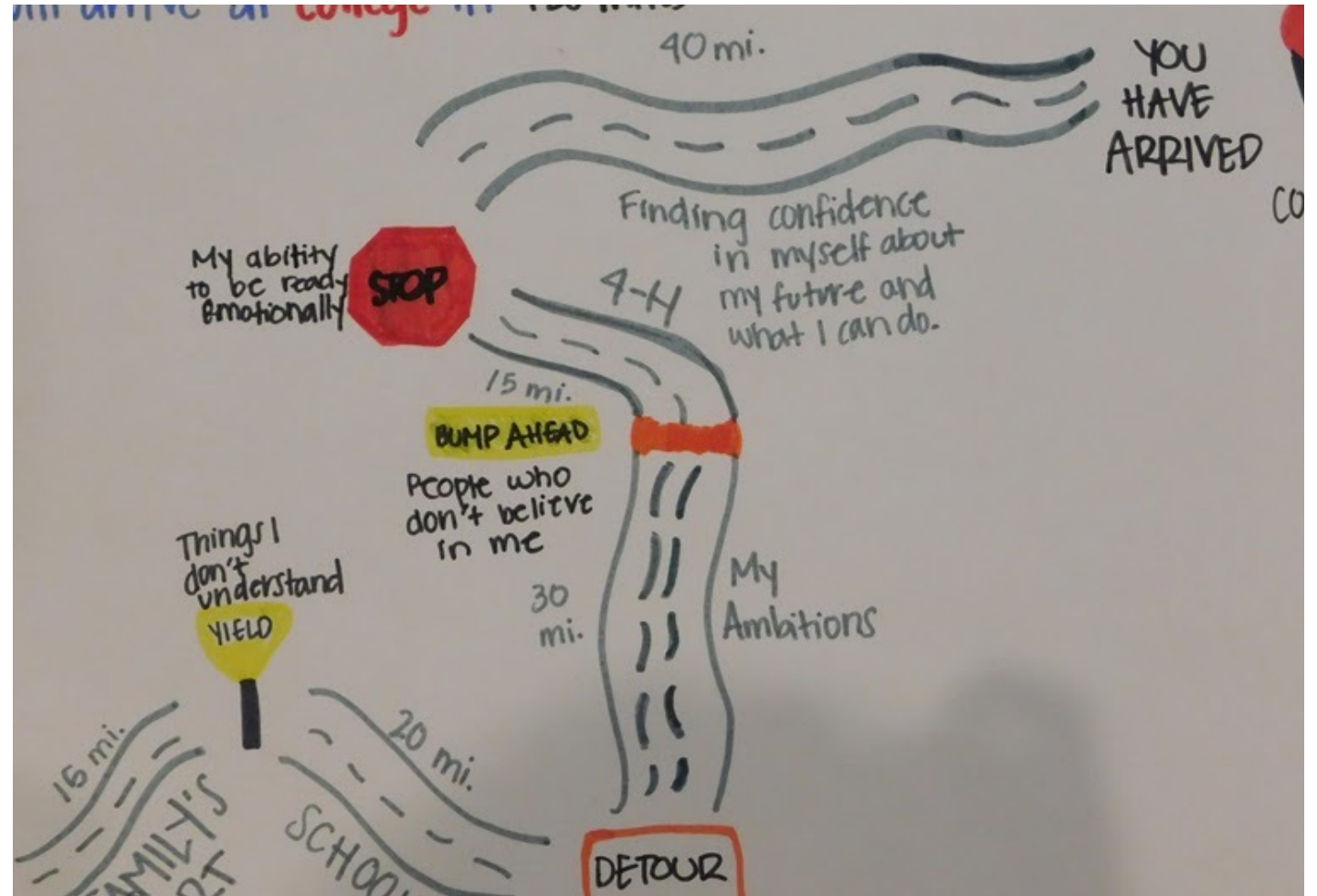
Useful in groups

Adults

Youth

Children

Parents



**Life Path Class Announcement (parents) 13**

**Life Path Class (for parents) brief agendas for classes 1-3 14**

# BULL'S EYE PLANNING TOOL

## Action Steps

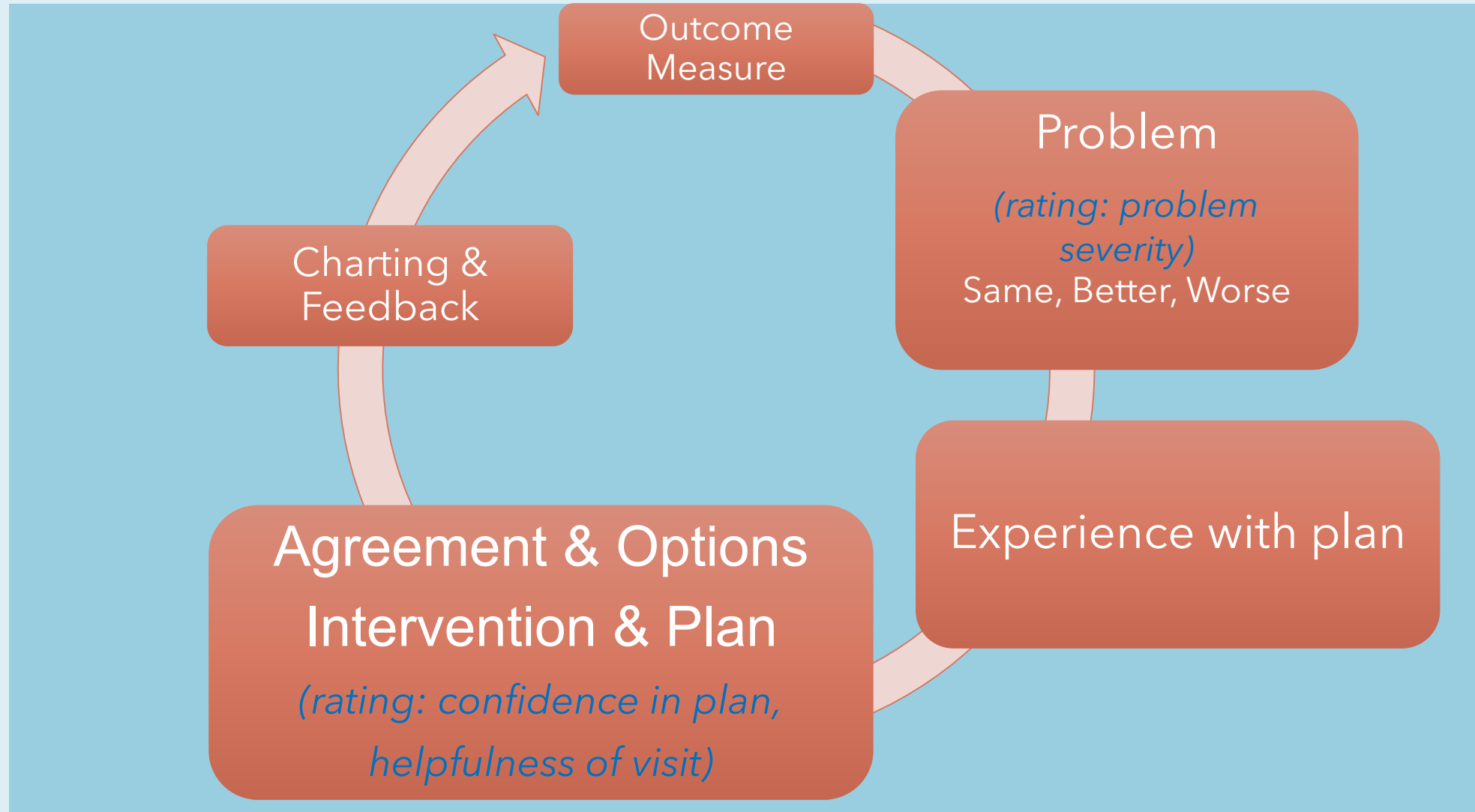
- 1.
- 2.



<b>FACT Bull's Eye</b>	<b>15</b>
<b>Bull's Eye Guide</b>	<b>16</b>



# FACT Flow: FOLLOW UP Visit (25 minutes)



# Focused ACT Interventions with Children

Many interventions possible

Adjusted to child's developmental age

Tailored to respect child/youth/family's culture and perspective on health

Metaphors co-developed

FACT PILLARS  
OF  
PSYCHOLOGICAL  
FLEXIBILITY  
for  
Families and  
Youth

Open

Be curious  
about the mind  
and body

Honor  
emotions

Unhook, Name  
thoughts,  
feelings,  
sensations

Aware

Feet  
on the ground,  
hand in hand,  
1 big breath



Listen to stories  
yours/others  
tell, make up other  
possible stories

Engaged

What is  
important to  
you? Who  
matters to  
you?

Skills for  
planning,  
doing,  
learning,  
persisting



Learning FACT:  
The FACT Self-Assessment Tool

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<b>Focused Acceptance and Self-Assessment Tool (FACT - SAT)</b>	<b>10-11</b>
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Support each other!

- **FACT  
Self  
Assessment  
Tool\***

Self-ratings 1-10  
Use now  
Create learning plan  
Use again in a month  
New learning plan

### **Focused Acceptance and Self-Assessment Tool (FACT – SAT)**

Competency means “adequacy; possession of required skill, knowledge, qualification or capacity”. This tool is designed to help you assess your competence in skills involved in effective delivery of fACT with children, families and adults. Use this scale of 0-10 to assign a “rating” to your competence level today.

*0 = not competent    2 = some    4 = adequate    6 = a lot    8 = exceptional    10 = master level*

<b>Focused Acceptance and Self-Assessment Tool (FACT – SAT)</b>	<b>10-11</b>
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# Focused ACT Self Assessment Tool (FACT SAT) - see Skills Training Packet - page 2-3

## **Self-Assessment**

- Skills and knowledge to practice FACT
- Self-assessment: 1 = not competent to 5 = exceptional
- Used in more extensive training and supervision as a competency self-assessment tool

## **Learning Plan**

1. Practice management
2. Assessment
3. Case formulation and treatment planning
4. Interventions

# FACT SAT Practice Management

1. Communicates the belief that a person or family can learn and change at any moment
2. Uses problem severity rating to estimate of problem distress (1-10)
3. Obtains a patient confidence rating for behavior change plan (1-10)
4. Asks session helpfulness question at end of each visit (1-10).

# FACT SAT Assessment

5. Assesses problem severity of target problem early in each visit (1-10).
6. Uses Life Context (Work-Love-Play-Health) questions to complete an engaging psychosocial interview in 5-10 minutes.
7. Uses Problem Context (Three T's) to complete an accurate functional analysis of a target problem.
8. Uses fACT Focus Questions after Contextual Interview as needed in transitioning to intervention.
9. Uses Workability question(s) directly or implicitly while conducting interview to enhance willingness to change (attentive to cultural context).



# FACT SAT Assessment

10. Taps into patient values by asking directly and/or exploring identified values.

11. Uses ACT consistent language in reflecting back to patient (e.g., “so, you’ve tried to solve this problem but your solutions are NOT working, at least not in some very important ways.”)

# FACT SAT Case Formulation and Treatment Planning

12. Able to estimate a person's strengths and needs relative to the FACT Pillars of Flexibility (open, aware, engaged).
13. Uses Four Square to understand the approach – avoidance dynamic and to identify behavior change options.

# FACT SAT Interventions

## 14. Develops behavior change plans that

- a. Help strengthen a person/family's connection to their values.
- b. Help person unhook, step back, or make room for difficult thoughts, feelings, sensations (defuse).
- c. Involve the person in developing an observer perspective (noticing and naming with curiosity and compassion).
- e. Help patient identify thoughts that evaluate and thoughts that describe.
- f. Encourage strengthening present moment awareness through planned skill practice (e.g., STOP - slow down, take notice, open up, plan).
- g. Engage in values consistent action plans with intention and awareness.

# FACT SAT Interventions

15. Uses metaphor, analogy, or experiential exercise to influence person's perspective on problem(s) in ways that validate and facilitate change (e.g., “this is a time of transition/development for you”).
16. Experiments with FACT interventions, (e.g., Bull's Eye, Life Path, Movies, Spider Web, etc.)

# FACT - *a brief review*

*Focused Acceptance and Commitment Therapy*

## **An inter-professional approach to brief interventions**

### **Designed around a mission to**

- 1. Improve access to behavioral health services**
- 2. Enhance patient engagement**
- 3. Improve psychological flexibility of all people over the course of their lives**

Robinson, 2020. Robinson & Reiter, 2024, Behavioral Consultation and Primary Care, 3<sup>rd</sup> Ed.

FACT - *share it*

It's a **Good Playbook** for Healthcare Workers

- All people want and deserve the best health possible at any point in their life. Health is a fundamental human right.
- Healthcare teams working from a common playbook may play better together.
- Healthcare is delivered in groups and cooperative groups produce better outcomes (see Elinor Ostrom).
- Healthcare teams working from a common playbook achieve better outcomes (better patient engagement and persistence, better value).

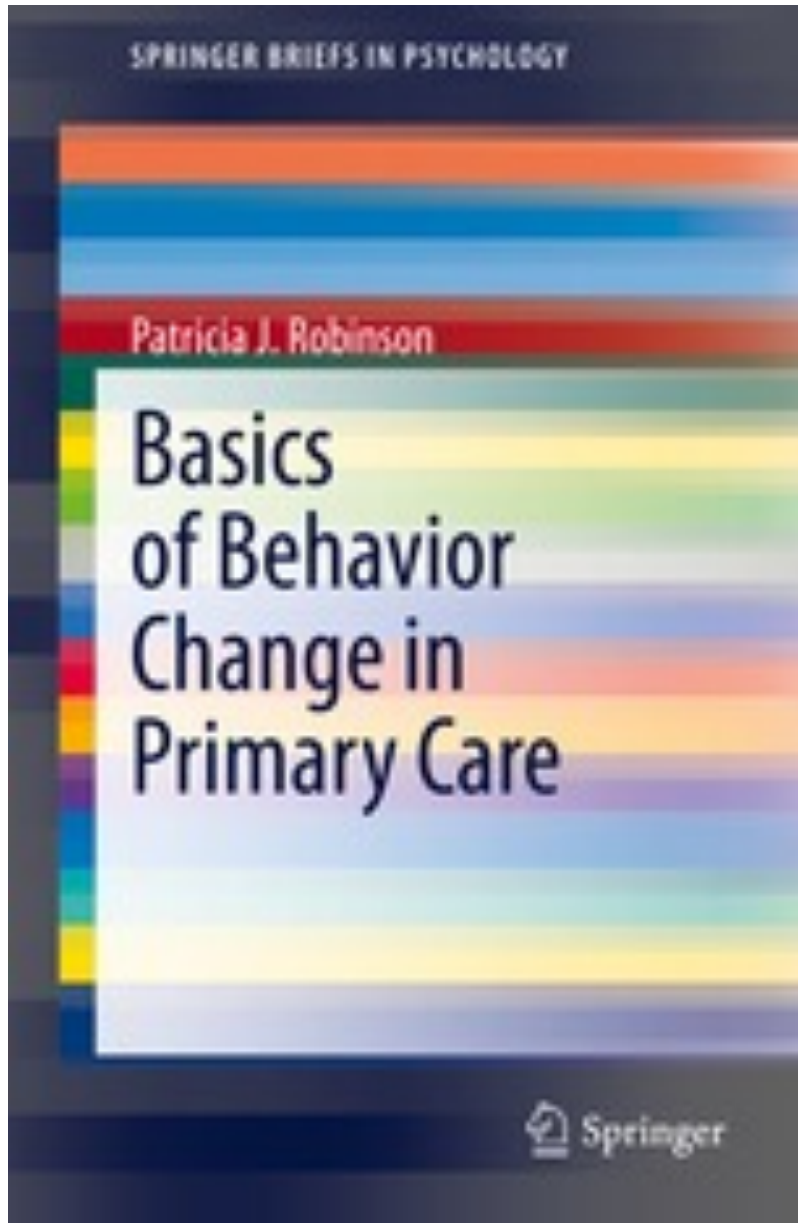
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# Dive in. No jump too small.

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- What FACT interventions do you plan to use this week?
  - Four Square Intervention
  - Rating Scale Questions
  - Pillars Assessment Tool Workability Questions
  - FACT Focus Questions
  - SMART Plans (related to values)





Robinson, P. J., (2020)

Springer

<https://www.springer.com/gp/book/9783030320492>

Amazon

[https://www.amazon.com/Basics-Behavior-Primary-SpringerBriefs-Psychology/dp/3030320499/ref=sr\\_1\\_1?dchild=1&keywords=basics+of+behavior+change+in+primary+care&qid=1590948683&sr=8-1](https://www.amazon.com/Basics-Behavior-Primary-SpringerBriefs-Psychology/dp/3030320499/ref=sr_1_1?dchild=1&keywords=basics+of+behavior+change+in+primary+care&qid=1590948683&sr=8-1)



# Crisis Integration

WITH Acceptance and  
Commitment Therapy

## Theory and Practice

Katrina Carlsson, M.D., Ph.D.  
Kirk D. Strosahl, Ph.D.  
Laura Weiss Roberts, M.D., M.A.



In  
this  
moment.

FIVE STEPS *to*  
TRANSCENDING STRESS  
USING MINDFULNESS  
*and* NEUROSCIENCE

Resources

inside  
this  
moment.

A CLINICIAN'S GUIDE *to*  
PROMOTING RADICAL CHANGE  
USING ACCEPTANCE *and*  
COMMITMENT THERAPY

KIRK D. STROSAHL, PhD  
PATRICIA J. ROBINSON, PhD

## Resources

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- Association for Contextual Behavioral Science"
- <http://www.contextualpsychology.org/>
- <http://www.newharbingeronline.com/real-behavior-change-in-primary-care.html>

# Real Behavior Change in Primary Care

IMPROVING PATIENT OUTCOMES &  
INCREASING JOB SATISFACTION

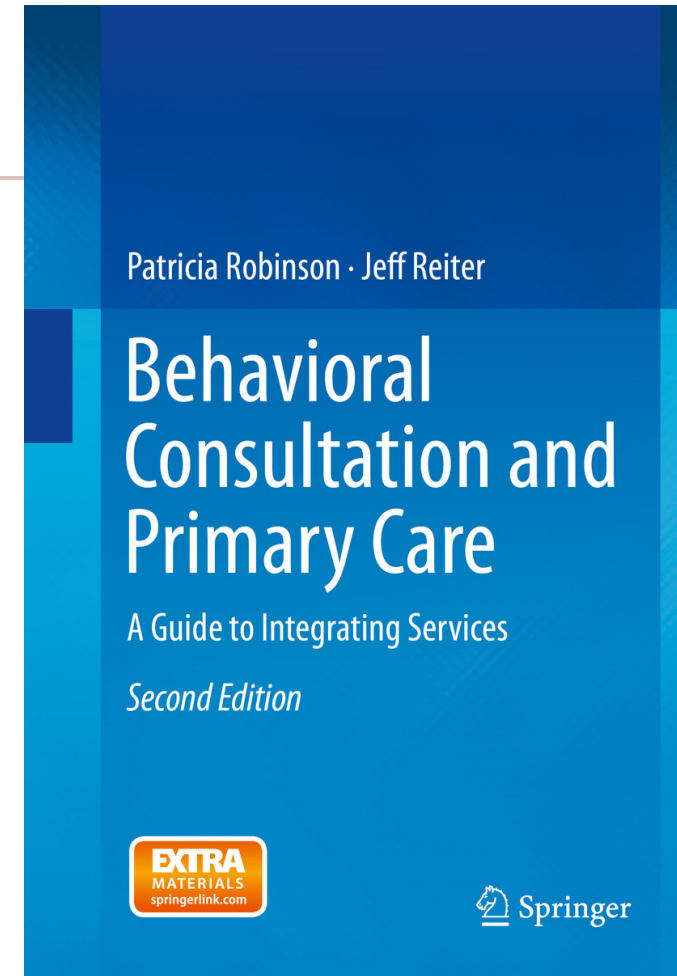
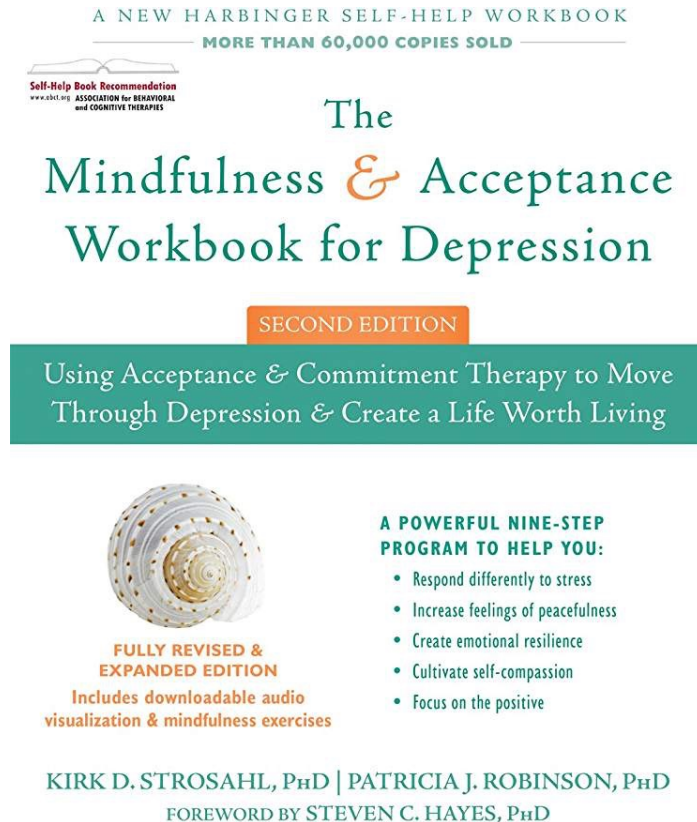
PATRICIA J. ROBINSON, PH.D.  
DEBRA A. GOULD, MD, MPH  
KIRK D. STROSAHL, PH.D.

# Brief Interventions for Radical Behavior Change

Principles and Practice  
of Focused Acceptance &  
Commitment Therapy

KIRK STROSAHL, PhD  
PATRICIA ROBINSON, PhD  
THOMAS GUSTAVSSON, MSc

# Resources



Third edition  
Sept. 2024

Koa Whittingham  
Lisa W. Coyne

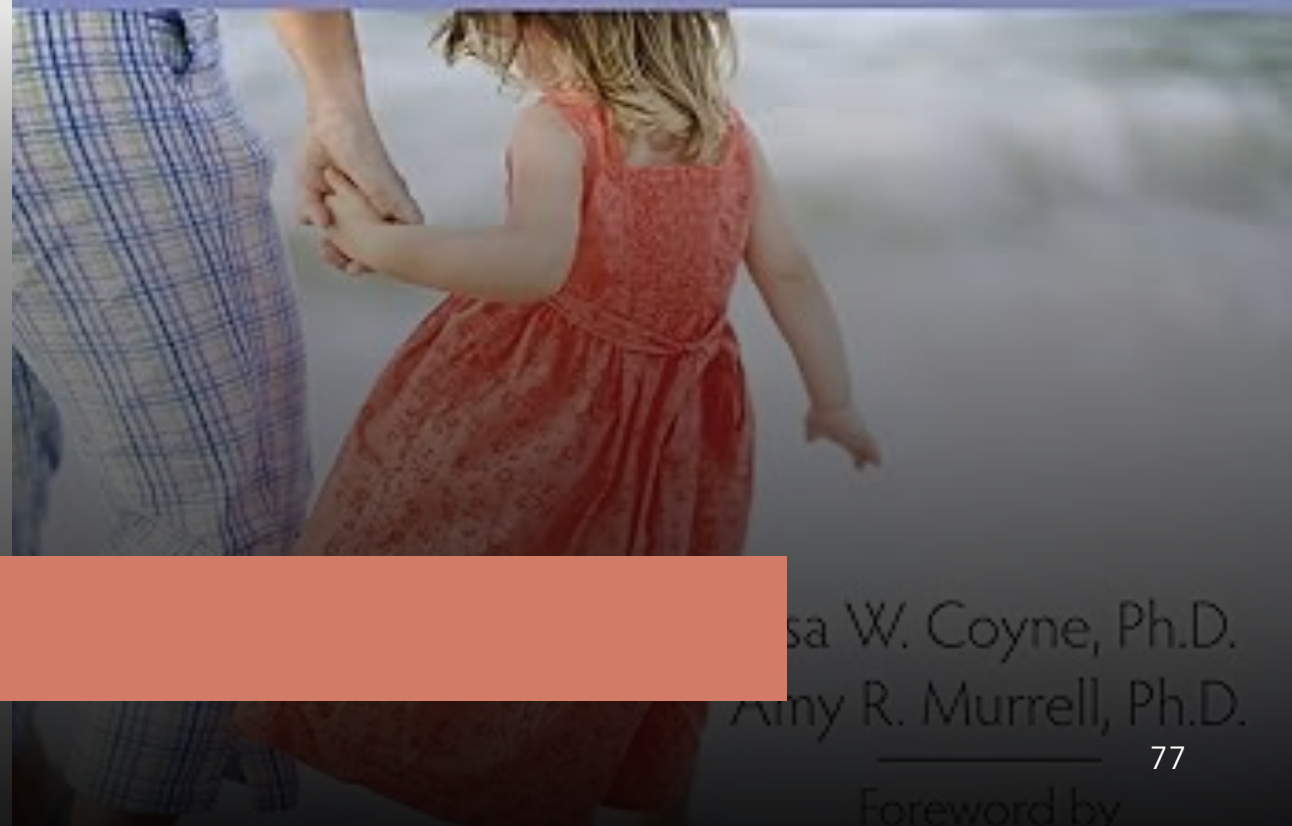
# Acceptance and Commitment Therapy

The Clinician's Guide for Supporting Parents

# For Parents

# parenting

an acceptance & commitment therapy guide  
to effective parenting in the early years

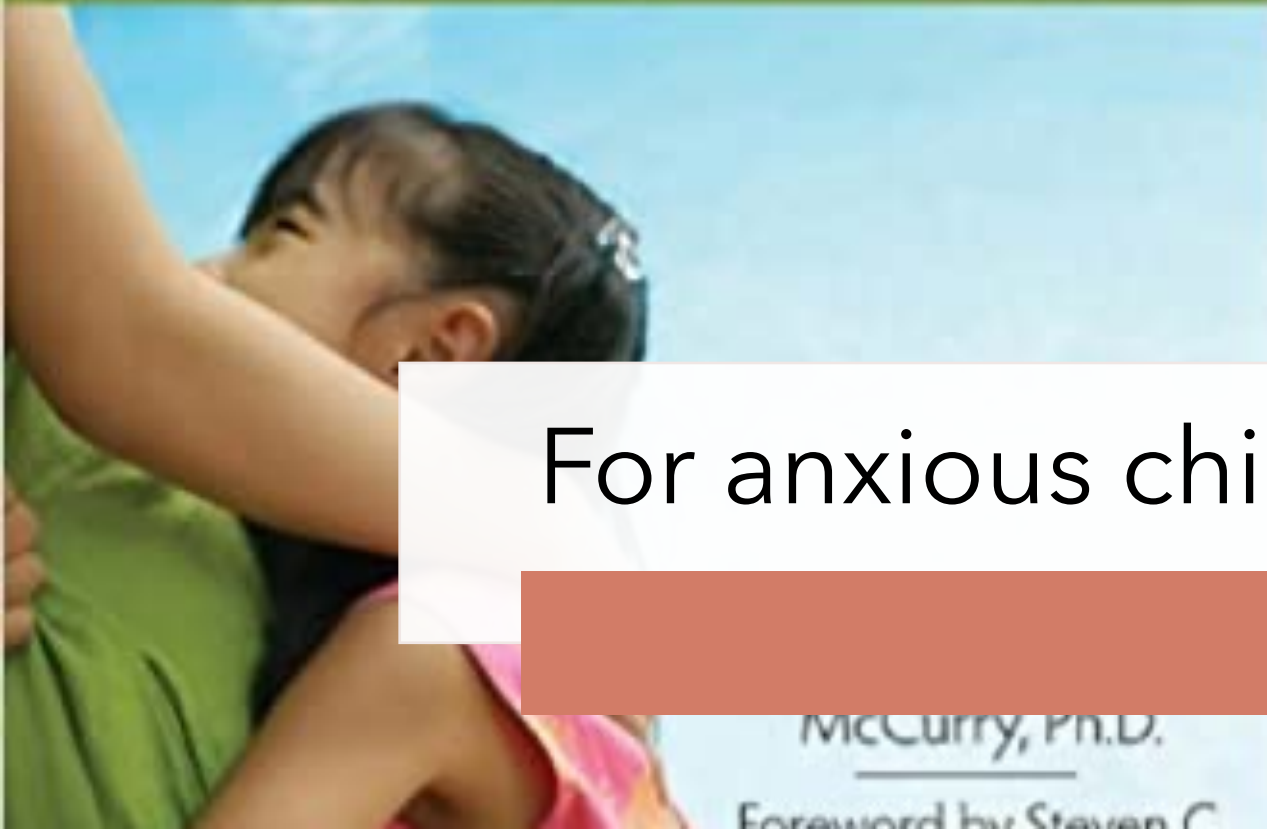


Lisa W. Coyne, Ph.D.  
Amy R. Murrell, Ph.D.

Foreword by

# Anxious Child with Mindfulness and Acceptance

a powerful new approach to overcoming fear, panic, and worry using acceptance and commitment therapy



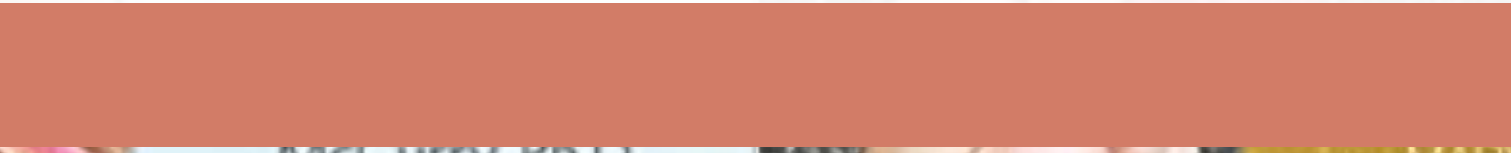
# the mindfulness & acceptance workbook for teen anxiety

activities to help you overcome fears & worries using acceptance & commitment therapy



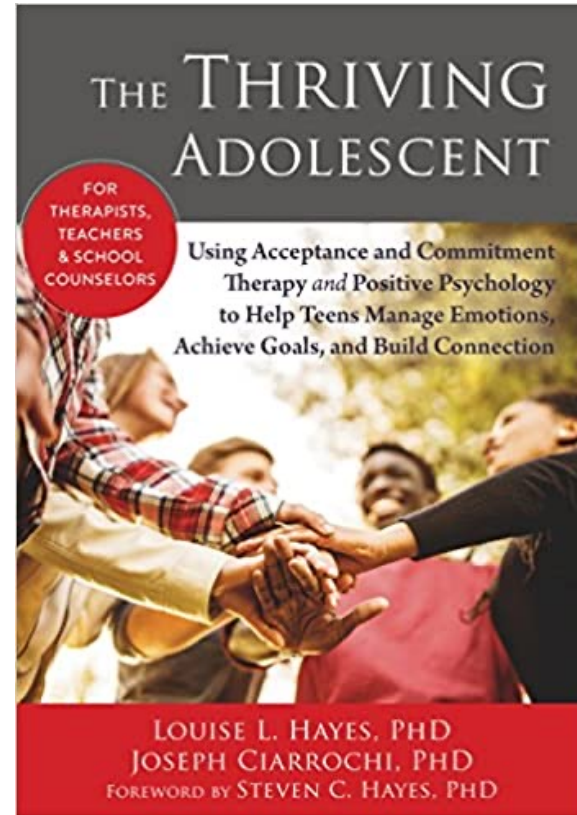
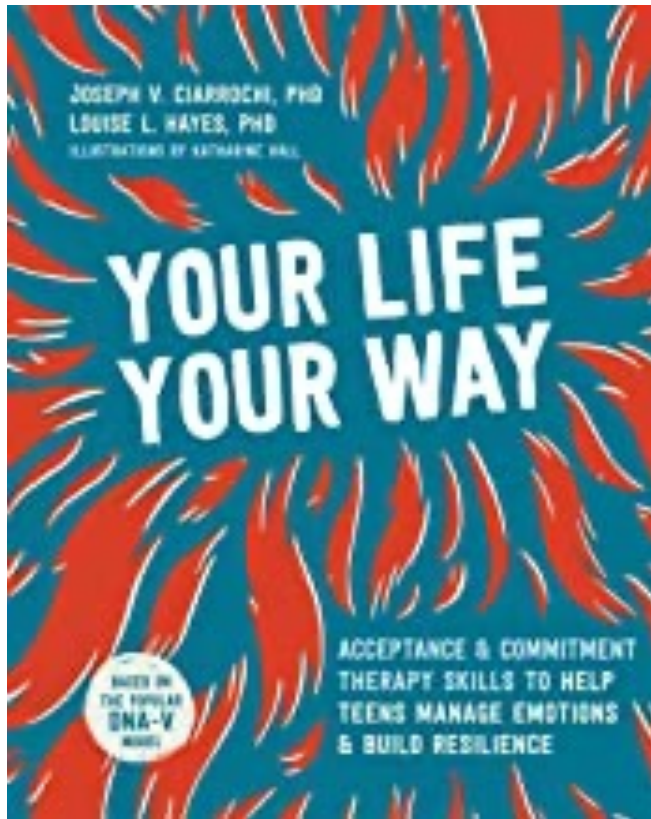
- \* cope with stress
- \* deal with difficult thoughts & emotions
- \* build resilience

For anxious children and teens



McCurry, Ph.D.  
Foreword by Steven C

RELL, Ph.D  
HER McCURRY, Ph.D  
MARY BELL, MSW  
Foreword by LOUISE L. HAYES, Ph.D



For teens

# Resources

- Association for Contextual Behavioral Science”
- <http://www.contextualpsychology.org/>  
<http://www.newharbingeronline.com/real-behavior-change-in-primary-care.html>
- [Bonus chapters on anger and lifestyle change with an adolescent](#)
- <https://www.mtnviewconsulting.com>

For PCBH Tool Kit, go to bottom left of home page

*Gratitude to your learning partners*

*Compassion for yourself - for serving and for learning!*

Thank you for your precious time.

[Patti@Mtnviewconsulting.com](mailto:Patti@Mtnviewconsulting.com)



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*Imagine the face of a child you love.  
Imagine you saying this to them.*

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*Everything that happens to you is an  
opportunity to choose thoughts and  
behaviors that will help you use your  
energy to move toward your goals and  
values.*

*Be tender with yourself and see the  
situation as it is, not more.*

*Thank you for your precious time.*

*Patti & Kirk*

Every moment of psychological suffering offers an opportunity for personal growth.





# It's closing time . . .

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Take a moment to reflect

- Take aways
- Gratitude