Contextual Behavioural Science 4th Conference

16th & 17th November 2020
Online Delivery
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Welcome!

Dear Conference Delegate,

On behalf of the Conference Organising Committee and the Scientific Programme Committee, we wish you a very warm welcome to our first ever online conference, the fourth ACT and Contextual Behavioural Science Conference, hosted jointly by the Association for Contextual Behavioural Science UK & Republic of Ireland Chapter (ACBS UK&ROI) and the British Association for Behavioural & Cognitive Psychotherapy Acceptance and Commitment Therapy Special Interest Group (BABCP ACTSIG).

What a time to be a human being. What a context within which to workably function. And what a time to strive for psychological flexibility! We are so very grateful that in the midst of it all you have chosen to join us in this meeting of fellow travellers, strengthening the invisible web that binds us, irrespective of physical distance.

The road to get to this event has been long and at times difficult. One of the moments in this journey that lifted our spirits was when we finally put the programme together. It was evident that we had received a large number of very high-quality submissions, leading to this rich and diverse programme. We have a range of presentation formats from five-minute data blitz, open papers, symposia, skills classes and plenary speakers. The topics covered include CBS in basic science and applied fields, experimental research, clinical and therapeutic applications, organisational and coaching applications, across the lifespan.

We very much hope that you have a stimulating and inspiring two days here at the conference,

Warmly,

Lene Forester (Conference Organisation Chair) &
David Gillanders (Programme Committee Chair)
We would like to give acknowledgement and heartfelt thanks to the Organising Committee and the Programme Committee:

**Organising Committee**
Lene Forrester (Chair)
Joe Oliver
Jim Lucas
Helen McGillivary
Natalie Savage
John Boorman

**Programme Committee**
David Gillanders (Chair)
Natalie Savage
Gina Skourti
Duncan Gillard
Elizabeth Burnside
Freddy Jackson-Brown
Jessica Kingston
Jonathan Williams
Ben Ramos

And of course, we wish to thank Marie-Anne James and Amy Donohoe our professional conference organisers at EYAS.
In-Session Zoom Instructions

Joining the session

To join the session, please follow the instructions in your email from EYAS that tells you about how to sign into Zoom. We encourage you to sign in a little early (in case of any technical hitches). If you find yourselves in the “waiting room”, don’t worry, we know you’re there, we’re just getting set up! We’ll open up the session a few minutes before we kick-off.

Participating in the session

Recording

We will be recording the session. There’s a symbol on your screen to confirm that’s happening – normally, it’s in the top left-hand corner of your screen (depending on your device). The purpose of recording the session is so that attendees can return to it if they missed or want to recap anything, and so that people who can’t make it to the live session can watch the recording on ‘catch-up’. The recording will be available for 3 weeks after the live event has completed.

Mute/Stop Video

Mute

So that we can manage the session, we ask that everyone puts their devices on mute. Except when you are in breakout rooms (see below for more about breakout rooms), or if we’re in a whole-group discussion and we invite you to come off mute to clarify your question/comment.

Stop Video

Feel free to choose whether you want your video on or not. It’s helpful for our speakers to see your faces – especially, if you’re asking a question or making comments. And we do encourage you to share your video in breakout rooms (see below). But the choice is yours!

N.B. Don’t forget to stop your video and mute your device if you’re taking a comfort break and taking your device with you 😊

To control whether you’re on/off mute or to start/stop your video, you can use the appropriate button, which is normally in the panel at the bottom of your screen, in the left-hand corner (depending on your device!)

Speaker / Gallery View

In the main session, you may want to focus your attention on the person presenting, or you may want to see the whole group of participants (especially in a discussion). To help with this, you can switch between Speaker View and Gallery View, using the Speaker/Gallery View button, normally found in the top right-hand corner (depending on your device!)
When your speaker shares their screen, it can be useful to adjust the ratio between the screen share and the speaker view so you can see your speaker clearly. You can do this by selecting the two small parallel lines between the shared screen and the speaker’s video. You can then drag the lines to adjust the size of the screens.

Chat

The ‘Chat’ function will often be used as the main tool for group discussion. To see the chat box, click on the chat button, which is normally in the panel at the bottom of your screen, in the centre (depending on your device!)

The chat box allows you to chat with the whole group or with specific people (privately). You can control that by selecting “Everyone in Meeting” or the specific person’s name, in the “To” field at the bottom of the chat box.

Names

So that others know who your speaker is chatting with, it’s really helpful to see the name you want to be known by (Zoom sometimes displays a device name, like “Family PC” or “My iPhone” or another family member’s name!)

You can change the name, normally by right-clicking (depending on the device!), selecting Rename and updating it, according to your preference.
Breakout Rooms

The workshops may use breakout rooms. This means using Zoom to put you, temporarily, into mini sessions with a small group of other participants, so that you can reflect on the topic and work on exercises together. Sometimes these will be quite short breakouts (around 5 minutes), and sometimes they might be longer. If we do this, we’ll give you all the instructions you need, at the time.

There’s no recording in the breakout rooms. With that in mind, we very much encourage you to come off mute and share your video, to help the breakout conversations flow smoothly! But, as ever, the choice is yours! If do choose to stay muted/with your video off, please make your fellow breakout participants aware of your decision.

Technical Issues

If you experience any technical issues, such as your video or audio not working, first check the settings section in Zoom and make sure all your equipment is tested and configured correctly. You can access the settings in Zoom by signing into your desktop Zoom client, clicking your profile picture and clicking settings. If you are on an iOS or Android device, click the gear icon in the app. If you’re not able to resolve the issue, close down the Zoom program or app and restart it. If this doesn’t work, completely close your computer or device down and restart it. If you’re still not able to fix the issue, don’t worry! One of our hosts will be on hand throughout. Just privately message them and they will help you out.

For Presenters

Please make sure you use a headset with a microphone. Where possible, plug in to your router with a LAN cable so you are not relying on WIFI. If you have slides, you will need to share your screen by clicking the green Share Screen button on the bottom of the Zoom window. You can then select the screen or the program you want. For example, if you are using PowerPoint, you can select that program. If you need to share a video with sound, make sure you select the Share Computer Sound option on the bottom left. There will be technical support available to you throughout your presentation.
Outline Programme

Monday 16th November

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<tbody>
<tr>
<td>09:00</td>
<td>1. Conference Welcome &amp; Plenary: Dr Steve Noone, Northumbria University.</td>
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<td></td>
<td>“What can the field of Intellectually Disability gain from CBS and what can CBS gain from the field of Intellectual Disability?”</td>
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<td>10:00</td>
<td>2. Investigating the usability of a digital ACT intervention for older adults with multimorbidities. Moran &amp; Doyle.</td>
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<td>4. A Single Case Experimental Design (SCED) evaluating a brief Acceptance and Commitment Therapy (ACT) intervention for stress in Inflammatory Bowel Disease (IBD). Lavelle, Storan, De Dominicis, Hussey, Mulcahy, &amp; McHugh</td>
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<td>6. Skills Class: DNA-V: The Youth Model of ACT. Lemon &amp; Roe</td>
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<td>12:45</td>
<td>7. Symposium: Third wave approaches to paranoia. Bolderston, Kingston &amp; J. Oliver</td>
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<td>9. Symposium: Recent theoretical and empirical advances in understanding rule governed behaviour. Stapleton, Murthy, &amp; McHugh</td>
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<td>09:00</td>
<td>18. Plenary: Prof Louise McHugh, “Ruled by rules: Relational Frame Theory, Rule Following and the Self”</td>
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<td>16:40</td>
<td>17. Plenary: Dr Ray Owen, Wye Valley NHS. &quot;A Matter of Life and Death: Psychological Flexibility, Health &amp; Mortality&quot;</td>
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<td>14:00</td>
<td>10. Symposium: Contemporary applications of contextual behavioural science within UK intellectual disability services. Johnson, Noone, Brosh, M. Oliver, &amp; Jackson Brown</td>
<td>11. Skills Class: Shaping supervision: How do we train ACT supervision skills? (PART 2 of 2) Lucas &amp; Bradley.</td>
<td>12. Data Blitz: (Five-minute presentations with time for one question)</td>
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<td>13:00</td>
<td>LUNCH</td>
<td>Choice of one of three in-conference workshops:*</td>
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<td>Open to all: 30. Ray Owen, ‘ACT for long term health conditions’</td>
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**Detailed Programme**

Monday 16th November

09:00 - Conference Welcome & Plenary *(BCBA CEUs available = 1):*

1. “What can the field of Intellectually Disability gain from CBS and what can CBS gain from the field of Intellectual Disability?”

   **Dr Steve Noone BCBA-D**

   Senior Lecturer. Northumbria University

   Dr Steve Noone was a consultant clinical psychologist in the NHS for over 30 years, working with adults and children with intellectual disabilities and/or autism. For several years he worked at Bangor University and helped to develop the MSc in Applied Behaviour Analysis that was the first curriculum in the UK to be recognised by the Behaviour Analysis Certification Board. As part of that course he developed an ACT module with a special emphasis on understanding the emotional and cognitive responses of carers. He ran some of the first studies to evaluate an ACT based intervention with care staff. He has worked with self-advocacy organisations to deliver adapted Mindfulness Based courses for adults with intellectual disabilities. He has also run numerous training events on mindfulness-based interventions to better manage stress. He recently completed a participatory research project to help adult family carers to develop better resilience using ACT.

10:10 - Open papers :

2. Investigating the usability of a digital ACT intervention for older adults with multi-morbidities.

   **Orla Moran & Julie Doyle, Netwell CASALA, Dundalk Institute of Technology.**

   Multi-morbidities are defined as two or more chronic health conditions (i.e. un-curable, long-lasting illnesses) and they are estimated to affect 65% of people over 65 and 85% of those over 85 years old. Research indicates that management of distress levels in those with multi-morbidities is not only important for improving quality of life and functioning but is also critical for management of their condition, adherence to treatment, and ultimately disease prognosis and progression. Acceptance and Commitment Therapy (ACT) uses a transdiagnostic approach that has consistently demonstrated positive long-term outcomes across a wide array of conditions, including chronic illness. Despite the desirable outcomes observed for ACT with individual conditions and chronic illness, there has been a dearth of psychological investigations into managing the additional challenges associated with multi-morbidities. Most empirical investigations conducted to date also involve in-
person therapy, which typically can be quite costly and difficult to access, particularly for those dealing with the additional demands of chronic disease. The objective of this research is to develop a digital ACT intervention to improve self-management behaviours and distress levels in those with multi-morbidities. One-to-one qualitative interviews with older adults with multi-morbidities and healthcare professionals (n=20) explore which features of a digital ACT intervention are important in serving end-user needs. Thematic content analysis is used to identify participant needs, accessibility, possible barriers to app use, and concerns. Findings are discussed in terms of what factors contribute to the feasibility and usability of a digital ACT intervention for multi-morbidity and what specifically may improve user engagement moving forward.

3. Champions for Health: Randomised cluster study of a web-delivered Acceptance and Commitment Therapy (ACT) intervention to enhance subjective wellbeing and encourage engagement with lifestyle behaviour change.

Menna Brown, Swansea University Medical School.

Poor mental health and emotional wellbeing can negatively impact ability to engage in healthy lifestyle behaviour change. Healthcare staff have higher sickness and absences rates than other public sector staff, which has implications at both the individual and societal level. The current project aimed to establish the feasibility and acceptability of an acceptance and commitment therapy (ACT) based wellbeing intervention within an existing, web-based programme designed to encourage lifestyle behaviour change.

A 12-week, four-armed randomised controlled cluster feasibility study was conducted (ISRCTN50074817). Participants were recruited offline and randomised to one of three intervention arms or control (no wellbeing intervention) using an automated web-based allocation procedure. Eligibility criteria were; current healthcare staff in one Welsh health board, aged 18 plus, with the ability to consent. Researchers were blinded to cluster allocation. Feasibility outcomes included; randomisation procedure, acceptance of the ACT based intervention within the wider programme and adherence and engagement. Health and wellbeing data were evaluated via self-assessment at registration and post intervention using the 14 item Warwick and Edinburgh Mental Wellbeing Scale (WEMWBS), the 4 item Patient Health Questionnaire (PHQ-4) and the 7 item Acceptance and Action Questionnaire version 2 (AAQ-II).

(N=124) participants consented and were randomised. The majority of participants enrolled on at least one health behaviour change module, 42% of those randomised to an intervention arm enrolled onto the wellbeing module. Adherence and engagement to the programme was low. Qualitative feedback was positive.

The procedure and randomisation process proved feasible and the addition of the emotional wellbeing module into the Champions for Health programme proved acceptable to healthcare staff. However, participant engagement was limited, and no one completed the full 12-week programme. User feedback should inform future development and effectiveness should be evaluated in a full-scale RCT.
4. A Single Case Experimental Design (SCED) evaluating a brief Acceptance and Commitment Therapy (ACT) intervention for stress in Inflammatory Bowel Disease (IBD).

Joseph Lavelle, Darragh Storan, Noemi De Dominicis, Ian Hussey, Hugh Edward Mulcahy, & Louise McHugh, University College Dublin (UCD)

Growing evidence suggests that increased stress is associated with greater disease activity in patients with an Inflammatory Bowel Disease (IBD) diagnosis. Despite this, few patients receive psychological interventions to reduce stress due to limited access to such interventions and limited ability to commit to long-term psychological therapy. The current study employs a randomized multiple baseline design to analyse the effect of an individual acceptance and commitment therapy (ACT) protocol in the treatment of stress in patients with an IBD diagnosis. Ten adults suffering from mild to severe stress symptoms according to the Depression Anxiety and Stress Scale-21 (DASS-21) participated in the study. Participants completed 2- to 6-week baselines without showing improvement trends in stress. Following at least two weeks of baseline, participants received a single, two-hour session of ACT. Results presented indicate intervention effects for each individual participant while an aggregate of intervention effects is presented via meta-analysis. Results indicate that further investigation of brief ACT interventions for stress in patients diagnosed with IBD is warranted.

10:10 – Symposium:

5. The role of ACT components.

Helen Bolderston, Sophini Logeswaran, Georgia Turner, & Jessica Kingston. Bournemouth University and Royal Holloway University of London.

Despite the development of evidence-based psychological interventions targeting many mental and physical health conditions, a significant proportion of patients do not benefit or else relapse following initial successful treatment. This appears to be the case for Cognitive Behaviour Therapy (CBT) and related approaches, and more recently developed '3rd wave' interventions such as Acceptance and Commitment Therapy (ACT). It is therefore imperative to increase understanding of the active components of these psychotherapies as well as hypothesised mechanisms and baseline moderators, in order to increase the efficacy of such clinical interventions. This symposium therefore presents three empirical studies, each testing the impact of standalone ACT components. The first paper reports the differential impact of online mindfulness and values interventions on well-being, diabetes self-management and glycaemic control among a sample of insulin treated adults with type 1 or 2 diabetes who had suboptimal glycaemic control (HbA1c ≥64mmol/mol) (Logeswaran, Taylor, Kingston). The second paper presents the findings of a lab-based experiment comparing the impact on social anxiety of brief, standalone components of ACT (acceptance and defusion), a key component of CBT (cognitive restructuring), and an active control condition. Outcome and process data is presented based on state self-report measures as well as socio-attentional eye-gaze behaviour (Turner, Bolderston, Gregory, Thomas). The final paper examines the additive effects of online self-help mindfulness and values interventions in terms of reducing symptoms of depression. The moderating role of baseline depression symptom severity is also reported (Kingston, Becker, Woeginger, Ellett). The findings of the three studies will be discussed in relation to their implications for clinical interventions and future research.
10:10 – Skills Class:

6. DNA-V: The Youth Model of ACT.
Jim Lemon & Katy Roe, NHS Dumfries and Galloway and Mindscape Psychology.
In this practical and skills-based workshop we will learn and practise the "DNA-V" model (Hayes & Ciarrochi 2015)

Attendees will learn how to use Acceptance and Commitment Therapy (ACT) for children and young people individually and in group settings.

We will explore the developmental considerations when using ACT and Contextual Behavioural Science (CBS) approaches, discover ways of working collaboratively with children and young people and create an experiential space for behaviour change.

The DNA-V model incorporates knowledge from attachment theory, biological development and positive psychology into one easily understood ACT approach.

11:45 - Symposium

7. Third wave approaches to paranoia.
Helen Bolderston, Jessica Kingston, Alice Parker & Joe Oliver. Bournemouth University, Royal Holloway University of London and University College London.
Cognitive Behaviour Therapy for psychosis (CBTp) is a front-line treatment for psychosis internationally. Nonetheless, only approximately 50% of people who receive CBTp report significant symptom reductions. Effect sizes from cognitive behavioural interventions are typically lower for delusions than hallucinations. This symposium will present three research papers, which collectively focus on adopting a third wave approach to understanding and reducing paranoia, including persecutory delusions. The first paper focuses on the use of mindfulness to help reduce depression in individuals who are currently experiencing persecutory delusions. Outcome data from a single-centre pilot randomised controlled trial comparing group mindfulness plus standard care versus standard care alone will be presented (Ellett, Tarant, Kouimtsidis, Kingston, Vivarelli, Mendis, Chadwick). The second paper focuses on the role of cognitive fusion in understanding the link between cannabis use and paranoia in a general population and clinical sample. A cognitive model focusing on the role of cognitive fusion and external attributions will be presented, alongside examining current empirical support for this model (Bolderston, Newman-Taylor, Richardson, Sood, Sopp, Perry). Finally, paper three focuses on the use of a brief values-based intervention for reducing paranoia in secondary school children (Parker, Kingston). The findings of the three studies will be discussed in relation to their implications for clinical interventions and future research.

11:45 - Skills Class (BCBA CEUs available 1.5):

8. Shaping supervision: How do we train ACT supervision skills
This is a two-part skills class, before and after lunch
Jim Lucas & Sally Bradley, Open Forwards and Ahead Psychology.
ACT trainers recommend practitioners undertake clinical supervision to build competencies (Dionne, Gillanders, Westrup, Walser & Batten, 2016). Despite the growth in ACT intervention RCTs, supervision research has lagged and the absence of an ACT
supervision competency framework both leave practitioners unsure of how to apply ACT processes to supervision.

ACT consistent supervision is required to retain and competently implement the knowledge and skills acquired through training (Walser, Karlin, Trockel, Mazina & Taylor, 2013). Despite the widespread training in ACT interventions, there is a lack of concurrent supervisory training opportunities. Therefore, many practitioners may be cautious and uncertain about how to deliver ACT consistent supervision.

The limited CBS supervision research concurs that experiential methods predict new learning (Eric-Bilch & Morris, 2017; Thompson, Luoma, Terry, LeJeune, Guinther & Robb, 2015). Similarly, when practitioners treat their private events as data from which to pivot, it allows both the supervisor and supervisee to respond more flexibly (e.g. Batten & Santanello, 2009).

Through a CBS lens, this workshop allows participants to explore and develop their supervisory practice. ACT supervisors, just like ACT practitioners, fall into traps. For example, relying on case discussion and neglecting role-playing, missing out on the opportunity for experiential learning. Supervisees may seek certainty on 'how to', with supervisors instructing rather than exploring the function of behaviours.

Participants will be invited to be:

- OPEN - welcoming discomfort and self-doubt
- AWARE - noticing and taking multiple perspectives
- ACTIVE - clarifying values and making bold moves

Through a behavioural process of modelling, initiating and reinforcing the facilitators aim to show, guide, track and augment the benefits of flexibility. It will be an opportunity to reflect on the ways one engages in supervision and support clinicians to take the next step into supervising peers, giving a leg-up-and-over the fusion with 'I don't know enough'.

11:45 – Symposium (BCBA CEUs available 1.5):

<table>
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<th>9. Recent theoretical and empirical advances in understanding rule governed behaviour.</th>
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<td>Alison Stapleton, Varsha Murthy, &amp; Louise McHugh, University College Dublin</td>
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The current symposium comprises three papers the unifying concern of which is Rule Governed Behaviour (RGB). Paper 1 will discuss the Relational Frame Theory account of specific forms of rule-governed behaviour (RGB), pliance and counterpliance. These patterns of rule following refer to rule-following under the control of socially mediated consequences. However, at present, there are inconsistencies throughout the literature regarding the precise definitions of pliance and counterpliance, resulting in the consequences of pliant rule-following being described as arbitrary or non-arbitrary depending on the author. While recent advances in the empirical investigation of RGB have reinvigorated research on pliance, to date there have been no efforts to resolve the aforementioned inconsistencies. Paper 1 will address this gap in the literature. Paper 2 is an empirical qualitative analyses measuring occurrences of relational responding and rule-following in individuals experiencing homelessness in relation to shame and self-stigma.
Results indicate that different patterns of relating to self and self-rules are associated with levels of shame in individuals experiencing homelessness. Paper 3 will provide an overview of recent and future advances in the empirical investigation of adolescent rule-following and present on new cross-cultural data with this cohort. Together the three papers will add to our understanding of the Relational Frame Theory account of RGB.

14:00 – Symposium (BCBA CEUs available = 1.5):

10. Contemporary applications of contextual behavioural science within UK intellectual disability services.

Dawn Johnson, Steve Noone, Lisa Brosh, Mark Oliver, & Freddy Jackson Brown, Coventry and Warwickshire Partnership NHS Trust, Northumbria University, Central and North West London NHS Foundation Trust, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, Avon and Wiltshire NHS Trust.

People with intellectual disabilities have disproportionately challenging life trajectories, some related to their cognitive and functional deficits, and many more due to structural, systemic, societal factors. Many will require the ongoing, lifelong, support of parents and paid carers, who will also at times find their roles stressful and difficult.

In circumstances such as these, the ability to meet challenges with psychological flexibility is considered to be associated with preferred outcomes and improved wellbeing. As the theories and techniques of contextual behavioural science become more widely appreciated, clinicians and researchers are increasingly finding that the pragmatic utility of these approaches lend themselves to individual application and adaptation and to being scaled to different levels of intervention; individual and group.

The presenters of this symposium represent a range of academic and NHS services and together they will highlight some of the innovations and applications of CBS for people with intellectual disability in the UK today.

Dawn Johnson will chair the symposium and will present the following papers:

Steve Noone will describe the integration of CBS into the UK’s first university-accredited training program in Positive Behavioural Support.

Lisa Brosh will present a qualitative paper on the reflective experiences of clinicians who have delivered two-day Acceptance and Commitment Therapy workshops for the parents of children with ID and challenging behaviour.

Mark Oliver will present on the development, psychometric properties and up to date roll-out of the Psychological Flexibility Questionnaire - Accessible (PFQ-Ax), a measure that can be used to track the effectiveness of CBS interventions with an ID population.

Freddy Jackson Brown (with Paul Cooper and Rosie Chapman) will present on the results of a six-session student wellbeing group based around the DNA-V model. The participants were of college age, and preliminary results indicated an overall increase in both student wellbeing and psychological flexibility.
ACT trainers recommend practitioners undertake clinical supervision to build competencies (Dionne, Gillanders, Westrup, Walser & Batten, 2016). Despite the growth in ACT intervention RCTs, supervision research has lagged and the absence of an ACT supervision competency framework both leave practitioners unsure of how to apply ACT processes to supervision.

ACT consistent supervision is required to retain and competently implement the knowledge and skills acquired through training (Walser, Karlin, Trockel, Mazina & Taylor, 2013). Despite the widespread training in ACT interventions, there is a lack of concurrent supervisory training opportunities. Therefore, many practitioners may be cautious and uncertain about how to deliver ACT consistent supervision.

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Through a behavioural process of modelling, initiating and reinforcing the facilitators aim to show, guide, track and augment the benefits of flexibility. It will be an opportunity to reflect on the ways one engages in supervision and support clinicians to take the next step into supervising peers, giving a leg-up-and-over the fusion with 'I don't know enough'.

12. Data Blitz: 5-minute results focussed presentations

Exploring acceptance and commitment therapy metaphors: A systematic scoping review: Alison Stapleton, University College Dublin

Understanding worry during COVID-19 pandemic: Developing a pilot online intervention: Caroline deMorais, University College Dublin,
Service users lived experience of Acceptance and Commitment Therapy in adjusting to neurological problems: An Interpretive Phenomenological Analysis Study:
Claire Farrow, Tees, Esk and Wear Valleys Foundation Trust,
Geoff Hill, South Tees Hospitals NHS Foundation Trust

Influence of Attachment Style on Psychological Flexibility for Dyads Coping with Chronic Pain: Katherine Berlouise, & David Gillanders, University of Edinburgh,
James Anderson, NHS Grampian

A Thematic Analysis of Feedback following an ACT Parent Workshop in a CAMHS Learning Disability Service:
Emily Sigston, Central and North West London NHS Foundation Trust

Act and Yoga for staff wellbeing in a Child and Young People Mental Health Services (CYPMHS),
Katy Roe, Mindscape Psychology Ltd,
Sam Heywood, Louise Gelder, & Leo Krell, Penine care Foundation Trust

Cross-cultural Validation of Cognitive Fusion Questionnaire (CFQ) for the Chinese Populations:
Yuqing Yang, & David Gillanders, University of Edinburgh,
Nuno Ferreira, University of Nicosia.

15.45 – Panel Discussion:
Victoria Samuel, Helen Sinclair, Suzanne Tarrant, Olivia Donnelly, & Ariana Prudenzi, Cardiff University, Central and North West London NHS Foundation Trust, Hywel Dda University Health Board, North Bristol NHS Trust, University of Leeds, City, University of London.

Research evidence supports the use of ACT interventions in the workplace for improving employees' mental health. A protocol for Personal Resilience Training based upon ACT has been adopted by over 22 NHS Trusts. However, there has been little discussion of a) how ACT is being adapted for different NHS contexts & populations, or b) the challenges that can arise when offering ACT to staff groups.

The members of this discussion panel are researchers, clinicians and practitioners from the UK NHS who have adapted, delivered and researched ACT. Some are also integrating contextual behavioural science into their strategic approach and the provision of post-COVID-19 Support and Development.

The panel will include -

A PhD researcher who employed a Randomised Control Trial to research the impact of an ACT-workplace based intervention on the wellbeing and burnout of NHS staff,
Clinical Psychologists responsible for staff well-being who have adopted ACT and are integrating the skills into their wider strategic approach and blending ACT into other developmental areas (e.g. leadership and green health),

A Clinical Psychologist who designed a programme for specialist NHS Paramedics,


The panel members will provide examples of ACT research outcomes and also reflect the challenges they have faced in terms of marketing, delivery design, attendance, research and the adaptation of the training to specific workplace groups. They will also share their approaches to the incorporation of ACT & CBS into their wider strategic approach to well-being and leadership, including the post-COVID-19 response. The ultimate aim of this panel discussion is to communicate the different ways that ACT is being delivered across the NHS and generating recommendations that can be circulated to those interested in the workplace application of CBS and to inspire ongoing collaboration and advances.

15:45 - Open papers


Varsha Murthy & Louise McHugh, University College Dublin

Evidence highlights the negative psychological and physical impacts of shame and self-stigma in people experiencing homelessness, however, to date little is known about the treatment of shame and self-stigma with this population. This pilot randomised control trial evaluated the feasibility and preliminary outcomes of an Acceptance and Commitment Therapy (ACT) intervention targeting shame and self-stigma and promoting well-being in people experiencing homelessness. Participants were recruited from homeless services in Dublin into the randomised control pilot trial (N= 80), which compared a two-session (4-hours) ACT group intervention arm and an active control arm, a two-session peer support group centred around discussing shame and stigma. Measures of shame, well-being, psychological flexibility, positive mental health, anxiety, depression, and ACT processes were obtained at baseline, post-treatment, and three-month follow-up. The study protocol and intervention were found to be feasible and acceptable. Preliminary outcomes indicate those in the ACT group treatment arm showed improvements in shame, well-being and psychological flexibility at post-treatment and follow-up over the peer-support group. Significant improvements in ACT process measures and positive mental health were observed at post-treatment, but not follow-up for the ACT group. Self-stigma improved at follow-up for the ACT group. No improvements were observed in anxiety and depression for either group. Results demonstrate that an approach to shame based on mindfulness and acceptance can reduce shame and stigma and promote well-being in people experiencing homelessness. Results will be discussed in terms of study strengths and limitations and implications for future research, such as the development and refinement of future interventions.

15. An acceptance and commitment therapy-based experimental investigation of the effects of perspective-taking on emotional discomfort, cognitive fusion and self-compassion.
Louise Boland, Dorian Campbell & David Gillanders, University of Edinburgh.

Perspective-taking has been theorised in relational frame theory (RFT) and acceptance and commitment therapy (ACT) to enable self-compassion and cognitive defusion. Perspective-taking exercises are likewise used in a range of therapies and in clinical practice, such as ACT, dialectical behavioural therapy (DBT), compassion-focused therapy (CFT), amongst others, but no empirical research has yet verified the usefulness of such exercises. This study sought to investigate whether perspective-taking exercises were able to increase state self-compassion and decrease state cognitive fusion and emotional discomfort associated with a self-referential, negative thought (SRNT). It also sought to investigate whether there are differences in effects between giving and receiving perspective, as well as between temporal (‘now’ vs ‘then’) and self-other (‘I’ vs ‘you’) perspective-taking. Participants (n = 62) generated a SRNT and then rated levels of emotional discomfort, cognitive fusion and self-compassion. Participants were then guided through three conditions: a control, a giving perspective and a receiving perspective condition. Measures were completed again following each condition. Mixed ANOVAs showed that both self-other and temporal exercises significantly reduced emotional discomfort and cognitive fusion and increased self-compassion associated with an SRNT, though the conditions in which these effects were observed differed between the temporal and self-other groups. However, these observed differences between groups were not statistically significant. These results provide empirical evidence that perspective-taking is a psychologically beneficial process and has the potential to influence processes that may bring about psychological change. Though this was the first study of its kind, it has important implications for clinical practice and future research, lending empirical support to the existing use of perspective-taking exercises by a range of therapeutic modalities.

15:45 – Panel Discussion:

16. From ballet shoes to Whitehall – the challenges of delivering ACT in a variety of workplace contexts.

Jaimie Persson, Annie Gascoyne, Mary Stanley-Duke, Dale Thomas & Ross McIntosh, City University of London, Goldsmiths, University of London, Bristol City Council, Welsh Rugby Union Group

Research evidence supports the use of ACT interventions in the workplace for improving employees' mental health. However, there has been little discussion of the adaptations, challenges and outcomes across different workplace contexts.

The members of this discussion panel have adapted ACT for a variety of working populations including teachers, civil servants, charities, professional rugby players and professional ballet dancers. Several are now also delivering ACT interventions in an online format to the same populations.

The panel members include three organisational psychologists, a clinical psychologist working with Welsh Rugby Union and the National Team and an educational psychologist.

Panel members will provide examples of their approaches to introducing organisations to contextual behavioural science and getting buy-in to proceed with design and delivery. They will also describe how they marketed the training to potential participants and share the challenges they encountered in the design and delivery of their bespoke interventions.
The panel members will also discuss their approaches to widening the application of ACT and CBS in their organisations, including the response to post-COVID-19 support. The ultimate aim of this panel discussion is to communicate the different ways that ACT is being delivered and adapted to suit different organisational contexts, demonstrating its flexibility and versatility. Through the discussion the panel will generate a set of insights and recommendations for training with different populations with the intention of inspiring and facilitating the application of ACT in a wider range of organisational contexts.

16:40 - Plenary

17. “A Matter of Life and Death: Psychological Flexibility, Health & Mortality”

Dr Ray Owen,
Wye Valley NHS.

Dr Ray Owen is a Consultant Clinical Psychologist and Health Psychologist with over 20 years experience of working in Physical Health settings within the NHS. He has substantial experience of teaching and supervision in a wide range of contexts, both within the Health Service and on a freelance basis. He is a Fellow of the Higher Education Academy, and an accredited facilitator in the national Advanced Communication Skills Programme for senior cancer practitioners. He is also an Association of Contextual Behavioural Science Peer Reviewed Trainer.

He has taught extensively on ACT in physical health contexts and is the author of two successful self-help books published by Routledge – ‘Facing the Storm (2011)’ and ‘Living with the Enemy (2014)’, both of which were shortlisted for the BMA Popular Medicine Book of the Year Award.
### Tuesday 17th November

**09:00 – Plenary (BCBA CEU available = 1):**

<table>
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<tr>
<th>18. “Ruled by rules: Relational Frame Theory, Rule Following and the Self”</th>
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| **Prof Louise McHugh,**  
University College Dublin, Republic of Ireland. |

Prof Louise McHugh is a world leading expert in contextual behavioural science. She has published over 90 papers in the area of behavioural science and her work has been funded by national and international funding bodies such as the Irish Research Council, the Health Research Board, FP7, the British Academy, the ESRC and the Leverhulme Trust. Louise has been a Fellow of the Association for Contextual Behavioural Science since 2014. She is a peer reviewed ACT Trainer and is an Associate Editor for the Journal of Contextual Behavioural Science.

### 10:10 – Skills Class:

<table>
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<tr>
<th>19. Mindfulness &amp; Acceptance for Self Esteem: Using a metaphor to build a healthy relationship with the self.</th>
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<td><strong>Joe Oliver &amp; Richard Bennett,</strong> Contextual Consulting, University of Birmingham</td>
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The concept of low self-esteem has become prominent in everyday language and is often applied to people with a wide range of problems. The idea that 'high self-esteem' is preferable to 'low self-esteem' is equally pervasive amongst therapists and practitioners. However, rather than targeting esteem, ACT and RFT targets the relationship that the individual develops with their conceptualised self. This is seen as being of central importance, and therapy aims to reduce the impact this relationship has as a source of behavioural control.

Because of the extensive learning history people often have with painful self-stories, along with ongoing contact with contexts that support engagement with self-stories (for example, providing a sense of safety), it can be extraordinarily difficult to change this relationship. Creative and engaging methods are needed to help clients understand how the self-story functions, develop observational distance from it, and choose a healthier relationship that allows for self-acceptance and self-compassion. The use of a well-crafted metaphor allows for this.

Based on the presenters' forthcoming book, Mindfulness and Acceptance for Self Esteem, (2020; New Harbinger), this workshop will present cutting edge developments in contemporary theory and practice, drawing on Acceptance and Commitment Therapy (ACT) and Relational Frame Theory (RFT) to help therapists increase the precision of their interventions as related to notions of the self. The workshop will introduce participants to skills that help develop and craft successful metaphors for clients to work with self-related issues and increase self-acceptance and compassion and facilitate movement in valued directions.
The workshop has 3 clear outcomes:

1. Provide an ACT & RFT informed functional understanding of self-esteem

2. Describe understand the principles of metaphor development in therapy from a behavioural perspective.

3. Develop skills to use metaphors to facilitate healthy selfing that promote observational distance, functional analysis, and values-based behavioural changes.

10:10 – Workshop

20. ACT now on Climate Emergency.

Martin Wilks, 'Flexible Psychological Solutions', LLP and 'Being Well in Suffolk', (a pro-social CIC)

The Intergovernmental Panel on Climate Change, 2018, calling for grassroots and systemic behavioural change identifies, "educational adaptation" to motivate adaptation through building awareness. They recommend "leveraging multiple knowledge systems, developing participatory action research and social learning processes, and building learning and knowledge sharing mechanisms through community-based platforms, international conferences and knowledge networks." This ACBS community, with unique understandings of both the problems of experiential avoidance, and the potentials for evolutionary, societal development, (Evolving the future, Sloan-Wilson, Hayes et al. 2013) is surely poised to apply our science to the most pressing global problem?

In an inquiry framed by the Prosocial process, participants will express through experiential exercises their current appreciations of nature and then meet, and accommodate, their despair concerning environmental degradation. Informed by the work of eco-philosophers A. Ness (1967) and J. Macy (1988) regarding 'the ecological self' from the perspective of 'ecological self' participants will identify and compile ecological values and; considering the complex multiplicity of challenges that comprise global warming as a 'wicked problem' (Rittel,1973); design relevant committed actions in the service of ecological valuing.

Behavioural Objectives:

At the conclusion of the workshop participants:

Can compare and assess the utility of the following perspectival stances: self as context, compassionate self, ecological self

Write values statements from the perspective of the ecological self and, having discussed the differences between a 'tame' and a 'wicked' problem, plan committed actions accordingly

Create resilience strategies to better accommodate potentially disabling emotions arising from the daily torrent of alarming social media news concerning accelerating ecological crisis
10:10 – Panel Discussion


Sari Harenwall, Mike Wang, Suzanne Heywood, Sherri Godsell & Will Curvis, Bradford District NHS Foundation Trust, University of Leicester / Association for Clinical Psychologists, Leeds Beckett University, Salford Royal NHS Foundation Trust, Lancaster University.

This panel will discuss the lessons learnt from research and direct experience of working with patients with COVID-19 related rehabilitation needs. Due to the varied presentation in this patient group this panel discussion is likely to be of interest to those who treats people with overlapping physical and mental health needs and those who are likely to work with people in the community who are affected by COVID-19. COVID-19 is a multi-systemic condition with potentially long lasting physical, psychological and cognitive effects. For those with moderate to severe disease this may, include Post intensive care syndrome (PICS), cardiovascular, pulmonary, musculoskeletal deconditioning, fatigue, cognitive impairment, depression, anxiety and post-traumatic stress disorder (BSRM, 2020). There are also likely to be further concomitant factors increasing the complexity such as pre-existing physical and mental health difficulties, history of trauma, culture and socioeconomic factors. It is therefore recommended that an integrative MDT approach is applied to support these rehabilitation needs (e.g. Murray, et al., 2020; BPS 2020; NHS 2020). Services are having to adjust at record speed to form new pathways, and new ways of working, requiring an enormous amount of flexibility within organisations, teams and individuals in order to thrive. There is extensive literature on the benefits of psychological flexibility upon adjustment and resilience, with evidence of fear, narrowing behavioural repertoires and inciting rigidity, making a good case for mindfulness and acceptance-based approaches which increases psychological flexibility being integrated into services (Presti et al., 2020). The panel will discuss from different perspectives the impact of COVID-19 in their work with colleagues and survivors from a functional contextual lens and invite the audience to participate and ask questions.

11:00 – open papers


Helen Sinclair, Central & North West London NHS Foundation Trust

Following the Grenfell Tower fire, a number of residents requested to return to their flats. Initially this was driven by a wish to retrieve personal belongings from those homes which had not been badly damaged. At a later stage, people also requested visits to reflect and pay their respects at the location of the death of their family members and to have a final visit to their previous home. Concerns were raised about the psychological impact for individuals returning to a site of such trauma. However, it was quickly evident that this visit held great importance for people and that it was morally important to respond to this request.

The site visits were overseen by the Police with the support of the local NHS Psychological Therapy team. Every person who planned to return to Grenfell Tower was offered a one-to-one meeting with a member of the Psychological Therapy team, was accompanied on their visit, and offered a reflection session post-visit. In designing the psychological support process, the ACT Matrix provided a framework for understanding individual's hopes and
fears surrounding the visit. It also provided a way to map possible signs of distress during the visit and permissions for how the Police and Psychology team could respond in these moments. In addition, it helped us to gain a clearer understanding of what a meaningful and valuable visit would look like for that individual.

This session outlines the use of the ACT Matrix when planning for this unknown. This includes how it was combined with trauma awareness and psychological first aid principles and its value for post-visit reflecting, both with those who completed the visits and on a personal level.

11:45 – Skills Class:

| Dawn Johnson & Richard Bennett, Coventry and Warwickshire Partnership NHS Trust, University of Birmingham |

A lack of social connection is one of the most potent risk factors for early mortality (Holt-Lunstad et al., 2015). The COVID-19 pandemic has provided striking evidence of the importance of connection and given us insight into the variety of ways that communities can work together to foster social cohesion.

Functional Analytic Psychotherapy (FAP) is based on a set of behavioural principles that focus on live, moment by moment interactions as the primary vehicle for healing and transformation (Holman et al., 2017). Live with Awareness, Courage and Love (ACL) Meetups provide a model for bringing empirically supported FAP principles to the general public with a view to deepening connections through the healing power of authentic interactions. This global movement, encompassing Meetup groups in 92 cities across 6 continents (livewithacl.org, 2020), provides a safe and accepting space outside of the therapy room for people to come together and create deep connections by bringing authenticity and vulnerability.

In this workshop, delegates will learn the basic principles of FAP and experience an innovative approach to its implementation via an abbreviated ACL Meetup protocol. This will comprise meditation, video presentation, journaling, and group sharing. They will leave with tools to enhance relationships, and knowledge, information and support about how to set up and run their own ACL Meetups.

Learning Objectives: - After attending this session, delegates will:

1. Understand the 'Awareness, Courage, and Love' model of FAP
2. Experience an abbreviated ACL Meetup protocol, including meditation, group exercises, journaling, vulnerable sharing and compassionate listening
3. Understand a model for delivering FAP that can be offered within community and organisational settings

Ariana Prudenzi, Christopher Graham, Faye Clancy, Deborah Hill, Ruairi O’Driscoll, Fiona Day & Daryl O’Connor, University of Leeds, Queen’s University Belfast.

Background: Several recent trials have assessed Acceptance and Commitment Therapy (ACT) for improving outcomes in healthcare professionals. This systematic review and meta-analysis aimed to collate evidence from these trials to investigate the overall efficacy and effect size of ACT for improving well-being and reducing work-related stress in healthcare professionals.

Method: A comprehensive literature search (Ovid MEDLINE, EMBASE, Psych Info) following PRISMA guidelines, identified 20 studies that met the study eligibility criteria. Meta-analyses on primary (wellbeing and work-related stress combined) and secondary (mindfulness, values, cognitive fusion, experiential avoidance combined) outcomes were performed.

Results: Although study quality was generally low, results from primary outcomes analyses indicated that ACT outperformed pooled control conditions with a small to moderate effect size (g = 0.48) at all time-points (post-intervention and follow-up combined), at post-intervention (g = 0.40) and at follow-up (g = 0.51). Results from subgroup analyses showed that ACT was superior to inactive and active controls but was not significantly more effective than comparison treatments. ACT interventions also showed slightly better post-intervention psychological flexibility relative to controls (g=.24).

Conclusions: ACT interventions that aimed to increase wellbeing and reduce work-related stress in healthcare professionals were found to be more effective than active and inactive control conditions. However, higher quality studies are required, and existing evidence suggests that ACT is no more effective than established treatments.


Helen Bolderston, Stephen Richer, Kevin Turner, Kevin Thomas, Maddy Greville-Harris, Bournemouth University

Working as a surgeon involves many challenges and sources of stress including long working hours, decision-making in high-demand situations, and frequent interactions with ill and frightened patients. Added to this, surgical complications and errors are a common experience and can lead to negative psychological consequences for surgeons such as depression and post-traumatic stress. Overall, there is evidence that surgeons suffer psychologically as a result of their occupation and these indications of poor psychological health can also be associated with poorer job performance. Even if working conditions were to be significantly improved, the very nature of surgery means that surgeons are likely to be exposed to trauma and stress throughout their careers. Given that surgeons also appear to be no more resilient than the general population, one approach to addressing the long-term psychological health of surgeons would be to develop psychosocial interventions to increase surgeons’ resilience, with the intention of enhancing their ability to successfully recover following adverse work experiences. To date,
almost no intervention research of this type has been published. However, recently, we conducted a small-scale pilot study which tested the impact and feasibility of a brief Acceptance and Commitment Training (ACT) intervention for trainee surgeons. Outcomes were encouraging, with significant pre-post intervention improvements in resilience, burnout and other relevant psychological variables. The current study was therefore designed to provide a more rigorous test of this ACT resilience-building intervention for surgeons. We report on a multi-site, randomised controlled trial (n = 70) which tested a 3-session, 1-to-1 training intervention against a waitlist control. The impact of the intervention on resilience, burnout, depression, anxiety, stress, and general psychological functioning will be presented, as will evidence regarding two proposed mechanisms of action (psychological flexibility and self-compassion). The implications of the findings for future surgeon training will be discussed.


Andreas Paris, Corinna Grindle, Bethany Green, Peter Baker, Freddy Jackson-Brown & Nuno Ferreira, University of Warwick, Centre for Behaviour Solution, University of Kent, University of Nicosia

This cross-sectional study examines the prevalence of clinical distress symptomatology (trauma, anxiety, depression, stress and burnout) and its relationship to challenging behaviour, amongst staff (N=145) working in a special education setting. It further examines the relationship between clinical distress and psychological flexibility, role clarity and work-place support. Results revealed high levels of trauma symptomatology, burnout and psychological distress amongst special education staff. Role-clarity, perceived organisational support and job satisfaction were identified as predictors of trauma symptomatology, burnout and psychological distress. Higher psychological inflexibility was correlated with higher scores of trauma, burnout symptomatology and psychological distress. Results further support previous research regarding the relationship between challenging behaviour and trauma symptomatology. They also provide initial evidence that organisational and individual psychological factors have a role in the relationship between challenging behaviour and clinical distress, with the latter possibly including different inter-related psychological states as part of the same multi-dimensional trauma continuum. Future research suggestions are provided. Results also provide initial evidence for the need for proactive and reactive psychological interventions for staff dealing with challenging behaviour, within a multi-tiered support model. Further clinical and organisational implications are also discussed.

11.45 – Skills Class:

27. ACT for Psychedelic-Assisted Therapy - skills to support deeper changes.

Henry Whitfield & Robert Krause, Centre for Relational Studies and Psychological Wellbeing, Regent's School of Psychotherapy and Psychology, Regent's University, Quinnipiac University

Based on 33 single cases of psychedelic integration using ACT, we review the recurring themes and practices that psychedelic therapy clients found helpful/unhelpful. We address issues that appear unique to psychedelic therapy and present examples of ACT-consistent interventions that were helpful according to the study participants' accounts and the daily, weekly (process) and post-test outcome measures that tracked these cases.
The successful integration of psychedelic experiences, (translating peak experiences into a life better lived), presents a number of challenges:
1) The enhanced state of mind of the psychedelic experience may no longer be accessible to the patient in the days soon after the dosing,
2) The patient will return to a life full of people that likely misunderstand what they experienced and who may block the behaviours that could lead to sustained change, 3) Traumatic material that emerged during the session may not have been fully processed, and
4) The patient may be confused about experiences of 'non-dual 'self-as-context' they experienced both during and post psychedelic experience. We will present examples of how clients made sense of such experiences and translated them into a new way of life.

These example interventions will be applicable to non-psychedelic contexts too, and of interest to anyone studying self and perspective taking research.

Cases of profound identity change and corresponding behaviour may inform how we can treat more complex cases without psychedelics too. The experiential part of this workshop will give participants the opportunity to try out new formulations that facilitate behaviour change from new self-perspectives, designed to transcend old self as content, and foster living the life of the person you aspire to become.

14:00 – Workshop:

28. Uncovering the process of “Creative Hopelessness”

Rikke Kjelgaard

This highly experiential workshop is run by licensed psychologist, passionate public speaker and peer reviewed ACT trainer Rikke Kjelgaard.

Abstract

Learning objectives:

* describe and explain the process of Creative Hopelessness
* apply the process when needed in therapy
* design various ways of using this technique in flexible and fluent ways

In my experience, many clinicians find the process of delivering and working with creative hopelessness in ACT difficult. Clinicians themselves may find that they react to the
hopelessness and worry about how the intervention is impacting the client. They may "get stuck" in a control agenda or in their own feelings of hopelessness. At times, the function of creative hopelessness is lost and the content becomes the key aspect, often leading to discussions with clients that defeat the work of creative hopelessness. Undermining control-based strategies can be challenging in the therapeutic setting, ultimately, clinicians will want to do this compassion and forthrightness. In the broader application of ACT and in assisting the client through therapy, this process can play an important role in both the process and progress of therapy. Through roleplays and demonstrations Rikke Kjelgaard will uncover the process of creative hopelessness and show various ways of working with this flexibly and fluently in session. Clinicians will be guided to consider their own process and how it plays out in therapy.

14:00 – Workshop:

29. ‘Introduction to the ACT Matrix’

Jim Lemon

James Lemon is the Head of the Medical Paediatric Psychology Service in NHS Dumfries and Galloway. He has previously worked in Child and Adolescent Mental Health Services, Adult Services, Physical Health, Adolescent Inpatient Units and Forensic Services.

James has been using Acceptance and Commitment Therapy (ACT) with children and young people who have long-term health conditions, and their families. This work has also extended beyond individuals and families to using ACT in multidisciplinary clinics, with teams and on hospital wards. He has been using the ACT Matrix with individuals, couples, families and teams for several years and has been running workshops since 2015.

Abstract

The ACT Matrix has revolutionised contextual, behavioural science and is a simplified, easy to use, approach to break from painful psychological traps and live more meaningful lives. This workshop will take you step by step though the Matrix and attendees will leave being able to begin using the ACT Matrix in a variety of settings and contexts. This workshop is open to everyone, regardless of experience in ACT, professional background or client group.
14:00 – Workshop:

30. ‘Adjustment to Long Term Health Conditions: how Psychological Flexibility can help’

Ray Owen

Dr Ray Owen is a Consultant Clinical Psychologist and Health Psychologist with over 20 years experience of working in Physical Health settings within the NHS. He has substantial experience of teaching and supervision in a wide range of contexts, both within the Health Service and on a freelance basis. He is a Fellow of the Higher Education Academy, and an accredited facilitator in the national Advanced Communication Skills Programme for senior cancer practitioners. He is also an Association of Contextual Behavioural Science Peer Reviewed Trainer.

He has taught extensively on ACT in physical health contexts and is the author of two successful self-help books published by Routledge – ‘Facing the Storm (2011)’ and ‘Living with the Enemy (2014)’, both of which were shortlisted for the BMA Popular Medicine Book of the Year Award.

Abstract

This workshop will examine some of the difficulties of learning to live well in the presence of long-term physical health problems and how greater psychological flexibility can build our ability to
- find meaning and purpose in the face of significant physical problems
- cope with the losses these conditions bring
- deal with difficult thoughts and feelings that naturally arise
- maintain a healthy 'sense of self' despite reduced abilities
- make important (but difficult) health-related behaviour changes

The day will be a mixture of didactic, experiential and skills-based training, focussing upon practical applications for working with this population. It does not require prior knowledge of Psychological Flexibility-based approaches (e.g. ACT).

Participants may well come into contact with difficult thoughts and feelings about their own physical health; please be aware of this in deciding whether to attend.