

**PSYCHOLOGY 6250/7250  
SEMINAR IN CLINICAL PSYCHOLOGY  
ACCEPTANCE-BASED BEHAVIORAL THERAPY  
FALL 2017**

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**Location:** University Hall 6400  
**Time:** Tuesday 1:15 – 4:15PM

**Instructor:** Matthew T. Tull, PhD  
Professor of Psychology

**Office:** University Hall 1064  
**Office Hours:** Monday 1:00-4:00PM, Wednesday 2:00-4:00PM  
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**Course Website:** <https://blackboard.utdl.edu/>

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### **COURSE CATALOG DESCRIPTION**

PSY - 6250/7250 SEMINAR IN CLINICAL PSYCHOLOGY [3 hours]. Advanced seminar focusing on selected topics from the general area of clinical psychology. Prerequisite: Consent of instructor

### **PURPOSE**

Within the past two decades, there has been a rapid increase in the development and evaluation of mindfulness- and acceptance-based behavioral therapies (referred to as “acceptance-based behavioral therapies” from this point forward) for a variety of psychiatric disorders and maladaptive behaviors. Mindfulness involves the cultivation of intentional and non-judgmental awareness of the present moment. Acceptance involves the willingness to experience internal experiences (e.g., thoughts, emotions, physiological sensations, mental images) as they are and as they come. Research on acceptance-based behavioral therapies demonstrates that these treatments hold promise. Research also shows, however, that these treatments are not without their limitations and further evaluation is needed. In this course, we will analyze and discuss the theoretical underpinnings of this movement, familiarize ourselves with and critically evaluate research on specific acceptance-based behavioral therapies, and learn techniques employed in different acceptance-based behavioral therapies.

#### **Primary Course Objectives**

1. Understand the history, basic principles, and scientific foundations of acceptance-based behavioral therapies.
2. Engage in critical analysis of the existing theoretical and empirical literature on different acceptance-based behavioral therapies.
3. Name and execute a variety of techniques employed in specific acceptance-based behavioral therapies.

## COURSE STRUCTURE

The course is a 3-credit course and will meet once per week for 3 hours. Each week will focus on a unique topic relevant to acceptance-based behavioral therapy. The content of the lecture for each week will vary and may include the presentation and discussion of theoretical and empirical literature, presentation of videos, guest lecturers, and experiential exercises.

## COURSE OUTLINE

Week	Date	Topic
1	8-29	Introduction and overview
2	9-5	Second-wave versus third-wave cognitive behavioral therapy
3	9-12	Mindfulness
4	9-19	Mindfulness-based Cognitive Therapy and other mindfulness-based treatments
5	9-26	Acceptance and Commitment Therapy
6	10-3	Acceptance and Commitment Therapy
7	10-10	Dialectical Behavior Therapy
8	10-17	NO CLASS – FALL BREAK
9	10-24	Dialectical Behavior Therapy
10	10-31	Emotion and emotion regulation in ABBT; Emotion Regulation Group Therapy
11	11-7	Potential mechanisms of ABBT
12	11-14	Integrating ABBT with second-wave CBT
13	11-21	Skills Presentations
14	11-28	NO CLASS – DR. TULL OUT OF TOWN
15	12-5	Skills Presentations
	<b>12-11</b>	<b>PAPER DUE</b>

\*Readings for each week are listed below.

\*\*This syllabus is subject to change at the discretion of the instructor. Students will be notified of any change by instructor through email or in class. Students are responsible for all changes.

## **COURSE GRADED ASSIGNMENTS**

### **1. Reading Summaries**

It is imperative that you read all articles and chapters assigned. Therefore, by 8:00AM of the day when readings are due, you are responsible for turning in a summary of each required reading. The summary does not have to be in any particular format (e.g., paragraph form, bullet points) or of any particular length (although I would expect each summary to be at least half a page). Regardless of what format you use, the summaries should clearly demonstrate that you took the time to complete the readings and comprehend their content.

If you complete all summaries for a week, you will receive 4 points (for a total of 40 points over the course of 10 reading assignments). You will lose one point for every summary not completed.

### **2. Questions/Observations**

Each article/chapter summary should also have at least 1 thoughtful question or observation that stems from the content of the article/chapter. Questions/observations should be included with your article/chapter summary. Questions/observations may be directly about the reading or an application of the reading to a client or other research study. If you complete all questions/observations for a week, you will receive 4 points (for a total of 40 points over the course of 10 reading assignments). You will lose one point for every question/observation not completed.

### **3. Leading Class Discussion**

At one point during the course, you will be asked to lead a discussion focused around a particular topic and related readings. Flexibility is a core feature of acceptance-based behavioral therapies; therefore, I do not want to set many requirements for the class discussion. You may conduct a traditional class discussion where you present and lead a discussion on one of the readings. You may use a clinical case presentation to demonstrate a particular point raised in one of the readings. You may use videos, PowerPoint, or any other media during your discussion.

The discussion should last 45 minutes to one hour. You may team up with another graduate student in the class if you wish; however, if this is done, the discussion should last at least an hour and a half and both students must equally contribute. Please speak with me one week before your discussion to let me know what you plan to do and which reading you will focus on. I am also available to offer ideas and assistance.

The class discussion is worth 50 points.

### **4. Weekly Mindfulness Exercise**

Each class period will begin with a mindfulness exercise. Each student is required to select a brief mindfulness exercise (10 minutes or less) to conduct with the class. Students are expected to read over/practice the exercise before presenting in class, but it is not necessary to memorize the script.

The mindfulness exercise is worth 20 points. I can assist you in finding a mindfulness exercise.

## **5. Skills Presentation**

During the last two weeks of the semester, you will be asked to present a specific skill from either Dialectical Behavior Therapy or Acceptance and Commitment Therapy. I will provide a list of what skills may be presented. The skill presentation should take no more than 30 minutes. It is expected that you will involve all students in the presentation (i.e., imagine that you are a therapist presenting a skill to clients).

The skills presentation is worth 50 points.

## **6. Paper**

At the end of the semester a paper is due. The body of the paper should be at least 10 pages and no more than 20 pages double spaced in length (not including title page, references, or any tables and figures). The paper may be on one of the following topics:

1. Compare and contrast an acceptance-based behavioral therapy and a cognitive behavioral therapy for a particular disorder or behavior (e.g., ACT for depression vs. cognitive therapy for depression, ABBT for GAD vs. Mastery of Your Anxiety and Worry for GAD).
2. Describe and critically evaluate the literature on a particular acceptance-based behavioral therapy.
3. Review theoretical and empirical literature that would support the use of an acceptance-based behavioral therapy for a particular disorder or behavior that has yet to be examined (e.g., describing how and why ACT may be a suitable treatment for borderline personality disorder).
4. Write a research article. If you have data available that measures a construct relevant to acceptance-based behavioral therapies (e.g., mindfulness, experiential avoidance), you may write a research article that can be submitted for publication. If you choose this option, please make sure you speak with me to obtain my approval. Variables used in the study must be relevant to acceptance-based behavioral therapies. The paper must be about or speak to the application of acceptance-based behavioral therapies. You must be first author on the paper and it cannot be a paper that was in development prior to this course.

If you have another idea about a paper topic, I will entertain that idea as well. Please speak with me if you want to write a paper that focuses on a different topic than those listed above. If you want to write a paper on a different topic than presented above, you must first receive my approval.

The paper is worth 100 points of your final grade.

## **Participation**

Finally, attendance in this class is mandatory. Participation in class is essential at the graduate level. I expect everyone to come to class each week ready to contribute. Your comments and questions in class should reflect your careful, critical analysis of the assigned readings. Being absent (with the exception of excused absences) or unprepared for class will result in a deduction of points from this aspect of your final grade.

Participation is worth 50 points.

### OVERVIEW OF POINT DISTRIBUTION

Assignment	Points
Reading summaries	40
Reading questions/observations	40
Leading class discussion	50
Mindfulness exercise	20
Skills presentation	50
Paper	100
Participation	50
<b>TOTAL:</b>	<b>350</b>

### LETTER GRADE

Grade	Percent Equivalent
A	92-100
A-	90-91
B+	88-89
B	82-87
B-	80-81
C+	78-79
C	72-77
C-	70-71
D+	68-69
D	62-67
D-	60-61
F	<59%

### ONE NOTE ABOUT EXPERIENTIAL EXERCISES

The literature on acceptance-based behavioral therapies suggests that practitioners should engage in the experiential exercises they assign to their clients. Thus, in this class you may be asked to try a variety of experiential exercises that, at times, could be uncomfortable. You will also be asked to report your experiences. This type of participation is an important component of learning acceptance-based behavioral therapies; however, it can also bring up some challenges. If there is any personal issue that will prevent you from being able to fully engage in the experiential activities, please speak with me privately about your concerns. Also, although I will ask people to share their reactions to the experiential exercises, I will never ask you to disclose any personal information. If you have any questions or concerns, please arrange to talk with me privately about them.

## **COURSE POLICIES**

### **Incompletes**

If you do not complete all requirements for this course by the end of the semester, you will receive an incomplete. All requirements must then be completed within one semester. If said requirements are met by that time your grade will be changed accordingly.

### **Policy Statement on Non-Discrimination on the basis of Disability (ADA)**

The University is an equal opportunity educational institution. Please read [The University's Policy Statement on Nondiscrimination on the Basis of Disability Americans with Disability Act Compliance](#).

### **Academic Accommodations**

The University of Toledo is committed to providing equal access to education for all students. If you have a documented disability or you believe you have a disability and would like information regarding academic accommodations/adjustments in this course please contact the [Student Disability Services Office](#).

### **Policy on Academic Dishonesty (Cheating)**

This course will fully honor the University's policy on academic dishonesty. Please ensure that all work you turn in is your own. When referencing other's work in papers, ensure that such work is appropriately cited.

### **Class Attendance**

Attendance is mandatory. Please arrive to class on time. If you are going to be late or miss a class, please notify me in advance.

### **Departmental Policies**

Additional information on Psychology Department policies on participation by students with disabilities, accommodation for religious observances, academic conduct, complaint procedures, grade appeal procedures, and other standing policies (e.g., sexual harassment, incompletes) is available in the department's main office.

### **Class Communication**

The Instructor will communicate to students through email and Blackboard about class announcements, changes to the course schedule (including class cancellations), and grades. It is the student's responsibility to check their UT email account daily for such announcements.

### **Additional Rules**

Grade disputes must be submitted in writing to be considered. Grievances about the course and/or instructor should be brought up with the instructor first to resolve the matter, prior to discussing the matter with the department/university's administration.

## TENTATIVE READING LIST

Readings will be made available in advance on Blackboard. Any changes made to the reading list will be made at least two weeks before readings are due.

### Week 1

No readings.

### Week 2

Hofmann, S.G., & Asmundson, G.J. (2008). Acceptance and mindfulness-based therapy: New wave or old hat?. *Clinical Psychology Review, 28*, 1-16.

Hofmann, S.G., Sawyer, A.T., & Fang, A. (2010). The empirical status of the “new wave” of cognitive behavioral therapy. *Psychiatric Clinics of North America, 33*, 701-710.

Kashdan, T. B., & Rottenberg, J. (2010). Psychological flexibility as a fundamental aspect of health. *Clinical Psychology Review, 30*, 865-878.

Roemer, L., & Orsillo, S.M. (2009). An acceptance-based behavioral conceptualization of clinical problems. *Mindfulness & Acceptance-based Behavioral Therapies in Practice* (pp. 17-33). New York: Guilford Press.

### Week 3

Baer, R. A. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice, 10*, 125-143.

Bishop, S.R., Lau, M., Shapiro, S., Carlson, L., Anderson, N.D., Carmody, J., ... & Devins, G. (2004). Mindfulness: A proposed operational definition. *Clinical Psychology: Science and Practice, 11*, 230-241.

Brown, K., Ryan, R.M., Loverich, T.M., Biegel, G.M., & West, A. (2011). Out of the armchair and into the streets. Measuring mindfulness advances knowledge and improves interventions: Reply to Grossman (2011). *Psychological Assessment, 23*, 1041-1046.

Grossman, P. (2011). Defining mindfulness by how poorly I think I pay attention during everyday awareness and other intractable problems for psychology's (re) invention of mindfulness: Comment on Brown et al. (2011). *Psychological Assessment, 23*, 1034-1040.

### Week 4

Khoury, B., Lecomte, T., Fortin, G., Masse, M., Therien, P., Bouchard, V., ... & Hofmann, S. G. (2013). Mindfulness-based therapy: a comprehensive meta-analysis. *Clinical Psychology Review, 33*, 763-771.

Hayes-Skelton, S.A., Roemer, L., & Orsillo, S.M. (2013). A randomized clinical trial comparing an acceptance-based behavioral therapy to applied relaxation for generalized anxiety disorder. *Journal of Consulting and Clinical Psychology, 81*, 761-773.

Kuyken, W., Warren, F. C., Taylor, R. S., Whalley, B., Crane, C., Bondolfi, G., ... & Segal, Z. (2016). Efficacy of mindfulness-based cognitive therapy in prevention of depressive relapse: An individual patient data meta-analysis from randomized trials. *JAMA Psychiatry*, *73*, 565-574.

Roemer, L., Orsillo, S.M., & Salters-Pedneault, K. (2008). Efficacy of an acceptance-based behavior therapy for generalized anxiety disorder: Evaluation in a randomized controlled trial. *Journal of Consulting and Clinical Psychology*, *76*, 1083.

Segal, Z., Williams, M., & Teasdale, J. (2013). Why do people who have recovered from depression relapse? *Mindfulness-based cognitive therapy for depression, 2<sup>nd</sup> edition* (pp. 21-43). New York: Guilford Press.

## **Week 5**

Hayes, S.C. (2008). Climbing our hills: A beginning conversation on the comparison of acceptance and commitment therapy and traditional cognitive behavioral therapy. *Clinical Psychology: Science and Practice*, *15*, 286-295.

Hayes, S.C., Levin, M.E., Plumb-Villardaga, J., Villatte, J.L., & Pistorello, J. (2013). Acceptance and commitment therapy and contextual behavioral science: Examining the progress of a distinctive model of behavioral and cognitive therapy. *Behavior Therapy*, *44*, 180-198.

Hayes, S.C., Strosahl, K.D., Bunting, K., Twohig, M., & Wilson, K.G. (2004). What is Acceptance and Commitment Therapy? In S.C. Hayes & K.D. Strosahl (Eds.), *A Practical Guide to Acceptance and Commitment Therapy* (pp. 1-30). New York: Springer.

Strosahl, K.D., Hayes, S.C., Wilson, K.G., & Gifford, E.V. (2004). An ACT Primer: Core therapy processes, intervention strategies, and therapist competencies. In S.C. Hayes & K.D. Strosahl (Eds.), *A Practical Guide to Acceptance and Commitment Therapy* (pp. 31-58). New York: Springer.

## **Week 6**

Hayes, S.C. (2016). The situation has clearly changed: So what are we going to do about it?. *Cognitive and Behavioral Practice*, *23*, 446-450.

Atkins, P.W., Ciarrochi, J., Gaudio, B.A., Bricker, J.B., Donald, J., Rovner, G., ... & Hayes, S. C. (2017). Departing from the essential features of a high quality systematic review of psychotherapy: A response to Öst (2014) and recommendations for improvement. *Behaviour Research and Therapy*.

Hacker, T., Stone, P., & MacBeth, A. (2016). Acceptance and commitment therapy—Do we know enough? Cumulative and sequential meta-analyses of randomized controlled trials. *Journal of Affective Disorders*, *190*, 551-565.

Öst, L.G. (2014). The efficacy of Acceptance and Commitment Therapy: An updated systematic review and meta-analysis. *Behaviour Research and Therapy*, *61*, 105-121.

## **Week 7**

DBT readings to be announced



## **Week 8**

No class. No readings.

## **Week 9**

DBT readings to be announced

## **Week 10**

Blackledge, J.T., & Hayes, S.C. (2001). Emotion regulation in acceptance and commitment therapy. *Journal of Clinical Psychology, 57*(2), 243-255.

Gratz, K.L. (2007). Targeting emotion dysregulation in the treatment of self-injury. *Journal of Clinical Psychology, 63*, 1091-1103.

Gratz, K.L., Tull, M.T., & Levy, R. (2014). Randomized controlled trial and uncontrolled 9-month follow-up of an adjunctive emotion regulation group therapy for deliberate self-harm among women with borderline personality disorder. *Psychological Medicine, 44*, 2099-2112.

Hayes, A.M., & Feldman, G. (2004). Clarifying the construct of mindfulness in the context of emotion regulation and the process of change in therapy. *Clinical Psychology: Science and Practice, 11*, 255-262.

Mennin, D.S. (2005). Emotion and the acceptance-based approaches to the anxiety disorders. In S.M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety* (pp. 37-70). New York: Springer.

## **Week 11**

Arch, J.J., & Craske, M.G. (2008). Acceptance and commitment therapy and cognitive behavioral therapy for anxiety disorders: Different treatments, similar mechanisms?. *Clinical Psychology: Science and Practice, 15*(4), 263-279.

Forman, E.M., Chapman, J.E., Herbert, J.D., Goetter, E.M., Yuen, E.K., & Moitra, E. (2012). Using session-by-session measurement to compare mechanisms of action for acceptance and commitment therapy and cognitive therapy. *Behavior Therapy, 43*, 341-354.

Gu, J., Strauss, C., Bond, R., & Cavanagh, K. (2015). How do mindfulness-based cognitive therapy and mindfulness-based stress reduction improve mental health and wellbeing? A systematic review and meta-analysis of mediation studies. *Clinical Psychology Review, 37*, 1-12.

Hayes, S.A., Orsillo, S.M., & Roemer, L. (2010). Changes in proposed mechanisms of action during an acceptance-based behavior therapy for generalized anxiety disorder. *Behaviour Research and Therapy, 48*, 238-245.

Twohig, M.P., Vilardaga, J.C.P., Levin, M.E., & Hayes, S.C. (2015). Changes in psychological flexibility during acceptance and commitment therapy for obsessive compulsive disorder. *Journal of Contextual Behavioral Science, 4*, 196-202.

Zvolensky, M.J., Feldner, M.T., Leen-Feldner, E.W., & Yartz, A.R. (2005). Exploring basic processes underlying acceptance and mindfulness. In S.M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety* (pp. 325-258). New York: Springer.

### **Week 12**

Longmore, R.J., & Worrell, M. (2007). Do we need to challenge thoughts in cognitive behavior therapy?. *Clinical Psychology Review*, 27, 173-187.

Orsillo, S.M., Roemer, L., & Holowka, D. (2005). Acceptance-based behavioral therapies for anxiety: Using acceptance and mindfulness to enhance traditional cognitive-behavioral approaches. In S.M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety* (pp. 3-36). New York: Springer.

Roemer, L., & Orsillo, S.M. (2009). Incorporating other evidence-based interventions with acceptance-based behavioral therapies. *Mindfulness & Acceptance-based Behavioral Therapies in Practice* (pp. 201-214). New York: Guilford Press.

Wilson, K.G., & Murrell, A.R. (2004). Values work in acceptance and commitment therapy. In S.C. Hayes, V.M. Follette, & M. Linehan (Eds.), *Mindfulness and Acceptance: Expanding the Cognitive-behavioral Tradition* (pp. 120-151). New York: Guilford Press.

### **Week 13**

No readings.

### **Week 14**

No class. No readings.

### **Week 15**

No readings.