



**PSYCHOLOGY 6990-071**

**INDEPENDENT STUDY**

**ACCEPTANCE-BASED BEHAVIORAL THERAPY**

**FALL 2019**

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<b>Instructor:</b>	Matthew T. Tull, PhD Professor of Psychology
<b>Office:</b>	University Hall 5040C
<b>Office Hours:</b>	Tuesday 2:30-4 and Thursday 1:30-4
<b>Office Phone:</b>	419-530-4392
<b>Email:</b>	<a href="mailto:Matthew.Tull@utoledo.edu">Matthew.Tull@utoledo.edu</a>
<b>Course Website:</b>	<a href="https://blackboard.utdl.edu/">https://blackboard.utdl.edu/</a>

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### **COURSE CATALOG DESCRIPTION**

PSY 6990-071 – INDEPENDENT STUDY: Directed reading and/or experimentation on a topic selected by the student in conjunction with a faculty mentor.

### **PREREQUISITES AND COREQUISITES**

None.

### **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.

### **STUDENT LEARNING OUTCOMES**

By the end of this class, you should be able to demonstrate knowledge and understanding representing appropriate breadth and depth in the following areas. These learning objectives will be met through assigned readings, discussion, and completion of a final paper.

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 at least one hour, followed by a minimum of 2 additional hours per week of directed readings and assignments. 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**

<b>Week</b>	<b>Date</b>	<b>Topic</b>
1	8-26	Introduction and overview
2	9-2	Second-wave versus third-wave cognitive behavioral therapy
3	9-9	Mindfulness
4	9-16	Mindfulness-based Cognitive Therapy and other mindfulness-based treatments
5	9-23	Acceptance and Commitment Therapy
6	9-30	Acceptance and Commitment Therapy
7	10-7	Dialectical Behavior Therapy
8	10-14	NO MEETINGS
9	10-21	Dialectical Behavior Therapy
10	10-28	Emotion and emotion regulation in ABBT; Emotion Regulation Group Therapy
11	11-4	Potential mechanisms of ABBT
12	11-11	Integrating ABBT with second-wave CBT
13	11-18	NO MEETINGS
14	11-25	Process-based CBT
15	12-2	Review (readings and topic to be announced)
<b>12-13 PAPER DUE</b>		

\*Readings for each week are listed below.

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

## **COURSE GRADED ASSIGNMENTS**

### **Reading Summaries**

It is imperative that you read all articles and chapters assigned. Therefore, by 10:00 AM on Monday (except for weeks where readings are not assigned), you are responsible for turning in a summary of the readings for that week. 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 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. It is preferred that the summaries demonstrate the ability to integrate the content of the readings and/or the ability to apply the readings to current clinical work or research.

Each summary (12 total) is worth 3% of your grade (for a total of 36% of your final grade).

### **Paper**

At the end of the semester a paper is due. The body of the paper should be at least 12 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., 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 before the 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.

The paper is worth 40% of your final grade.

### **Participation**

Finally, given that this is a directed study, attendance at regularly scheduled meetings is imperative. It is expected that the student will come to the scheduled meetings ready to discuss the weekly readings. Comments and questions should reflect careful, critical analysis of the assigned readings. Being absent (with the exception of excused absences) or unprepared to discuss the material will result in a deduction of points from this aspect of your final grade.

Participation is worth 24% of your final grade.

## OVERVIEW OF FINAL GRADE COMPOSITION

Assignment	%
Reading summaries	36%
Paper	40%
Participation	24%
<b>TOTAL:</b>	<b>100%</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%

## 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.

### Class Attendance

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

### Class Communication

The Instructor will communicate to the student 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.

Ma, S. H., & Teasdale, J. D. (2004). Mindfulness-based cognitive therapy for depression: replication and exploration of differential relapse prevention effects. *Journal of Consulting and Clinical Psychology*, 72, 31-40.

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.

Van Dam, N. T., van Vugt, M. K., Vago, D. R., Schmalzl, L., Saron, C. D., Olendzki, A., ... & Fox, K. C. (2018). Mind the hype: A critical evaluation and prescriptive agenda for research on mindfulness and meditation. *Perspectives on Psychological Science*, 13, 36-61.

## **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., Gaudiano, 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**

Linehan, M. M. (1993). Chapter 3: Behavioral patterns: Dialectical dilemmas in the treatment of borderline patients. *Cognitive behavioral treatment of borderline personality disorder*. New York, NY: Guilford.

Linehan, M. M. (1993). Chapter 4: Overview of treatment: Targets, strategies, and assumptions in a nutshell. *Cognitive behavioral treatment of borderline personality disorder*. New York, NY: Guilford.

Chapman, A. L. (2006). Acceptance and mindfulness in behavior therapy: A comparison of Dialectical Behavior Therapy and Acceptance and Commitment Therapy. *International Journal of Behavioral Consultation and Therapy*, 2, 308-312.

Linehan, M. M., Comtois, K. A., Murray, A. M., Brown, M. Z., Gallop, R. J., Heard, H. L., ... & Lindenboim, N. (2006). Two-year randomized controlled trial and follow-up of dialectical behavior therapy vs therapy by experts for suicidal behaviors and borderline personality disorder. *Archives of General Psychiatry*, 63, 757-766.

Shenk, C. E., & Fruzzetti, A. E. (2011). The impact of validating and invalidating responses on emotional reactivity. *Journal of Social and Clinical Psychology*, 30, 163-183.

## **Week 8**

No class. No readings.

## **Week 9**

Becker, C. B., & Zayfert, C. (2001). Integrating DBT-based techniques and concepts to facilitate exposure treatment for PTSD. *Cognitive and Behavioral Practice*, 8, 107-122.

Carmel, A., Rose, M. L., & Fruzzetti, A. E. (2014). Barriers and solutions to implementing dialectical behavior therapy in a public behavioral health system. *Administration and Policy in Mental Health and Mental Health Services Research*, 41, 608-614.

Chapman, A. L., Turner, B. J., & Dixon-Gordon, K. L. (2011). To integrate or not to integrate dialectical behaviour therapy with other therapy approaches?. *Clinical Social Work Journal*, 39, 170-179.

McMain, S. F., Links, P. S., Gnam, W. H., Guimond, T., Cardish, R. J., Korman, L., & Streiner, D. L. (2009). A randomized trial of dialectical behavior therapy versus general psychiatric management for borderline personality disorder. *American Journal of Psychiatry*, 166, 1365-1374.

Rizvi, S. L. (2011). Treatment failure in dialectical behavior therapy. *Cognitive and Behavioral Practice*, 18, 403-412.

## **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.

### **Week 13**

No class. No readings.

### **Week 14**

Hofmann, S. G. & Hayes, S. C. (2018). The history and current status of CBT as an evidence-based therapy. In S. C. Hayes & S. G. Hofmann (Eds.), *Process-based CBT* (7-21). Oakland: Context Press.

Hayes, S. C., & Hofmann, S. G. (2017). The third wave of cognitive behavioral therapy and the rise of process-based care. *World Psychiatry*, 16, 245-246.

Hayes, S. C., Hofmann, S. G., Stanton, C. E., Carpenter, J. K., Sanford, B. T., Curtiss, J. E., & Ciarrochi, J. (2019). The role of the individual in the coming era of process-based therapy. *Behaviour Research and Therapy*, 117, 40-53.

Rosen, G. M., & Davison, G. C. (2003). Psychology should list empirically supported principles of change (ESPs) and not credential trademarked therapies or other treatment packages. *Behavior Modification*, 27, 300-312.

### **Week 15**

No readings.

## UNIVERSITY POLICIES

All students at the University of Toledo are expected to read, understand, and follow the academic policies that govern their attendance at the University. These policies include, but are not limited to, academic dishonesty, academic forgiveness, adding and dropping a course, grades and grading, and the missed class policy. Please use the following URL to read a comprehensive list of academic policies that pertain to you in this class and throughout your academic journey: <http://www.utoledo.edu/policies/academic/undergraduate/>  
If you have any questions after reading through the policies, please let me know.

**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. Students can find this policy along with other university policies listed by audience on the University Policy webpage (<http://www.utoledo.edu/policies/audience.html/#students>).

**Academic Accommodations.** The University of Toledo embraces the inclusion of students with disabilities. We are committed to ensuring equal opportunity and seamless access for full participation in all courses. For students who have an accommodations memo from Student Disability Services, I invite you to correspond with me as soon as possible so that we can communicate confidentially about implementing accommodations in this course. For students who have not established affiliation with Student Disability Services and are experiencing disability access barriers or are interested in a referral to healthcare resources for a potential disability or would like information regarding eligibility for academic accommodations, please contact the Student Disability Services Office (<http://www.utoledo.edu/offices/student-disability-services/>) by calling 419.530.4981 or sending an email to [StudentDisability@utoledo.edu](mailto:StudentDisability@utoledo.edu).

**Academic Dishonesty.** Consistent with University Policy, academic dishonesty will not be tolerated. Students are responsible for knowing what constitutes academic dishonesty. If students are uncertain about what constitutes plagiarism or cheating they should seek the instructor's advice. Examples of academic dishonesty include, but are not limited to: 1) Plagiarizing or representing the words, ideas or information of another person as one's own and not offering proper documentation; 2) Giving or receiving, prior to an examination, any unauthorized information concerning the content of that examination; 3) Referring to or displaying any unauthorized materials inside or outside of the examination room during the course of an examination; 4) Communicating during an examination in any manner with any unauthorized person concerning the examination or any part of it; 5) Giving or receiving substantive aid during the course of an examination; 6) Commencing an examination before the stipulated time or continuing to work on an examination after the announced conclusion of the examination period; 7) Taking, converting, concealing, defacing, damaging or destroying any property related to the preparation or completion of assignments, research or examination; 8) Submitting the same written work to fulfill the requirements for more than one course. The full University policy on academic dishonesty may be found at <http://www.utoledo.edu/dl/students/dishonesty.html>

**Resources Related to Sexual or Gender-based Violence and Harassment.** The University of Toledo cares greatly about the health and well-being of our students, staff, and faculty, and takes all sexual or gender-based violence and harassment very seriously. If you have experienced sexual assault, sexual harassment, intimate partner violence, and/or stalking and want a confidential place to obtain support and information, please contact the Center for Student Advocacy and Wellness on the main campus in Health and Human Services Room

3017. You can call 419.530.2497 during regular business hours and 419.530.3431 for 24-hour assistance from a trained advocate. In-person, walk-in appointments are also available Monday-Thursday from 8:30 a.m. to 5 p.m. The Center for Student Advocacy and Wellness provides free and confidential advocacy and counseling services to students, faculty and staff. The YWCA H.O.P.E. Center also can be accessed as an off-campus confidential resource at 419.241.7273. Faculty, teaching assistants, and other university employees are mandated reporters of any incidents of sexual or gender-based violence or harassment. Thus, any disclosures of sexual or gender-based violence or harassment on or off campus made to faculty or teaching assistants, or other university employees must be forwarded to the Title IX Coordinator. The Title IX Office will then contact you regarding your rights, your option to participate in the investigation, interim safety measures and/or academic accommodations, and the need to proceed with an investigation (even if none is requested). Your participation in the process is voluntary. You may call 419.530.3152 to file a complaint or visit the following website for more information and resources: <http://www.utoledo.edu/title-ix/>. Policies relating to Title IX can be found at: <http://www.utoledo.edu/title-ix/policies.html>.

## **ACADEMIC AND SUPPORT SERVICES**

The university provides a variety of academic and support services on campus to help you succeed and reach your fullest potential. Whether you need to ask a question, get help with an assignment, seek advice from a counselor, find a job or join a club, UToledo is there for you! Just use the following URLs to find the academic support or service you need:

- Tutoring: <http://www.utoledo.edu/success/lec/>
- Library: <http://www.utoledo.edu/library/>
- Success Coaching: <https://www.utoledo.edu/successcoach/>
- Student Affairs: <http://www.utoledo.edu/studentaffairs/>
- Career Services: <http://www.utoledo.edu/success/career/>

## **SAFETY AND HEALTH SERVICES FOR UT STUDENTS**

In addition to the university policies developed to ensure your health and well-being as a student, there are also a number of on and off campus resources available to support you including a food pantry. Please use the following link to see some additional resources available to you:

- Campus Health and Safety Contacts:  
<http://www.utoledo.edu/offices/provost/utc/docs/CampusHealthSafetyContacts.pdf>
- Link to Food Pantry: <http://www.utoledo.edu/studentaffairs/food-pantry/>