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SPEECH SUMMARIES

KONUŞMA ÖZETLERİ

PLENARY

The 4th Wave of CBT

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The starting point for understanding the transformation in the history of psychotherapy is often Ivan Pavlov. Although Pavlov was a physiologist studying digestion, his discovery of classical conditioning provided one of the first scientific models showing that behavior can be shaped through learning. John Watson later extended Pavlov's ideas to human behavior, arguing that because mental processes are unobservable, psychology should focus exclusively on the relationship between stimulus and response. This view established methodological behaviorism as the prevailing paradigm for decades.

B.F. Skinner advanced behaviorism even further, maintaining that human behavior is entirely the product of reinforcement histories and that free will is an illusion. His ideas resonated strongly in the post–World War II era, when societies sought an alternative to biological determinism and essentialist explanations of human nature. Behaviorism's claim that "all behavior is learned" offered a more egalitarian discourse compared to the prevailing views of innate inferiority or inherent evil.

However, by the 1950s, cracks began to appear in the behaviorist model. Noam Chomsky's critique of Skinner's behaviorist account of language learning was a significant turning point. Chomsky argued that language acquisition could not be explained solely by reinforcement mechanisms and proposed the existence of an innate language faculty. This criticism marked the beginning of a broader challenge to behaviorism. Around the same time, Jean Piaget's research on childhood cognitive development gained wider recognition in the West. Piaget demonstrated that children systematically make similar errors at specific developmental stages, showing that cognition evolves in structured ways rather than originating from a "blank slate." Cognitive processes that behaviorism had dismissed were placed back at the center of psychological science.

Albert Bandura played a crucial role in bridging behaviorism and emerging cognitive theories. His social learning theory demonstrated that modeling and expectations—alongside reinforcement—shape human behavior. This integration helped catalyze the cognitive revolution of the 1960s, during which constructs such as attention, memory, schema, and information processing became foundational to psychology. Within this intellectual shift, Aaron T. Beck and Albert Ellis revolutionized clinical practice by formulating cognitive models. Beck identified negative schemas about the self, world, and future as central to depression, while Ellis developed the ABC model, asserting that beliefs—not events themselves—generate emotional responses.

By the 1970s, the fusion of behavioral techniques (such as exposure and systematic desensitization) with cognitive models led to the formation of CBT as a coherent therapeutic approach. Over subsequent decades, newer therapeutic traditions emerged—mindfulness, acceptance, emotion regulation, and metacognition—giving rise to the so-called "third wave" therapies including ACT, DBT, Schema Therapy, and Metacognitive Therapy.

Today, a "fourth wave" of psychotherapy is gaining prominence: transdiagnostic, process-based models. These approaches focus not on diagnostic categories but on shared underlying mechanisms present across multiple disorders—such as emotional avoidance, attentional biases, behavioral inflexibility, and unhelpful coping patterns. The therapeutic target is shifting from the disorder to the process itself. Fourth-wave models aim to integrate cognitive, behavioral, and third-wave principles into a unified, flexible framework that facilitates more personalized interventions. Emerging research increasingly supports the clinical effectiveness of these process-focused approaches.

Keywords: Cognitive Behavior Therapy, Cognitive Revolution, Fourth Wave

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Contextual Behavioral Science: The Past, Present, and The Future

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Contextual Behavioral Science (CBS) represents one of the most comprehensive and dynamic paradigms in modern psychology. Emerging from the roots of radical behaviorism, CBS integrates functional contextualism, Relational Frame Theory (RFT), Acceptance and Commitment Therapy (ACT), Functional Analytic Psychotherapy (FAP) into a coherent framework that aims not merely to alleviate human suffering, but to foster *psychological flexibility*—the ability to act effectively in the presence of difficult private experiences in the service of chosen values (Hayes, Strosahl & Wilson, 2012). This presentation traces the historical evolution, current status, and future directions of CBS, positioning it as both a scientific and humanistic movement.

The Past: Roots and Foundations

CBS is deeply grounded in behavioral science, which began in the early 20th century with Pavlov, Watson, and Thorndike's experimental focus on observable behavior. The major turning point came with B.F. Skinner's radical behaviorism, which proposed that even private events such as thoughts and feelings are forms of behavior, subject to the same principles of analysis as overt actions (Skinner, 1957). Skinner's work laid the foundation for functional contextualism, a pragmatic philosophy emphasizing prediction and influence of behavior based on contextual variables. Truth, in this view, is defined by *workability*—what produces effective action in context.

By the late 20th century, a "third wave" of behavioral therapies arose, integrating acceptance, mindfulness, and values-based processes. Yet language and cognition remained a challenge for behavioral theory. Relational Frame Theory (RFT), developed by Steven C. Hayes, Dermot Barnes-Holmes, and colleagues, provided a behavioral account of human language and meaning (Hayes, Barnes-Holmes & Roche, 2001). It proposed that humans learn *arbitrary relations* among stimuli and that these relational frames transform behavioral functions—a discovery that made it possible to analyze cognition within a behavioral framework.

Out of RFT grew Acceptance and Commitment Therapy (ACT), a clinical model explicitly aimed at increasing psychological flexibility through six core processes: acceptance, defusion, present-moment awareness, self-as-context, values, and committed action. ACT thus became the applied arm of CBS—a bridge between basic behavioral science and clinical practice.

The Present: Science, Evidence, and Global Reach

Today, CBS has evolved into a large, evidence-based scientific movement. The Association for Contextual Behavioral Science (ACBS), founded in 2005, now includes members across 50 countries, supporting open science, cross-cultural collaboration, and process-based research.

Empirical support for ACT is robust: more than 1,200 randomized controlled trials and over 100 meta-analyses demonstrate its efficacy across a wide range of clinical and non-clinical domains—depression, anxiety disorders, chronic pain, substance abuse, and relational distress among others (Gloster et al., 2020). At the same time, CBS has expanded beyond clinical interventions. It informs education, health care, organizational leadership, sports psychology, and environmental action, uniting these diverse areas under a common focus on human behavior in context.

A major contemporary shift within CBS is the Process-Based Therapy (PBT) movement, led by researchers such as Hayes and Hofmann. PBT departs from school-based psychotherapy (CBT, ACT, DBT, etc.) and emphasizes empirically identified change processes that operate across individuals and settings. Within this view, CBS provides the scientific metatheory, while PBT serves as the applied methodological model (Hofmann & Hayes, 2019).

Methodologically, CBS emphasizes single-case experimental designs (SCEDs), dynamic modeling, individual and ecological momentary assessment of processes such as psychological flexibility and values-based action. This focus enables a more precise and personalized understanding of how therapeutic change occurs.

The Rise of CBS in Türkiye

The development of CBS in Türkiye has gained remarkable momentum since 2010, marked by an expanding ecosystem of training, research, and community building. As noted in the presentation materials, several key milestones stand out:

- ACT trainings, workshops, and translations became more widely available after 2010, making contextual approaches accessible to clinicians and researchers.
- The establishment of the Istanbul ACT Days Congresses (2017–) created a national platform for disseminating CBS,

connecting local practitioners with international experts.

- Universities and independent centers began forming Contextual Behavioral Science laboratories, contributing to empirical research, graduate training, and clinical innovation.
- Numerous workshops, seminars, and symposiums increased awareness of contextual models across psychology, psychiatry, and behavioral sciences.
- A growing body of Turkish-language publications, books, and adapted materials helped integrate CBS principles into local therapeutic culture.
- Türkiye's CBS movement has emphasized cultural contextualization, drawing from local values, traditional narratives, and relational practices to enhance relevance.
- Efforts in technology integration, PBT, methodology, and cross-disciplinary dialogue have aligned the Turkish CBS community with international scientific developments.

In this sense, Türkiye represents a dynamic example of how CBS can thrive when scientific integrity is combined with cultural sensitivity, community engagement, and sustained training efforts.

The Future: Toward a Science of Context and Connection

The future of CBS lies in expanding its integrative and process-based vision into new scientific and cultural territories. Several key directions are emerging:

1. Integration with Technology and AI: CBS principles are increasingly applied in digital interventions, ecological momentary assessment, and artificial intelligence. RFT-based language analysis and AI-supported supervision systems are being developed to enhance learning and clinical decision-making.
2. Dynamic Process Mapping: Future research is moving toward real-time, idiographic modeling of change processes—understanding psychological flexibility not as a static trait but as a dynamic, context-dependent system.
3. Cross-Cultural Expansion: CBS's contextual nature makes it highly adaptable to diverse cultural frameworks. In non-Western contexts such as Türkiye, CBS integrates behavioral science with local values and linguistic nuances, contributing unique perspectives to global contextual psychology.
4. Societal and Ethical Dimensions: The Prosocial movement and related CBS-based initiatives should aim to extend psychological flexibility to communities, institutions, and societies, promoting cooperation, compassion, and resilience in the face of global challenges such as dehumanization and genocide (e.g. in Palestine, Sudan, Myanmar), global inequality and environmental issues.
5. Scientific Humility and Pragmatism: CBS continues to embody the pragmatic philosophy from which it emerged—valuing empirical effectiveness, openness, and humility.

Conclusion

Contextual Behavioral Science has evolved from the experimental foundations of behaviorism into a mature, integrative science of human functioning. By uniting philosophy, basic research, and clinical practice, CBS offers a coherent and compassionate framework for understanding and influencing behavior in context. In this sense, CBS is not merely a scientific discipline but a *human science*—one that invites us to approach behavior with curiosity, precision, and compassion.

Keywords: Contextual behavioral science, acceptance and commitment therapy, behavioral processes, relational frame theory

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SPEECH SUMMARIES

PANEL

Acceptance and Commitment Therapy and Neuroscience Examining the Effectiveness of Acceptence and Commitment Therapy (ACT) and Psychotherapy

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According to Yalom (2002), a mature therapist must be equipped to recognize and address all sources of grief. Problematic issues stem not only from biological genetic layers, repressed instinctual strivings, distorted thought patterns, forgotten traumatic memories, and life crises, but also from individuals confronting their own existence. A therapist's awareness of this diversity allows them to have a wider range of methods for understanding and helping patients. In this context, the relationship between psychotherapy and neuroscience can be considered a supportive and complementary resource and discipline in the process of helping clients. Neuroscience, which began with the discovery of neurons and has evolved into one of its important approaches, is a discipline with a complementary relationship between biological and psychological sciences (Aslan & Arslantaş, 2022). Psychotherapists, on the other hand, are practicing neuroscientists who create personalized, rich learning environments designed to enhance brain functionality and mental health (Cosolino, 2002).

The relationship between psychotherapy and neuroscience is being studied across a wide range of topics, including neurons, brain network systems, and epigenetics. For example, neural and endocrine responses to stress, the control of gene activity due to our environment altering our biochemistry, the rate at which genes are expressed, psychological and physical trauma, chronic stressors such as loss and grief (Yalom, 2002), sensitive interactions with caregivers supporting healthy brain development (Cosolino, 2017); communication between the left and right hemispheres of the brain in cognitive-emotional processing, different types of memory systems and a wide variety of other areas of study and findings are important in the process of helping and treating individuals.

The Acceptance and Commitment Therapy (ACT) approach proposes that human suffering stems from a lack of behavioral flexibility and effectiveness resulting from experiential avoidance, cognitive confusion, difficulty taking perspective, a loss of connection to the present, and a failure to take necessary behavioral steps consistent with core values (Hayes, Stroshal, & Wilson, 2011). ACT goal is to develop psychological flexibility which is the ability to be aware of and accept challenging experiences without judgment) and to actively engage in values-based goals despite these experiences. ACT focuses on living life more effectively, rather than on the elimination of (a specific) psychopathology. Examining the effectiveness of the ACT approach within the framework of neuroscience can serve as a helpful and supportive tool for psychotherapists and mental health professionals during the treatment process. For example, the prefrontal cortex takes longer to mature and reduces top-down emotional regulation. Therefore, understanding the prefrontal cortex (e.g., providing explanations and engaging the hippocampus early in therapy to inhibit automatic reactions and impulsivity) can facilitate the treatment of adolescent anxiety (Meyer et al., 2023). In this context, examining the relationship between ACT and neuroscience is crucial.

Studies examining the relationship between ACT and neuroscience in patients with depression and chronic pain are frequently encountered in the literature. A study titled "Neural mechanisms of acceptance and commitment therapy for chronic pain: A network-based fMRI approach" demonstrated reductions in brain activation within and across the core networks of self-reflection (default mode, DMN), emotion (SN), and cognitive control (frontal parietal, FPN). A reduction in the interaction between depression and pain; and clinically significant improvements in social role satisfaction and pain acceptance were observed in participants following a four-week ACT intervention in women with chronic musculoskeletal pain (Aytur et al. 2021). A randomized controlled trial examining ACT and white matter plasticity in individuals with subclinical depression and psychotic experiences found that in youth with mild psychopathology, ACT-DL had no effect on microstructural

white matter or network connectivity parameters, but behavioral (symptom) changes were more responsive to a five-week ACT psychological training (Michielse et al., 2023). Regarding the cognitive neuroscience of psychological treatment interventions in depression and anxiety, there are some studies identifying changes in neural activation, neural connections, neural structure with ACT interventions.

Studies have mostly shown that ACT interventions have a positive effect on cognitive functions; they reduce symptoms (such as insomnia, depression, fatigue, and paresthesia) in individuals with multiple sclerosis, improve emotional competence, significantly reduce depression scores in young adults with subthreshold depressive/psychotic complaints, and reduce the interaction between depression and pain in participants with chronic musculoskeletal pain (Sadeghi-Bahmani et al., 2022; van Aubel, et al., 2020). However, the number of studies on the relationship between ACT and neuroscience is relatively limited, and randomized controlled trials have very low sample sizes. The literature primarily focuses on meta-analyses and systematic reviews rather than experimental studies. Therefore, it has been concluded that establishing a research infrastructure related to ACT and neuroscience, increasing the number of experimental and randomized controlled scientific studies, and disseminating scientific studies on ACT practices, interventions, and training, as well as the effectiveness of ACT interventions and approaches and psychotherapy, will be beneficial for the effectiveness of psychotherapy and mental health.

Keywords: Acceptance and Commitment Therapy, Neuroscience, Psychotherapy

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ACT in Group Settings: Challenges and Opportunities

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Group therapies are advantageous for both treatments and preventions due to accessibility and cost effectiveness. The use of ACT- based group therapies has expanded considerably in recent years, supported by a growing body of evidence demonstrating feasibility and effectiveness of ACT- based group therapies (Muscara et al., 2020). The effectiveness of the ACT group model has been demonstrated in diverse target populations (Arch, Finkelstein, & Dindo, 2023; Gloster et al., 2020; Ferreira et al., 2022). As ACT based group therapies are wide spreading, it becomes more important to understand how its core processes function in distinctive ways within group dynamics and how these dynamics shape the therapeutic environment. Recognizing both the opportunities and challenges inherent to delivering ACT in group settings would enhance the implementation strategies (Westrup & Wright, 2017). In this panel, these considerations are addressed through a practice-focused discussion of ACT-based group therapies.

Group therapy itself provides a social context in which helps participants to normalize their difficulties and benefits the healing process. ACT extends the benefits with its unique nature. First, group dynamics serve as a functional laboratory in which each of the components of the hexaflex can be experienced experientially. For instance, committed actions are reinforced through mutual support; members serve as role models for one another and hold each other accountable for progress toward their chosen values. Interactive nature of the group therapies also allows the practice defusion and acceptance by enhancing perspective taking with observing other members experiences. Second, therapist's flexibility plays a critical role in group therapies. Therapist's rule-governed behavior may disrupt the therapeutic process. For example, if the therapist fused with a cognition such as "I must follow the protocol perfectly" and strictly stick to protocol, it may lead to miss contextual issues. Therapist's awareness will help to recognize the needs of the group and response in more flexible manner. Group therapy has limitations. For example, it may limit deep personal involvement for some participants, or a participant's fusion may interfere with the flow. Therefore, when developing the protocols, it is important to design it so that participants can easily follow the practices, and the therapist must follow the engagement of the participants.

Overall, identifying the unique features offered by ACT group therapy compared to individual therapies may enhance the therapeutic process. The panel highlighted the central role of the therapist's flexibility in guiding the group by recognize and response the needs that arise spontaneously. Further, underscored the necessity of accounting the unique dynamics that emerge in group settings when shaping interventions. Modifying the exercises and metaphors within the needs of the target population and, use of process-based outcome measures to tracking the change are also discussed. Taken together, the insights shared throughout this panel offer a practice-oriented roadmap for designing and delivering ACT in group settings.

Keywords: Acceptance and Commitment Therapy, ACT, Group Therapy

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A Compassion-Focused Therapy Perspective on Gaming Behavior

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Compassion Focused Therapy (CFT) emerged from the desire to more effectively help individuals who present with shame, self-criticism, and threat-based emotional processes. Clinical observations revealed that traditional cognitive restructuring techniques often show limited impact in people with high levels of shame and self-attacking tendencies. Developed by Paul Gilbert, CFT integrates evolutionary psychology, affective neuroscience, attachment theory, behaviorism, mindfulness, and compassion-based practices into a comprehensive therapeutic framework. The primary goal of this approach is to support individuals in noticing their inner distress without shame, developing warmth and concern toward this suffering, and cultivating adaptive ways of responding to it (Gilbert, 2009, 2014).

According to CFT, compassion is not merely a warm emotional tone; rather, it is an active regulatory system that involves noticing suffering, being sensitive to its presence, and becoming motivated to alleviate or prevent it. Shame often triggers avoidance behaviors and harsh self-criticism, whereas compassion interrupts this cycle by providing a pathway toward acceptance, regulation, and forward movement. For this reason, CFT encourages clients to understand their experiences not as personal failures, but within the context of evolutionary and learned processes. This helps individuals reduce self-blame for unwanted emotions, automatic thoughts, and habitual patterns they never consciously chose (Kirby et al., 2017).

At the heart of CFT lies the Three-System Model, which conceptualizes human emotions according to three evolutionarily shaped regulation systems: (1) The Threat System, responsible for detecting and responding to danger through emotions and motives such as fear, shame, or anger; (2) The Drive/Resource-Seeking System, regulating goal-directed behavior, reward anticipation, and achievement; (3) The Soothing/Safeness System, associated with compassion, contentment, connection, and calm feelings of safeness (Gilbert, 2014). Modern individuals often overutilize the threat and drive systems while insufficiently activating the soothing system. Early attachment experiences and learned environmental conditions—such as classical conditioning, operant learning, social learning, and relational frame processes—play a critical role in shaping the social construction of the self. A lack of a "secure base" in early relationships may chronically activate the threat system and impede the development of the soothing/compassion system (Gilbert, 2009). CFT's neurophysiological model explains the biological foundations of these systems. Hyperactivation of the amygdala in response to social threat amplifies self-criticism and social comparison. CFT interventions strengthen the regulatory functions of the prefrontal cortex. Compassionate imagery and slow-breathing practices activate the vagus nerve and the oxytocin system, thereby increasing feelings of safeness and calm. The dopaminergic system gradually shifts from seeking external rewards to experiencing intrinsic satisfaction (Gilbert, 2014).

When examined through a CFT lens, gaming behavior often reflects underlying difficulties in regulating the threat system. Motivations such as escape, coping, fantasy, skill development, competition, social connection, and recreation can emerge as attempts to manage emotions linked to shame, inadequacy, worthlessness, or feeling unseen (Barnes et al., 2019). Therefore, CFT conceptualizes gaming not as a surface-level issue of "excessive play," but as the interaction of threat activation, reward seeking, and insufficient soothing system engagement. This perspective reveals the emotional function of gaming and provides a foundation for cultivating more adaptive regulation strategies (Geng et al., 2022; İskender & Akin, 2011; Liu et al., 2020).

Fantasy, for example, allows individuals to temporarily distance themselves from real-life inadequacy and step into an idealized version of the self. Although it begins in the threat system, it is maintained by the drive system as a compensatory process. CFT does not aim to eliminate fantasy; instead, it seeks to understand its function and transform it into a pathway for developing a compassionate self-identity. Similarly, the motivation for skill development may appear adaptive on the surface, but when driven by beliefs such as "I am only valuable if I succeed," it becomes threat-based. Rapid rewards in gaming strengthen dopaminergic cycles that compensate for unmet competence needs in daily life. CFT approaches this not as a pathology but as a growth opportunity to be compassionately reshaped. The motivation for competition is also closely tied to shame, fear of inferiority, and the need for validation. Losing

triggers self-criticism and threat activation, while winning offers only temporary relief. CFT does not aim to suppress competitiveness but to regulate the underlying longing for approval through the soothing system (Qiu et al., 2025).

Across these motivations, a common pattern emerges: overactivation of the threat and drive systems alongside insufficient activation of the soothing system. Fantasy serves to avoid threat, skill development reinforces conditional self-worth, and competition functions as protection from shame. As a result, gaming can become a short-term strategy for emotional regulation that, in the long run, sensitizes the threat system even further. CFT seeks not to inhibit these cycles but to reveal the human needs beneath them and to reorganize the self from conditional worth toward unconditional acceptance and compassion. Through this transformation, gaming behavior can shift from a defensive strategy to a more balanced, meaningful, and functional activity (Brand et al., 2016; Gilbert, 2009; Qiu et al., 2025).

In conclusion, CFT conceptualizes addictive behaviors not as symptoms to be controlled but as regulatory strategies embedded within evolutionary and emotional systems. Understanding the motivations behind gaming is the first step toward transforming them. CFT offers a perspective that enables individuals to break free from the threat–reward cycle and develop a more peaceful relationship with themselves. This approach provides a powerful pathway for compassion-based transformation not only in gaming-related difficulties but across all behavioral addictions.

Keywords: Gaming Behavior, Functional Contextualism, Compassion-Focused Therapy

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Dialectial Behavior Therapy Perspective on Gaming Behavior

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The advancement of technology has enabled individuals to interact with others and engage in enjoyable activities together without leaving their own living spaces. As a result, traditional forms of entertainment and socialization have changed, leading to the more frequent use of tools that individuals can access anytime and anywhere in their daily lives. Digital game addiction is increasingly recognized as a significant behavioral addiction with serious implications for mental health and social functioning (Baysak et al., 2016). Behavioral addictions, particularly internet gaming disorder, a new behavioral addiction included in the ICD-11, have become a global problem with increasing prevalence among young individuals (Stein et al., 2020; Maset-Sánchez et al., 2023). Internet gaming disorder presents as a condition characterized by compulsive use, psychological dependence, and withdrawal symptoms. Brain imaging studies point to neurobiological similarities that support the classification of gaming disorder among non-substance-related addictions (Brand et al., 2019; Weinstein & Lejoyeux, 2020). Individuals who develop internet gaming disorder have been observed to have impairments in the frontal, temporal, and ventral striatum areas that regulate planning and self-control. This condition has been linked to a tripartite neurocognitive model in which the impulsive system is overactive and the prefrontal cortex is inactive (Wei et al., 2017).

The overall prevalence of gaming disorder online has increased significantly during the pandemic. Current literature indicates that digital game addiction prevalence rates may vary depending on contextual factors such as age, gender, and sociocultural environment. Research in the field indicates that approximately 9% to 40% of young people may exhibit serious symptoms related to problematic gaming activities (Gentile et al., 2011). Furthermore, in a study conducted on adults, approximately 52.2% of men reported playing at least one digital game, while approximately 47.8% of women reported the same (Avulasetty and Rotti, 2023). This situation has negatively affected the provision of standardized mental health services and increased the importance of alternative solutions. There is no internationally accepted standard treatment protocol for managing internet addiction; however, the generally accepted approach beyond diagnosis is controlled and balanced internet use rather than complete avoidance (abstinence) (Niedermoser et al., 2021). Cognitive Behavioral Therapy is the most widely studied psychological treatment approach for internet gaming disorder and has shown consistent effectiveness in reducing symptom severity. However, in the treatment of behavioral addictions, where emotional dysregulation is a significant risk factor, the potential of third-wave approaches such as Dialectical Behavior Therapy (DBT) is increasingly being explored (Linehan et al., 2007).

DBT was first developed in the early 1980s based on Linehan's research on suicidal behavior. It is a comprehensive treatment developed to address the widespread and persistent emotional dysregulation in individuals with chronic suicidal tendencies and Borderline Personality Disorder (BPD) (Dimeff & Linehan, 2008). The origins of dialectical behavior therapy are grounded in the Biosocial Theory. According to the dialectical behavior therapy approach, biological sensitivities and invalidating environments contribute to the emergence of dysfunctional coping behaviors. Dialectical behavior therapy allows for the combined use of behavioral science and Zen practices. The essence of DBT is based on a dialectical balance that combines change and acceptance strategies. DBT-Skills Training (DBT-ST) includes four basic skill modules consisting of two areas. Mindfulness and stress tolerance are acceptance strategies, while emotion regulation and interpersonal effectiveness are change strategies (Linehan, 2015).

In addictive behavior, impulsivity and negative emotional states are important factors for craving and relapse (Maffei et al., 2018). Therefore, in cases where emotional dysregulation is a fundamental problem, DBT aims to replace maladaptive behaviors (e.g., substance use, gambling, or gaming) with goal-directed behaviors. The use of DBT-ST as a standalone treatment has shown feasibility and positive results in reducing alcohol use in the treatment of alcohol use disorder, highlighting the importance of emotion regulation skills among DBT's areas of intervention (Dimeff & Linehan, 2008).

A study conducted during the COVID-19 pandemic aimed to compare online group DBT with online individual CBT for adults with Internet Addiction. DBT focused on four main skills over 8 weeks: mindfulness, interpersonal effectiveness, emotion regulation, and stress tolerance. Both treatment arms, DBT and CBT, showed significant improvements in Internet Addiction Test (IAT) scores and Internet usage time in pre-test and post-test comparisons. Dialectical Behavior Therapy Skills

Training has been shown to have a large effect size in reducing symptoms of internet gaming disorder and gaming duration and in increasing readiness for change (Siste et al., 2022). Dialectical Behavior Therapy is a promising treatment option for behavioral addictions based on emotional dysregulation. The literature indicates that applied group DBT has significant effect sizes in improving symptoms of internet gaming disorder, internet usage time, and readiness for change, and is a viable alternative to traditionally accepted CBT (Daros et al., 2024).

Impulsive attitudes and emotional dysregulation, which underlie internet gaming disorder and are areas of intervention for DBT, are directly targeted through DBT's core skill modules, particularly emotion regulation and stress tolerance. These skills play a critical role in preventing relapse of addictive behavior and promoting controlled behavioral patterns (Dimeff & Linehan, 2008). From a Dialectical Behavior Therapy perspective, the ultimate goal in the treatment process for internet gaming disorder is generally not complete cessation, but balanced and controlled use and the cessation of maladaptive behaviors. DBT offers important strategies by helping individuals acquire cognitive and emotional skills that support this goal. More robust and long-term follow-up studies are needed to confirm the long-term effectiveness of DBT and its effects on high-risk populations with internet gaming disorder (Siste et al., 2022).

Keywords: Gaming Behavior, Functional Contextualism, Dialectial Behavior Therapy

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Gaming Motivation Through the Lens of Acceptance and Commitment Therapy

Can Özen

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Digital gaming has become a pervasive form of leisure across the lifespan, expanding far beyond its traditional association with younger populations. Although games have existed in various forms throughout human history, technological innovations have dramatically reshaped gaming behavior in recent decades. According to the Entertainment Software Association (2025), the average age of a video game player is now 41 years, with 28% of players aged above 50. As gaming becomes increasingly widespread, interest has grown in understanding its psychosocial effects and potential risk factors (Montag et al., 2019).

A foundational step in evaluating gaming behavior is understanding the psychological motivations that drive individuals to play. The Motives for Online Gaming Questionnaire (MOGQ) developed by Demetrovics et al. (2011) identifies seven motivational domains—social, escape, competition, coping, skill development, fantasy, and recreation. These domains help distinguish between adaptive engagement and problematic, dysregulated patterns of use (Király et al., 2017).

From a clinical perspective, Acceptance and Commitment Therapy (ACT) provides a functional contextualist lens that evaluates the function of gaming behavior rather than its duration or frequency (Hayes et al., 2006; Hayes et al., 2012). ACT conceptualizes problematic gaming patterns within core processes such as experiential avoidance, cognitive fusion, disrupted values, and diminished psychological flexibility (Dindo et al., 2017). Recent systematic reviews highlight ACT's effectiveness across a wide range of mental health conditions, including behavioral addictions and emotion regulation difficulties (Aravind et al., 2025).

Motivations such as escape and coping frequently reflect attempts to down-regulate distressing internal experiences, consistent with ACT's notion of experiential avoidance. Although such strategies may provide short-term relief, they often contribute to long-term behavioral rigidity and impaired functioning. ACT targets this cycle through acceptance-based strategies and by increasing willingness to experience internal events without defensive avoidance.

Fantasy-driven gaming, while often benign, may become problematic when individuals become fused with thoughts about competence or identity that are only achievable in virtual environments. ACT's cognitive defusion processes help individuals relate to such thoughts as transient mental events, thereby reducing over-identification with in-game identities.

Competition, skill development, and social motives may align with personally meaningful values, such as mastery, achievement, and connection. ACT emphasizes clarifying these values and promoting committed action aligned with them (Heffner et al., 2003). In this sense, gaming can become a context for values-consistent engagement rather than avoidance-driven behavior.

Self-stigma, which has been linked to multiple addictive behaviors (Luoma et al., 2013), may also influence problematic gaming by reinforcing shame, withdrawal, or rigid coping patterns. ACT's emphasis on self-compassion, acceptance, and defusion may serve as protective factors against such processes.

Finally, recreational gaming, when engaged in mindfully and flexibly, is consistent with psychological well-being. ACT's focus on present-moment awareness supports individuals in engaging with gaming intentionally, allowing them to disengage when it no longer serves valued life directions.

In summary, integrating motivational models of gaming with ACT's functional contextualist framework allows a nuanced understanding of gaming behavior. Rather than pathologizing gaming itself, this perspective evaluates the psychological function of gaming and its impact on valued living. ACT-based approaches can enhance psychological flexibility, reduce experiential avoidance, and support healthy, adaptive engagement with digital games. As gaming continues to expand across diverse age groups, such integrative perspectives offer valuable guidance for both clinical practice and future research.

Keywords: Video games, motivation, psychological flexibility, acceptance and commitment therapy, behavior regulation

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Nearing Death: A Qualitative Study on Psychological Processes and Coping Strategies in Terminal Cancer Patients

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Terminal phase refers to the stage of cancer in which the disease no longer responds to curative treatment and death is expected within a foreseeable time frame (weeks to months) (Hui et al., 2014). In the literature, the term terminal phase is commonly used for patients whose life expectancy is less than six months (Meghani, 2004; Babgi, 2009). Palliative care services provided during this stage aim not only to alleviate physical symptoms but also to address patients' psychosocial and spiritual needs. For individuals approaching the end of life, the terminal phase constitutes a multidimensional process marked not only by physical losses but also by intense emotional, cognitive, and existential challenges (Chittem, 2014). Despite ongoing treatments, individuals who reach this final stage of illness often confront severe pain, loss of autonomy, feelings of being a burden, diminished sense of meaning, fear of future suffering, and death anxiety (Ruijs et al., 2013).

It is therefore essential to conceptualize the experience of dying not merely as a biological endpoint, but as a phenomenon encompassing psychosocial, cultural, and existential dimensions. The contextual behavioral science perspective posits that human behavior gains meaning within linguistic, relational, and cultural contexts (Hayes, Barnes-Holmes, & Roche, 2001). From this standpoint, death is a multifaceted experience shaped by an individual's values, social relationships, and life history; consequently, interventions designed for the terminal phase must account for these multiple layers of experience.

Although existing studies suggest that psychological interventions in the terminal phase have the potential to alleviate emotional distress, the number of studies in this area remains limited and findings are often inconsistent (Greer et al., 2012; Moorey et al., 2009). Moreover, most quantitative research has focused predominantly on depression and anxiety symptoms, leading intervention studies to center around these two domains. This narrow focus fails to capture the broader spectrum of psychosocial difficulties experienced by terminally ill patients—including subthreshold yet clinically significant concerns such as sleep disturbances, relational difficulties, and profound existential anxiety. Qualitative studies indicate that such "subclinical" issues are frequently overlooked (Chan et al., 2024).

Based on these considerations, this study presents a research design that aims to explore in depth the psychological experiences associated with death and the coping strategies employed by cancer patients in the terminal phase. The study is currently in the planning stage, and the present introduction outlines the proposed research framework.

In this study, descriptive analysis—one of the qualitative research methods—will be employed. The sample is planned to consist of patients who have been diagnosed with cancer and are in the terminal phase. In line with the purpose of the study—to identify the psychological challenges experienced by individuals in the final stage of life, to explore the coping strategies they employ during this period, and to evaluate the impact of these strategies on their lives—a semi-structured in-depth interview form has been developed by the researchers. Two individuals with lived experience were consulted to ensure clarity and appropriateness of the interview questions. This form is designed to enable participants to articulate their emotional, cognitive, and existential experiences in a detailed manner, and the responses obtained will also inform the key intervention targets, as the questions were developed with this intention in line with the principles of contextual behavioral science.

The collected data will be analyzed using the descriptive analysis approach; participants' statements will be classified with their contextual meaning preserved, themes will be generated, and core patterns will be identified.

Note: This speech presented as a part of the panel titled "The Experience of Death Through the Lens of Contextual Behavioral Science: Three Clinical Studies at the Intersection of Theory, Research, and Practice".

Our broader aim is to contribute to making conversations about death more accessible for clinicians and to support the development of timely and accessible mental health services for patients during this final stage of life. We believe that the findings of this study will offer valuable guidance toward these goals.

Keywords: Terminal phase, cancer, death, palliative care, psychological experiences, coping strategies, qualitative research

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Fearing Death, Contacting Life: Evaluating the Feasibility and Effectiveness of ACT-Based Group Psychotherapy in Panic Disorder

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Panic disorder is characterized by unexpected panic attacks and anticipatory anxiety regarding their recurrence, significantly impairing daily functioning (American Psychological Association, n.d.). During these attacks, intense fear is accompanied by physical and cognitive symptoms such as palpitations, shortness of breath, dizziness, and catastrophic misinterpretations. Common cognitive themes include fear of having a heart attack, losing control, or dying. Avoidance of situations, sensations, or actions that may trigger bodily symptoms similar to those experienced during panic attacks plays a central role in the maintenance of the disorder (López & Salas, 2009). Acceptance and Commitment Therapy (ACT), grounded in functional contextualism, focuses on the context and function of psychological phenomena (Hayes, Strosahl, & Wilson, 1999). Rather than aiming to eliminate symptoms, ACT seeks to foster psychological flexibility by helping individuals develop a more adaptive relationship with their internal experiences, enabling value-consistent action (Swain et al., 2013; Meuret et al., 2012). Numerous randomized controlled trials have demonstrated ACT's effectiveness across various clinical conditions, and integrating acceptance-based processes into exposure interventions has been suggested to increase treatment adherence and outcome effectiveness (Meuret et al., 2012; Leon-Quismondo et al., 2016). ACT has shown efficacy in both individual and group treatments for panic disorder (Meuret et al., 2012; Leon-Quismondo et al., 2016).

The present study aims to evaluate the feasibility and preliminary effectiveness of an ACT-based group psychotherapy program for individuals with panic disorder. The study is currently ongoing, and only preliminary findings are reported.

Materials and Methods

An 6-session ACT-based group psychotherapy protocol was administered to individuals diagnosed with panic disorder. The program was structured around the six core ACT processes: acceptance, cognitive defusion, flexible present-moment awareness, self-as-context, values, and committed action. The intervention also included ACT-informed interoceptive exposure exercises, given their clinical relevance for panic disorder.

Participants were assessed before and after the intervention using the Anxiety Sensitivity Index–3 (ASI-3), the Acceptance and Action Questionnaire–II (AAQ-II), the Beck Depression Inventory (BDI), and the Valued Living Questionnaire (VLQ). The study received ethical approval from the Ethics Committee of Göztepe Prof. Dr. Süleyman Yalçın Hospital (Reference No:2025/0070) on 11 October 2025.

Results

Preliminary findings from the pilot implementation with eight participants indicated reductions in depressive symptoms, anxiety sensitivity, and experiential avoidance following the intervention. Increases were observed in valued action scores. ASI-3 scores decreased from 45.83 to 35.17, AAQ-II scores from 29.17 to 21.05, and BDI scores from 17.70 to 10.67. In contrast, VLQ scores increased from 44.30 to 55.33.

Discussion and Conclusion

The findings suggest that ACT-based group psychotherapy is feasible for individuals with panic disorder and may promote early improvements in psychological flexibility processes. These preliminary findings suggest that ACT may be effective in the panic cycle not only through targeting experiential avoidance and control strategies, but also via exposure implemented within the framework of acceptance-based interventions. Although promising, these findings are based on a small sample, and data collection is ongoing. Further analyses will explore effect sizes upon completion of the full dataset. Overall, the pilot results indicate that ACT-based group interventions may represent a clinically effective and applicable treatment option for panic disorder.

Keywords: Group therapy, panic disorder, ACT

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Facing Death: A Single-Case Experimental Pilot Study on the Feasibility and Effectiveness of an ACT-Based Individual Intervention Program in Prolonged Grief

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While grief is a natural and universal response to the loss of a loved one, in certain individuals, this process becomes chronic, evolving into a clinical picture of "Prolonged Grief Disorder" that significantly impairs functionality (Prigerson et al., 2009). Whereas classical psychotherapeutic approaches predominantly aim to reduce the frequency and severity of grief symptoms, Acceptance and Commitment Therapy (ACT) addresses grief not as a "problem to be solved," but as an "experience to be carried along with life" (Hayes et al., 1999). ACT aims to enable the individual to construct a meaningful life aligned with their own values (values-based behavior) by making room for pain (acceptance) rather than attempting to eliminate it (experiential avoidance).

This presentation outlines the process and outcomes of an 8-session individualized ACT intervention delivered to a client diagnosed with prolonged grief, using a single-case experimental design framework. The efficacy of the study was monitored not only through standard scales administered pre- and post-session (Prolonged Grief Disorder-13 [PG-13], Valued Living Questionnaire, AAQ-II) but also instantaneously throughout the process via daily monitoring forms. The research was approved through the decision of the Ethics Committee of Bakirkoy Dr. Sadi Konuk Training and Research Hospital with a reference number 2025-01-11 on October 24, 2025.

Visual analysis of the obtained findings indicates that the intervention had a distinct improving effect, particularly on "values-based behaviors". While the participant's mean score for values-based behavior was at the level of 1.33 during the baseline phase, it was observed that this average rose to 3.00 during the intervention process, following a stable course. Regarding grief symptoms, it was determined that grief severity scores, which followed a high course of 10.00 at baseline, entered a downward trend in the final stages of the intervention, regressing to the level of 8.50. Furthermore, the increase in "Preoccupation" scores (Mean: from 8.83 to 9.50), representing the participant's contact with loss-related stimuli, indicates an improvement in the capacity to contact painful memories (psychological flexibility) rather than avoiding them.

Consequently, the preliminary findings of this pilot study support the results reported by Whiting et al., demonstrating that ACT is a feasible and effective model for reducing experiential avoidance in the grief process and reintegrating the individual into life (Davis et al., 2020; Finucane et al., 2022; Pamplona & Bayot, 2024.; Whiting et al., 2020). In this panel, how the concept of "recovery" in grief therapy can be redefined through "contact with values" instead of symptom absence will be discussed in light of case data.

Keywords: Prolonged Grief, Acceptance and Commitment Therapy (ACT), Single-Case Experimental Design, Psychological Flexibility, Valued Living.

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Note: This speech presented as a part of the panel titled "The Experience of Death Through the Lens of Contextual Behavioral Science: Three Clinical Studies at the Intersection of Theory, Research, and Practice".

SPEECH SUMMARIES

MEET THE EXPERT

Addressing Addiction Intervention and Relapse in Adults

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Addiction is a chronic disorder that profoundly affects biological, psychological, and social functioning throughout the developmental process from adolescence to adulthood. Substance use that begins during adolescence increases susceptibility to addiction due to its effects on the developing prefrontal cortex, which is involved in decision-making, impulse control, and reward sensitivity (Koob & Volkow, 2016). Not only neurobiological processes but also psychological mechanisms such as psychological flexibility, impulsive behavior, and coping strategies play a decisive role in the maintenance of addiction (Ulusoy et al., 2022; Verdejo-Garcia et al., 2019). Psychotherapeutic interventions aim to prevent relapse by targeting these mechanisms; Cognitive Behavioral Therapy, mindfulness-based therapies, and Acceptance and Commitment Therapy approaches are prominent in this regard (Hayes et al., 2012). Current findings show that strengthening mindfulness and emotional handling skills and supporting value-based living reduces the risk of relapse in both adolescents and adults (Witkiewitz et al., 2013).

In understanding and intervening in substance and alcohol use disorders in adults, the concept of psychological flexibility, which is the fundamental goal of Acceptance and Commitment Therapy (ACT), plays a central role. Psychological flexibility is defined as "an individual's capacity to be more in touch with themselves and the present moment, while maintaining or changing their behavior in line with their values" (Hayes et al., 2012). ACT's model of psychopathology is based on psychological inflexibility, which is the opposite of this definition. Experiential avoidance, an important dimension of psychological inflexibility, is one of the fundamental processes that perpetuate substance and alcohol use behaviors in adults; individuals may turn to substance use in order to suppress or eliminate unwanted thoughts and feelings (Hayes et al., 2012; Luoma et al., 2013). In this context, it is suggested that increasing psychological flexibility will strengthen motivation for change, develop the individual's ability to cope with distressing internal experiences without avoidance, and thus reduce substance and alcohol use. Evidence regarding the relationship between psychological flexibility and substance use disorder is supported by findings from ACT-based interventions in particular. These studies show that ACT reduces both the frequency of use and relapse rates in adults with substance use disorder, and also leads to significant improvements in dealing with emotions and mindfulness levels (Heffner et al., 2003; Smout et al., 2010). In a recent study conducted in Turkiye, Ulusoy and colleagues found that psychological flexibility plays a partial mediating role in the relationship between depression and addiction severity; this finding supports the effect of psychological flexibility in reducing addiction severity in adults (Ulusoy et al., 2022).

Relational Frame Theory (RFT), the theoretical foundation of ACT, posits that language and cognition build complex frames of relational networks, which significantly shape human behavior. In the context of addiction, dysfunctional relational frames—such as equating substance use with relief or self-worth—can drive habitual use and relapse (Hayes et al., 2006). ACT uses experiential and linguistic techniques to weaken maladaptive frames and establish new, value-centered relationships with triggers and cravings. For instance, instead of responding to stress with substance use (an automatic relational frame), clients learn to notice the urge, accept its presence, and act based on long-term values rather than immediate relief (Aravind et al., 2025; Dindo et al., 2017).

In conclusion, psychological flexibility remains central to intervening in addiction and preventing relapse. ACT's integration of RFT principles enables the restructuring of maladaptive cognitive and behavioral patterns, thereby fostering sustainable behavior change in individuals with substance use disorders. Ongoing research continues to expand the evidence base for ACT's effectiveness, particularly in enhancing mindfulness, emotional regulation, and value-based living for relapse prevention.

Keywords: Addiction, Alcohol and Substance Use Disorders, Relapse, Acceptance and Commitment Therapy, Contextual Behavioral Science

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SPEECH SUMMARIES

Emotion-Focused ACT Approach for the Obsessive-Compulsive Spectrum

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Obsessive-Compulsive Disorder (OCD) is a disabling psychiatric condition characterized by intrusive and distressing thoughts, images, or urges, alongside compulsive behaviors or mental rituals aimed at reducing discomfort or preventing feared outcomes (American Psychiatric Association, 2022). With a lifetime prevalence ranging between 1.8 and 3.3 percent, OCD significantly impairs psychosocial functioning, interpersonal relationships, and occupational performance, resulting in marked reductions in quality of life (Heydarikhayat et al., 2024; Fullana et al., 2009). This degree of functional impairment highlights the need for effective and clinically acceptable therapeutic interventions.

Exposure and Response Prevention (ERP) remains the gold-standard psychological treatment for OCD; however, its acceptability among patients and clinicians can be limited. In recent years, there has been growing interest in complementary interventions designed to enhance treatment engagement and improve outcomes (Ferrando & Selai, 2021). Within this context, Acceptance and Commitment Therapy (ACT) has emerged as a promising approach that aims to strengthen psychological flexibility through processes such as acceptance, cognitive defusion, self-as-context, present-moment awareness, values clarification, and committed action (Hayes et al., 2004; Capel & Twohig, 2025). The integration of ACT with ERP has been noted in the literature as a theoretically and clinically grounded framework capable of enriching the therapeutic process.

An important but frequently overlooked feature of OCD is the high prevalence of alexithymia, referring to difficulties in identifying and expressing emotions. This emotional processing deficit may contribute to the persistence of symptoms and hinder treatment responsiveness. In routine clinical practice, therapeutic focus often gravitates toward obsessive themes rather than the emotional experiences underlying them. Incorporating emotion-focused interventions into treatment may enhance emotional awareness and foster a more adaptive relationship with internal experiences (De Berardis et al., 2005; Manarte et al., 2021).

This study aims to evaluate the effects of an emotion-focused ACT protocol on symptom severity in individuals with OCD. By examining both ACT processes and emotion-focused components, the project seeks to clarify the clinical utility and feasibility of this integrative therapeutic framework. In doing so, it intends to contribute to the growing literature on ACT-based interventions for OCD and highlight the unique benefits of embedding emotion-focused strategies within this model.

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Philosophical Foundations and Differences Between CBT and ACT: Philosophical Foundations of Acceptance and Commitment Therapy

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Acceptance and Commitment Therapy (ACT) emerged from a long-term program of scientific and intellectual development and presents a coherent system in which its philosophical and theoretical foundations align with its applied components (Hayes, Strosahl, & Wilson, 2012). The philosophical foundation of ACT, Functional Contextualism, provides the ontological and epistemological asuumptions that guide theoretical and empirical work; whereas its theoretical foundation, Relational Frame Theory (RFT), offers a comprehensive and coherent account of human language and cognition that informs clinical practice (Barnes Holmes et al., 2001).

Pepper's (1942) framework of philosophical worldviews describes each worldview as grounded in a root metaphor and a truth criterion. The root metaphor provides ontological assumptions about the nature of being, while the truth criterion represents epistemological assumptions used to evaluate knowledge claims. Pepper identified four worldviews: formism, mechanism, organicism, and contextualism. Within this taxonomy, contextualism is defined by the root metaphor of the act-in-context and the truth criterion of successful working. Functional Contextualism, which forms the philosophical basis of ACT, draws upon the assumptions of philosophical pragmatism and contextualism and proposes that behavior should be evaluated not by its ontological features but by its function (Biglan&Hayes, 1996). This view emphasizes that an organism is always interacting with its historical and situational context; therefore, the function of a behavior can only be understood by examining its interaction with the individual's historical and situational context.

Contextual Behavioral Science (CBS) emerged as a scientific discipline grounded in Functional Contextualism, with the goal of understanding, predicting, and influencing human behavior (Hayes, Barnes-Holmes, &Wilson, 2012). Within this approach, behavior is analyzed together with the context in which it occurs, as contextual variables are essential for determining the function of the behavior. Rooted historically in behaviorism and behavior analysis, CBS adopts the principles of Skinner's radical behaviorism, which conceptualizes internal experiences—such as thoughts and emotions—as forms of behavior that can also be predicted and influenced (Zettle et. al, 2016). Research conducted within this framework led to the development of Relational Frame Theory (RFT), a modern behavioral account of human language and cognition. RFT posits that arbitrarily applicable relational responding is the core learned process underlying human language, and it explains how verbal relations can transform basic stimulus functions. ACT's core processes—such as experiential avoidance, cognitive fusion, defusion, and values—are grounded in these philosophical and foundational principles. Integrating ACT's applied components with its underlying conceptual systems provides a coherent account of understanding of how psychological suffering is understood within the model and how meaningful behavior change is facilitated.

Keywords: Acceptance and commitment therapy, philosophy, cognition, verbal behavior

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Courage to Stay with Pain: ACT Interventions in the Cancer Journey and the Therapist as Witness

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A cancer diagnosis profoundly challenges an individual's sense of life integrity, reshaping bodily and emotional experiences while altering relational roles and attachments. Patients are faced with ongoing uncertainty, fear of cancer recurrence, losses, confrontation with death, and the physical and cognitive side effects of medical treatments. In response, many develop patterns centered on regaining control, heightened monitoring of bodily sensations, experiential avoidance, and behavioral narrowing or imbalance. While these strategies may provide short-term relief, they often contribute to long-term functional restriction and reduced quality of life.

The clinical vignette presented in this session illustrates how a neutral bodily sensation can rapidly become linked to thoughts of cancer recurrence, initiating a self-reinforcing cycle of fear, avoidance, and disengagement from valued ac tivities. As attention becomes increasingly fused with threat-based interpretations, daily functioning narrows and life becomes organized around symptom management rather than meaning or vitality. Understanding this process requires a therapeutic model that focuses not only on symptom change, but on the individual's relationship with internal experiences.

Psychotherapeutic work with cancer patients also places distinct demands on therapists. Beyond technical competence, this work frequently evokes personal illness-related associations, emotional reactions to medical procedures, and responses to visible bodily changes such as stomas, ports, or lymphedema. These encounters can subtly challenge the therapist's emotional capacity and increase the risk of avoidance or overprotection. Awareness of one's own vulnerabilities, avoidance patterns, and therapeutic intentions is therefore essential for maintaining an open and compassionate stance in the therapy room.

From the client's perspective, psychotherapy may be complicated by difficulties in seeking help, fears of being a burden, concerns about judgment, changes in body image, and losses in social or occupational roles. Treatment cycles may disrupt session continuity, while chemotherapy-related cognitive changes, infection risk, and physical exhaustion can further limit engagement. Under these conditions, clients may struggle with experiences of meaning loss, guilt, and identity disruption.

Acceptance and Commitment Therapy (ACT) offers a coherent and flexible framework for addressing this complex clinical landscape. Within the ACT model, psychological inflexibility manifests through experiential avoidance, rigid rules, negative self-narratives, and restricted behavioral repertoires. Psychological flexibility, by contrast, is cultivated through processes such as making room for fear, reconnecting with the present moment, clarifying values, and engaging in meaningful action despite ongoing pain. Growing empirical evidence suggests that ACT-based interventions are effective in enhancing psychological flexibility and improving quality of life among individuals living with cancer.

This presentation emphasizes that cancer psychotherapy is not solely a collection of techniques, but a relational process grounded in witnessing, openness, and presence. The therapist's ability to remain flexible, emotionally available, and values-oriented functions as a central mechanism of change, supporting clients in expanding their emotional capacity and moving toward a more meaningful life—even in the presence of pain and uncertainty.

Keywords: Cancer, Psycho-oncology; Psychological flexibility; Acceptance and Commitment Therapy (ACT); Therapeutic relationship; Fear of cancer recurrence

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A New Perspective on Human Behavior and Experience: Experience Sampling Methodology (ESM)

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Psychology and psychiatry research largely relies on standardized measurement tools—such as self-report scales—that demonstrate high validity and reliability. However, because these instruments often require participants to provide retrospective evaluations, they are susceptible to limitations such as recall bias. In addition, such measures are unable to capture within-person and between-person fluctuations that occur in daily life in real time, nor do they sufficiently allow for examining the temporal relationships between variables (Myin-Germeys et al., 2009). To understand the nature of psychological processes that can change rapidly throughout the day—such as emotions—and to capture both within-person and between-person variability, more intensive and time-sensitive measurement methods are required.

Interest in Experience Sampling Methodology (ESM), which overcomes these limitations and enables the assessment of individuals' internal and external experiences within their natural life contexts, has been steadily increasing in scientific research. ESM is defined as a method that allows for the momentary assessment of emotions, thoughts, bodily sensations, symptoms, and contextual factors that arise throughout individuals' daily life. Grounded in the ecological psychology perspective—which posits that individuals can be accurately understood only within their natural environments—ESM is therefore considered as a measurement approach with high ecological validity (Myin-Germeys et al., 2022).

In this methodology, data are collected from participants multiple times throughout the day. For example, in an ESM study examining the relationship between negative emotions and stress, self-reports may be obtained eight times per day over the course of a week. This approach allows researchers to capture not only differences between individuals but also temporal fluctuations within the same individual, thereby offering a clearer understanding of dynamic psychological processes (Myin-Germeys et al., 2018).

Experience Sampling Methodology enables a more in-depth understanding of psychopathology symptoms, facilitates the examination of the dynamic nature of emotional processes, and supports the identification of the internal and situational contexts associated with psychopathology. It also provides a valuable insights into person–environment interactions. Moreover, ESM offers a powerful tool for evaluating the effectiveness of existing treatment methods and informing the development of new interventions. Beyond its use in scientific research; it also allows therapists to conduct more detailed and ecologically grounded clinical assessments and offering clients a novel perspective that helps them generalize the skills they learn in therapy to their daily lives (Vaessen et al., 2019).

Keywords: Experience sampling methodology (ESM), momentary assessment, within-person variability, between-person variability

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Acceptance and Commitment Therapy in Psychosis

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Psychosis is an umbrella term that encompasses a broad constellation of disturbances in emotion, perception, thought, and behavior. Although psychotic symptoms are most commonly associated with schizophrenia, they can emerge across a range of psychiatric conditions. Despite advances in pharmacological treatment, many individuals with psychosis continue to experience persistent symptoms, limited functional improvement, and significant medication-related side effects. These challenges underscore the need for effective psychotherapeutic interventions in the treatment of psychosis (Diaz Garrido et al., 2023). Over the past two decades, research has increasingly demonstrated the value of psychological therapies in this domain, and current clinical guidelines now recommend psychosocial interventions alongside medication for the treatment of psychotic disorders (National Institute for Health and Care Excellence, 2014). Among these, Cognitive Behavioral Therapy (CBT) has traditionally been considered the gold standard.

Acceptance and Commitment Therapy (ACT)—a contextual behavioral approach situated within the "third wave" of cognitive-behavioral therapies—offers a distinctive contribution to the psychological treatment of psychosis. Developed by Hayes et al. (2012) in the late 1980s, ACT integrates acceptance and mindfulness strategies with behavior-change techniques to enhance psychological flexibility, defined as the capacity to remain in contact with one's internal experiences while acting in accordance with personal values . Rather than directly targeting symptom reduction, ACT seeks to transform an individual's relationship with internal experiences. This process-oriented orientation resonates particularly well with the phenomenology of psychosis, where attempts to suppress or control internal events often exacerbate distress and functional impairment.

Consistent with this theoretical foundation, ACT for psychosis (ACTp) does not aim to reduce or control psychotic symptoms like delusions or halucinations; rather, it focuses on altering the individual's relationship with them. By targeting experiential avoidance, cognitive fusion, and perspective-taking processes—known to play a significant role in the psychopathology of psychosis—ACT helps individuals cultivate a more flexible sense of self and supports them in leading a meaningful and fulfilling life even in the presence of ongoing psychotic experiences. Accumulating empirical evidence suggests that ACTp is associated with reductions in psychotic symptoms, decreased hospitalization rates, and improvements in mood symptoms (Wakefield et al., 2018). Although the overall level of evidence is currently considered moderate, several randomized controlled trials have indicated clinically relevant benefits, positioning ACTp as a promising therapeutic approach (Morris et al., 2024) .

Keywords: Psychotic disorders, acceptance and commitment therapy, psychological flexibility, delusions, hallucinations

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Philosophical Foundations of Cognitive Behavioral Therapy (CBT)

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Cognitive Behavioral Therapy (CBT) is not merely a psychotherapy technique; it offers a philosophical perspective on how the human mind functions. The philosophical foundations of CBT initially derive from Ancient Stoic thought. The Stoics fundamentally advocated living in accordance with nature and reason. According to them, the source of psychological distress should be sought not in events themselves, but in the meanings we attribute to these events and in the thoughts we hold about them. The ultimate goal in life is long-term well-being (eudaimonia), which can only be achieved under the guidance of reason. The Stoic concept of apatheia, namely emotional tranquility under the governance of reason, is considered the key to virtuous and nature-aligned living. These ancient teachings constitute the philosophical origins of Albert Ellis's rational emotional regulation and Aaron Beck's notion of emotional balance. Similarly, the Stoic principle of prohairesis, which suggests that individuals should focus only on what is within their control, parallels the CBT concept that the individual can distinguish functional and modifiable thoughts and resolve emotional problems through rational thinking.

Although the origins of CBT trace back to Ancient Greek philosophy, its emergence as a theoretical psychotherapy model corresponds to the development of modern philosophy. During this period, the dominance of positivism led to the rise of behaviorism, which laid the early theoretical foundations of CBT. The behaviorist approach, shaped by the empiricist tradition—particularly John Locke's experience-based understanding of knowledge and David Hume's analysis of causality—contributed to CBT's focus on observable relationships between thoughts, emotions, and behaviors. Moreover, Karl Popper's principle of falsifiability has a philosophical basis in the development of CBT as a theory that is empirically testable, evidence-based, and aligned with scientific methodology. In addition, the rationalist approach initiated by Descartes's mind–body dualism and Kant's conceptualization of the mind as an active subject composed of categories that structure and interpret experience enabled the theoretical framing of the mind in CBT as a system that constructs meaning, organizes information, and evaluates functionality.

In conclusion, CBT rises upon a multilayered philosophical foundation that extends from Ancient Stoicism to modern rationalism, from empiricist epistemology to scientific positivism. Understanding this fundamental structure allows clinicians to grasp the theoretical essence of the interventions they apply and to approach both the ongoing evolution of CBT and future theoretical developments with a more comprehensive and critical perspective.

Keywords: Cognitive behavioral therapy (CBT), stoicism, philosophy

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SPEECH SUMMARIES

WORKSHOP

All or Nothing! Understanding Perfectionism from an ACT Perspective

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Perfectionism is a multidimensional construct conceptualized as the tendency to set unrealistically high standards and subsequently engage in self-criticism when those standards are not met. As a transdiagnostic process, perfectionism leads to significant distress and impaired functioning in clinical settings (Egan, Wade & Shafran, 2012). It has been identified as both a risk factor and maintaining mechanism for various psychological disorders, including depression, obsessive–compulsive disorder, anxiety disorders, post-traumatic stress disorder, eating disorders, body dysmorphic disorder, chronic fatigue syndrome, and suicidality (Limburg, Watson, Hagger, & Egan, 2017).

In this context, psychological flexibility–based approaches play a key role in therapeutic interventions targeting perfectionism. Within this approach, the application of Acceptance and Commitment Therapy (ACT) to perfectionism has attracted increasing attention in recent years (Bigaier, 2019). ACT conceptualizes psychopathology through the model of psychological inflexibility, emphasizing that human suffering arises from the way individuals relate to painful or distressing internal experiences -such as thoughts, emotions, and bodily sensations- rather than from the experiences themselves. As an alternative, ACT offers the model of psychological flexibility, aiming to help individuals notice and open up to these inner experiences with greater flexibility, thereby enabling them to live a more values-oriented and meaningful life (Strosahl & Robinson, 2008).

Rather than focusing solely on symptom reduction, ACT targets the underlying processes that contribute to psychological rigidity (Strosahl & Robinson, 2008). This makes ACT particularly relevant to perfectionism, where rigidity is a central maintaining factor. For instance, an individual's persistent adherence to excessively high standards despite functional impairment exemplifies one of the core processes ACT seeks to modify (Egan et al., 2012).

Empirical evidence from randomized controlled trials (RCTs) conducted with clinical populations shows that ACT is effective not only in reducing clinical perfectionism and associated symptoms, but also in promoting value-consistent living and improved overall functioning (Ong et al., 2019).

These findings suggest that ACT provides a functional and process-oriented framework for transforming the maladaptive processes underlying perfectionism.

Through this experiential course focusing on perfectionism within the ACT framework, participants will:

1. Learn to conceptualize perfectionism using the psychological inflexibility hexaflex (Egan et al., 2012; Strosahl & Robinson, 2008),
2. Experience key techniques such as cognitive defusion, acceptance, and self-compassion to foster psychological flexibility, and
3. Gain skills to apply these interventions in psychotherapy practice (Kemp, 2021).

Keywords: Perfectionism, Psychological inflexibility, ACT

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WORKSHOP

"Caught in Between: The Function of Indecision and Intervention Strategies"

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Indecision is a part of everyday life, and it carries consequences such as increased worry, missed chances, lower productivity, and stagnation. Research shows that indecisiveness is closely tied to heightened anxiety, excessive worry, and depressive symptoms (Lauderdale et al., 2019; Spunt et al., 2009). In avoiding making decisions we often get caught in a cycle of self-doubt, regret, and a sense of discomfort. However, making decisions remains as difficult as we avoid acting, frequently without considering how much it costs us. Indecision is rarely simple as it is multifaceted, impacted by internal experiences like anxiety, intolerance for uncertainty, or guilt over choosing a "wrong" choice (Tang, 2017).

The perspective that Acceptance and Commitment Therapy (ACT) take is that indecisiveness is a behavior that is influenced by context and serves distinct purposes for each person, rather than merely being a sign of psychopathology (Luoma et al., 2017; Törneke, 2025). It isn't a flaw or a problem; it is a human experience. Choosing not to choose, in other words refusing to decide, is still a decision. Consider the fact that how helpful that choice still depends on how well it aligns with what truly matters to us.

This workshop examines indecision from an ACT and functional contextualist perspective, viewing it as a common human experience rather than a problem. The workshop uses experiential methods, real-play, and functional analysis to help participants identify the antecedents (A) that trigger indecision, the behaviors (B) they typically choose, and the consequences (C) that keep the cycle going (Törneke, 2025). We explore how avoidance brings short-term relief but long-term stagnation, eroding personal growth and pulling individuals away from their values. By raising awareness of decision-making paralysis and promoting more psychological flexibility, participants will learn how to deal with indecision more skillfully.

Investigating the general population, indecisiveness has a correlation with heightened anxiety, excessive worry and depressive symptoms (Lauderdale et al., 2019). Even though indecisiveness affects so many people both in daily life and in clinical settings, there isn't much understanding into what drives it. From an ACT and functional contextual perspective this is an important topic because we can't truly understand indecision without looking at what the indecision does for a person in their own personal history (Luoma et al., 2017; Tang, 2017).

Deciding, or indecision, can only be understood based on its function. Indecisiveness is not a single response but rather a response class (Sandoz & Dufrene, 2013). When indecisiveness is considered as a response class, it goes beyond a single behavior of indecision. At any decision-making moment, a functional analysis (A-B-C), explains how indecision gets reinforced over time. Because antecedents are shaped by prior learning, they have a significant impact on present behavior (Törneke, 2025). It is crucial for therapeutic change to assist clients in understanding the causes and purposes of these patterns. Clients can start to separate themselves from their internal content and work toward more adaptable, values-consistent behavior by being conscious of the narratives, guidelines, and internal experiences that fuel their hesitancy.

The purpose of ACT is to help people become flexible in their responses to indecision. Therapists help their clients identify the patterns that prevent them from moving forward, identify these behaviors and take a step back from the old narratives. Clients can then start exploring different responses that are more in line with their core values (Luoma et al., 2017). People learn to have the freedom to accept uncertainty and discomfort rather than fight it.

Applying indecisiveness to ACT's 6 core processes, it can be understood as a natural human struggle shaped by how we relate to our thoughts, feelings, and past experiences. Experiencing cognitive fusion, a client's options might get narrowed with distress. The fusion later feeds into experiential avoidance. Behaviors like reassurance seeking, rumination and procrastination bring in short term relief but long-term suffering, which most people aren't aware of. Without present moment awareness, indecision becomes an automatic response. A fused, conceptualized self-further restricts

flexibility and keeps clients trapped in avoidance loops tied to past histories (Tang, 2017). ACT offers a way to interrupt this cycle.

Everyday decisions are further complicated by uncertainty, expected regret, and FOMO (fear of missing out). People naturally lean toward avoidance because the mind often treats uncertainty as a threat (Spunt et al., 2009). Even small decisions become intimidating due to the risk of regret. A cycle of negative reinforcement is created by these behaviors: avoiding discomfort provides immediate relaxation, which encourages the mind to avoid it again the next time, continuing the habit. This eventually results in inaction; the avoidance has become the go-to tactic.

All things considered, indecision is a very human experience that is impacted by our prior experiences. Moving through indecision requires cultivating psychological flexibility and the ability to stay present with uncertainty and still choose actions that reflect what matters (Luoma et al., 2017). Values can only be lived in the present moment; they cannot be postponed until fear dies down or the "right" option appears. When people learn to pause, notice their internal reactions, and gently turn toward the life they want to build, decision making becomes less about eliminating risk and more about engaging with meaning. In this space, avoidance behavior loses its grip, and even small steps taken now become powerful expressions of one's values. Choosing to act, even imperfectly, is where a purposeful and self-directed life begins.

Keywords: Decision making, uncertainty, avoidance behavior

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WORKSHOP

Approaching Trauma from the Perspective of ACT and Contextual Behavioral Science: New Horizons in Exposure

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Exposure intervention, widely recognized as one of the most effective treatments for Post-Traumatic Stress Disorder (PTSD) regardless of trauma type, is strongly supported by both research and clinical practice. Among the leading trauma-focused therapeutic approaches are Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Eye Movement Desensitization and Reprocessing (EMDR), and Narrative Exposure Therapy (NET). In addition, there is growing empirical support for Written Exposure Therapy (WET), Imagery Rescripting (ImRs), and Trauma-Focused Acceptance and Commitment Therapy (ACT).

Despite its longstanding success, our understanding of how exposure therapy works continues to evolve. While traditional explanations emphasized systematic desensitization and habituation principles, more recent research has highlighted the role of inhibitory learning. Craske and colleagues (2012) have suggested that habituation alone may not be sufficient, and that enhancing fear tolerance might facilitate new learning more effectively.

At this point, Acceptance and Commitment Therapy (ACT) offers an important framework for reinterpreting the exposure process. ACT aims to enhance psychological flexibility through acceptance and mindfulness processes alongside behavioral change strategies. Within ACT, acceptance-based exposure is used as a means to increase psychological flexibility rather than as a symptom-reduction tool. The primary goal is not to eliminate anxiety or distress, but to help individuals build a more values-oriented relationship with their experiences. This represents a significant departure from traditional models that primarily target symptom reduction. Instead, the focus is on helping clients respond more flexibly to stimuli that restrict their behavioral repertoire, thereby enabling more effective and meaningful living (Gloster et al., 2012).

ACT invites clients to recognize that there are multiple ways to respond to aversive experiences—and that they can choose how to respond. Rather than instructing clients on what not to do, therapists encourage them to choose more flexible responses even in the presence of old, rigid reaction patterns. Research highlights that acceptance-based approaches increase tolerance for unpleasant sensations and emotions while reducing rigid, maladaptive reactions to these stimuli. Empirical evidence surrounding ACT procedures in this context is promising (Thompson et al., 2013).

In this workshop—where the general principles of exposure therapy will be discussed and experiential techniques will be demonstrated—participants will:

1. Review traditional exposure approaches used in PTSD treatment and related criticisms,
2. Examine contemporary models of exposure and mechanisms of change based on recent findings,
3. Explore the core components and application methods of acceptance-based exposure interventions.

By the end of the workshop, participants will have experienced intervention techniques used in acceptance-based exposure approaches and will be able to integrate them into their own clinical practice.

Keywords: Exposure, trauma, contextual behavioral science, acceptance and commitment therapy

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SPEECH SUMMARIES

WORKSHOP

Therapeutic Relationship 101 for Behavioral Therapists: Functional Analytic Psychotherapy

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Functional Analytic Psychotherapy (FAP) is a behavioral approach that uses the therapeutic relationship as a primary tool of change. While psychotherapy is widely understood as an interpersonal learning process, the relational components that contribute most strongly to treatment effectiveness often remain implicit or insufficiently addressed in behaviorally oriented approaches. This workshop aims to address this gap by introducing behavioral therapists to the foundations of FAP and its systematic use of in-session interactions to shape more adaptive interpersonal behaviors.

FAP integrates core behavioral principles with a focus on the here and now interactions that emerge between therapist and client. Within this framework, clinically relevant behaviors (CRBs)—problematic interpersonal patterns enacted in session (CRB1) and more adaptive or effective alternatives (CRB2)—become the central focus of intervention. Therapists are trained to notice CRBs as they occur, evoke them intentionally within a safe relational context, and reinforce improvements through sensitive, contingent interpersonal responses (Callaghan et al., 2014). Through these processes, the therapy session becomes an active environment in which new relational repertoires can be acquired and generalized beyond therapy.

The workshop emphasizes the Awareness, Courage, and Love (ACL) model as a set of principles that guide therapeutic environments characterized by authenticity, emotional openness, and interpersonal safety. *Awareness* refers to the therapist's ability to notice subtle behavioral cues and the functional significance of relational behaviors as they unfold in session. Courage involves taking interpersonal risks such as offering honest feedback, modeling vulnerability, or inviting the client to express emotions that are typically avoided. Love, conceptualized in behavioral terms as warm, compassionate, and accepting responses, provides the relational conditions that make social risk-taking possible. Together, these processes sustain therapeutic intimacy and support the emergence of CRB2 behaviors, which clients can generalize into their daily lives. Recent research highlights FAP's ability to enhance therapeutic alliance and interpersonal functioning by using natural social reinforcement within the session (Muñoz-Martínez, Skinta, & Sullivan-Singh, 2024). Behavioral coding studies further support FAP's mechanism of change: improvements in-session client behaviors predict later relational changes, suggesting that FAP's emphasis on genuine expression and contingent reinforcement is central to its effectiveness.

This workshop introduces participants to the behavioral principles of FAP, demonstrates how relational patterns can be conceptualized functionally, and offers experiential exercises that allow therapists to practice identifying and responding to CRBs in the here and now. Through a combination of lectures, role-plays, and guided reflection, attendees will gain practical skills for using the therapeutic relationship into a dynamic laboratory for behavioral change.

Keywords: Psychotherapy, Functional Analytic Psychotherapy, Therapist Relationship, Interpersonal Relations, Behavior Therapy

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WORKSHOP

Use of Metaphors in Child and Adolescent Psychotherapy

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Metaphors are frequently used in child and adolescent psychotherapy as flexible tools that make emotional expression more accessible and create a safer space for exploring internal experiences. Many young clients struggle to articulate their feelings directly, either due to limited emotional vocabulary or the intensity of the experience itself. In such cases, metaphors offer a symbolic language that allows difficult emotions to be approached indirectly and at a manageable distance. From a contextual behavioral science perspective, metaphors are not merely figures of speech; they function as experiential learning processes through which individuals reorganize their interpretations, notice behavioral patterns, and develop more adaptive ways of relating to internal events.

Developmental factors play a central role in determining how metaphors are used. Younger children often connect more naturally with images, drawings, play themes, and simple stories, while adolescents tend to respond better to verbal imagery, analogies, and short narratives that reflect their growing cognitive and symbolic capacities. Themes such as control, anxiety, anger, and identity commonly appear in clinical encounters with both children and adolescents. When these themes are explored through symbolic representations, they help clarify the underlying emotional processes and provide the client with an expanded repertoire of responses.

The integration of metaphors with creative modalities—including drawing, pretend play, storytelling, and role-based exercises—adds depth and flexibility to the therapeutic process. For example, a child who imagines anxiety as "a buzzing radio that can't be switched off" may develop a more observational stance toward the feeling, while an adolescent who describes anger as "an engine that overheats too quickly" may gain insight into emotional escalation and begin identifying early signs of dysregulation. Such metaphoric frames strengthen both emotional awareness and behavioral flexibility.

Cultural relevance and ethical sensitivity are essential components of metaphor use. A metaphor that resonates for one child may be confusing or emotionally inappropriate for another, depending on cultural background, family context, and personal experiences. Selecting metaphors that emerge from the child's own world—rather than the therapist's assumptions—supports therapeutic safety and prevents misinterpretation. Ensuring that metaphors do not frighten, shame, or restrict the child's autonomy is equally important.

This workshop presented practical examples from Cognitive Behavioral Therapy and Acceptance and Commitment Therapy (ACT) to highlight how metaphors can facilitate therapeutic change across developmental levels. Case vignettes were used to demonstrate how developmentally appropriate metaphors can be generated, integrated into creative therapeutic activities, and employed to promote emotional understanding and adaptive behavioral strategies.

Keywords: Metapho, psychotherapy, child, adolescent, cognitive behavioral therapy, acceptance and commitment therapy

SPEECH SUMMARIES

WORKSHOP

Using the Therapeutic Relationship for Change: Functional Analytic Psychotherapy

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This workshop focuses on the therapeutic relationship as an active mechanism of change within evidence-based psychotherapy, emphasizing the Functional Analytic Psychotherapy (FAP) model. FAP proposes that therapy is an interpersonal learning process in which authentic, emotionally meaningful interactions between therapist and client become the primary tool for behavioral change. Rooted in behavior analysis, FAP emphasizes how in-session behaviors can be shaped through natural, contingent naturel reinforcement, enabling clients to develop more flexible and adaptive interpersonal repertoires.

The workshop begins by presenting the theoretical foundations of FAP, including its focus on clinically relevant behaviors (CRB1 and CRB2), functional analysis within the session, and the active therapeutic use of intimacy, vulnerability, and openness. Current research demonstrates that FAP enhances the therapeutic alliance and leads to improvements in interpersonal functioning through the therapist's skill to evoke and reinforce target behaviors here and now. Studies using behavioral coding methods show that client behaviors change significantly when therapists contingently respond in-session vulnerability, emotional openness, and interpersonal risk-taking, supporting FAP's mechanism of change based on live reinforcement processes.

A central part of this workshop is the Awareness, Courage and Love (ACL) model, a framework that guides therapists in cultivating deep, safe, and emotionally responsive therapeutic relationships. Awareness involves noticing both the client's behaviors and the interpersonal impact of one's own responses. Courage refers to taking interpersonal risks, expressing vulnerability, offering authentic feedback, and modeling emotional openness. Love represents responding to vulnerability with compassion, acceptance, and sensitivity, enabling clients to experience interpersonal safety and connection. This model supports therapists using their presence and emotional responsiveness as therapeutic tools and helps clients generalize relational learning into their everyday lives.

Participants will engage in experiential exercises, role-plays, and reflective dialogues designed to evoke CRBs, strengthen relational awareness, and develop skills in delivering contingent reinforcement. The workshop also addresses functional analysis of therapist behavior, helping clinicians notice how their own interpersonal patterns shape the therapeutic process. Attendees are expected to understand how to apply the ACL model, work effectively with clinically relevant behaviors, and intentionally deepen therapeutic relationships to support meaningful and lasting change.

Keywords: Psychotherapy, functional analytic psychotherapy, therapeutic relationship, process-based therapy

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