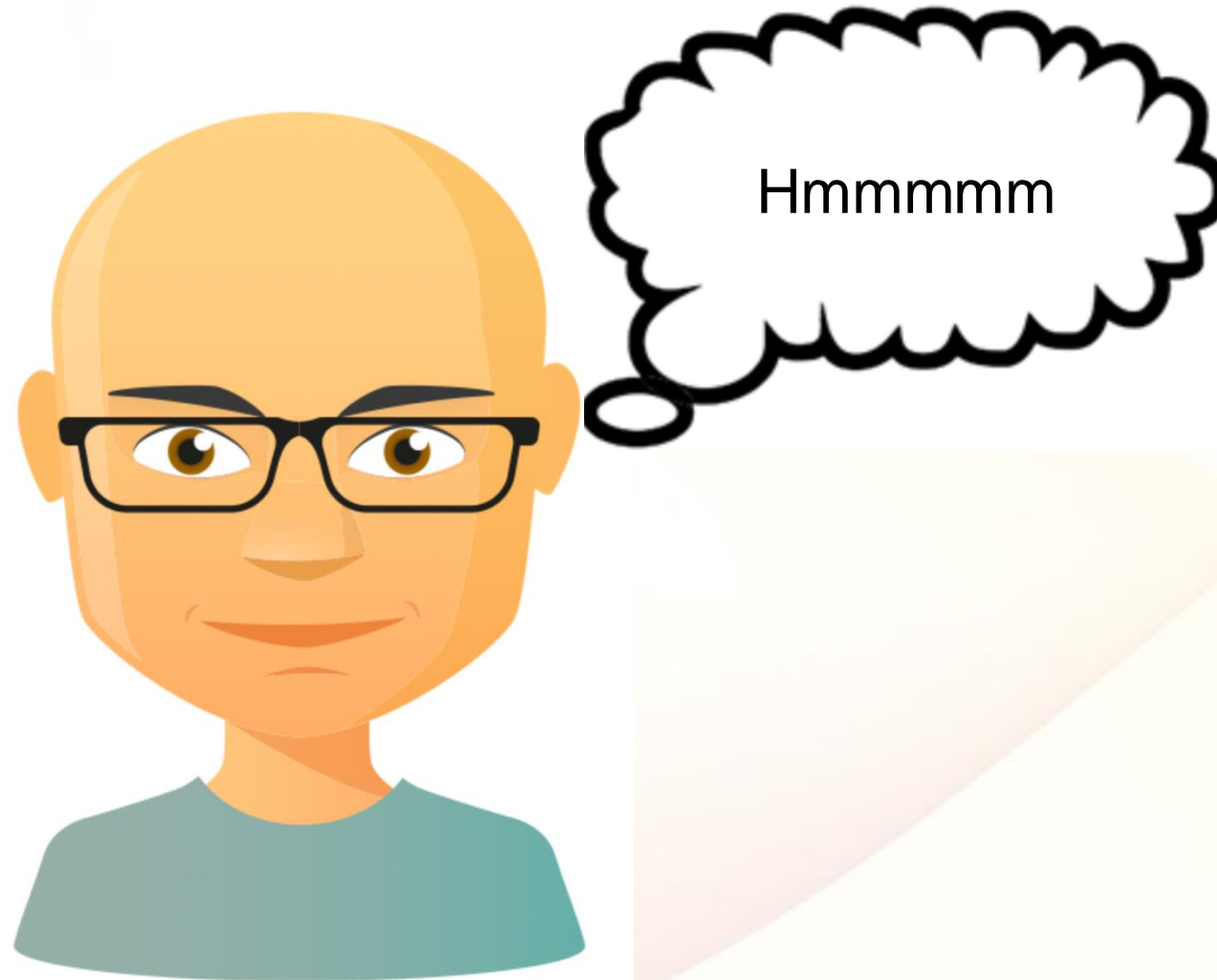


My Intention, my COIs, and Why I'm Here



I Did Not Know My Mother's Name But I Knew Something was Wrong



Ruth Eileen Dreyer and her three kids
Steve, Greg, and Suzanne

I Learned Her Real Name Only as a Teenager ...
And Fate of my Great Aunts and Uncles I Did Not Know I Had



Ruth Esther Dreyer

That Story of Trauma I Was Told Was Only a Half Truth



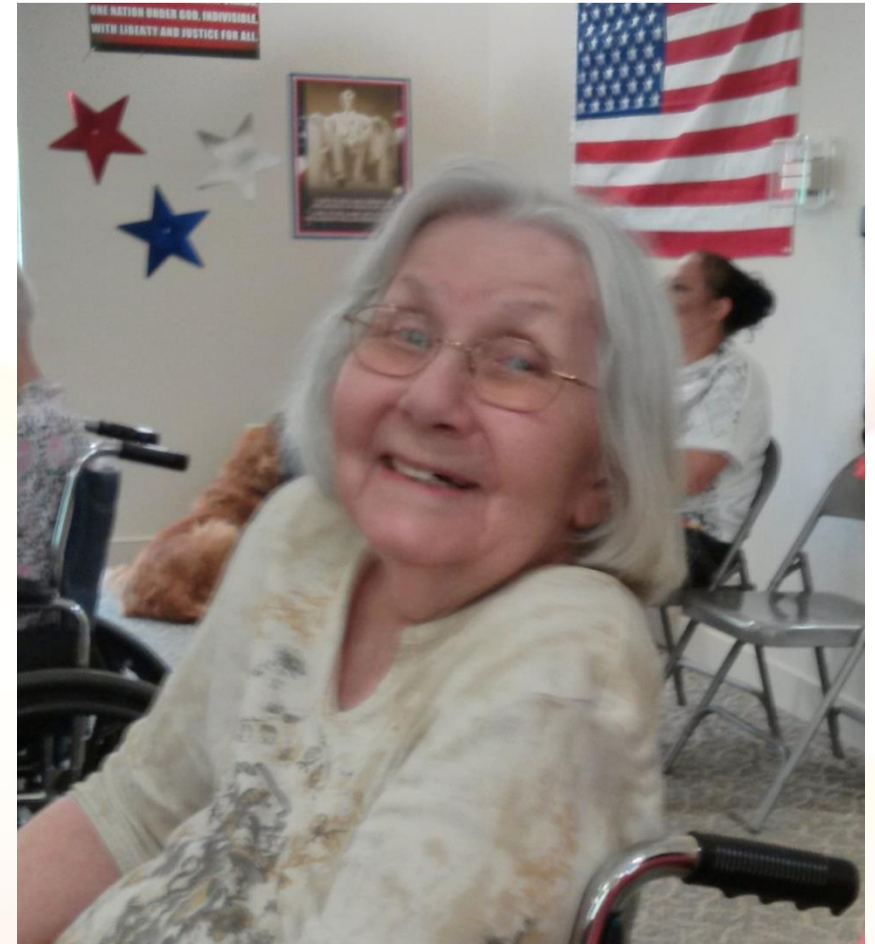
Mathilde Marlena
Smilovici



Joseph Dreyer

The Actual Core Trauma Was Horrific

- Today is my Mother's Birthday.
- She Would have been 103.
- She Died a Decade Ago at Age 93 and 3 Years Later, Nearly 70 years Old, Did I Finally Learn the Whole Truth



Transgenerational Trauma



bit.ly/StevesFirstTED



But There is More to be Told.
Psychological Science Helped
Produce this Tragedy.

Are You Willing to Walk With
Ruth and Mati Into That
Darkness?

Why Are We Struggling to Produce a Workable Science of Intervention

Our very best studies reveal a shocking truth

01

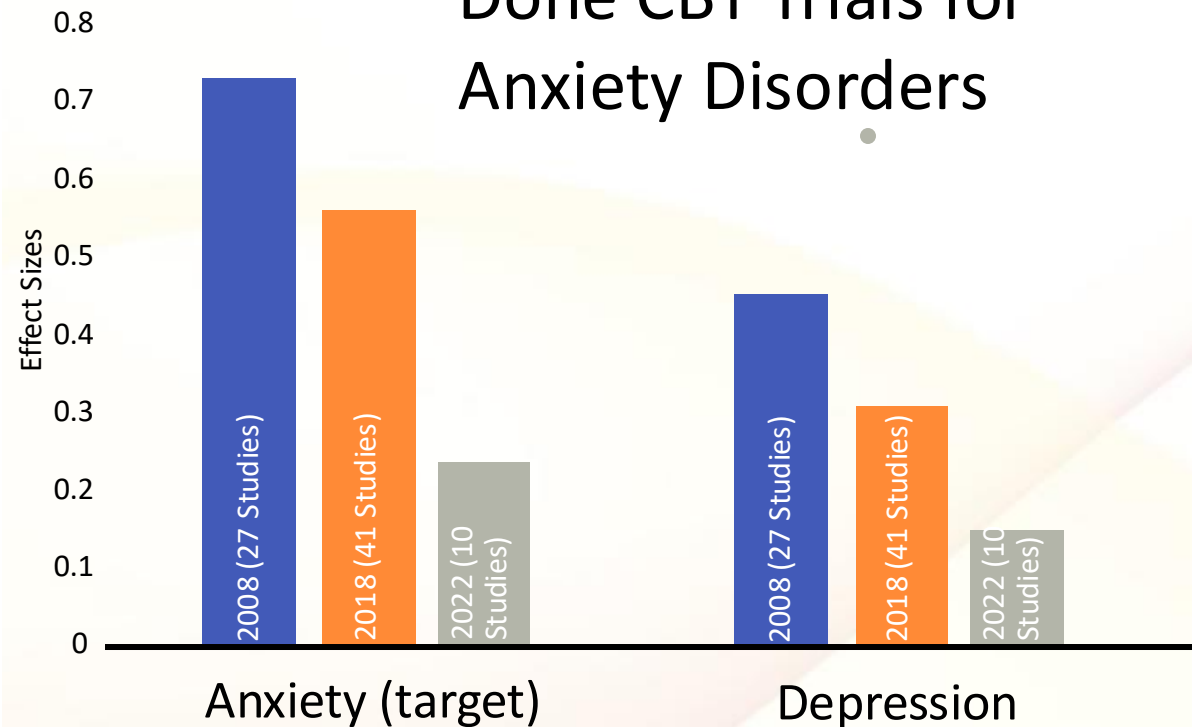
Placebo-controlled effect sizes of our best psychosocial treatments are actually stable or falling over a 40 year period

02

evidence-based methods are dominantly not what is delivered anyway



Effect Sizes for Well Done CBT Trials for Anxiety Disorders



Hayes, S. C., Hofmann, S. G., & Ciarrochi, J. (2023). The idionomic future of cognitive behavioral therapy: What stands out from criticisms of ACT development. *Behavior Therapy*. Doi: 10.1016/j.beth.2023.07.011

Negative Experiences in Psychotherapy from Clients' Perspective: A Qualitative Meta-Analysis

Negative experiences commonly reported:

Lack of fit with intervention (65%)

Unmet expectations (33%)

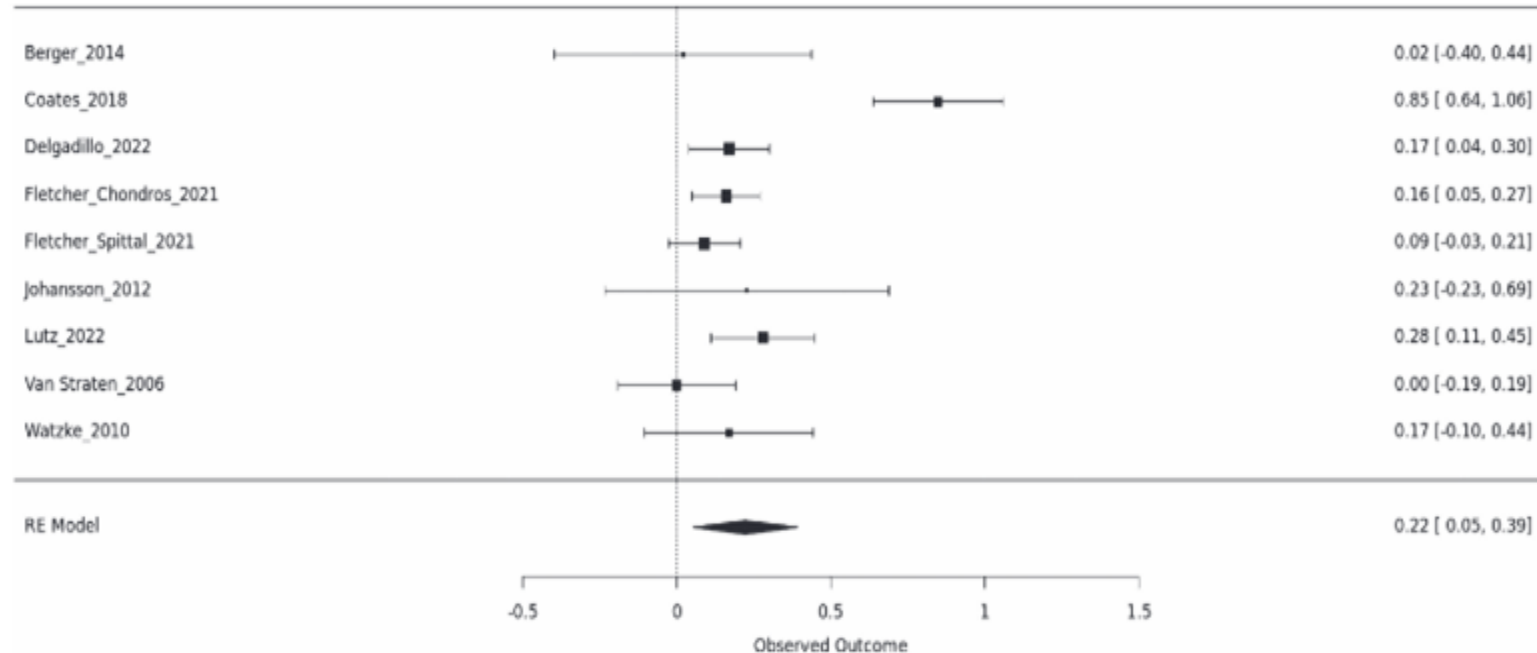
Therapist not understanding (19%)

Vybíral, Z., Ogles, B. M., Řiháček, T., Urbancová, B., & Gocieková, V. (2023). Negative experiences in psychotherapy from clients' perspective: A qualitative meta-analysis. *Psychotherapy Research: Journal of the Society for Psychotherapy Research*, 1–14. Doi: 10.1080/10503307.2023.2226813



We Know That Even Unstructured Personalization Improves Outcomes

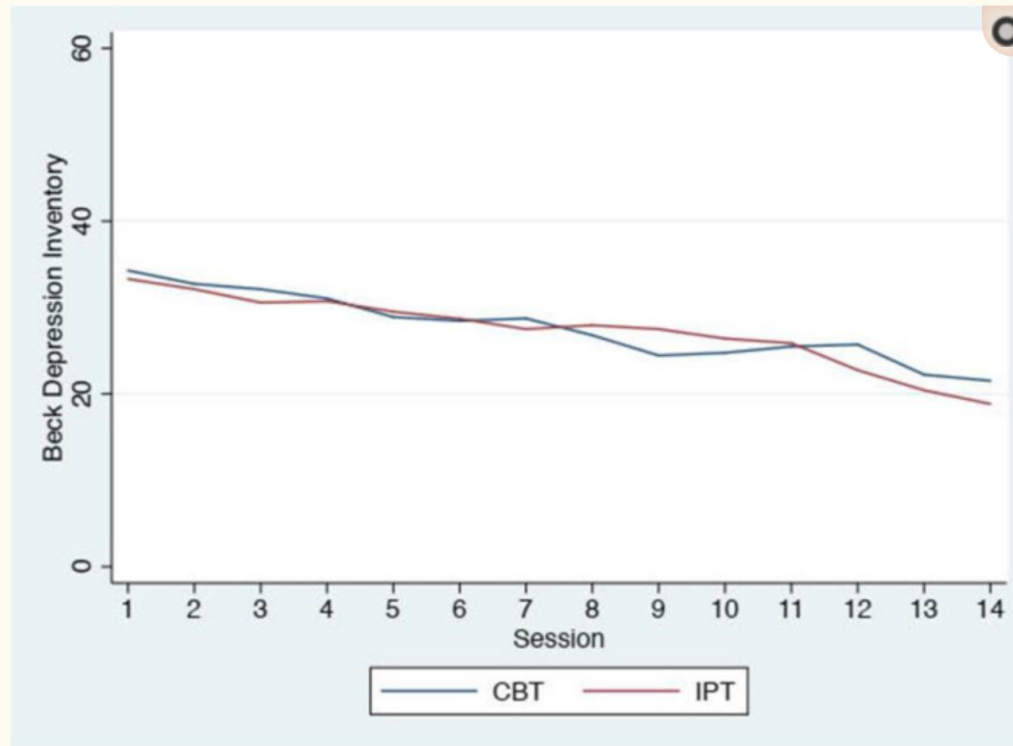
Random-Effects Meta-Analysis Forest Plot: Outcomes for Personalized Treatment Versus Standardized Treatment



Nye, A., Delgadillo, J., & Barkham, M. (2023). Efficacy of personalized psychological interventions: A systematic review and meta-analysis. *Journal of Consulting and Clinical Psychology*, 91(7), 389–397.



Clinicians Have Long Felt a Disconnect When the RCTs Say “This is the Truth” and Yet . . .



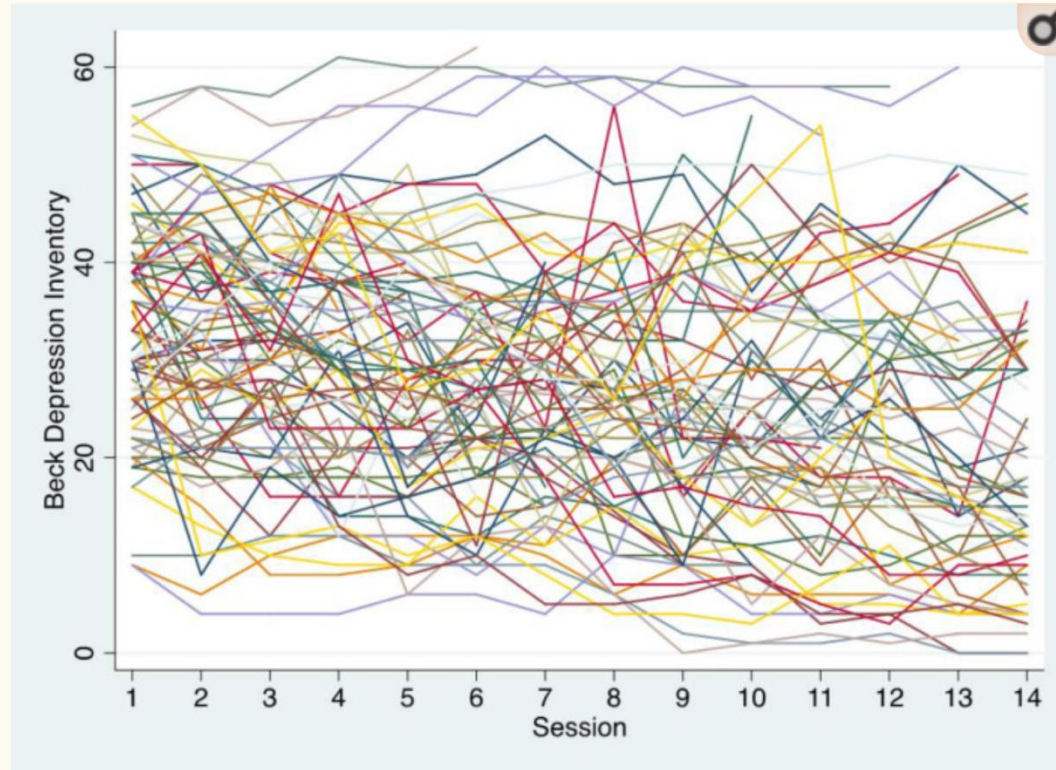
[Open in a separate window](#)

Figure 1

The average scores session by session on the Beck Depression Inventory (BDI-II) in a study by Ekeblad et al. (2016), where depressed patients were randomized either to Cognitive-Behavior Therapy (KBT) or Interpersonal Therapy (IPT).



This is the Reality they See in Their Practice



[Open in a separate window](#)

Figure 2

The plotting of each individual patient's scores on the Beck Depression Inventory (BDI-II) session by session in a study by Ekeblad et al. ([2016](#))





RESEARCH ARTICLE



The absurdity of the latent disease model in mental health: 10,130,814 ways to have a DSM-5-TR psychological disorder

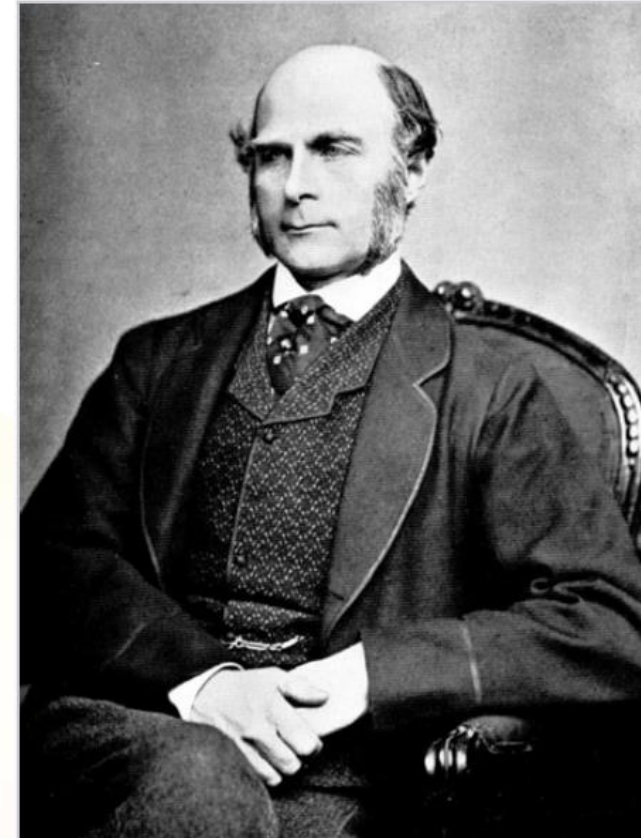
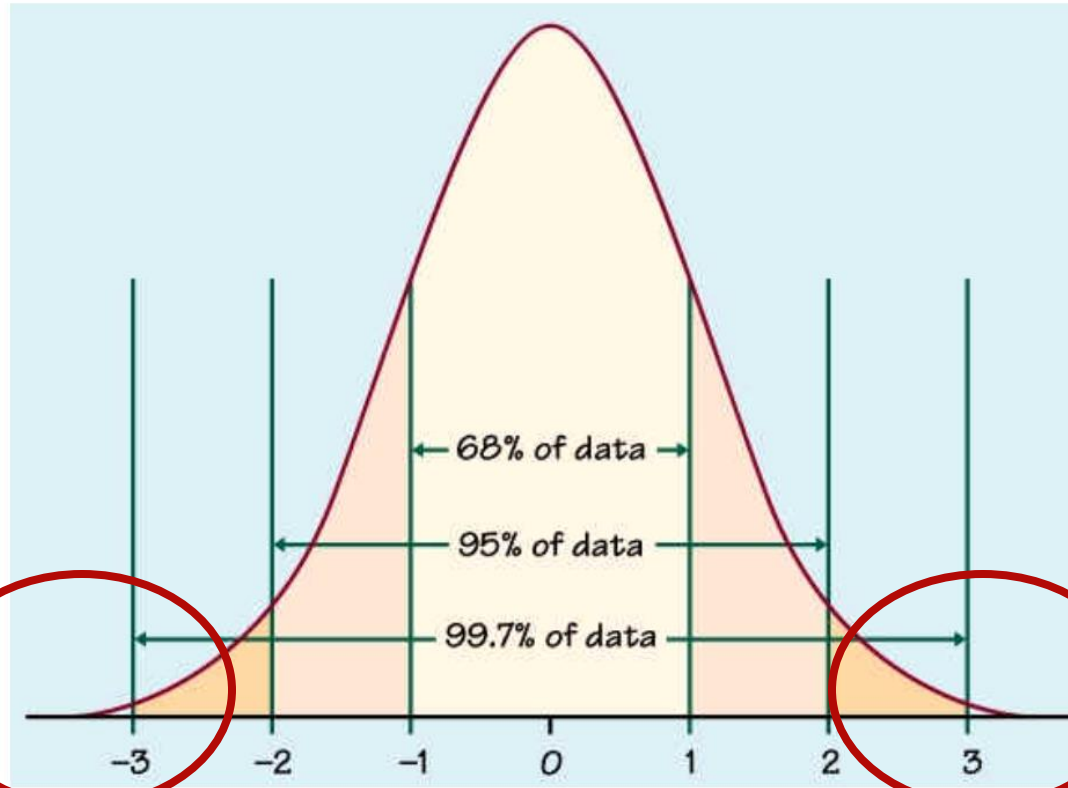
Nicholas C. Borgogna^a, Tyler Owen^a and Stephen L. Aita^{b,c}

^aDepartment of Psychological Sciences, Texas Tech University, Lubbock, TX, USA; ^bDepartment of Psychology, University of Maine, Orono, ME, USA; ^cDepartment of Mental Health, VA Maine Healthcare System, Augusta, ME, USA

- If specifiers are considered this balloons to 161 septillion combinations

So Why Don't We Already Have a Personalized Science of Psychotherapy?

The Original Sin of Diagnosis

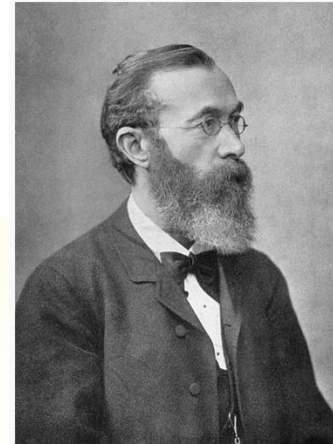


Sir Francis Galton 1822-1911



Psychology Immediately Bought In With the Psychology of Individual Differences

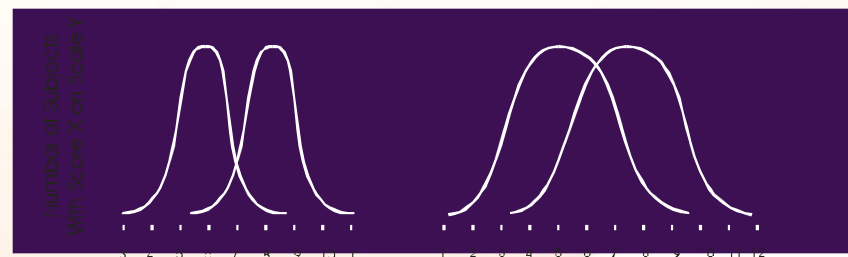
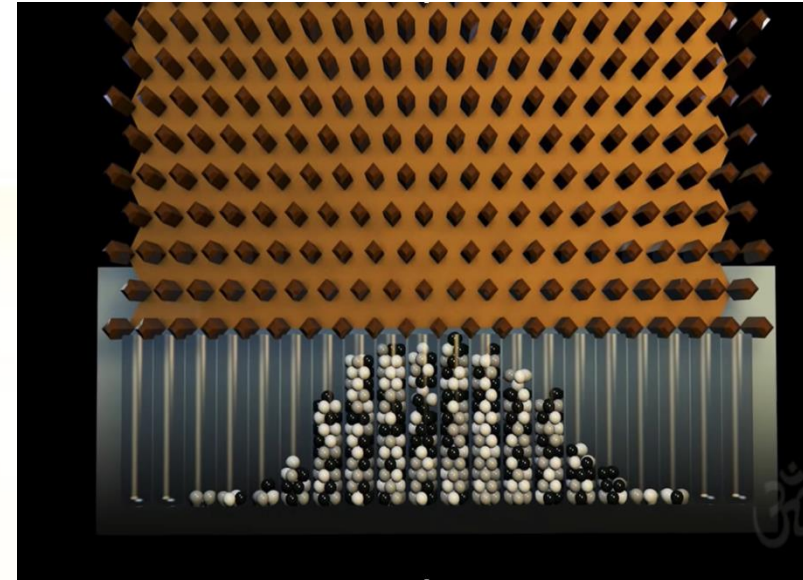
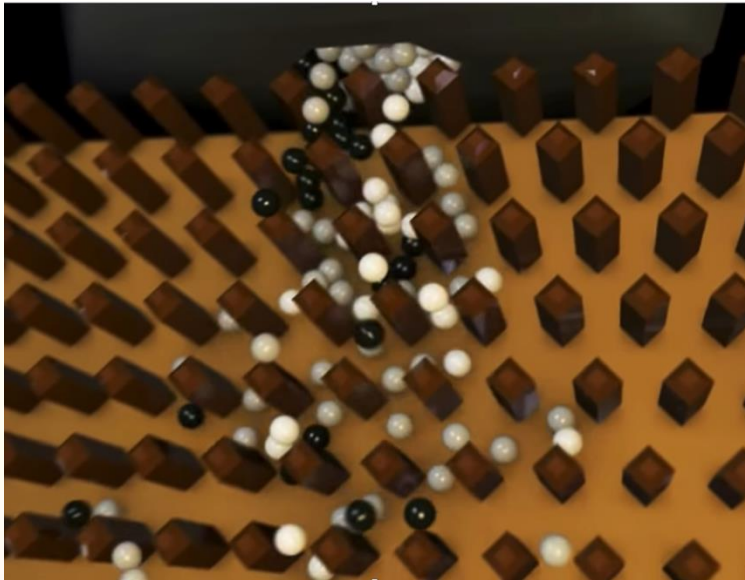
- “more psychology can be learned from statistical averages than from all philosophers, except Aristotle” (1862).
- More that 150 years of this brought us psychometrics; IQ tests; Personality tests; Army Alpha and Beta; the DSM; developmental norms; and on and on and on.



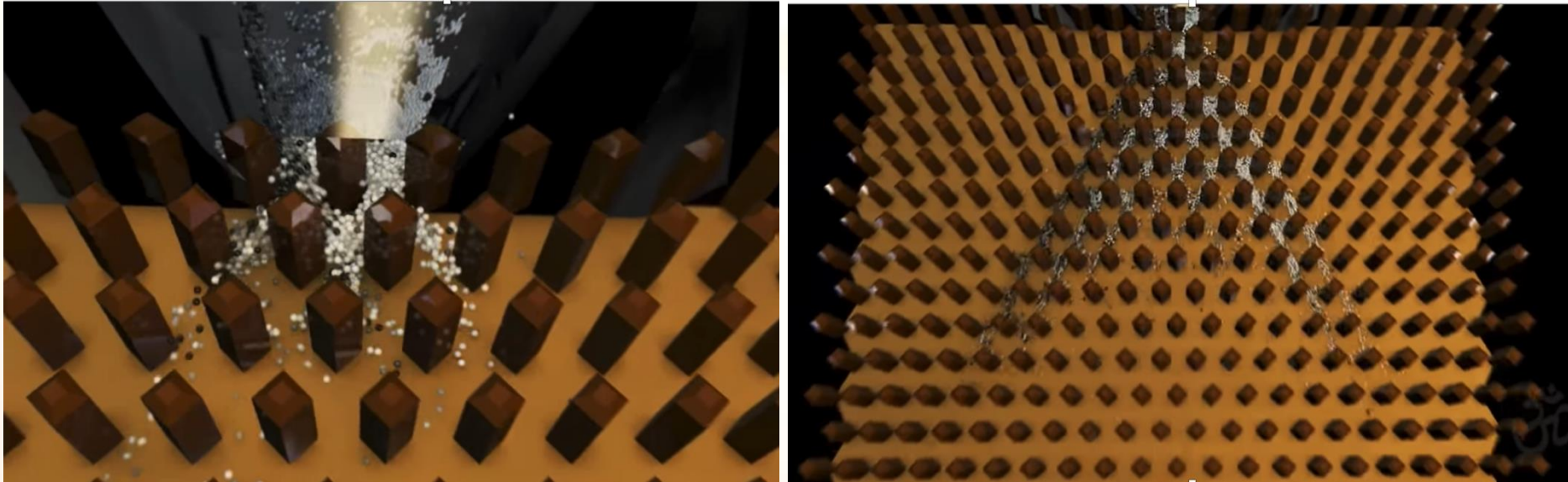
Wilhelm Wundt 1832-1920



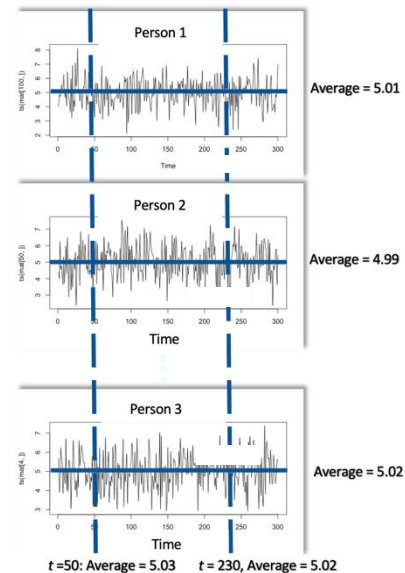
Differences *Between* a Collection of People Don't
Predict Differences *Within* Particular People.
That Knowledge is Needed to Personalize.



If probabilities *change* later on as a result of what happened earlier on – if influential events are not randomly distributed – this model fails in the psychotherapy use case



Statistical Physics Showed that the Collective Applies to the Time Course of an Individual ...



Gates, K.M., Chow, S-M., Molenaar, P.C.M.
(2023). *Analysis of Intra-individual
Variation: Systems Approach to Human
Processing*. Chapman & Hall/CRC. London.

1. When processes are stationary and
2. Everyone obeys the same dynamic model.

That's called "ergodicity" so our standard biostatistics apply to how particular human beings function over time as a "mathematical must" *if you are working with frozen clones.*

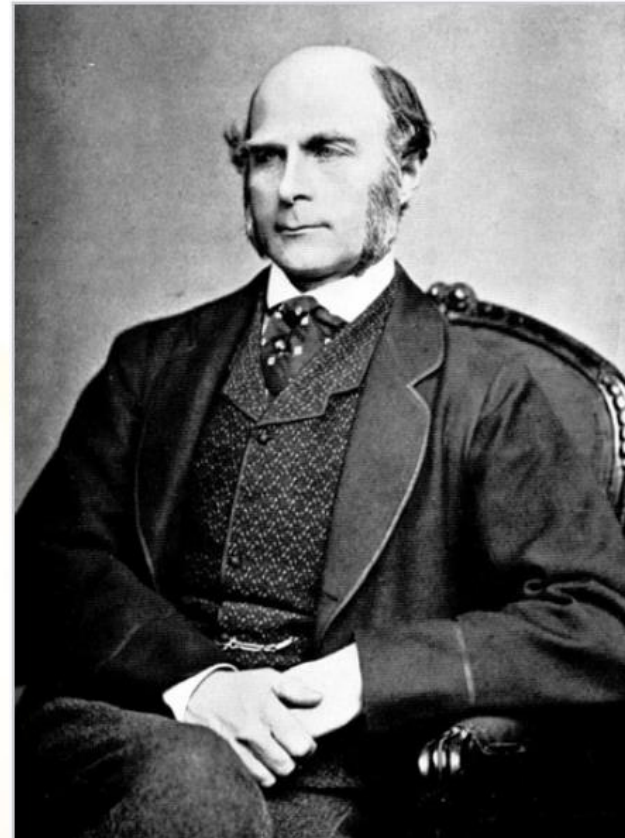
Why Don't We All Know This?



Our Analytic Methods Were Based in Racism

It may prove that the Negroes, one and all, will fail to submit to the needs of a superior civilization ... in this case their races, numerous and prolific as they are, will in course of time be supplanted and replaced by their betters.

Galton, *Hereditary Genius*, 1869



And Even Genocidal Dreams

Superior and inferior races
cannot coexist.

If the former are to make
effective use of global
resources, the latter must
be extirpated.

Karl Pearson, 1901



The Diagnosis Tools We Are Applying to Psychotherapy Were Designed to Sort People, Not to Empower People

“only the superior stocks should be allowed entrance, not the inferior stocks in the hope—unjustified by any statistical inquiry—that they will rise to the average native level by living in a new atmosphere.”

Karl Pearson, arguing against allowing Jewish immigrants fleeing from persecution to emigrate to the UK



Karl Pearson in the 1924 Vol 1 of the *Annals of Eugenics*
(today the *Annals of Human Genetics*)



We Need to Face Our Own History

“31 presidents of the American Psychological Association between 1892 (Stanley G. Hall's presidency) and 1947 (Carl Rogers's presidency) were publicly listed as leaders of various eugenic organizations” (Yakushko, 2019, p. 7)

Sir Ronald Fisher



Frank Yates



United Daughters of the Confederacy, Blue Ridge, North Carolina, 1952

Our Diagnostic Concepts and Analytic Methods Were Entangled With Eugenics From the Beginning

Eugen Bleuler, originator of the term
“schizophrenia” in his 1924 *Textbook of Psychiatry*

“The more severely burdened should not propagate themselves... If we do nothing but make mental cripples capable of propagating themselves, and the healthy stocks have to limit the number of their children because so much has to be done for the maintenance of others, if natural selection is generally suppressed, then unless we will get new measures our race must rapidly deteriorate.”



The American Psychology and Psychiatry Has Dirty Hands



1917

"PRELIMINARY REPORT OF THE COMMITTEE OF THE EUGENIC SECTION OF THE AMERICAN BREEDERS' ASSOCIATION TO STUDY AND TO REPORT ON THE BEST PRACTICAL MEANS FOR CUTTING OFF THE DEFECTIVE GERM-PLASM IN THE HUMAN POPULATION"

Virginia, 1924 "Therefore, both the health of the individual patient and the welfare of society may be promoted in certain areas by the sterilization of mental defectives . . ."

1924

1927

"The principle that sustains compulsory vaccination is broad enough to cover cutting the Fallopian tubes. *Jacobson v. Massachusetts*, 197 U. S. 11. Three generations of imbeciles are enough." (Oliver Wendell Holmes, in *Buck v. Bell*)

Aktion T4

1939

The first developmentally disabled child is euthanized on Hitler's orders

The first euthanasia center is set up in Brandenburg an der Havel



Including My Own Academic Lineage ... and Many People in this Room



THE DIAGNOSIS OF FEEBLE-MINDEDNESS.

A. R. GILLILAND.

University of Chicago.

The use of intelligence tests for the practical diagnosis of feeble-mindedness is constantly increasing. As the use of these tests increases it becomes essential that workers agree on some uniform basis for such diagnosis. At present almost every investigator has his own

REVIEWS

CALIFORNIA. Report of 1915 Legislature Committee on Mental Deficiency and the Proposed Institution for the Care of Feeble-minded and Epileptic Persons. Whittier State School, 1917. pp. 68. This

Sterilization

Oregon—Gov. Withycombe urges the passage of a sterilization act to be applicable to the feeble-minded, the incurably insane, and the criminally insane.

GUTT
FEB 14 1917

VOL. II JANUARY, 1917 NO. 1

THE Journal of Delinquency

DEVOTED TO THE SCIENTIFIC STUDY OF PROBLEMS
RELATED TO SOCIAL CONDUCT

FRED. C. NELLES
Superintendent, Whittier State School

J. HAROLD WILLIAMS, Managing Editor
Director of Research, Whittier State School

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CONTENTS

	PAGE
Mental Defectives and the Juvenile Court.....George Ordahl.....	1
The Intelligence Quotient and Borderlinity.....Samuel C. Kohn.....	14
The Diagnosis of Feeble-Mindedness.....A. R. Gilliland.....	22

Editorial 92

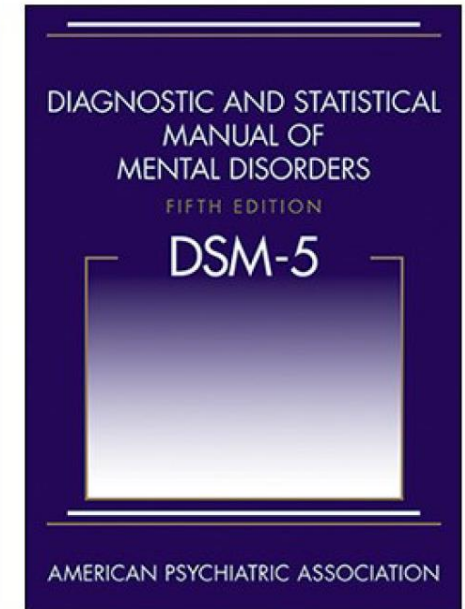
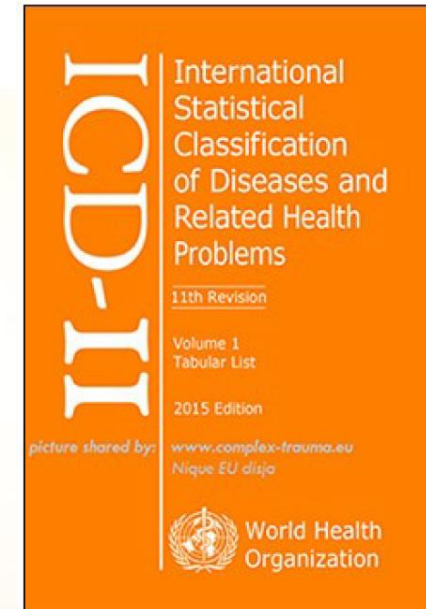
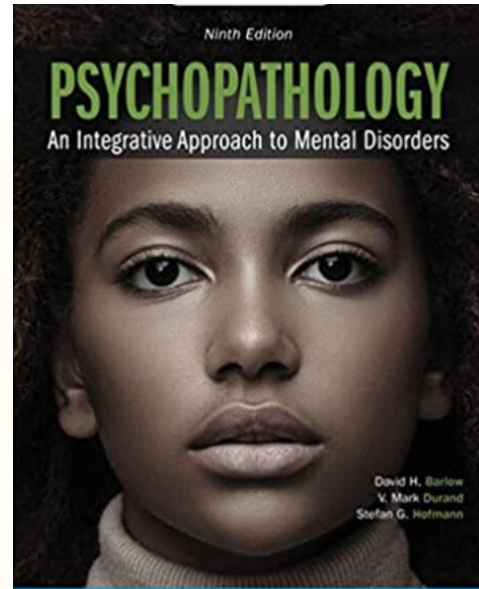
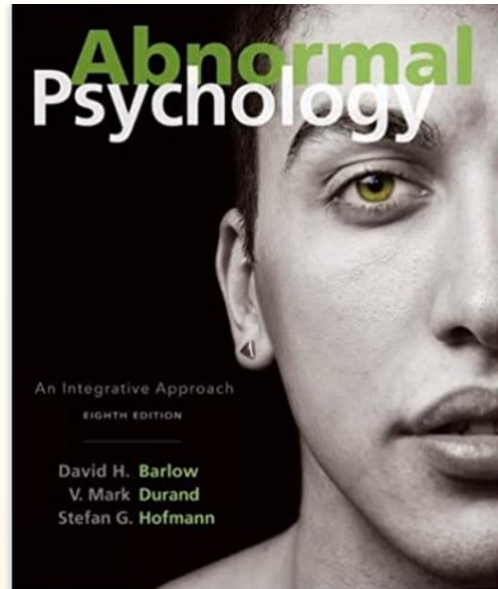
This is 1917. But we know
where this went by 1939.

The problem isn't that bio-
behavioral science has not
been listened to. The
problem is that it *has*.

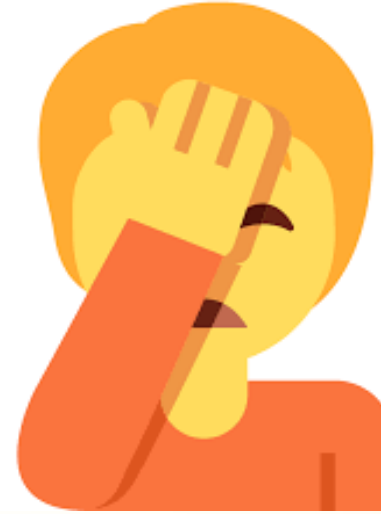
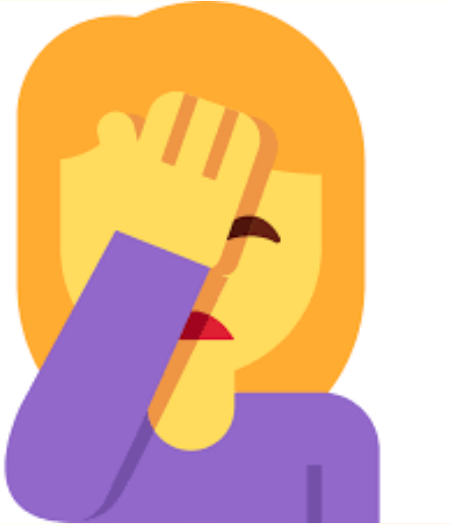
***My Own Field* is Part of Why I Did Not Even Know My Mother's Name**



It's Time to Forge a New Way Forward



Targeting Supposed Latent Diseases Hiding Beneath Lists of “Signs and Symptoms” Not Working



Not Even One Has Become
a Psychiatric Disease

And the Biomedicalization of Human Suffering Has Driven the System to Madness



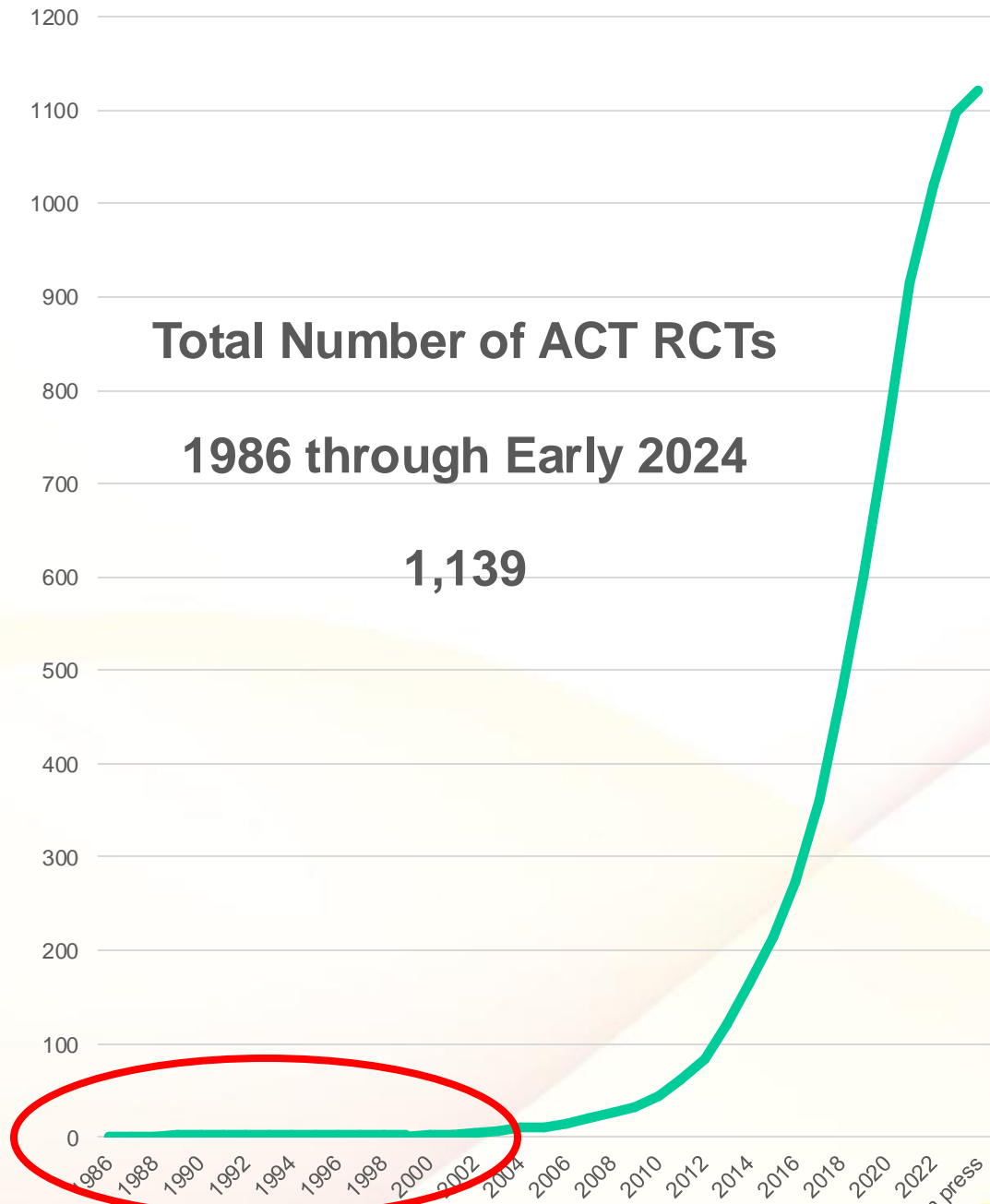
We Need to Evolve Culturally and Psychologically and Intervention Science Needs to Lead the Way.

We Need a New Kind of Science to do That.



**The ACT tradition
and Process-Based
Diagnosis May Be
Able to Help. It Was
Built for this Day.**

No Other Modern Form
of Psychotherapy Was
Built this Way



Source: bit.ly/ACTRCTs

2024/in press

ACT BootCamp

The First Years of Hayes Lab Dissertations 1984 - 1994

Rob Zettle (1984). Cognitive Therapy of Depression: A Conceptual and Empirical Analysis of Component and Process Issues

Jeanne Devany (1985). Stimulus Equivalence and Language Development in Children

Arlinza "Sonny" Turner (1986). The Relationship Between Two Classes of Measures Examined Idiotically and Nomothetically

Irwin Rosenfarb (1986). The Use of Therapist Rules, Self-Rules, and Contingency-Shaped Feedback in the Treatment of Social Skills Deficits in Adults

Elga Wulfert (1987). Higher-Order Control Over Equivalence Classes and Response Sequences: An Experimental Analogue of Simple Syntactical Relations

David Steele (1987). Conditional Control of Equivalence and the Relations Different and Opposite: A Behavior Analytic Model of Complex Verbal Behavior

Joe Haas (1991). The Effects of Verbal Consequences for Rule-Following on Sensitivity to Programmed Contingencies of Reinforcement

Sue Melancon McCurry (1991). Client Metaphor Use in a Contextual Form of Therapy

Durriyah Khorakiwala (1991). An Analysis of the Process of Client Change in a Contextual Approach to Therapy

Gina Lipkens (1992). A Behavior Analysis of Complex Human Functioning: Analogical Reasoning

Barbara Kohlenberg (1994). Transfer of Function Through Equivalence: Modification Effects Based Upon Nodality and Contextual Control

RCT Asking "Does ACT Add to Cognitive Therapy?"

What is the Basis of Human Cognition?

Does Idionomic Analysis Differ From Normative Analysis?

Do Rules Makes Us Insensitive to Experience?

What is the Basis of Human Cognition?

What is the Basis of Human Cognition?

Do Rules Makes Us Insensitive to Experience?

Modeling Processes of Change Qualitatively/Quantitatively

Modeling Processes of Change Qualitatively/Quantitatively

How Does Metaphorical Reasoning Work?

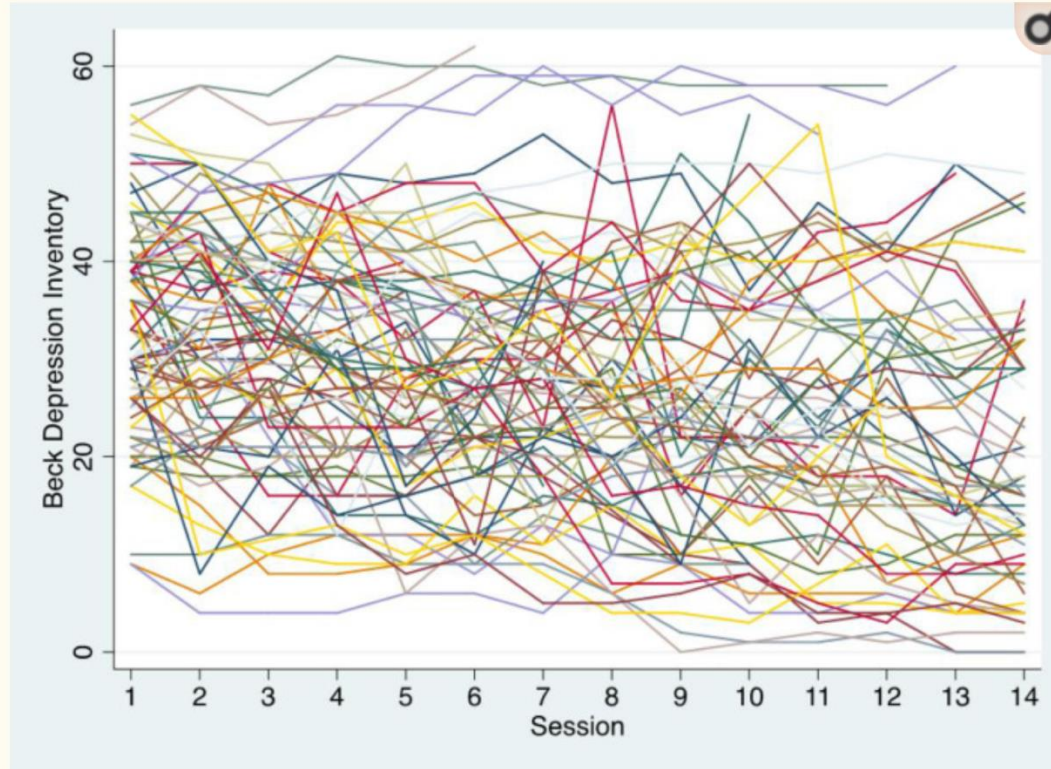
How Does Cognition Alter Our Experience?

The Process-Based Therapy Alternative: Start with Evidence-Based Processes of Change that Linked to Treatment Outcome and then Work Backwards

Hofmann and Hayes (2019):

“What core biopsychosocial processes should be targeted with this client given this goal in this situation, and how can they most efficiently and effectively be changed?”

Processes of Change are the Step by Step Pathways Taken in Each Human Life



[Open in a separate window](#)

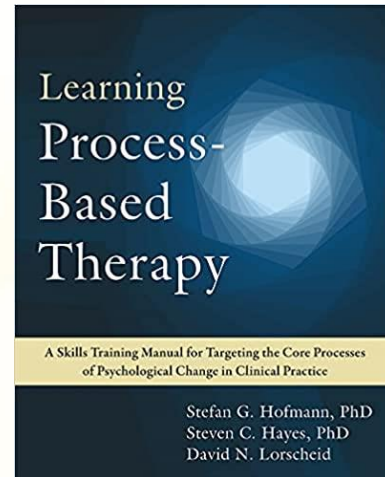
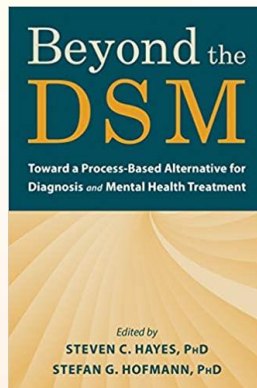
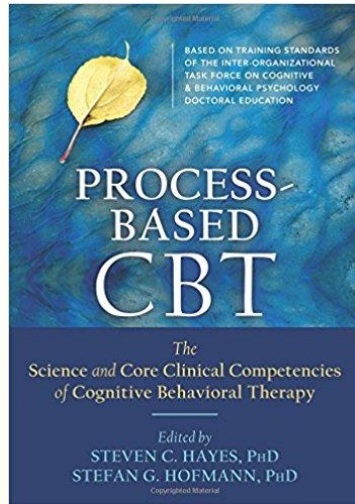
Figure 2

The plotting of each individual patient's scores on the Beck Depression Inventory (BDI-II) session by session in a study by Ekeblad et al. (2016)

Proximal Processes of Change
Give Us the Best Immediate
Feedback
to Guide Further
Development



Process Based Approach

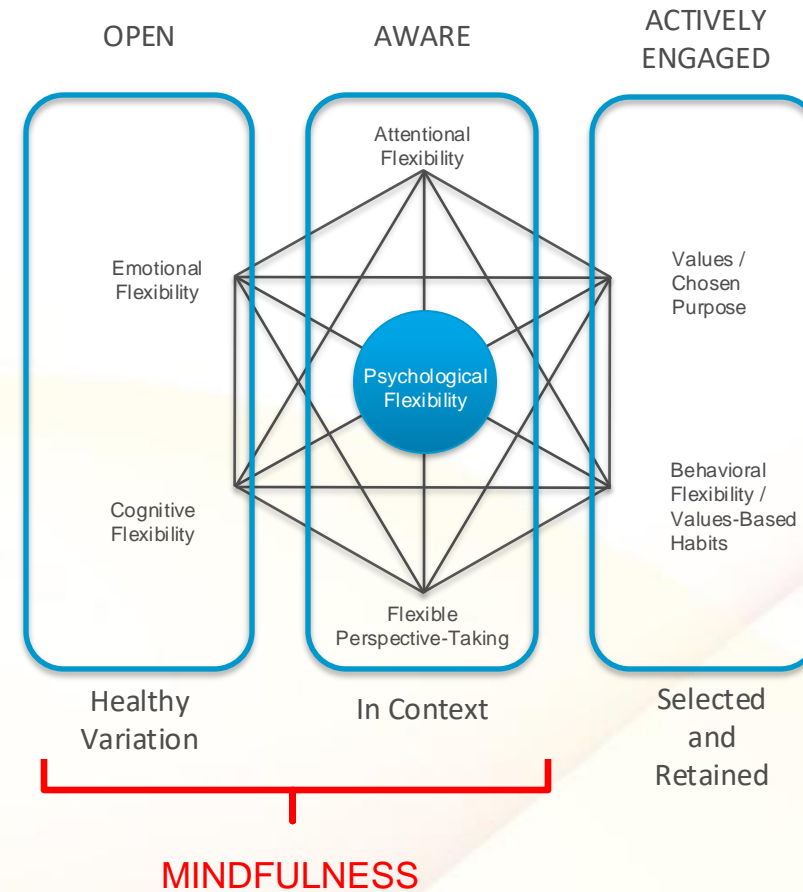


Intervention based on the coherent application of changeable evidence-based processes linked to evidence-based procedures that ameliorate the problems and promote the prosperity of people

ACT's Psychological Flexibility Model is a Process-Based Approach:

Learn to be More Open,
Aware, and Actively
Engaged in a Meaningful
Life, Scaling That to Your
Body and Your
Relationships

Relationships and Culture



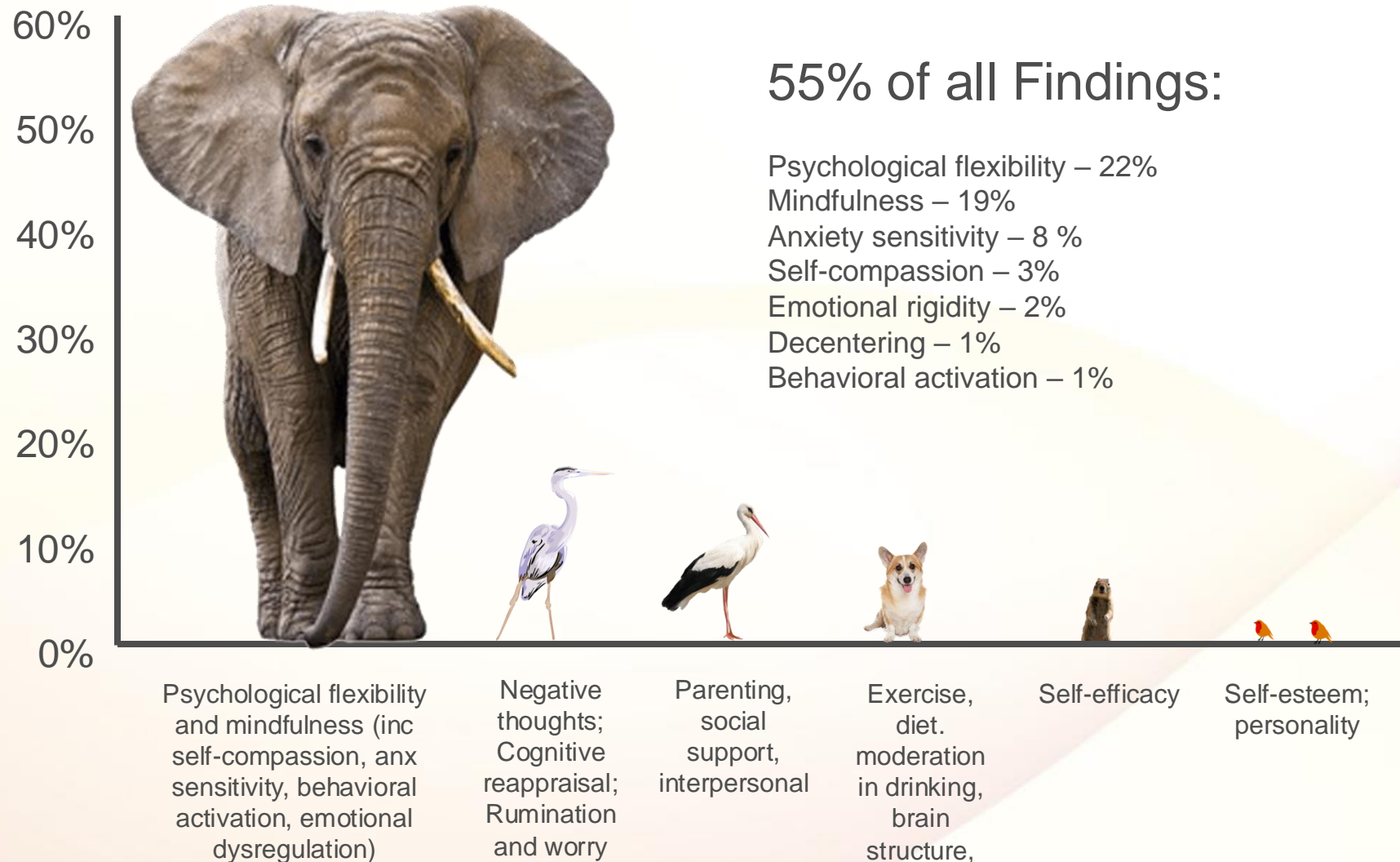
Biophysiology

How Broadly Applicable Are These Processes?



- We examined every RCT ever done on *any* psychotherapy that claimed to properly identify a process of change (“mediational analysis”) for a mental health problem
- 54,633 studies each rated twice yielded 73 replicated measures, containing 1,227 items, in 281 statistically correct analyses

Classic ACT Psychological Flexibility is the Processes of Change Elephant



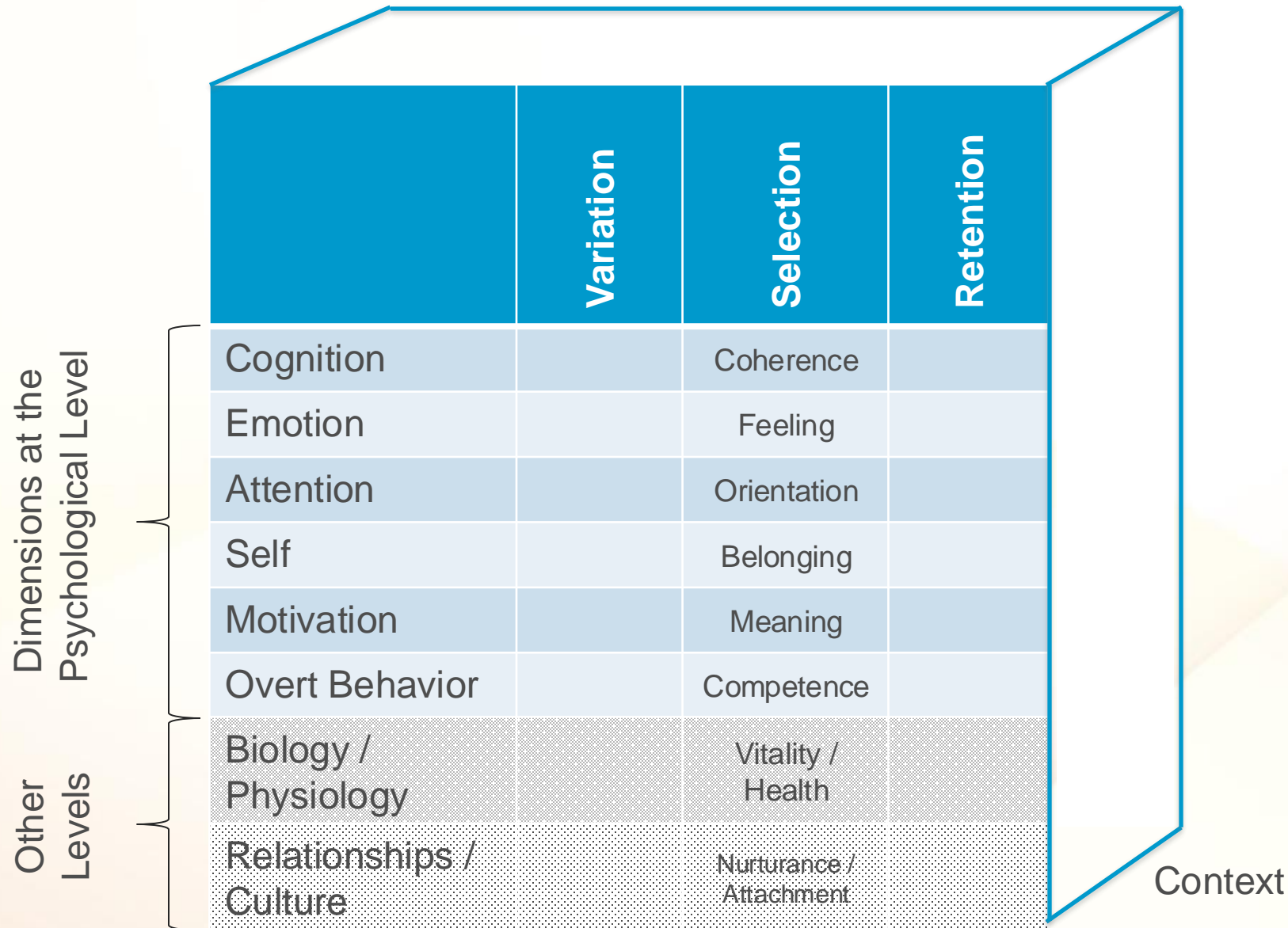
But It's Easy to Expand Classic Psychological Flexibility ... We've Done it in This BootCamp!

If	Includes
Cognitive Flexibility	Reappraisal
Emotional Flexibility	Non-clinging
Sense of Self	Self-efficacy; Self-esteem
Attentional Flexibility	Rumination and Worry
Chosen Purpose	Self-efficacy

And We Can Scale it Socially

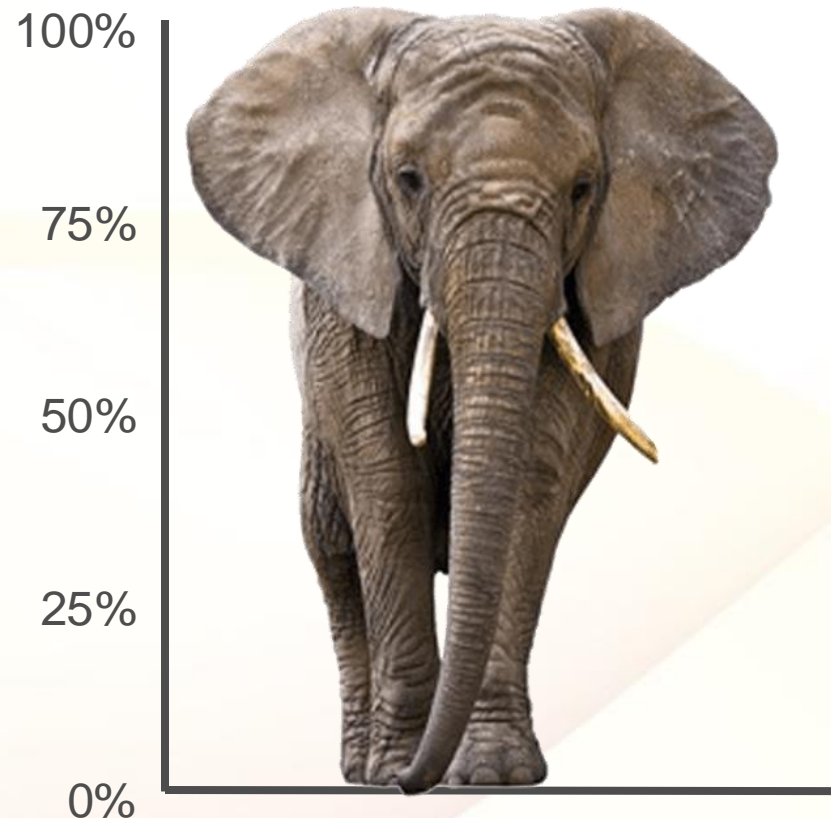
		Healthy Variation
Dyadic Social dimensions	Cognition	Mutual understanding
	Affect	Compassion
	Self	Attachment and conscious connection
	Attention	Joint attention
	Motivation	Shared values and acknowledgment
	Overt Behavior	Shared commitments

So Here is the Extended Evolutionary Meta-Model (EEMM)

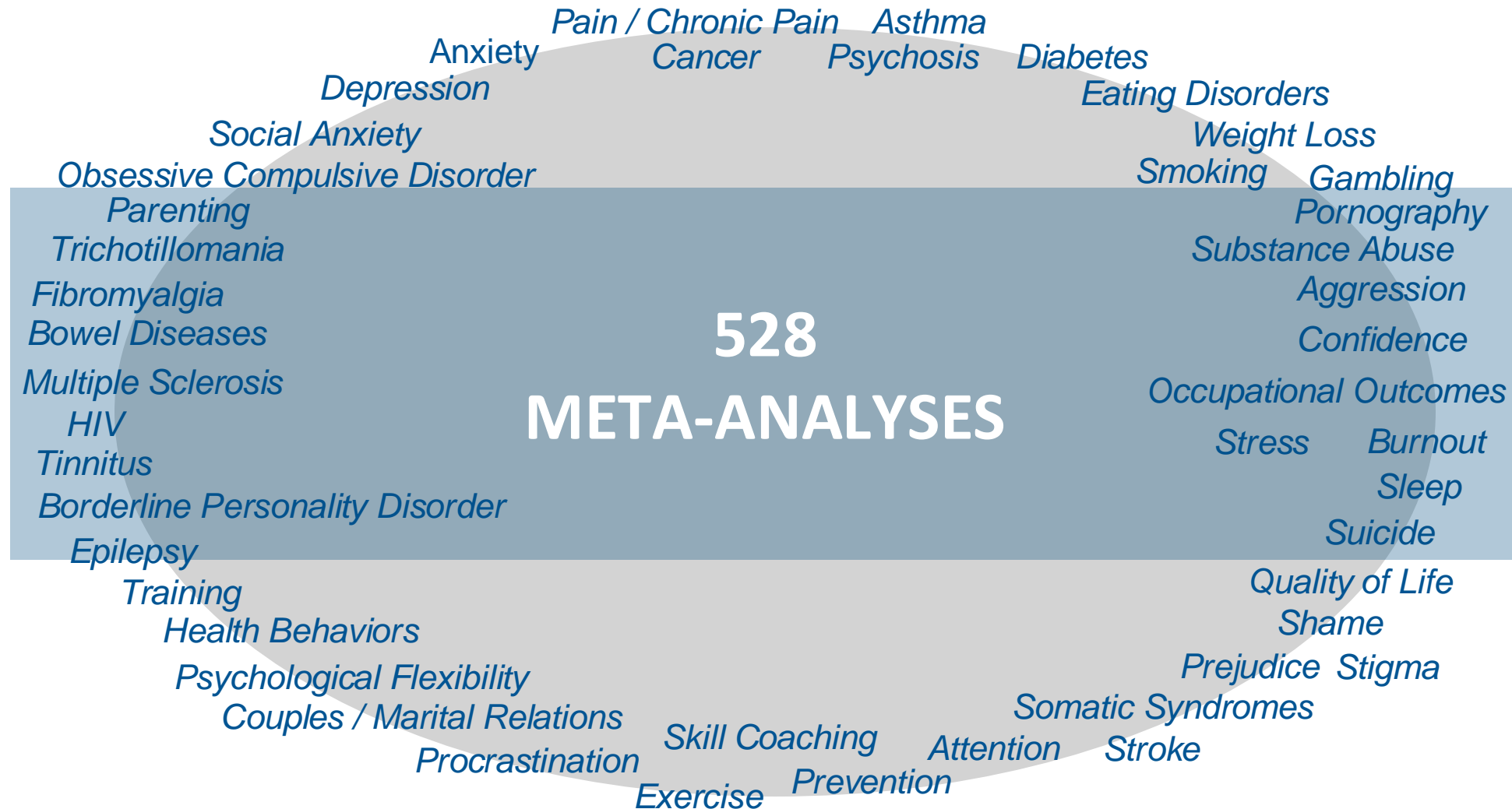


We Can Absorb All Known Processes of Change into One Meta-Model

“psychological flexibility is the mechanism of change not only in CBT but also in effective psychological therapies in general”
(Salkovskis, Sighvatsson, & Sigurdsson, 2024, p. 595)

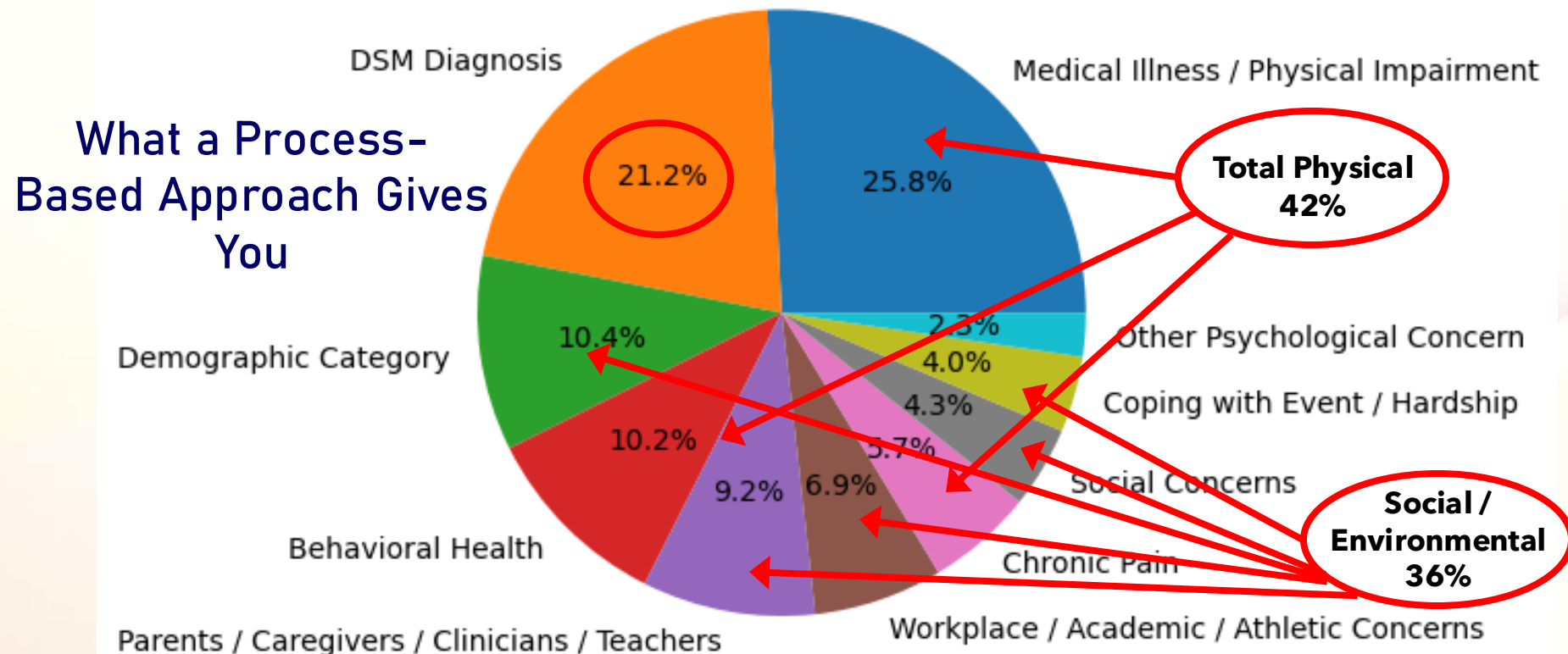


ACT RESEARCH SHOWS WHAT CAN HAPPEN IN TERMS OF BREADTH OF APPLICATION



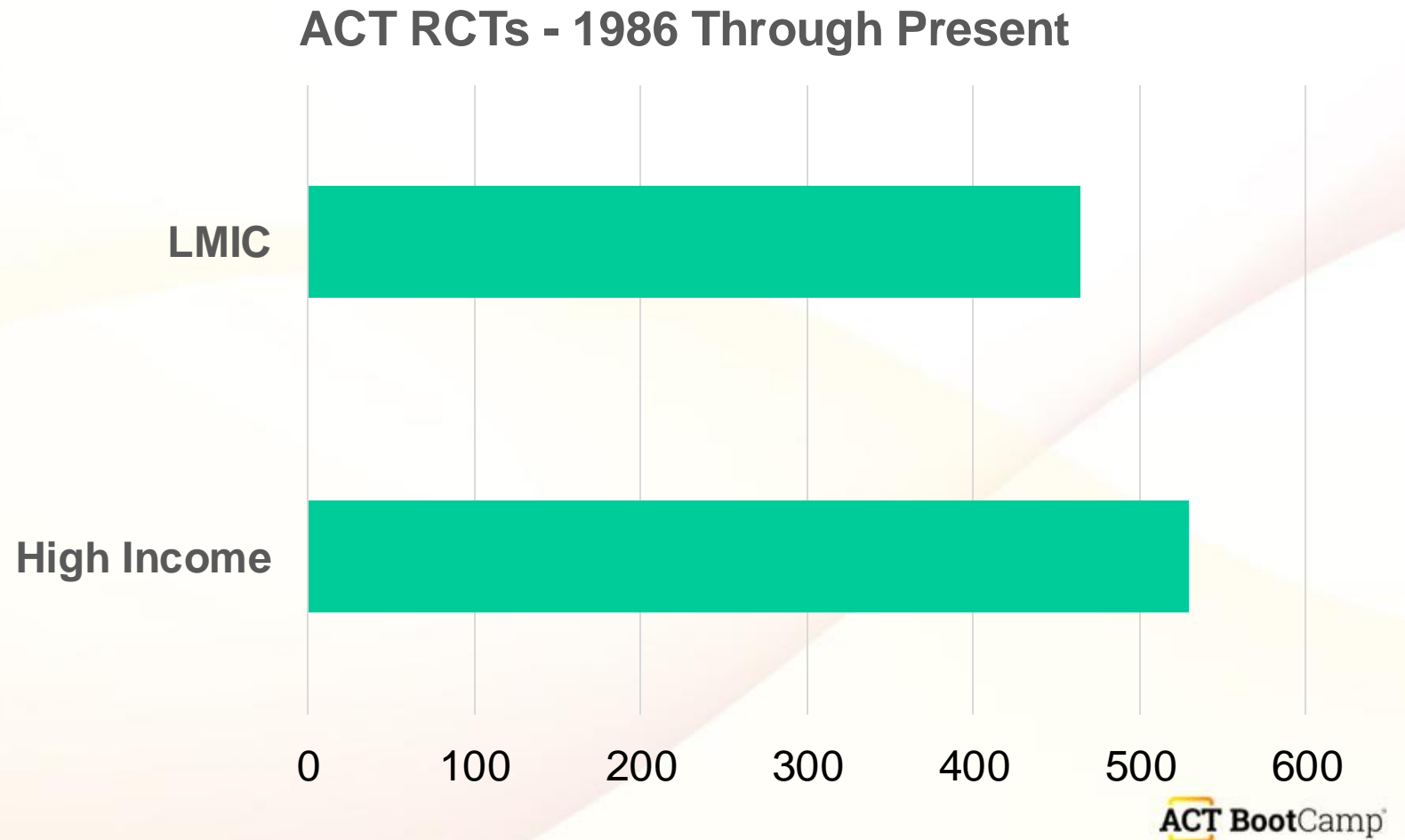
How Broadly Applicable Are the Methods?

Populations Studied in First 1,000 ACT RCTs



**Worth
Noting:
Much of the
World is
Being
Minimized as
a Source of
New
Knowledge**

- 96% of the world's literature on mental health comes from the WEIRD 12%
- Not so with ACT

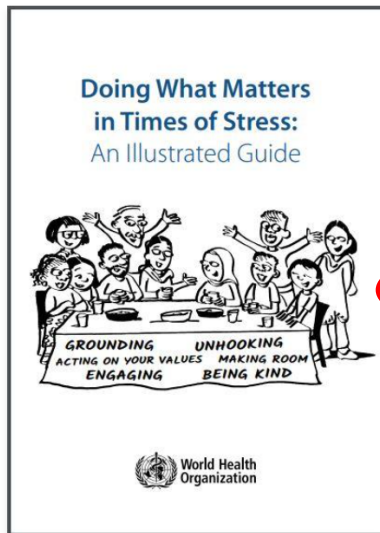


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Doing What Matters in Times of Stress

An Illustrated Guide

29 April 2020 | Publication

[Download \(2.7 MB\)](#)

Overview

Doing What Matters in Times of Stress: An Illustrated Guide is a stress management guide for coping with adversity. The guide aims to equip people with practical skills to help cope with stress. A few minutes each day are enough to practice the self-help techniques. The guide can be used alone or with the accompanying audio exercises.

Informed by evidence and extensive field testing, the guide is for anyone who experiences stress, wherever they live and whatever their circumstances.

[Arabic](#)
[Chinese](#)
[Dari](#)
[Farsi](#)
[French](#)

Go to [Bit.ly/WHO_ACT](https://bit.ly/WHO_ACT)
to download this free book

Impact of the WHO Self Help + Book

Gold standard RCT (N = 642) for Syrian refugees in Turkey who had not yet developed a mental health problem

RESEARCH REPORT

Effectiveness of a WHO self-help psychological intervention for preventing mental disorders among Syrian refugees in Turkey: a randomized controlled trial

Ceren Acarturk¹, Ersin Uygun², Zeynep Ilkkursun¹, Kenneth Carswell³, Federico Tedeschi⁴, Mine Batu², Sevd e Eskici¹, Gulsah Kurt¹, Minna Anttila⁵, Teresa Au⁶, Josef Baumgartner⁶, Rachel Churchill⁷, Pim Cuijpers⁸, Thomas Becker⁹, Markus Koesters⁹, Tella Lantta⁵, Michela Nosè⁴, Giovanni Ostuzzi⁴, Mariana Popa¹⁰, Marianna Purgato^{4,11}, Marit Sijbrandij⁸, Giulia Turrini⁴, Maritta Välimäki⁵, Lauren Walker⁷, Johannes Wancata⁶, Elisa Zanini⁴, Ross G. White¹⁰, Mark van Ommeren³, Corrado Barbui^{4,11}

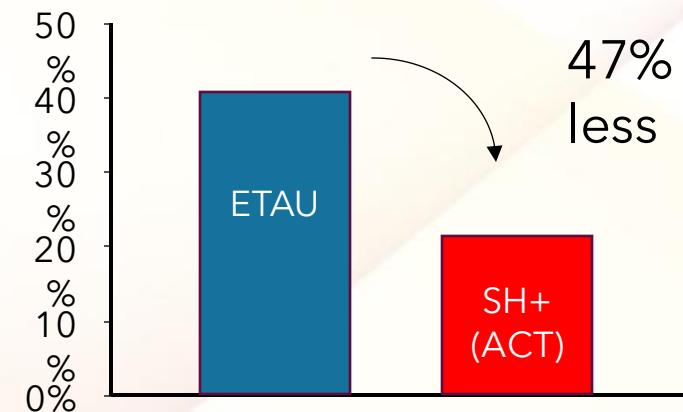
¹Department of Psychology, College of Social Sciences and Humanities, Koc University, Istanbul, Turkey; ²Department of Trauma and Disasters Mental Health, Bilgi University, Istanbul, Turkey; ³Department of Mental Health and Substance Use, World Health Organization, Geneva, Switzerland; ⁴WHO Collaborating Centre for Research and Training in Mental Health and Service Evaluation, Department of Neuroscience, Biomedicine and Movement Sciences, University of Verona, Verona, Italy; ⁵Department of Nursing Science,



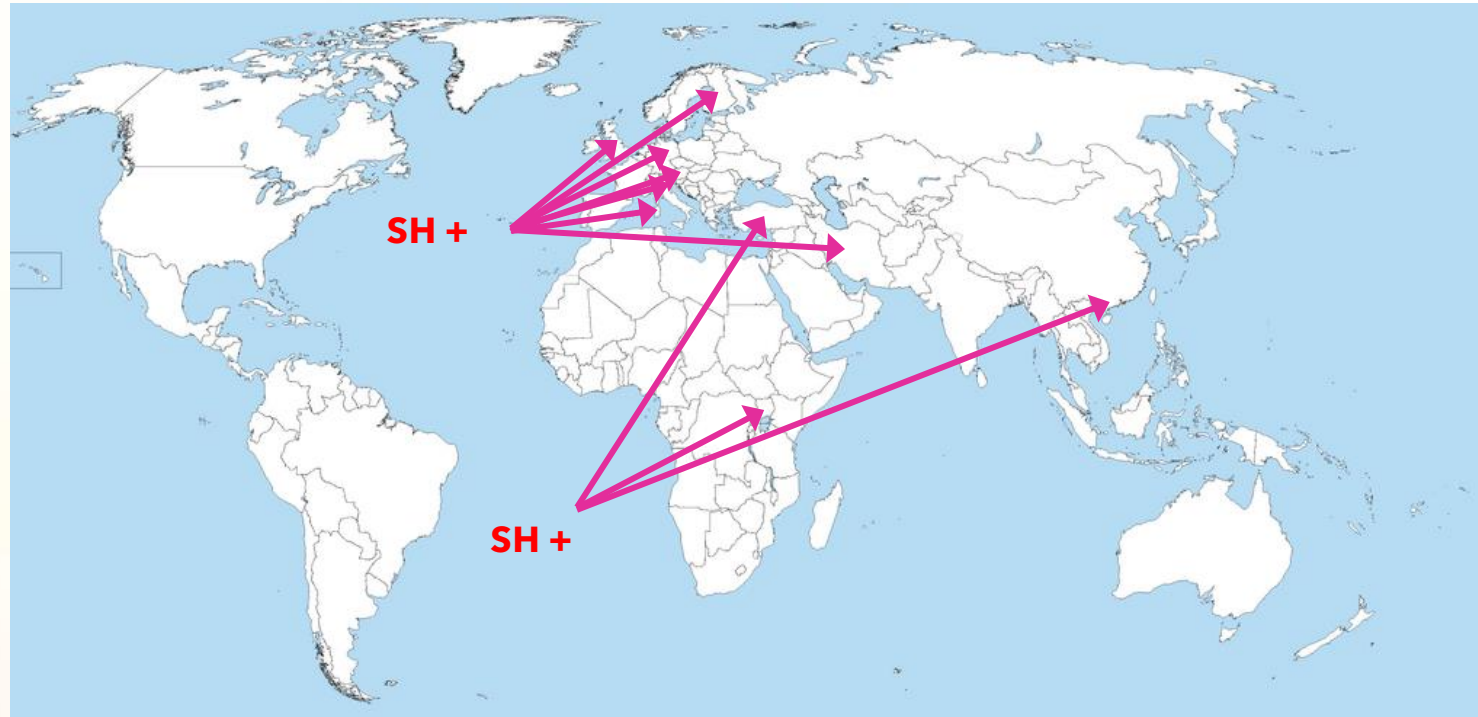
World Psychiatry, 21, 88–95.

“the first successful prevention program conducted among refugees experiencing psychological distress but without a mental disorder” Acarturk et al, 2022

% w/ a DSM Diagnosis at 6 months F-Up



Deployment of WHO's ACT Prevention and Treatment Program



**But How Are We Going to
Personalize Using Processes of
Change?**

**How are We Ever to Get
Beyond the DSM**

Our Answer: Idionomics

Processes of Change Have to be Examined Individually (Idiographically) Over Time ... Only Then Can Overall Patterns Be Meaningful (“nomothetic generalizations”).

We Didn't Even Have a Word for This Idea ... Until We Made One Up (“Idionomic”)

**Get to the Back
of this Building**





Robert Zettle
#1, 1984



Jeanne Devany Cummings
#2, 1985



Arlinza "Sonny" Turner
#3, 1986



Irwin Rosenfarb
#4, 1986



Elga Wulfert
#5, 1987



David Steele
#6, 1987



Joe Haas
#7, 1991



Sue Melancon McCurry
#8, 1991



Durriyah Khorakiwala
#9, 1991



Gina Lipkens
#10, 1992



Chris Leonhard
#11, 1994



Barbara Kohlenberg
#12, 1994



Ken Huntley
#56*, 1995



Niloofer Afari
#13, 1996



Jacque Pistorello
#14, 1998



Robyn Walser
#15, 1998



Kelly Wilson
#16, 1998



David Sayrs
#17, 1999



Wini Ju
#18, 2000



Adam Grundt
#19, 2000



Patty Bach
#20, 2000



Rich Bissett
#21, 2000



Liz Gifford
#22, 2002



Dosheen Cook
2003



Jen Gregg
#23, 2003



J. T. Blackledge
#24, 2004



Jason Luoma
#25 (H), 2005



Aki Masuda
#26, 2006



Alethea Varra
#27, 2007



Tim Weil
#28, 2006



Mike Twohig
#29, 2007



Jason Lillis
#30, 2007



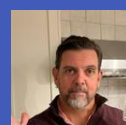
Jennifer Thomas
#31, 2008



Takashi Muto
#32 (H), 2008



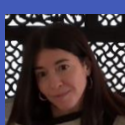
Marianne Jackson*
#55*, 2008



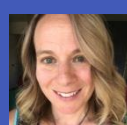
Nick Berens
#33, 2009



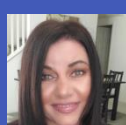
Heather Pierson
#34, 2008



Kara Bunting
#35, 2010



Merry Sylvester
#36, 2011



Heidi Eilers
#37, 2010



Julieann Pankey
#38, 2008



Lindsay Fletcher Hardie
#39, 2011



Roger Vilardaga
#40, 2012



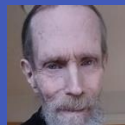
Jennifer Plumb Vilardaga
#41, 2012



Jamie Yadavaia
#42, 2013



Mike Levin
#43, 2013



Tuna Townsend
#44(H), 2013



Jen Villatte
#45, 2013



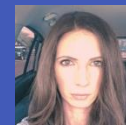
Mikaela Hildebrandt
#46, 2014



Doug Long
#47, 2015



Tami Jeffcoat
#48, 2015



Emily Leeming
#49, 2016



Casey Catlin
#50, 2018



Thouraya Al-Nassar
#51, 2020



Brandon Sanford
#52, 2021



Patrick Smith
#53, 2023



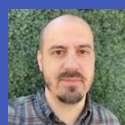
Fred Chin
#54*, 2023



Gijs Jansen
#57(H)*, 2024



Neal Falletta-Cowden
#58*, 2024



Stu Law
#59*, 2024

Doctoral or Honorary
Graduates of Steve's Lab

The First Years of Hayes Lab Dissertations 1984 - 1994

Rob Zettle (1984). Cognitive Therapy of Depression: A Conceptual and Empirical Analysis of Component and Process Issues

Jeanne Devany (1985). Stimulus Equivalence and Language Development in Children

Arlinza "Sonny" Turner (1986). The Relationship Between Two Classes of Measures Examined Idiothetically and Nomothetically

Irwin Rosenfarb (1986). The Use of Therapist Rules, Self-Rules, and Contingency-Shaped Feedback in the Treatment of Social Skills Deficits in Adults

Elga Wulfert (1987). Higher-Order Control Over Equivalence Classes and Response Sequences: An Experimental Analogue of Simple Syntactical Relations

David Steele (1987). Conditional Control of Equivalence and the Relations Different and Opposite: A Behavior Analytic Model of Complex Verbal Behavior

Joe Haas (1991). The Effects of Verbal Consequences for Rule-Following on Sensitivity to Programmed Contingencies of Reinforcement

Sue Melancon McCurry (1991). Client Metaphor Use in a Contextual Form of Therapy

Durriyah Khorakiwala (1991). An Analysis of the Process of Client Change in a Contextual Approach to Therapy

Gina Lipkens (1992). A Behavior Analysis of Complex Human Functioning: Analogical Reasoning

Barbara Kohlenberg (1994). Transfer of Function Through Equivalence: Modification Effects Based Upon Nodality and Contextual Control

RCT Asking "Does ACT Add to Cognitive Therapy?"

What is the Basis of Human Cognition?

Does Idionomic Analysis Differ From Normative Analysis?

Do Rules Makes Us Insensitive to Experience?

What is the Basis of Human Cognition?

What is the Basis of Human Cognition?

Do Rules Makes Us Insensitive to Experience?

Modeling Processes of Change Qualitatively/Quantitatively

Modeling Processes of Change Qualitatively/Quantitatively

How Does Metaphorical Reasoning Work?

How Does Cognition Alter Our Experience?



1. Stop Inadvertently Lying by Using Only Normative Statistics

In Meta-Analysis We Have a Way of Addressing When
Idiographic Variation is Too Large for Them

Cochrane Handbook for Systematic Reviews of Interventions

Version 6.4, 2023

$$I^2 = \left(\frac{Q - df}{Q} \right) \times 100\%.$$

In this equation, Q is the Chi² statistic and df is its degrees of freedom (Higgins and Thompson 2002, Higgins et al 2003). I^2 describes the percentage of the variability in effect estimates that is due to heterogeneity rather than sampling error (chance).

Thresholds for the interpretation of the I^2 statistic can be misleading, since the importance of inconsistency depends on several factors. A rough guide to interpretation in the context of meta-analyses of randomized trials is as follows:

- 0% to 40%: might not be important;
- 30% to 60%: may represent moderate heterogeneity*;
- 50% to 90%: may represent substantial heterogeneity*;
- 75% to 100%: considerable heterogeneity*.

If I^2

**>.5 = worry & maybe
don't report means**

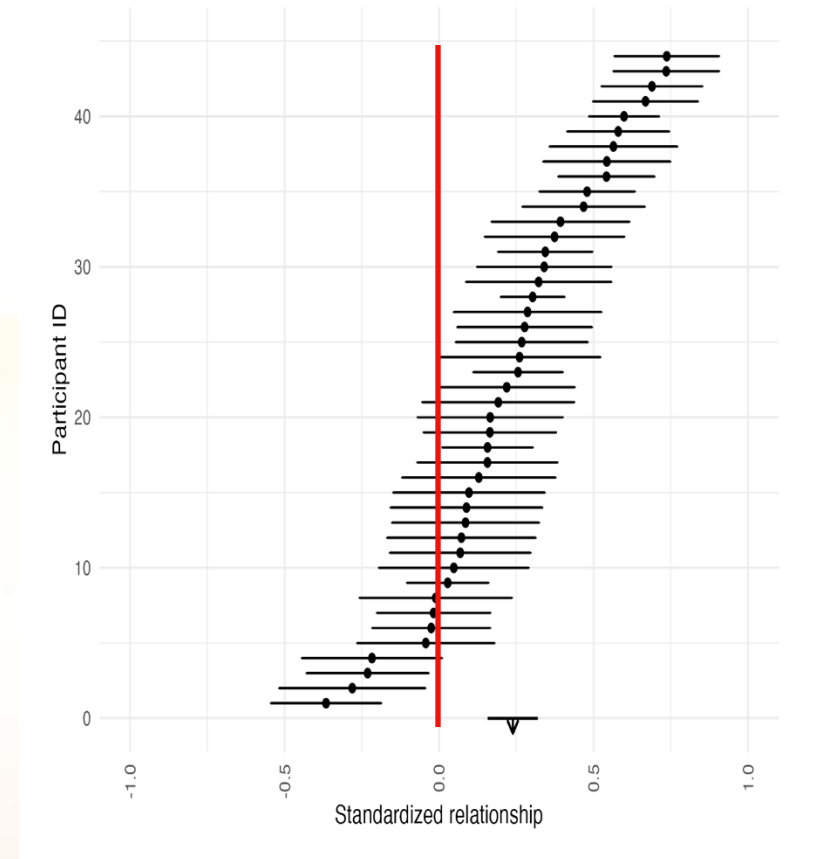
**>.75 = worry a lot
and don't report
means at all**

2. Model Each *Particular* Person, Couple, Family, or Organization.

Analogously, What if Every Person is a Separate “Study” and Every Voice Matters? Here is What Happens When We Calculate I^2 on Longitudinal Datasets of Process - Outcomes Relationships and Apply Meta-Analysis Thinking.

For Example, Mindfulness
and Emotional
Well-Being

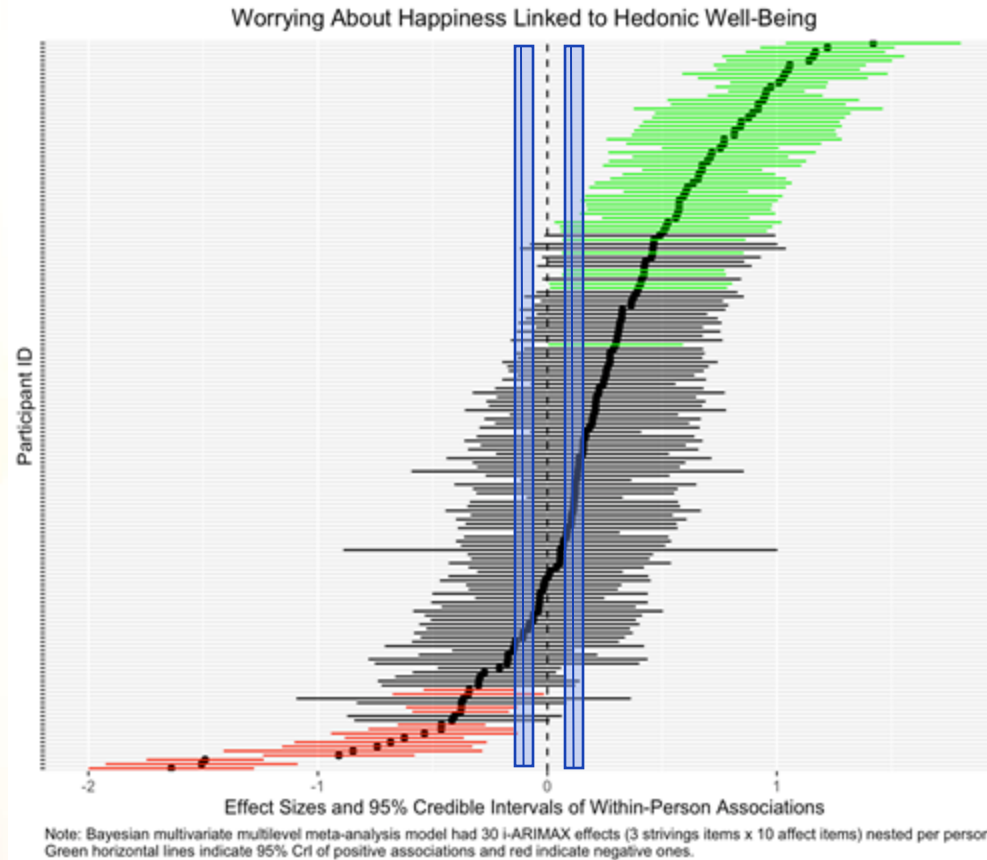
The Practicality of Particularity



Virtually All of Our Normative Concepts are Like This: Take “Worrying About Happiness” and Hedonic Well-Being

In a recent
study of our
of 50 process
→ outcome
relations the
 I^2 range was
.81 to .97!

Here $I^2 = .83$

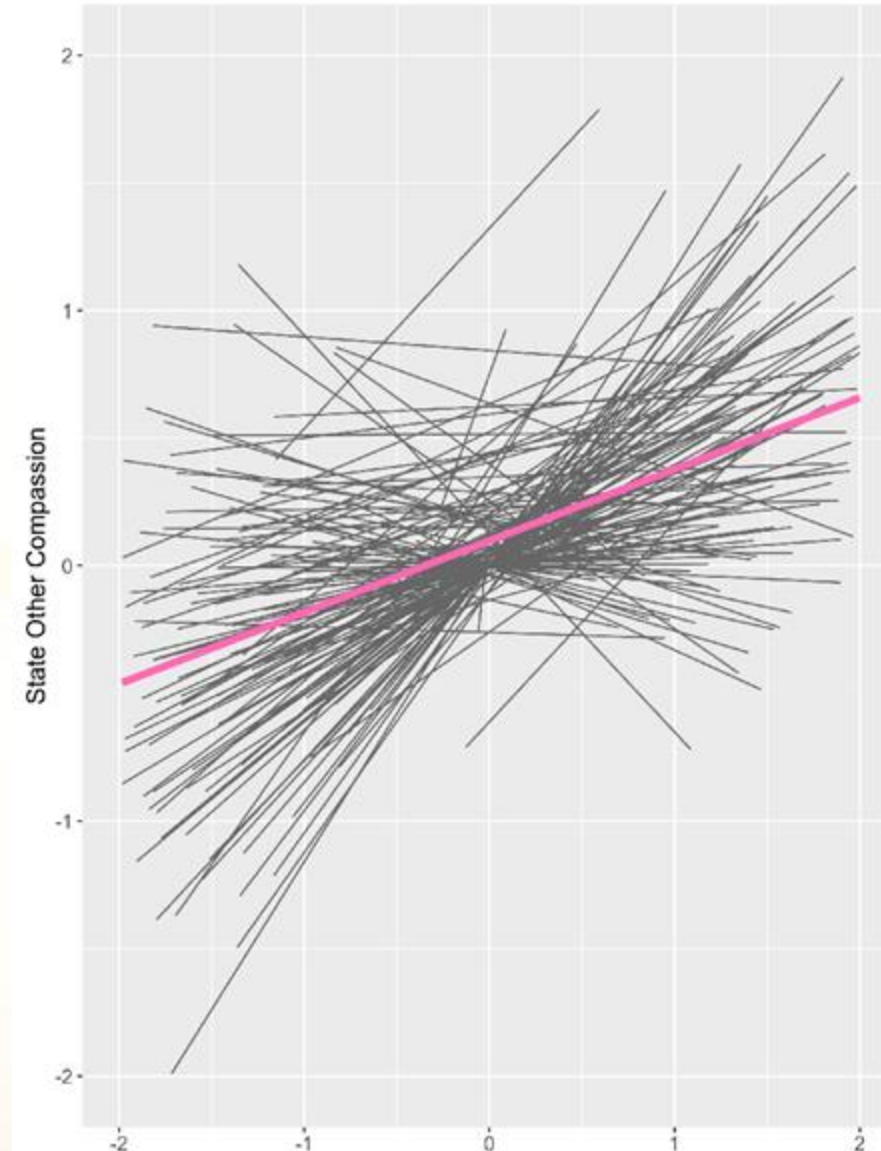


One is real;
one is not

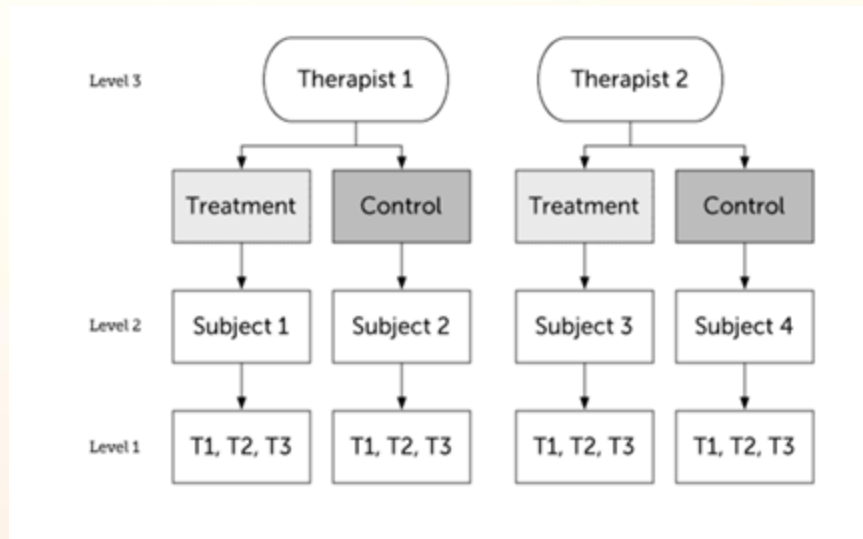
Does it
matter?!

3. Use Idiomonic Statistics and Be Skeptical of Current Normative Solutions

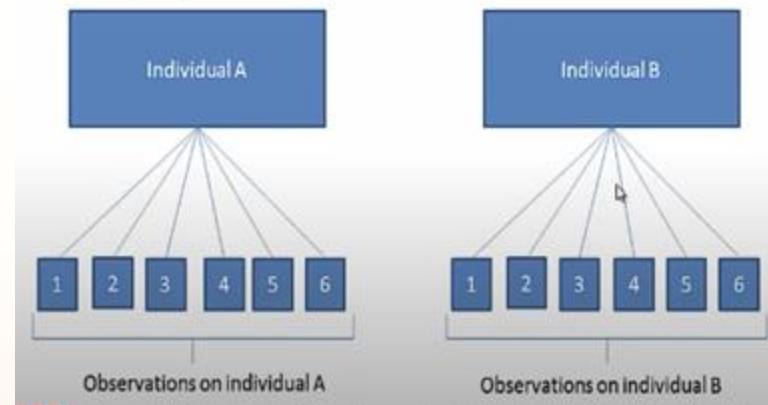
We Need New
“Idiomonic” Statistics
Even to *Detect* the How
to Personalize
Treatment



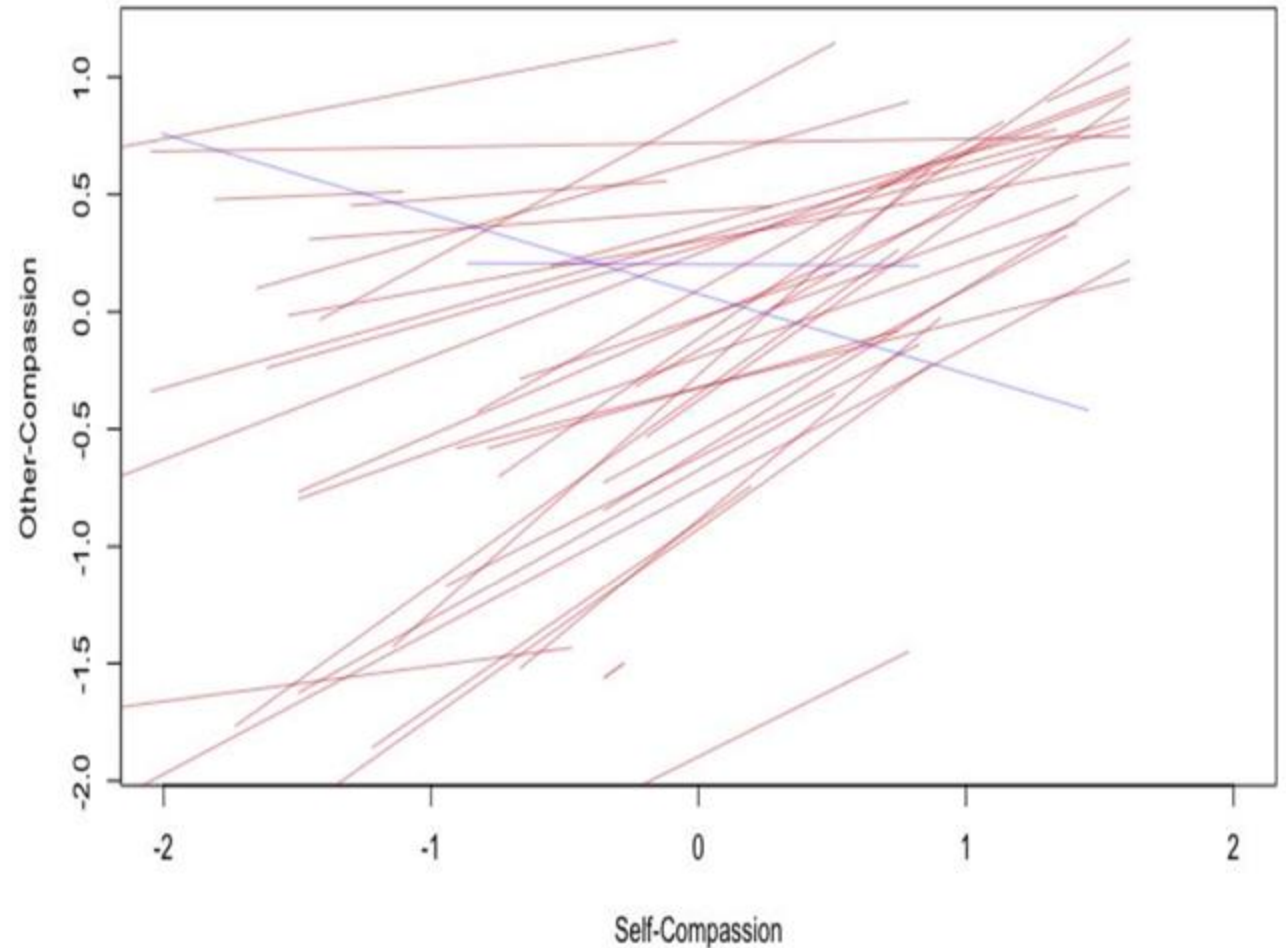
Most Biostatisticians Agree Are Unimpressed Because They've Long Known the Individual is Not the Average and They Have Methods to Deal With It, Such as Multilevel Modelling



- Observations on an individual (or other unit of analysis) across time

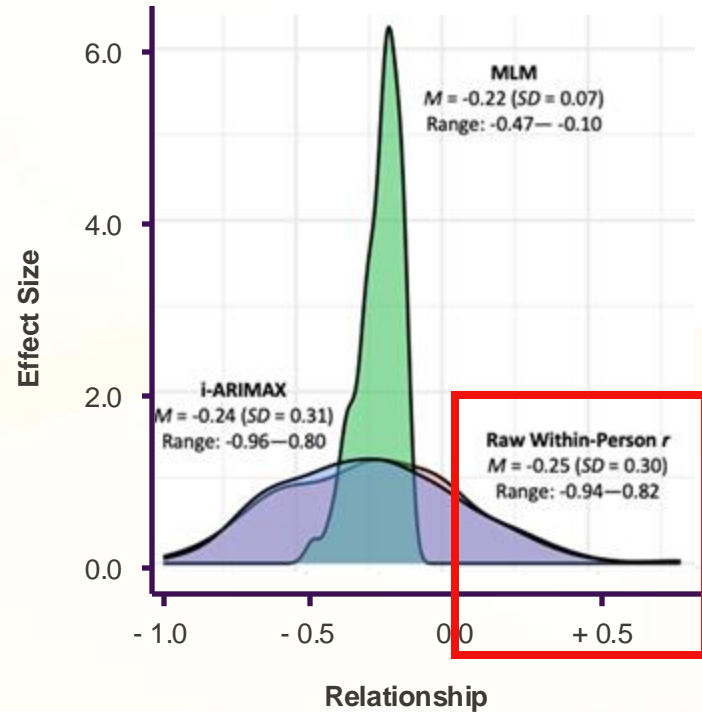


**But Here is How
Standard Modern
Stats View the Same
Data (after MLM).
These Stat are Lying
to Researchers and
Clinicians Alike!**



Data from Sahdra, B. K., Ciarrochi, J., Ferrari, M., Yap, K., Haller, E., Hayes, S. C., Hofmann, S. G., & Gloster, A. T. (2023). The compassion balance: Understanding the interrelation of self- and other-compassion for optimal well-being. *Mindfulness*, 14, 1997-2013. Doi: 10.1007/s12671-023-02187-4

Relationship of “Doing What Matters” and Entanglement with Sadness



Unfortunately,
“Fixing the
Problem” is
Making it
Worse

Method ■ i-ARIMAX ■ MLM ■ raw r

[Bit.ly/NotoMLM](https://bit.ly/NotoMLM)

Sahdra, B. K., Ciarrochi, J., Klimczak, K., Krafft, J., Hayes, S. C., & Levin, M. (2024). Doi: 10.1016/j.jcbs.2024.100728 Testing the applicability of idiomonic statistics in longitudinal studies: The example of ‘doing what matters.’ *Journal of Contextual Behavioral Science*, 32, 100728.

4. Intervene with the Whole Person

Examples:

Tinnitus

Relationships

Chronic Pain

Performance

Medical Issues

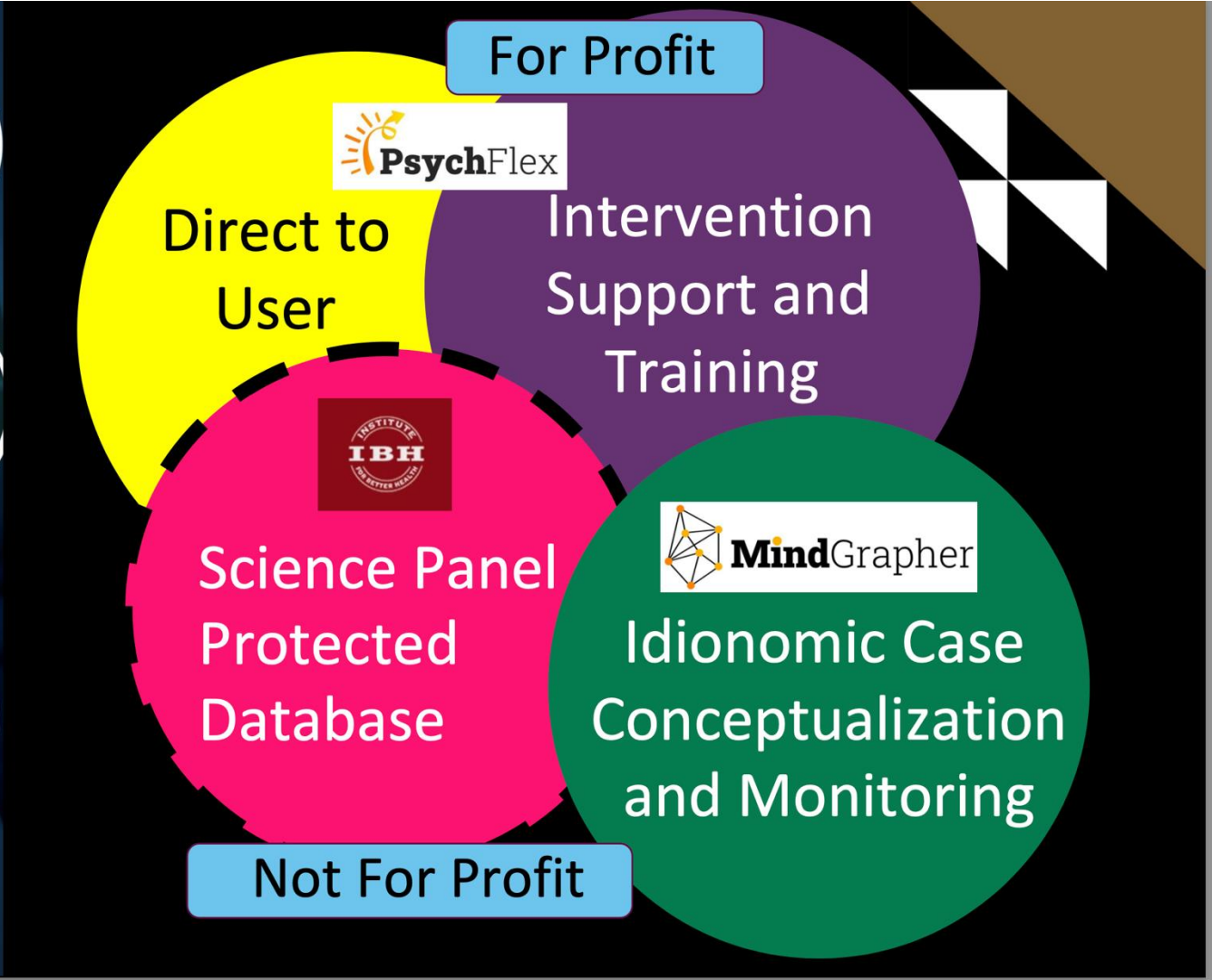
5. Build a New Intervention Science Based on Idiomonic Data Drawn from Clinical Work, Not Just Academic Medical Centers in the WEIRD World.

**Let's be Guided by Those Who Suffer.
On the Ground. Worldwide.**

Where Every Voice Matters

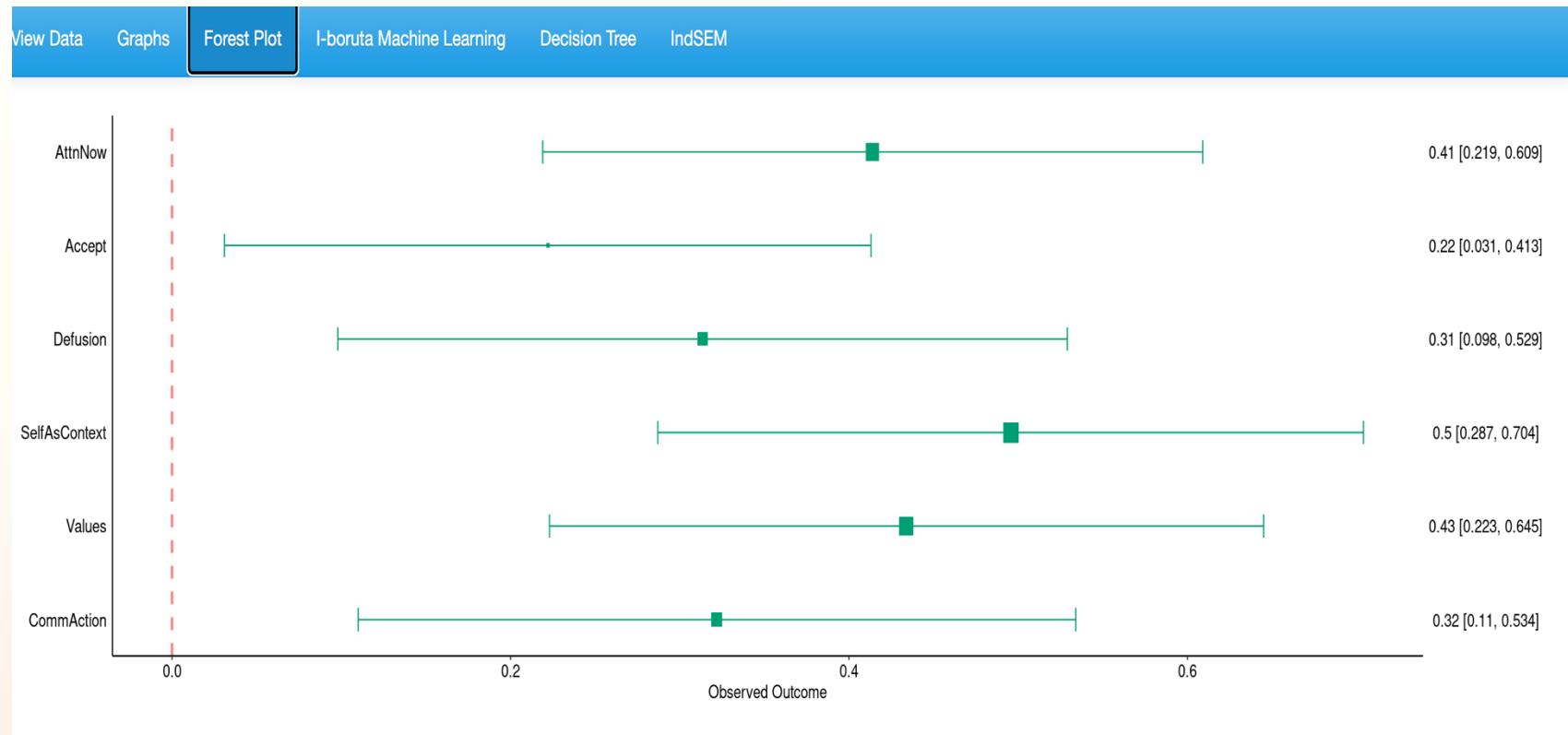
**If You Are Not Measuring and Modeling the Particular Person
You Are Not Listening**

**If You Are Not Personalizing
You Are Not Treating**



An Idiomorphic Approach – The Example of Elisabeth

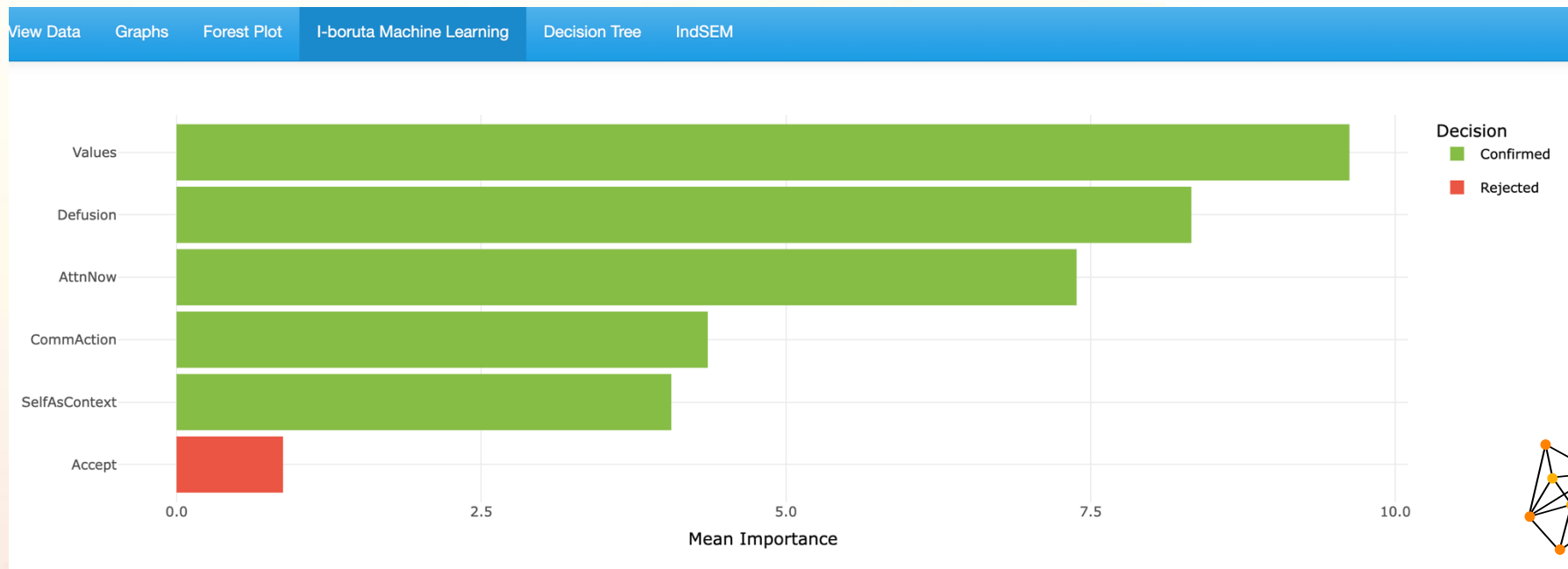
Which Flexibility Processes Most Related to Attending to One's Own Needs Before Considering the Needs of Others (linear; one at a time). All PF Processes Made it in. Values, SAC, and the Now esp.



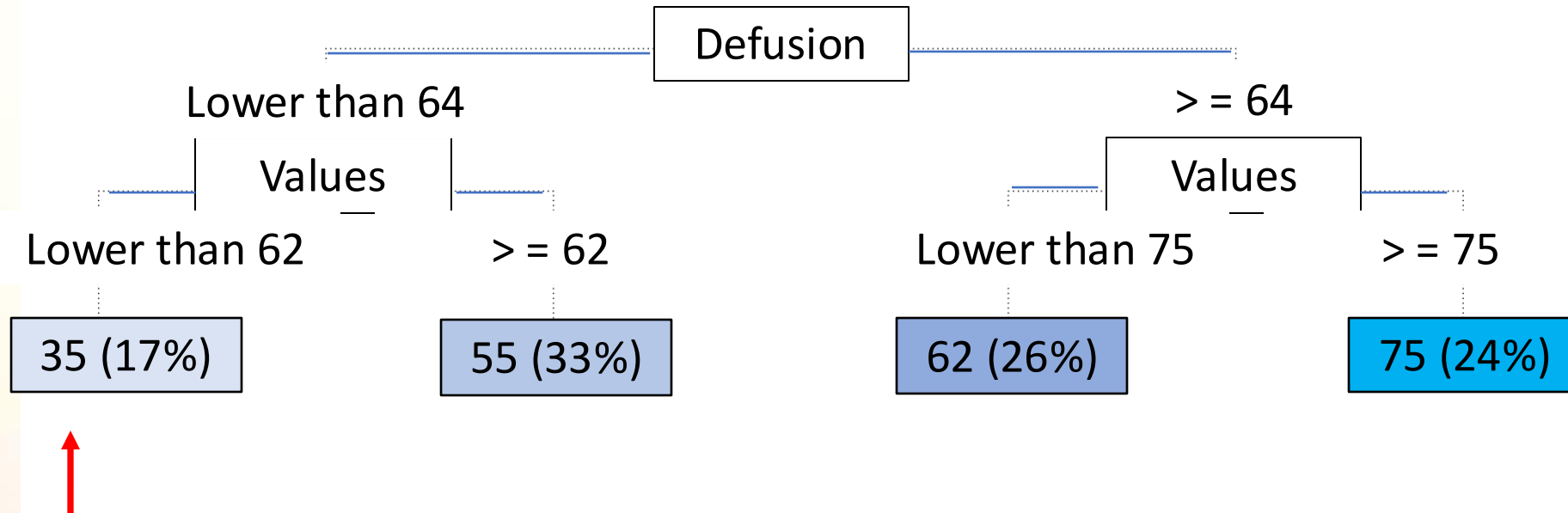
Now for AI (iBORUTA) – No Parametric Assumptions

Which Processes Best Relate to Saying No When Needed Using Machine Learning?

Values, Defusion, the Now were esp. important

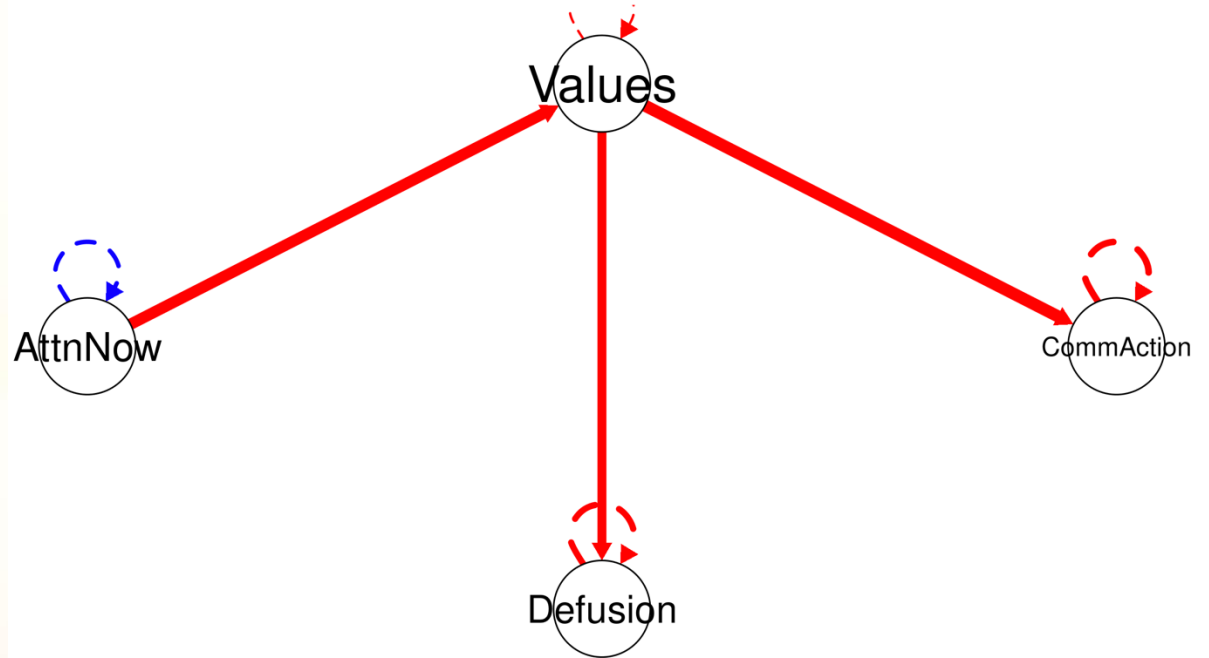


Doing a Decision Tree on Confirmed Processes. What Most Helps this Client Consider Her Own Legitimate Needs?

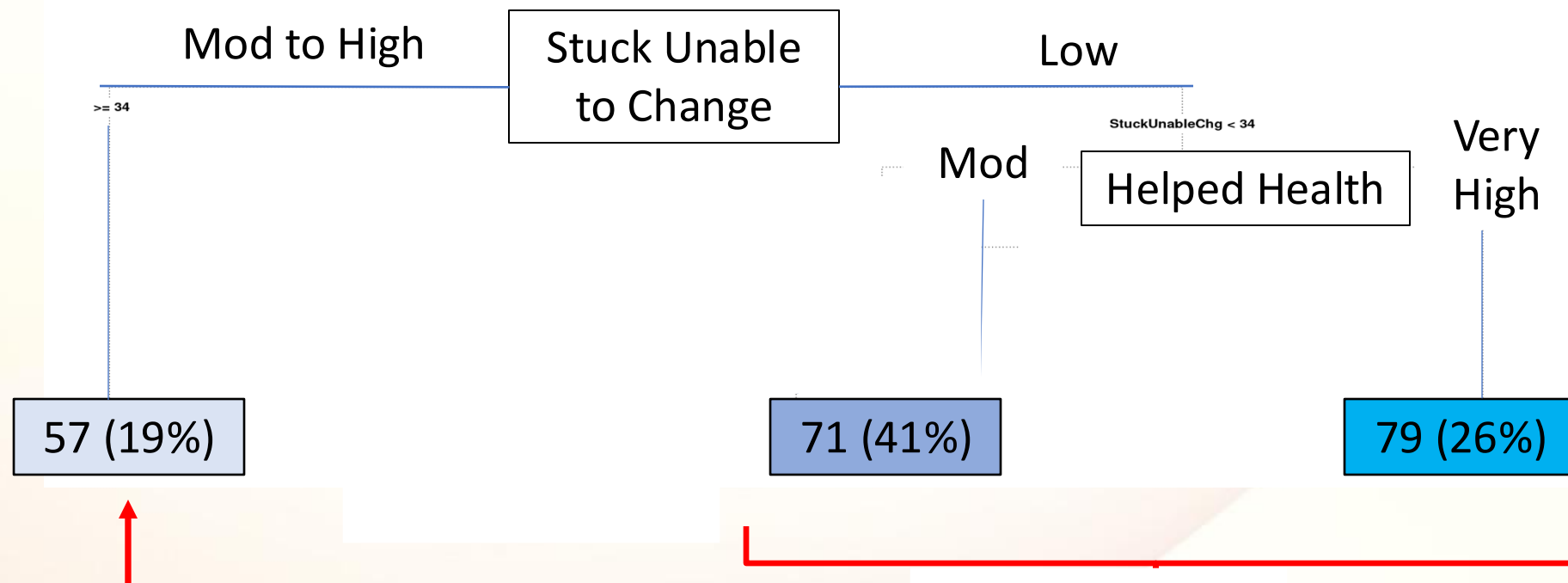


Her Kids Are Going to Bed Without
a Bedtime Story down Here

But What Most Supports Values and Defusion?
What's the Cart and What the Horse? GIMME says:

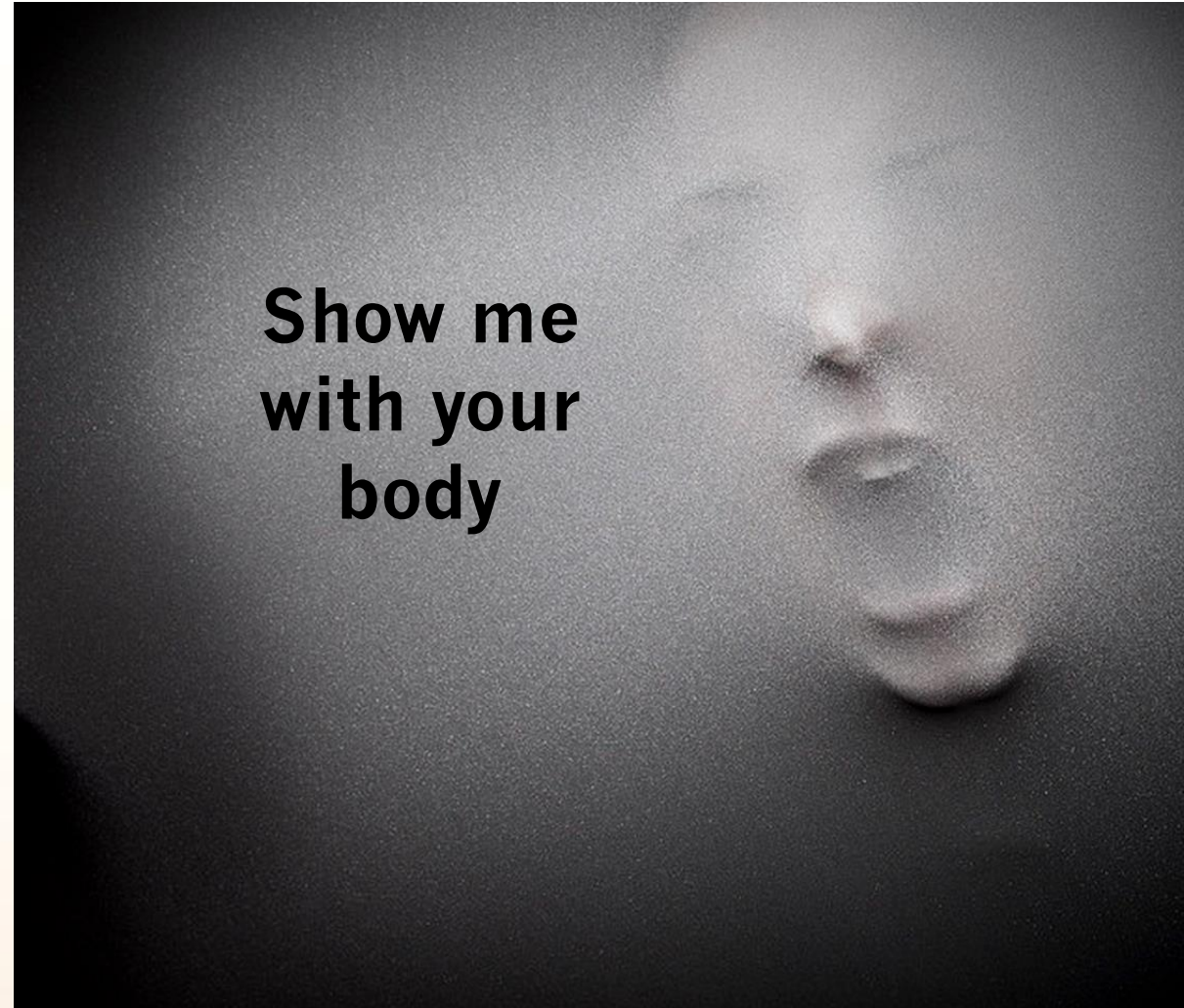


OK, So What *Specific Processes* Support *Values*?
Feeling Stuck and Unable to Change Hurts, but
Focusing on Helping Your Health Helps



And Contact With Here Values are Too Low for Safety Down Here, But Its Fine Up Here

But Your Clients Already Know The Model Too!



Why Do We Do This

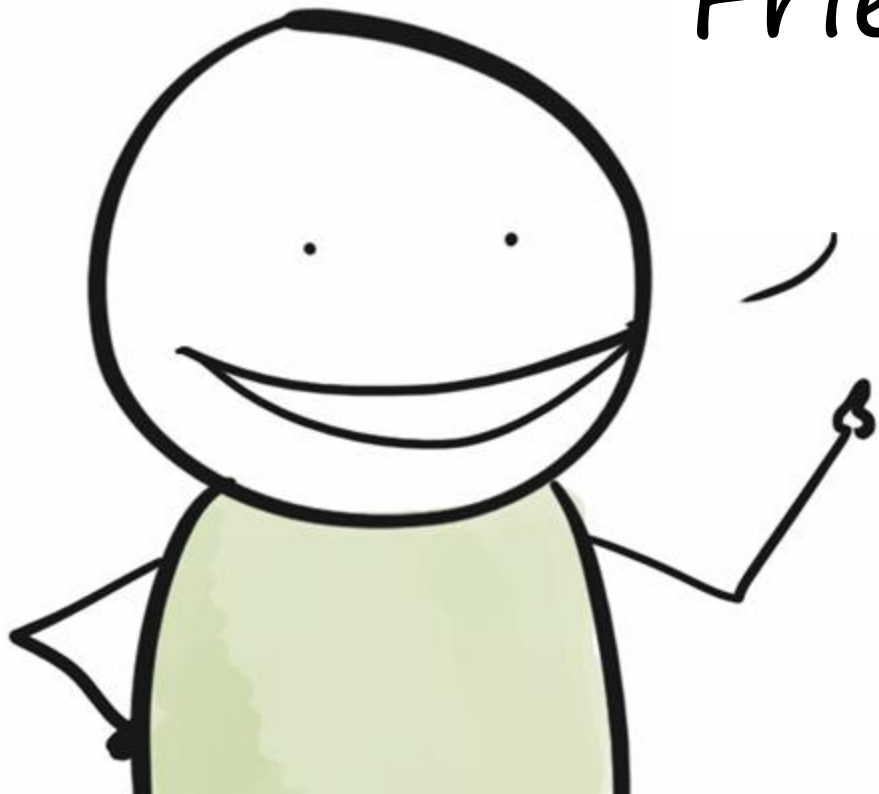


Instead of This?



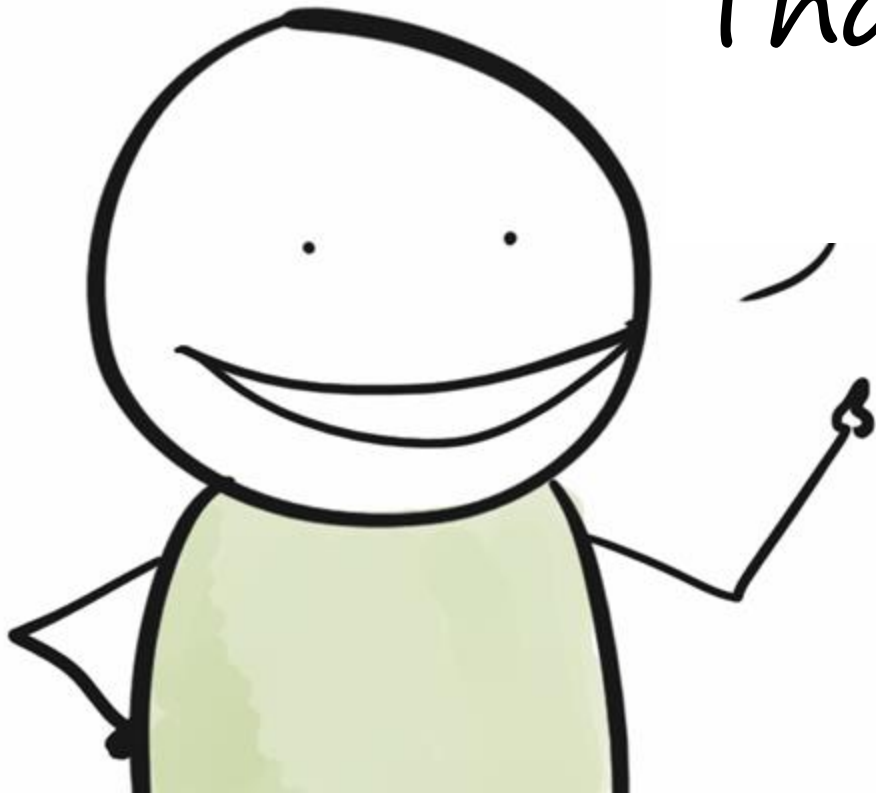
ACT in a Ditty

Open to experience,
Awareness in the now,
Let meaning guide your
actions,
Friends and body show
you how



RFT in
a Ditty

Learn it in one,
Derive it in two,
Put it in networks,
That change what
you do



Using the Relationship in ACT: Instigate, Model, and Support Process Based Change

- Detect the flexibility processes in the client
- Embody these processes in your personal presence and interaction
- Engage strategic change in these process with these processes

- Instigate, **M**odel and **R**einforce it, **F**rom **T**oward and **W**ith it

I' M R F T With It

What ACT is About

- Taking the misdirected healthy energy inside pathology and solving the evolutionary mismatch
- Redirecting that energy toward a life worth living
- Creating a more liberated mind that knows how to pivot toward what matters

Assess

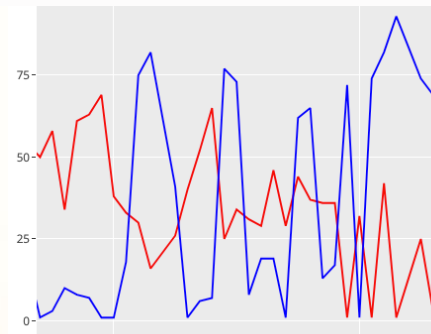
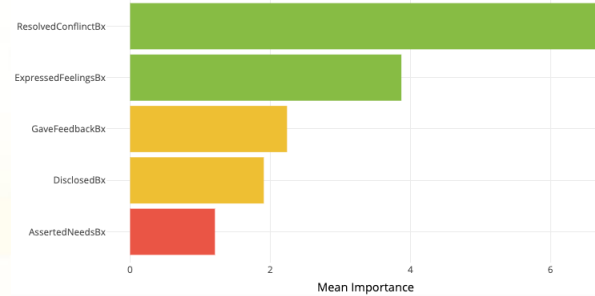
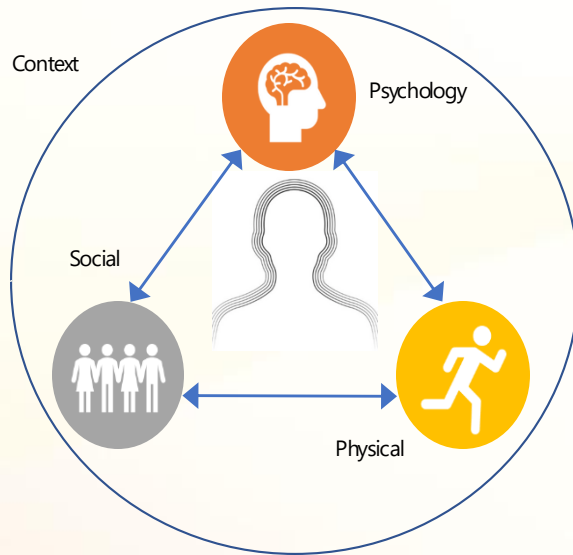
The environmental factors, and physical, psychological, and social characteristics that define an individual's experience

Process

with AI/analytics to pinpoint factors influencing change and personal growth for each individual and to recommend intervention kernels

Personalize

Link to personalized intervention plans that foster well-being by aligning strategies with the individual's unique profile and needs



Interested? Go to
www.psychflex.com



MindGrapher



PsychFlex

ACT BootCamp

ACT as a Process-Based Treatment: Skills Needed

- **G**et centered in yourself & the interaction
(create the space)
- **R**ead and formulate key processes
- **O**pen the door to an area
- **U**se a method
- **P**urposefully recycle based on impact

Reads: Experiential Avoidance

- Hiding, running, or fighting when painful experiences come up
- Physical metaphors for the same (e.g., freezing; clenched fist; grip chair; eyes down)
- Cannot enjoy positive emotions without clinging or fear of loss
- You think “how did we get here?”
- Alexithymia
- Elaborated networks of difficult thoughts, feelings, memories, or bodily sensations

Reads: Self as Context

- Nobody home
- Misses or unable to take perspective of others including you
- Angry defense of who I am
- Lower levels of genuine empathy and compassion
- Lack of connection in the room

Reads: Fusion

- Being right / looking good
- Stories and reasons
- Truth with a capital T
- Well practiced (the rhythm of suffering)
- Doesn't notice thinking as an ongoing process
- New information disappears or is integrated
- Loops back

Reads: The Now

- Misses internal and external events in the now
- Inflexible attention – cannot persist or cannot change as needed
- Speaking of the past or future produces entanglement with worry, anxious prediction, or rumination
- Lack of vitality in the room

Reads: Values

- Treats goals as values
- Caring is bound up with compliance, avoidance, or fusion (e.g., “have to”)
- Sense of purposelessness in the present
- Closes off caring to close off pain

Read: Committed Action

- Impulsivity
- Incapacity
- Inaction
- Avoidance of commitments and failure to keep them
- Procrastination

Opening the Door - Acceptance

- What's hardest about that?
- What is in there that you can't have?

Opening the Door - Defusion

- When these thoughts occur are they right up on you?

Opening the Door – Present Moment

- What are you feeling in your body right now

Opening the Door - Values

- If you weren't struggling with these things what would you most want in your life?

Opening the Door - Action

- What are you now not doing that you know would take you in that direction?

Opening the Door - Self

- And who is noticing that?