



Remedial Cognitive-Behavioral Psychological Intervention Guide for Students with Disabilities at Risk of Dropout

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Introduction: The Effectiveness of Psychological Interventions in Reducing Adaptation Difficulties Among Students with Disabilities

The availability of psychological interventions within university campuses is associated with increased accessibility to these services for students experiencing adjustment disorders, contributing to reduced stress levels and improved academic performance. For example, a large-scale study involving 643 students with psychiatric disabilities, 3,833 students with other types of disabilities, and over 50,000 students without disabilities demonstrated significantly smaller reductions in psychological difficulties among students with disabilities compared to those without such challenges, as well as outcome differences depending on the type of disability. These findings highlight the need to personalize psychological interventions in order to address the specific characteristics of students with disabilities who are at risk of university dropout (O'Shea et al., 2021).



Within this context, the cognitive-behavioral approach targets informational processing patterns and cognitive mechanisms that contribute to the emergence of maladaptive emotions and behaviors present in various psychological difficulties, such as emotional disorders (Beck, 2020). To facilitate the personalization of these interventions by accounting for the specific problems identified in each individual case, process-based cognitive-behavioral psychotherapy (PBT) represents an emerging direction in both clinical practice and research. More specifically, PBT focuses on addressing the psychological processes involved in the onset or maintenance of different forms of psychopathology, constituting a transdiagnostic intervention (Hofmann & Hayes, 2018; Ciarrochi et al., 2024).

The general objective of PBT is to reduce distress by decreasing rigid behavioral strategies while simultaneously enhancing psychological flexibility, which provides a functional alternative for managing academic stress associated with various disabilities. Within this framework, experiential avoidance, defined as the tendency to suppress unpleasant internal experiences, is replaced by cultivating acceptance of uncomfortable states and orienting behavior toward actions consistent with personal values. In addition, these interventions support the ability to manage intrusive thoughts by distancing oneself from their content, while also incorporating techniques for developing mindfulness skills focused on present-moment awareness.

The inclusion of these processes within psychological intervention has proven to be a feasible and effective approach for optimizing adaptation and coping strategies among individuals with various disabilities (Hoffmann et al., 2016).

The present protocol adheres to the principles of process-based cognitive-behavioral psychotherapy (PBT) and serves a guiding role, allowing counselors the flexibility to apply the techniques described below in a relatively adaptable manner.

Process-Based Cognitive-Behavioral Protocol for Students with Disabilities at Risk of Dropout

Session 1: Initial Assessment and Introduction to PBT Principles

Theme: Awareness of experiential avoidance and the development of acceptance through mindfulness

1. Session Objectives

The first session aims to initiate the psychological counseling process by:

- assessing the student's adaptive and maladaptive processes;
- familiarizing the student with the basic principles of the cognitive-behavioral model;
- introducing the concept of experiential avoidance;



- promoting an attitude based on acceptance of uncomfortable internal states.

This stage provides the theoretical and relational foundation necessary for the effective conduct of subsequent sessions.

2. Specific Objectives

- Conducting an initial assessment using standardized instruments to identify coping strategies.
- Clarifying how thoughts influence emotions and behaviors, according to the cognitive model (Beck & Haigh, 2014).
- Introducing the concept of experiential avoidance and its role in maintaining stress and anxiety.
- Promoting acceptance as an alternative to experiential avoidance.
- Establishing a collaborative, safe, and confidential working framework to support the student's engagement in the therapeutic process.

3. Session Structure (Duration: 60–75 minutes)

Stage 1: Opening and Establishing the Framework (10–15 minutes)

- Presenting the purpose of the PBT program and the estimated duration of the intervention.
- Discussing principles of collaboration: confidentiality, openness, and active participation.
- Providing a general explanation of cognitive-behavioral psychotherapy as a scientifically grounded method focused on the relationship between thoughts, emotions, and behaviors.

Example formulation:

“Cognitive-behavioral psychotherapy helps us understand how the way we think about a situation directly influences how we feel and act. It is not the situation itself that causes the emotion, but rather our interpretation of it.”

Stage 2: Initial Assessment of Adaptive and Maladaptive Processes (15–20 minutes)

The initial assessment is conducted using the **Process-Based Assessment Tool** (Ciarrochi et al., 2022), an instrument consisting of 18 independent items that measure:

- behavioral and cognitive strategies used by the individual;
- levels of physical and emotional health;
- motivation and attainment of personal goals;
- self-regulation capacity and social functioning.

Through this process, information is obtained regarding:

- psychological flexibility and the ability to modify ineffective behaviors;



- maintenance of beneficial strategies over time;
- maladaptive tendencies related to stress, anxiety, or perfectionism.

The counselor discusses the responses together with the student in order to build an initial understanding of the predominant cognitive and behavioral patterns.

Stage 3: Introducing the Concept of Experiential Avoidance (15 minutes)

The counselor addresses the topic of **experiential avoidance**, described as the tendency to suppress or avoid uncomfortable emotions, thoughts, or internal sensations, even at the cost of reduced personal well-being (Hayes et al., 2011).

Example explanation:

“Experiential avoidance occurs when we try to get rid of unpleasant experiences instead of understanding and accepting them. Very often, the effort to escape discomfort paradoxically leads to greater suffering.”

To facilitate understanding, a **metaphorical exercise** may be used (Stoddard & Afari, 2014), in which the student is invited to:

- extend their arms forward and push forcefully, symbolizing resistance to negative emotions;
- then bring their palms over their eyes, ‘blocking’ their vision, to understand how avoidance efforts limit contact with reality and with important life activities.

Through this exercise, awareness of the psychological costs of avoidance is fostered, and the idea of accepting internal experiences is introduced.

4. Techniques and Tools Used

- **Process-Based Assessment Tool** (Ciarrochi et al., 2022) – for assessing adaptive and maladaptive processes.
- **Psychoeducation** – regarding the influence of thoughts on emotions and behaviors.
- **Metaphorical exercise of resistance and blockage** – to raise awareness of experiential avoidance.
- **Emotional stress monitoring worksheet.**
- **Daily emotion monitoring worksheet.**

5. Homework Assignment

The student is invited to:

- observe daily situations in which the tendency to avoid emotions or discomfort arises;



- complete the Emotional Stress Monitoring Worksheet and the Daily Emotion Monitoring Worksheet, assessing:
 - the context (triggering situation);
 - the emotion experienced;
 - the reaction of avoidance or acceptance;
 - short-term and long-term consequences.

Purpose: increasing awareness of avoidance mechanisms and their impact on emotional well-being.

6. Conclusions and Closure

At the end of the session, the counselor:

- summarizes the main concepts: the thought–emotion–behavior relationship, experiential avoidance, mindfulness, and acceptance;
- validates the student’s involvement and normalizes possible difficulties with attention or resistance to exercises;
- provides positive feedback and briefly presents the content of the next session:
Case conceptualization and the ABC model.

7. Expected Outcomes

By the end of the session, the student should:

- understand the role of thoughts in generating emotions and behaviors;
- be able to identify their own experiential avoidance responses;
- demonstrate greater openness toward acceptance and mindful presence;
- be motivated to actively participate in the counseling and self-observation process.

Session 2 – Cognitive-Behavioral Intervention

Theme: Case conceptualization and introduction of the ABC model

1. Session Objectives

The primary objective of the second session is to introduce the **ABC cognitive model** and collaboratively develop a case conceptualization with the student, based on data obtained during the psychological assessment phase (the previous session).

The session aims to:

- familiarize the student with the core principles of PBT;
- increase awareness of the relationship between thoughts, emotions, and behaviors;
- identify dysfunctional automatic thinking patterns;



- establish a collaborative and psychoeducational framework for future sessions.

2. Specific Objectives

- Explaining the scientific basis of cognitive-behavioral intervention and its effectiveness in managing stress and anxiety.
- Creating a collaborative and confidential framework between counselor and student.
- Introducing and practically applying the ABC model (Ellis, 1962).
- Initiating the case conceptualization process by integrating information from the psychological assessment.
- Facilitating understanding that subjective interpretation, not the event itself, generates emotional distress.
- Facilitating emotional acceptance through the introduction of a mindfulness technique focused on breathing.

3. Session Structure (Duration: 60–70 minutes)

Stage 1: Review of the Previous Session (5–10 minutes)

- Briefly revisiting the conclusions of Session 1 (rapport building, initial assessment).
- Checking the student’s current state, stress level, and significant events occurring between sessions.
- Validating active participation and providing positive feedback.

Stage 2: Introduction to PBT and Clarification of Working Principles (10 minutes)

The counselor explains that PBT is based on active collaboration and the use of structured, scientifically validated methods.

Emphasis is placed on its present-oriented nature and its focus on modifying dysfunctional thoughts that generate maladaptive emotions and behaviors.

Example explanation:

“In PBT, we focus on how we interpret the events around us. Most of the time, it is not the situation itself that causes stress or discomfort, but the way we understand and evaluate it. Our goal is to identify these interpretations and adjust them so they become more realistic and helpful.”

Stage 3: Introduction of the ABC Model (15 minutes)

The ABC model is presented as a central tool of cognitive-behavioral psychotherapy:

- **A (Activating Event)** – the triggering event (e.g., exam, negative feedback, difficult task);
- **B (Beliefs)** – beliefs or automatic thoughts associated with the event (e.g., “I won’t succeed,” “If I make a mistake, others will judge me”);
- **C (Consequences)** – emotional and behavioral consequences (e.g., anxiety, avoidance, demotivation).



A concrete academic example is provided:

- **A** – The student receives a lower grade than expected.
- **B** – Thought: “I am not good enough for this program.”
- **C** – Emotion: sadness, shame, anxiety; Behavior: withdrawal, procrastination.

The role of the thought (B) as a mediator between the event (A) and the emotional reaction (C) is discussed, and the student is encouraged to identify similar situations from their own experience.

Stage 4: Case Conceptualization (15 minutes)

Based on the data obtained during the psychological assessment (interview and self-report questionnaires), the counselor collaboratively constructs an explanatory map of stress and anxiety within the university context together with the student.

The following aspects are addressed:

- identification of frequent triggering situations (A);
- highlighting typical automatic thoughts (B);
- analysis of emotional and behavioral consequences (C);
- linking these elements to external factors (academic demands, interpersonal relationships, adaptation to the new context).

The counselor uses **guided discovery**, asking open-ended questions such as:

- “What went through your mind at that moment?”
- “What does it mean to you not to obtain the grade you wanted?”
- “How do you feel when you have these thoughts?”

Concrete examples are recorded together in an **ABC worksheet**, which may later be used as a homework tool.

Stage 5: Psychoeducation on Stress and Anxiety (10 minutes)

The mechanisms involved in triggering and maintaining stress and anxiety are discussed, with emphasis on cognitive and physiological components. The purpose of psychoeducation is to normalize emotional reactions and frame them as natural responses to adaptive pressures.

Example explanation:

“Anxiety is a natural reaction of the body to situations perceived as threatening. The problem arises when we interpret these situations disproportionately and activate an alarm response that is more intense than necessary.”

Stage 6: Breathing-Focused Mindfulness (10 minutes)



The counselor introduces a breathing-focused mindfulness exercise, explaining that the goal is not to eliminate stress or anxiety, but to cultivate a more open relationship based on acceptance of one's emotions.

After a brief introduction on the importance of breath awareness, the counselor guides the student through the exercise, inviting them to observe the breath and bodily sensations without judgment, gently returning attention to the present moment whenever the mind wanders. Through this process, the student learns to recognize and accept uncomfortable emotions associated with academic contexts (e.g., exams, deadlines) as transient experiences, without avoiding or suppressing them.

4. Techniques and Tools Used

- **ABC Model** – analysis and application in personal situations.
- **Guided discovery technique** – for exploring automatic thoughts.
- **Psychoeducation** – on stress, anxiety, and cognitive processes.
- **ABC worksheet** – working and monitoring tool for homework.
- **Breathing-focused mindfulness** – used during the session and as homework.

5. Homework Assignment

The student receives an ABC worksheet to complete throughout the week, noting:

- the specific situation generating emotional distress (A);
- associated thoughts (B);
- resulting emotions and behaviors (C).

The student also receives the script for the breathing-focused mindfulness exercise, and specific days/time intervals for practice are agreed upon (e.g., in the evening, after academically demanding days, or daily, depending on context).

Purpose: increasing self-observation, identifying recurrent dysfunctional interpretation patterns, and facilitating acceptance of disturbing emotions through mindfulness.

6. Conclusions and Closure

Key ideas are summarized:

- emotions and behaviors are influenced by how we interpret events, not by the events themselves;
- thoughts can be analyzed, understood, and restructured;
- breathing-focused mindfulness can be an extremely useful tool for managing intense and uncomfortable academic emotions by fostering an observer perspective that describes experiences without judgment.



Positive feedback is provided regarding the student's engagement, and the topic of the next session is briefly introduced:

addressing intrusive thoughts and identifying personal values.

7. Expected Outcomes

By the end of the session, the student should:

- understand the ABC model and its applicability to their own life;
- identify the relationship between thoughts, emotions, and behaviors;
- display openness toward self-observation and change;
- become aware of the role of cognitive interpretation in generating stress and anxiety.

Session 3 – Enhancing Cognitive Flexibility and Developing an Action Plan

Theme: Cognitive defusion, balancing self-image, and clarifying personal values

1. Session Objectives

The third session aims to deepen the cognitive component of the therapeutic process by:

- developing the ability to distance oneself from intrusive thoughts (cognitive defusion);
- promoting a contextual and flexible sense of self that allows optimal adaptation to environmental demands;
- clarifying personal values as a foundation for goal-setting and value-consistent actions.

By integrating these components, students can develop a healthier relationship with their thoughts and emotions, improving cognitive and emotional self-regulation.

2. Specific Objectives

- Identifying and becoming aware of intrusive thoughts and how attachment to them maintains emotional distress.
- Practicing cognitive defusion as a technique for distancing from thought content.
- Exploring and balancing self-image by recognizing role diversity and identity flexibility.
- Clarifying personal values as guides for decision-making and life goals.
- Creating a realistic, value-oriented action plan applicable in the near future.

3. Session Structure (Duration: 60–75 minutes)

Stage 1: Exploring Reactions to Intrusive Thoughts and Introducing Cognitive Defusion (20–25 minutes)



The counselor initiates discussion on common intrusive thoughts among students (e.g., “I won’t cope with exams,” “I’m not good enough”). It is explained that excessive attachment to these thoughts intensifies emotional distress and avoidance behaviors.

Instead of directly confronting or suppressing thoughts, **cognitive defusion** is introduced as the ability to observe thoughts without treating them as facts or absolute truths (Harris, 2019).

Explanatory metaphors are used:

- “Thoughts are like clouds passing through the sky.”
- “Thoughts are like passersby on a busy street.”

The guided imagery exercise “**Leaves on a Stream**” is then introduced:

Participants are guided to imagine sitting by a calm river, placing each thought on a leaf floating by, observing the leaves pass without stopping or judging them. The purpose is to distance from cognitive content and practice non-reactive observation, reinforcing acceptance and mental flexibility.

Stage 2: Balancing Self-Image – Developing the Contextual Self (20 minutes)

The common tendency to rigidly identify with certain roles (e.g., “student,” “high achiever”) is discussed, highlighting how this can create emotional vulnerability during failure or change.

The counselor explains the concept of the **contextual self**, a flexible perspective on identity that allows adaptation across situations without loss of personal coherence (Godbee & Kangas, 2020).

The exercise “**I am...**” is introduced. Participants complete multiple versions of the sentence “I am...” (e.g., “I am a student,” “I am a friend,” “I am curious,” “I am someone who learns from mistakes”).

Discussion follows regarding:

- the diversity and fluidity of roles;
- how self-perception changes with context;
- how identity flexibility supports emotional resilience and self-acceptance.

Stage 3: Clarifying Personal Values and Action Planning (25–30 minutes)

Personal values are addressed as a core element of intrinsic motivation and decision coherence.

The counselor introduces the “**values compass**” metaphor, explaining that values represent life directions rather than fixed destinations.

The exercise “**Projecting the Self at Age 85**” (Moran & Ming, 2022) is conducted. Participants imagine their 85th birthday and reflect on what made their life meaningful and what values guided them.



Participants then identify:

- values emerging from this projection (e.g., learning, balance, contribution, authenticity);
- concrete behaviors that reflect these values in the present.

A value-oriented action plan is developed, with goals that are:

- specific;
- measurable;
- achievable;
- relevant (aligned with values);
- time-bound.

4. Techniques and Tools Used

- **Cognitive defusion** exercises (Harris, 2019).
- Guided imagery – *Leaves on a Stream*.
- **“I am...” exercise** – exploring the contextual self.
- Personal values clarification and action planning.
- Psychoeducation on cognitive flexibility, identity, and values.

5. Homework Assignment

- Practicing cognitive defusion using metaphors (clouds or leaves).
- **Values journal:** completing the “Battery Exercise” to rank important life domains and monitor alignment between actions and values.
- Weekly reflection on the contextual self: writing three new “I am...” statements.

6. Conclusions and Closure

The counselor:

- reviews cognitive defusion, contextual self, and values clarification;
- validates effort and progress;
- emphasizes applying exercises in daily life;
- introduces the next session: **progress consolidation and relapse prevention.**

Session 4: Final Evaluation and Skill Consolidation

Theme: Reassessment, maintaining progress, and relapse prevention

1. Session Objectives



The final session aims to consolidate the outcomes of the protocol by:

- reassessing progress relative to initial goals;
- identifying effective strategies for maintaining change;
- developing a personalized relapse prevention plan;
- strengthening intrinsic motivation to apply PBT techniques independently.

2. Specific Objectives

- Reassessing goal attainment from Sessions 1–3.
- Reviewing key PBT concepts and techniques.
- Identifying internal and external facilitators and barriers to progress.
- Creating a progress maintenance and relapse prevention plan.
- Encouraging autonomy and personal responsibility.

3. Session Structure (Duration: 60–75 minutes)

Stage 1: Goal Reassessment and Progress Analysis (20–25 minutes)

Progress is evaluated using self-report, counselor observations, and monitoring tools (e.g., PBAT). Concrete examples of goal achievement percentages are discussed, and progress graphs may be used to enhance motivation.

Stage 2: Review and Integration of PBT Techniques (20 minutes)

Techniques are reviewed across cognitive, emotional, behavioral, and values-based domains, reinforcing self-efficacy and independent application.

Domain	PCC-PB Technique	Main purpose	Specific applicability
Cognitive	Cognitive restructuring/ ABC Model	Identification and modification of irrational beliefs	Assessment contexts, self- criticism, academic stress
Emotional	Mindfulness and cognitive defusion	Acceptance and distance toward negative emotions/ thoughts	Management of anxiety, frustration and rumination
Behavioral	Behavioral activation and values-based planning	Increasing engagement in relevant activities	Organization of study time, social relationships
Values	Clarification of personal values	Improving coherence and personal meaning	Decision-making within the academic and general life context



The student is encouraged to reflect on the techniques that had the greatest impact and on the situations in which they can be applied independently.

This stage strengthens the sense of self-efficacy and confidence in the student's ability to engage in psychological self-regulation.

Stage 3: Developing Self-Support Strategies and Relapse Prevention (25–30 minutes)

The counselor explains that the progress achieved needs to be actively maintained, and that relapses may naturally occur during periods of increased stress. The objective is to develop a personal self-support framework that helps the student prevent a return to dysfunctional patterns.

The exercise “Early Warning Signs of Relapse”

The student is guided to identify:

- typical thoughts that may signal a return to negative patterns (“I can’t cope anymore,” “Everything is too difficult”);
- recurrent emotions (irritability, sadness, restlessness);
- avoidance behaviors (procrastination, social withdrawal, excessive perfectionism).

After identification, early intervention strategies are discussed using the techniques learned:

- applying the ABC model to reinterpret the situation;
- using mindfulness exercises to return to the present moment;
- engaging in rational self-dialogue to restructure distorted thoughts;
- contacting a support person (mentor, peer, counselor) for realistic feedback.

A **personal progress maintenance plan** is then developed. The student creates an individualized plan that includes:

- self-regulation routines (e.g., daily mindfulness practices, time management, relaxing activities);
- short- and medium-term goals derived from personal values;
- healthy coping strategies for stressful situations;
- support resources that can be accessed (people, university centers, PBT applications).

The counselor provides constructive feedback and strengthens the student's motivation to continue applying these strategies independently.

Stage 4: Closing the Counseling Process (10 minutes)

The session concludes with a symbolic review of the counseling journey, highlighting:

- major progress achieved;



- cognitive, emotional, and behavioral skills developed;
- the transformation of the student from a passive recipient into an active agent of their own change.

The counselor emphasizes that the ultimate goal of the PBT intervention is **psychological autonomy**, not dependence on counseling. The student is encouraged to view the process as the beginning of an ongoing personal development journey rather than a definitive ending.

To reinforce the sense of competence and self-efficacy, a symbolic closing ritual may be conducted (e.g., completing a progress certificate, writing down the most valuable takeaways, or formulating a personal resource statement such as: *“I have learned that I can manage stress through awareness and rational action.”*).

4. Techniques and Tools Used

- Goal reassessment (self-report and counselor feedback).
- Graphical analysis of progress.
- Review of PBT techniques: ABC model, mindfulness, defusion, cognitive restructuring, personal values.
- The “Early Warning Signs of Relapse” exercise.
- Development of the progress maintenance plan.
- Positive feedback and a closing ritual for the therapeutic process.

5. Homework Assignment

The student is encouraged to continue periodic self-evaluation (e.g., monthly) using a mini PBT journal, in which they record:

- stressful situations encountered;
- associated thoughts and emotional reactions;
- techniques applied and perceived effectiveness.

Additionally, the student will review and update the personal maintenance plan whenever significant changes occur in their academic or personal life.

6. Conclusions and Closure

This session concludes the PBT protocol, fulfilling a dual function:

- **Evaluative** – by measuring progress and analyzing achieved objectives;
- **Formative** – by consolidating acquired skills and developing psychological autonomy.

The counseling process ends with an emphasis on maintaining inner balance, self-regulation, and continuous learning, supporting the student in remaining their own counselor when facing future challenges.



7. Expected Outcomes

By the end of the session, the student should:

- demonstrate clear awareness of their psychological progress;
- know and be able to independently apply PBT techniques in various situations;
- possess a personalized self-regulation and relapse prevention plan;
- express confidence in their ability to cope with future challenges;
- demonstrate a proactive and reflective attitude toward the personal development process.

General Conclusions

The analysis of data from the specialized literature highlights that personalized psychological interventions—particularly those based on the process-based cognitive-behavioral model (PBT)—represent an effective tool for reducing adaptation difficulties and preventing university dropout among students with disabilities. By integrating scientifically validated techniques such as experiential acceptance, mindfulness, cognitive defusion, and personal values clarification, the PBT approach significantly contributes to the development of psychological flexibility and the reduction of emotional distress. These cognitive, emotional, and behavioral changes support not only academic adaptation and emotional self-regulation, but also an increased sense of autonomy and personal competence.

Moreover, the transdiagnostic nature of this intervention allows it to be adapted to the individual characteristics of students and to specific types of disability, making it relevant and effective across a wide range of psychological difficulties. In this way, PBT supports overall improvements in quality of life, academic and social functioning, strengthening students' capacity to autonomously manage personal and educational challenges. Consequently, the implementation of a counseling guide based on PBT principles confirms the value of integrated, person-centered psychological interventions focused on developing internal resources as a sustainable means of promoting resilience, adaptability, and university inclusion.

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