Mindfulness & Acceptance:

A path towards a Values Driven Life for individuals living with HIV

Leonardo Aguilar, MACP
Program Coordinator
Medical Case Manager
Registered Mental Health Counselor Intern
Southeast Aids Education And Training Center
Comprehensive AIDS Program

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MILLER SCHOOL
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Presenter & Acknowledgements

Leonardo Aguilar, MACP

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LEARNING OBJECTIVES

1. To define mindfulness and acceptance and their role in enhancing mental health wellness

2. To provide Acceptance and Commitment Therapy techniques that increase Psychological flexibility in Latinx individuals who are HIV positive.

3. To review research on mindfulness and its effectiveness on the Latinx community

4. To analyze the case study of a Latinx patient living with HIV where mindfulness and acceptance strategies are utilized

OBJECTIVE 1

To define Mindfulness and Acceptance and their role in enhancing mental health wellness

MINDFULNESS BY DEFINITION

"The practice of maintaining a nonjudgmental state of heightened or complete awareness of one's thoughts, emotions, or experiences on a moment-to-moment basis"

-Merriam-Webster Dictionary

ACCEPTANCE CAN BE DEFINED AS

" The voluntary adoption of an intentionally open, receptive, flexible, and nonjudgmental posture with respect to moment-to-moment experience "

(Hayes, S. C., Strosahl, K. D., & Wilson, K. G. 2012)

OBJECTIVE 1: TO DEFINE MINDFULNESS AND ACCEPTANCE AND THEIR ROLE IN ENHANCING MENTAL HEALTH WELLNESS

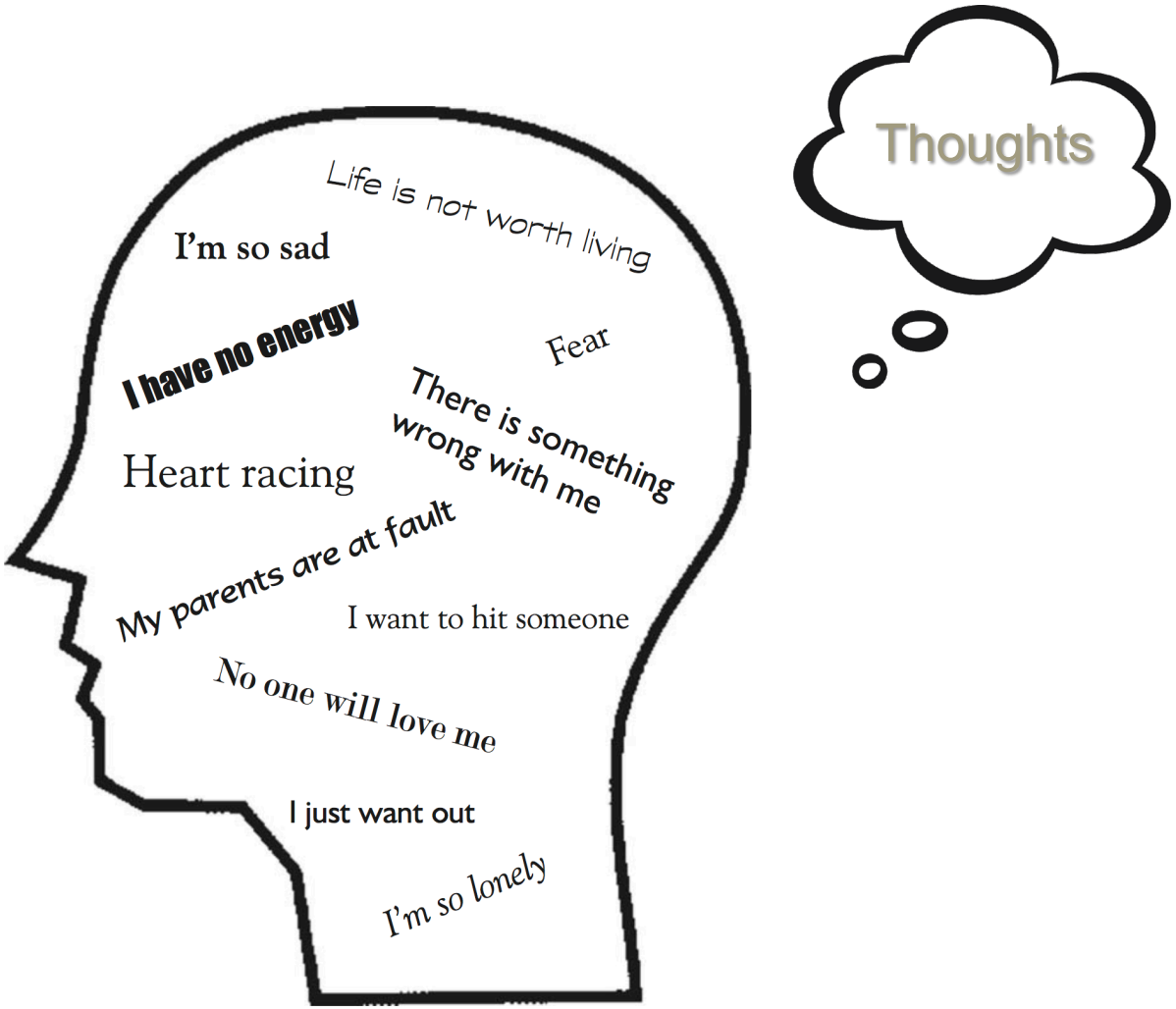


Fig 9.2 Get out of your mind and into your life
Steven C Hayes


Frustrated


Embarrassed

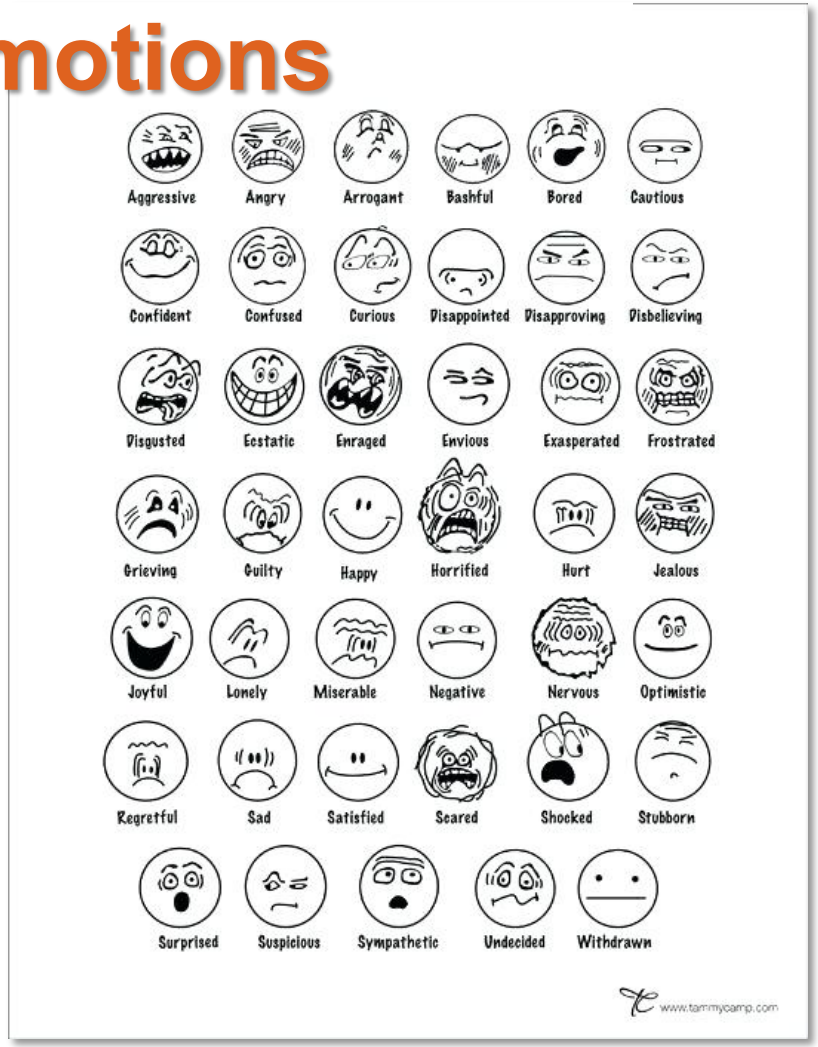

Sad


Mad

This is how I feel today!


Proud

Emotions



Bodily sensations

Tight
Loose
Achy
Sore
Light
Heavy
Constricted
Relaxed
Comfortable
Painful
Warm
Cold
flushed

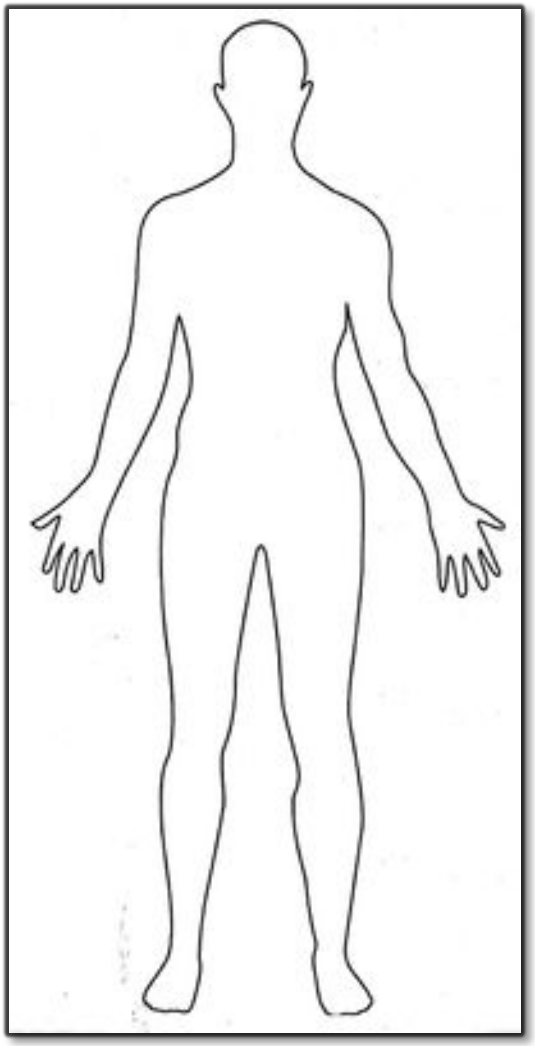
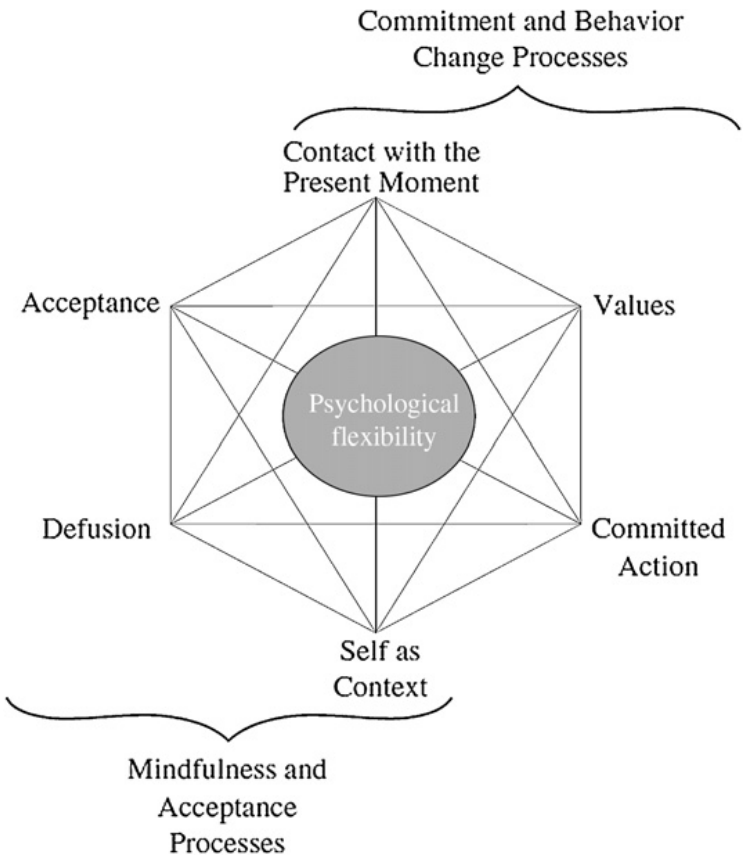


Fig 7.1 your body. . Get out of your mind and into your life
Steven C Hayes

Memories & Images

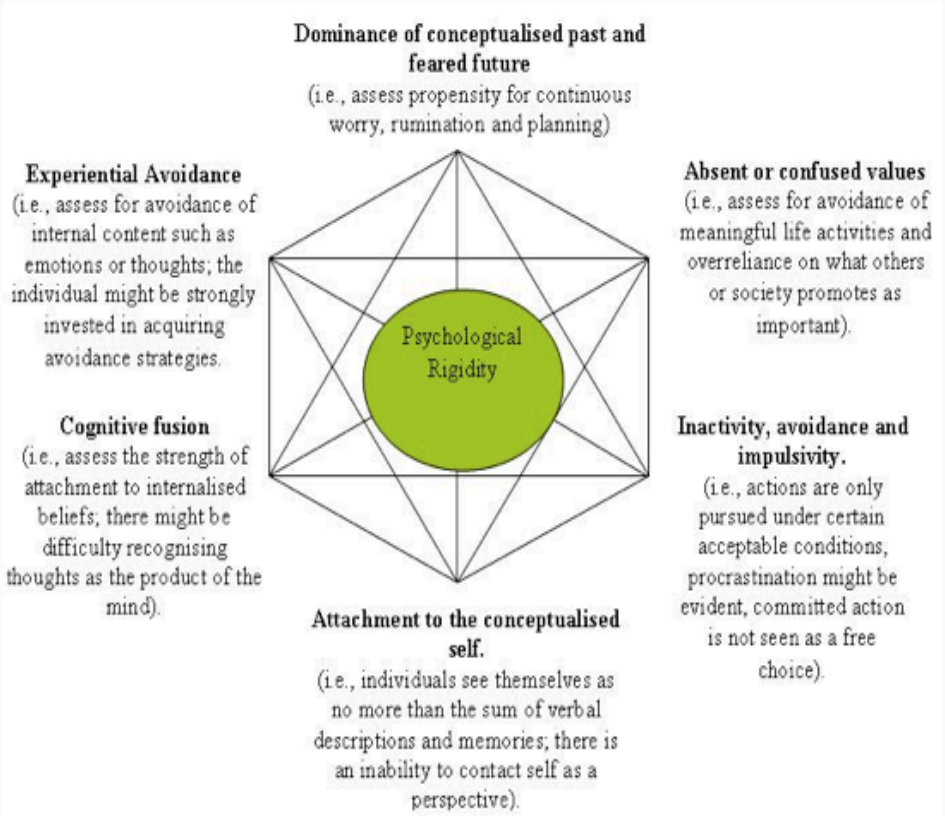
OBJECTIVE 1: TO DEFINE MINDFULNESS AND ACCEPTANCE AND THEIR ROLE IN ENHANCING MENTAL HEALTH WELLNESS

Psychological Processes of ACT



The hexaflex model of the psychological processes ACT targets. (From Hayes S, Luoma J, Bond F, et al. Acceptance and commitment therapy: model, processes and outcomes. Behav Res Ther 2006;44:1–25)

ACT's model of Psychopathology



http://www.contemporarypsychotherapy.org/vol-4-no-1-spring-2012/acceptance-and-commitment-therapy/

OBJECTIVE 2

To provide Acceptance and Commitment Therapy techniques that increase Psychological flexibility in Latinx individuals who are HIV positive.

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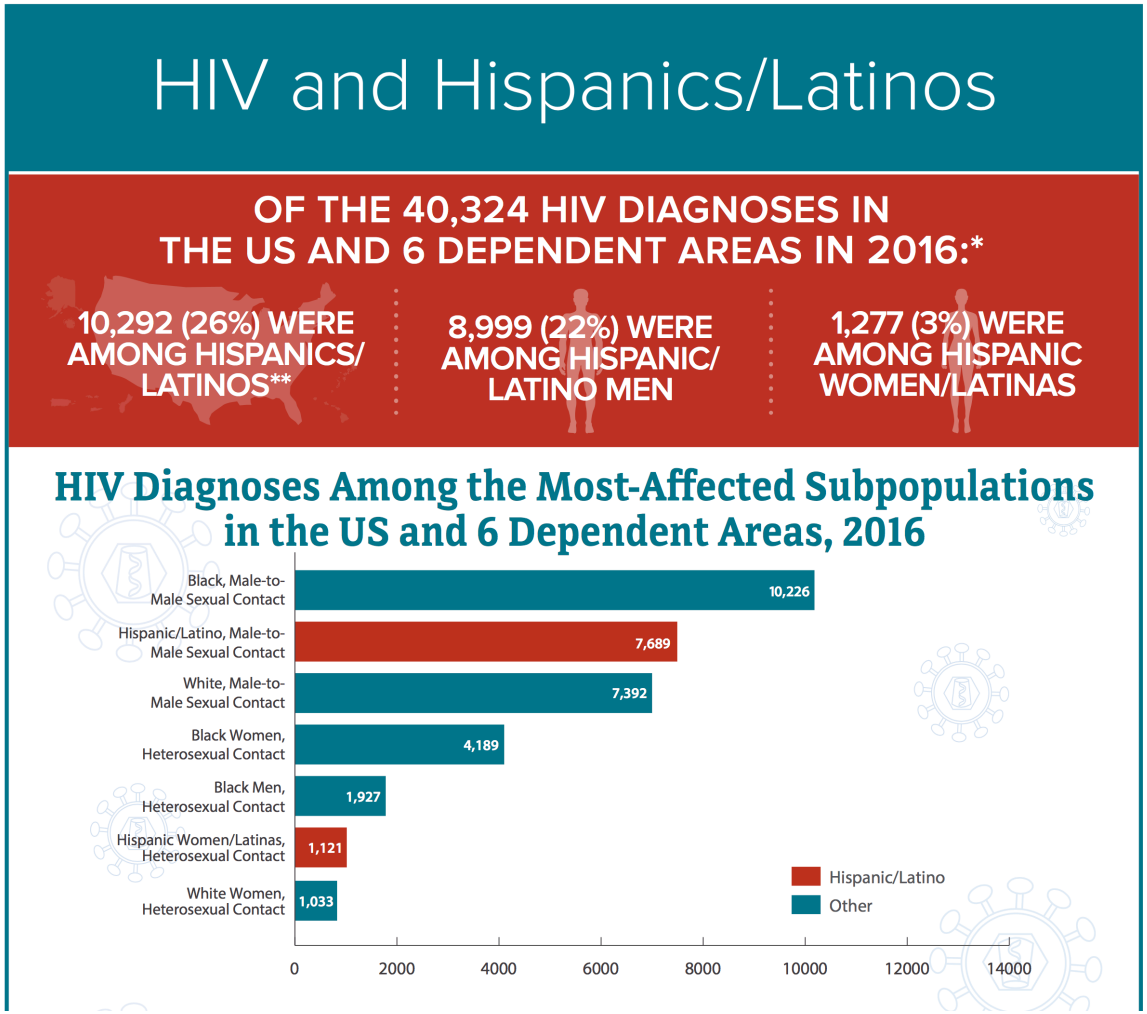

https://www.cdc.gov/hiv/pdf/group/racialethnic/hispaniclatinos/cdc-hiv-latinos.pdf

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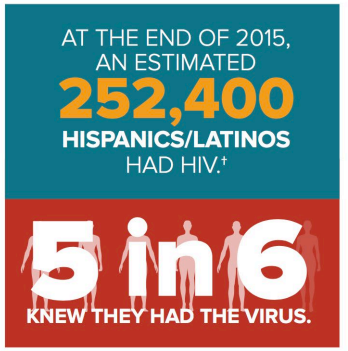

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SELF-AS-CONTENT

You as the object of summary verbal categorizations and evaluations.

It is the verbal "I am" self, as in: I am old; I am anxious; I am kind; I am mean; I am unlovable; I am sweet; I am beautiful; and so forth.

The conceptualized self is overflowing with content; this *content* is the story about you and your life that you've been selling to yourself.

It contains all the thoughts, feelings, bodily sensations, memories, and behavioral predispositions that you've bought into and integrated into a stable verbal picture of yourself.

If a person is suffering with anxiety, depression or Internalized Stigma, one's identification with these disorders/experiences is almost certainly part of one's conceptualized self.

SELF-AS-CONTEXT

A transcendent sense of self:
A consistent perspective from which to observe and accept all changing experiences.
(Often called The Observing Self)
It is a process, not a thing:

OBJECTIVE 2: To provide Acceptance and Commitment Therapy techniques that increase Psychological flexibility in Latinx individuals who are HIV positive.

TRACKING YOUR THOUGHTS IN TIME

Time Line: _____

Distant Past	Recent Past	Present	Close Future	Distant Future

What did you notice about your thoughts? Was there a specific time that kept coming up, or did your thoughts move throughout time? Write a few notes on your experience below:

_____

_____

_____

_____

_____

Page 100. Get out of your mind and into your life
Steven C Hayes

OBJECTIVE 2: To provide Acceptance and Commitment Therapy techniques that increase Psychological flexibility in Latinx individuals who are HIV positive.

VIDEO

DEFUSION

Looking ***At*** thoughts, rather than ***From*** thoughts

Noticing thoughts, rather than **being caught up** in thoughts

Seeing thoughts as what they are, not as what they seem to be

DEFUSION

Aim of Defusion is ***NOT*** to feel better, nor to get rid of unwanted thoughts L SEP
Aim of Defusion ***IS*** to reduce influence of unhelpful cognitive processes upon behaviour

To facilitate being psychologically present & engaged in experience;

OBJECTIVE 2: To provide Acceptance and Commitment Therapy techniques that increase Psychological flexibility in Latinx individuals who are HIV positive.

WATCHING BODILY SENSATIONS

Tight
Loose
Achy
Sore
Light
Heavy
Constricted
Relaxed
Comfortable
Painful
Warm
Cold
flushed

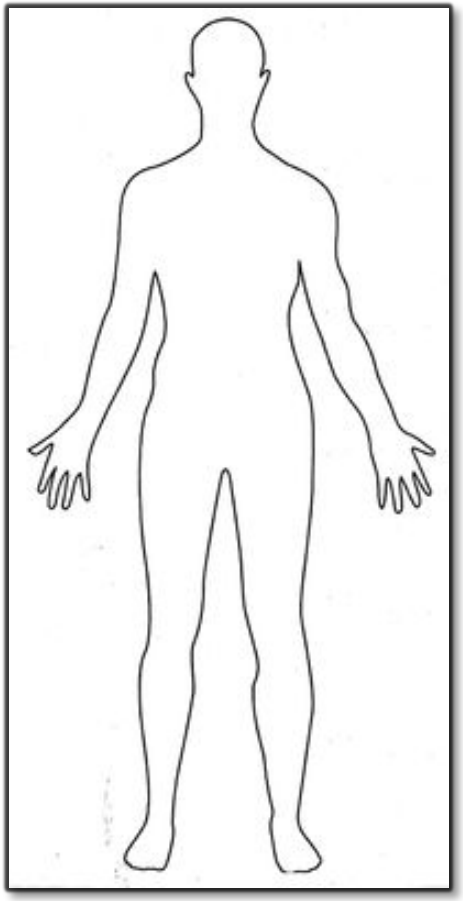

Fig 7.1 your body. . Get out of your mind and into your life
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OBJECTIVE 3

To review research on mindfulness and its effectiveness on the Latinx community

Culturally adapted CBT (CA-CBT) for Latino women with treatment-resistant PTSD: a pilot study comparing CA-CBT to applied muscle relaxation

Researchers at the Department of Psychiatry in Massachusetts General Hospital examined the therapeutic efficacy of a culturally adapted form of CBT (CA-CBT) for PTSD as compared to applied muscle relaxation (AMR) for female Latino patients with treatment-resistant PTSD. Participants were randomized to receive either CA-CBT (n = 12) or AMR (n = 12), and were assessed before treatment, after treatment, and at a 12-week follow-up.

The treatments were manualized and delivered in the form of group therapy across 14 weekly sessions.

Assessments included a measure of PTSD, anxiety, culturally relevant idioms of distress (nervios and ataque de nervios), and emotion regulation ability.

Devon E. Hinton, Stefan G. Hofmann, Edwin Rivera, Michael W. Otto, Mark H. Pollack,

Culturally adapted CBT (CA-CBT) for Latino women with treatment-resistant PTSD: A pilot study comparing CA-CBT to applied muscle relaxation, Behaviour Research and Therapy, Volume 49, Issue 4, 2011,Pages 275-280, ISSN 0005-7967, https://doi.org/10.1016/j.brat.2011.01.005. (http://www.sciencedirect.com/science/article/pii/S0005796711000222)

Culturally adapted CBT (CA-CBT) for Latino women with treatment-resistant PTSD: a pilot study comparing CA-CBT to applied muscle relaxation

Patients receiving CA-CBT improved significantly more than in the AMR condition. Effect size estimates showed very large reductions in PTSD symptoms from pretreatment to post treatment in the CA-CBT group (Cohen's d = 2.6) but only modest improvements in the AMR group (0.8).

These results suggest that CA-CBT can be beneficial for previously treatment-resistant PTSD in Latino women.

Devon E. Hinton, Stefan G. Hofmann, Edwin Rivera, Michael W. Otto, Mark H. Pollack,

Culturally adapted CBT (CA-CBT) for Latino women with treatment-resistant PTSD: A pilot study comparing CA-CBT to applied muscle relaxation, Behaviour Research and Therapy, Volume 49, Issue 4, 2011,Pages 275-280, ISSN 0005-7967, https://doi.org/10.1016/j.brat.2011.01.005. (http://www.sciencedirect.com/science/article/pii/S0005796711000222)

RESEARCH

Bowling State University conducted a study where a total of 62 HIV-positive patients receiving services *from The Empowerment Center* and *Centro de Salúd Familiar La Fe* in El Paso, Texas were recruited for the study.

In order to be eligible for participation, individuals had to be at least 18-years old and identify themselves as Latinx or of Hispanic descent.

Rodriguez-Klein, M.A., T. (2018). *ACCEPTANCE AND COMMITMENT THERAPY FOR LATINOS LIVING WITH HIV/AIDS: A PILOT RANDOMIZED CONTROL OUTCOME STUDY* (Doctoral dissertation, Bowling Green State University). Retrieved from https://etd.ohiolink.edu/!etd.send_file?accession=bgsu1530732579157387&disposition=attachment

OBJECTIVE 3:To review research on mindfulness and its effectiveness on the Latinx community

Table 1

Sample Demographic and Medical Characteristics – Study 1

	N(%)^
Total number of participants	62 (100)
Language of Preference:	
English	28 (45)
Spanish	34 (55)
Gender:	
Male	46 (75)
Female	13 (21)
Transgendered (M to F)	2 (3)
Country of Origin:	
Mexico	28 (45.2)
Puerto Rico	2 (3.2)
Cuba	1 (1.6)
Other	1 (1.6)
Not reported	29 (46.8)
Sexual Orientation:	
Straight/Heterosexual 23 (37.1)	
Mostly Heterosexual/Straight	3 (4.8)
Bisexual	5 (8.1)
Mostly Gay/Lesbian	5 (8.1)
Gay/Lesbian	22 (35.5)
Not reported	2 (3.2)
Marital Status:	
Single	36 (58.1)
Married	11 (17.7)
Divorced/Separated	11 (17.8)
Widowed	3 (4.8)
Employment Status:	
Employed for wages	8 (12.9)
Self-employed	5 (8.1)
Unemployed	13 (21)

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OBJECTIVE 3:To review research on mindfulness and its effectiveness on the Latinx community

Table 1 continued

Homemaker	4 (6.5)
Retired	6 (9.7)
Disability/Unable to work	25 (40.3)
Education:	
Elementary school (grades 1 to 8)	11 (17.7)
Some high school	6 (9.7)
High school graduate or GED	18 (29)
Some college or technical school	23 (37.1)
College graduate/BA	3 (4.8)
Religion:	
Roman Catholic	39 (62.9)
Christian	13 (21)
Protestant	1 (1.6)
Other	6 (9.7)
Provider speaks Spanish	
Yes	20 (32.3)
No	13 (21)
Not applicable	29 (46.8)
HIV status:	
Detectable	7 (11.3)
Undetectable	51 (82.3)
Not reported	4 (6.5)

Rodriguez-Klein, M.A., T. (2018). *ACCEPTANCE AND COMMITMENT THERAPY FOR LATINOS LIVING WITH HIV/AIDS: A PILOT RANDOMIZED CONTROL OUTCOME STUDY* (Doctoral dissertation, Bowling Green State University). Retrieved from https://etd.ohiolink.edu/!etd.send_file?accession=bgsu1530732579157387&disposition=attachment

RESEARCH RESULTS

Results from correlational analyses indicate that acceptance, mindfulness, and cognitive defusion were associated with better quality of life and reduced HIV stigma.

An examination of the different components of quality of life indicated that acceptance was positively associated with emotional wellbeing/living with HIV, physical well-being, and social wellbeing.

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RESEARCH RESULTS

A potential explanation is that a context of acceptance and defusion can promote present moment awareness. When individuals are engaged in the present moment the cognitive load of thoughts may not affect behavior or increase emotional suffering.SEP SEPThe present findings also suggest that when individuals are more willing to experience unpleasant thoughts and emotions about HIV as opposed to trying to avoid them, they may be more likely to report higher levels of life satisfaction.

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OBJECTIVE 4

To analyze the case study of a Latinx patient living with HIV where mindfulness and acceptance strategies are utilized

OBJECTIVE 4: To analyze the case study of a Latinx patient living with HIV where mindfulness and acceptance strategies are utilized

Initial Psychological Evaluation

Legal Name: JL TA
Gender Identity: Male

Preferred Name:
Preferred Pronoun: he/his

Date of Evaluation: 3/2/2018

Chief complaint/Presenting problem:
Patient is a 25-year old Colombian white male s/p HIV in 2016, self-referred for a psychological evaluation and subsequent psychiatric services. Through collaboration with the BDI-II and his report, patient endorsed experiencing the following symptoms of depression for the past two weeks: discouragement, feeling like crying, agitation, loss of energy, increased sleep, loss of appetite, concentration difficulty, tiredness/fatigue, loss of interest in sex. Patient reported that he currently sleeps approximately 3 to 5 hours nightly and is tired throughout the day. Patient noted that his depressive symptoms have been increasing over the past two to three years. he stated, "I'm depressed. And I'm stressed. I feel like everything is coming down on me and there ain't nobody to help me."

Patient endorsed the following symptoms of anxiety currently: feeling tense, strained, upset, worried, nervous, and confused. he endorsed the following symptoms of anxiety in general: nervous and restless, dissatisfied, unhappy, and feeling turmoil. Patient endorsed the following symptoms of panic: "Racing" heart, Feeling weak, dizzy, Sense of terror, Feeling sweaty, Chest pains, Breathing difficulties, Feeling a loss of control. Patient denied any current perceptual disturbances.

Psychiatric History:
Patient endorsed being hospitalized on four different days at Hospital X as a result of having " uncontrollable panic attacks" Patient reported that he was prescribed Lorazepan 0.5 mg twice a day and Celexa 10mg. Patient further reported that he received mental health counseling "for a little while" approximately two to three years ago. He reported that she discontinued services when he thought he could manage his stress on his own. Patient denied any mental health outpatient or inpatient services..

Substance abuse history:
Patient endorsed smoking marijuana occasionally but stated that he has stopped because "it makes him feel even more anxious". Patient denied any inpatient or outpatient substance abuse treatment. Patient denied any other history of drug and/ or alcohol abuse.

Medical History:
PCP: Dr P
Problem list: HIV
Allergies: none reported
Labs: CD4: 450 and VL: <20 as of February 2, 2018
Medication: Genvoya HIV

Adherence: Endorsed partial HIV medication adherence and partial adherence to mental health medications, as he articulated that "I think I am taking too much medicine and i think i can get dependent."

Transmission Category: HIV was contracted through sexual intercourse with a known male partner.

OBJECTIVE 4: To analyze the case study of a Latinx patient living with HIV where mindfulness and acceptance strategies are utilized

Nutrition screening:
Self-Perception of Body Size: "very thin"
Unintentional Weight Change: denied
Feeling Ability: Complete independence
Nutritional Risk Factors: lack of appetite

Pain screening:
Patient endorsed pain in chest at onset of panic attacks.

Familial Medical/Psychiatric History:
Patient denied knowledge of any family medical/psychiatric history

Social History:
The patient was born and raised in Colombia. He reported that he was raised with his mother alone. he noted that his childhood was "good but that he wish he had a father." Patient noted that he migrated to the United States in 2002 with his mom. Patient reported that he maintains a very supportive relationship with his mother has disclosed his HIV status to her. Patient added that he has a hard time maintaining friendships as he "gets very anxious in social settings." Patient reported that he is currently single and has no immediate plans to be in a romantic relationship.

Trauma History:
Abuse (Emotional - Physical – Sexual): denied

Domestic Violence (Witness or Victim): denied

Neglect: denied

Exploitation (Financial - Sexual - Trafficking): Denied

Educational History:
Patient endorsed completing High School.

Occupational history:
Patient endorsed work history in hospitality. Reported being unemployed for the past six months due to his panic attacks.

Legal history:
Patient denied any arrests or incarceration. Patient reported that he pursued immigration status which he was granted. Patient denied any other legal history.

Mental status:
Orientation: alert and oriented x 4
General Appearance: casually groomed, appropriate to setting
Behavior: reserved, cooperative
Eye Contact: WNL
Motor Function: appropriate and WNL
Psychomotor speed: appropriate and WNL
Speech: WNL
Mood/Affect: anxious/congruent
Thought Process: WNL
Thought Content: congruent with questions asked during interview
Sensory: patient did not appear to respond to internal stimuli at the time of the interview

OBJECTIVE 4: To analyze the case study of a Latinx patient living with HIV where mindfulness and acceptance strategies are utilized

Perceptual disturbances: patient did not appear to respond to internal stimuli at the time of the interview
Insight/Judgment: limited/limited

Suicide Risk Assessment:
Past Ideation: Denied
Past Plan: Denied
Past Intent: Denied* Patient reported that his hospitalization record indicate he verbalized suicidal intent; however he denies said intent.
Previous Attempts: Denied
Current Ideation: Denied
Current Plan: Denied
Current Intent: Denied

Suicide Risk Factors:
Demographic: Lives at home with his mother
Current Mental State: Appeared oriented x4
Clinical Factors: Symptoms of depression and anxiety
Loss Factors: chronic illnesses, stress due to unemployment, stress due to immigration status, some family conflict
Cognitive Factors: Endorsed trouble concentrating and forgetfulness
Historical Suicide Risk Factors: No prior suicidal attempts
Risk Reduction Suicide Factors: Patient denied any current ideation, intent, and/or plan. He also endorsed religiosity and his mother.

Homicide Risk Assessment:
Previous thoughts of harming others: Denied
Previous attempts to harm others: Denied
Current thoughts of harming others: Denied
Current Substance Use: Denied
Current Legal Issues: Denied
Action(s) Taken: Denied
Risk reduction homicidal factors: Denied

Psychological Screening Measures:

MEASURE	RAW SCORE	INTERPRETATION
GAD-7	15	Severe Anxiety
BDI	14	Mild Depression

Formulation:

DSM-5 Diagnostic Impression (Preliminary):
F41.1 Generalized Anxiety Disorder
F41.0 Panic Disorder

Medical conditions:
B20 HIV Infection

OBJECTIVE 4: To analyze the case study of a Latinx patient living with HIV where mindfulness and acceptance strategies are utilized

FUNERAL EXERCISE FOR VALUES EXPLORATION

THERAPIST: If you're willing, I'd like us to do an exercise that might have some very interesting and surprising results, or it may simply help get you in touch with something you've known all along. Let's just see what happens.

CLIENT: OK, I'm willing to give it a try.

THERAPIST: This is what I call the What Do You Want Your Life to Stand For? exercise. I want you to close your eyes and relax for a few minutes and put all the other stuff we've been talking about out of your mind.

(I assist client with relaxation for 2–3 minutes.)

Now, I want you to imagine that through some twist of fate you have died, but you are able to attend your funeral in spirit. You are watching and listening to the eulogies offered by your mom, your relatives, your friends, the people you have worked with, and so on. Imagine just being in that situation, and get yourself into the room emotionally.

(Pauses)

OK, now I want you to visualize what you would like these people who were part of your life to remember you for. What would you like your mom to say about you as a son? Have her say that. Really be bold here! Let her say exactly what you would most want her to say if you had totally free choice about what that would be.

(I Pause and allow the client to speak.)

you mentioned you want to have children in the future, so lets assume you did, what would you like your children to remember you for as a father? Again, don't hold back. If you could have them say anything, what would it be? Even if you have not actually lived up to what you would want, let them say it as you would most want it to be.

(I Pause and allow the client to speak.)

OBJECTIVE 4: To analyze the case study of a Latinx patient living with HIV where mindfulness and acceptance strategies are utilized

FUNERAL EXERCISE FOR VALUES EXPLORATION

Now what would you like your friends to say about you as a friend. What would you like to be remembered for by your friends? Let them say all these things. and don't withhold anything! Have it be said as you would most want it. And just make a mental note of these things as you hear them spoken.

[I may may continue with this until it is quite clear the client has entered into the exercise. Then I help the client to reorient back to the session, I say "Just picture what the room will look like when you come back and when you are ready just open your eyes."]

CLIENT: That was weird... trying to imagine being dead but being there. Sometimes in the past I've thought about suddenly dying. Usually I imagine how blown-out everyone would be—how tough it would be on my family!

THERAPIST: So, projecting yourself to the point of dying feels like pretty serious business.

CLIENT: Yeah, it seems to kind of dwarf all my problems! At the same time, I get really down on myself because it seems like my life is wasting away.

THERAPIST: I'm curious... when you heard the eulogies, what stood out in the way of things you wanted to be remembered for?

CLIENT: When My mom said that I had been a great son who cared for her and his family and made a difference in people's lives.

My friend the guy I've probably known the longest, said I had been there for him when he needed me the most, when he quit drinking. This actually happened 2 years ago.

OBJECTIVE 4: To analyze the case study of a Latinx patient living with HIV where mindfulness and acceptance strategies are utilized

FUNERAL EXERCISE FOR VALUES EXPLORATION

THERAPIST: Did anyone stand up and say “Here I remember (JL TA)—he spent his entire life trying to prove he was no fluke”?

CLIENT: (Laughs.) No.

THERAPIST: Did anyone say “Here lies JL TA—he made over $2 million in his career and because of that he is eternally worthy”?

CLIENT: (Laughs.) No. What are you trying to tell me?

THERAPIST: Nothing really... just notice that a lot of things you berate yourself about and struggle with have no connection to what you want to be remembered for. It just seems that you’ve squeezed yourself mercilessly in the name of things you may not even value.

CLIENT: That’s pretty scary if that’s true!

THERAPIST: Yes, it is, and it’s not about what’s true! It’s about what works and what doesn’t. In a variation on this exercise,

This exercise can reveal wide discrepancies between the client’s values and his current actions.

Converted exert from (Hayes, S. C., Strosahl, K. D., & Wilson, K. G. 2012)

QUESTIONS

Fig 7.1 your body. . Get out of your mind and into your life
Steven C Hayes

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