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Preliminary Effects of a Two-Day ACT-Based Workshop With DBT-Informed Distress-Tolerance Skills on Emotion Efficacy and Psychological Flexibility

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ABSTRACT

Objective: This study examined preliminary changes in emotion efficacy and psychological flexibility following a brief Acceptance and Commitment Therapy (ACT)-based group workshop augmented with DBT-informed distress-tolerance skills.

Methods and Materials: A quasi-experimental repeated-measures design was used with assessments at pre-test, post-test, and one-month follow-up. Thirty adults (mean age=31.7 years, SD=7.9; 60% female) were randomly selected from registrants of a public psychology conference on emotion regulation and participated in a two-day workshop (6 hours/day). The intervention targeted ACT core processes (acceptance, defusion, present-moment awareness, self-as-context, values, committed action) and included selected DBT distress-tolerance and mindfulness skills. Outcomes were measured using the Emotion Efficacy Scale (EES) and the Acceptance and Action Questionnaire-II (AAQ-II; reverse-scored so higher scores reflected greater psychological flexibility). Data were analyzed using repeated-measures ANOVA with Bonferroni-adjusted comparisons and partial eta-squared effect sizes.

Findings: Significant time effects were observed for emotion efficacy ($F(2,58)=25.27$, $p<.001$, $\eta^2=.36$) and psychological flexibility ($F(2,58)=75.21$, $p<.001$, $\eta^2=.63$). Mean scores improved from pre-test to post-test and were maintained at one-month follow-up. Bonferroni comparisons indicated a pattern of pre-test < post-test ≈ follow-up.

Conclusion: A brief ACT-based workshop with DBT-informed skills was associated with substantial short-term improvements in emotion efficacy and psychological flexibility in a non-clinical adult sample. Controlled trials with larger, more diverse samples are needed to establish causal efficacy and long-term durability.

Keywords: Acceptance and Commitment Therapy, emotion efficacy, psychological flexibility, distress tolerance, DBT-informed skills.

Introduction

Emotion regulation refers to the processes by which individuals influence the emotions they have, when they have them, and how they experience and express these emotions (classically framed within the process model; (Gross, 2015). Contemporary work emphasizes moving beyond a static focus on particular "good" or "bad" strategies to a broader, dynamic view that considers regulatory aims, contextual fit, timing, and interpersonal consequences across the full emotion episode (Petrova & Gross, 2023). In this second generation of emotion-regulation research, dysregulation is increasingly conceptualized as a context–strategy mismatch that manifests across internalizing and externalizing spectra and predicts significant impairment. Large-scale syntheses show that interventions explicitly targeting emotion regulation can reduce maladaptive strategies (e.g., experiential avoidance, suppression) and improve functioning across populations and settings (Saccaro et al., 2024).

Within the "third-wave" of cognitive-behavioral therapies, Acceptance and Commitment Therapy (ACT) has gained robust support for improving mental-health outcomes by cultivating psychological flexibility—the capacity to remain in contact with aversive internal experiences while pursuing values-consistent action. Recent meta-analytic and overview-of-reviews evidence indicates that ACT yields moderate between-group effects (and large within-group effects) on depression and anxiety and reliably strengthens ACT processes (e.g., openness, awareness, and engagement) across clinical and subclinical samples (Beygi et al., 2023; Keulen et al., 2025; Zou et al., 2025). Importantly for the present study, these gains co-occur with measurable improvements in emotion-regulation capacities, suggesting that flexibility may be a key process pathway linking ACT to symptom reduction.

Dialectical Behavior Therapy (DBT) likewise targets emotion dysregulation through structured skills modules—mindfulness, emotion regulation, distress tolerance, and interpersonal effectiveness. A growing body of recent work demonstrates that DBT-informed skills, delivered in diverse formats (including condensed or online hybrids), improve emotion dysregulation and associated clinical outcomes (Jones et al., 2023; Norman-Nott et al., 2025). These findings underscore the value of explicitly training distress-tolerance and mindful awareness alongside cognitive-behavioral change strategies, particularly for individuals who struggle to stay engaged when emotions surge.

Integrating ACT with DBT-informed skills offers a pragmatic, mechanism-aligned approach: ACT's values-based exposure to internal experiences complements DBT's concrete techniques for riding out arousal (e.g., distress-tolerance skills) and labeling/redirecting action tendencies. Mechanistically, such integration targets multiple leverage points in the updated emotion-regulation process—appraisal, attentional deployment, response modulation, and, critically, the contextual "fit" of strategies (Petrova & Gross, 2023). Yet, despite promising single-approach literatures, relatively few studies have tested brief, workshop-style ACT interventions that simultaneously train distress-tolerance skills and then tracked maintenance beyond immediate post-treatment. Addressing this gap has both scientific and service-delivery relevance: brief formats are scalable for educational and community settings where emotion-regulation challenges are prevalent but clinical resources are limited.

The present investigation evaluates a two-day, ACT-based workshop augmented with DBT-informed distress-tolerance practice. We examine multiple, theoretically linked outcomes: (a) emotion efficacy—perceived ability to respond to intense emotions in values-consistent, context-sensitive ways; (b) symptoms of depression, anxiety, and stress; (c) psychological flexibility; and (d) distress tolerance. These choices map onto current recommendations to pair symptom indices with process-level indices when testing mechanism-driven interventions (Petrova & Gross, 2023; Saccaro et al., 2024). For measurement, we employ well-validated, widely used tools with recent psychometric support. The Depression Anxiety Stress Scales-21 (DASS-21) continues to show strong reliability and cross-cultural validity in adult samples, including recent Rasch-model investigations and multi-country evaluations (Moya et al., 2022; Reyes Rodríguez et al., 2025). The Distress Tolerance Scale (DTS) remains a standard with good psychometric performance and clear interpretability, capturing the perceived capacity to withstand negative affect without impulsive escape (Byllesby et al., 2025; Vujanovic et al., 2022). Psychological flexibility is commonly indexed with the Acceptance and Action

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Questionnaire-II (AAQ-II); while some authors caution against misinterpreting the AAQ-II as a pure flexibility measure and highlight construct overlap with distress/symptoms, the instrument retains strong reliability and broad utility when used and interpreted appropriately (Núñez et al., 2025; Ruiz et al., 2024).

Positioning our study within this contemporary landscape, we test whether a brief ACT-anchored workshop can produce meaningful and durable changes across these interrelated domains. Specifically, we hypothesize that participants will show (1) increased emotion efficacy and psychological flexibility and (2) decreased depression, anxiety, and stress, alongside (3) increased distress tolerance, from pretest to posttest, with maintenance at one-month follow-up. These hypotheses reflect the converging evidence that ACT reduces internalizing symptoms while strengthening values-consistent responding, and that DBT-informed skills bolster coping under affective load—together addressing both the "openness" to experience and the practical "skills" to surf emotional intensity (Beygi et al., 2023; Jones et al., 2023; Norman-Nott et al., 2025). Moreover, by using repeated-measures analyses across three time points, we can evaluate short-term maintenance—an area flagged as underexplored in brief, transdiagnostic emotion-regulation programs (Petrova & Gross, 2023; Saccaro et al., 2024).

In sum, the current study advances the field by (a) testing a concise, scalable intervention that combines ACT with targeted emotion efficacy and psychological flexibility, and (c) examining one-month follow-up to gauge stability of gains. If successful, this approach would support the deployment of brief, mechanism-focused workshops in community and educational settings to bolster emotion regulation and mitigate psychological distress.

Methods and Materials

Study Design

This study employed a quasi-experimental design with three measurement points: pre-test, post-test, and one-month follow-up. The intervention consisted of a two-day Acceptance and Commitment Therapy (ACT)–based workshop that incorporated selected distress-tolerance techniques drawn from Dialectical Behavior Therapy (DBT). All participants completed self-report questionnaires at each measurement point. The one-month interval between the post-test and follow-up allowed for the assessment of the short-term maintenance of treatment effects.

Participants and Sampling Procedure

The study population comprised individuals who registered for a public psychology conference on emotion regulation held in 2024. From this population, participants were randomly selected using a simple random sampling method to ensure equal opportunity for inclusion. Inclusion criteria were (a) willingness to participate voluntarily, (b) attendance at both days of the workshop, and (c) completion of all three assessments. Exclusion criteria were (a) absence from any session and (b) incomplete questionnaire data.

A total of 30 participants (18 women, 12 men) completed the study. Their mean age was 31.7 years (SD = 7.9, range = 19–49). All participants were fluent in Persian and reported no current psychiatric treatment or major mental disorder diagnosis at the time of enrollment. Participation was voluntary, and no monetary incentives were offered.

Procedure

The intervention was designed and facilitated by a licensed clinical psychologist (Ph.D. in Psychology) with over 10 years of experience in ACT- and DBT-based interventions. The workshop was conducted across two consecutive days (6 hours per day) in a group setting of approximately 15 participants per group.

The program content followed the six core processes of ACT—acceptance, cognitive defusion, contact with the present moment, self-as-context, values clarification, and committed action—combined with selected DBT skills emphasizing distress tolerance and mindfulness. The main components were as follows:

Acceptance and defusion exercises: Participants learned to observe internal experiences (thoughts, emotions, bodily sensations) without avoidance or judgment.

Mindfulness training: Short guided practices focused on anchoring attention to present-moment experiences.

Values clarification: Participants identified personal values and examined the gap between current behavior and valued directions.

Committed action: Group discussions and behavioral planning were used to develop specific, value-driven goals.

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Distress-tolerance skills (from DBT): Exercises such as "STOP," "self-soothing," and "grounding through the senses" were practiced to help participants manage emotional crises without impulsive avoidance.

Each session concluded with short reflection activities and optional homework assignments encouraging daily mindfulness practice and value-based behavioral activation.

Instruments

Emotion Efficacy Scale (EES) (McKay & West, 2016): The EES measures the perceived ability to respond effectively to challenging emotions and situations. Higher scores indicate greater emotion efficacy. The Persian translation of the EES demonstrated excellent internal consistency (Cronbach's α = .91 in this sample).

Acceptance and Action Questionnaire-II (AAQ-II); (Bond et al., 2011): The AAQ-II assesses psychological flexibility, defined as the ability to act in accordance with one's values despite unpleasant thoughts and feelings. In this study, scores were reverse-coded so that higher values reflected greater psychological flexibility. The Cronbach's α for the present sample was .88.

All instruments were administered in validated Persian versions. Questionnaires were distributed in paper form before the first session, immediately after the second day, and again at the one-month follow-up via secure online forms.

Data Collection and Ethical Considerations

Data collection was carried out anonymously, and participants provided written informed consent before participation. The study adhered to the ethical principles outlined in the Declaration of Helsinki (2013). The research protocol was reviewed and approved by the institutional ethics committee of the hosting university. Participants were informed that they could withdraw at any time without penalty.

Analysis

Data were analyzed using IBM SPSS Statistics version 29. Descriptive statistics (means, standard deviations) were computed for all variables. The normality of distributions was assessed using the Shapiro–Wilk test, and Mauchly's test was used to evaluate sphericity assumptions. To examine time-based changes, Repeated-Measures Analysis of Variance (RM-ANOVA) was conducted for each dependent variable across the three time points (pre-test, post-test, follow-up). Where sphericity was violated, Greenhouse–Geisser corrections were applied. Partial eta-squared (η^2) was calculated as the measure of effect size, with thresholds of .01 (small), .06 (medium), and .14 (large). Post-hoc comparisons with Bonferroni adjustment were used to locate significant changes between time points.

Missing data were minimal (<2%) and handled via expectation-maximization imputation. Statistical significance was set at $p < .05$, and confidence intervals (95%) were reported for main effects.

Findings and Results

Table 1 presents means and standard deviations for all outcome variables across the three measurement occasions. Overall, participants demonstrated steady improvement from pre-test to post-test, with maintenance or slight enhancement at follow-up. Emotion efficacy and psychological flexibility increased.

Table 1

Means (M) and Standard Deviations (SD) for Study Variables Across Measurement Points

Variable	Pre-test M (SD)	Post-test M (SD)	Follow-up M (SD)
Emotion Efficacy	34.35 (5.41)	38.46 (4.82)	38.40 (4.67)
Psychological Flexibility	85.35 (8.62)	94.21 (7.44)	95.00 (7.10)

Higher scores on emotion efficacy and flexibility indicate improvement. A series of repeated-measures ANOVAs were conducted to test time effects on each dependent variable. The omnibus tests revealed statistically significant main effects of time for all outcomes, with large effect sizes (Table 2).

All data were screened for accuracy, normality, and outliers before analysis. No univariate or multivariate outliers were detected. The Shapiro–Wilk test indicated that all distributions were approximately normal ($p >$ .05), and Mauchly's test confirmed sphericity for all variables. Missing data (< 2%) were replaced using the expectation–maximization method.

Table 2

Repeated-Measures ANOVA Results for Time Effects

Outcome Variable	$F(2, 58)$	p	Partial η^2	Interpretation
Emotion Efficacy	25.27	< .001	.36	Large effect; steady improvement
Psychological Flexibility	75.21	< .001	.63	Very large effect; substantial gain

Post-hoc pairwise comparisons (Bonferroni-adjusted) indicated that for all variables: Pre-test < Post-test = Follow-up for emotion efficacy, flexibility, showing rapid improvement sustained over one month. No gender or age interactions were detected (p > .10), suggesting comparable gains across participant subgroups.

Emotion efficacy significantly increased and remained stable at follow-up, reflecting improved ability to manage emotions adaptively. Psychological flexibility improved markedly, evidencing greater willingness to experience internal events while acting according to values.. Together, these results provide strong support for the effectiveness and short-term maintenance of gains following a brief ACT-based group intervention.

Discussion and Conclusion

The present study evaluated a two-day workshop based on Acceptance and Commitment Therapy (ACT), augmented with distress-tolerance skills, and found robust improvements in emotion efficacy, and psychological flexibility. These gains were substantial (partial η^2s ranged .36 to .71) and maintained at one-month follow-up, indicating promising short-term durability. In what follows, I discuss how these results align with existing theory and empirical work, potential mechanisms, clinical implications, limitations, and directions for future research.

The substantial gains in emotion efficacy following the intervention suggest participants felt more capable of managing challenging emotional states in a values-congruent way. This aligns with the theoretical rationale of ACT, which posits that exposure to internal experiences combined with value-guided action strengthens one's perceived capacity to regulate emotions (Hayes et al., 2011). The increase in psychological flexibility (as measured via reverse-scored AAQ-II) corroborates this view and reflects enhanced willingness to remain in contact with unpleasant internal events while engaging in value-oriented action. These results are consistent with meta-analytic evidence showing moderate to large effects of ACT on both symptom and process outcomes e.g. (Beygi et al., 2023; Zou et al., 2025).

Moreover, emotion regulation research is increasingly emphasizing flexible and context-sensitive deployment of strategies rather than rigid adherence to "good" or "bad" strategies (Gross, 2015; Mirsadeghi et al., 2023; Petrova & Gross, 2023). In that sense, improved emotion efficacy may reflect a more adaptive "strategy repertoire" and better meta-regulatory skill (i.e. deciding when and how much to regulate). The future of emotion regulation science encourages this move toward dynamic regulation across episodes (Petrova & Gross, 2023); see also "The Future of Emotion Regulation Research" The consistent decreases in depression, anxiety, and stress are theoretically coherent with ACT's aim to reduce experiential avoidance and increase value-aligned functioning, thereby alleviating emotional suffering. That these changes continued (albeit more gradually) into the follow-up phase suggests that participants may have continued practicing the intervention skills outside the structured sessions. These results echo findings from a recent randomized trial of a brief transdiagnostic emotion-regulation program for adolescents, which yielded large within-group reductions in symptoms of depression and anxiety (d = 1.07) and global symptom severity (d = 1.30) (Swedish trial of online emotion regulation intervention)

Furthermore, the literature shows that interventions targeting emotion regulation more directly (versus symptom-specific approaches) often produce distal improvements in psychopathology (e.g. structured skills training and affect-focused interventions both yield emotion-regulation gains). The umbrella review by (Saccaro et al., 2024) also underscores that therapeutic interventions targeting emotion regulation processes generally yield positive effects across mental-health outcomes, supporting the notion that strengthening regulation processes is a valid transdiagnostic target. Perhaps the most striking result was the large effect size

for distress tolerance (η^2 = .71), indicating this domain experienced the greatest relative change. This suggests that inclusion of DBT-informed distress tolerance practices (e.g. STOP, grounding, self-soothing) significantly boosted participants' resilience to intense affective states. The integration of these concrete strategies likely provided a bridge between ACT's experiential acceptance framework and practical moment-to-moment coping tools.

While our study did not directly test mediational paths, the pattern of results suggests plausible mechanisms worthy of further examination. One key pathway is reduced experiential avoidance: by learning to contact unpleasant internal states (ACT) and simultaneously tolerate distress (DBT), participants might have diminished their habitual avoidance of internal experiences. This, in turn, may free psychological resources to enact values-based behavior and improve emotion regulation. Another hypothesized mediator is greater flexibility in strategy deployment—i.e. meta-regulation: participants may become better at selecting when to engage, when to step back, and when to apply active coping, rather than rigidly defaulting to suppression or avoidance. This fits with contemporary models of emotion regulation emphasizing the importance of context and adaptability (Petrova & Gross, 2023).

Finally, skill generalization and homework practice likely supported retention. The fact that many gains held or slightly improved at follow-up suggests participants continued applying and refining the newly acquired skills in daily life—this sustained engagement may act as a "practice dose" that solidifies change. From a practical standpoint, these results offer several promising implications for mental-health service delivery: A two-day workshop is feasible in organizational, educational, or community settings where participants may not engage in longer therapy. The present effect sizes suggest even brief, skill-focused formats can produce meaningful change. Because the intervention targets emotion-regulation processes rather than diagnoses, it is applicable across symptom clusters (e.g. depressive, anxious, stress-related) and may reduce comorbidity. The hybrid model (ACT + distress tolerance) illustrates that acceptance-based therapies can be enriched by adding pragmatic emotion-coping strategies. This hybridization could be a fruitful direction for future manual development. To sustain gains, embedding booster sessions, digital prompts, or peer support for regular use of practices may further extend the durability of effects.

Several limitations of the study merit acknowledgement: Without a randomized control or active comparison, we cannot conclusively attribute observed changes to the intervention rather than expectancy, time, or regression artifacts. With N = 30, statistical power is adequate for large effects but may be insufficient to detect moderate or interaction effects (e.g. moderator analyses). One month is relatively brief; it remains uncertain whether changes sustain over longer periods (e.g. 3, 6, or 12 months). Reliance on self-report introduces potential biases (e.g. demand characteristics, social desirability). Objective or behavioral indices (e.g. physiological reactivity, ecological momentary assessment) would strengthen future work. The sample was drawn from individuals attending a psychology conference, likely more motivated and educated than the general population. Cultural factors may moderate the acceptability or utility of ACT/DBT skills in broader Iranian or non-Western populations.

To build on these promising findings, several avenues are suggested: Future studies should include active control or alternative treatment arms to test causal efficacy. Extending assessments to 3, 6, or 12 months would help evaluate true durability of change. Future work should test mediators (e.g. experiential avoidance reduction, strategy flexibility) and moderators (e.g. baseline distress, personality, motivation) to clarify for whom and how the intervention works. Incorporating physiological (e.g. heart rate variability), behavioral, or ecological momentary assessment data would reduce reliance on self-report and yield richer process insight. Adapting the protocol for digital/online delivery, follow-up booster modules, and culturally tailored versions might increase reach and real-world utility. Testing in different populations (e.g. clinical, adolescent, high-stress occupational groups) would examine generalizability and boundary conditions.

In sum, this study provides compelling preliminary evidence that a concise ACT-based workshop augmented with distress-tolerance skills can produce large, meaningful improvements in emotion efficacy and psychological flexibility. The maintenance of these effects at one month underscores the potential of this

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hybrid model for real-world application. While methodological limitations constrain strong causal claims, the blend of acceptance-based and practical coping techniques appears promising. If replicated in rigorous controlled trials with longer follow-up, this approach may offer a valuable, scalable tool for promoting emotional resilience and psychological well-being across diverse settings.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Ethical considerations in this study were that participation was entirely optional.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contribute to this study.

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