A Pilot Trial of the Effectiveness of Acceptance and Commitment Therapy Self-Help for Problematic Pornography Viewing

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A PILOT TRIAL OF THE EFFECTIVENESS OF ACCEPTANCE AND COMMITMENT THERAPY SELF-HELP FOR PROBLEMATIC PORNOGRAPHY VIEWING

by

Scott Thane Heninger

Thesis submitted in partial fulfillment of the requirements for the degree of Departmental Honors in Psychology in the Department of Psychology

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A Pilot Trial of the Effectiveness of Acceptance and Commitment Therapy Self-Help for Problematic Pornography Viewing

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Abstract
Although problematic pornography viewing (PV) is quite prevalent (Carroll et al., 2008), very few studies have been done to test treatments addressing this issue. Preliminary research indicates Acceptance and Commitment Therapy (ACT) is a promising potential treatment for problematic pornography viewing, but this has only been evaluated in face-to-face therapy trials to-date. This study sought to determine the effectiveness of a general ACT self-help book on PV. A sample of 19 participants were recruited and given a copy of the book with directions to read and apply its principles over the course of 8 weeks. Assessments were completed at baseline, post, and 8-week follow up. Results indicate that participants made significant improvements in PV, scrupulosity, and cognitive fusion at post and follow up, but not in overall psychological flexibility and quality of life. Furthermore, those who were highly engaged in the intervention or not in a relationship showed stronger improvements in psychological flexibility and psychosocial functioning than those who were less engaged or in a relationship. Overall results indicate that a general ACT self-help approach is both feasible and reasonably effective in addressing PV and related outcomes. Findings also suggest that a more tailored and engaging intervention may increase retention and be even more effective in reducing PV. Feedback given by participants also served to provide recommendations for improving self-help interventions for PV.
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Scott T. Heninger
ACT SELF-HELP FOR PROBLEMATIC PORNOGRAPHY VIEWING

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Introduction

This study sought to evaluate the effectiveness of an Acceptance and Commitment Therapy (ACT; Hayes, Strosahl & Wilson, 2012) self-help book for problematic pornography viewing.

Pornography viewing is remarkably common, with some studies indicating that approximately 75% of men and 41% of women have intentionally viewed erotic images online in their lifetime (Albright, 2008). In some instances, it appears that such pornography viewing could become problematic. Several studies have suggested that pornography viewing may be associated with depression, anxiety, poorer sexual functioning, increased worry about occupational security/productivity, guilt, shame, spiritual/religious incongruence, decreased quality and quantity of sexual activity between partners, impaired intimate relationships, and loneliness (Albright, 2008; Baltazar, Helm, McBride, Hopkins, & Stevens, 2010; Cooper 2000; Doring, 2009; Kuzma & Black, 2008; Manning, 2006; Morgan, 2011; Schneider, 2003; Twohig, Crosby & Cox, 2009; Yoder, Virden, & Amin, 2005). Despite its potential for psychological distress, somewhat limited research has been conducted on effective methods of treatment for problematic pornography viewing (PV), defined as viewing which is compulsive, distressful, or contributes to other problematic outcomes.

Whether or not pornography viewing becomes problematic may be moderated by experiential avoidance, a transdiagnostic pathological process in which one rigidly attempts to “reduce the form, frequency, or situational sensitivity of private experiences (e.g., thoughts, emotions, sensations, urges) even when doing so causes behavioral harm” (Levin, Lillis, & Hayes, 2012). A vicious cycle may be established when a behavior is used to control unwanted internal experiences, as this control may actually increase the frequency of such experiences.
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(Abramowitz, Tolin, & Street, 2001). Viewing that serves the function of avoiding aversive thoughts, urges, and emotions, including thoughts or urges about viewing itself, may become problematic as it is likely to increase these unwanted internal experiences. It makes sense that experientially avoidant viewing which leads to this kind of limiting behavioral repertoire could result in the afore-mentioned negative outcomes.

Acceptance-based treatments such as ACT focus on counteracting cycles of problematic experiential avoidance (Hayes, Strosahl, & Wilson, 1999). ACT targets psychological flexibility, which is the ability to engage fully in the present and choose behavior that aligns with one’s values, regardless of internal experiences. There are six subprocesses of psychological flexibility which work to decrease the influence of unhelpful internal experiences (e.g., rigid and compulsive thoughts) and increase the influence of useful ones (e.g., meaningful values) on one’s behavior. These include present moment awareness (nonjudgmental attendance to what is occurring now), acceptance (willingness to experience internal events), defusion (disentanglement of thoughts from reality and behavior), self-as-context (recognition of oneself as distinct from one’s thoughts), values (identification of what is personally meaningful and valued), and committed action (dedicated action that moves towards values). From the conceptualization of ACT, viewing may become particularly problematic if it is used to avoid unwanted feelings and thoughts, even at the expense of living in accordance with one’s values.

The extant literature suggests that ACT may be effective for addressing PV and related negative outcomes. It has already been shown to be effective in treating a broad set of disorders (Hayes, Luoma, Bond, Masuda, & Lillis, 2006), including ones considered similar to PV (e.g., OCD, substance use disorders and impulse control disorders). More specifically, ACT has been shown to reduce experiential avoidance, and this appears to be the consistent factor that accounts
for the impact of ACT on many clinical outcomes (Ruiz, 2010). One study with six participants found that pornography viewing was reduced by 85% (with results maintained at 3-month follow-up) as a result of eight sessions of ACT delivered by a therapist (Twohig & Crosby, 2010). A successive randomized control trial with 28 participants showed a significant 93% decrease in self-reported hours of pornography viewed per week between pretreatment and posttreatment from therapist-delivered ACT, compared with a 21% decrease in the waitlist control group (Crosby & Twohig, 2016).

Researchers (e.g., Cooper, 1998) have identified three factors that may primarily contribute to the appeal and prevalence of online sexuality, including pornography viewing. The Internet offers what has been called the “Triple-A Engine” of accessibility, affordability, and anonymity. It seems fitting that a problem behavior that is compounded by these factors should have a resource that is also easily accessible, affordable, and essentially anonymous. Given the significant prevalence of pornography viewing, traditional therapy is unlikely reach much of the population that struggles with PV. Far more would find help if a solution was created that was widely distributed, easily accessed and affordable. The potential stigma and shame with which PV is sometimes associated may inhibit a significant part of this population from seeking traditional face-to-face therapy. For these reasons, the development of an accessible, affordable, and essentially anonymous treatment like bibliotherapy or an Internet-based intervention may be particularly useful. This may be especially helpful if based in ACT, given the initial positive clinical trial findings.

Initial research indicates that ACT can be effectively implemented in self-guided formats such as books and online mediums (Jeffcoat & Hayes, 2012; Levin et al., under review; Muto, Hayes, & Jeffcoat, 2011). For example, bibliotherapy with ACT has been shown to be effective
in enhancing the psychological health of both Japanese students living abroad (Muto, Hayes, & Jeffcoat, 2011) and K-12 teachers and staff (Jeffcoat & Hayes, 2012). In both studies, *Get Out of Your Mind and Into Your Life* (Hayes & Smith, 2005), a self-help book based on ACT, was used as the primary form of treatment. A similar intervention model using *Get Out of Your Mind and Into Your Life*, was adapted for PV in this study. This study used this general self-help ACT book, as there are no ACT self-help books for PV. It is hoped that this will serve as a first step towards informing future development of more tailored PV interventions.

Another innovative method of delivering psychological help is that of mobile apps. Thus far, preliminary studies have indicated that mobile app-based interventions can also be an effective form of delivering ACT (Bricker, et al., 2014; Ly, Asplund & Andersson, 2014). However, no ACT apps have been developed to-date specifically for PV. In the current study, ACT Coach, a freely available ACT app created by the VA for general use, was recommended to participants in tandem with the book. ACT Coach has several features to aid in the application of ACT, including audio-guided mindfulness exercises, experiential logs to track practice, brief descriptions of ACT principles, values-oriented goal setting, and other tips and metaphors to increase understanding. This app is free to download for IOS devices (not available on Android) and designed for depression and PTSD, although it is presented in a broad enough way that it may be used for other difficulties. It was anticipated that combining bibliotherapy and mobile apps might serve to further increase engagement in the study, increase practice of ACT metaphors and exercises, enhance recognition of opportunities to apply material from the intervention, and provide further insight for future development of mobile and web-based interventions.
The current study consisted of an 8-week combined intervention in which adult participants who were currently struggling with PV were asked to read *Get Out of Your Mind and Into Your Life*, use the ACT Coach mobile app, and complete weekly check-ins based on their reading. If found effective, this could provide an effective, affordable and anonymous intervention for those whose lives are negatively impacted by PV. The research questions of the study were as follows:

1. Does an ACT-based self-help book decrease the frequency and severity of PV?
2. Does an ACT-based self-help book increase the quality of life and psychological flexibility of those who have struggled with PV?
3. Do participants find the general ACT-based self-help book acceptable and how should a more tailored self-help approach to PV be developed for future interventions?
4. Do participants find a general ACT-based mobile app acceptable and does use of the app relate to improved outcomes?

**Methods**

*Participants.*

Participants were recruited through fliers posted around the local university’s campus and the surrounding community as well as announcements in undergraduate classes. Eligibility criteria included being age 18 years of age or older, fluent in English and currently struggling with PV, as determined by self-report that their pornography viewing was distressing and/or having a negative impact on their quality of life. Eligibility was assessed using a semi-structured interview over the phone to assess these criteria. A total of 19 individuals responded and followed up with the screening. No individuals were screened as ineligible.
Among the 19 participants, 17 (90%) were male and 2 were female. The mean age was 23.1 (SD = 4.48) and most participants were non-Hispanic White (95%). Although recruitment was done in the community, all participants identified as college students, including first year (n = 9), second year (n = 4), third year (n = 2), fifth year or higher (n = 2), and graduate school students (n = 2). Among the 11 participants who completed post, most were heterosexual (n = 8), two identified as gay, and one as bisexual. Most were single (63%) and 26% were married. Nearly all identified as belonging to the Church of Jesus Christ of Latter-Day Saints (LDS) (84%). This was unsurprising given that this is the predominant religion of the medium-sized city in which they were recruited and pornography viewing is generally viewed as against their religious beliefs. Nearly all participants (90%) agreed or strongly agreed that their religious/spiritual beliefs were really important to them.

Participants reported viewing pornography for an average $M = 1.51$ hours per week ($Mdn = 1.00$, $SD = 1.15$) with a range from 15 minutes to 5 hours per week. All participants had attempted to completely quit using pornography in the past, 74% reported having tried seven or more times to do so. The most frequent sources of help or strategies used to reduce or quit pornography viewing included distraction (95%), ecclesiastical help (90%), software to block access to online pornography (69%), writing/reflecting on goals and values (63%), and seeing a counselor (53%). Free responses given indicated that 32% had used addiction self-help groups through the LDS church. 47% of participants reported receiving some form of treatment for PV before this study, but none of them had received treatment using ACT. Among all participants, 79% reported having used four or more methods to reduce or quit pornography viewing and 37% reported using 6 or more methods, further indicating the strong effort participants were putting into finding an effective solution. Most strongly disagreed with pornography viewing being an

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1 The question about sexual orientation was included at post as several participants had already completed baseline when the researchers discussed the possibility of this being a relevant moderating variable.
acceptable way to express sexuality (74%) and most wrote about a desire to completely eliminate PV. Two participants reported use of psychological medications in the 8 weeks prior to participation and one participant said that, as of the beginning of the study, he had an appointment for an initial consultation for therapy. Participant flow is reported in Figure 1.

Procedures

The intervention primarily consisted of reading *Get Out of Your Mind and Into Your Life*. A mobile application, ACT Coach, (NCPTSD & NCTT, 2014) was also recommended to be used by participants. Treatment consisted of an 8-week intervention in which participants read an average of 2 chapters per week from the text (15 chapters total). Each week they were emailed a link to a check-in, reporting their understanding, satisfaction, engagement, and perceived helpfulness of the content, its application in their daily life, time spent on the intervention and frequency of pornography viewing. If check-ins were not completed, they received reminder prompts via email as needed according to this schedule: 3 days late, 5 days late, 12 days late, and at 21 days late (final email). Those who still did not respond were also called to increase adherence. This procedure has been found to effectively promote program adherence/retention in previous research (Levin et al., under review).

The total study duration was designed to be 16 weeks: 8 weeks of intervention, followed by a follow-up 8 weeks after that. Assessments were provided at baseline, post-intervention (8 weeks), and follow-up (at 16 weeks) on measures of pornography viewing, psychological symptoms, ACT therapeutic processes, and intervention satisfaction. These study procedures were completed in-person at baseline and online through Qualtrics (a web-based survey
platform) for the weekly check-ins, post and follow-up measures. All measures were given at baseline, post, and follow-up, with the exception of the Mod AAQ for PV (not given at follow-up) and the Satisfaction and Understanding questions (not given at baseline).

**Measures**

*Self-Monitoring of Viewing.* One primary outcome measure was self-reported time spent viewing pornography. Participants were asked in a free response question to report on the average number of hours of viewing per week at baseline, post, and follow-up. The number of instances of viewing was also reported in the weekly check-ins. Other studies have used similar self-report methods to assess pornography viewing, which have been found to be sensitive to the effects of ACT interventions (Twohig & Crosby, 2010).

*Cyber-Pornography Use Inventory (Adapted) (CPUI; Grubs, Sessoms, Wheeler, & Volk, 2010).* The CPUI served as another primary outcome measures of the study. It is designed to assess problematic use of online pornography, including factors like compulsivity, isolation, interest, guilt, and efforts. The measure’s 9 items are scored on a 7-point scale with responses ranging from 1 “Not at all” to 7 “Extremely;” items are summed to produce a total score. It was slightly modified for this study to include any kind of pornography as opposed to only online. The CPUI has been shown to have satisfactory reliability and validity in previous studies (Grubs, Sessoms, Wheeler, & Volk, 2010). In the current study, Cronbach’s alpha for this measure was .76.

*Cognitive and Behavioral Outcomes of Sexual Behavior (Adapted) (CBOSB; McBride et al., 2008).* The CBOSB was included in this study as a primary outcome variable to assess whether the intervention influenced the negative internal and external consequences of
participants PV. It normally consists of 20 items, but for the purposes of this study it was reduced to 10, as the other items were related to general sexual behaviors and not relevant to PV (e.g., risk for STI's, injury). Items are scored on a 6-point scale with responses ranging from “Not at all” to “All the time;” items are summed to produce a total score. Internal consistency for the cognitive and behavioral scales of the CBOSB has been shown to be acceptable ($\alpha = .89$ and $\alpha = .75$, respectively). The adapted version of this measure demonstrated satisfactory reliability with a Cronbach’s Alpha of $.77$.

*Acceptance and Action Questionnaire-II (AAQ-II; Bond et al., 2011).* The AAQ-II was used a primary process measure to better understand the effect of the intervention on psychological inflexibility and the relation of that to PV. Psychological inflexibility is defined as “the rigid dominance of psychological reactions over chosen values and contingencies in guiding action.” (Bond et al., 2011). The AAQ-II has 10 items that are scored on a 7-point scale with responses ranging from 1 “Never true” to 7 “Always true;” items are summed to produce a total score. Previous studies have validated its reliability and validity (Bond et al., 2011). In this study, Cronbach’s alpha for the measure was $.85$.

*Cognitive Fusion Questionnaire (CFQ; Gillanders et al., 2014).* The CFQ was included as a secondary process measure of cognitive fusion, a key aspect of psychological inflexibility in which individuals’ behaviors are dominantly controlled by their thoughts. The CFQ has 7 items which are scored on a 7-point scale with responses ranging from 1 “Never true” to 7 “always true;” items are summed to produce a total score. The CFQ is relatively new, but the preliminary evidence suggests that it is reliable, valid, and sensitive to treatment effects (Gillanders et al., 2014). A Cronbach’s alpha of $.66$ was found for this study, which is low.
Valuing Questionnaire (VQ; Smout, Davies, Burns, & Christie, 2014). The VQ measures the perceived barriers, or obstructions, to living a life based on one’s values as well as progress in moving towards those values. The VQ was included as another secondary process measure to assess the impact of the intervention on participants’ relationship to their values (an important subprocess of psychological flexibility), which seemed particularly relevant in regards to PV. The VQ consists of 10 items which are scored on a 7-point scale with responses ranging from 0 “not at all true” to 6 “completely true.” The VQ is divided into two subscales, Values Obstruction and Values Progress. Items in each subscale were summed to produce the two subscale scores. The VQ is also relatively new, however initial validation results indicate sufficient reliability and validity (Smout, Davies, Burns, & Christie, 2014). The Cronbach’s alpha for the subscale of obstruction was .60 in the current study, which is quite low. The Cronbach’s alpha for the progress subscale was .87.

Modified AAQ for Problematic Pornography Viewing. A modified version of the AAQ-II was crafted for this study in order to more specifically target psychological inflexibility regarding PV. It consists of 3 items using very similar wording to some of the items in the AAQ-II including, “I’m afraid of my urges to view pornography,” “I worry about not being able to control my thoughts and feelings about pornography,” and “My actions were not consistent with my personal values about pornography viewing.” Participants were asked to rate on a 7-point scale from 1 “Never True” to 7 “Always True.” This measure only has face validity as psychometric properties are not available, given that it was created for this investigation with a small sample. When the measure was tested for reliability, we found a Cronbach’s Alpha of .79.

PV Thought Fighting. A face-valid, single-item measure of how often participants fight against their thoughts regarding pornography viewing was also included. The response range
consisted of a 6-point scale that ranged from 1 “Very Frequently” to 6 “Never.” This has also not been tested for validity as it was created for the purposes of this study.

*Depression Anxiety Stress Scales (DASS-21; Henry & Crawford, 2005).* In light of the frequent comorbidity of PV with other disorders, this assessment was included to help recognize other co-occurring problems. This is designed specifically to assess for depression, anxiety, and general psychological distress. The DASS-21 includes 21 items which are scored on a 4-point scale with responses ranging from 0 “Did not apply to me at all” to 3 “Applied to me very much, or most of the time” in regards to the previous week. The DASS-21 is divided into three subscales: Stress, Anxiety and Depression. Items in each subscale were summed to produce the three subscale scores. The DASS-21 has been tested to demonstrate reasonable reliability and validity (Henry & Crawford, 2005). In the current study, Cronbach’s alphas for the three subscales of stress, anxiety, and depression were quite low, at .64, .70, and .70, respectively.

*Penn Inventory of Scrupulosity (PIOS; Abramowitz, Huppert, Cohen, Tolin & Cahill, 2002).* Given the significant religiosity in the population in which recruiting occurred and the relationship other studies had found between scrupulosity and PV (Twohig & Crosby, 2010), the PIOS was included as a secondary process measure. This is a 19-item self-report measure that assesses scrupulosity (obsessive thoughts regarding religion and morality). Each item is scored on a 5-point scale with responses ranging from 0 “never” to 4 “constant”; these were summed to produce a total score. The PIOS has also been shown to have sufficient reliability and validity in previous studies (Abramowitz, Huppert, Cohen, Tolin, & Cahill, 2002). In this study, a Cronbach’s alpha of .89 was found.

*Quality of Life Scale (QOLS; Burckhardt, Woods, Schultz, & Ziebarth, 1989).* This secondary outcome measure was included to gauge the success of the study in improving their
general life quality. The QOLS is a 16-item scale that measures how satisfied people are with the quality of their lives in multiple domains (i.e., relationships, employment, health, recreation) and has been used with a variety of populations. The items are scored on a 7-point scale, ranging from 7 “Delighted” to 1 “Terrible;” these were summed to produce a total score. The QOLS has been evaluated as having sufficient reliability and validity in previous studies (Burckhardt, Woods, Schultz, & Ziebarth, 1989). The Cronbach’s alpha for this measure in this study was .76.

Satisfaction and Understanding. A series of questions provided feedback on the participants’ experience with the intervention in order to learn how to better facilitate the development of user-centered designs in future interventions for PV. Questions were asked regarding their satisfaction with the self-help book and the app (for those who used it). Understanding and application of the material covered were also addressed in the weekly check-ins. Following the intervention, questions concerning their overall experience, satisfaction with the format of the intervention, understanding, application of the content, as well as any comments or suggestions they might have were also asked. These items were based on those used in previous studies evaluating ACT self-help interventions (Levin et al., under review).

Analyses.

The primary outcome of interest was the frequency and severity of PV, therefore the primary outcome measures were Viewing Hours, CPUI (compulsive viewing) and CBOSB (negative consequences from viewing). The measures regarding processes related to psychological flexibility included the AAQ-II (primary process measure of psychological inflexibility), CFQ (cognitive fusion), VQ (valued action), Mod AAQ for PV (psychological inflexibility with viewing specifically), and PV Thought Fighting (secondary process measures). The secondary outcome measures that could have been affected as well included the DASS
(psychological symptoms), PIOS (scrupulosity) and QOLS (quality of life). All of these were measures given to participants at each of the major time points, with the exception of the Mod AAQ for PV.

Due to the significant rate of attrition at post and follow-up (42%), mixed-effect model repeated measures (MMRM) analyses were conducted to model the missing data while examining within-condition effects over time for the full enrolled sample. These analyses were run to determine the results in outcome and process measures from pre to post to follow up. Post hoc analyses were conducted for any significant time effects to further examine pre to post and pre to follow-up effects separately.

Between-groups MMRM analyses were also conducted with each outcome/process measure to examine the difference between those who were “high engagers” (read over half of the book) and “low engagers” (those who read less than half) by testing for engagement by time interactions. The moderating effect of relationship status (single vs. in a relationship) was also tested through MMRM analyses examining time by relationship interactions on each outcome and process measure. Independent samples t-tests and chi square tests were conducted to identify potential differences between subgroups that might help explain any findings regarding differential responsivity to the intervention. Finally, simple qualitative analyses were completed in order to better assess participants’ understanding, engagement and satisfaction.

Results

Did participants improve over time using the book?

MMRM analyses examined whether the overall sample improved from pre to post to follow up, which might suggest effects from reading the book. Overall time effects were found for viewing hours, compulsive viewing (CPUI), negative consequences from viewing (CBOSB),
cognitive fusion (CFQ), psychological inflexibility with viewing (ModAAQforPV), self-reported fighting with PV thoughts, and scrupulosity (PIOS) (See Table 2). At post, all of these measures showed significant improvements from baseline. These were sustained through follow-up for all measures but the ModAAQforPV (which was not included at follow-up) and the Viewing Hours (which only had a trending effect between baseline and follow-up). Effects were not significant for any other measures, including measures of psychological symptoms (DASS) or quality of life (QOLS).

**Did participants who engaged more with the book improve more over time?**

MMRM analyses tested whether high vs. low engagement with the book interacted with changes over time on outcome and process measures. Significant engagement by time interactions were found for negative consequences from PV (CBOSB), psychological inflexibility (AAQ-II), valued action (VQ Obst and VQ Progress), and self-reported fighting with PV thoughts (see Table 3). In each case high engagers made significantly better progress than the low engagers on outcome and process measures, particularly on measures of psychological inflexibility. Engagement did not, however, appear to have led to notable improvement in most aspects of PV (besides CBOSB).

**Did participants improve more over time if they were in a relationship or single?**

Given the potential role of relationships in PV problems, MMRM analyses also tested whether relationship status (single or in a relationship) interacted with effects over time. Significant time by relationship interactions were found for negative consequences from PV (CBOSB), psychological symptoms (DASS Depression, DASS Stress, DASS Anxiety), and valued action (VQ Obst, VQ Progress) (See Table 4). Additional trends were also found for psychological inflexibility (AAQ-II), cognitive fusion (CFQ), and quality of life (QOLS). In
almost all cases single participants tended to show improvements in psychological distress and psychological inflexibility over time, while those in a relationship showed a negative, worsening effect. The one exception was for the QOLS, in which single participants seemed to worsen on quality of life over time relative to those in a relationship.

Differences between participants who were single and in a relationship were examined to further explore potential explanations for these findings. Participants in a relationship were much more likely to drop out (71% did so) relative to those who were single (25%), $\chi^2 (1, N = 19) = 3.91, p = .048$. Participants in a relationship were also significantly older ($M = 27.29$, $SD = 4.54$) than singles ($M = 20.58$, $SD = 2.84$) ($t = -3.99$, $p = .001$) and less likely to be a freshman, $\chi^2 = 11.48, p = .022$ (75% of single participants were freshmen while none of those in a relationship were). There were no significant differences on any other demographics or outcome/process of change measures.

**Did participants engage in the program and were they satisfied with it?**

**Mobile App.** It appears that very little use was made of the optional app. Only half of the participants ($n = 10$) had an iOS device capable of downloading the app. All ten agreed to download and use it, but only 6 ever reported using the app and only one used it for more than a week. The one participant who used it multiple times (over three weeks) reported using primarily the mindfulness exercises and said they were “really helpful.”

**Book Ratings.** Quantitative and qualitative data was collected from participants at post and follow-up to learn more about their satisfaction with and engagement in the intervention. The quantitative data, shown in Table 5, shows that the majority of participants reported relatively high rates of satisfaction. It also suggests that most participants understood and engaged in the book’s content, although less than half applied it in their daily life. Weekly check-
ins were perceived as important by many, yet only half said they were helpful to them personally. It appears that most found the concepts and skills they learned useful enough to say that they intended to continue utilizing them in the future and the majority said they were likely to recommend the book to a friend who was struggling with PV.

Participants were also asked about how helpful the program was on a 6-point scale, ranging from 1 “Very Unhelpful” to 6 “Very Helpful.” Most, 82%, reported some degree of helpfulness ($M = 4.18$, $SD = 1.40$), although the most frequent response (46%) was only “Somewhat Helpful.” This unenthusiastic result may be due, in part, to the significant portion of the participants who felt the book was not made for them (see Table 5). Despite this, half of the participants still thought the book would be helpful for others struggling with PV; one even wrote that she had recommended what she learned to others.

_Treatment dosage._ Participants reported spending an average of 1.62 hours ($SD = 1.26$) per week on the self-help intervention. The average participant read 52% of the book ($SD = 36$%), with a wide range of reading levels (e.g., two [18%] read 0-5% of the book, 2 [18%] read the entire book). When asked why they did not read the entire book, the most frequent reasons given were not having enough time (55%) and lack of interest (27%). The majority of participants reported that the reading they did do was done moderately or very carefully. The average response when asked what percentage of activities/exercises from the book were completed was 58% ($SD = 37$%). Most also reported engaging in these exercises significantly. Overall, consistent with the modest enthusiasm for the self-help book, it seems that there was mixed engagement in reading the book, with few reading it in its entirety.
When asked at follow-up about their continued use of the resources and learning over the two months since the intervention had ended, most reported limited continuation. Only 55% of participants reported ever reading the book again, 27% only reading it “seldom. However, a majority reported some continued practice of specific exercises from the book or use of skills and concepts learned.

**What feedback did participants have for improving the self-help program?**

The qualitative data indicates that, overall, participants were mostly satisfied with the book and program, but with a few changes it could have been even more helpful for them. Most participants described the intervention as having a positive impact on viewing, although a couple said there was no impact or a negative one. Participants generally reported very positive impacts on their overall quality of life, including feeling less hatred towards, guilt about, or fear of self. Participants seem to have really appreciated what they learned, especially concepts such as mindfulness, defusion, being present, and responding to internal experiences in an accepting way. For some, these were entirely novel ideas. One wrote, "I learned to accept my thoughts and feelings, but not to act on them. I didn't know that was possible before." A portion of participants seemed to especially value the impact of accountability provided by the weekly check-ins, one wrote about their wish that someone continued to care how they were doing after the study ended. Given that a few wrote about simply forgetting to read or losing their enthusiasm, it makes sense that an extra level of concern from a “real” identified person would be helpful. Several even took time to write about their gratitude for the program and their enthusiasm with how helpful it was for them.

One barrier that may have reduced the intervention’s effectiveness was the difficulty in understanding and engaging in some of the content. Several participants said that there were
times when understanding the book was very challenging as it appeared confusing, contradictory, or too wordy. Although the majority still seemed to gain an accurate understanding (as indicated by several referring to specific terms in the book and describing concepts aligned with ACT), this may have contributed to some participants misunderstanding the book. A portion of participants gave free-response answers that indicated they had misunderstood certain concepts of ACT (for example, some wrote about how they were learning how to better control their thoughts). Some complained about the book being boring and textbook-like, perhaps further explaining the lack of engagement.

Other barriers included the lack of targeted attention to PV specifically, some minor negative reactions to reading the book, and the overwhelming workload. The most frequently cited problem was that the book was too vague and not relevant enough to PV in its examples and content. Several requested that it be rewritten to tailor PV specifically. A few participants reported that the intervention led to negative reactions, such as increasing their level of stress or struggling with increased urges to view as a result of the program (although note that significant negative reactions or adverse effects were not indicated in the self-reported outcome data). At least one person appears to have stopped participating due to the book being an added source of temptation. Finally, a few said that too much reading was expected, one even saying that this was the reason he stopped participating.

Several participants described the kind of help they want with PV. A few said they liked this type of low-intensity program because it was more feasible for their schedule or budget. The most frequent response of this kind was that they wanted fresh tools and perspectives to better deal with it. In light of the long history many reported having with PV struggles and the multiple solutions they had already attempted, this made perfect sense. Responses suggest that ACT was
appropriate for them as it gave this fresh perspective; some participants wrote about how this intervention was quite different, in a positive way. One wrote that this approach was “very different. It was almost the opposite of other things I have heard. Usually you are encouraged to fight and try and defeat pornography. This is a very different and less stressful way.” This shift towards acceptance, less stress and mindfulness could be particularly useful to those who have been oriented to “fighting” pornography or “addiction.”

Discussion

The purpose of this study was to conduct a pilot trial that investigated the effectiveness of an ACT-based self-help treatment for PV. The research questions included evaluation of whether this kind of treatment helped participants by decreasing the frequency and severity of PV and increasing the quality of life and psychological flexibility, as well as learning how to better tailor and develop a satisfactory and engaging self-help approach for PV.

Overall Effects

Findings indicate that this self-help intervention for PV effectively reduced all PV-specific outcomes, including the average hours of viewing per week, compulsive pornography use, and the negative outcomes of PV. This suggests that, even though this book is not tailored to PV, those who are struggling with PV are able to use it to make a significant difference both in the frequency of PV as well as the severity of the consequences surrounding it. It is encouraging to see that ACT, in addition to being effective as a traditional face-to-face treatment, might have a significant, long-term impact, even with a self-guided book-based treatment.

Findings also suggest that this kind of intervention effectively decreased cognitive fusion, psychological inflexibility regarding PV and the frequency with which individuals fight their thoughts about PV. These underlying process measures are important indicators of a changed
internal relationship with one’s thoughts and urges which might lead to PV. This changed relationship may have been the vehicle through which the changes in frequency and severity of PV occurred.

This results of this study are especially significant in this population due to the prevalence of the LDS members in the area in which it occurred as well as the high levels of religiosity among participants. There is a strong stigma surrounding PV among LDS members and it is strictly condemned by church teachings. Oftentimes, the methods taught to manage PV are counterproductive to the principles of ACT, such as advice to “fight” or “control” one’s thoughts about PV. Given that attempts to control urges to view have been shown to facilitate viewing becoming more problematic (Twohig, Crosby & Cox, 2009), it is important to provide resources with ACT’s more effective approach, especially to this population. The connection between PV and religious-based fear and worry about thoughts is most clearly shown through scrupulosity, which appears to have been one of the largest changes made as a result of this intervention. ACT teaches individuals to distance themselves from their thoughts, weaken the connection between thoughts and behavior and be willing to experience thoughts as nothing more than thoughts; it appears that participants applied these principles, which would naturally reduce their level of scrupulosity and contribute to their changes in PV.

Surprisingly, even though many aspects of PV and psychological flexibility changed significantly, both quality of life and psychological distress changed very little. To further complicate this, qualitative data suggested the opposite, as several described ways in which aspects of their life had improved because of their participation. It should be noted that there was quite a wide range of variability in the responses to the quality of life measure (it had the largest SDs of all the measures collected). It may be that this lack of clear improvement is due to
needing more time to make lasting lifestyle changes in accordance with what was learned in the intervention. This may also suggest a need for more coaching support and a more tailored intervention, both of which might help participants apply what they are learning to their general life. Further understanding is needed to identify the relationship between quality of life and the various consequences of PV. However, this is a critical question in treating PV with an ACT approach, given the goal from this treatment model is not to reduce problematic viewing per se, but to help individuals more fully engage in living a valued, meaningful life.

**Effects of Engagement**

One important moderator of the effectiveness of the intervention was the degree to which participants engaged in it. As can be seen in this study, one of the potential weaknesses of an intervention without coaching is the reduced ability to maintain engagement. A solution to this is needed, as it is clear that those who were highly engaged made markedly better improvements than those who were not. Although there was no overall effect for the processes of psychological flexibility and values, it appears that those who were engaged enough to read most of the book successfully improved in both of these areas while those who did not engage made essentially no progress at all. This makes sense, as these are among the book’s generalizable targeted processes of change and they were exposed to more of this material. This is especially interesting given that high engagers began the study with more severe levels of psychological inflexibility and values obstruction; perhaps their greater struggles contributed to their persistence in the study.

It appears that engagement level also had an important moderating effect on how frequently participants fought against their thoughts about PV, with high engagers improving more by post but low engagers improving more by follow-up. Perhaps this was due to spurious factors as this was a single-item measure that has not been validated.
The only other significant effects that were moderated by engagement were the overall outcomes of PV. High engagers made notable progress here while low engagers progressed only minimally. This suggests that engagement in this book leads to real-life consequences regarding the negative impact of PV. However, higher engagement did not lead to a notable improvement in most aspects of PV, which is surprising, given the stronger effects found on the main mechanism of change (psychological inflexibility).

Effects of Relationship Status

Findings suggest that relationship status has a substantial moderating role on the effectiveness of ACT in a self-help format. It appears that, for the most part, those in a relationship had a much more difficult time in the intervention than those who were single. Some of these difficulties may have been temporary, as many of the measures that worsened by the end of the study had improved to some degree by follow-up (with the exception of values progress and quality of life, both of which became worse at follow-up).

One factor that may have contributed to this diminished performance and the higher drop-out rate of those in a relationship is a lack of time to devote to the intervention. Those in a relationship tended to be older and further into their degree, both of which could contribute to having less time. Being older may increase their likelihood of having more time-consuming responsibilities, such as caring for children or managing a full-time career in addition to school. Students who are further into their degree may also have a greater workload in school as they take upper-division courses. Perhaps this explains why none of those in a relationship were among the high engagers.

Another possible interpretation of their poor performance is that there are increased complications for this group due to the interaction of PV and their relationships. One’s
compulsive online sexual behavior has been shown to have a slew of devastating effects on the partner, including feelings of betrayal, abandonment, loneliness, isolation, and anger (Schneider, 2003). All of these could easily be contributors to the increased levels of stress, anxiety, and depression demonstrated by the participants. Perhaps this explains why the overall effects of the DASS were not significant, given that people in a relationship worsened substantially in each of these variables. It is also worth considering that if the participant’s partner knew of his participation in the study, higher expectations and pressure may have been put on the participant to make noteworthy improvements, which also may have accounted for increased stress, anxiety, and depression. The reason that those in a relationship consistently showed more severe negative consequences of their sexual behaviors than single participants appears to be intuitive. Several questions on the measure are about the impact of PV on their relationships and family; someone who is single is likely to have far fewer consequences of PV in their personal relationships than someone with a partner.

Regardless of the explanation, it seems clear that this intervention works better for single people than those with partners. Perhaps those in a relationship need a more supportive and engaging intervention to assist them despite their lack of time, the more severe consequences of viewing, or whatever other additional challenges they might be experiencing.

Effects of Gender

Unlike previous studies of the implementation of ACT for PV (Crosby & Twohig, 2016; Twohig & Crosby, 2010) in which all participants were male, two participants in the current study were female. It appears that few, if any, studies have been done on females seeking treatment for PV, so the present study may serve as a preliminary analysis of this population. The females were significantly overrepresented among the highly engaged group (Although females
only made up 11% of the total sample, 40% of the highly engaged group were female). They were also much less likely to drop out (no females dropped out, but 47% of males did). Given that only two females were included, no strong conclusions can be drawn about the interaction of gender with this intervention. However, the present study suggests that females benefit significantly from this kind of program, even outperforming the males on some of the process measures. Future studies might consider examining how to help males to engage and benefit from a self-help treatment as much as females. Consideration should also be given to recruiting female participants in future trials to further analyze potential gender differences and treatment needs in this subgroup.

**Satisfaction and Engagement**

One of the research questions was in regards to participants’ use, enjoyment and engagement with the mobile app recommended to them. Apparently the app’s helpfulness and engaging potential were not easily recognized by the participants, despite the orientation to it that they received at baseline. Perhaps participants simply saw it as secondary to the book, required more engaging features to win their attention, needed further coaching, or needed an app that is targeted to PV. More participants might have made use of the app if it had been available for android devices as well. Further exploration of how to make an engaging and useful app for PV is needed.

Findings suggest that a simple self-help book program is reasonably effective in helping participants understand the fundamentals of ACT. However, some misunderstandings did occur and rarely did participants feel like they fully grasped and applied the concepts they were reading about. Perhaps if more guidance is given in a future intervention, these misunderstandings could be corrected and participants might make greater progress. A greater degree of guidance may
also help to increase engagement in, and application of, the material. Check-ins appear to have been perceived as important to include, although further development may be needed to make them even more useful. Some wrote of the helpfulness of having someone to whom they could be accountable. In addition, follow-up data suggests that after check-ins ceased, their use of the book decreased significantly, further demonstrating the need for some degree of coaching.

Most participants seemed to be relatively satisfied with the content; perhaps the several comments about it being difficult to read and understand, boring, or textbook-like might explain the predominantly lukewarm responses. Many thought the intervention could be helpful to others struggling with PV without any changes, but the complaints of some that it was too general and inapplicable to PV suggest that it may have been better received had it been designed for this population. Although only about half of the book and activities were completed, participants did report being very thorough and engaged in what they did complete. Perhaps if a reinforcing mechanism was in place to ensure they continued using the book, the average reading would have increased. Follow-up responses suggest that, despite the primarily discontinued use of the book, most participants had continued to utilize what they had learned, indicating that the effects of this kind of intervention may continue in the long-term.

Limitations

The primary limitations of this study derive from the nature of it being a pilot trial as well as the high rate of attrition. The limited number of participants makes it difficult to generalize the findings, especially when considering the subgroups. Therefore, these findings serve primarily to point in a direction that needs further research. The high drop-out rate resulted in the need to model for the missing data, which limits the ability to draw any strong conclusions from the trends seen in the findings. As a pilot trial, no control group was included, so deriving causal
attributions for any changes over time is also difficult. For example, the high engagers might have done significantly better than low engagers, not because of their engagement in the intervention, but simply because they were a subset that was anxious to improve and would have made progress regardless of the intervention.

**Implications and Future Directions**

The present study adds further evidence of the need for an effective intervention for PV, in addition to highlighting what might make that intervention most effective. The number of individuals who expressed interest, despite not recruiting extensively, demonstrates a significant population that is in need of effective treatment for this problematic behavior. This is further demonstrated by how participants described their multiple attempts to quit, the wide range of solutions that had already been attempted, and the distress PV was causing in their life.

Overall, those who persisted and were engaged in the intervention improved in most ways. However, given the high rate of attrition, it may be assumed that the intervention was not helpful for a significant portion of the sample, perhaps suggesting the need for something more tailored and targeted. The current study certainly points to potential efficacy of ACT-based self-help reading, but engagement needs to be addressed to increase the retention of those participating.

In consideration of the stigma and time constraints many face, solutions that are anonymous and accessible may be more likely to be utilized and helpful. The development of an ACT-based self-help book that specifically targets PV would certainly be more understandable and engaging to this population. Perhaps a mobile application could be even better, as it would limit the wordiness of the content and also give ample opportunity for prompting, accountability, and practice. If this can be paired with some level of coaching to clarify what they are learning
and encourage continued participation, it seems likely that the rate of progress and frequency of high engagement would increase, especially for those who are in a relationship.

Overall, the current study demonstrates preliminary evidence for ACT as an effective mechanism for significant improvement in PV and related outcomes, even in a general, self-help book format. If this can be properly disseminated and lead to the development of more targeted and engaging interventions, those who suffer from the effects of PV might finally have the tools and framework they have been looking for.
References


http://dx.doi.org/10.1016/j.jcbs.2014.06.001


doi:10.1016/j.beth.2009.06.002


doi:10.1080/10720160903300788


Figure 1
*Participant Flow Throughout the Study*

- Responded to recruitment (n=34)
  - Did not respond after initial contact (n=9)
    - Responded after recruitment had ended (n=6)
- Assessed for Eligibility and Enrolled (n=19)
- Baseline Assessment (n=19)
- Post Assessment (n=11) (58%)
- Follow-up Assessment (n=11) (58%)
Table 1  
Descriptive Statistics with Available Data at Pretreatment, Posttreatment and Follow-up

<table>
<thead>
<tr>
<th>Measures</th>
<th>Pretreatment (n = 19)</th>
<th>Posttreatment (n = 11)</th>
<th>Follow-up (n = 11)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M (SD)</td>
<td>M (SD)</td>
<td>M (SD)</td>
</tr>
<tr>
<td>Viewing Hours</td>
<td>1.51 (1.15)</td>
<td>0.64 (0.60)</td>
<td>0.95 (0.69)</td>
</tr>
<tr>
<td>CPUI</td>
<td>42.74 (8.46)</td>
<td>31.18 (10.02)</td>
<td>30.82 (12.95)</td>
</tr>
<tr>
<td>CBOSB</td>
<td>32.53 (7.22)</td>
<td>22.40 (8.81)</td>
<td>26.45 (10.43)</td>
</tr>
<tr>
<td>AAQ-II</td>
<td>27.37 (8.08)</td>
<td>25.36 (11.77)</td>
<td>24.18 (10.81)</td>
</tr>
<tr>
<td>CFQ</td>
<td>32.58 (5.10)</td>
<td>25.36 (9.88)</td>
<td>26.46 (10.03)</td>
</tr>
<tr>
<td>VQ Obstruction</td>
<td>19.16 (4.91)</td>
<td>16.46 (4.39)</td>
<td>16.27 (4.34)</td>
</tr>
<tr>
<td>VQ Progress</td>
<td>19.84 (6.21)</td>
<td>22.91 (7.30)</td>
<td>21.82 (6.06)</td>
</tr>
<tr>
<td>Mod AAQ for PV</td>
<td>21.37 (3.52)</td>
<td>15.18 (6.05)</td>
<td>-</td>
</tr>
<tr>
<td>PV Thought Fighting</td>
<td>2.05 (0.91)</td>
<td>2.64 (0.92)</td>
<td>2.91 (0.70)</td>
</tr>
<tr>
<td>DASS Anxiety</td>
<td>10.95 (3.21)</td>
<td>9.18 (2.60)</td>
<td>9.46 (2.62)</td>
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<tr>
<td>DASS Depression</td>
<td>13.53 (3.31)</td>
<td>13.09 (5.26)</td>
<td>12.64 (3.93)</td>
</tr>
<tr>
<td>PIOS</td>
<td>52.05 (9.19)</td>
<td>42.73 (10.60)</td>
<td>42.46 (10.33)</td>
</tr>
<tr>
<td>QOLS</td>
<td>51.16 (11.29)</td>
<td>45.91 (17.42)</td>
<td>49.36 (17.49)</td>
</tr>
</tbody>
</table>

Note: Descriptives were run with available data.
Note: Viewing Hours = Self-reported number of hours viewing pornography; CPUI = Cyber-Pornography Use Inventory; CBOSB = Cognitive and Behavioral Outcomes of Sexual Behavior Scale; AAQ-II = Acceptance and Action Questionnaire-II; CFQ = Cognitive Fusion Questionnaire; VQ Obstruction = Obstruction subscale of Values Questionnaire; VQ Progress = Progress subscale of Values Questionnaire; Mod AAQ for PV = Modified AAQ for PV; PV Thought Fighting = Frequency of fighting thoughts about PV; DASS Stress = Stress subscale of Depression Anxiety Stress Scales; DASS Anxiety = Anxiety subscale of Depression Anxiety Stress Scales; DASS Depression = Depression subscale of Depression Anxiety Stress Scales; PIOS = Penn Inventory of Scrupulosity; QOLS = Quality of Life Scale.
Table 2

*Overall Time Effects on Measures at Pretreatment, Posttreatment and Follow-up*

<table>
<thead>
<tr>
<th>Measures</th>
<th>Omnibus Time Effect (F)</th>
<th>Baseline-Post Hoc</th>
<th>Baseline-Follow-up Post Hoc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Viewing Hours</td>
<td>9.03*</td>
<td>3.75*</td>
<td>2.15+</td>
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<tr>
<td>CPU1</td>
<td>8.76*</td>
<td>4.09*</td>
<td>4.03*</td>
</tr>
<tr>
<td>CBOSB</td>
<td>10.70*</td>
<td>4.48*</td>
<td>3.20*</td>
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<td>2.58</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>CFQ</td>
<td>6.93*</td>
<td>2.93*</td>
<td>3.33*</td>
</tr>
<tr>
<td>VQ Obstruction</td>
<td>2.15</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>VQ Progress</td>
<td>1.04</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mod AAQ for PV</td>
<td>9.92*</td>
<td>3.15*</td>
<td>-</td>
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<tr>
<td>PV Thought Fighting</td>
<td>21.17*</td>
<td>-2.30*</td>
<td>-6.32*</td>
</tr>
<tr>
<td>DASS Stress</td>
<td>0.28</td>
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<td>-</td>
</tr>
<tr>
<td>DASS Anxiety</td>
<td>1.12</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>DASS Depression</td>
<td>1.65</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>PIOS</td>
<td>18.86*</td>
<td>4.76*</td>
<td>5.46*</td>
</tr>
<tr>
<td>QOLS</td>
<td>0.30</td>
<td>-</td>
<td>-</td>
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* p < .05
+.05 < p < .1
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<tr>
<th>Measures</th>
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<th>Low Engagers</th>
<th>F</th>
</tr>
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<tr>
<td></td>
<td>Baseline (n=5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Post (n=5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Follow-up (n=5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Baseline (n=14)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Post (n=6)</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Follow-up (n=6)</td>
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<td></td>
</tr>
<tr>
<td>Viewing Hours</td>
<td>1.08 (0.51)</td>
<td>0.43 (0.38)</td>
<td>0.59 (0.43)</td>
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<td>CPUI</td>
<td>47.00 (3.70)</td>
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<td>26.40 (6.29)</td>
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<td>32.00 (3.32)</td>
<td>17.84 (3.56)</td>
<td>21.40 (4.26)</td>
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<tr>
<td>AAQ-II</td>
<td>32.20 (3.46)</td>
<td>23.60 (5.06)</td>
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<td>31.60 (2.33)</td>
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<td>3.00 (0.35)</td>
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<td>55.20 (4.13)</td>
<td>43.80 (5.51)</td>
<td>41.00 (5.16)</td>
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<tr>
<td>QOLS</td>
<td>49.20 (5.17)</td>
<td>43.00 (8.92)</td>
<td>40.80 (7.57)</td>
</tr>
</tbody>
</table>

* p < .05
Note: N-values are descriptive and based on available data. F-values are based on an MMRM analysis that models missing data.
Table 4
Effects of the Moderating Variable of Relationship Status on Measures at Pretreatment, Posttreatment and Follow-up

<table>
<thead>
<tr>
<th>Measures</th>
<th>Single</th>
<th>Current Relationship</th>
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<tbody>
<tr>
<td></td>
<td>Baseline (n = 12)</td>
<td>Post (n = 9)</td>
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<tr>
<td>Viewing Hours</td>
<td>M (SE)</td>
<td>M (SE)</td>
</tr>
<tr>
<td></td>
<td>1.25 (0.33)</td>
<td>0.52 (0.19)</td>
</tr>
<tr>
<td>CPUl</td>
<td>41.42 (2.46)</td>
<td>29.37 (2.76)</td>
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<tr>
<td>CBOSB</td>
<td>31.17 (2.08)</td>
<td>20.30 (1.96)</td>
</tr>
<tr>
<td>AAQ-II</td>
<td>26.25 (2.36)</td>
<td>20.37 (2.87)</td>
</tr>
<tr>
<td>CFQ</td>
<td>32.33 (1.51)</td>
<td>23.01 (2.41)</td>
</tr>
<tr>
<td>VQ Obstruction</td>
<td>19.17 (1.46)</td>
<td>15.00 (0.94)</td>
</tr>
<tr>
<td>VQ Progress</td>
<td>20.58 (1.82)</td>
<td>23.68 (1.98)</td>
</tr>
<tr>
<td>Mod AAQ for PV</td>
<td>16.42 (1.03)</td>
<td>11.42 (1.54)</td>
</tr>
<tr>
<td>PV Thought Fighting</td>
<td>2.17 (0.27)</td>
<td>2.86 (0.24)</td>
</tr>
<tr>
<td>DASS Stress</td>
<td>14.00 (0.87)</td>
<td>11.81 (1.14)</td>
</tr>
<tr>
<td>DASS Anxiety</td>
<td>11.92 (0.87)</td>
<td>8.39 (0.63)</td>
</tr>
<tr>
<td>DASS Depression</td>
<td>13.33 (0.98)</td>
<td>11.39 (1.20)</td>
</tr>
<tr>
<td>PIOS</td>
<td>51.92 (2.73)</td>
<td>40.76 (3.14)</td>
</tr>
<tr>
<td>QOLS</td>
<td>48.25 (3.15)</td>
<td>41.01 (4.51)</td>
</tr>
</tbody>
</table>

* p < .05
+.05 < p < .1
Note: N-values are descriptive and based on available data. F-values are based on an MMRM analysis that models missing data.
Table 5
*Satisfaction, Engagement and Understanding with the Self-Help Book*

<table>
<thead>
<tr>
<th>Time Point</th>
<th>Measures</th>
<th>M (SD)</th>
<th>Percentage Reporting Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Overall, I was satisfied w/the quality of the book</td>
<td>4.73 (1.42)</td>
<td>91%</td>
</tr>
<tr>
<td></td>
<td>The book was helpful to me</td>
<td>4.36 (1.36)</td>
<td>91%</td>
</tr>
<tr>
<td></td>
<td>I fully understood the concepts &amp; exercises</td>
<td>4.36 (1.43)</td>
<td>82%</td>
</tr>
<tr>
<td></td>
<td>I felt the book was made for someone like me</td>
<td>4.27 (1.74)</td>
<td>64%</td>
</tr>
<tr>
<td></td>
<td>The weekly check-ins were helpful to me</td>
<td>4.73 (1.19)</td>
<td>82%</td>
</tr>
<tr>
<td></td>
<td>The weekly check-ins were an important part of the program</td>
<td>5.55 (0.69)</td>
<td>100%</td>
</tr>
<tr>
<td>Post</td>
<td>I would like to use the entire program again in the future</td>
<td>4.36 (1.63)</td>
<td>64%</td>
</tr>
<tr>
<td></td>
<td>I think this book would be helpful for others struggling w/PV</td>
<td>5.00 (1.10)</td>
<td>91%</td>
</tr>
<tr>
<td></td>
<td>I would recommend this book to others who are struggling w/PV</td>
<td>4.64 (1.43)</td>
<td>73%</td>
</tr>
<tr>
<td></td>
<td>This book would have been just as helpful <em>without any check-ins</em></td>
<td>3.36 (1.57)</td>
<td>46%</td>
</tr>
<tr>
<td></td>
<td>I intend to continue using the skills &amp; concepts I learned</td>
<td>4.27 (1.79)</td>
<td>82%</td>
</tr>
<tr>
<td></td>
<td>I have applied skills &amp; concepts from this book in my daily life</td>
<td>4.18 (1.54)</td>
<td>82%</td>
</tr>
<tr>
<td>Follow-up</td>
<td>I intend to continue using the skills &amp; concepts I learned</td>
<td>4.36 (1.03)</td>
<td>91%</td>
</tr>
</tbody>
</table>

Note: A 6-point scale was used: 1 = Strongly Disagree, 2 = Disagree, 3 = Slightly Disagree, 4 = Slightly Agree, 5 = Agree and 6 = Strongly Agree.

Note: Percentage Reporting Agreement included those whose responses were 4, 5 or 6.
Appendices

Appendix A

Recruiting Materials
Do you or a friend struggle with pornography viewing?

Is this negatively affecting the quality of your life?

Participate in a USU research study testing a guided self-help book program for those struggling with pornography viewing.

Participation will involve completing:
- An in-person assessment at Utah State University in Logan, Utah
- Reading a self-help book (provided) and participating in online check-ins over an 8 week period
- Completing an online follow up assessment 2 months later

You are eligible for this study if you currently are struggling with pornography viewing and are 18 years of age or older.

For more information, contact Scott Heninger at scott.heninger@aggiemail.usu.edu or 801-244-0487.
Class Announcement

Hello,

My name is Scott Heninger and I am a student here at Utah State. I’m working with Dr. Mike Levin in the Psychology department on a new research study utilizing a self-help book based on ACT, Acceptance and Commitment Therapy, as a program for those struggling with problematic pornography viewing. If you’re at least 18 years old and currently struggling with pornography viewing, you would be eligible for the program. The study will last for 8 weeks and involves an initial in-person meeting, then reading the book we provide while completing weekly online check-ins. For those of you on the SONA system, participation in this study qualifies you for 3 SONA points for extra credit in some classes. You can find the study on SONA entitled “ACT Self-Help for Problematic Pornography Viewing.” In addition, this study will contribute to developing an effective intervention for this challenge. ACT has already been shown to be effective in over a hundred studies, some of which related to issues such as this. If the quality of your life or of someone you know is being negatively affected by pornography viewing, please contact me through either my email or phone number, which I’ll write on the board here (scott.heninger@aggiemail.usu.edu or 801-244-0487).

Thanks for your time!
Email Announcement

Hello,

My name is Scott Heninger. I’m a student here at Utah State. I’m working with Dr. Mike Levin in the Psychology department on a new research study utilizing a self-help book based on ACT, Acceptance and Commitment Therapy, as a program for those who are currently struggling with problematic pornography viewing.

This study also qualifies for 3 SONA points for extra credit in some classes. You can find it listed as Acceptance and Commitment Therapy Self-Help for Problematic Pornography Viewing.

If you or a friend is being negatively affected by problematic pornography viewing, please see the flyer below and contact us soon to participate in this new study.

Thanks for your time!

Scott Heninger
801-244-0487
scott.heninger@aggiemail.usu.edu

Is your pornography viewing negatively impacting the quality of your life?

Consider participating in a new USU study testing a guided self-help book program for those struggling with pornography viewing.

YOU ARE ELIGIBLE IF YOU ARE:
• At least 18 years old
• Currently struggling with pornography viewing

PARTICIPATION INVOLVES
• An in-person assessment
• Reading a self-help book (provided)
• Online check-ins over an 8 week period
• Completing an online assessment 2 months later

INTERESTED? CONTACT SCOTT HENINGER
scott.heninger@aggiemail.usu.edu 801-244-0487
Is your pornography viewing negatively impacting the quality of your life?

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- Online check-ins over an 8 week period
- Completing an online assessment 2 months later

INTERESTED? CONTACT SCOTT HENINGER
scott.heninger@aggiemail.usu.edu  801-244-0487

Mike.Levin@usu.edu
Phone Eligibility Screening Script

**Introduction:** Hello, my name is (Scott Heninger) and I am a student at Utah State University. I am calling because you expressed an interest in participating in our study of a book-based program for problematic pornography viewing. I can tell you a few things about the study and then have a few questions to make sure that you are eligible to participate. This will take no more than 5 minutes of your time. How does this sound to you?

**Study overview:** If the prospective participant agrees to proceed, introduce the study as follows:

This study involves reading our book for eight weeks, implementing its principles in your life, and responding to weekly check-ins. A mobile app may also be used in conjunction with the book, if you would like. The purpose of the program is to reduce the severity and frequency of problematic pornography viewing, connect you with your personal values around said viewing, to encourage you to make values-consistent choices in your behavior, and to help you increase the quality of your life. You would be asked to come to an initial briefing session and then complete check-ins once a week throughout the study. Does this sound like something you would be interested in doing?

Ask about the break.

Encourage the participant to ask questions by prompting: *At this point, what questions do you have?*

**Screening Questions:** If the participant responds affirmatively, ask the following screening questions: I have a series of short questions to see if you are eligible to participate.

1. *How old are you?* If under 18, then the person is ineligible.
2. *Do you speak and read English fluently?* If no, then the person is ineligible.
3. *Do you currently struggle with pornography viewing?* If no, then the person is ineligible.
4. *Is your pornography viewing distressful and/or having a negative impact on your quality of life?* If no, then the person is ineligible.

5.a. If eligible: *It looks like you are eligible to participate in the study. The next step is to schedule an initial meeting to have you complete an assessment and informed consent to participate in the study. We have these times available in the next week....* Identify times when the participant can meet with you and record them in a study log. Inform the participant that the meeting will be held in the HSRC building, room 001C, in the basement. Give the participant a phone number they can contact to reschedule or if lost.

5.b. If ineligible: *Unfortunately, you are not eligible to participate in this study. We greatly appreciate your interest and apologize for any inconvenience. Inform them of alternative therapy services available through the USU Counseling and Psychological Services (435-797-1012) or the USU Psychology Community Clinic (435-797-3401)*.

An alternative for you to consider would be to seek help from a qualified therapist. If you are a student at USU, such help is free through the Counseling and Psychological Services Center. Their number is (435) 797-1012. If you’re not a student, you might consider the USU Psychology Clinic or the USU Marriage and Family Therapy Clinic. Their numbers are (435) 797-3401 and (435) 797-7430 respectively. Both of these operate on a sliding fee scale.

**Closing:** One last question, do you own or have access to an iPhone, iPod, or iPad? If so, please bring that with you to the appointment as one part of the program involves downloading an app.
As we wrap up this call, what questions do you have about the information I just gave you? Respond to any questions posed. Thank you for your time and interest in our study. Have a great day.
Appendix B

Informed Consent
INFORMED CONSENT

The Effectiveness of Acceptance and Commitment Therapy Bibliotherapy for Problematic Pornography Viewing

Introduction/ Purpose Dr. Michael Levin in the Department of Psychology and Scott Heninger, a Psychology undergraduate, at Utah State University, are conducting a research study to find out more about effective programs for problematic pornography use. This project is part of Scott’s Honors Thesis. You have been asked to take part because you are 18 years of age or older and have identified as experiencing distress as a result of pornography viewing. There will be approximately 20 total participants in this research.

Procedures If you agree to be in this research study, you will be expected to first complete an assessment of your current functioning through an online survey completed in our lab.

We will then provide you with information regarding the self-help program being tested including receiving a copy of the book Get Out of Your Mind and Into Your Life. We will recommend downloading the app, ACT Coach, to use throughout the study, as an optional part of the program. You will be expected to read the copy of Get Out of Your Mind and Into Your Life that is provided to you over the next 8 weeks according to the reading schedule provided. Throughout the program, you will be expected to complete a weekly check-in to assess the use of pornography in the previous week, understanding of read material, and qualitative feedback on the program. Reminder emails may be sent in the event of a check-in not being completed. You will be expected to complete an assessment at the end of this 8-week program, and then, 8 weeks after completing the program, to complete a final follow up assessment. You will be asked questions about your sexual preferences, pornography use, and sexual history throughout the course of this study.

Alternative Procedures Instead of participating in this research, an alternative for you to consider would be to seek help from a qualified therapist. If you are a student at USU, such help is free through the Counseling and Psychological Services Center. Their number is (435) 797-1012. If you’re not a student, you might consider the USU Psychology Clinic or the USU Marriage and Family Therapy Clinic. Their numbers are (435) 797-3401 and (435) 797-7430 respectively. Both of these operate on a sliding fee scale.

Risks Participation in this research study may involve some added risks or discomforts. There is a small risk of someone who is not authorized seeing the information you report on study questionnaires or seeing that you are participating in the study. This includes someone accessing your responses to online surveys (i.e., any check-ins or assessments completed online), seeing emails related to your participation in the study, or seeing your copy of Get Out of Your Mind and Into Your Life. We will take the following precautions to prevent any unauthorized person from accessing the information that you give us:

a. Any information you give us will be kept strictly confidential, even from other members of your own family and friends. Parents will not have access to your information.

b. Your responses to online questionnaires and the mobile app will be collected through and stored on secure programs and websites. Your personal information, such as IP address and email, will not be associated with your responses to any surveys.
c. We will remove all names from all the information we get (except this consent form). You will be assigned a random study ID, which will be used to identify all of the data you provide across assessments and other research steps.

d. All research personnel are trained in procedures to protect confidentiality.

e. We strongly encourage you to complete online questionnaires and weekly check-ins in a private location, as well as to store your copy of Get Out of Your Mind and Into Your Life in a location where others will not see it.

In addition, you may experience some discomfort as a result of exploring your problematic pornography viewing (PV) behavior from the perspective of Get Out of Your Mind and Into Your Life, completing surveys related to PV, and making changes in how you act. This might come up as a result of completing the online surveys, reading chapters of the book, or doing exercises suggested in the book. To address this risk, you will be provided with the contact information of the principal investigator (Dr. Levin), who will be able to refer you for services in the case that unexpected discomforts do arise. Finally, we have attempted to keep all online surveys brief and simple, and without detailed questions about PV behavior.

As this is an experimental self-help program, additional unforeseen risks could occur. It is very important to us that we know of any such unexpected negative reactions to participating in the study so that we can be sure to address them with you and other participants in the future. If you do encounter a negative reaction to the program or otherwise participating in the study, please contact Dr. Michael Levin at 541-531-3892, or via email at mike.levin@usu.edu.

Benefits Although we cannot guarantee that reading Get Out of Your Mind and Into Your Life and using the app, ACT Coach, will be useful, you may benefit in a number of direct ways. These may include increased psychological skills for managing problematic pornography viewing. In addition, your participation may contribute to the advancement of research in this field, as future programs may be informed by the results of this study.

Explanation & offer to answer questions Scott Heninger has explained this research study to you and answered your questions. If you have other questions or research-related problems, you may reach Michael Levin at (541) 531-3892.

Payment/Compensation If you are registered in the SONA system, you will receive a total of 3 SONA research credits for your participation. These credits may be counted towards course credit or be used to fulfill other course requirements at Utah State University. 1 credit will be given for completing each of the three major assessments (baseline, post, and follow up).

Voluntary nature of participation and right to withdraw without consequence Participation in research is entirely voluntary. You may refuse any aspects of the study procedures without consequence or loss of benefits. Further, you may refuse to participate or withdraw at any time without consequence or loss of benefits – please notify Scott Heninger, the research assistant, if you choose to withdraw from the study. Finally, if you express a level of distress from participating in this study that would suggest a significant negative reaction to participating, you may be withdrawn from this study without your consent by the investigator. If such an event
occurs you will be referred to receive help from either a local counselor or, if you are a student, the counseling and psychological services center on campus.

**Confidentiality** Research records will be kept confidential, consistent with federal and state regulations. After consenting to participate, you will be assigned a random number as a study ID. This study ID will be used for all subsequent study procedures (i.e. to identify correct responses across surveys and other study procedures). A securely stored master file (stored on password protected computers in a password protected file) will be the only place where participants’ study IDs are directly connected to their identifying information. Study data will be stored on a secure website (Qualtrics) and on password protected computers. In addition, the topic/content of your participation in this study will not be explicitly discussed over email. Identifying information will be stored separately from data and will be kept for approximately 3 years in case participant ID issues need to be resolved based on data cleaning findings.

**IRB Approval Statement** The Institutional Review Board for the protection of human participants at Utah State University has approved this research study. If you have any questions or concerns about your rights or a research-related injury and would like to contact someone other than the research team, you may contact the IRB Director at (435) 797-0567 or irb@usu.edu to obtain information or to offer input.

**Copy of consent** You have been given two copies of this Informed Consent. Please sign both copies and keep one copy for your files.

**Investigator Statement** “I certify that the research study has been explained to the individual, by me or my research staff, and that the individual understands the nature and purpose, the possible risks and benefits associated with taking part in this research study. Any questions that have been raised have been answered.”

---

**Michael Levin**
Principal Investigator
541-531-3892
mike.levin@usu.edu

**Scott Heninger**
Student Researcher
801-244-0487
scott.heninger@aggiemail.usu.edu

**Signature of Participant** By signing below, I agree to participate.

Participant’s Signature | Participant’s Name (Printed) | Date
Appendix C

Measures
Baseline

Demographics and Background
Please answer all of the following questions as they describe you.

What is your gender?
○ Male (1)
○ Female (2)
○ Other (please specify) (3) ________________________

How old are you?

What is your ethnic background?
○ Hispanic or Latino (1)
○ Not Hispanic or Latino (2)

What is your racial background? (Choose one of the following)
○ American Indian/Alaska Native (1)
○ Asian (2)
○ Native Hawaiian or other Pacific Islander (3)
○ Black or African American (4)
○ White or Caucasian (5)
○ Other (please specify) (6) ________________________

For your primary household, please estimate the gross annual income (before taxes) for the last year. If unknown, choose unknown.
○ Less than $20,000 (1)
○ $20,000 - $39,999 (2)
○ $40,000 - $59,999 (3)
○ $60,000 - $79,999 (4)
○ $80,000 - $99,999 (5)
○ $100,000 or more (6)
○ Unknown (7)

What is your current dating status?
○ Single (1)
○ Dating (2)
○ Cohabitation (7)
○ Married (3)
○ Separated (4)
○ Divorced (5)
○ Widowed (6)
How long have you been in this relationship with this person (enter in terms of weeks, months or years)?
- Weeks (1)
- Months (2)
- Years (3)

Are you currently a college/university student?
- Yes (1)
- No (2)

What year are you in college? (if you are in between years you can round up to the next year)
- First year (Freshman) (1)
- Second year (Sophomore) (2)
- Third year (Junior) (3)
- Fourth year (Senior) (4)
- Fifth year or higher (5)
- Graduate student (6)

What is your religious affiliation?

Please rate how strongly you agree with this statement: "My religion/spiritual beliefs are really important to me."
- Strongly Agree (1)
- Agree (2)
- Slightly Agree (3)
- Slightly Disagree (4)
- Disagree (5)
- Strongly Disagree (6)

Have you seen a therapist in the past 8 weeks?
- Yes (if so, about how many times have you seen the therapist in the last 8 weeks?) (1)
- No (2)

Are you currently in therapy to address problematic pornography viewing?
- Yes (1)
- No (2)

Have you been on any psychological medications in the past 8 weeks (e.g., antidepressants, sleep aids, etc.)?
- Yes (1)
- No (2)
ACT SELF-HELP FOR PROBLEMATIC PORNOGRAPHY VIEWING

Have you ever received treatment using the principles of ACT (Acceptance and Commitment Therapy)?
- Yes (1)
- No (2)
- Not sure (3)

Have you ever received treatment for problematic pornography viewing? If yes, please briefly describe the format and kind of treatment you received.
- Yes (1)
- No (2)

Pornography Viewing

Answer the following three questions based on your experience in the past two months:

How frequently do you view pornographic material? (For this questionnaire, pornography should be defined as material that (1) creates or elicits sexual feelings or thoughts and (2) contains explicit exposure or descriptions of sexual acts such as vaginal or anal intercourse, oral sex, or masturbation.)

How much time on average do you spend on pornography per week? Enter in terms of average number of hours per week.

Viewing pornographic material is an acceptable way to express one's sexuality
- Strongly Disagree (1)
- Disagree (2)
- Slightly Disagree (3)
- Slightly Agree (4)
- Agree (5)
- Strongly Agree (6)

To what extent do you believe that your consumption of pornography, overall has had a harmful effect on your life?
- Not at all (1)
- To a very small extent (2)
- To a small extent (3)
- To a moderate extent (4)
- To a large extent (5)
- To a very large extent (6)
- To an extremely large extent (7)
How often do you fight against your thoughts about pornography viewing? (e.g., suppressing them, trying to distract from them, struggling to change them, etc.)

- Very Frequently (1)
- Frequently (2)
- Occasionally (3)
- Rarely (4)
- Very Rarely (5)
- Never (6)

In the past, how many times have you attempted to cut back use of pornography without completely quitting?

- None (1)
- 1 - 3 times (2)
- 4 - 6 times (3)
- 7 + times (4)

In the past, how many times have you attempted to completely quit using pornography?

- None (1)
- 1 - 3 times (2)
- 4 - 6 times (3)
- 7 + times (4)

Please indicate which of the following strategies and aids you have used to reduce or quit pornography viewing:

- Self-help group (SA, Addiction Recovery Programs, etc.) (1)
- Individual contact with psychologist or counselor (2)
- Ecclesiastical help with a religious/spiritual leader (3)
- Self-help book(s) (4)
- Installed software on your computer that blocks access to Internet porn (5)
- Talked to a supportive person when you want to use porn (6)
- Did something else to distract yourself when you wanted to use porn (7)
- Wrote or reflected on your goals or values (8)
- Mindfulness and/or acceptance exercises (9)
- Other (please describe) (10) _____________________________
How confident are you in your current ability to manage your pornography viewing?
- Very Confident (1)
- Confident (2)
- Somewhat Confident (3)
- Somewhat Unconfident (4)
- Unconfident (5)
- Very Unconfident (6)

Please rate how much you agree with the following: "I am highly motivated to reduce the negative impact of pornography viewing on my life."
- Strongly Disagree (1)
- Disagree (2)
- Slightly Disagree (3)
- Slightly Agree (4)
- Agree (5)
- Strongly Agree (6)

Why did you choose to participate in this study?

What do you hope to gain from your participation? What are your goals?

**CPUI - 9 Please rate your agreement with the following statements.**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at all 1 (1)</th>
<th>2 (2)</th>
<th>3 (3)</th>
<th>4 (4)</th>
<th>5 (5)</th>
<th>6 (6)</th>
<th>Extremely 7 (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I believe I am addicted to pornography. (1)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Even when I do not want to use pornography, I feel drawn to it. (2)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I feel unable to stop my use of pornography. (3)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>At times, I try to arrange my schedule so that I will be able to be alone in order to view pornography. (4)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I have refused to go out with friends or attend certain social functions to have the opportunity to view pornography. (5)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I have put off important priorities to view pornography. (6)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I feel ashamed after viewing pornography. (7)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I feel depressed after viewing pornography. (8)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I feel sick after viewing pornography. (9)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
Below are a number of statements that explain various reasons why people use pornography. Please respond to each statement and indicate the degree to which it describes you. For this questionnaire, pornography should be defined as material that (1) creates or elicits sexual feelings or thoughts and (2) contains explicit exposure or descriptions of sexual acts involving the genitals, such as vaginal or anal intercourse, oral sex, or masturbation.

<table>
<thead>
<tr>
<th>Statement</th>
<th>1: Never like me (1)</th>
<th>2: Rarely like me (2)</th>
<th>3: Somewhat like me (3)</th>
<th>4: Often like me (4)</th>
<th>5: Very often like me (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>It provides me an opportunity to be distracted from life's challenges. (1)</td>
<td></td>
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<tr>
<td>I use it to learn more about sexual activity or practice. (2)</td>
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<td>I turn to it when I'm feeling down, sad, or lonely. (3)</td>
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<tr>
<td>I'm curious about what types of sex other people have. (4)</td>
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<tr>
<td>I use it to escape into a fantasy world. (5)</td>
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<tr>
<td>I use it to provide some novelty or variety in my life. (6)</td>
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<tr>
<td>I use it to sexually arouse myself. (7)</td>
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<tr>
<td>I use it to expand my knowledge about sexual possibilities. (8)</td>
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<tr>
<td>I use it to feel physical pleasure. (9)</td>
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<tr>
<td>I use it to change my mood when I am anxious, stressed, or angry. (10)</td>
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<tr>
<td>It gives me a sense of excitement. (11)</td>
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<tr>
<td>I use it to avoid uncomfortable or unpleasant feelings. (12)</td>
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<tr>
<td>It fuels an interest I have to understand more about sex. (13)</td>
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<tr>
<td>I use it to help me masturbate, for a physical release. (14)</td>
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<tr>
<td>I use it to disconnect from unpleasant circumstances or situations I experience. (15)</td>
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</tbody>
</table>
AAQ-II
Below you will find a list of statements. Please rate how true each statement is for you by marking a number next to it. Use the scale below to make your choice.

<table>
<thead>
<tr>
<th></th>
<th>Never true (1)</th>
<th>Very seldom true (2)</th>
<th>Seldom true (3)</th>
<th>Sometimes true (4)</th>
<th>Frequently true (5)</th>
<th>Almost always true (6)</th>
<th>Always true (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My painful experiences and memories make it difficult for me to live a life that I would value. (1)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>2. I'm afraid of my feelings (2)</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<td>○</td>
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<tr>
<td>3. I worry about not being able to control my worries and feelings. (3)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>4. My painful memories prevent me from having a fulfilling life. (4)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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</tr>
<tr>
<td>5. Emotions cause problems in my life. (5)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>6. It seems like most people are handling their lives better than I am. (6)</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<td>○</td>
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<tr>
<td>7. Worries get in the way of my success. (7)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
Please read each statement and mark a number 0, 1, 2 or 3 that indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>0 Did not apply to me at all (1)</th>
<th>1 Applied to me to some degree, or some of the time (2)</th>
<th>2 Applied to me to a considerable degree, or a good part of the time (3)</th>
<th>3 Applied to me very much, or most of the time (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I found it hard to wind down (1)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2. I was aware of dryness of my mouth (2)</td>
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<tr>
<td>3. I couldn't seem to experience any positive feeling at all (3)</td>
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<tr>
<td>4. I experienced difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion) (4)</td>
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<tr>
<td>5. I found it difficult to work up the initiative to do things (5)</td>
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<tr>
<td>6. I tended to over-react to situations (6)</td>
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<tr>
<td>7. I experienced trembling (e.g., in the hands) (7)</td>
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<tr>
<td>8. I felt that I was using a lot of nervous energy (8)</td>
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<tr>
<td>9. I was worried about situations in which I might panic and make a fool of myself (9)</td>
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<tr>
<td>10. I felt that I had nothing to look forward to (10)</td>
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<tr>
<td>11. I found myself getting agitated (11)</td>
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<tr>
<td>12. I found it difficult to relax (12)</td>
<td></td>
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<tr>
<td>13. I felt down-hearted and blue (13)</td>
<td></td>
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<tr>
<td>14. I was intolerant of anything that kept me from getting on with what I was doing (14)</td>
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<tr>
<td>15. I felt I was close to panic (15)</td>
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<tr>
<td>16. I was unable to become enthusiastic about anything (16)</td>
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<tr>
<td>17. I felt I wasn't worth much as a person (17)</td>
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<tr>
<td>18. I felt that I was rather touchy (18)</td>
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<tr>
<td>19. I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat) (19)</td>
<td></td>
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<tr>
<td>20. I felt scared without any good reason (20)</td>
<td></td>
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<tr>
<td>21. I felt that life was meaningless (21)</td>
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</tbody>
</table>
CFQ
Below you will find a list of statements. Please rate how true each statement is for you by marking a number next to it. Use the scale below to make your choice.

<table>
<thead>
<tr>
<th></th>
<th>Never true (1)</th>
<th>Very seldom true (2)</th>
<th>Seldom true (3)</th>
<th>Sometimes true (4)</th>
<th>Frequently true (5)</th>
<th>Almost always true (6)</th>
<th>Always true (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My thoughts cause me distress or emotional pain</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. I get so caught up in my thoughts that I am unable to do the things that I most want to do</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. I over-analyze situations to the point where it's unhelpful to me</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. I struggle with my thoughts</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>5. I get upset with myself for having certain thoughts</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>6. I tend to get very entangled in my thoughts</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>7. It's such a struggle to let go of upsetting thoughts even when I know that letting go would be helpful</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tbody>
</table>
VQ
Please read each statement carefully and then select the checkbox which best describes how much the statement was true for you during the past week, including today.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at all true (0)</th>
<th>1 (2)</th>
<th>2 (3)</th>
<th>3 (4)</th>
<th>4 (5)</th>
<th>5 (6)</th>
<th>Completely true (6) (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I spent a lot of time thinking about the past or future, rather than being engaged in activities that mattered to me (1)</td>
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<tr>
<td>2. I was basically on &quot;auto-pilot&quot; most of the time (2)</td>
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<tr>
<td>3. I worked toward my goals even if I didn't feel motivated to</td>
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<tr>
<td>4. I was proud about how I lived my life (4)</td>
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<tr>
<td>5. I made progress in the areas of my life I care most about (5)</td>
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<tr>
<td>6. Difficult thoughts, feelings or memories got in the way of what I really wanted to do (6)</td>
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<tr>
<td>7. I continued to get better at being the kind of person I want to be (7)</td>
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<tr>
<td>8. When things didn't go according to plan, I gave up easily (8)</td>
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<tr>
<td>9. I felt like I had a purpose in life (9)</td>
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<tr>
<td>10. It seemed like I was just &quot;going through the motions&quot; rather than focusing on what was important to me (10)</td>
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</tbody>
</table>
Quality of Life Scale
Please read each item and circle the number that best describes how satisfied you are at this time. Please answer each item even if you do not currently participate in an activity or have a relationship. You can be satisfied or dissatisfied with not doing the activity or having the relationship.

<table>
<thead>
<tr>
<th>Item</th>
<th>Delighted (1)</th>
<th>Pleased (2)</th>
<th>Mostly Satisfied (3)</th>
<th>Mixed (4)</th>
<th>Mostly Dissatisfied (5)</th>
<th>Unhappy (6)</th>
<th>Terrible (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Material comforts, home, food, conveniences, financial security</td>
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<td>2. Health - being physically fit and vigorous</td>
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<td>3. Relationships with parents, siblings &amp; other relatives -</td>
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<td>communicating, visiting, helping</td>
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<td>4. Having and rearing children</td>
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<td>5. Close relationship with spouse or significant other</td>
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<td>6. Close friends</td>
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<td>7. Helping and encouraging others, volunteering, giving advice</td>
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<td>8. Participating in organizations and public affairs</td>
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<td>9. Learning - attending school, improving understanding, getting</td>
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<td>additional knowledge</td>
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<td>10. Understanding yourself - knowing your assets and limitations -</td>
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<tr>
<td>knowing what life is about</td>
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<td>11. Work - job or in home</td>
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<td>12. Expressing yourself creatively</td>
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<td>13. Socializing - meeting other people, doing things, parties, etc.</td>
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<tr>
<td>14. Reading, listening to music, or observing entertainment</td>
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<td>15. Participating in active recreation</td>
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<tr>
<td>16. Independence, doing for yourself</td>
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</tbody>
</table>
The Penn Inventory of Scrupulosity (PIOS) - Revised
Instructions: The following statements refer to experiences that people sometimes have. Please indicate how often you have these experiences using the following key:

<table>
<thead>
<tr>
<th></th>
<th>0 = never (1)</th>
<th>1 = almost never (2)</th>
<th>2 = sometimes (3)</th>
<th>3 = often (4)</th>
<th>4 = constantly (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I worry that I might have dishonest thoughts</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>2. I fear I will act immorally</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>3. I feel urges to confess sins over and over again</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>4. I worry about heaven and hell</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>5. Feeling guilty interferes with my ability to enjoy things I would like to enjoy</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>6. Immoral thoughts come into my head and I can’t get rid of them</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>7. I am afraid my behavior is unacceptable to God</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>8. I must try hard to avoid having certain immoral thoughts</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>9. I am very worried that things I did may have been dishonest</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>10. I am afraid I will disobey God’s rules/laws</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>11. I am afraid of having sexual thoughts</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>12. I feel guilty about immoral thoughts I have had</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>13. I worry that God is upset with me</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>14. I am afraid of having immoral thoughts</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>15. I am afraid my thoughts are unacceptable to God</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>
CBOS for Pornography
Below is a list of things that sometimes happen to people as a result of their sexual activities. In the past two months, as a result of your pornography use, did the following happen to you?

<table>
<thead>
<tr>
<th></th>
<th>Not at all (1)</th>
<th>Very rarely (2)</th>
<th>Sometimes (3)</th>
<th>Moderately often (4)</th>
<th>Often (5)</th>
<th>All the time (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>My relationships with friends and/or family members were damaged (1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My relationships with a spouse or other relationship partner were damaged (2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I experienced financial problems (3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I experienced problems at school (4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I experienced problems at work (5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It interfered with my responsibilities at school or work (6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I experienced spiritual distress (7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I was embarrassed or ashamed of myself (8)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt guilty (9)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt ashamed of myself (10)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Below you will find a list of statements. Please rate how true each statement was for you this week by marking a number next to it. Use the scale below to make your choice.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Never True (1)</th>
<th>Very Seldom True (2)</th>
<th>Seldom True (3)</th>
<th>Sometimes True (4)</th>
<th>Frequently True (5)</th>
<th>Almost Always True (6)</th>
<th>Always True (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>My urges to view pornography make it difficult to live a life that I would value.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I’m afraid of my urges to view pornography.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I worry about not being able to control my thoughts and feelings about pornography.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>My actions were not consistent with my personal values about pornography viewing.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Weekly Check-ins

Which chapter(s) of Get Out of Your Mind and Into Your Life did you read since the last check-in?

- Introduction (1)
- Chapter 1 (2)
- Chapter 2 (3)
- Chapter 3 (4)
- Chapter 4 (5)
- Chapter 5 (6)
- Chapter 6 (7)
- Chapter 7 (8)
- Chapter 8 (9)
- Chapter 9 (10)
- Chapter 10 (11)
- Chapter 11 (12)
- Chapter 12 (13)
- Chapter 13 (14)
- Conclusion (15)
- I didn’t read a chapter this week (16)

I feel like I fully understood the concepts and exercises discussed in these chapter(s).

- Strongly Disagree (1)
- Disagree (2)
- Somewhat Disagree (3)
- Somewhat Agree (4)
- Agree (5)
- Strongly Agree (6)

I fully engaged in the exercises and worksheets recommended in these chapter(s).

- Strongly Disagree (1)
- Disagree (2)
- Somewhat Disagree (3)
- Somewhat Agree (4)
- Agree (5)
- Strongly Agree (6)

What were the 2-3 most important things you learned from these chapter(s)?
I have applied skills and concepts from these chapter(s) in my daily life.

- Strongly Disagree (1)
- Disagree (2)
- Somewhat Disagree (3)
- Somewhat Agree (4)
- Agree (5)
- Strongly Agree (6)

How satisfied are you with the content presented in these chapter(s)?

- Very Dissatisfied (1)
- Dissatisfied (2)
- Somewhat Dissatisfied (3)
- Somewhat Satisfied (4)
- Satisfied (5)
- Very Satisfied (6)

How helpful was the content presented in these chapter(s) in addressing pornography viewing?

- Very Unhelpful (1)
- Unhelpful (2)
- Slightly Unhelpful (3)
- Slightly Helpful (4)
- Helpful (5)
- Very Helpful (6)

In the last week, did you use the app, ACT Coach?

- Yes (1)
- No (2)

How did you use the app?

In how many of the last seven days did you use the ACT Coach app?

- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)

On the days in which you used the app, on average, how many times a day did you use it?
How helpful was the app in addressing pornography viewing?

- Very Unhelpful (1)
- Unhelpful (2)
- Slightly Unhelpful (3)
- Slightly Helpful (4)
- Helpful (5)
- Very Helpful (6)

In the last week...How many times did you view pornography?

Approximately how many hours would you estimate you spent on this intervention (reading materials, completing exercises, using the app, etc.) this week?

Was there anything in the book or program that didn't work for you, didn't make sense, or you think should change? If so, please describe your concerns here.

If you have any other responses, questions, or feedback to the book and intervention, please write them here.

Post

Answer the following three questions based on your experience in the past two months:

How frequently do you view pornographic material? (For this questionnaire, pornography should be defined as material that (1) creates or elicits sexual feelings or thoughts and (2) contains explicit exposure or descriptions of sexual acts such as vaginal or anal intercourse, oral sex, or masturbation.)

- None (1)
- Once a month or less (2)
- 2 or 3 days a month (3)
- 1 or 2 days a week (4)
- 3 to 5 days a week (5)
- Every day or almost every day (6)
- More than once a day (7)

How much time on average do you spend on pornography per week? Enter in terms of average number of hours per week.
How often do you fight against your thoughts about pornography viewing? (e.g., suppressing them, trying to distract from them, struggling to change them, etc.)

- Very Frequently (1)
- Frequently (2)
- Occasionally (3)
- Rarely (4)
- Very Rarely (5)
- Never (6)

Please identify your sexual orientation (e.g., Heterosexual, Gay, Lesbian, Bisexual, etc.).

Please rate your Sexual Attraction to Men:

<table>
<thead>
<tr>
<th>0 = Not at all sexually attracted</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6 = Strongly sexually attracted</th>
</tr>
</thead>
</table>

Please rate your Sexual Attraction to Women:

<table>
<thead>
<tr>
<th>0 = Not at all sexually attracted</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6 = Strongly sexually attracted</th>
</tr>
</thead>
</table>

Please rate your Emotional Attraction to Men:

<table>
<thead>
<tr>
<th>0 = Not at all emotionally attracted</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6 = Strongly emotionally attracted</th>
</tr>
</thead>
</table>

Please rate your Emotional Attraction to Women:

<table>
<thead>
<tr>
<th>0 = Not at all emotionally attracted</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6 = Strongly emotionally attracted</th>
</tr>
</thead>
</table>

CPUI – 9
PCI
AAQ-II
DASS-21
CFQ
VQ
QOLS
PIOS
CBOSB
ModAAQforPV

*See the above measures in Baseline
Program Satisfaction and Engagement

Please answer the following questions regarding the book, Get Out of Your Mind and Into Your Life, the weekly check-ins, and overall program.

<table>
<thead>
<tr>
<th></th>
<th>1: Strongly Disagree (1)</th>
<th>2: Mostly Disagree (2)</th>
<th>3: Slightly Disagree (3)</th>
<th>4: Slightly Agree (4)</th>
<th>5: Mostly Agree (5)</th>
<th>6: Strongly Agree (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall, I was satisfied with the quality of the book. (1)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The book was helpful to me. (2)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I feel like I fully understood the concepts and exercises discussed in this book. (3)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I felt the book was made for someone like me. (4)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The weekly check-ins were helpful to me. (5)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The weekly check-ins were an important part of the program. (6)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I would like to use the entire program again in the future. (7)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I think this book would be helpful for others struggling with problematic pornography viewing (8)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I would recommend this book to others who are struggling with problematic pornography viewing (9)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>This book would have been just as helpful without any check-ins. (10)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Program Satisfaction and Engagement

Don't feel like you need to repeat yourself, but please answer the following questions carefully and honestly concerning your overall experience in the program.

How much of the Get Out of Your Mind and Into Your Life book did you read? (answer from 0% to 100% - all 15 chapters)

How carefully did you read the book?
- 1 Not at all (1)
- 2 A little (2)
- 3 Somewhat (3)
- 4 Moderately (4)
- 5 Very (5)
- 6 Extremely (6)

What percentage of the activities/exercises for Get Out of Your Mind and Into Your Life did you complete? (answer from 0% to 100%)

How much did you engage in these activities/exercises?
- 1 Not at all (1)
- 2 A little (2)
- 3 Somewhat (3)
- 4 Moderately (4)
- 5 Quite a lot (5)
- 6 Very much (6)

How often did you use the app, ACT Coach?
- None (1)
- Once a month or less (2)
- 2 or 3 days a month (3)
- 1 or 2 days a week (4)
- 3 to 5 days a week (5)
- Every day or almost every day (6)
- More than once a day (7)
Please answer the following questions regarding the app, ACT Coach.

<table>
<thead>
<tr>
<th>Overall, I was satisfied with the quality of the app. (1)</th>
<th>1: Strongly Disagree (1)</th>
<th>2: Mostly Disagree (2)</th>
<th>3: Slightly Disagree (3)</th>
<th>4: Slightly Agree (4)</th>
<th>5: Mostly Agree (5)</th>
<th>6: Strongly Agree (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The app was helpful to me. (2)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I was able to understand the concepts presented in the app. (3)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I felt the app was made for someone like me. (4)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I would like to continue to use the app. (5)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The app was an important part of the program. (6)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I would recommend the app to someone struggling with problematic pornography viewing. (7)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

How much do you agree with the following statement - "I intend to continue using the skills and concepts I learned in the Get Out of Your Mind and Into Your Life program"?

- 1 Strongly Disagree (1)
- 2 Mostly Disagree (2)
- 3 Slightly Disagree (3)
- 4 Slightly Agree (4)
- 5 Mostly Agree (5)
- 6 Strongly Agree (6)
If you did not read the entire book, please describe why (check all that apply)
- I knew it already (1)
- Not interested (2)
- Not enough time (3)
- The program was not engaging enough (4)
- It did not seem helpful (5)
- Other (explain) (6) 
- I read the entire book (7)

I have applied skills and concepts from this book in my daily life.
- Strongly Disagree (1)
- Disagree (2)
- Slightly Disagree (3)
- Slightly Agree (4)
- Agree (5)
- Strongly Agree (6)

What was the most important thing(s) you learned from this program?

What did you like least about the program? Why did you like this the least?

How helpful was the content presented in this book in addressing pornography viewing?
- Very Unhelpful (1)
- Unhelpful (2)
- Somewhat Unhelpful (3)
- Somewhat Helpful (4)
- Helpful (5)
- Very Helpful (6)

If we were going to re-write this book, what would you want us to do differently for those struggling with pornography viewing?

How was the approach of ACT different or similar to other methods and perspectives you've had previously?
How likely would you be to recommend this book and method of addressing problematic pornography viewing to a friend who struggled with it?

- Very Unlikely (1)
- Unlikely (2)
- Somewhat Unlikely (3)
- Somewhat Likely (5)
- Likely (6)
- Very Likely (7)

How confident are you in your current ability to manage your pornography viewing?

- Very Unconfident (1)
- Unconfident (2)
- Somewhat Unconfident (3)
- Somewhat Confident (4)
- Confident (5)
- Very Confident (6)

What impact has your participation in this intervention had on your pornography viewing?

What impact has your participation in this intervention had on your overall life?

What, if anything, would you recommend be done differently if this intervention were to be repeated?

Please write any further suggestions or comments below.

Follow-up

Answer the following three questions based on your experience in the past two months:

1. How frequently have you been viewing pornographic material? (For this questionnaire, pornography should be defined as material that (1) creates or elicits sexual feelings or thoughts and (2) contains explicit exposure or descriptions of sexual acts such as vaginal or anal intercourse, oral sex, or masturbation.)

- None (1)
- Once a month or less (2)
- 2 or 3 days a month (3)
- 1 or 2 days a week (4)
- 3 to 5 days a week (5)
- Every day or almost every day (6)
- More than once a day (7)
2. How much time, on average, have you spent on pornography per week? Enter in terms of average number of hours per week.

How often do you fight against your thoughts about pornography viewing? (e.g., suppressing them, trying to distract from them, struggling to change them, etc.)

- Very Frequently (1)
- Frequently (2)
- Occasionally (3)
- Rarely (4)
- Very Rarely (5)
- Never (6)

In the last week... How many times did you view pornography

In the last week... How much time, in hours, did you spend viewing pornography?

CPUI-9
AAQ-II
DASS-21
CFQ
VQ
QOLS
PIOS
CBOSB

*See the above measures in Baseline

Program Satisfaction and Engagement

Please answer the following questions regarding the Get Out of Your Mind and Into Your Life program.

Over the past 2 months, how much have you...

<table>
<thead>
<tr>
<th></th>
<th>1 Never</th>
<th>2 Seldom</th>
<th>3 Sometimes</th>
<th>4 Often</th>
<th>5 Very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continued to read the book? (1)</td>
<td>○</td>
<td>○</td>
<td></td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Continued to use the app, ACT Coach? (2)</td>
<td>○</td>
<td>○</td>
<td></td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Continued to practice specific exercises in the book? (3)</td>
<td>○</td>
<td>○</td>
<td></td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Continued to use the skills and concepts you learned in the program? (4)</td>
<td>○</td>
<td>○</td>
<td></td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
ACT SELF-HELP FOR PROBLEMATIC PORNOGRAPHY VIEWING

How much do you agree with the following statement - "I intend to continue using the skills and concepts I learned in the Get Out of Your Mind and Into Your Life program"?
- 1 Strongly Disagree (1)
- 2 Mostly Disagree (2)
- 3 Slightly Disagree (3)
- 4 Slightly Agree (4)
- 5 Mostly Agree (5)
- 6 Strongly Agree (6)

What was the most important thing(s) you learned from this program?

How confident are you in your current ability to manage your pornography viewing?
- Very Unconfident (1)
- Unconfident (2)
- Somewhat Unconfident (3)
- Somewhat Confident (4)
- Confident (5)
- Very Confident (6)

What impact has your participation in this intervention had on your pornography viewing?

What impact has your participation in this intervention had on your overall life?

Since you completed the post assessment, do you have any other comments or suggestions regarding our program?
Appendix D

Reading Schedule
Each week, after finishing the assigned chapters, participants will be instructed to complete a brief check-in assessing learning and application of read material and current status on pornography viewing. These check-ins will be available through a single Qualtrics survey link which will be both emailed to participants and provided as a printed copy upon beginning the study. Participants will receive reminder prompts if they do not complete each quiz on time. These check-ins will be used to help monitor/support participants’ continued engagement with the book and understanding of program content.

Get Out of Your Mind and Into Your Life Reading Schedule

Below is a schedule for reading *Get Out of Your Mind and Into Your Life*. We ask that you try to complete each reading assignment by the scheduled deadline so that you are able to pace yourself over the next 8 weeks, working on applying the skills you learn in each chapter to your life, while also finishing the entire book before the final assessments.

Read Introduction and Chapter 1 by: 3/22

Read Chapter 2 and 3 by: 3/29

Read Chapter 4 and 5 by: 4/4

Read Chapter 6 and 7 by: 4/12

Read Chapter 8 and 9 by: 4/19

Read Chapter 10 by: 4/26

Read Chapter 11 and 12 by: 5/3

Read Chapter 13 and Conclusion by: 5/10

Be sure to complete the reading assignments along with the check-in each week, which you can access online through the link we send to you:

https://usu.co1.qualtrics.com/SE/?SID=SV_aazwp7RymqH6sFT&Study_ID=#
Reflective Writing

It is such a great feeling to have made it here! Completing my honors thesis is perhaps the most challenging and time-consuming thing I have ever done, and I am so glad I decided to go through with it. Although I have always been the type to want to “go all out” and do the harder thing (whether that means AP classes in high school or striving to be the number one guy at work), this project was far above my previous capacity and it made me grow immensely.

I first became interested in this project due to hearing claims made by various organizations as well as experiences shared from a surprisingly high number of friends who had struggled due to pornography viewing. Through my review of the research and excellent direction from Psychology professors like Crissa Levin, I came to better understand this type of problem and potential solutions to it, which completely changed some of my previous assumptions about it. If it weren’t for this opportunity, I may never have had the chance to dive deep into a topic like this, challenge my previous views, and learn about the fascinating perspective of ACT (the therapy model we used in the study).

I highly recommend that all students take time to talk to professors in order to discover what might interest them most in their field. Once you’ve identified some interests, don’t be shy to ask professors for ways you can contribute to their research. I emailed nearly 20 professors who seemed to have relevant interests, and I only heard back from half of them; among these, only a few needed any help. Be persistent though! These connections eventually led me to meet an ideal faculty advisor whose research interests were perfect for what I wanted to do.

One of my challenges early on was choosing an exact research topic. I took far longer than was necessary to finally decide on one as I was also interested in several other potential research questions. Once I finally sat down with my faculty advisor to narrow down the list, we
really started getting somewhere. At first we considered doing a much simpler research project where I simply analyzed previously collected data or maybe did a survey, but I wanted to make sure that I did not just do the bare minimum to fulfill the requirements of the thesis. Instead, I really wanted to make a genuine difference in the world. I would highly recommend to all students that they be sure to do the same; you’ll be working on this for a very long time, so make sure it is meaningful to you. Luckily, I had already worked in his lab for nearly a year, so I was able to prove myself as a student he could trust to complete such a demanding project. I was also fortunate to have an advisor who could reel me in from making the project too large and overwhelming; he helped me find a good balance that was both feasible and as impactful as I could accomplish as an undergraduate.

Once I got started in writing the proposal, I was quickly overwhelmed by how perfect everything had to be. The design of the treatment, measurements, and seeking IRB approval felt like an endless project of continuous mistakes and oversights on my part. I quickly discovered and rediscovered throughout the entire research process just how unqualified and underprepared I was. This surprised me, as I had already been involved in research in multiple labs and had spent quite a bit of time in research lab discussions. This was a very frustrating, but humbling experience, and really taught me just how much rigor went into creating good research. I made many mistakes along the way and experienced more stress than I ever had dealt with before. For this reason, I would strongly advise other students to be sure to find caring and positive mentors who will be patient with you, because you are very likely to take a lot of their time and do your fair share of bumbling along the way. I was lucky to have a faculty advisor who gave me frequent clear feedback and a graduate student mentor who was exceptional at building me up and helping me to recognize my successes and accomplishments along the way.
Once the study was approved and I could begin recruiting, things began to flow much more smoothly. I had to get extra training on how to orient participants to the study and how to manage the delicate nature of confidentiality. Meeting participants was probably my favorite part of this entire experience; it was very fulfilling to briefly meet people who might actually have their lives improved in some way through the tools I had worked so hard to set up for them. I had to constantly monitor Qualtrics (the online platform used to collect their feedback) throughout the next six or seven months in order to be aware of the flow of their participation and send prompts and reminders to those who needed it. This took consistent effort and was depressing at times when it seemed like some were dropping out or not making as much progress as I had hoped. I recommend that others not worry too much about results until after all the data is in.

Once all the data was collected, I was once again humbled as I realized I had almost no experience in running many of the statistical analyses that were required. This resulted in a rather slow process in which I made very halting progress because I allowed myself to become too dependent on the guidance of a very busy mentor to lead me through these. In hindsight, I should have more proactively sought out other sources of help to learn how to properly run and interpret these tests so that it could be done with more time to spare. I was very fortunate to have a faculty advisor who was both interested in my findings as well as generous enough with his time to be willing to reply quickly to my questions and drafts as the thesis was being finalized. This was also a very stressful time, with some days where I worked through revisions and statistical tests from the time I woke up to the time I went to bed. Despite the overwhelming and last-minute nature of this period, we were able to finalize a quality product of which I was proud on time. I was relieved to find how easy it was to publically present my thesis, as I had spent so much time
thinking about and processing this research over the last several months. I was grateful for the chance to do so, as it provided a culminating capstone-like moment for the whole project.

My biggest piece of advice to future students is to start your thesis early, as early as possible! It is very likely that you will have unexpected delays, including the IRB approval process, the availability of your mentors, or other responsibilities that come up in your life. I actually ended up choosing to extend my graduation an extra semester (my classes were already completed for my degree) in order to complete my thesis. I definitely wish that I had begun the entire process a semester or two earlier so that I could have done the whole thing with less rush and had many more opportunities to present my research and explore it further. The sooner you start, the more you will be able to benefit from your project and the less stressful it will be.

I would like to end by expressing how grateful I am for this experience. It was incredibly difficult and forced me far outside of my comfort zone; because of that, I was able to develop my professional and scholarly potential tremendously. It gave me a prime opportunity to experience research and intervention work first-hand and really helped me to better understand what I want to focus on in my career. I hope many more honors students will work to have the feeling of success and accomplishment I have been able to enjoy through an honors thesis.
Professional Author Biography

Scott Heninger, born in Ogden, Utah, first discovered his fascination with human behavior through an AP Psychology course in high school. He graduated with his Bachelor of Arts in Psychology, with a minor in Spanish, in the fall of 2016 from Utah State University. Throughout his time there, he was fortunate to be a research assistant in four different labs, including nearly three years in the Contextual Behavioral Science Lab of Dr. Mike Levin. He was also active in the Service Center of USU, serving as a program director. He plans to explore a business career in professional sales and management and one day complete a graduate degree in Counseling Psychology or Marriage and Family Therapy.