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# Change in Emotional Stability, Self-Forgiveness, Life Balance, Cognitive-Affective Balance, Depression, Anxiety and Psychological Flexibility: A Case Study Using Assessments from the ICBEST and ACT Models of Therapy

Philip H. Friedman, Ph.D[1]

1 Foundation for Well-Being

**Abstract**

This article discusses the use of a digital assessment and tracking approach to monitor changes in emotional stability, depression, anxiety, happiness, affect, life balance, beliefs, spiritual awakening, the working alliance, outcome, 3 measures of psychological flexibility and the benefits/helpfulness of psychotherapy. Using the online assessment systems developed by Pragmatic Tracker (PT) and Blueprint (BP), a client was assessed who was moderately depressed and anxious and had relationship problems with her ex-husband, father and sister during psychotherapy. This assessment was conducted weekly and showed significant positive changes. One of the unique aspects of this clinical research is that the author was totally unfamiliar with all 3 psychological flexibility scales primarily developed for ACT therapy during the treatment process. The article demonstrates that although cognitive-affective balance, life balance, self-forgiveness and the working alliance are key variables important in assessing change and outcome in psychotherapy that psychological flexibility/inflexibility measured by cognitive fusion, experiential avoidance and valuing are also key variables to be considered even with non-ACT approaches.

**Keywords**

Life Balance, Depression, Emotional Stability, ICBEST, ACT

## Introduction

In previous articles published in the IJHC (Friedman, 2020, 2021) and the Society for the Advancement of Psychotherapy (Friedman, 2019) new psychological scales were developed and introduced (Friedman, 2020, 2021) that can be used to assess change during psychotherapy. One of these scales has been recently translated and validated on Chinese nursing students (Friedman Life Balance Scale) in Nantung, China and was recently published (Zhao, F.F., Friedman, P., et. al., 2023). These were also used to track changes in two clients in psychotherapy during a severe bout of COVID 19 (Friedman, 2022)

The purpose of this paper is to digitally assess change in a client invoking the ICBEST (Integrative, Cognitive, Behavioral, Energetic and Spiritual Therapy) and ACT (Acceptance and Commitment Therapy) models of intervention.

1. To demonstrate how to track change digitally session by session during psychotherapy on a variety of measures using a case study methodology
2. To briefly describe the ICBEST model of therapy and assessment scales that are used in this approach
3. To briefly discuss various interventions used in the ICBEST approach
4. To discuss the use of life balance and cognitive-affective balance as a core measure of change during psychotherapy
5. To demonstrate the power of self-forgiveness in healing and change during psychotherapy
6. To introduce the concept of psychological flexibility/inflexibility drawn from the ACT approach to therapy and measures to assess this concept during psychotherapy
7. To investigate the relationship between life balance and cognitive-affective balance, self-forgiveness, and psychological flexibility
8. To briefly examine the role of the working alliance during psychotherapy and the working alliance's relationship to therapeutic change.

**Case Study**:

For confidentiality purposes, names, stories and identifying information have been changed. Amanda is a 33-year-old, recently divorced, female client. She became divorced soon after her husband, Tom, left her suddenly, allegedly while having an affair with a younger woman he knew from work. Amanda is an interior decorator with no children currently living with her parents. She stated that her husband said he felt neglected by her, saying she spent too much time with her friends and family and he felt unappreciated. Amanda was feeling hurt, depressed, anxious and resentful at the sudden announcement by Tom that he wanted out of the marriage. Apparently, he left without indicating any desire on his part to communicate his deeper feelings to her or to participate in marital therapy. Amanda also had issues with her father who she felt didn't love her, favoring her two older brothers. Her grievances against him were quite strong for ignoring her and often putting her down. In addition, Amanda had relationship conflicts with her younger sister. Her self-worth appeared to be very shaky when she started therapy. She was in turmoil.

The author uses an ICBEST model (Friedman, 2015) to guide therapy. ICBEST stands for Integrative, Cognitive, Behavioral, Energetic and Spiritual Therapy. This approach emphasizes that

because it is integrative (Friedman, 1980); it incorporates both the cognitive-behavioral or CBT model but also newer approaches that use energy and spiritual interventions and orientations. Some of these approaches include the emotional freedom technique, EFT, also called tapping (Church, 2018; Gallo, 2022); a variation of EFT called the Positive Pressure Point Techniques or PPPT (Friedman, 2006, 2013), spiritual approaches (Piedmont & Friedman, (2012) and integrative forgiveness approaches (Friedman, 2010, 2015; A Course in Miracles, 2021).The ICBEST approach also uses journaling and guided imagery exercises (see Friedman, 2010) and, with Amanda for the first time, Accelerated Resolution Therapy or ART (Kip, K, Rosenzweig, L .et. al, 2013). The ICBEST model also allows for the use of a variety of assessment tools developed by various authors. In this article, three new questionnaires were used coming from the ACT (Acceptance and Commitment Therapy) approach (Cognitive Fusion, Experiential Avoidance and Valuing.) The author knew nothing about these scales at the time he administered them. He did not even know their focus was on psychological flexibility/inflexibility which is a core part of the ACT model of therapy and change.

Using Pragmatic Tracker and Blueprint's digital assessment links, Amanda filled out weekly the Friedman 5 Factor Personality Scale with an Emotional Stability subscale (Friedman, 2020); the Generalized Anxiety Disorder-6 item (GAD-6; Spitzer et al., 2006)) scale; the Patient Health Questionairre-9 item (PHQ-9; Kroenke et. al., 2001) depression scale; the Friedman Affect and Friedman Belief Scales -short form (Friedman, 2021); the Friedman Life Balance Scale (Friedman, 2020); the Friedman Spiritual Awakening Scale (Friedman, 2020); the Clinical Outcomes in Routine Evaluation-10 items (CORE10; Barwick et al., 2013) scale, the Working Alliance Scale (WAI; Horvath & Greenburg, 1989), the Outcome Rating Scale or ORS (Duncan, B. et. al., 2003), the Cognitive Fusion Questionnaire or CFQ (Gilanders, D.T, et.al., 2014), the Acceptance andAction Questionnaire or AAQ-II (Bond, F.W., et.al, 2011), the Valuing Questionnaire or VQ (Smout, M., et. al., 2014) and the Helpfulness and Beneficial Therapy Scale (Friedman, 2020).

Table 1 demonstrates how Amanda changed on the Friedman Emotional Stability (FES) subscale of the Friedman Life Balance Scale over ten therapy sessions. Although most of the scales were administered digitally by either Pragmatic Tracker or Blueprint, the therapy was conducted virtually using Bluejeans (a Verizon product). The client filled out the scales on her cell phone or computer before each therapy session. Table 1 shows that at intake Amanda had a low score of 5 on the Friedman Emotional Stability (FES) subscale and 12 at the $10^{th}$ therapy session. Nine is an average score on the FES. Amanda had surpassed a score of 9 by the fourth therapy session with a score of 11. She then dropped down to 9 by session 7 and finally increased to 12 by the tenth session. Amanda and all my clients fill out the scales weekly but for presentation purposes data are presented for sessions 1,4, 7 and 10. It can be seen in Table 1 that Amanda made significant positive changes on emotional stability over the course of ten sessions of therapy.

**Table 1: Changes in the Friedman Emotional Stability Subscale**


Table 2 shows the changes Amanda made on the Friedman Negative Affect (FAS-N) scale over the course of ten therapy sessions. She went from a high score of 33 at session 1 to lower scores of 18, 8 and 2 at sessions 4, 7 and 10. The Friedman Negative Affect Scale has five subscales (hostility, guilt, sadness, fear, and fatigue) of three items each. Inspection of the subscales indicates Amanda was elevated at intake on all the subscales. Her scores show a consistent drop across all time points in a linear fashion.

**Table 2: Changes in the Friedman Negative Affect Scale**

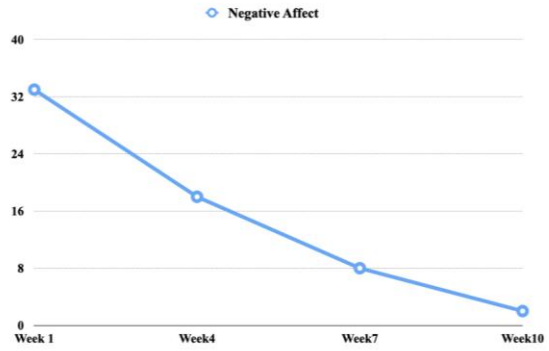



Table 3 focuses specifically on the PHQ9 depression scale. Amanda's score changed from 14 to 10, then held at 10 before dropping to 5 at the 10th therapy session. The change is not as linear as the FAS-N indicates. This pattern will show up again on some other scales, that is, little to no change between session 4 and 7 and then a further change between session 7 and 10. Nevertheless it shows that Amanda was making continuous progress over the course of ten sessions and was only slightly above the normative score of 4 on the PHQ9 at session 10.

**Table 3: Changes in the PHQ9 Depression Scale**

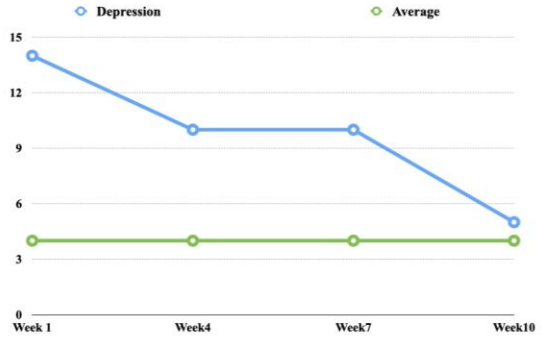


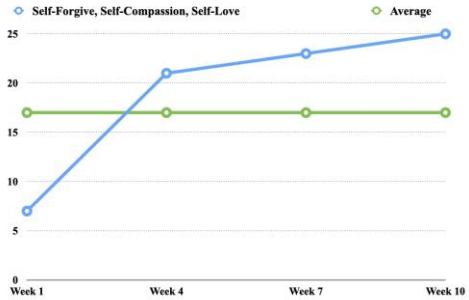

Table 4 shows a different pattern on the GAD7 Anxiety scale.
Amanda started out with a slightly elevated score of 6 and then actually increased in anxiety at session 4. Then she dropped down to a 3 and finally to a 1 at sessions 7 and 10. Since 4 is the normal population score, she reached that at session 7 and went even lower after that to 1 at session 10. Still, it is the only scale in which her score first got worse before getting better. Although this type of adjustment does occur, this is unusual in the author's practice.

**Table 4: Changes in the GAD6 Anxiety Scale**


Table 5A shows the changes that took place on the Friedman Life Balance Scale across the 10 therapy sessions. On this scale 53 is an average score. Amanda started therapy with a low score of 37 and increased dramatically to 69 at session 4, then dropped off a little to 65 at session 7 and finally increased to a high score of 76 at the 10th session. There are 3 subscales in the Friedman Life Balance scale: reflect, clarify, sort; understand self and others; self-forgive, self-compassion and self-love. Table 5B indicates the major gains were on the self-forgive, self-compassion and self-love subscale. On this subscale Amanda started with a very low score of 7 and increased a great deal at session 4 to 21 and then gradually increased to 23 and 25 at sessions 7 and 10. In other words, her ability to release self-judgments and self-attack increased markedly as her self-forgiveness, self-compassion and self-love improved sharply.

**Table 5A: Changes in the Friedman Life Balance Scale (FLBS)**


**Table 5B: Changes in the Self-Forgive, Self-Compassion, Self-Love Subscale of the Friedman Life Balance Scale**




Another way to demonstrate these changes is with the Heartland Forgiveness Scale (Thompson, L.Y. et. al, 2005) and the Self-Compassion Scale-Short Form (Raes, F. et.al., 2011). These scales were given digitally only two times at session 1 and session 10. The Heartland Forgiveness Scale has three subscales: forgiving self, forgiving others, and forgiving circumstances. As seen in Table 5C, the self-forgiveness scale showed dramatic changes from 12 to 35 with 31 being an average score. The changes on the other subscales were minimal. Table 5C also demonstrates that Amanda increased markedly on the Self-Compassion Scale-Short Form from session 1 with a score of 27 to session 10 with a score of 47. An average score is 36.

**Table 5C: Changes in the Heartland Self-Forgiveness Subscale and the Raes Self-Compassion-Short Form Scale**

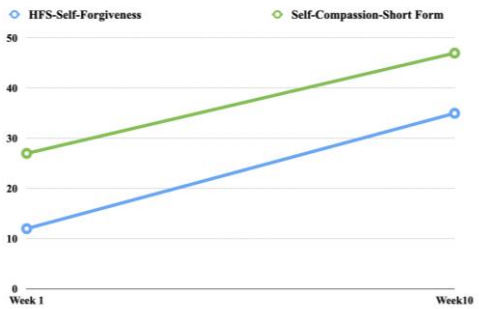



Table 6 shows the changes that took place on the Friedman Positive Affect Scale. This scale has five subscales of three items each: jovial, self-assurance, attention,

peace and love. Amanda had a low score of 36 at session 1 and then improved to 48 at session 4. She then stayed about the same (47) at session 7 and increased to a high score of 56 at session 10. In other words, not only did her negative affect decrease substantially (Tables 2, 3 and 4) but her positive affect increased at the same time. This is consistent with the large increases in her self-forgiveness, self-compassion and self-love scores shown in Tables 5B and 5C.

**Table 6: Changes in the Friedman Positive Affect Scale**

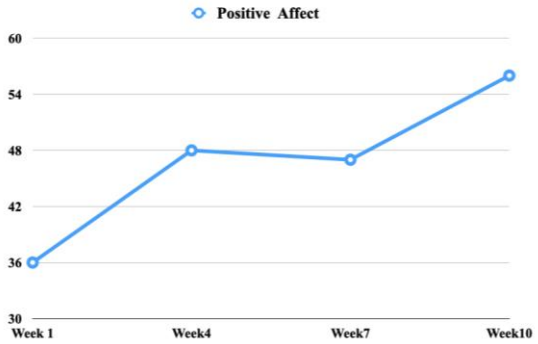



Table 7 shows the changes in the Friedman Affect Balance Scale. Affect Balance is measured by subtracting negative affect from positive affect (Table 6 and Table 2). Table 7 shows that Amanda's Affect Balance score shifted from a very low score of 3 at session 1 to a much higher score of 30 at session 4, then 39 at session 7 and finally 54 at session 10. Since the ICBEST (Integrative, Cognitive, Behavioral, Energetic and Spiritual Therapy) model of therapy uses a Cognitive-Affective, Life Balance Model of change this finding is consistent with the model.

**Table 7: Changes in Affect Balance (Positive Minus Negative Affect)**

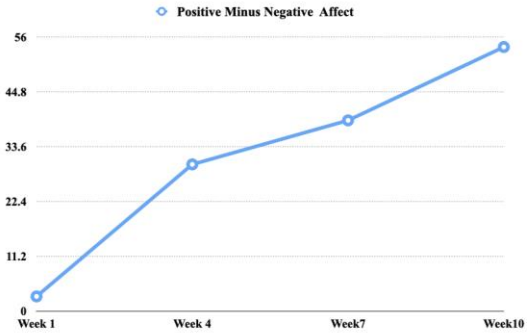



Table 8 indicates the changes Amanda made over the 10 therapy sessions on the Friedman Belief Scale (Positive and Negative Beliefs). Positive Beliefs changed from 27 to 33 to 35, to 38 over the course of the 10 therapy sessions while Negative Beliefs decreased from 9 to 5 to 1 to 0. In other words, by the 10th therapy session Amanda was reporting no negative beliefs and only positive beliefs. The slope of the curves, though, was less dramatic than the slope of the positive and negative affect curves.

**Table 8: Changes in the Friedman Belief Scale**

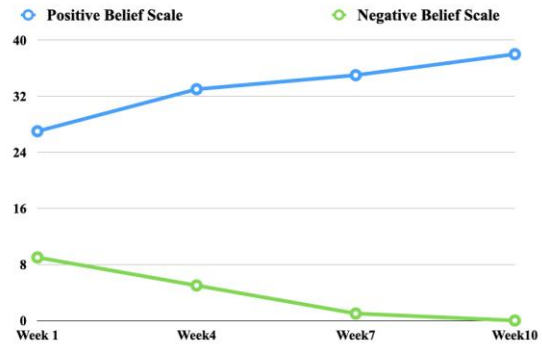



Table 9 shows the Cognitive Balance scores for Amanda over the course of the ten therapy sessions. Cognitive Balance is measured by subtracting the Negative Belief score from the Positive Belief score. (Table 8). It shows that Cognitive Balance

increased steadily at session 1 from a score of 18 to a score of 28 at session 4, 34 at session 7 and finally 38 at session 10. The Cognitive Balance curve is not as steep as the Affect Balance curve in Table 7. Still, it demonstrates that over the course of successful therapy, cognitive and affective balance changes consistently and often dramatically in the positive and upwardly increasing direction.

**Table 9: Changes in Cognitive Balance (Positive Minus Negative Beliefs)**

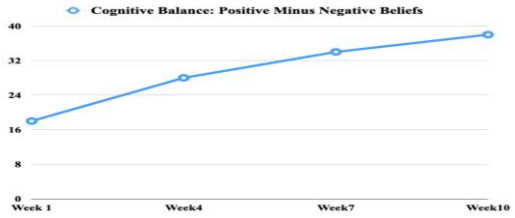



Table 10 indicates that Amanda changed on one of the important subscales of the Friedman Spiritual Awakening Scale which is called the Perfection subscale. This scale refers to an inner sense of perfection and a sense that everything is unfolding perfectly. The Perfection subscale of the Friedman Spiritual Awakening Scale tends, in the author's clinical experience, to correlate the highest with measures of well-being and change in psychotherapy. Amanda's scores on this subscale went from a very low score of 1 at session 1, to a score of 8 at session 4. Then it stayed the same (8) at session 7 and finally went to 11 at session 10. A score of 7.9 is average on this subscale.

**Table 10: Changes in the Friedman Spiritual Awakening Perfection Subscale**

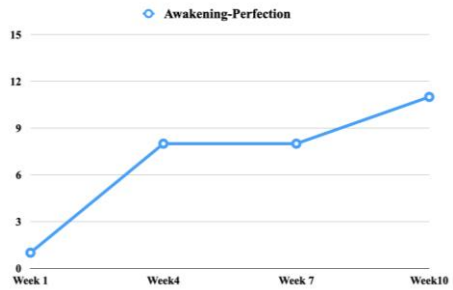



Table 11 introduces the first of three measures the author had never used before and only "accidentally" used in the digital assessment of Amanda. These three measures are generally associated with the ACT (Acceptance, Commitment Therapy) approach to psychotherapy. This approach emphasizes the role of psychological flexibility/inflexibility as a key variable in psychological health and well-being. Two articles even discuss psychological flexibility's relationship to self-forgiveness and forgiveness (Bem, J .et. al, 2021; Mullins, E., 2021). Table 11 shows that on the Cognitive Fusion measure of psychological inflexibility, Amanda had a high score of 45 on Cognitive Fusion at session 1 but decreased to a score of 19 at session 4, 18 at session 7 and finally a low score of 11 at session 10. An average score was around 25. In other words, she was low on psychological inflexibility and high on psychological flexibility.

**Table 11: Changes in Cognitive Fusion (A Measure of Psychological Inflexibility)**

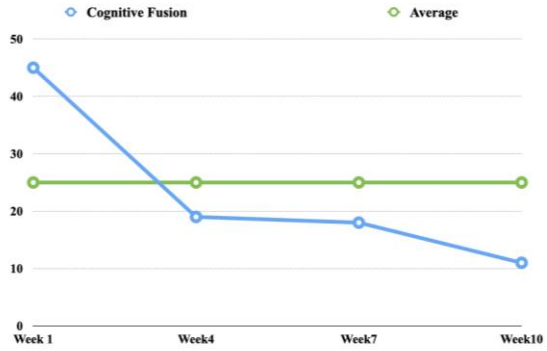



Table 12 demonstrates changes in another measure of psychological inflexibility called Experiential Avoidance. Amanda had a high score of 25 on this measure at session 1 and gradually but consistently her scores decreased at sessions 4, 7 and 10 to scores of 21, 13 and 8 respectively. At therapy session 10 her score of 8 was in

the low range on psychological inflexibility. In other words, she was at that point psychologically flexible.

**Table 12: Changes in AAQ-II (Experiential Avoidance or Psychological Inflexibility)**

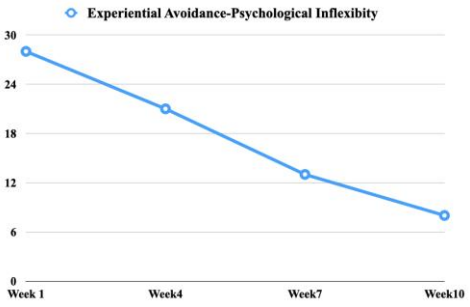



Table 13 shows that on a main measure of psychological flexibility, the Valuing Questionnaire (VQ), Amanda's scores increased dramatically from 28 at session 1 to 54 at session 4. The Valuing Questionnaire measures a person's ability to align with and act on their values. Amanda's VQ score dropped off at session 7 to 43 but increased again at session 10 to 55. Even though the author was unaware of what these three psychological flexibility/inflexibility scales measured at the time Amanda made significant changes on all three scales in the direction of psychological flexibility. The author does put a lot of emphasis, however on forgiveness and self-forgiveness (see Friedman, 2010). Bem et. al. (2021) discuss at some length the role of psychological flexibility mediating self-forgiveness, though the author was unfamiliar with that article at the time he worked with Amanda.

**Table 13: Changes in VQ (Valuing Questionnaire: A Measure of Psychological Flexibility)**

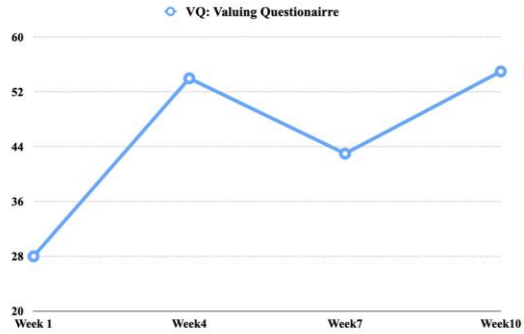



Table 14 breaks down the Valuing Questionnaire (VQ) into two subscales called Progress and Decreasing Obstruction to Progress. It is referring to progress toward pursuing and acting on one's values/goals and decreasing the obstructions to pursuing one's values/goals. Consequently, it demonstrates two aspects of psychological flexibility as it relates to one's values. On the Progress subscale, Amanda changed from a low score of 14 at session 1 to a high score of 28 at session 4. Then she dropped off to a score of 21 at session 7 and improved to a score of 26 at session 10. On the Decreasing Obstruction subscale, Amanda's score increased markedly from 14 at session 1 to 26 at session 4, then dropped off to 22 at session 7 and rebounded to a high score of 29 at session 10. Both subscales, Progress and Decreasing Obstruction indicate a substantial increase in psychological flexibility for Amanda over the course of 10 psychotherapy sessions.

**Table 14: Changes in VQ Subscales of Progress and Decrease in Obstruction (Measures of Psychological Flexibility)**

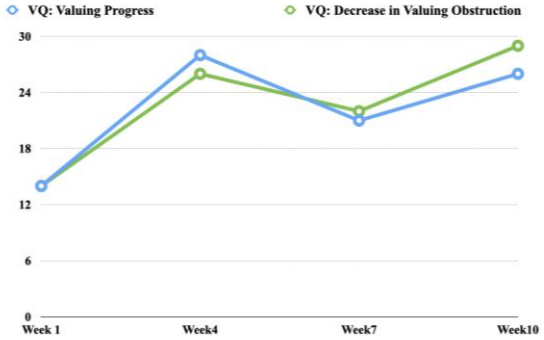



Table 15 introduces a measure of the Working Alliance between the client and the therapist. At session 1 Amanda had a low Working Alliance score of 33 but increased significantly to a score of 55 by session 4. This dropped off slightly at session 7 to a score of 53 but increased to a score of 59 at session 10. The maximum score possible is 60. This indicates that while Amanda's scores on Emotional Stability, Life Balance, Affective and Cognitive Balance, Self-Forgiveness and Psychological Flexibility were all changing in a positive direction, simultaneously her Working Alliance scores with the therapist were also improving a great deal.

**Table 15: Changes in the Working Alliance Inventory (WAI)**

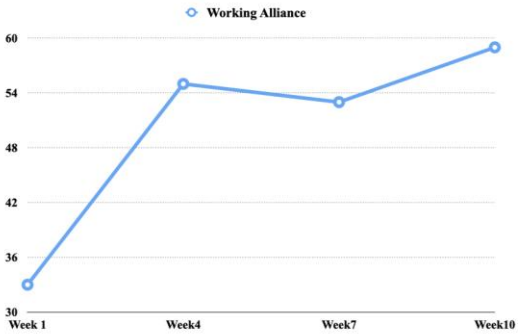
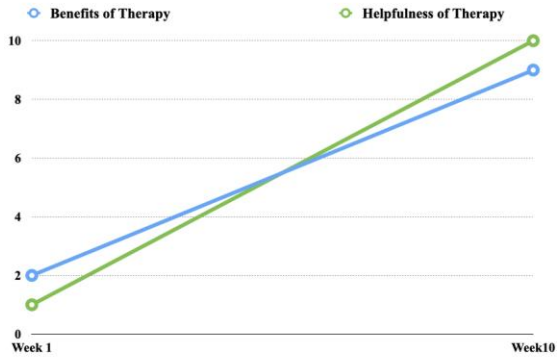



Table 16 shows two well-known outcome measures of change. On the CORE measure (Barkham, M., et. al., 2013) Amanda's score decreased from 22 at session 1 to 9 at session 4. Then her score stayed at 9 at session 7 and decreased to 3 at session 10. A score of 22 on CORE is high while a score of 3 is low. CORE measures psychological distress in a variety of areas. On the ORS or Outcome Rating Scale (Duncan, B. et. al., 2003) measure Amanda had a relatively low score of 20 at session 1. She increased markedly to 31 at session 4 before dropping down to 26 at session 7 and then increasing to 29 at session 10. ORS is basically a 4-item measure of well-being that has been widely used in outcome research in psychotherapy. A score of 25 is considered an average population score on the ORS.

**Table 16: Changes in the CORE and ORS Outcome Measures**


Table 17 indicates change on two simple measures: the Benefits and Helpfulness of the psychotherapy sessions. Data were available for sessions 1 and 10. Amanda indicated on a 10-point scale that the therapy sessions were very beneficial (scores changed from 2 to 9) and that the therapy sessions were very helpful (scores changed from 1 to 10). These scores are consistent with the Working Alliance Inventory (WAI) measure (Table 15) and the CORE and ORS outcome measures (Table 16). With hindsight there is essentially no difference between beneficial and helpful.

**Table 17: Changes in the Benefits and Helpfulness of Therapy**




**Possible Limitations:**

This is a single case study, N = 1. Results cannot be generalized to a larger population without further clinical research. Using a multiple methods ICBEST approach, it is impossible to isolate the effects of any single active intervention; and impossible to draw any definitive conclusions about the interventions themselves, other than the combined effectiveness of this approach as a whole. This was not, however, the main purpose of the study.

On the other hand, ICBEST is a creative and integrative approach. As most therapists tend to be integrative, this case study demonstrates how successful, relatively brief therapy approaches are conducted in real world settings; and how clinician-researchers can use their offices as laboratories to explore the effects of psychotherapy.

**Summary:**

This article demonstrated how to track change digitally session by session during psychotherapy on a variety of measures (emotional stability, anxiety, depression, life balance, affect and cognitive balance, psychological flexibility, working alliance and outcome measures using a case study to show the changes. It also briefly discussed the ICBEST (integrative, cognitive, behavioral, energy, spiritual therapy) model of therapy and the assessment scales that are used in this approach. Some of the various interventions used in the ICBEST approach were also mentioned (e.g., EFT, PPPT, forgiveness, journaling, guided imagery, ART etc.). The article, using 19 colored graphs, showed and discussed how life balance, cognitive-affective balance. emotional stability and self-forgiveness were core measures of change during psychotherapy in the case study.

The article also introduced the concept of psychological flexibility/inflexibility drawn from the ACT (Acceptance and Commitment) Therapy) approach to therapy. It then demonstrated using three measures that flexibility/inflexibility also changed simultaneously with these other measures (life balance, cognitive-affective balance, emotional stability, and self-forgiveness) even though the author was at the time unaware of what they measured. This provided the intriguing possibility that flexibility/inflexibility is an important variable to be studied across therapeutic approaches along with life balance, cognitive-affective balance, emotional stability, forgiveness, and self-forgiveness. Finally, the article showed that the therapeutic alliance also changed in a very positive direction along with a few key outcome measures.

Generally speaking, there is a huge gulf between clinical practice and scientific research. This study wanted to highlight the role of "therapist as researcher," using the office as a real life

laboratory to explore the process of therapy.

The strongest feature of this study was the use of multiple assessments to track therapeutic change. Amanda's scores on Emotional Stability, Life Balance, Affective and Cognitive Balance, Self-Forgiveness and Psychological Flexibility paralleled her Working Alliance scores with the therapist.

ACT posits that flexibility /inflexibility is a key variable in psychological health and well-being. It further hypothesizes that there is an inverse correlation between flexibility and psychopathology. In support of this hypothesis, Amanda made significant changes on all three scales in the direction of greater psychological flexibility, while her levels of anxiety and depression decreased.

As discussed previously, Bern et. al. (2021) emphasize the role of psychological flexibility mediating self-forgiveness. This author emphasizes self-forgiveness "work" as a core part of the ICBEST approach.

**Thank You to:**

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**References**

Barkham, M., Bewick, B., Mullin, T., Gilbody, S., Connell, J., Cahill, J., Mellor-Clark, J., Richards, D., Unsworth, G., & Evans, C. (2013). The CORE-10: A short measure of psychological distress for routine use in the psychological therapies. *Counselling and Psychotherapy Research*, 13(1), 3-13.

Bern, J.R., Strelan, P., and Proeve, M.(2021) Roads less travelled to self-forgiveness: Can psychological flexibility overcome chronic guilt/shame to achieve genuine self-forgiveness? *Science*. Vol.21. 203-211

Bond, F.W., Hayes, S.C.. Baer, R.A., Carpenter, K. M., Guenole, N., Orcutt, H.K, Waltz, T., & Zelle, R.D. (2011) Preliminary psychometric properties of the Acceptance and Action Questionniare - II: A revised measure of psychological flexibility and experiential avoidance. *Behavior Therapy, 42,* 676-688

Circle of Atonement (ed.) (2021). A Course in miracles: Complete and annotated edition.

Church, D. (2018). EFT manual. Energy Psychology Press.

Duncan, B., Miller, S., Sparks, J., Claud, D., Reynolds, L., Brown, J., & Johnson, L. (2003). The Session Rating Scale: preliminary psychometric properties of a "working" alliance measurement. *Journal of Brief Therapy*, 3(1), 3-12.

Friedman, P. (1980) Integrative psychotherapy. In Richie Herink, ed. The Psychotherapy Handbook. New York: New American Library, 1980.

Friedman, P. (2006). Pressure point therapy. In Mountrose, P. & Mountrose, J.

(Eds.), The Heart & Soul of EFT and Beyond. Holistic Communications.

Friedman, P. (2010). The Forgiveness solution: The whole-body Rx for finding true happiness, abundant love, and inner peace. Conari Press

Friedman, P. (2015). Integrative forgiveness psychotherapy. In Neukrug, E. S. (Ed.), Encyclopedia of theory in counseling and psychotherapy (pp. 557-562). Sage Publications.

Friedman, P. (2015). The ICBEST model of forgiveness, healing, energy therapy and change. *International Journal of Healing & Caring*, 15(1), 1-25.

Friedman, P. (2019, April). Healing from anxiety, depression, trauma using forgiveness, self-compassion, and energy psychology while tracking change over time: Part 1 case study. [Web article]. Retrieved from http://www.societyforpsychotherapy.org/healing-from-anxiety-depression-trauma/

Friedman, P. (2019, April). Healing from anxiety, depression, trauma using forgiveness, self-compassion, and energy psychology while tracking change over time: Part 2 therapeutic interventions. [Web article]. Retrieved from http://www.societyforpsychotherapy.org/healing-from-anxiety-depression-trauma-using-forgiveness-self-compassion-and-energy-psychology-while-tracking-change-over-time-2/

Friedman, P. (2020). Life balance, emotional stability, well-being, and spiritual awakening-Part 2: Shorter scales and an evidence-based approach to change. *International Journal of Healing and Caring*, 1(20), 1-29.

Friedman, P. (2020). Friedman life balance scale: Friedman spiritual awakening scale and Friedman mini five-factor scale. See friedmanscales.com or friedmanassessmentscales.com

Friedman, P. (2021). Digital assessment and tracking, life balance, emotional stability, well- being, spiritual awakening, anxiety, and depression: A practice-based evidence approach to change in psychotherapy. International Journal of Healing and Caring, 21(2).

Friedman, P. (2021). Friedman affect scale-short form; Friedman belief scale-short form; Friedman well-being scale-short form. See friedmanscales.com or friedmanassessmentscales.com

Friedman, P. (2022, June). A practice-based evidence approach pre, during, and post COVID-19 during psychotherapy. [Web article]. Retrieved from http://www.societyforpsychotherapy.org/a-practice-based-evidence-approach-pre-during-and-post-covid-19-during-psychotherapy

Gallo, F. (2022). The tapping toolbox: Simple body-based techniques to relieve stress, anxiety, depression, trauma, pain, and more. PESI.

Gillanders, D. T., Bolderston, H., Bond, F. W., Dempster, M., Flaxman, P. E., Campbell, L., … Remington, B. ((2014). The development and initial validation of The Cognitive Fusion Questionnaire. *Behavior Therapy*, 45, 83–101

Horvath, A. O., & Greenberg, L. S. (1989). Development and validation of the Working Alliance Inventory. *Journal of Counseling Psychology*, 36(2), 223–233.

Kip, K., Rosenzweig, L., Hernandez, D., Shuman, A., Sullivan, K., Long, C., Taylor, J. McGhee, S., Girling, S. Wittenberg, T., Sahebzamani, F., Lengacher, C., Kadel, R., & Diamond, D. (2013). Randomized controlled trial of accelerated resolution therapy (ART) for symptoms of combat-related post-traumatic stress disorder (PTSD). *Military Medicine*, 178(12) 1298–1309.

Kroenke, K., Spitzer, R., & Williams, J. (2001). Validity of a brief depression severity measure (The PHQ-9). *Journal of General Internal Medicine*,16(9), 606–613.

Mullins, E. (2021) Forgiveness: Does Psychological Flexibility Matter? Ph.d Thesis submitted to the School of Psychology at the University of Adelaide, Australia. 60 pages.

Piedmont, R., & Friedman, P. (2012). Spirituality, religiosity, and quality of life. In Land, C., Michalos, A, and Sirgy, M.J. (Eds), Handbook of social indicators and quality of life research (pp. 313-330). Springer.

Raes, F., Pommier, E., Neff, K. D., & Van Gucht, D. (2011). Construction and factorial validation of a short form of the Self-Compassion Scale. *Clinical Psychology & Psychotherapy, 18(3), 250-255.*

Smout, M., Davies, M., Burns, N., & Christie, A. (2014). Development of the valuing questionnaire (VQ*). Journal of Contextual Behavioral Science*, 3(3), 164-172.

Spitzer, R., Kroenke, K., Williams, J., &Lowe, B. (2006). A brief measure for assessing generalized anxiety disorder (GAD-7). *Archives of Internal Medicine, 166(10), 1092-1097.*

Thompson, L. Y., Snyder, C. R., Hoffman, L., Michael, S. T., Rasmussen, H. N., Billings, L. S., … & Roberts, D. E. (2005). Dispositional forgiveness of self, others, and situations. *Journal of Personality, 73*(2), 313-360

Zhao, F.F., Friedman, P., Toussaint. L., Webb, J., and Freedom, J. (2023) Translation and validation of the Chinese version of the Friedman life balance scale among nursing students: A psychometric analysis. In *Nurse Education in Practice.* Vol.66, Jan., 2023.

**Bio**

Philip H. Friedman, PhD, is a licensed psychologist and Director of the Foundation for Well-Being in Plymouth Meeting, Pennsylvania. He is the author of "The Forgiveness Solution" and "Creating Well Being" in addition to the Friedman Assessment Scales on Well-Being, Beliefs, Quality of Life, Affect, Life Balance, Spiritual Awakening and the

Mini-5 Factor Personality Scale. He is also the developer of the ICBEST model of psychotherapy.

Dr. Friedman is an adjunct professor on the faculty of Sophia Univ. (formerly the Institute of Transpersonal Psychology). He is the founder of Integrative Forgiveness Psychotherapy (IFP), the Positive Pressure Point Techniques (PPPT), the Practice Based Evidence Approach (PBEA) and the Digital Assessment and Tracking Approach (DATA) to assessment and change. Dr. Friedman is trained in ART (Accelerated Resolution Therapy) and many other techniques.

email: PhilF101@comcast.net
Websites:www.forgivenesssolution.com,
https://www.integrativehelp.com/
https://www.wikiphilipfriedman.com
https://www.friedmanscales.com/



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