Available online at www.sciencedirect.com
ScienceDirect
Behavior Therapy 43 (2012) 801–811
Behavior Therapy
www.elsevier.com/locate/bt

Long-Term Follow-Up of a Randomized Controlled Trial Comparing Acceptance and Commitment Therapy and Standard Cognitive Behavior Therapy for Anxiety and Depression

Evan M. Forman
Jena A. Shaw
Elizabeth M. Goetter
James D. Herbert
Jennie A. Park
Drexel University

Erica K. Yuen
Medical University of South Carolina

The present study represents one of the first comparisons of the long-term effectiveness of traditional cognitive behavior therapy (i.e., Beckian cognitive therapy; CT) and acceptance and commitment therapy (ACT). One hundred thirty-two anxious or depressed outpatients were randomly assigned to receive either CT or ACT, and were assessed at posttreatment (n=90) and at 1.5-year (n=91) follow-up. As previously reported, the two treatments were equivalently effective at posttreatment according to measures of depression, anxiety, overall (social/occupational/symptom-related) functioning, and quality of life. However, current results suggest that treatment gains were better maintained at follow-up in the CT condition. Clinical significance analyses revealed that, at follow-up, one-third more CT patients were in the clinically normative range in terms of depressive symptoms and more than twice as many CT patients were in the normative range in terms of functioning levels. The possible long-term advantage of CT relative to ACT in this population is discussed.

Keywords: acceptance-based behavior therapy; psychotherapy outcome; depression; anxiety; long-term follow-up

THE TERM COGNITIVE BEHAVIORAL therapy (CBT) reflects a broad collection of evidence-based approaches that have become the most widely utilized and researched of all psychotherapeutic methods (Norcross, Hedges, & Castle, 2002), with Beckian cognitive therapy (CT; Beck, 1991) representing the most widely used and empirically supported form of CBT (Butler, Chapman, Forman, & Beck, 2006; Hofmann & Smits, 2008). A newer subcategory of CBT, sometimes referred to as acceptance-based behavior therapies, has risen to prominence in recent years. Examples include mindfulness-based cognitive therapy (MBCT; Z. V. Segal, Williams, & Teasdale, 2002), mindfulness-based stress reduction (Kabat-Zinn, 1990), acceptance-based behavior therapy for generalized anxiety disorder (Roemer & Orsillo, 2005), dialectical behavior therapy (DBT; Linehan, 1993), and acceptance and commitment therapy (ACT; Hayes,

Address correspondence to Evan Forman, Ph.D., Department of Psychology, Drexel University, 245 N 15th Street, MS 626, Philadelphia, PA 19102; e-mail: evan.forman@drexel.edu.
0005-7894/43/801–811/$1.00/0
© 2012 Association for Behavioral and Cognitive Therapies. Published by Elsevier Ltd. All rights reserved.

Strosahl, & Wilson, 1999), among others. Of these, ACT has received the most attention in terms of empirical study (Hayes, Levin, Plumb, Boulanger, & Pistorello, in press; Hayes, Luoma, Bond, Masuda, & Lillis, 2006) and scientific debate (Arch & Craske, 2008; Corrigan, 2001, 2002; Gaudiano, 2009a, 2009b; Hayes, 2002, 2008; Hayes et al., in press; Herbert & Forman, in press, 2011; Hofmann & Asmundson, 2008; Hofmann & Asmundson, in press; Öst, 2008, 2009). At the level of technology, there are some important differences in how ACT and CT treat psychopathology (Forman & Herbert, 2009). CT makes use of cognitive disputation and other forms of reappraisal (including behavioral experiments) designed to correct systematic biases in information processing, with the goal of reducing symptom intensity (Beck, Rush, Shaw, & Emery, 1979). The goal of ACT is *not* symptom reduction per se, but helping patients to "accept" difficult internal experiences (thoughts, images, emotions, sensations) in the service of engaging in values-consistent behavior change.

ACT has demonstrated preliminary effectiveness across a range of problem behaviors, including mood (Zettle & Hayes, 1986) and anxiety (Block, 2003; L. A. Brown et al., 2011; Dalrymple & Herbert, 2007; Roemer, Salters-Pedneault, & Orsillo, 2006; Twohig, Hayes, & Masuda, 2006) disorders, psychosis (Bach & Hayes, 2002; Gaudiano & Herbert, 2006), polysubstance abuse (Hayes, Wilson, et al., 2004), and smoking (R. A. Brown, Lejuez, Kahler, Strong, & Zvolensky, 2005; Hernández-López, Luciano Soriano, Bricker, Roales-Nieto, & Montesinos Marin, 2009; Hernandez Lopez, Roales Nieto, Luciano Soriano, & Montesinos Marin, 2005), among others. A meta-analysis (Hayes, et al., 2006) reported ACT to be superior to active treatments, including standard CBT. However, Öst (2008) has criticized the rigors of the trials on which the meta-analysis relied, and a subsequent meta-analysis (Powers, Zum Vörde Sive Vörding, & Emmelkamp, 2009) concluded that ACT was equally effective as established treatments (but see also Gaudiano, 2009a). The RCT upon which the current study was based similarly detected no differences in efficacy between ACT and CT at posttreatment in the treatment of depression and anxiety (Forman, Herbert, Moitra, Yeomans, & Geller, 2007).

It is important to examine longer-term effectiveness of psychotherapies, as immediate effects can fade over time, patients might take time to master skills learned in treatment, and treatments that are equivalent at one time point can diverge later (Gifford et al., 2004; Lappalainen et al., 2007). Generally speaking, standard CBT has demonstrated longer-term efficacy (Butler et al., 2006; Gloaguen, Cottraux, Cucherat, & Blackburn, 1998; Shapiro et al., 1994), though several recent reviews suggest effects weaken considerably after 1 year (e.g., Durham, Higgins, Chambers, Swan, & Dow, 2011). Open trials and trials comparing ACT to nonactive treatments or treatment-as-usual support ACT's lasting benefits for anxiety (Dalrymple & Herbert, 2007; Ossman, Wilson, Storaasli, & McNeill, 2006; Twohig, 2008; Zettle, 2003), depression (Blackledge & Hayes, 2006), trichotillomania (Woods, Wetterneck, & Flessner, 2006), psychosis (Bach & Hayes, 2002; Gaudiano & Herbert, 2006), substance dependence (Hayes, Wilson, et al., 2004; Stotts, Masuda, & Wilson, 2009; Twohig, Shoenberger, & Hayes, 2007), smoking (Gifford et al., 2004), obesity (Forman, Butryn, Hoffman, & Herbert, 2009; Lillis, Hayes, Bunting, & Masuda, 2009; Tapper et al., 2009), and chronic pain (Dahl, Wilson, & Nilsson, 2004; McCracken, MacKichan, & Eccleston, 2007; Vowles & McCracken, 2008). However, the follow-up periods of these studies tended to be relatively short (i.e., 1 to 3 months), limiting the extent to which conclusions can be drawn about longer-term effects. Moreover, few of these trials compared ACT to another well-established, active intervention, and none compared ACT to traditional CBT.

The current study compares long-term (18-month follow-up) outcomes from a group of outpatients randomly assigned to receive either CT or ACT. The study is an extension of an earlier report of posttreatment outcomes (Forman, Hebert, et al., 2007). As mentioned, the effects of standard CBT may attenuate in the longer-term (Durham et al., 2011), and some proponents have hypothesized that ACT might hold certain advantages over standard (i.e., Beckian) CBT because ACT is argued to be more tightly linked to basic research on its mechanisms and underlying theory (Hayes, 2008; Hayes et al., in press). ACT proponents have also questioned the putative mechanisms of change of CT (i.e., modification of the content of dysfunctional cognitions; Hayes, 2008; Hayes, Villatte, Levin, & Hildebrandt, 2011). On the other hand, standard CBT has proven long-term efficacy (Butler et al., 2006; Gloaguen et al., 1998; Shapiro et al., 1994). Perhaps an overriding consideration is the accumulating evidence suggesting that it is the behavioral elements of treatment that represent the mechanisms of action, and that other components are superfluous (Dimidjian et al., 2006; Longmore & Worrell, 2007). Thus, no specific hypotheses were made regarding differential long-term effectiveness of the two treatments. Given previous findings that mindfulness and acceptance variables moderate the impact of treatment, we tentatively hypothesized such a moderation effect at follow-up.

دریافت فوری ← متن کامل مقاله

ISIArticles
مرجع مقالات تخصصی ایران

✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
✓ امکان دانلود نسخه ترجمه شده مقالات
✓ پذیرش سفارش ترجمه تخصصی
✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
✓ دانلود فوری مقاله پس از پرداخت آنلاین
✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات