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Acceptance and Commitment Therapy: Model, processes and outcomes

Steven C. Hayes[a,*], Jason B. Luoma[a], Frank W. Bond[b], Akihiko Masuda[a], Jason Lillis[a]

[a]*Department of Psychology, University of Nevada, Reno, NV 89557-0062, USA*
[b]*Goldsmiths College, University of London, UK*

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Abstract

The present article presents and reviews the model of psychopathology and treatment underlying Acceptance and Commitment Therapy (ACT). ACT is unusual in that it is linked to a comprehensive active basic research program on the nature of human language and cognition (Relational Frame Theory), echoing back to an earlier era of behavior therapy in which clinical treatments were consciously based on basic behavioral principles. The evidence from correlational, component, process of change, and outcome comparisons relevant to the model are broadly supportive, but the literature is not mature and many questions have not yet been examined. What evidence is available suggests that ACT works through different processes than active treatment comparisons, including traditional Cognitive-Behavior Therapy (CBT). There are not enough well-controlled studies to conclude that ACT is generally more effective than other active treatments across the range of problems examined, but so far the data are promising.

Keywords: Acceptance and Commitment Therapy; Relational Frame Theory; Mindfulness; Acceptance; Mediational analysis; Third generation CBT; Clinical behavior analysis; Contextualism

Introduction

The behavior therapy movement began with two key commitments. Behavior therapy was to be a field designed to (1) produce a scientifically based analysis of behavioral health problems and their treatment cast in terms of basic psychological processes, and (2) develop well-specified and empirically validated interventions for such problems. Franks and Wilson's (1974) well-known early definition of behavior therapy shows that dual commitment clearly, asserting that behavior therapy was based on "operationally defined learning theory and conformity to well established experimental paradigms" (p. 7). Over the 40 years of development of behavior therapy, however, only the latter of these two commitments has been firmly kept.

*Corresponding author. Tel.: +1 775 746 3121; fax: +1 775 784 1126.
E-mail address: hayes@unr.edu (S.C. Hayes).

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Many methods of change in the contemporary cognitive and behavioral therapies are linked to relatively narrow clinical theories, not to basic principles derived from "operationally defined learning theory" or indeed any other basic science. The failure to provide an adequate basic account has reduced the scientific progressivity of the behavioral and cognitive therapies, and the overall coherence of the resulting science.

Focusing merely on validation of an ever-expanding list of multi-component manuals designed to treat a dizzying array of topographically defined syndromes and sub-syndromes creates a factorial research problem that is scientifically impossible to mount. Such a "brute force" empirical approach makes it increasingly difficult to teach what is known or to focus on what is essential. Linkage to basic principles helps solve this problem because it allows the diversity of methods that result from clinical creativity to be distilled down to a manageable number of common core processes (cf. Harvey, Watkins, Mansell, & Shafran, 2004). It also fosters the practical value and coherence of psychology itself by allowing empirical clinical psychology to contribute the development of the discipline.

The present article briefly considers why the linkage to basic principles was weakened, and examines evidence regarding the model of psychopathology and change that underlies Acceptance and Commitment Therapy (ACT, said as a single word, not as initials; Hayes, Strosahl, & Wilson, 1999). ACT has followed a very different developmental approach by consciously developing a basic research program to meet the needs of modern behavioral and cognitive therapies such as ACT, in the hopes that the models that result will be more fruitful.

How behavior therapy weakened its link to basic principles

Behavior therapy can be divided into three generations: traditional behavior therapy, cognitive-behavior therapy (CBT), and the more recent "third generation" of relatively contextualistic approaches (Hayes, 2004). In the first generation of behavior therapy it was possible to keep both of its founding commitments because traditional behavior therapists drew on a large set of basic principles drawn from the basic behavioral laboratories. Even in the earliest days, however, authors of behavioral principles texts realized that these principles needed to expand beyond operant and classical conditioning principles to include those focused on human cognitive processes (Bandura, 1968). Clinicians realized that as well, and this insight was at the core of the second generation of traditional cognitive therapy and CBT (e.g., Beck, Rush, Shaw, & Emery, 1979).

Unfortunately, behavior analysis was unable to supply an empirically adequate account of cognition, despite taking private events seriously. This left basic cognitive models as the only alternative, but none were as easily linked to clinical interventions as were learning theory principles. The reasons for this are complex, but time has shown that they go well beyond merely the stage of development of basic cognitive analyses at the time. After decades of relatively unsuccessful effort, this difficulty in linking behavior therapy to basic cognitive models appears more likely to be the result of a philosophical mismatch.

When CBT emerged, the dominant cognitive models largely were (and remain) either mechanistic information processing approaches or organismic cognitive developmental approaches. For philosophical reasons, both are more focused on the nature and evolution of cognitive acts and their impact on other forms of action than they are on the specific contextual events that regulate these psychological events and relate them one to the other. This feature tends to limit the direct applied relevance of the basic concepts that result (Hayes & Brownstein, 1986). Let us explain.

A principle like reinforcement is focused on the interface between action and its manipulable context, in effect, unifying both dependent and independent variables into a single unit. When the clinician applies such a concept to change behavior (we will we use the term "behavior" in this paper as it is used in behavior analysis, that is, as a term for all forms of psychological activity, both public and private, including cognition), the independent variables specified by the term can be manipulated and the effect noted.

This is not, in the main, true of the cognitive concepts generated by information processing and developmental cognitive perspectives. A concept like cognitive schemas (Piaget, 1964) is focused on the organization of a specific kind of dependent variable (cognition) but it does not itself specify the contextual events that alter this variable or regulate its impact on other forms of activity. Similarly, explanations of cognition that focus on the material causality of the brain in essence shift a dependent variable from one level of analysis to another level of analysis but without providing concrete and manipulable independent variables