

TARGET ARTICLE

Acceptance and Commitment Therapy and Contextual Behavioral Science: Examining the Progress of a Distinctive Model of Behavioral and Cognitive Therapy

Steven C. Hayes

Michael E. Levin

Jennifer Plumb-Villardaga

Jennifer L. Villatte

Jacqueline Pistorello

University of Nevada

A number of recent authors have compared acceptance and commitment therapy (ACT) and traditional cognitive behavior therapy (CBT). The present article describes ACT as a distinct and unified model of behavior change, linked to a specific strategy of scientific development, which we term “contextual behavioral science.” We outline the empirical progress of ACT and describe its distinctive development strategy. A contextual behavioral science approach is an inductive attempt to build more adequate psychological systems based on philosophical clarity; the development of basic principles and theories; the development of applied theories linked to basic ones; techniques and components linked to these processes and principles; measurement of theoretically key processes; an emphasis on mediation and moderation in the analysis of applied impact; an interest in effectiveness, dissemination, and training; empirical testing of the research program across a broad range of areas and levels of analysis; and the creation of a more effective scientific and clinical community. We argue that this is a reasonable approach, focused on long-term progress, and that in broad terms it seems to be working. ACT is not hostile to traditional CBT, and is not directly buoyed by whatever weaknesses traditional CBT

may have. ACT should be measured at least in part against its own goals as specified by its own developmental strategy.

Keywords: acceptance and commitment therapy; contextual behavioral science; functional contextualism; relational frame theory; scientific development strategy

ALL SCIENTIFIC THEORIES are ultimately shown to be incorrect. Thus, the point of the scientific journey is not to generate correct ideas but to develop more useful half-truths whose limitations can be more quickly and certainly known. A progressive scientific field builds on useful ideas, continuously weeding out those that are not. It is impossible to know whether a more progressive field has been accomplished by focusing only on the present. Progressivity unfolds over time, sometimes slowly.

There is a tension between an urge for immediate progress and the willingness to take the careful steps that might create progress in the long run. That tension is felt especially strongly in applied areas because human suffering is present *now* but the generation of scientific knowledge often takes an unpredictable amount of time. In comparison to their most art-focused colleagues, empirical clinicians are used to arguing for the ultimately greater progressivity of an empirical approach, but in the cognitive behavior therapy (CBT) tradition relatively little has been written about how to produce greater progress *within* an empirical approach.

Address correspondence to Steven C. Hayes, Ph.D., Department of Psychology, University of Nevada, Reno, NV 89557-0062; e-mail: hayes@unr.edu.

0005-7894/44/180-198/\$1.00/0

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There, too, what seems to be fastest now could be much slower later and what seems slower now might ultimately go farther.

The CBT Tradition and the Origins of Acceptance and Commitment Therapy

Acceptance and commitment therapy (ACT, said as one word, not initials; Hayes, Strosahl, & Wilson, 1999) is sometimes placed outside of or opposed to CBT (e.g., Hofmann & Asmundson, 2008), but ACT is part of the larger family of behavioral and cognitive therapies (Forman & Herbert, 2009) and has always been said to be so (e.g., Hayes, Strosahl, et al., 1999, p. 79). ACT is an overarching model of key intervention and change processes, linked to a research program on the nature of language and cognition, to a pragmatic philosophy of science, and to a model of how to speed scientific development that we call here a contextual behavioral science (CBS) approach. Describing that approach is a primary purpose of the present paper.

The similarities and differences between ACT and the CBT mainstream needs to be seen in the context of respective views about how to create scientific progress. ACT researchers are skeptical of the idea that CBT needs to apply “the cognitive model of a particular disorder with the use of a variety of techniques designed to modify the dysfunctional beliefs and faulty information processing characteristic of each disorder” (Beck, 1993, p. 194) or that its core is to “identify distorted cognitions” and then to subject these distortions “to logical analysis and empirical hypothesis-testing which leads individuals to realign their thinking with reality” (Clark, 1995, p. 155), but that skepticism is a reflection of its process-focused development program. In the 1980s we conducted more than a dozen studies on the theories behind common CBT procedures, and found little or no support for these models (see Rosenfarb & Hayes, 1984, on cognitive reappraisal/self-statements for an example of these). We made early theoretical attempts to analyze cognitive therapy using behavioral principles (e.g., Zettle & Hayes, 1980, 1982) but our

long-term interest was in extending a process-based behavioral approach and its underlying development strategy (see Zettle, 2005, for a history of ACT).

ACT: A CBS Approach

CBS is a principle-focused, inductive strategy of psychological system building that emphasizes developing interventions based on theoretical models tightly linked to basic principles that are themselves constantly upgraded and evaluated. The strategy has been abstracted and extended from traditional behavior analysis. Only an outline can be presented here because the issues it raises (e.g., induction vs. deduction, pragmatic vs. correspondence theories of truth, the nature of theory) are complex and controversial. It involves the integration and simultaneous development of multiple levels of a research program including philosophical assumptions, basic science, basic and applied theory, intervention development, treatment testing, and dissemination, all done dynamically and “horizontally.” While a more detailed breakdown is possible, we describe the approach in terms of nine characteristics (see Table 1), considering each in an abstract way and briefly describing the results so far inside ACT and relational frame theory (RFT).

EXPLICATE PHILOSOPHICAL ASSUMPTIONS

Philosophy of science is the process of clarifying and taking responsibility for the assumptions necessary to do complex intellectual work. ACT is grounded in functional contextualism, a type of psychological pragmatism that extends Skinner's radical behaviorism (Hayes, Hayes, Reese, & Sarbin, 1993) by adopting a functional approach to truth and meaning linked to the prediction and influence, with precision, scope, and depth, of whole organisms interacting in and with a context considered historically and situationally (Hayes, 1993). The core unit of analysis adopted is the act in context: the ongoing situated purposive action (Hayes, 1993; Pepper, 1942). All actions are

Table 1
Some Key Features of a Contextual Behavioral Science Approach to Scientific System Development

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1. Explicate philosophical assumptions
 2. Develop a basic account of complex human behavior with manipulable, contextual principles organized into theories
 3. Develop a model of pathology, intervention, and health tied to basic behavioral principles and theories
 4. Build and test techniques and components linked to these processes and principles
 5. Measure theoretical processes and their relationships to pathology and health
 6. Emphasize mediation and moderation in the analysis of applied impact
 7. Early and continuous tests of effectiveness, dissemination, and training strategies
 8. Test the research program across a broad range of areas and levels of analysis
 9. Create an open, diverse, and nonhierarchical development community
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