

SPECIAL SERIES

Theories and Directions in Behavior Therapy: ACT and
Contemporary CBT

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Introduction

Tending the Garden and Harvesting the Fruits of Behavior Therapy

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For the past half century, behavior therapy has served as the theoretical basis for successful inquiries into the nature and treatment of many emotional disorders. Although there are core principles shared by all behavior therapies, two primary approaches, traditional cognitive behavior therapy (CBT) and acceptance and commitment therapy (ACT), have emerged as the most viable treatment approaches, even though they achieve their success through different methods and are predicated in different assumptions, principles, questions, and scientific strategies. In this special series, theorists and therapists with allegiances to one of these two approaches articulate the philosophical and theoretical underpinnings of their approach, summarize the evidence to date, point out current gaps or inconsistencies, and map out future directions with predictions informed by theory. The series concludes with a capstone paper that seeks to find common ground within the family of behavior therapies while also positing ways for behavior therapy to remain relevant in a world that increasingly emphasizes neuroscience and biobehavioral approaches to understand and reduce human suffering.

Keywords: cognitive behavioral therapy; CBT; Acceptance; ACT; neuroscience

DURING THE 50-YEAR HISTORY of behavior therapy, we have witnessed a “cognitive revolution” that has extended the scope and reach of traditional behavior therapy (e.g., Beck, 1993, 2005), the dawn of evidence-based psychotherapy (e.g., Chambless & Ollendick, 2001), parity of clinical efficacy with medication treatments for many conditions (e.g., Hofmann, Asnaani, Vonk, Sawyer, & Fang, 2012), and more recently, the emergence of a behavior therapy that emphasizes functional and contextual factors as the basis of treatment principles (e.g., Hayes, Barnes-Holmes, & Wilson, 2012). Some scholars have argued that the momentum, growth, and evolution of behavior therapy is best viewed as coming in waves, with later waves supplanting earlier ones (e.g., Hayes, 2004). Other scholars believe it incorrect or at least premature to suggest that the recent advances in behavior therapy constitute a distinct implementation deserving the designation of “third wave” (e.g., Hofmann & Asmundson, 2008; Hofmann, Sawyer, & Fang, 2010; Öst, 2008). These differences have led to heated debates, which at times seem more akin to sectarian strife than scientific discourse. Instead of seeing behavior therapy as coming in waves, a more apt metaphor may be that the seeds sown by the

pioneers of behaviorism and behavior therapy have blossomed into a healthy, multi-branched bush that is already bearing fruit in terms of enhancing our understanding of the origins and treatment of human suffering caused by emotional problems. Two branches in particular are presently flourishing yet achieve their success through different methods that are predicated on different assumptions, principles, questions, and scientific strategies. Cognitive therapy represents the more senior and established of these two branches (e.g., Beck, 2005; Hollon, Stewart, & Strunk, 2006). A signature characteristic of the cognitive therapy approach is an emphasis on the centrality of maladaptive cognitive structures in the origins of emotional problems and, in turn, the emphasis of combining cognitive interventions with traditional behavioral principles to achieve effective and durable improvement in individuals (e.g., Hofmann et al., 2007). However, a behavior therapy informed by and infused with acceptance and mindfulness represents the other flourishing branch (Hayes, Strosahl, & Wilson, 2011). A signature characteristic of acceptance- and mindfulness-based approaches is a view that human suffering arises when individuals narrow their lives in service of escaping or avoiding immediate pain or discomfort—albeit at great cost to their overall well-being. Thus, these behavior therapies combine mindfulness, acceptance, and experiential interventions with traditional behavior principles to achieve effective and lasting improvements (e.g., Hayes, Luoma, Bond, Masuda, & Lillis, 2006). To say that these cognitive-behavioral approaches work and stop there is akin to picking the low-hanging fruit from the bush. The challenge facing the broader cognitive-behavioral field is to understand the conditions necessary to keep both branches producing fruit, and ultimately to keep the whole bush healthy and flourishing.

This special series provides a forum where experts in behavioral and cognitive therapy discuss what they view as the defining features of our field. In doing so, theorists and therapists with allegiances to one of these two approaches articulate the philosophical and theoretical underpinnings of their approach, summarize the evidence to date, point out current gaps or inconsistencies, and map out future directions with predictions informed by theory. In the papers that follow, two target articles, one written by Hayes and colleagues (2013-this issue) from an ACT perspective, and the other written by Hofmann, Asmundson, and Beck (2013-this issue) from a traditional CBT perspective, were solicited to address a series of questions, enumerated below, that the authors developed with the guest editor of the special series (Fresco, this

issue). One important point to make is that each target article very explicitly addressed aspects of the perspective for which the authors expressed allegiance with minimal comparative commentary on the other perspective. The questions addressed by each target article were as follows:

1. What is the interplay of emotion and cognition, including emotion regulation and modulation?
2. What are the treatment goals of your approach?
3. How does your approach deal with “symptoms”/distress?
4. What are the hypothesized and/or empirically demonstrated mechanisms of change in your approach?
5. What is your model of scientific development with an emphasis on addressing: How disorder-specific is your approach?
6. What are the clinical procedures employed by your approach?

Once these two papers were in hand, two commentaries were solicited for each target article. The commentaries were supplied by scholars with an allegiance to ACT (Herbert & Forman, 2013-this issue; Kanter, 2013-this issue) or traditional CBT (Dobson, 2013-this issue; Rector, 2013-this issue). Finally, once the target articles and commentaries were in hand, a capstone paper was solicited to offer a synthesis of the series articles while providing an approach towards unifying the broader family of CBTs around common principles (Mennin, Ellard, Fresco, & Gross, 2013-this issue). However, this paper was tasked with one additional focus. In recent years, our field has increasingly seen the ascendancy of neuroscience and biobehavioral approaches to the nature and treatment of emotional disorders (Craske, 2012; Insel & Cuthbert, 2009; Shoham & Insel, 2011). Thus, the final capstone commentary represents an approach to finding common ground within the family of CBT while framing ways for behavior therapy to contribute in a world increasingly focused upon neuroscience (Mennin et al., 2013-this issue). The hope for this special series is that it will represent a comprehensive and coherent statement on the assumptions, principles, questions, and scientific strategies for the two prevailing approaches within the broader field of behavior therapy. Although traditional CBT and ACT are often thrown in sharp relief to one another, the time is now to emphasize commonalities within the family of behavior therapy, especially in relation to the increasing emphasis placed upon neuroscience and biological explanations for normative and disordered human functioning as well as the best means to reduce human suffering.

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