Integrating Acceptance and Commitment Therapy (ACT) into traditional Cognitive Behaviour Therapy (CBT)

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SUMMARY

This poster examines the feasibility, applicability and coherence of integrating strategies coming from traditional CBT and ACT. The hypothesis is that a therapy that includes both CBT and ACT strategies provides more options to treat distressing thoughts and emotions and increases the probability that change will occur without being incompatible than traditional CBT alone.

CLINICAL RATIONALE

➢ Traditional CBT (i.e., Beck's cognitive therapy) has proven to be an empirically effective treatment for various psychological disorders.

➢ The main focus in traditional CBT is modification of content of cognitions.

➢ Specific techniques to accept and detach from painful thoughts and emotions are lacking.

➢ ACT can help change the way clients interact with thoughts and feelings and such skills can be used to optimize traditional CBT treatment for psychological disorders.

FOCUSING ON FORM AND FUNCTION IN ONE AND THE SAME THERAPY

➢ We hypothesize that techniques that aim to change the content and frequency of cognitions (form) can be as empowering as techniques that target the context in which these cognitions are experienced (function).

➢ ACT can optimize traditional CBT through an expanded repertoire of techniques.

➢ We hypothesize that mechanistic and functional contextualist worldviews can be employed in the same therapy as long as client and therapist work, when appropriate, in coherence with one of the two philosophies for a given issue.

➢ Relational Frame Theory can be useful to understand and adapt traditional techniques such as cognitive disputation (Blackledge et al., 2009)

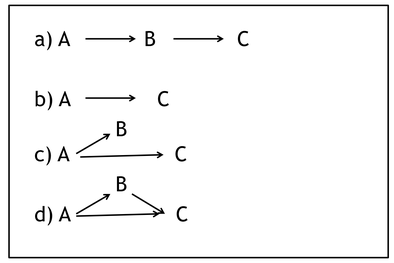
EXPANSION AND ADAPTATION OF THE ABC MODEL

➢Clients' problems do not always correspond with the traditional cognitive therapy ABC model (illustrated in Figure 1a).

➢Kohlenberg et al. (2004) suggest an expanded rationale to enhance therapeutic alliance, increase acceptance and stay congruent with modern day behaviour analysist's conceptualization of cognition (see Figure 1).

➢Clients react favorably to this model, therapist flexibility increases and it orients the treatment effectively.

Figure 1. Expanded ABC Model



A : Antecedent event (Stimulus)
B : Belief/cognition
C : Consequence (emotional reaction)

USING COGNITIVE RESTRUCTURING AND DEFUSION

➢ Using CBT plus ACT gives the option of picking and choosing which strategies are effective depending on context and the client's preference.

➢Sometimes clients seek reinforcement of accuracy and this fits well with the ABC model with identification of cognitive errors and restructuring (Ciarrochi & Bailey, 2008; Kohlenberg et al., 2004).

➢Automatic thoughts can sometimes be accurate and still cause distress. Thus, defusing from such thoughts so that we get dis-entangled from them may be more helpful.

➢Deacon et al. (2011) found that both cognitive defusion and cognitive restructuring created significant improvement for students with negative body image.

➢Arch, Wolitzky-Taylor et al. (2012) and Forman et al. (2012) compared ACT with CBT and found that cognitive restructuring lowered clients' level of fusion. Furthermore, "defusion" was found to mediate several outcomes in the CBT groups.

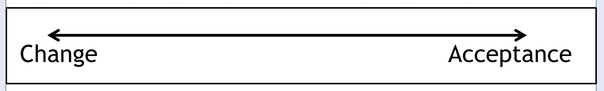
➢Mindfulness and self as context exercises (Hayes et al., 2011) can facilitate identification of automatic thoughts and establish metacognitive awareness (Segal et al., 2002) to create even more distance from negative thought patterns.

DECIDING WHEN TO USE CHANGE-ORIENTED VS ACCEPTANCE-ORIENTED STRATEGIES

➢As well, we theorize, that acceptance should be fostered when distress is due to conditions that cannot be changed (i.e. chronic pain, the loss of a loved one).

➢As illustrated in Figure 2, change and acceptance can be visualized on a continuum that varies depending on context.

Figure 2: Targeting acceptance or change depending on context



➢From this perspective, relaxation (a first and second wave method) and mindfulness (a third wave method) can both be taught, with a different rationale presented, depending on the client's interest and reaction and guided by varied functions.

INCREASING PLEASURABLE AND MASTERY-ORIENTED ACTIVITIES, AND VALUES-BASED ACTIONS

➢ Some patients are already engaged in subjectively reported pleasurable and mastery-oriented activities but are still quite depressed. It may be effective for them to work on value driven goals.

➢However, others can be very passive and limited in the activities they do (stay in bed, no exercise, etc.) and could benefit first or exclusively from traditional behavioural activation.

USING THE CLIENT-THERAPIST RELATIONSHIP FOR LEARNING PURPOSES

➢Focusing on the therapeutic relationship can make therapy more effective and meaningful for patients.

➢The rules proposed by Functional Analytic Psychotherapy (FAP) (Tsai et al., 2008) can be used to target in-vivo therapeutic processes to optimize cognitive therapy (see Kohlenberg et al., 2002) and ACT.

THE THERAPIST'S OWN USE OF ACCEPTANCE AND MINDFULNESS TECHNIQUES

➢Therapists can also work on acceptance of their own emotions, defusion from difficult thoughts and values clarification to help with their therapeutic practice.

➢A randomized controlled trial found that patients treated by therapists who practiced mindfulness meditation before their sessions showed greater symptom reduction (Grepmair et al., 2007). Further empirical research is needed.

FUTURE DIRECTIONS

➢Ultimately, it may be possible and potentially beneficial to target both content and context of thoughts and emotions in therapy.

➢Recent research comparing the efficacy of ACT and CBT has found equivalent results (Arch, Eifert et al., 2012; Forman et al., 2007; 2012; Zettle & Rains, 1989).

➢We believe that future research should look at comparisons between pure CBT and integrated CBT plus ACT therapeutic models.

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