

Situating ACT in the cognitive behavioural tradition

Where is ACT from?
What sort of model of CBT is it?

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Put simply...

ACT is *a* CBT,

albeit from a radical behavioural perspective

ACT & CBT: many points of convergence

- ACT is a behaviour therapy that also takes cognition and emotion extremely seriously
- Uses all of the behavioral elements of CBT: skill building interventions, exposure strategies, functional analysis etc
- Incorporates out of session “homework” and self monitoring tasks
- Data from out of session work is often a focus of clinical sessions

The ideas that influenced ACT

This talk will focus on how ACT developed, based on 3 areas:

- Radical behaviourism & the cognitive revolution
- A functional view of verbal behaviour
- Reducing the destructive effects of verbal behaviour
- Fair warning: it will be a slightly geeky talk, that will hopefully give you a sense of how ACT developed (in the time we have to do this)
- “Bridging the divide” by contextualising ACT historically

ACT

A 3rd wave therapy in the CBT tradition, *writ large*

1st wave: BT - focus on direct behaviour change

2nd wave: CT - focus on changing content and frequency of cognitions

3rd wave: focus on changing relationship with thoughts and feelings – using mindfulness and acceptance strategies (Hayes, 2004)

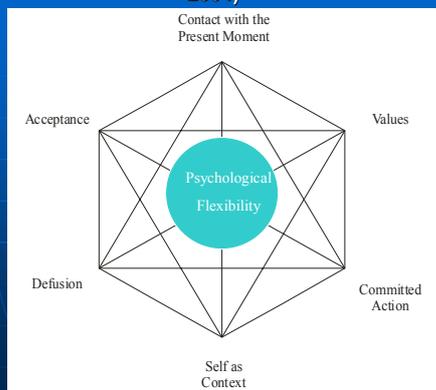
Important similarities and differences from 1st and 2nd wave therapies, in some ways completely different from either

In a nutshell

- ACT is based upon a behaviour analytic account of language and cognition, Relational Frame Theory (Hayes, Barnes-Holmes & Roche, 2001)
- ACT is developing an evidence base as a trans-diagnostic model of behaviour change, across disorders and problems (Hayes, Luoma, Bond & Lillis, 2006)
- ACT is from the same philosophical stance (radical behaviourism) that underpins other modern contextual behaviour therapy approaches (DBT, behavioural activation, Functional Analytical Psychotherapy)

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The Primary ACT Model of Treatment (Hayes et al., 2004)



Where did ACT come from?



- ACT developed out of the work done by Steve Hayes and his PhD student Rob Zettle in the 70s/80s, looking at verbal and rule governed behaviour (RGB)
- They were behaviourists, and the 1970s were not going well... the Cognitive Revolution was happening in Behaviour Therapy. The 80s were going to be even worse...
- Their work was in response and a direct challenge to the cognitive theorising of Mahoney, Bandura's Social Learning Theory, Ellis' RET and Beck's CT, which helped to create CBT. (Zettle, 2005; Cullen, 2008)

The "cognitive revolution" in psychology

Dealing with problems of the mind as problems of information processing

Cognitive meta-theory = a belief that psychology studies behaviour in order to infer unobservable explanatory constructs, such as "memory", "attention" and "meaning".

Computer as a metaphor for the human mind, in terms of how information is input, stored, and retrieved.

In the 1960s, psychologists began to move away from methodological behaviorism, with a greater interest in cognition (the mental processes involved with acquiring, storing, and using knowledge).



Noam Chomsky

Why do behaviourists have a problem with the "C"?

- From a RB viewpoint:
 - Thinking is a behaviour, not a cause
 - Initiating causes are reserved for directly manipulable environmental events that can both predict and control behaviour
- The big question is **not** "what role do thoughts play in controlling human behaviour?", but rather:

"what type of contingencies would lead one behaviour, namely thinking, to occur and influence another behaviour?" (Zettle, 2005)

Comprehensive Distancing

- The therapy approach that Hayes and Zettle developed (later called in ACT in the early 90s)
- Emphasised "distancing" as described by Beck (1976), and informed by rule-governed behaviour research.

Comprehensive Distancing 2

- Two ways of weakening dysfunctional verbal control were proposed:
 1. Management from an operant perspective of verbal-social contingencies that support a controlling relationship between verbal and other forms of behaviour.
 2. Emphasising defusion and deliteralization procedures and techniques
- Later on, self-as-context and values were added to the treatment model, as the RGB research progressed

Understanding verbal behaviour

- Rule governed behaviour (Skinner 1966) = certain antecedents may function as rules or instructions and affect behaviour without the apparent intervention of shaping contingencies.
- Schlinger (1990): rules as "function-altering stimuli"
- Allows humans to:
 - delay our responding and deal with events before they are contacted
 - override direct contingencies



Skinner



Schlinger

Rule Governed Behaviour

- Steve Hayes' experimental work in the 70s and 80s demonstrated the effect of behaviour influenced by rules/instructions, particularly in producing a relative insensitivity to changes in contingencies.
- He suggested three functional classes of rules:
 - Pliance
 - Tracking
 - Augmentals
- This work led to the development of Relational Frame Theory, suggesting **relational responding** as a form of learning (alongside classical and operant conditioning)



Relational Frame Theory (RFT)

Developed from work on rule-governed behaviour and stimulus equivalence

- Claims that whenever we are thinking, listening with understanding, or speaking meaningfully, we are framing events relationally
- RFT is based on a small set of principles
- Relational framing is learnt behaviour - a *generalised operant*

RFT provides an account of:

- How stimuli/events take on new response-eliciting properties (i.e. new stimulus functions) in the absence of direct training/experience
- Therefore why we can be so scared of things we have only been told about, and even things that are completely imaginary
- Therefore why we try to avoid our own thoughts and feelings
- Why this doesn't work
- Thus, fusion and experiential avoidance are important processes underlying psychopathology.

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Rule Governed Behaviour

- **Pliance** is rule-governed behaviour primarily under the control of apparent speaker-mediated consequences for a correspondence between the rule and the relevant behaviour
- **Tracking** is rule-governed behaviour under the control of the apparent correspondence of the rule and the way the world is arranged
- **Augmenting** – a rule that changes (augments) the reinforcing value of the consequences specified in the rule (applied to pliance or tracking)

Torneke, Luciano & Valdivia, 2008

Where rules go wrong...

- **Insensitivity to contingencies**
- **Generalised pliance** – being primarily controlled by pleasing others
- **Misapplied or Inaccurate tracking** – to parts of life where it cannot work (trying hard to spontaneous; controlling private experiences); strengthening ST consequences at the expense of long-term ("in order to recover my mobility after an accident, I must avoid any pain")
- **Augmenting** – interacts with pliance and tracking leading to more abstract controlling consequences, making direct consequences harder to influence behaviour (e.g. "being right")



Whew! Got that?

The RB background is possibly why ACT can be difficult to understand if you have been trained from a cognitive perspective....

But basically....
Or should we say - AND basically

- Thoughts and other internal experiences are considered behaviour
- Changes in behaviour are designed to contact different sources of reinforcement, not to "test reality"
- The function of behaviour is emphasised, not the form
- Pragmatism and successful working - talking for a purpose (with effect) - is the focus

- Language is not considered from an information processing account, instead an operant view is taken, introducing a new "generalized operant", **relational responding (RFT)**
- The "languaging" we do in therapy is not technical or "behavioural"; pragmatic working means we use terms like "mind", free will, etc. (even if the underlying science rejects mentalist terms, ultimately deterministic)
- We work with language, while also noticing the results of "languaging"

Thankfully, ACT helps you work with RGB, without being BF Skinner...

The ACT model orientates the therapist to *create a context that weakens unhelpful rule governance*:

- Emphasising direct experience over mind chatter (being contingency-shaped where it is useful to be)
- Discriminating between self-as-context and private experiences ("noticing", mindfulness)
- Valued directions (augmenting) to foster acceptance of unwanted thoughts and feelings
- Exercises that set up the possibility of accurate long-term tracking and helpful augmenting

So you in ACT you might ...

considering client talk in terms of:

- Overt content
- As a sample of social behaviour
- As a move in the therapeutic relationship
- As a part of a hidden functional track

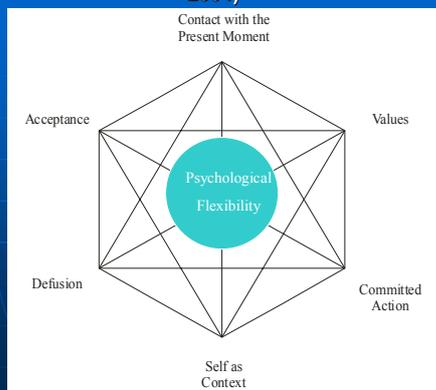
Asking yourself:

"Is this client engaging in experiential avoidance right now?"

"Is this client fused right now with their ongoing verbal behaviour?"

And thinking about what you can do to foster psychological flexibility in this moment.

The Primary ACT Model of Treatment (Hayes et al., 2004)



In summary

- ACT comes from the learning theory branch of CBT
- It considers the relationship between thinking and behaviour *contextually*
- The therapeutic relationship is a special “verbal community” that seeks to reduce the destructive effects of our ability to frame relationally and enhance life vitality through acting in valued directions
- Understanding the behavioural roots of ACT can help to make sense of why the focus is on experiential learning, accepting our internal experiences through mindfulness, values as a constructive rule-following, etc.

Papers that informed this talk

- Cullen, C. (2008). Acceptance and Commitment Therapy (ACT): A Third Wave Behaviour Therapy. *Behavioural and Cognitive Psychotherapy*, 36 (Special Issue 06), 667-673.
- Törneke, N., Luciano, C., & Valdivia, S. (2008). Rule governed behavior and psychological problems. *International Journal of Psychology and Psychological Therapy*, 8(2), 141–156.
- Zettle, R. D. (2005). The evolution of a contextual approach to therapy: From comprehensive distancing to ACT. *International Journal of Behavioral Consultation and Therapy*, 1, 77–89.