

Acceptance and Commitment Therapy

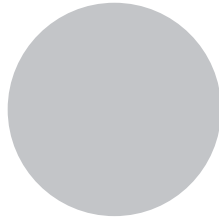
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KEY POINTS & TECHNIQUES

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KEY BEHAVIOURAL PRINCIPLES

THE 'B' IN CBT

Contemporary Cognitive Behavioural Therapy (CBT) is often spoken about as if it is a single entity. It is more accurate to describe it as a combination of models and approaches that have co-evolved and coalesced over time and are likely to continue to do so in ways that are not yet clear. Any model of psychology that attempts to understand the demands of the human condition will inevitably focus both on observable external behaviours, as well as the less immediately accessible internal realm of thoughts, emotions, values, and desires. CBT explicitly attempts to balance attention to these aspects of human functioning, and behavioural science has made a significant contribution to this endeavour.

Behaviourism is an approach to understanding behaviour that emphasises the role of interactions between an organism, the environmental context in which it exists, and its previous learning history. The focus, behaviour, can be defined as something that an organism *does* (Watson, 1929). Behaviourism primarily sees behaviour as a response to a stimulus within the present environmental context, or as a consequence of previous learning, such as whether that behaviour has previously been reinforced or punished in the presence of the stimulus. The behaviourists of the early twentieth century, notably Ivan Pavlov and John B. Watson, tended to focus only on observable behaviours and events, with a view to measuring, predicting, and controlling behavioural responses. Later theorists, such as Burrhus F. Skinner, expanded the notion of behavioural science to embrace the study of internal events, including thoughts, feelings, and the processes of language (Skinner, 1953). This became known as 'radical behaviourism'. In terms of the

application of this work to clinical psychology, retrospectively, this phase has been referred to as the 'first wave' of what we now recognise as the field that became CBT.

The early promise that behaviourism showed with respect to improving the lives of people somewhat dissipated when the field faltered in its attempts to effectively explain these more sophisticated internal aspects of the human experience. Behavioural approaches to clinical psychology were largely dominant in the US and UK until the early 1970s, at which point popular criticisms that behaviourism was too mechanical and reductionist, or that it effectively denied the role of thoughts and feelings, led psychological therapists to look much more towards cognitive science for their inspiration. This increased focus on cognition, along with the development of techniques for modifying thoughts and beliefs, via the work of Albert Ellis and Aaron T. Beck, is often referred to as the 'second wave' of CBT (Ellis, 1962; Beck, 1976).

Certain fields of clinical psychology, notably work with people with intellectual disabilities, and work with children, have always maintained a strong focus on utilising basic behavioural principles. Other fields are rediscovering the important contribution that a solid understanding of the central tenets of behaviourism can bring, as well as benefitting from contemporary developments in behavioural theory. The 'third wave' of CBT is characterised by a focus on the functional relationship between behaviour and the contexts in which it occurs, with interventions focusing on modifying the way individuals relate to thoughts, behaviours, and events. ACT (Hayes, Strosahl, & Wilson, 1999) and Dialectical Behaviour Therapy (Linehan, 1993) are prime examples of contemporary models of CBT with radical behaviourism at their core. These models have quickly established a scientific evidence base attesting to their efficacy, ensuring that the 'B' in CBT remains alive and well.

LEARNING BY ASSOCIATION

Thanks to Ivan Pavlov and his dogs, respondent conditioning (sometimes known as classical conditioning) is probably the best-known aspect of behavioural theory. This describes the ability of an organism to learn by associating one stimulus with another. In his famous experiments, Pavlov systematically sounded a bell just before presenting food to his dogs. After several repetitions, Pavlov observed that the dogs began to salivate at the sound of the bell, even when the food was not present. A dog needs no training to salivate when food is presented. In the language of respondent conditioning, food is an *unconditioned stimulus* (UCS) and salivation is an *unconditioned response* (UCR). Pavlov had trained the dogs to associate a previously *neutral stimulus* (NS), the sound of the bell, with food. The bell obtained the function of the food and provoked salivation. In this association, the bell became a *conditioned stimulus* (CS) and the learned reaction of salivating to its sound is referred to as a *conditioned response* (CR).

The ability to make associations in this way and relate different stimuli together is a key building block of the learning of all organisms, humans included. The process is often so smooth and multi-faceted to the point that we don't even notice it occurring. However, this form of learning provides countless opportunities for modifying behaviour in the service of adaptation and survival in a wide range of environmental contexts. It can be an incredibly efficient form of learning. Sometimes even one 'trial' is enough to form an association that modifies behaviour for an entire lifetime. Imagine a child frightened by the squawk of a parrot at a young age. The association of fear and parrots might subsequently persist for many years. Parrots

and their squawks become a CS. The CR of fear can begin to show up consistently around birds, and can even generalise to similar contextual cues, such as other animals, or places like parks where birds or animals are known to be present. Respondent conditioning is so efficient that the fear response described above could even be learned from observing a parent respond with fear around an apparently passive animal.

It is worth noting that whilst behaviourism often emphasises learning in the present or in the history of the organism, biological preparedness for certain associations is also a relevant factor. Not all *neutral* stimuli are entirely neutral. For example, it is much easier to condition a fear response to a dog bark, a tall building, darkness, physical pain, or social evaluation, than it is to many other commonly experienced stimuli (Ramnerö & Törneke, 2008).

As with all forms of learning that will be described in this book, respondent conditioning can be responsible for the development of very helpful and adaptive behavioural responses, such as the avoidance of dangerous stimuli. It can also be responsible for the development of conditioned responses that are not adaptive at all, such as the avoidance of stimuli that are not dangerous, and which could even be very rewarding to explore if only the fear did not get in the way.

LEARNING BY CONSEQUENCE

Learning to relate stimuli by association, as described by respondent conditioning, does not in itself fully explain why behaviours that result from the conditioning process persist over time. For example, why does the child in the previous chapter, frightened by the squawking parrot, continue to exhibit avoidant behaviour long after that initial squawk, particularly when no physical harm was caused? Operant conditioning, or learning by consequence, can help us to formulate an answer to this question. Consider what the immediate consequence of the child's avoidant behaviour (getting away from the parrot) might be. First, the behaviour serves the function of removing the aversive external stimulus of the squawking noise; and second, as a result, it removes the aversive internal stimulus of anxiety. The child's action has resulted in a good outcome, thereby increasing the chances that the child will act in the same, or at least functionally similar, way the next time a comparable situation occurs. It is not hard to see how a broad pattern of avoidant behaviour might grow and grow for as long as it continues to produce favourable outcomes. In this way, behaviourists are not only interested in the behaviour, but also in what precedes and follows it, often expressed as follows:

Antecedent (A) – Behaviour (B) – Consequence (C)

The basic point here is that consequences of a certain behaviour can serve to increase or decrease the likelihood of that behaviour recurring in response to particular antecedents in the future. Behaviour is more likely to be repeated if the consequences of it are experienced as pleasant or rewarding, and less likely to

be repeated if it has had unpleasant consequences. Given that consequences can be experienced as pleasant or unpleasant, and stimuli can be both added and removed, four basic scenarios exist for modifying the form and frequency of a certain behaviour. Let us imagine we want to *increase* the frequency with which Jake tidies his bedroom. There are two strategies we could employ:

- **Positive reinforcement:** Adding a pleasant consequence to the tidying behaviour (e.g. 'As soon as your room is tidy, we can go to that new Star Wars movie you've been asking to see')
- **Negative reinforcement:** Removing an unpleasant consequence to the tidying behaviour (e.g. 'If you tidy your room, I will clean your football boots for you')

Should we wish to *decrease* the frequency with which Jake messes up his room, a further two strategies are available:

- **Positive punishment:** Adding an unpleasant consequence to the untidy behaviour (e.g. 'If you mess up your room again, you will be on cleaning duty for the whole house for a week')
- **Negative punishment:** Removing a pleasant consequence to the untidy behaviour (e.g. 'If you mess up your room again, there will be no movie trips for a month')

It is worth noting the use of 'positive' and 'negative' are often misunderstood in the context of operant conditioning. They are not synonymous with 'good' and 'bad', rather they are indicative of 'increase/addition' and 'decrease/subtraction' of a consequence respectively.

Not all behaviours are followed by consequences that function as reinforcement or punishment. *Extinction* is the term used to describe the situation when a behaviour declines in frequency because it is not reinforced or the reinforcement ceases. For example, Jake is unlikely to continue to tidy his room if he learns that the treats he is promised for doing so never actually materialise.

APPETITIVE AND AVERSIVE CONTROL

There are many ways of describing and classifying behaviour. One of the key behavioural principles that influences the practice of ACT is the notion that the behaviour of any organism can be grouped into one of two broad functional classes: behaviour under *appetitive* (coming from the word appetite) control; and behaviour under *aversive* control.

Different behaviours can be classified as having the same function, even though they appear to be quite dissimilar. Imagine a client in therapy who finds the therapist's focus on the key issue of worthlessness to be very uncomfortable. The client might avoid this discomfort by using humour to redirect the conversation, or, alternatively, he might simply stop attending sessions. These two behaviours appear very different, although they belong to the same functional class, because both are attempts to avoid the unwanted experience of discussing the feeling of worthlessness. In the example, the client can be said to be acting under aversive control, that is, his behaviour is designed, either consciously or not, to diminish contact with an experience that he finds aversive. It is not difficult to appreciate how this client might have acquired a learning history wherein contacting his feelings of worthlessness is unpleasant and he is therefore motivated to avoid such contact. All of us are motivated to avoid certain stimuli if we have learned that they might be harmful and doing so is crucial to the successful functioning of any organism. Put simply, human beings would not have survived very long if they had not learned to keep a safe distance between themselves and the many sources of danger that are present in the world.

Aversive control, or the avoidance of dangerous or unpleasant stimuli, is one means of functionally classifying behaviour. Equally crucial to the survival of any organism is the notion of appetitive control, when behaviour is motivated by increasing contact with stimuli that are pleasant or otherwise reinforcing. Again, behaviours under appetitive control might appear to be very diverse but because the purpose of them is the same, they can be considered to be functionally equivalent. Consider the example of a therapist who values creativity in her work. She has a learning history in which the experience of trying new things and finding ways to do familiar things differently has been repeatedly reinforced. This therapist can act creatively in a variety of ways, for example, by studying new approaches, by trying out different techniques, or by varying the mode of delivering therapy from individual work to group work. Each of these diverse behaviours has the same function in terms of increasing her contact with the quality of creativity.

One final thing to understand about this concept is that any single behaviour can be performed under either appetitive or aversive control, and that no behaviour is intrinsically appetitive or aversive. For example, you can run through the local park because you love running for fitness (appetitive) or because you are being chased by a gang (aversive). Thus, in the service of promoting adaptive behaviour change, it is helpful for practitioners to firmly appreciate that behaviour does not exist in a vacuum. It always exists within a context and part of that context is psychological. The notion of appetitive and aversive control is key to understanding the psychological context in which behaviour occurs, and therefore its function. In the *practice* of ACT this is also a very helpful concept for clients to learn, albeit in a more accessible format. To this end, Chapter 45 is concerned with sharing the notion of 'Towards and Away Moves' with clients.

FUNCTIONAL CONTEXTUALISM

The previous chapter introduced the terms *function* and *context*. Function refers to the effect that any event or behaviour has. Behaviour does not occur in a vacuum and it always has consequences. For example, reading this chapter might bring about a sense of intellectual stimulation, or confusion. Context refers to the circumstances within which the event or behaviour takes place. Taking the example of reading this chapter, a broad definition of context allows us to consider where you are reading it, why you are reading it, and your learning history right up until this very moment. Each of these contextual factors will influence your experience of reading it. In this way the function of your reading behaviour cannot be understood without an appreciation of the context, with function and context influencing each other.

These concepts are key to predicting and influencing behaviour and crucial to properly understanding the philosophical position from where ACT looks at the events relevant to its aims. There are many different ways to describe and understand the events that occur around us. A philosophy guides how we choose to do this. Taking a philosophical position involves making certain assumptions about the world, and different therapeutic traditions are rooted within different philosophical worldviews. ACT sits within the research paradigm of contextual behavioural science, which in turn is based on a worldview known as *functional contextualism*. A complete appreciation of this philosophical position is beyond the scope of this book (see Zettle, Hayes, Barnes-Holmes, & Biglan, 2016 for a comprehensive account), although a basic overview is helpful in grasping why ACT stands where it does, and how

it views things from where it stands. This chapter and those that follow in this part consider the core components of functional contextualism.

Functional contextualism is concerned with the behaviour of whole organisms interacting within their situational and historical context (Hayes et al., 1999). It suggests that any behaviour will not be understood properly if divided up into its constituent parts. One cannot meaningfully separate the purpose of the behaving organism from the behaviour itself or from the context in which that behaviour occurs. It is likely that you are reading this book with a specific intention, that the reading of it is impacting upon you in some way, and that there is a context in which you are doing your reading. If one is attempting to understand your 'reading this book' behaviour, it makes little sense to separate your reading of it from the context of why you are doing so. Thus, the whole 'act-in-context' is of interest. Researchers and therapists alike will look to the 'act-in-context' as the basic unit of analysis if operating from a functional contextual position.

A PRAGMATIC TRUTH

When most people think about whether a statement is 'true', they think about a match between something that has been verbally described and something that has been experienced as being real. Thus, in determining truth, we often look for correspondence between actual reality and what is said about it. This description of truth is consistent with the way that most of the field of psychology operates. Prior to reading this book, you may well have read other books on psychology or psychotherapy that propose models of therapy, sometimes from a mechanistic philosophical position. Mechanistic models use the concept of a machine as their root metaphor, in that there are inputs, processes, and outputs. Beck et al.'s (1979) cognitive model of depression is a good example of this. It describes a cognitive model of how depression is developed and maintained, using inputs such as a person's early experiences, processes like formation of beliefs about themselves, others and the world, and outputs such as the symptoms described by the diagnosis of depression. Cognitive therapists using the model with their clients will likely seek a correspondence between the inputs, processes, and outputs described by it and the lived experience of their client. If there is a good fit between the model and the lived experience, the model might be seen as a 'true' description.

Functional contextualism, which includes the theory and practice of ACT, takes a different view of truth in which 'what works' is the central criterion of truth. When considering the prominent role of context, it follows that contextualists work on the assumption that there is no one objective truth. Consider the street where you live. You could look at it on a

map and you could look at a photograph of it. Neither of these representations of your street is any truer than the other, and which one is most useful to you depends on the purpose for which you are making the choice between them. Functional contextualism assumes that there is not a fundamental reality or truth that can be captured, but rather reality or truth depends on context.

Instead of seeking objective correspondence between behaviour and verbal descriptions of it, the purpose of functional contextualism is pragmatic, in the sense of seeking to help people make more informed choices about their behaviour, such that it becomes more functional (Flaxman, Blackledge, & Bond, 2011). Within functional contextualism, truth is defined more closely by what is shown to be effective and in the best interests of the individual in question. It follows that an ACT practitioner's analysis of a behaviour is only 'true' to the extent that it helps the client to function better in pursuit of their specified purpose. When using ACT with clients, it is important to hold to these principles, encouraging them to rely less on a search for objective truth, and more on their experience of what is working or not working.

THE FUNCTION OF BEHAVIOUR

As we outlined in Chapter 6, the term *function* refers to the effect that any event or behaviour has. Functional analysis is a key aspect of behavioural practice, and, in turn, the practice of ACT. It is achieved by constructing ABC analyses (as in Chapter 4) and carefully looking at the consequences of specific behaviours (see Ramnerö and Törneke, 2008 for a detailed description). Rather than a concern with *what* clients do, or how frequently they do it, ACT places emphasis on the *function* of what they do. This is important because it brings into sharp focus the kinds of consequences that clients contact when they make choices and enact different behaviours.

Based on the concept of appetitive and aversive control, any behaviour serves one of two main functions for an organism; either to approach desired stimuli (and the resulting consequences of coming into contact with the stimuli), or to escape or avoid undesired stimuli. Our focus is always on this distinction and when trying to identify the function of a given behaviour, it can be useful to ask, 'What purposes is this behaviour serving? What is the client trying to move towards or away from?' This very simple question can be extremely helpful in ensuring the focus remains on function.

As an example, consider a client referred for psychological intervention due to difficulties with compulsive cleaning behaviour. Cleaning the house is not intrinsically good or bad. It could be argued that cleaning has helpful functions in terms of infection control and the aesthetic appeal of how the client's house looks ... and, if we know that the client is cleaning the house top to bottom, three times a day to the point of physical exhaustion, we can also see the unhelpful functions of the behaviour. We can apply the questions above to this example:

‘WHAT PURPOSES IS THIS BEHAVIOUR SERVING?’

On questioning, it transpires that the client has done versions of this behaviour since they were a child. The client was raised in a household with a violent father and as a child the client learned that appearing to work hard and be useful meant they would less often be the target of the father’s anger. Thus, the behaviour has the additional function of helping the client distance herself from feelings of threat and danger.

‘WHAT IS THE CLIENT TRYING TO MOVE TOWARDS OR AWAY FROM?’

The client’s learning history strongly suggests that the act of cleaning minimises threat or danger and it occurs under aversive control. The client is moving away from something unwanted. As is the case with many ‘away’ behaviours, it occurs without much flexibility or creativity, leaving little time or space for the client to explore more appetitive patterns of behaviour. The client’s behavioural repertoire is narrowed by the compelling desire to avoid feeling unsafe in the present.

Knowing the function of behaviours is helpful because it serves as the basis for the intervention that follows, in a way that simply focusing on the form or frequency of the behaviour would not. In the above example, the practitioner might want to help the client see the functions more clearly, perhaps highlighting the cost or unworkable nature of their away behaviour, helping them to be less governed by their thoughts about danger, building skills to manage these thoughts more effectively, or helping them build patterns of ‘towards’ behaviour.

FUNCTION VERSUS FORM

Human beings have a gift for pattern recognition and we like to organise the apparently random and chaotic world around us into ordered shapes, structures, and systems. A relevant example of this can be seen in mental health care with the use of diagnostic classification systems. Such systems emphasise the differences between various so-called disorders based on lists of presenting symptoms, and clinicians are encouraged to categorise clients based on the form of their presentation. Psychological therapies subscribing to diagnostic classification systems similarly tend to focus on form. Beck's Cognitive Therapy is a notable case, having developed many disorder-specific variants of its basic model, with the expectation that practitioners select the right model for the right form or presentation. Being a transdiagnostic model, ACT promotes a different stance, encouraging a focus on function rather than form. Thus, when applying ACT in healthcare contexts, less attention would be paid to the diagnostic label that might have been attached to the client's presentation, and emphasis would instead be placed upon the function of the client's behaviour.

Consider the example of someone with compulsive gambling behaviour. A typical cycle might be the build-up of uncomfortable thoughts, feelings, or urges, which are neutralised when the individual subsequently engages in a gambling behaviour. A sense of relief might be felt, as the gambling functions as a means of alleviating discomfort and the behaviour is negatively reinforced, increasing the likelihood of it being repeated. The individual might go on to experience feelings of guilt or shame at having succumbed to gambling, and as the discomfort grows once again, they turn to gambling to neutralise the discomfort, since it has a history of working effectively, albeit in the short

term. If we simplify this maintaining cycle of behaviour (feel discomfort – do a behaviour – feel better before slowly feeling worse again – repeat the behaviour, and so on), think about whether it reminds you of any other behaviour you see in your practice? Do your clients engage in repetitive behaviours that function similarly? Whilst the form might differ, it is easy to see how a wide range of behaviours described in therapeutic interactions have the same function. Binge eating, avoidance, seeking reassurance, and most addictive behaviours can all belong to the same functional class.

We would argue that focusing on function provides an elegant way to think about the presentation of your client, liberating you from some of the limitations of having to think rigidly about identifying a specific disorder and selecting the accompanying protocol. This focus on behavioural processes, rather than their form, is part of a wider move away from disorder-specific thinking and towards a more transdiagnostic method of assessment and intervention (e.g. Harvey, Watkins, Mansell, & Shafran, 2004; Barlow et al., 2011; Hayes & Hoffman, 2017). Finally, it should be stressed that the healthcare focus of this chapter is merely illustrative, and the same principles apply in other contexts where ACT is applied, be that within a work setting, performance arena, or as applied to general well-being enhancement. If you want a memorable acronym to help you maintain your focus on the function of your client's behaviour, we find 'WTF?' helps. Obviously, it stands for 'What's The Function?'

THE IMPORTANCE OF CONTEXT

Imagine you are attending an ACT training event. You are quietly sitting in the front row and listening attentively as the facilitator explains the relationship between ACT and other forms of CBT. She looks directly at you and immediately grabs her water bottle and runs towards you, hastily removing the top of the water bottle. Once she reaches you, she puts the bottle to your mouth and enthusiastically encourages you to drink.

In terms of your reaction, what would the function of this behaviour be? It seems likely that you would experience surprise or shock, and perhaps even anger or fear. In the context of an ACT training event, it would be an unusual thing to happen.

Now imagine you are at an aid station in a region devastated by drought. You have walked for ten miles to get there because you know they have a supply of water. You catch sight of one of the aid workers. She looks directly at you and immediately grabs her water bottle and runs towards you, hastily removing the top of the water bottle. Once she reaches you, she puts the bottle to your mouth and enthusiastically encourages you to drink.

As you imagine your reactions to this second scenario, do the functions of the behaviour feel different? Are you still feeling shocked and fearful? If the answer is no, and you are in touch with gratitude, relief, or something similar, then this illustrates a behavioural concept key to ACT. This is the idea that function is dependent on context, and as the context of an event changes, so does its function. If our clients describe thoughts, behaviours or other events, we would follow up with questions about what context those events were experienced within. In the water example above, the contextual change between the scenarios

was about situation and geography, although it is helpful for an ACT practitioner to consider a broad definition of context. For example, context might encompass cultural, social, and interpersonal factors, as well as intrapersonal factors such as emotional and cognitive states, and the client's development and learning history. Clearly, it is not practical to attempt to consider *every* contextual feature when examining events, and practitioners are encouraged to focus on those that most directly relate to the goals of the intervention (Hayes et al., 1999).

The importance of context is underlined when we go on to consider ACT interventions in the next part of the book, since most primarily aim to change the social or verbal context in which thoughts and behaviours occur, as opposed to their content or form. For example, if a client experiences the thought, 'I am worthless' in a context of self-criticism, and attempts to control, suppress, or avoid the thought, it seems likely it will lead to a higher degree of distress than if the same thought arrives in a context of non-judgemental awareness and self-compassion (Marshall et al., 2015). Since the thought itself is hard to control, ACT would focus on helping the client change the context in which the thought is experienced. This could include a number of responses to facilitate psychological distance from the thought, such as, observing the thought as just a thought and not a literal truth, noticing that the thought is simply an echo of the messages the client was given growing up, or responding with kindness or self-compassion.