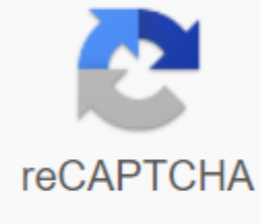




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Act acceptance and commitment therapy pdf

The printer-friendly version, developed within a consistent theoretical and philosophical basis, Adoption and Commitment Therapy (ACT) is a unique empirically based psychological intervention that uses adoption and mindfulness strategies, along with commitment and behavioral change strategies, to enhance psychological flexibility. Psychological flexibility means full contact with the present moment as a conscious person and based on what the situation, change or persistence in behavior in the service of the chosen values gives. Based on relational frame theory, the ACT highlights the ways in which language engages customers in vain attempts to wage war against their own inner lives. Through metaphor, paradox, and empirical exercises, clients learn how to make healthy contact with thoughts, feelings, memories, and physical sensations that are feared and avoided. Customers acquire the skills to recontextualize and take these private activities, develop greater clarity regarding personal values, and commit to the necessary behavioral changes. Click on the link below or left to learn more about the ACT, or click here to join any of the multiple email lists for ACT professionals, members of the public interested in the ACT, RFT, listserves in different countries or languages, and listservs for special interest groups. How to start learning about the ACT There is a huge amount of information available to view on this site. If you have time, consider viewing clinical resources, protocols, measures, books, visual aids and videos available on the site (under the Resources tab). However, there is so much information that it can be a bit overwhelming. To get started, we've compiled a complete list of resources for more information about the ACT. If you are a member of the public, you can browse the website or join our association to get full access to videos, attachments, publications, etc. you can find publications, find ACT therapists, join the ACT for public listserv, and so on. Consultation form developed by Stephen Hayes in 1982 Part of the series onMindfulness Buddhism Buddhist Meditation Sati Sampanya Apramada Satipatthana Memory of Breathing Vipassana Vipassana Movement Psychology Mindfulness Based on Stress Loss Mindfulness-based Cognitive Therapy Mindfulness-based Pain Management Acceptance and Commitment Therapy Other Buddhism and Psychology Mindful yoga Similar Concepts Wakefulness Attention Alerts Awareness Awareness Consciousness Category: Mindfulnessvte Acceptance and Commitment to TherapyMeSHD064869 Edited by Wikidat Acceptance and Commitment Therapy (ACT usually pronounced as a word is a form of psychotherapy and the branch of clinical behavior analysis. It is an empirical psychological intervention that uses acceptance and strategies mixed in different ways, with commitment and behaviour change strategies to increase psychological flexibility. This approach was originally called comprehensive distancing. Stephen C. Hayes developed a foster and commitment therapy in 1982 in order to create a mixed approach that integrates both hidden conditioning and behavioral therapy. There are different protocols for the ACT, depending on the targeted behavior or setting. In behavioral health, for example, a short version of ACT is called targeted admissions and purposeful therapy (FACT). The ACT's goal is not to eliminate complex feelings; rather, it must be present with what life brings us and move towards valuable behavior. Acceptance and commitment therapy invites people to open up to unpleasant feelings, and learn not to overreact to them, and not to avoid situations when they are called. Its therapeutic effect is a positive spiral where feeling better leads to a better understanding of the truth. In the ACT, truth is measured by the concept of workability, or what works to take another step toward what matters (e.g. values, meaning). The ACT Basics technique is developed within the framework of a pragmatic philosophy called functional contextualism. The ACT is based on relational frame theory (RFT), a comprehensive theory of language and cognition that is an offshoot of behavioral analysis. Both the ACT and RFT are based on the philosophy of radical behavior of B.F. Skinner. The ACT differs from some other types of cognitive behavioural therapy (CBT) in that, rather than teaching people to better control their thoughts, feelings, sensations, memories and other private events, the ACT teaches them to just notice, accept and accept their private events, especially previously undesirable ones. ACT helps a person in contact with a transcendental sense of self, known as a self-as-context- you who are always there observing and experiencing and at the same time different from their thoughts, feelings, sensations and memories. The ACT aims to help people clarify their personal values and take action on them, bringing more vitality and meaning to their lives in the process, increasing their psychological flexibility. While Western psychology tends to act on the assumption of healthy normality, which states that by nature people are psychologically healthy, the ACT suggests, rather, that the psychological processes of the normal human mind are often destructive. The basic concept of the ACT is that psychological suffering is usually caused by empirical avoidance, cognitive entanglement and, as a result, psychological rigidity, leading to an inability to take the necessary behavioural steps in accordance with core values. As an easy way to generalize a model, considers the essence of many problems that should be related to the concepts presented in the acronym, FEAR: By the way, maps are necessary as a therapeutic activity in the treatment of the ACT. Merging with Your Thoughts Assessment Experience Avoiding Your Mind Experience Giving for Your Behavior AND a Healthy Alternative to the ACT: Take Your Reactions and Attend a Valuable Direction To Take Action Basic Principles ACT typically uses six basic principles to help clients develop psychological flexibility: , emotions and memories. Acceptance: Allowing unwanted private experiences (thoughts, feelings, and urges) to come and go without fighting them. Contact with the present moment: Awareness here and now, experienced with openness, interest and susceptibility. (e.g. mindfulness) Observation of yourself: Access to the transcendental sense of self, the continuity of consciousness that is unchanging. Values: Discovering what is most important to yourself. Committed actions: Setting goals in accordance with values and responsibly fulfilling them, in the service of meaningful life. Correlational data have shown that the lack of psychological flexibility predicts many forms of psychopathology. A 2005 meta-analysis showed that the six ACT guidelines, on average, account for 16-29% variance in psychopathology (general mental health, depression, anxiety) at a basic level, depending on the measure using correlational methods. A meta-analysis of 68 laboratory studies of ACT components in 2012 also supported the link between concepts of psychological flexibility and specific components. A 2008 meta-analysis study found that the evidence was still too limited for the ACT to be considered supported by treatment, and raised methodological concerns about the research base. A 2009 meta-analysis showed that the ACT was more effective than placebo and treat as usual for most problems (except anxiety and depression), but no more effective than CBT and other traditional treatments. The 2012 meta-analysis was more positive and reported that the ACT outperformed CBT, excluding treatment for depression and anxiety. A 2015 review found that the ACT is better than placebo and typical treatment for anxiety disorders, depression and addiction. Its effectiveness was similar to traditional treatments such as cognitive behavioral therapy (CBT). The authors hypothesized that the CBT comparison of the previous 2012 meta-analysis may have been compromised by the inclusion of non-randomized studies with small sample sizes. They also noted that research methodology improved after the studies described in the 2008 meta-analysis. There is a growing number of randomized clinical trials and controlled time series that assess the ACT for a variety of problems. Only 30 such studies were known in 2006, but the number roughly doubled in 2011. (17) The Association of Contextual Behavioural Sciences says 171 randomised controlled trials (RCTs) of the ACT were published as of December 2016, as well as more than 20 meta-analyses and 45 mediation studies of ACT literature as of spring 2016. Most ACT studies so far have been conducted on adults, and therefore knowledge of its effectiveness when applied to children and adolescents is limited. The similarities of ACT, dialectical behavioural therapy (DBT), functional analytic psychotherapy (FAP), cognitive mindfulness therapy (MBCT) and other approaches based on acceptance and mindfulness are usually grouped under the name third wave of cognitive behavioural therapy. The first wave, behavioral therapy, began in the 1920s on the basis of the classic (respondent) Pavlov conditioning and operational conditioning, which was associated with increased effects. The second wave originated in the 1970s and included cognition in the form of irrational beliefs, dysfunctional views or depressogenic attributions. In the late 1980s, the empirical limitations and philosophical fears of the second wave spawned stephen Hayes' ACT theory, which changed the focus of anomalous behavior from content or form to the context in which it occurs. ACT research has shown that many of the emotional protective people use with conviction to try to solve their problems actually confuse people into great suffering. Strict self-image, a lack of focus on what is important in their lives and trying to change feelings, feelings or thoughts that are troublesome only serve to create more distress. Stephen C. Hayes described this group in his ABCT President's Speech as follows: Based on an empirical, principled, focused approach, the third wave of behavioral and cognitive therapy is particularly sensitive to the context and functions of psychological phenomena, not just to their form, and thus seeks to emphasize contextual and empirical strategies for change in addition to more direct and didactic. These treatments tend to focus on building a broad, flexible and effective repertoire over a eliminateable approach to narrowly defined issues, and emphasize the urgency of the issues they address for clinicians as well as clients. The third wave reshapes and synthesizes previous generations of behavioral and cognitive therapy and moves them forward into issues, issues and areas that were previously considered primarily by other traditions, in the hope of improving both understanding and results. The ACT has also been adapted to create a non-therapy version of the same processes called acceptance and acceptance training. This learning process, focused on the development of mindfulness, acceptance and valuable skills in non-clinical settings, both businesses or schools have also been investigated in studies with good preliminary results. This is something like an information and management movement in business training programs that use mindfulness and cognitive methods. The ACT's emphasis on current awareness, valuable referrals and committed actions is similar to other psycho-therapeutic approaches that, unlike the ACT, are not so focused on research results or are consciously related to mainstream behavioral science programs, including approaches such as gestalt therapy, morita therapy and voice dialogue, IFS and others. (quote is needed) Wilson, Hayes and Bird examine in detail the compatibility between ACT and 12-step addiction treatment and argue that, unlike most other psychotherapy, both approaches may be implicit or explicitly integrated because of their broad commonalities. Both approaches endorse recognition as an alternative to unproductive control. The ACT stresses the hopelessness of relying on ineffective strategies to control private experience, a similarly 12-step approach highlighting the acceptance of powerlessness over addiction. Both approaches encourage a broad reorientation of life rather than a narrow focus on eliminating substance use, both of which are important for a long-term project of building meaningful lives in accordance with customer values. ACT and 12-step both encourage the pragmatic utility of cultivating a transcendental sense of self (higher power) within the framework of unconventional, individual spirituality. Finally, they both openly recognize the paradox that acceptance is a prerequisite for change, and both encourage a playful awareness of the limitations of human thinking. Criticism also: Psychotherapy and general criticism Some published empirical research in clinical psychology argue that the ACT is no different from other interventions. Stefan Hofmann argued that the ACT was similar to Morita's much older therapy. A-post analysis conducted by Ast in 2008 concluded that the ACT had not yet qualified as an empirically supported treatment, that the ACT study methodology was less rigorous than cognitive behavioural therapy, and that the average effect size was moderate. ACT supporters disputed these findings, saying the difference in quality in the Asta review was taken into account by a large number of funded tests in the CBT comparison group. In response to the dominance of the ACT, several problems arose, both theoretical and empirical. One of the main theoretical problems was that the main authors of the ACT and the relevant theories of human behavior, relational frame theory (RFT) and functional contextualism (FC), recommended their approach as the notorious holy grail of psychological therapy. Later, in the foreword to the second edition of the Admissions and Commitment therapy, the authors that the ACT was not created to undermine the traditions from which it came, nor does it claim to be a panacea. Psychologist James K. Coyne, in discussing frustrations and embarrassments in branding psychotherapy as evidence supported, said: Whether the ACT is more effective than other treatments, as its proponents sometimes claim, or whether it is effective for psychosis, is debatable. The Systems of Psychotherapy: Transtheoretic Analysis textbook criticizes third-wave behaviour therapy, including ACT from the perspective of other psychotherapy systems. Psychologist Jonathan W. Kanter said That Hayes and his colleagues argue that empirical clinical psychology is hampered in its efforts to alleviate human suffering and the current contextual behavioral science (CBS) to address fundamental philosophical, theoretical and methodological deficiencies in this area. CBS presents many good ideas, but at times CBS's promise is obscured by the over-promotion of acceptance and commitment therapy (ACT) and relational frame theory (RFT) and the downgrading of previously cognitive and behavioral change techniques in the absence of clear logic and empirical support. However, Kanter concluded that the ideas of CBS, RFT and the ACT deserve serious consideration from the core community and have great potential to develop truly progressive clinical science to guide clinical practice. The ACT currently appears to be about as effective as standard CBT, with some meta-analyses showing small differences in the ACT's favour and others not. For example, a meta-analysis published by Francisco Ruiz in 2012 looked at 16 studies comparing the ACT with standard TSEs. The ACT failed to separate cbt from the size of the effect for anxiety, however modest benefits were found with the ACT compared to CBT for anxiety and quality of life. The author found a division between ACT and TSS into primary results - a heterogeneous class of 14 individual performance indicators that were aggregated in the effect size analysis. This analysis, however, is limited to the very heterogeneous nature of the variable results used in the analysis, which tends to increase the number needed for treatment (NNT) to replicate the size of the effect reported. More limited measures such as depression, anxiety and quality of life reduce NTS, making the analysis more clinically relevant, and the ACT has not surpassed THES. A 2013 article comparing the ACT to Cognitive Therapy (CT) concluded that like CT, the ACT cannot yet make strong claims that its unique and theoretically manageable intervention components are active ingredients in its impact. The authors of the paper suggested that many of the ACT and CT assumptions are pre-analytical and may not be directly opposed to each in experimental trials. Professional organizations for contextual behavioral science is committed to research and development in the field of ACT, RFT, and contextual behavioral science in general. As of 2017, it had more than 7,600 members worldwide, about half outside the United States. It hosts the annual world conference meetings: the 16th will be held in Montreal in July 2018. The Association for The Analysis of Behavior International (ABAI) has a special interest group for practitioner problems, behavioral counseling and clinical analysis of ABA:l behavior. (quote needed) ABAI has large special interest groups for autism and behavioral medicine. ABAI serves as the main intellectual home for behavior analysts. ABAI sponsors three conferences/year, one multi-thread in the United States, one for autism and one for autism and one international. The

Association of Behavioral and Cognitive Therapy (ABCT) also has a group of interests in behavioral analysis that focuses on clinical behavior analysis. Act work is usually presented to the ABCT and other major TSS organizations. The British Association of Behavioural and Cognitive Psychotherapy (BABCP) has a large group of special interest in the ACT, with more than 1,200 members. Doctoral-level behavior analysts who are psychologists belong to Division 25 of the American Psychological Association (APA) - Behavioral Analysis. The ACT has been described as a commonly used treatment with empirical support as part of the APA's recognized specialty in behavioral and cognitive psychology. Cm. also Behavioral Psychotherapy Contextualism Balance Solution - Four Square Tools Positive Psychology Solution Oriented Brief Notes Therapy - Jennifer C Plumb; Ian Stewart; Galway Joanne Dahl; Tobias Lundgren (Spring 2009). In Search of Meaning: Values in Modern Clinical Behavior Analysis. 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