transcends time and circumstance. Principled reason not only withstands but welcomes the focused interrogatories of the Devil's advocates, knowing somehow that such trials, in the end, only temper the steel that undergirds those principles.

The mental health movement of the latter twentieth century rose with the cresting of an egalitarian liberal zeitgeist commencing in the mid 1960s. It sought social justice as it was seen at that juncture with what may indeed have been the noblest of intent, but its progressive insularity separated it from the maturational forces that inevitably led the greater society through cycles of change and adaptation respecting its dominant social perspectives. America since the sixties has cycled through liberal and conservative dominance a time or two, but has clearly entered now a more conservative period. The divisiveness this has brought to social, political, and economic life is a matter of much commentary and reflection, but its impact is becoming increasingly clear. We ignore it only at our peril.

The best we can hope for, whether for our discipline and its enterprises or for our society as a whole, is that discourse and debate will force us toward something that will emerge in objective eye of tomorrow's historians as progress. If that is to transpire, the Devil must have his due—and his advocates. Whether we ultimately come to see those who led us as a discipline and a profession from the empirical to the political as sycophants or seers is a matter of interest only to those who fear their legacies slipping away. What really matters is that we expose our principles to principled debate and stand as the true *Fidei defensors* for the processes of science and inquiry. A principled read of both these texts will only enhance our hope for such an outcome.

But set not your hopes too high, at least with respect to organized psychology. Rhea Farberman, APA's Executive Director for Public and Member Communications, sent an e-mail in March regarding the Wright and Cummings text, stating that "we are well aware of the book and have made a strategic decision not to respond to it. The book represents the opinions of a very small number of people (one of whom happens to have the wherewithal to underwrite the publication and distribution of a book). On it's own I very much doubt it will attract any attention." She went on to add that "(a)t this point, APA's best strategy is to avoid doing anything that would attract attention to the book. If it does attract some attention we will snap into action and have strong talking points to support APA and APA's positions."

Wright and Cummings, along with the rest of the "Dirty Dozen," set out to change the very essence of American psychology, and indeed they succeeded. History loves its ironies but lusts for the sardonic.

Book Review

The "Third Wave" Behavior Therapies in Context: Review of Hayes et al.'s (2004) *Mindfulness and Acceptance: Expanding the Cognitive-Behavioral Tradition* and Hayes and Strosahl's (2004) *A Practical Guide to Acceptance and Commitment Therapy*

New York: Guild Press (2004)
New York: Springer (2004)

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There has been much discussion, debate, and attention of late concerning what some have begun referring to as the "third wave" behavior therapies (Corrigan, 2001; Hayes, 2002; Hayes, Masuda, Bissett, Luoma, & Guerrero, 2004). The turn of the century has witnessed a somewhat declining interest in traditional cognitive behavior therapies (CBT) and the rising popularity of novel behavioral approaches that emphasize mindfulness and acceptance, especially among clinical researchers. It has been suggested that this shift parallels the "cognitive revolution" of the 1970s (i.e., the "second wave"). At that time, it was claimed that the efficacy of behavior therapy could be improved and its clinical applicability expanded with the introduction of interventions targeting dysfunctional cognitions. Following in its behavior therapy roots, CBT became the focus of intensive research efforts and subsequently has amassed an impressive array of outcome data for treating a wide variety of psychiatric conditions.

However, several factors may be contributing to a burgeoning interest in novel behavioral approaches that deemphasize the importance of changing dysfunctional beliefs. First, even though emerging during the same time that basic *cognitive science* was accumulating its impressive research base, *cognitive therapy* in contrast was developing primarily from the lessons learned in the therapy office. Thus, the therapeutic practices of early cognitive therapy were not clearly linked to this basic science research (Ingram & Siegle, 2001). The

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consequence of this disconnect perhaps became most apparent when attempts to verify some of the basic tenets of A. T. Beck's (1976) cognitive theory of emotional disorders and its relationship to therapeutic improvement produced equivocal or contradictory findings (Beck & Perkins, 2001; Burns & Spangler, 2001; Coyne & Gotlib, 1983; Haaga, Dyck, & Ernst, 1991; Illardi & Craighead, 1994; Persons & Rao, 1985), requiring efforts to modify the theory to better conform to the emerging data (Beck, 1996; Miranda & Persons, 1988).

Second, efforts to identify the specific efficacy of the components of CBT, particularly those considered cognitive versus behavioral, frequently have failed to confirm that the "C" in CBT is either necessary or sufficient for clinical improvement (e.g., Borkovec, Newman, Picus, & Lytle, 2003; Foa & Raunch, 2004; Hope, Heimberg, & Bruch, 1995; McLean et al., 2001). Results from dismantling studies commonly show that comprehensive CBT packages do not outperform "stripped-down" interventions consisting of the more basic behavioral elements. For example, Jacobson et al.'s (1996) influential research demonstrated that cognitive restructuring plus behavioral activation produced no discernible benefits over behavioral activation alone for major depression.

Third, efforts to disseminate the growing CBT outcome data to influence and inform the practice of front-line clinicians have been less successful and more challenging than initially anticipated (Chambless & Ollendick, 2001; Herbert, 2003). Although CBT generally is more acceptable to clinicians than classic behavior therapy, many therapists still are reluctant to use CBT in their practices, instead preferring therapeutic modalities that lack empirical support (e.g., psychodynamic therapy for anxiety disorders).

Fourth, treatment development has been showing signs of stagnation as many researchers have focused their efforts on applying traditional CBT to the various *DSM-IV* (American Psychiatric Association, 1994) disorders with few true innovations to improve efficacy. A recent example of this phenomenon may be witnessed in the evolution of CBT for psychosis (Gaudiano, 2005). Over recent years, CBT for psychosis protocols increasingly have deemphasized the formal cognitive disputational strategies that are characteristic of its use in emotional disorders. This shift may have been unnecessary if the process had started more with the development of a novel treatment addressing the particular clinical problems of those with psychosis, instead of attempting to fit the clinical phenomena into a prefabricated approach.

Finally, the limitations of CBT have become more apparent over the years in light of the extensive research on the approach. Although CBT is quite effective for many individuals, a significant proportion of patients fails to improve and requires alternative treatment (Thase, Simons, & Reynolds, 1993). Thus, there has been a strong desire among many clinical researchers to attempt to improve the efficacy of CBT by exploring novel strategies that are based on known effective principles (e.g., exposure), especially for traditionally difficult-to-treat populations.

Although the aforementioned factors in some manner may be driving the current interest in revamped behavioral interventions, these issues are certainly not new. Nevertheless, there have been few empirically valid alternatives in the recent past that have had the theoretical and scientific support necessary to tip the scales in a different direction. One exception can be found in Linehan's (1993) Dialectical Behavior Therapy (DBT), which has served as an early pioneering force for those interested in nontraditional CBT. With its demonstrated success in clinical trials for parasuicidal behavior in borderline personality disorder (Linehan, Armstrong, Suarez, Allmon, & Heard, 1991), DBT has become the poster child for researchers interested in the development of innovative treatment models and in the integration of underutilized treatment components such as mindfulness and acceptance.

It is within this historical context that two books recently have been published that attempt to address the growing professional and research interest in the new behavior therapies. The first is titled *Mindfulness and Acceptance: Expanding the Cognitive-Behavioral Tradition* and is edited by Steven Hayes, Victoria Follette, and Marsha Linehan (2004). The book emerged directly from a 2002 conference held in Reno, Nevada, where many of the primary therapy creators discussed their perspectives on the new behavior therapies. The book contains chapters, co-authored by the treatment developers, succinctly summarizing all the major approaches, including DBT, Acceptance and Commitment Therapy (ACT), Mindfulness-Based Cognitive Therapy, Functional Analytic Psychotherapy, and Integrative Behavioral Couples Therapy. The mindfulness/acceptance-based therapies described in the book differ in their degree of focus on specific diagnostic categories, and more typically emphasize a functional approach to understanding and treating psychopathology. However, in addition to those outlining transdiagnostic therapeutic models such as ACT, other chapters describe clinical applications to specific problem areas, including anxiety disorders, trauma, substance use, couples discord, eating disorders, and depression.

What may be confusing to many is how these newer behavior therapies are proposed to differ from their historical counterparts. In general, the newer behavioral

approaches reconceptualize, deemphasize, and often altogether exclude formal cognitive change techniques that target putatively dysfunctional thoughts. These therapies attempt to promote behavior change primarily by fostering mindfulness and acceptance of internal events (i.e., thoughts, memories, emotions) in the pursuit of the individual's intrinsically valued goals. More specifically, mindfulness refers to a process of nonjudgmental awareness and acceptance of subjective internal experiences traditionally viewed as distressing (Bishop et al., 2004). The primary theoretical difference between traditional CBT and these newer approaches, then, is that the former focuses on changing thought content, whereas the latter seeks to modify thought processes more broadly to promote behavior change.

In some ways, the shift toward modifying thought processes can be considered a refinement of CBT stemming from an increased attention to the mechanisms of action in effective treatments (e.g., see Teasdale et al., 2002). Although the chapters are almost universally of high quality, *Mindfulness and Acceptance* unfortunately fails to place the approaches clearly within this broader scientific context. What becomes evident when reading the book is that multiple threads of empirical evidence are converging to form a reconceptualized and expanded view of what "cognitive-behavioral therapy" is and what it can be. These newer behavior therapies no longer shy away from working directly with emotions, dilute known effective principles of behavior change, or ignore broader quality-of-life issues and difficult existential questions that often are the focus of those seeking psychotherapy. When reading about the myriad of novel behavioral approaches described in the edited volume, one will notice many more similarities than differences between treatments. Thus, the inclusion of a chapter attempting to distill the more general principles and conceptualizations that could form a bridge between the idiosyncratic jargon and therapeutic techniques of the individual approaches described in the book would have made an important addition to the volume that unfortunately is missing.

Overall, though, *Mindfulness and Acceptance* provides a scholarly and comprehensive review of the wide array of novel behavioral approaches. The depth and breadth of the book is quite impressive, and the volume makes an excellent reference work that is suitable for use as a graduate course text. However, the book focuses more on the growing (albeit preliminary) research base for the therapeutic practices described, and less detail is provided about their specific clinical implementation. For those interested in a more clinically oriented work or in ACT specifically, *A Practical Guide to Acceptance and Commitment Therapy*, edited by Steven Hayes and Kirk Strosahl (2004), provides a thorough description of the rapidly expanding applications of this particular treatment. The book is the first major elaboration of ACT since the initial treatment manual was published in 1999 by Hayes, Strosahl, and Wilson. The *Practical Guide to ACT* is organized into three major sections, with chapters covering the overall ACT approach, ACT for specific behavior problems, and ACT with special populations, settings, and formats. The specific topics covered include ACT for anxiety disorders, depression, substance use, psychosis, personality disorders, chronic pain, childhood disorders, as well as ACT in the workplace and medical settings. Although each chapter provides an initial brief summary of empirical evidence to support the particular application of ACT, the majority of the text is devoted to detailed descriptions of clinical techniques thought to be most useful for the particular problems being addressed.

What the book lacks, though, is a clinician-friendly format. For example, reproducible forms are not generally provided, and the chapters are not presented in a consistent and systematic way for ease of use as treatment manuals. As ACT does not follow the traditional CBT treatment manual format, this may be more a function of its philosophical underpinnings than an inadvertent exclusion. Although the book provides detailed clinical descriptions of ACT, it will be best appreciated after reading the original Hayes et al. (1999) text. More basic knowledge of ACT is assumed and necessary to fully appreciate many of the chapters.

The *Practical Guide to ACT* contains improvements compared to the initial 1999 text, but at times still may be confusing for those unfamiliar with Relational Frame Theory (Hayes, Barnes-Holmes, & Roche, 2001), which forms the primary theoretical and scientific basis of the treatment. This potential problem is offset somewhat because the various authors contributing to the edited volume have their own unique way of discussing and conceptualizing the core ACT principles. The diversity of opinions contained in the work will be helpful for those who found the original Hayes et al. text unnecessarily dense in parts.

One question that arises after reading both *Mindfulness and Acceptance* and the *Practical Guide to ACT* concerns the related issues of treatment dissemination and practice standards. How much scientific evidence for a therapeutic approach or particular application thereof is sufficient to promote its use in clinical practice? Of course, this is a debatable issue and clinical scientists can legitimately disagree over the finer points. At this stage, though, traditional CBT

undeniably has much broader empirical support compared to the newer approaches presented in both books. Fortunately, there is one crucial factor that differentiates the mindfulness/acceptance-based therapies from other recent attempts to develop and promote novel treatments. The third-wave behavior therapies consider themselves just that—behavior therapy. Contrast this with the case of Eye Movement Desensitization and Reprocessing, where the cognitive-behavioral strategies that form the basis of the treatment are downplayed and the treatment's novel components are emphasized (see Herbert et al., 2000). The novel behavioral approaches described in both books acknowledge the essential and guiding role of effective behavioral principles, such as exposure, which clearly form the very core of these newer therapeutic models.

The implicit promise of the third-wave behavior therapies is the same as that offered by cognitive therapy in the 1970s. The hope is offered that these approaches will be able to improve in some measurable way upon classic behavior therapy either by showing added efficacy for some individuals or by identifying the most effective constituents of CBT so that they can be better focused and applied. As such evidence will require time to accumulate, this will remain an open empirical question for the foreseeable future. However, both *Mindfulness and Acceptance* and the *Practical Guide to ACT* present a compelling case to justify the expenditure of further time and resources pursuing such an investigation, as these behavioral approaches appear to offer promising new avenues for treatment development, testing, and refinement.

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