

Book Reviews

**The Role of Acceptance and
Commitment Therapy in
Contemporary Clinical Intervention: A
Review of Eifert and Forsyth's (2005)
*Clinical Manual for
Anxiety-Related Conditions***

Oakland, CA: New Harbinger Publications (2005)

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SINCE ITS INCEPTION nearly 50 years ago, behavior therapy has made enormous contributions to understanding and treating a seemingly endless range of psychological and physical disorders. However, psychologists have become increasingly interested in broadening outcomes beyond the alleviation of symptoms and disorders toward a more functional, contextual, and holistic approach to clinical treatment. Consistent with this shift in interest, Acceptance and Commitment Therapy (ACT) has evolved as part of a new third wave of behavior therapy embracing effective components of first-wave behavior therapy and second-wave cognitive-behavioral therapy while incorporating new aspects of mindfulness, acceptance, and values-based living into clinical interventions. ACT presents a unique philosophical perspective emphasizing that psychological pain is a common and natural aspect of human experience. The core conceptualization of ACT is that psychological suffering is a result of cognitive entanglement, or fusion, between thoughts and language in combination with an unwillingness to be in contact with and attempts to alter unwanted thoughts and feelings. Within the ACT model, the unwillingness to be in contact with negatively

evaluated thoughts and feelings and attempts to alter these private events is referred to as *experiential avoidance*. Experiential avoidance is believed to be problematic because struggling to manage unwanted private events and the contexts that might cause them (by strategies such as avoidance) requires a substantial expenditure of personal resources such as time, energy, and effort. Because individuals have a limited amount of self-regulatory resources, experiential avoidance disrupts an individual's ability to behave in ways that are consistent with their life values. Thus, the primary goals of ACT are to facilitate the acceptance of unwanted thoughts and feelings and to encourage individual commitment and action in the direction of life values. ACT is distinguished from other dominant therapeutic perspectives in that symptom reduction is not an explicit goal of therapy but tends to be a typical by-product of being more accepting and willingly engaged in activities that are congruent with intrinsic values.

Interest in ACT and other mindfulness- and acceptance-based approaches has increased dramatically in recent years, and the book by Eifert and Forsyth reflects the importance of these approaches in contemporary clinical work. In this book, Eifert and Forsyth successfully disseminate the core concepts of ACT, introduce scientific evidence consistent with ACT interventions, and present a comprehensive treatment manual for working with individuals suffering from anxiety-related conditions. The authors begin by outlining the traditional cognitive-behavioral approach to therapy and draw distinctions between this approach and an ACT approach to treating anxiety. According to the authors, individuals suffering from various anxiety conditions share a common tendency to engage in chronic and rigid behavioral strategies in hopes of controlling and altering negatively evaluated aspects of their experience. This tendency to engage in inflexible strategies of experiential avoidance is proposed to be at the core of psychological suffering and is the primary target for acceptance-based interventions.

Eifert and Forsyth divide their book into three parts meant to be read sequentially. These parts include a review of anxiety-related conditions, an ACT interpretation of anxiety, and specific ACT treatment interventions for anxiety. The authors strongly suggest that readers take each chapter in succession to understand the theoretical and philosophical framework from which subsequent

interventions are derived. Understanding the theoretical rationale allows the reader to flexibly adopt the session-by-session therapeutic processes outlined in the later chapters of the book. In these chapters, the authors devote extensive attention to specific clinical strategies and techniques for fostering mindfulness and acceptance, clarifying life values, and encouraging clients to take committed action in valued directions. A central technique in ACT, and one that is presented in multiple chapters, is the use of metaphors to undermine clients' literal thinking to engage clients with previously avoided and undesired feelings, thoughts, images, and bodily sensations. The authors are to be commended for providing an extensive range of metaphors such that therapists can flexibly tailor interventions to match their own style and experience as well as the idiosyncratic profiles of their clients. Within each chapter, Eifert and Forsyth also provide clinicians with step-by-step instructions for practicing various therapeutic exercises (e.g., mindfulness meditation) and specific client activities (e.g., worksheets such as "What have I given up for anxiety this week") while reinforcing the general ACT approach to treatment. The use of clever acronyms, such as Living in Full Experience (LIFE) and Feeling Experiences Enriches Living (FEEL), to describe ACT exercises reinforces central tenets. We suspect that these small details will only serve to enhance clients' understanding of basic ACT principles and general treatment engagement.

We found the chapter on balancing acceptance and change to be particularly thought-provoking while simultaneously distinguishing ACT from the dominant CBT perspective. In this chapter, Eifert and Forsyth describe a common phenomenon in which clients in ACT experience a shift in their relationship with personal thoughts and feelings. This shift is characterized by movement away from excessive self-regulatory and avoidant strategies and toward a nonjudgmental connection with all of one's thoughts and feeling in the present moment. The authors posit that a position of nonjudgmental acceptance, in conjunction with cognitive defusion, creates psychological flexibility. Increasing psychological flexibility provides the individual with the opportunity to take committed action in valued directions and makes it possible to live life more fully and in a manner that is consistent with what is most important to the individual. The authors' description resonates with us and seems to address the fundamental reason that most clients enter into therapy (in contrast with more symptom-based conceptualizations of psychological treatment).

There are several strengths to Eifert and Forsyth's work. First, the authors do an excellent job of disseminating core ACT concepts and explaining complex philosophical and theoretical positions in a way that

should be easily digestible to clinicians and researchers with no prior familiarity with ACT. Emphasizing a commitment to basic psychological science and evidence-based therapeutic practice, the authors also include relevant empirical research throughout the book. Of note, the authors manage to integrate empirical findings and describe various psychological phenomena and ACT-related interventions without relying on overly technical language or psychological jargon. The inclusion of several dominant behavioral and cognitive-behavioral strategies is indicative of a willingness to use effective strategies while improving upon, and providing an alternative to, those that are potentially less effective. Finally, the book is sufficiently detailed with concrete suggestions for in-session activities and out-of-session homework assignments, and includes a CD-ROM containing clinical worksheets to use with clients (in reproducible PDF and Microsoft Word form). In essence, nearly all of the tools and techniques necessary to begin applying ACT with clients are present in this single book.

Eifert and Forsyth's book serves as an excellent introduction to ACT and provides a practical framework for effectively treating individuals with anxiety-related conditions. This book would be useful to clinicians familiar with more traditional cognitive-behavioral therapies who may be interested in expanding their clinical repertoire to include acceptance/mindfulness-based interventions. It provides a sufficient foundation for individual therapists to implement mindfulness, acceptance, and values-based approaches in current clinical work and enough resources to continue their education in the ACT model. Clinicians already involved in ACT may also find this book useful because it presents an anxiety-specific framework for clinical intervention and provides a collection of strategies and skills that will augment most clinicians' knowledge on the topic. To our knowledge, this is the first book to provide a step-by-step handbook for clinicians interested in using mindfulness- and acceptance-based techniques with clients who are suffering. Thus, this is an enormous asset to all health professionals. The title of the book is deceptive because it is not just relevant to anxiety disorders. It is also relevant to understanding and working with general human suffering. This book is an excellent text for researchers and graduate students, as well as anyone who wants to apply these principles to their own lives (without necessarily seeking professional help). Eifert and Forsyth have made a meaningful contribution to the treatment of anxiety-related conditions, and this book will certainly hold a prominent place on many clinicians' bookshelves for years to come.

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