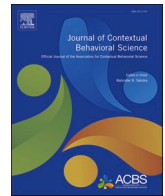




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Introduction to the special issue on process-based therapy

Clarissa W. Ong^{a,*}, Stefan G. Hofmann^b, Joseph Ciarrochi^c, Ross G. Menzies^d, Steven C. Hayes^e^a University of Louisville, Louisville, KY, USA^b Philipps-Universität Marburg, Germany^c Australian Catholic University, Sydney, Australia^d University of Technology Sydney, Sydney, Australia^e University of Nevada, Reno, Reno, NV, USA

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ABSTRACT

Process-based therapy (PBT) is a meta-theoretical approach to psychological assessment and intervention rooted in evolutionary science and focused on dynamic change processes within particular people in their unique context. Part of the aspiration of PBT is to integrate and streamline clinical expertise across theoretical orientations, to clarify the most efficient and effective means of reducing human suffering and promoting psychological prosperity. This special issue in the *Journal of Contextual Behavioral Science*, introduced by the current paper, is an initial step toward this goal. We present six articles, each highlighting a specific therapeutic approach, from acceptance and commitment therapy to existential therapy. These articles demonstrate how integrating PBT with existing models enhances the depth of case conceptualization and treatment planning.

1. Process-based therapy (PBT)

PBT offers a modern approach to answer Gordon Paul's foundational question: "What treatment, by whom, is most effective for this individual with that specific problem, under which set of circumstances, and how does it come about?" (Paul, 1969, p. 44). PBT builds on and expands Paul's foundational question, and now asks: "What core biopsychosocial processes should be targeted with this client given this goal in this situation, and how can they most efficiently and effectively be changed?" (Hofmann & Hayes, 2019, p. 38). The focus here is on processes of change ("and how does it come about") examined first within an idiographic (person-level) framework and then nomothetically (group-level), provided doing so enhances understanding of the individual (or couple, or family). This is a clear departure from the traditional group-based approach, which makes overly restrictive and unrealistic assumptions, including that variation *between* an arbitrary collection of people (individuals, couples, or families) at a given point of time can be used as a proxy for variation *within particular* people over time and situations (Hofmann et al., 2020). These assumptions underlie the ergodicity problem, which refers to the fallacy of generalizing

collective-based findings to the particular person (or couple, or family) without meeting the statistical assumptions needed for doing so, which include stationarity of the phenomenon of interest (i.e., no change within a particular person over time) and shared dynamic models between individuals (i.e., no differences between individuals; Molenaar, 2004).

Indeed, research shows that averages often fail to accurately describe individual (Ciarrochi et al., 2024; Sahdra et al., 2024; Sanabria-Mazo et al., 2024) and group behavior (Ciarrochi et al., 2024). For instance, while assertiveness generally has no overall effect on loneliness, individual-level effects vary: for some, increased assertiveness correlates with greater loneliness, and for others, it is associated with less (Ciarrochi et al., 2024). These findings indicate that processes can differ significantly from person to person, suggesting the need for personalized approaches. Supporting this, two meta-analyses have shown that personalized interventions enhance treatment effectiveness (Li et al., 2024; Nye et al., 2023). These nuances challenge us to develop a broader, more dynamic framework for understanding therapeutic change, moving beyond traditional group-based methods to a "one size fits none" approach.

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* Corresponding author. Department of Psychological and Brain Sciences, University of Louisville, 214 West Barbee St Walk, Life Sciences 109, Louisville, KY, 40292, USA.

E-mail address: clarissa.ong@louisville.edu (C.W. Ong).

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In contrast to traditional models, such as those in mediational analysis, in a PBT approach, processes of therapeutic change are assumed to involve many (rather than only one or a few) variables of change that can often form bidirectional (rather than only unidirectional) and non-linear (rather than only linear) relationships between each other. This leads to a new paradigm for studying treatment processes based on improved or new methodologies to overcome the ergodicity problem, which assumes that group-level findings extend to particular people. This new approach requires an idiographic and functional analytic approach that is only scaled to the group level based on evidence that doing so fosters better understanding of particular people (or particular couples, families, or organizations). Said in another way, in a normative approach, the central tendencies of collectives (e.g., mean scores, overall trajectory in a treatment group) are sacrosanct and the particular person is a source of error. Whereas, in an idionomic approach, data on particular people are sacrosanct and the collective is a source of error. That is what is meant by an “idionomic” approach (see Hayes et al., 2022 for further discussion).

Building on what we know about evidence-based strategies, we are now poised to identify specific psychological problem areas and select strategies to target known change processes to most effectively and efficiently treat an individual. Processes of change are defined as theory-based, dynamic, progressive, contextually-bound, modifiable, and multilevel changes or mechanisms that occur in predictable, empirically established sequences oriented toward desirable outcomes (Hofmann & Hayes, 2019). The processes need to be theory-based to formulate clear scientific and testable predictions; they are dynamic because they typically involve feedback loops and non-linear changes; they are progressive because they are often arranged in particular sequences to reach the treatment goal; they are sensitive to context and changeable; and are multilevel or hierarchical because some processes supersede others. In addition, for a process to be empirically valid, it must be helpful in guiding the practitioner to affect clinical outcomes (i.e., it must have treatment utility; Hayes et al., 1987, 2020).

2. Extended evolutionary meta-model (EEMM)

When building this new process-based approach, we faced the challenge that different treatment orientations and “schools” of psychotherapy could turn into a cacophony of varying process names. We needed an overarching model that would be acceptable to the different schools. Moreover, we needed a new and clinically helpful definition of psychopathology as an alternative to the traditional and invalid latent disease model. We no longer define psychopathology as the manifestation of a latent disease; instead, we see it as maladjustment to a specific context. Evolutionary science is well-positioned to explain and predict adaptation and maladaptation. Moreover, its ubiquitous presence across schools and disciplines affords clinical psychology greater consilience across levels of analysis and serves as a stalwart scientific base for PBT. For this reason, PBT embraced evolutionary science as an overarching theory (Hayes, Hofmann, & Ciarrochi, 2020; Hayes, Hofmann, & Wilson, 2020).

Maladaptation and adaptation result from three key evolutionary processes: variation, selection, and retention of specific problem- and prosperity-related dimensions. Variation refers to the scope (possible range of options) and successful forms of processes (specific options within that range) that can be deployed to meet the person’s goals; selection refers to the detection of relatively successful or unsuccessful deployment of skills or processes; and retention refers to the maintenance of specific variants of processes. What makes these processes adaptive or maladaptive is ultimately determined by the context the individual is facing that is relevant to the accomplishment of health and life goals. Adaptation requires sensitivity to internal and external situational and historical features that predict success or failure for a given instance. A general term for successful variations that are retained and fitted to context in given dimensions or domains is “flexibility.”

These adaptation principles (context-dependent variation, selection, and retention) form the extended evolutionary meta-model (EEMM) pillars (see Fig. 1 for a visual representation of the model). The model represents a dynamic system that targets change across six psychological dimensions— affect, cognition, attention, self, motivation, and overt behavior. Additionally, it includes sociocultural and biophysiological layers of analysis, featuring elements like attachment, social support, and cultural background at the sociocultural level, and genes, epigenetics, and brain circuits at the biophysiological levels. Moreover, the EEMM does not judge the pre-analytic (or basic) assumptions of the theoretical orientation that uses it; it simply organizes and clarifies. The EEMM dimensions and levels are not independent of each other but are connected by complex, bidirectional, and dynamic relationships, resulting in a unique idiographic network for a given client (Hofmann et al., 2016). In PBT, interventions involve identifying, modifying and perturbing the processes in a maladaptive network and replacing them with an alternative and self-sustaining adaptive network (Hofmann, 2024; Stocker et al., 2023).

3. This special issue

In July 2022, Dr. Hofmann, the Philipps-University Marburg’s Translational Clinical Psychology Work Group, and Dr. Hayes organized a PBT Think Tank, bringing together clinical researchers to discuss PBT’s methods, implementation, and future. Part of these discussions centered on putting PBT into practice and generating momentum to increase the adoption of process-based thinking across clinical orientations. The current special issue is a result of the PBT Think Tank.

The objective of this special issue in the *Journal of Contextual Behavioral Science* is to illustrate the versatility of PBT: how it can be used as a coherent theoretical framework regardless of a clinician’s philosophical assumptions and area of expertise. PBT can comfortably work with a range of therapies due to its nature as an *approach* to what evidence-based therapy may mean and not a therapy in itself. Therefore, it does not—and cannot—supplant or compete with existing therapies. Moreover, because PBT eschews allegiance with any one therapeutic orientation and is built on evolutionary science principles, it provides a common language through which clinicians and researchers from different theoretical islands can communicate. The lingua franca of PBT is intended to reduce the inefficiencies associated with the jingle jangle fallacy (i.e., calling the same thing different names, calling different things the same name; e.g., Altgassen et al., 2023) and channel our intellectual efforts toward building a more effective psychotherapy for the people whom we serve. Hence, our ambitious title for this special issue, “The Unification of Psychotherapy.”

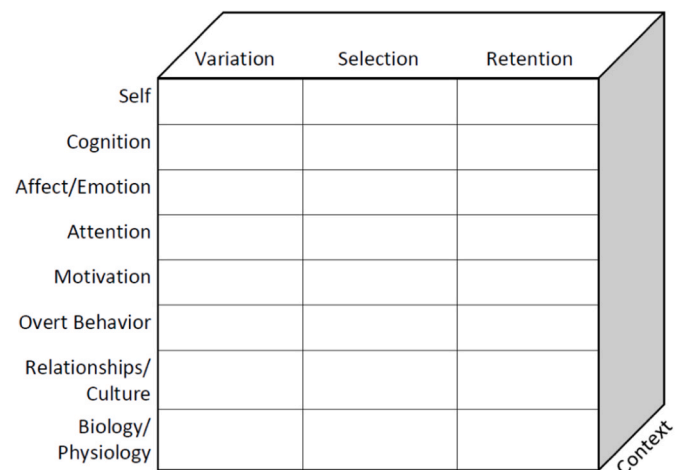


Fig. 1. The extended evolutionary meta-model (EEMM). Copyright 2024 by Stefan G. Hofmann and Steven C. Hayes. All rights reserved.

This special issue comprises six articles, which articulate how a particular therapy can be understood through the PBT lens and provide case examples showing how PBT can imbue their therapeutic delivery with new perspective. In the opening article, Ong et al. (2024) present the acceptance and commitment therapy (ACT) installment of this special issue, positing that the infusion of PBT principles into ACT can expand the reach of the ACT model, explicitly inviting techniques that some might have previously viewed as inconsistent with its acceptance-based roots, such as targeting cognitive content and attempting to downregulate unwanted physiological sensations. Along the same lines, Ryum and Kazantzis (2024) describe how a process-based approach to cognitive behavioral therapy (CBT) may open up CBT practitioners to integrate acceptance-based techniques into their practice more freely. In addition, they explain how the evolution science framework afforded by PBT may provide helpful structure when delivering CBT, especially concerning delineating processes of change. In their compassion-focused therapy (CFT) article, Fraser and Gregory (2024) explain how PBT both complements CFT in terms of their shared evolutionary roots (albeit with different emphases) and enhances CFT by offering an overarching framework to encourage clinical creativity while adhering to evidence-based principles. They also noted that viewing CFT through a PBT lens may encourage clinicians using CFT to more readily integrate other therapeutic approaches, which can lead to better client outcomes.

As the reader might have already discerned, a trend is emerging. The first three articles share the view that the metatheoretical structure afforded by PBT paradoxically strengthens clinicians' ability to flexibly incorporate other therapeutic techniques without losing sight of their theoretical rationale. This consequence might be similar to when a child feels safe exploring the world around them once they trust that they have a safe home base to return to. Continuing this pattern, Greenman et al. (2024) situate the five macrointerventions or "tango moves" (p. 2) in emotionally focused individual therapy (EFIT) within the EEMM dimensions and levels, showing how the core strategies of EFIT can be interpreted through the meta-theoretical language of PBT. In addition, they argue that the EEMM may be helpful for more explicitly bringing into EFIT clinicians' purview less-emphasized dimensions, such as motivation and overt behavior. Maitland (2024) similarly interprets clinical targets in functional analytic psychotherapy (FAP) through the EEMM and proposes that use of the EEMM in FAP may facilitate a more comprehensive conceptualization of clinically relevant behaviors, which is integral to a FAP conceptualization. Indeed, Maitland (2024) argued that the functional perspective of PBT (e.g., network modeling) may enrich FAP-based case conceptualizations. Finally, Menzies and Menzies (2024) round up this special issue by discussing how PBT can be applied to existential therapies. They identify the overlapping basic assumptions between existential therapies and PBT, such as rejecting a latent disease model and manualized protocols, to support the fundamental compatibility of a PBT framework with existential therapies. Their case example describes how PBT facilitates a more holistic consideration of factors contributing to the client's struggles and integration of evidence-based procedures outside an existential orientation.

4. Conclusion

This special issue aimed to give readers a sufficient variety of examples to appreciate the inherent flexibility of a process-based approach to therapy, such that they may be able to use PBT to inform their clinical practice and research. Even since the PBT Think Tank in 2022, it has been clear that we cannot realize the vision of PBT without the involvement of players from different therapeutic orientations and direct input from clinicians. Indeed, PBT needs to be accessible to clinicians who work directly with clients and patients to support dissemination and implementation efforts. This special issue is our attempt to bridge some of this gap; we hope you, the reader, will join us in this work.

ORCID iD authorship contribution statement

Clarissa W. Ong: Writing – review & editing, Writing – original draft. **Stefan G. Hofmann:** Writing – review & editing, Writing – original draft. **Joseph Ciarrochi:** Writing – review & editing. **Ross G. Menzies:** Writing – review & editing. **Steven C. Hayes:** Writing – review & editing.

Declaration of competing interest

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