

Contextual Behavioural Coaching

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Contextual behavioural coaching: An evidence-based model for supporting behaviour change

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Abstract

As coaching psychology finds its feet, demands for evidence-based approaches are increasing both from inside and outside of the industry. There is an opportunity in the many evidence-based interventions in other areas of applied psychology that are of direct relevance to coaching psychology. However, there may too be risks associated with unprincipled eclecticism. Existing approaches that are gaining popularity in the coaching field such as Dialectic Behavioural Therapy and Mindfulness enjoy close affiliation with Contextual Behavioral Science (CBS). In this article, we provide a brief overview of CBS as a coherent philosophical, scientific, and practice framework for empirically supported coaching work. We review its evidence base, and its direct applicability to coaching by describing CBS's most explicitly linked intervention – Acceptance and Commitment Therapy/Training (ACT). We highlight key strengths of ACT including: its great flexibility in regard of the kinds of client change it can support; the variety of materials and exercises available; and, the varied modes of delivery through which it has been shown to work. The article lays out guiding principles and provides a brief illustrative case study of Contextual Behavioural Coaching.

Introduction

Coaching psychologists are, by and large, pragmatists. We have a knack for learning from those parts of the discipline of psychology with a longer pedigree. To a very considerable extent, this has resulted in the borrowing and translating of intervention techniques from educational psychology, occupational psychology, and most notably, from psychotherapy. Coaching psychologists report using theories and intervention techniques from various schools including psychodynamic, humanistic, problem-focused, behavioural, cognitive, and so on (Whybrow & Palmer, 2006). In this article, we give a brief history and overview of contextual behavioural science (CBS) and explain its direct relevance to the work of coaching psychologists. In doing so, we aim to elucidate a philosophically and scientifically coherent, evidence-based framework for practice that we call Contextual Behavioural Coaching (CBC).

Two influences have brought us to write this article. First, there is a growing interest in translating therapeutic techniques that are closely affiliated with CBS. Recent articles have outlined the applicability of specific intervention packages such as Dialectical Behaviour Therapy (Palmer & Dunkley, 2010) and Mindfulness-Based Stress Reduction (Virgili, 2013) to the practice of coaching psychology. These approaches are undoubtedly valuable and hint at a paradigm shift which is taking place across the applied psychological disciplines (Hayes, 2004). Second, there have been calls for the development of a stronger evidence base in coaching psychology (e.g. Jones, 2012; Olson, 2008). Where robustly evidence-based principles of behaviour change can be found elsewhere in psychology, it seems to us wise to bring these into coaching psychology work.

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Informed by the published work on how coaches and coaching psychologists distinguish their work from psychological therapy (Bluckert, 2005; Hart, Blattner, & Leipsic, 2001; e.g. Price, 2009), we are inclined to believe that the distinctiveness of coaching psychology lies primarily in the nature of the coaching relationship, the style of the coach-client interaction, and the fact that coaching psychologists (*qua* coaching psychologists) do not seek to work with clients on the basis of their diagnosable mental health problems. It has been argued that evidence-based practice relies on close integration with fundamental research in psychology, and an emphasis on evidence-based principles of behaviour change, rather than an over-reliance on pre-constructed intervention packages (see Rosen & Davison, 2003 for a review).

It is encouraging to see the theoretical insights and intervention strategies comprised by Cognitive Behavioural Therapy (CBT) making the transition into coaching practice (e.g. Palmer, 2014). CBT enjoys considerable evidence for its efficacy in a range of clinical presentations (McMain, Newman, Segal, & DeRubeis, 2015). The behavioural components, such as graduated exposure, are closely tied to decades of research in experimental behaviour analysis (see Myers & Davis, 2006). The cognitive components are likewise informed by fundamental work in cognitive psychology, though in a somewhat different way (see Longmore & Worrell, 2007 for a critique). Since the 1980's there has been considerable growth in mindfulness, acceptance, and related approaches. In grouping these approaches, scholars have applied various labels including *contextual behavioural approaches* (Hayes, Villatte, Levin, & Hildebrandt, 2011), and *third wave therapies* (S. C. Hayes, 2004). First wave behaviour therapy relied most heavily on

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operant and respondent conditioning techniques, such as exposure paradigms and extrinsic reinforcement for behaviour change. In the second wave, according to Hayes, CBT emerged through the integration of behavioural therapy with Beckian cognitive therapy; this aims to modify dysfunctional thoughts (Beck, 1993). Most recently, third wave approaches seek to alter the relationship between thoughts and other behaviours (Hayes et al., 2011). This effect has been referred to as *decoupling* (Levin, Luoma, & Haeger, 2015). A simple example is that certain types of mindfulness training appear to decouple the link between subjective hunger and the consumption of unhealthy foods (Marchiori & Papies, 2014).

While CBS is rooted in Skinner's radical behaviourism, it extends considerably beyond it (Dymond, May, Munnelly, & Hoon, 2010). The Cognitive Revolution in both basic science and therapy was precipitated by the apparent inability of behaviour analysis to account adequately for human language and cognition. In essence, Skinner propounded the view that the human capacity for language and complex thought could, in the main, be accounted for through extant learning principles such as operant conditioning. Whilst Chomsky's critique of Skinner's *Verbal Behavior* made numerous errors (MacCorquodale, 1970), Skinner's account of verbal behaviour never led to any vibrant programme of empirical research on human language (Hayes, Barnes-Holmes, & Roche, 2001).

In the intervening years since Skinner's attempt at an experimental analysis of complex human behaviour, a number of notable advances have been made. Epistemological assumptions were clarified and this has supported the development of more adequate theories of human language and cognition from a contextual behavioural perspective

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(Hayes, Hayes, & Reese, 1988). Much of this work pertains to the conditions under which humans learn to respond to the relationships between stimuli, and has been given the name *Relational Frame Theory* (RFT, Hayes et al., 2001). Taken together, these advances seem to be leading us toward a coherent and comprehensive behavioural account of human cognition. Already the account is useful and is producing considerable innovation in the fields of psychotherapy and education. It is beyond the scope of this article to summarise the history of contextual behavioural research. Instead, we aim to provide an overview of the current state of affairs, and to illustrate the direct applicability of CBS to the domain of coaching psychology.

Foundational science in CBS

Contextual behavioural science is designed, from its basic philosophical assumptions upwards, to permit psychologists to predict *and* influence behaviour. Contextualists take as the basic unit of analysis the act in context. Thus, CBS takes as foundational those analyses which start in the *context* of the individual. Put another way, it privileges theoretical accounts which posit manipulable variables outside the person's skin. This is not because of a 'blank slate' or 'black box' mentality, but because, of necessity, all interventions must in fact work from the context of the individual — that's where the coach or therapist is to be found. Functionalism refers to the fact that contextual behavioural scientists are concerned with analyses which not only predict but which *afford influence over* the phenomena they describe (Hayes et al., 2012). CBS also admits 'mid-level terms' which previous generations of behaviour analysts would have dismissed as being 'mentalistic'. These terms, such as *psychological flexibility* (see Kashdan & Rottenberg, 2010), serve as a convenient shorthand for researchers and

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applied psychologists alike; they are recognised as providing a quick and easy analysis of various psychological processes, but not a technical one. Such terms may, if one is not careful, promote circular logic: The psychologist explains John's adaptive response to stress by reference to his high psychological flexibility. If challenged, she provides evidence of John's psychological flexibility by reference to his response to stressors. The contextual behavioural scientist is ever vigilant against models which reflect this error of thinking, and is aware that theories which ascribe causation to interior psychological traits are of limited use in the design of interventions.

Humans are capable of using language to learn very quickly, without an extensive reinforcement history. An instruction like "don't touch the hot stove" might result in an immediate change in a child if that child's previous experience has taught her that following such instructions generally leads to desirable outcomes. Early on, such behaviour was called 'rule-governed' and whilst this term has been deprecated as the component processes have come to be understood, it is a convenient shorthand for the newcomer.

Hayes and Brownstein (Hayes, Brownstein, Zettle, Rosenfarb, & Korn, 1986) were amongst a number of researchers to find that rule-governed behaviour is inflexible; that is, in the presence of verbal rules, human behaviour can often fail to respond to other contingencies of reinforcement. Such findings might seem to be far away from the applied settings of coaching psychology, but in fact they are highly relevant. Indeed, this finding has been replicated and shown to generalise, and has led to the development of the concept of *fusion*, in which a person believes their own stories rigidly and to too great a degree (Luciano, Ruiz, & Vizcaíno-Torres, 2011). This leads to fixed patterns of

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behaviour which can be unworkable in the context of client values and desired goals.

Techniques which encourage *defusion* can be helpful especially when clients describe feeling stuck in a given pattern of behaviour.

The recent uptake of acceptance-based approaches provides another excellent example of the connection between fundamental science and applied work. For instance, a common-sense approach to difficult thoughts and images is deliberately to avoid thinking about these things. There is now a considerable literature on the deleterious effects of thought suppression (Wenzlaff & Wegner, 2000). The most notable findings are that trying to suppress or avoid a thought can lead to that thought becoming more frequent and more believable. More recently, RFT researchers have demonstrated with experimental analogues that avoiding an undesirable thought requires the avoidance of related thoughts, and that the effort required to sustain this gets in the way of values-congruent or goal-directed behaviour (for instance, Hooper, Stewart, Duffy, Freegard, & McHugh, 2012).

Our third and final example pertains to the type of language used by coaches. RFT provides the coach with insight into the effects of different modes of interaction. For instance, RFT provides a model for understanding how coaches can make good use of metaphors to enhance and accelerate client learning (Foody et al., 2014). Having a robust understanding of such basic behavioural principles can be enormously freeing for coaches. For example, physical metaphors, where a physical action in the room (walking to the door, throwing paper balls, etc) provide a metaphor for psychological phenomena. Such techniques allow for a more dynamic coaching interaction, make more active use of

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the environment, and help to break away from the confines of highly verbal counselling-style interaction.

The last thirty years has seen a deluge of basic studies of this type, examining the relationship between cognition and other behaviours (Dymond & Roche, 2013), mostly under the aegis of RFT (for an accessible overview see Törneke, 2010). These findings from basic lab science are actively being translated into the latest intervention packages. We will outline next one such approach which the authors use in their applied work, and which one author (KW) co-developed.

Acceptance and Commitment Training

Acceptance and Commitment Therapy (ACT, said as the word ‘act’) was first published as a semi-manualised intervention in a book-length treatment manual in 1999 (Hayes, Strosahl, & Wilson, 1999). Since then it has undergone an impressive process of active development in a manner similar to the open-source software movement; an international community of collaborators develop and share materials, testing them both in practice and experimentally. ACT is based not on a model of deficit or disability, but rather on learning processes fundamental to all verbal human beings (Hayes et al., 1999). This makes ACT an especially pertinent model of therapy to be translated to the coaching context. Indeed, rather little translation is necessary.

ACT researchers have published extensively on the importance of experiential avoidance in maladaptive behaviours (Hayes & Wilson, 1994). From the ACT perspective, the direct pursuit of hedonic outcomes is often incompatible with reaching self-actualisation (Hayes et al., 1999). With clients, one might be inclined to say ‘nothing worthwhile

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comes easily'. Of equal importance is having clear and personally meaningful values (Wilson, Sandoz, & Kitchens, 2010). ACT provides clients with the tools to pursue valued life directions even when this means facing up to stress, anxiety, and so on. This is referred to by ACT practitioners as *psychological flexibility*.

Take for instance one of the biggest problems facing coaching psychologists, that of 'behaviour incompatible with goals' (Palmer & Dunkley, 2010) whereby a client states an intention to change or to achieve some goal, but then maintains behaviours incompatible with this stated preference. Often this is because clients hold process goals which are incompatible with outcome goals. An outcome goal might be, "I would like to lose weight". Process goals are often less well articulated and may not be discussed at all: "I don't want to feel hungry because I hate that." Someone for whom the second goal has greater influence will find they struggle to lose weight; feeling hungry occasionally is a natural part of going into a slight calorie deficit. ACT incorporates a number of techniques, including mindfulness, to help the client build willingness to experience the avoided content associated with the incompatible process goal, thereby increasing the likelihood of attaining the desired outcome.

Because ACT is based on some basic principles and is not merely defined at the level of technique, it is highly fluid and can be tailored by the coach. Indeed, ACT includes a number of techniques borrowed in an integrative fashion from other psychotherapeutic schools. Coaches can even use the basic principles to generate novel exercises and materials for client use. However, in order to prevent this from becoming either overwhelming for the practitioner, or utterly chaotic, a number of tools exist for helping

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ACT practitioners to conceptualise a case and select appropriate techniques. The hexagon model, or *hexaflex*, is one such model and is presented in Figure 1.

[INSERT FIGURE 1 ABOUT HERE]

Over the last few years, ACT has been repackaged as Acceptance and Commitment Training and is being delivered in a number of occupational, educational, and health settings. The differences between therapy and training versions of the model are not well specified, but anecdotal evidence suggests little more is necessary than a re-writing of materials to refer to the normal challenges of life rather than recognisable mental health problems (Flaxman, Bond, & Livheim, 2013).

Evidence base

Over 125 randomised controlled trials have been conducted comparing ACT with wait-list control, placebo intervention, and other therapies, including CBT. A number of meta-analyses have shown that ACT performs on par with, and sometimes better than, other evidence-based cognitive and behavioural therapies, across a wide range of client presentations (A-Tjak et al., 2015; Jiménez, 2012; Ost, 2008; Öst, 2014; Powers & Vörde Sive Vörding, 2009; Smout, Hayes, Atkins, Klausen, & Duguid, 2012; Veehof, Oskam, Schreurs, & Bohlmeijer, 2011). Authors tend to agree that ACT has an established track record for a range of clinical problems, and for occupational stress. The reviews conclude that as yet there is little evidence that ACT is consistently outperforming CBT, though it does well in comparisons against other ‘treatments as usual’. The ACT model is highly

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flexible in terms of delivery, for example there is tentative evidence that brief packages can be effective even with difficult presentations such as psychosis (Bach & Hayes, 2002).

In excess of 60 laboratory studies have been conducted testing the effectiveness of individual ACT intervention components (Levin, Hildebrandt, Lillis, & Hayes, 2012).

These demonstrate the wide range of heterogeneous and efficacious techniques available which are based on the ACT principles. Furthermore, the fundamental science with which ACT has co-evolved, RFT, has now generated approximately 200 peer-reviewed articles (Dymond et al., 2010). There is even tentative evidence that RFT might lead to ways to intervene with phenomena erstwhile thought difficult to alter, such as the fundamental attribution bias (Hooper, Erdogan, Keen, Lawton, & McHugh, 2015).

Non-clinical settings and problems

The robust principles which underpin ACT have permitted its extension to a range of problems outside of clinical psychology and psychotherapy. This literature demonstrates both the effectiveness of this approach for diverse issues, and its direct applicability to coaching psychology.

In the work setting, psychological flexibility has been shown to be predictive of job performance (Bond & Flaxman, 2006), attitudes toward learning new skills (*ibid.*), job satisfaction (Donaldson-Feilder & Bond, 2004), and lower absenteeism (Bond, Flaxman, & Bunce, 2008). In intervention studies, ACT has successfully improved acceptance and engagement with a work redesign intervention (Bond et al., 2008), and has reduced both workplace stress (Flaxman & Bond, 2010b; 2010a) and burnout (Vilardaga et al., 2011).

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An ACT intervention has been shown to reduce absenteeism in those considered at risk for long-term disability (Dahl, Wilson, & Nilsson, 2004). ACT is currently being applied in order to improve workplace safety (Moran, 2015) and crisis-resilience (Moran, 2010). A number of practitioners have developed ACT-based protocols to help with procrastination (Scent & Boes, 2014) and though it is early days, there is tentative cross-sectional data supporting such a usage (Glick, Millstein, & Orsillo, 2014).

Coaching psychologists are taking an increasing interest in promoting the physical health and wellbeing of their coachees, work that is often termed health coaching (Gale, 2007; Whybrow & Palmer, 2006). There are a number of studies testing out such approaches (e.g. Ivanova, Yaakoba-Zohar, Jensen, Cassoff, & Knäuper, 2015). The published evaluations of ACT-based weight management are somewhat promising (Forman & Butryn, 2015), and there is some work exploring the putative mechanisms of change, such as improved coping with food cravings (Forman, Hoffman, Juarascio, & Butryn, 2013). While general mindful acceptance approaches have been used for weight management (Daubenmier, Kristeller, & Hecht, 2011), evidence suggests that willingness to experience hunger, urges, cravings and so on, as promoted by the ACT model, are of greater predictive value in weight management. This suggests that ACT may be a better fit for this client group than mindfulness alone (Juarascio, Forman, Timko, Butryn, & Goodwin, 2011).

ACT has also recently been applied to smoking cessation with promising results, and interestingly, these have been achieved through a variety of delivery media, including telephone (Schimmel-Bristow, Bricker, & Comstock, 2012), web (Bricker, Wyszynski, Comstock, & Heffner, 2013), and smartphone app (Bricker et al., 2014).

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The following section presents a brief and slightly fictionalised case study involving the application of ACT in a coaching setting. The case study is based on a client one of us (RA) worked with, and quotations have been edited for brevity. This should be read as an illustration, rather than as the verbatim reporting of a scientific investigation.

Case Study

Issue

Carla, a solicitor in her mid-30s doesn't hate her job, but feels stuck and trapped in her career. She has a nagging sense that the choices she has made were not really hers. She drifted into law almost by default. Whilst she is successful and even enjoys elements of the job, she is lacking meaning and senses that life is slipping away. She feels drained, yet simultaneously the thoughts of changing her role or stepping off the treadmill terrified her:

“I felt as though I’m living someone else’s life, and yet at the same time that I owed it to those around me to keep providing. I don’t want to disappoint anyone and worry about providing for my elderly parents. I can’t let them down.”

Carla feels stuck between feelings of meaninglessness and frustration at her inability to change. Many of her difficulties seem to stem from fusion with her own (verbal) thoughts.

Challenges

Carla lacked time and energy to take stock. She was wedded to her career for the financial stability it afforded and it was an integral part of her identity - a respectable profession which she thought made her parents proud. At the onset of coaching her health was poor following a recent health scare when she had had a dizzy spell in the office. Her firm's HR had considered her at severe risk of stress-related illness and lacking in engagement.

Approach

Carla was a perfect candidate for ACT coaching. She felt she had tried everything to no avail and had reached unaided what ACT calls 'creative hopelessness'. Carla received 5x90mins coaching sessions over 6 months, as well as regular e-mail discussion between sessions.

ACT combines six continuous processes, summarised in the hexaflex (see figure 1), with each point helping to demonstrate how ACT coaching works in practice:

Present moment focus. By mindfully focusing on the present, we were able to contact Carla's feelings of stuckness, and the accompanying thoughts of failure, and the physiological sense of panic that Carla was experiencing. We could trace how she would numb these feelings with busyness (and occasionally, wine). Such behaviours seemed to be serving the function of experiential avoidance. Carla was avoiding the emotional challenge associated with reflecting on one's life in this way. By mindfully exploring her

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feelings we were able to deepen Carla's understanding of herself and what was driving her behaviour:

“It's like driving up to a red traffic light. It's so easy to get frustrated – but actually the light is a signal for something. If you don't pay attention to the signal it could kill you. I was not listening to the signals in my life, and I was paying the price.”

Defusion. In ACT, fusion is a term for when we become fused with, or stuck to, our thoughts. In a state of fusion it can be hard to separate ourselves from our thoughts. Carla was highly fused to thoughts about how hopeless it felt to think about alternative directions. When fused to this idea, all she could see was hopelessness.

From this perspective, it is easy to *act* as if the thought is true. This is often when people drift away from coaching. Then they can easily fuse to a new story: *I am hopeless...*

From an ACT perspective, Carla was fused to her identity as a lawyer and so could be hard on herself when she attempted to change this identity. Rather than trying to battle with these thoughts, the focus was on noticing them and being curious about them – ‘defusing’ from them so as to provide a little psychological breathing space between herself and her thoughts.

Self-as-context. This can be thought of as developing a more flexible sense of self. In Carla's case, she had quite a rigid identity. In ACT terms, she had lots of ‘I am’ stories which helped her to make sense of the world, but were not always helpful in terms of functioning effectively. This is something we worked on by considering the many

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different selves Carla had. There was her lawyer self, her artistic self, her kind self, her mean self. By seeing that she was actually the container for all of these ‘selves,’ Carla found she was able to behave more flexibly.

Acceptance. In ACT, instead of trying to eliminate distressing thoughts or feelings, we focus on altering the struggle itself, with the goal of helping clients to behave in ways they would choose *in the presence of* whatever they are thinking and feeling.

One of the most effective metaphors for Carla was one we physically re-enacted in session: *Tug of War with the Anxiety Monster*. This metaphor is about being locked in a draining tug of war with an Anxiety Monster (played by the coach). Your mind tells you must win this battle otherwise you will be dragged into the pit of despair. So you pour huge amounts of time and energy into winning this battle, yet every time you pull, the monster pulls back. What’s the answer?

Drop the rope!

When I physically acted this out with Carla, she would drop the rope, but then pick it back up again as soon as I threw it to her. Again and again I threw it to her. But eventually she learned not to respond and to just accept the presence of the Monster. But without the struggle, the monster loses power. Using this metaphor as an aide memoire in her daily life, Carla gained time and energy to focus on other things.

Values. In ACT, values are seen as ongoing qualities of action. In other words, they describe *how* we want to behave rather than what we do. For Carla, a value that

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resonated with her deeply was about being kind to others. However, by seeing the value as an ongoing quality of action, it became less about what she was doing – i.e. providing financially for others – but *how* she was behaving with other people, moment to moment.

Committed action. The ACT model emphasises the importance of action; of moving with one's hands and feet in the direction of one's values. In Carla's case, an actual career change was likely to take years, not months. However, a direction was emerging – something about helping others, especially children, of learning more about psychology and having more time for cooking and being in nature. We devised small life experiments, designed to broaden her horizons and contact the parts of her 'self' that had been neglected. By taking small steps of committed action, a new Carla emerged.

Outcome

Carla began by connecting to things that brought her joy more often; children, cooking, handiwork. This had an energising effect which brought positive outcomes in other areas of her life. She negotiated a 4 day week and used her newfound time to explore alternative careers. She became less fused with her identify as a lawyer and is now exploring opportunities to work with children.

Six months after coaching, her HR team no longer pegged her at high risk of stress-related illness and deemed Carla more engaged. Her anxiety about the future remained, and yet she was no longer paralysed by this anxiety. This is a perfect fit with ACT theory — we were not aiming for symptom reduction but rather a different relationship with difficult thoughts and feelings, and a richer, more vital, meaningful life in return.

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“Coaching forced me to create time for myself, and I learned to focus more on the things and people I am passionate about and less on how scary change can be. I know it’s a long road ahead, but...it’s the right one. I still struggle with some of my demons, but they have less power over me these days. I feel more in touch with myself and I finally feel I’m creating the person I want to become.”

The benefits of a framework approach

Contextual behavioural science is more than just ACT, though it does make up a large proportion of the activity of the international CBS community. Inspired partly by the recent loss of faith in cognitive change techniques (Longmore & Worrell, 2007), CBS aims not to develop monolithic treatment packages, but instead to test out the effectiveness of each component. Moreover, it aims to establish behavioural principles with high precision, scope and depth, so that practitioners can develop bespoke intervention strategies for clients in an evidence-based manner. The reader can get a sense for how this project is panning out by examining the outcomes of a recent meta-analysis of ACT component studies (Levin et al., 2012) and clinical trials (A-Tjak et al., 2015).

Indeed, contextual behavioural scientists tend to have a good deal of sympathy for the view that “psychology should list empirically supported principles of change and not credential trademarked therapies or other treatment packages” (cf Rosen & Davison, 2003). Given that packages, such as CBT ones, are often specialized for a given range of diagnosable psychological disorders, the CBS approach would seem to be more

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applicable for the wide range of issues and challenges that might face a coaching psychologist. CBS reflects what one might call a sort of principled eclecticism. Behavioural principles allow the practitioner and intervention scientist to seek technologies from any and all traditions, so long as they comport with basic principles (Hayes et al., 2012). Indeed, CBS not only holds to behavioural principles, but also to a robust philosophical pragmatism — the idea that a scientific theory can be said to be ‘true’ if it guides the practitioner and client reliably to achieve shared aims. This pragmatic approach comes across to the client too. A focus on what works in the present moment, rather than on fixing old wounds, fits with clients’ desire for coaching rather than psychotherapy, in our experience.

The application of CBS as a comprehensive and coherent framework for coaching practice — which we call Contextual Behavioural Coaching — offers a multitude of advantages. Whilst ACT is the most studied approach in the CBS stable, other approaches are closely related and some enjoy good deal of empirical evidence. Of particular note are Dialectical Behaviour Therapy and Functional Analytic Psychotherapy.

Coaching psychologists have recently taken a number of models and frameworks for practice from the clinical and psychotherapeutic domains. It is sometimes necessary to translate the tools and techniques of a given approach to suit the style and client base of coaching psychology. With interventions rooted in contextual behavioural science, and most particularly with ACT, almost no translation is necessary. CBS is not concerned with a deficit model to explain behaviours usually labelled as psychological ill health. Hayes et al (2012 page 11) express the view that key topics for contextual behavioural

scientists to work on include “theories of human wellbeing and happiness.” It seems that the parallels with coaching psychology are already abundant.

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Figure 1: The ACT Hexaflex diagram, illustrating six mid-level constructs often found useful in conceptualising client problems.

