



Effectiveness of Acceptance and Commitment Therapy on Hardiness, Procrastination, and Frustration Tolerance in Students of Islamic Azad University, Ahvaz Branch, Iran

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Original Article

Abstract

Background: The aim of this study was to investigate the effectiveness of acceptance and commitment therapy (ACT) on procrastination, hardiness, and frustration tolerance in students of Islamic Azad University, Ahvaz Branch, Iran.

Methods: The current semi-experimental study was conducted through a pretest-posttest design with follow-up and control group. The statistical population of this study consisted of all students of Islamic Azad University, Ahvaz Branch, from among which 32 individuals were selected. The participants were randomly divided into two experimental and control groups, each containing 16 individuals. The experimental group took part in 8 sessions of ACT; each session lasted 90 minutes. After completing the sessions, both groups responded to Tuckman's Impact Questionnaire, Kobasa's Hardiness Questionnaire, and the Frustration Discomfort Scale. The multivariate analysis of covariance (MANCOVA) was used to analyze the collected data.

Results: A statistically significant reductions in procrastination and increase in frustration tolerance and hardiness was observed ($P < 0.001$) in the experimental group after ACT. These changes were also preserved in the follow-up phase.

Conclusion: Therefore, based on the results, ACT is recommended for reducing procrastination and increasing frustration tolerance and hardiness.

Keywords: Acceptance and commitment therapy, Procrastination, Hardiness, Frustration tolerance

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Introduction

Higher education has always encountered

some problems in terms of educational and research constraints. Achievement of predetermined goals, to a large extent, has a direct bearing on the success rate of students. One of the problems is the student's ostracism. Procrastination is typically defined as an unreasonable tendency to delay the

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tasks to be completed (Flett, Blenkstein, Hewitt, & Koledin, 1992). Proof, negligence, nonchalance, and postponement Dropping the job. 15 to 20% of adults suffer from procrastination (Steel, Brothen, & Wambach, 2001). This is a behavioral problem that many adults experience in daily routines (Janssen & Carton, 1999). It is important to neglect this aspect, which is one of the most important obstacles to students' academic achievement (Sokolowska, 2009). One of the other components directly related to student's progress is hard work. Hard work is one of the most important personality traits in relation to stress and includes a set of psychological features that prevent people from reacting to potentially stressful situations or events. Khoshaba and Maddi (1999) introduced hard work as a personality construct consisting of the 3 main components of commitment, control, and combat. Hard-working people devote themselves to what they are doing; they feel they are dominant and self-determining, and life changes are challenges and opportunities for growth and development, not constraints and threats (Kobasa, 1979). Individuals with a high level of psychological hardiness are more vulnerable to a set of stressors and, despite high levels of stress, tend to behave well and stay healthy (Kelly, Matthews, & Bartone, 2014). Another factor that has an inverse relationship with ostracism and direct connection with psychological hardiness in students is enduring failure; failure to tolerate a person's ability to withstand frustration without having any problem in psychological adjustment (Jaffer, & Rajpal, 2017). Inability to tolerate failure results in psychological disturbances, incompatibility, and communication problems. Failure is a prelude to aggression. A person who has the ability to withstand a failure is less aggressive than someone who has less ability in this regard. People with a low failure rate tend to present anti-social or inappropriate behavior. Most psychosocially disadvantaged people have a low tolerance.

When a person fails to succeed, he will have a lower tolerance in achieving the next goal (Rosenbaum and Lasley, 1990). To reduce the problems of inertia, and increase psychological hardiness and tolerance in students, different therapeutic approaches are used, one of which is acceptance and commitment therapy (ACT). ACT, instead of focusing on behavior and reducing and eliminating symptoms such as thoughts and excitement, emphasizes the creation of a valuable and meaningful life (Hayes, 2004). In ACT, admission and mindfulness interventions are used along with strategies for adherence and behavior change in order to increase psychological flexibility in therapists (Flaxman, Blackledge, & Bond, 2011). In ACT, the main goal is to create mental flexibility, that is, the ability to make practical choices from among those possible, rather than merely to avoid disturbing thoughts, feelings, memories, or desires (Forman, & Herbert, 2009). In a study, Flaxman et al. (2011) placed 107 subjects under the three conditions of acceptance and adherence, stress induction, and waiting lists. The analysis of the results showed that the effect of ACT was associated with increased psychological flexibility (Flaxman et al., 2011). Halliburton and Cooper, (2015), in their research, showed that ACT reduces negative and distorted thoughts. Folke, Parling, and Melin (2012), in their research, showed that ACT reduced anxiety and depression in people. Therefore, with regard to the stated content and lack of coherent studies on the effectiveness of this therapeutic model on the variables of the present research, the purpose of this study was to investigate the effectiveness of ACT on negligence, hardiness, and failure of students in Islamic Azad University, Ahvaz Branch, Iran.

Methods

This semi-experimental study was conducted with a pretest-posttest design, a control group, and follow-up. The statistical

population of this study included all students of Islamic Azad University, Ahvaz Branch, which included 552 individuals. Students were matched in terms of educational status and occupation. Participants were all graduate students in the field of psychology and their ages ranged from 20 to 35 years. To select the subjects, all volunteers were examined using Tuckman's Impact Questionnaire, Kobasa's Hardiness Questionnaire, and the Frustration Discomfort Scale. From among all students of the Islamic Azad University, Ahvaz Branch, in the academic year of 1995-96, a sample of 32 individuals was selected, 16 of subjects were randomly assigned to the experimental group and 16 subjects in the control group were randomly assigned. The experimental group of 16 people was trained by ACT.

The experimental group participants took part in 1 session lasting 90 minutes each week. However, the control group did not receive any intervention in this regard. The study inclusion criterion was lack of addiction, and the study exclusion criterion was incomplete and inaccurate information. Based on the ethical charter in the research, ACT was carried out for the control group during follow-up.

The difference between pretest and posttest in each group was statistically significant. Thus, the efficacy of ACT as an independent variable was determined. Its effect on procrastination, hardiness, and failure among students as a dependent variable was determined. A follow-up test was performed 1 month later. After collection, the data were analyzed in SPSS software (version 22, IBM Corporation, Armonk, NY, USA). In order to analyze the information, descriptive statistics (frequency, graph, mean, and standard deviation) and inferential statistics [presumption and multivariate analysis of covariance (MANCOVA)] were used.

Tools

Tuckman's Impact Questionnaire (1991): This questionnaire contains 12 items scored

directly and 4 items (10, 12, 14, 16) inversely. The items are scored on a scale ranging from 1 to 4. High scores on this scale indicate a high outage. This questionnaire was translated by Bayat Moghaddas (2003) and obtained a rate of 73% among students of Azad University of Roudhan Branch, Iran. Its validity was determined through its correlation with the test by Schuazar et al. (2000). Tuckman (1999) found that the reliability of this questionnaire was 86% and its Cronbach's alpha coefficient was 0.81.

The Persian version of Kobasa's Hardiness Questionnaire: The hardiness questionnaire was translated into Persian by Besharat and Hoseinzadeh Bazargani (2006). This questionnaire consists of 45 questions in the 3 subscales of commitment, control, and struggle. The questions are scored based on a 4-point Likert scale ranging from 0 to 3. Each subscale of this test contains 15 questions (Janda, 2001). The test-retest reliability of the scale and its subscales were confirmed in two groups with a correlation coefficient ranging from 0.77 to 0.88. The internal consistency of this scale was also evaluated using Cronbach's alpha coefficient and the internal consistency of this scale was confirmed with correlation coefficients in the range of 0.56-0.78. The scores of subjects in the subscales of psychological well-being, psychological distress, positive perfectionism, and negative perfectionism were examined and confirmed (Besharat & Hoseinzadeh Bazargani, 2006).

The Frustration Discomfort Scale: The Frustration Discomfort Scale (FDS) was created by Harrington (2005) to measure the degree of failure of an individual to achieve a goal. The items are scored based on a 5-point Likert scale. A low total score indicates a high failure rate and a high score indicated a low level of failure. The results of Cronbach's alpha coefficient showed that the reliability of this tool for all participants was 84%, 50% for the non-emotional component, 61% for the incontinence component, 52% for the component, and 71% for the eligibility component. In

addition, the alpha coefficient in the external sample (Harrington, 2005) is higher than the Iranian sample, ranging from 87% (incontinence component) to 94% of the total scale. In the present study, the reliability of the FDS was obtained as 65%, 57%, and 50%, respectively, in the pretest, posttest, and follow-up using Cronbach's alpha. Waltz and Hayes (2009) reported a reliability of 84% for all subjects using Cronbach's alpha coefficient.

Procedure

After obtaining the license for performing the study and after the intervention, the questionnaires and consent form were completed by the participants of both groups. The subjects were randomly divided into control and experimental groups. In the present study, an ACT program was implemented in which subjects received a 90-minute treatment session each week. Before the main sessions of the treatment, 1 session was held to explain the research, establish a good relationship with the participants, perform tests, and collect information about problems that have caused disturbances (Table 1).

Results

Based on descriptive statistics of the demographic variables, the highest average age of the students in the control group in the age range (24-28) was equal to the highest average age of the students in the experimental group (20-23). There were 3 (18.75%) married individuals in the experimental group and 5 (31.25%) in the

control group. To assess the hypothesis of the study, the effect of the independent variable was studied on several dependent variables in the two groups. Before implementing the analysis of covariance (ANCOVA), the study hypotheses were analyzed. The assumptions included the existence of a linear relationship (direct line) between dependent variables that was examined by scattering diagrams between each pair of dependent variables (regression mapping), homogeneity of the matrix variance and covariance (box test), and normal distribution of multivariate and equal variables of data (Loon).

According to results presented in table 2, the data indicates that the mean procrastination score in the pretest was higher than that in the post-test; thus, the intervention has caused a significant decrease in procrastination scores of the participants. The results also indicate that the mean hardiness score in the pretest was lower than the posttest; this difference was statistically significant. Moreover, the mean scores of failure tolerance had significantly increased in the posttest compared to the pretest.

The effect size was calculated using Vickers' Hardness Test; 92% of the total variance of the experimental group and the control group are due to impact of independent variable (Value: 0.07, F: 107.95; Df: 3; Df error: 25; P = 0.001). The test power was equal to 1, which indicates the adequacy of the sample size and the significant difference between the experimental and control groups in one of the domains.

Table 1. The contents of the 8 sessions of the 90-minute acceptance and commitment therapy

Session 1:	General explanations for acceptance and commitment therapy
Session 2:	The relationship with the present, training exercises, and metaphors
Session 3:	Seeing oneself as the field-home and furniture metaphor and chess
Session 4:	The role of non-Hebrew languages metaphors of the bus
Session 5:	Reviewing the assignments of the pre-admission meeting of negative experiences, the metaphor of the wrap-around, and the male monsters in the well
Session 6:	Educating creative philanthropy
Session 7:	The purpose of concept and value difference with purpose
Session 8:	Conclusion, summary of the stages, and implementation of the posttest

Table 2. Mean and standard deviation of scores of procrastination, hardiness, and failure tolerance in pretest, posttest, and follow-up in the two groups

	Group	Number	Pretest		Posttest		Follow-up	
			Mean	Standard deviation	Mean	Standard deviation	Mean	Standard deviation
Procrastination	Experimental	20	47.75	11.08	30.25	10.21	32.68	10.63
	Control	20	31.68	9.78	32.62	8.93	29.56	9.58
Hardiness	Experimental	20	50.43	23.38	92.93	32.63	88.68	34.65
	Control	20	109.06	28.99	110.81	29.97	112.37	29.47
Failure tolerance	Experimental	20	47.75	11.08	30.25	10.21	32.68	10.63
	Control	20	31.68	9.78	32.62	8.93	29.56	9.58

According to the results presented table 4, the F value for the irregularity variable was 56.19 ($P < 0.0001$), meaning, the treatment reduced procrastination among the experimental group participants. The F value for hardiness was 137.55 ($P < 0.0001$), illustrating that the treatment has increased hardiness in the experimental group. For the failure tolerance variable, the gain was 272.42, which is significant ($P < 0.0001$) and illustrates that the treatment has increased failure tolerance in the experimental group. Moreover, according to the calculated effect size, there was 67% variation in the irregularity variable, 83% in hardiness, and 91% in failure tolerance due to the effect of the independent variable (ACT).

According to the results presented in table 4, it can be stated that ACT has led to a reduction in procrastination, and increase in hardiness and failure tolerance in the follow-up phase.

Discussion

The results of the present study showed that treatment based on ACT, hard work, and

failure tolerance is effective on students. These findings are in line with that of the researches by Halliburto, & Cooper (2015). Kanter, Baruch, & Gaynor (2006), and Seligman, Schulman, DeRubeis, & Hollon (1999). In the explanation of this finding, it can be stated that since procrastination is clearly defined as the avoidance of a task and ACT prevents avoidance of tasks, ACT decreases procrastination. People who avoid their experiences and practices spend more time on activities that distract their attention from the subject matter or private experience. These activities include eating, drinking, rumination, thinking about the past, sometimes even positive activities, and etcetera. These activities cause distraction which keeps individual from performing task and experiencing internal events and, as a result, he is neglected. This distraction is left out by use of creative ,distress. As a result, by, leaving aside distraction an opportunity to perform tasks is provided Halliburto, & Cooper (2015). reported that ACT reduced negative and distressing thoughts.

Table 3. Multivariate analysis of covariance of Ankawa in terms of mean posttest scores of procrastination, hardiness, and failure tolerance in the two groups

Variable	Source of variations	Mean of squared	Degrees of freedom	F	Level of statistical significance	Level of the squared	Statistical Power
Procrastination	Group	994.79	1	56.2	0.0001	0.675	1
	Pretest	631.95	1	13.65	0.001	0.333	0.942
	Error	46.98	37				
Hardiness	Group	6462.81	1	137.55	0.0001	0.836	1
	Pretest	631.95	1	13.45	0.001	0.333	0.942
	Error	46.98	27				
Failure tolerance	Group	8333.73	1	272.46	0.0001	0.91	1
	Pretest	1750.01	1	57.21	0.0001	0.679	1
	Error	30.58	27				

Table 4. The results of covariance analysis of the follow-up of the acceptance and commitment therapy to the rates of overspending, hard work and failure

Variable	Total sum of changes	df	Average squares	F	P-value	EI
Procrastination	Follow-up	1	243.258	7.13	0.0001	0.97
Hardiness	Follow-up	1	6912.185	75.33	0.0001	0.722
Failure tolerance	Follow-up	1	73.64.83	26.11	0.0001	0.474

Folke et al. (2012) showed that ACT reduced anxiety and depression in individuals. Seligman, et al, 1999 divided 231 students from Pennsylvania University randomly in two groups of experimental and control groups, each consisted of 10 people in an attempt to prevent anxiety and depression, they were trained by mindfulness- based cognitive therapy (one of components of acceptance and commitment therapy). After a one- year follow- up period. Participants in training courses showed significantly less anxiety and depression and ineffective attitude than the control group (Seligman, et al 1999). Regarding the findings, it can be argued that ACT increases the rate of hard work in life. In the explanation of this finding, it can be argued that ACT increases the commitment to goals in line with values, and commitment and combat are two components of hard work. In explaining the finding that ACT increases hard work, it can also be argued that, through ACT, people who have a low level of hard work in their lives learn to devote most of their energy to hard work instead of fighting negative thoughts, feelings, and memories and undesirable physical feelings. ACT eliminates these negative experiences in hard-working individuals using hybrid strategies and self-conceptualization, and creates a space for these individuals to accept negative experiences and feelings and stop fighting these experiences. When you accept negative experiences and no longer fighting them, much of the energy that was spent on fighting negative experiences is released.

The energy that is released through ACT is guided in the path of compulsive action (one of the components of ACT), and thus, increases hardiness.

The findings showed that ACT is effective

on failure tolerance. In explaining this finding, it can be argued that a person who is receiving ACT finds a transcendent sense of self. This transcendental sense of self is superior to all the components of the individual (feelings, thoughts, body, desires, and etcetera), and is known as "self-context", according to Heidegger, reaches individuals from "being within life" to "being above life" and places individuals in the position of subject. Since an individual who is in subject's position toward his components is aware of everything and sees himself as isolated from what has happened. he/she shows less reaction to the trade involved, including denial of satisfaction of a need. And as a result, his/her degree of frustration tolerance becomes greater.

If false cognitive like, I must always meet all my needs and assumptions like if my need has not been met, then I have to react is one of the causes of frustration of intolerance, so, cognitive defusion leads to increase in frustration tolerance. frustration tolerance is the ability of an individual to tolerate failure (Rosenweig, 1994). This resistance to the failure expressed by Rosenwijde is obtained totally transparent in psychological acceptance. In psychological admission, people only look at different experiences, such as feeling highly frustrated, but do not escape from the experience of frustration. They do not react to feelings of failure of tolerance and feel frustrated. The ultimate goal of ACT is psychological flexibility. Flexible people have a high degree of adaptability to various conditions, including failure. People with high flexibility would face openly and flexibly to that dissatisfaction if they are dissatisfied with a physiological or psychological need. Given the facts noted above, it can be concluded that ACT

increases failure tolerance in individuals through increasing unconscious flexibility. One of the limitations of this study was that its results do not determine which psychological properties increase the chance of healing. Another limitation in this research was that the subjects were students of Islamic Azad University, Ahvaz Branch, thus making it impossible to generalize the results of the research to people in other societies. Due to the efficacy of ACT in the reduction of symptoms of neuroticism, and increased failure tolerance and hard work, it is suggested that psychological services and counseling services be provided based on appropriate guidelines drawn from the findings of this research.

Conclusion

One can conclude that ACT makes people aware of their thoughts and emotions, such as denial of satisfaction and the anxiety of doing homework, and the world around them. ACT disrupts and separates one's own thoughts, and makes individuals more aware of the exact values and goals of their existence for themselves and increases their commitment to accomplishing these goals; therefore, ACT can play an important role in adjusting the ostracism, hard work, and failure scores of students. Previous studies have shown that ACT and changes in the context of inappropriate thoughts and behavior lead to positive health-related behaviors. The findings of this study confirmed that of previous researches that have shown that adherence is reduced by increasing mental admission rather than experiential avoidance, and procrastination is reduced and the rate of hard work increased through creating goals and adherence to those goals. In this study it was shown that acceptance and commitment therapy increases frustration tolerance against adversities by accepting experiences and viewing of self from subjective position as a context. Therefore, considering the mentioned issues and considering that the

difference in the mean scores (in the pretest) of students was meaningful, the effectiveness of ACT in decreasing procrastination, and increasing hardiness and failure tolerance can be seen. Hard-working people who have a high tolerance of failure progress more in different aspects of life and are more successful. Finally, according to the findings of this study, ACT is recommended for the reduction of overspending, and increasing of failure tolerance hardiness.

Conflict of Interests

Authors have no conflict of interests.

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