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Article

Behavior therapy: roots, evolution, and reflection on the relevance of behaviorism in the clinical context

Lorenzo Rodríguez-Riesco[1], Sebastián Vivas[2], Antonio Mateos Herrera[3], Cristina Pérez-Calvo[4] and Ana M. Ruiz-Duet[1]

[1] Universidad de Cádiz, Spain, [2] Universidad de Córdoba, Spain, [3] Universidad de Granada, Spain, [4] Universidad de Sevilla, Spain

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ABSTRACT

Behavior Therapy—as well as its three generations—has been shown to be the psychotherapeutic technology with the most empirical evidence in clinical and health psychology. However, each of its generations is based on different philosophical foundations. In this paper, we briefly present their historical background, their strengths, and the possible drawbacks that we find in each one. First, behaviorism (methodological and radical) and its various techniques based on the principles of learning, followed by the emergence of cognitive-behavioral therapies in a historical context marked by cognitivism and, today, the most effective technique for a wide variety of cases. Finally, those known as third generation (or contextual) therapies, a technology derived from functional contextualism that is the basis of these therapies. As conclusions, the relevance of the debate surrounding the object of study of psychology and the adherence to evidence-based psychological treatments is highlighted.

Terapia de conducta: raíces, evolución y reflexión sobre la vigencia del conductismo en el contexto clínico

Palabras clave
Terapia de Conducta
Conductismo
Terapias Cognitivo-Conductuales
Terapias Contextuales

RESUMEN

La Terapia de Conducta, así como sus tres generaciones, ha mostrado ser la tecnología psicoterapéutica con mayor evidencia empírica en psicología clínica y de la salud. Sin embargo, cada una de estas generaciones parte de unas bases filosóficas diferentes. En este trabajo se presenta brevemente su recorrido histórico, sus puntos fuertes y los posibles inconvenientes que nos encontramos en cada una. En primer lugar, el Conductismo (metodológico y radical) y sus diversas técnicas basadas en los principios del aprendizaje, seguido por el surgir de las Terapias Cognitivo-Conductuales en un contexto histórico marcado por el cognitivismo y siendo, a día de hoy, las más eficaces para una amplia variedad de casuísticas. Por último, las denominadas Terapias de Tercera Generación (o Contextuales), tecnología derivada del contextualismo funcional que sienta la base de estas. Como conclusiones, se recoge la relevancia del debate sobre cuál es el objeto de estudio de la psicología y se remarca la adherencia a los Tratamientos Psicológicos Basados en la Evidencia.

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Correspondence: lorenzo.rodriguezriesco@alum.uca.es

Psychology, by simple translation of the two Greek words it is composed of (psycho- and -logy), is defined as the science that studies the mind. However, other authors, such as Watson (1947), define it as the science that studies human behavior. Sometimes the definition may vary depending on the philosophical current that is attempting to define it (psychoanalysis, behaviorism, cognitivism, etc.), but there is broad agreement in defining it as the science that studies human behavior and mind. This paper presents a review of the empirical validity of the model that, to date, has the most scientific support: behavior therapy and its three generations. To distinguish between them, the first generation will be called behavior therapy (BT), the second generation will be called cognitive-behavioral therapy (CBT), and the third generation will be called contextual therapies.

However, before beginning this review, it is important to clarify that, in order to understand psychology and its scientific role, it is necessary to know the philosophy of science. Klemke and collaborators (1998) define philosophy of science as "the attempt to understand the meaning, method, and logical structure of science, by means of a logical and methodological analysis of the purposes, methods, criteria, concepts, laws, and theories of science" (cited in: Montgomery, 2007). However, there is much debate about which philosophical-scientific stance psychology professionals should take: Natural science or human science? Evidence-based practice or practice-based evidence? Techniques or relationships? (Pérez-Álvarez, 2019).

Evidence-based practice is a concept closer to natural science that emerged in the 1960s in the field of medicine, when it was realized that clinical treatments lacked a solid foundation. Thus began the study of evidence-based medicine, which would be consecrated in 1992 with the creation of the evidence-based medicine working group, whose objective is to study, raise awareness, and make visible medical practices that have scientific evidence. In this framework, and motivated by the creation of the Agency for Healthcare Research and Quality in the United States, in 1993 the American Psychologist Association (hereinafter, APA), through its Division 12, created a working group whose purpose was to design a list of psychological treatments with empirical support that could be manualized and monitored for their correct teaching and clinical replicability by psychology professionals (Mustaca, 2014). On the other hand, practice-based evidence is based on a contextual model for understanding psychology focused on relationships—specifically on the therapeutic relationship—highlighting factors such as alliance, empathy, acceptance, congruence, and client feedback. It prioritizes the effectiveness and efficiency of therapy, that is, its usefulness in the clinical context, over efficacy (Pérez-Álvarez, 2019). Other authors advocate evidence-based change processes, thus emphasizing the importance of answering two questions: What works? And why does it work? (Froxán-Parga, 2020). This dilemma divides psychology, thus directly influencing what is considered an effective psychological treatment and what is not as well as the criteria for measuring its usefulness, with some positions defending psychology as a natural science (Watson, 1913) and others defending it as a human or contextual science (Pérez-Álvarez, 1998). In this paper, we aim to adopt a neutral perspective, taking into account that psychology can be considered either of the two depending on the theoretical perspective.

It is said that psychology today is a young discipline and has yet to establish its value within science. BT emerged in the 1950s in contrast to psychoanalysis. It is a technology derived from behaviorist philosophy and experimental behavior analysis, based on the assumption that all behavior, whether adaptive or not, is learned and can be modified through the principles of learning. Behaviorism and BT, focused on the experimental methodology of the scientific method, replaced psychoanalysis and psychoanalytic therapy as the prevailing philosophy and technology in the field of psychotherapy. However, due to the emergence of cognitive psychology in the 1960s and the criticisms made regarding the application of behavioral techniques to problems of negative affect (e.g. depression), cognitive-behavioral therapies (CBT)—also known as second generation behavioral therapies—emerged, which consider it fundamental to identify and change dysfunctional thoughts or beliefs that determine and maintain the problem.

CBT, since its emergence in the 1960s, has acquired great relevance in the field of clinical psychology, to such an extent that it is currently the psychological intervention paradigm with the greatest empirical evidence of its efficacy for various psychological problems (Márquez-González, 2016). This can be seen reflected in the different guidelines for effective psychological treatments, developed by the APA or the National Institute for Health and Care Excellence (hereafter, NICE) (Moriana et al., 2017; Moriana & Martínez, 2011). However, CBT is not exempt from criticism, mainly involving the theoretical foundations of the cognitive model being questioned (Kanfer & Hagerman, 1985; Eysenck & Martin, 1987; Wolpe, 1990; cited in: Froxán-Parga et al., 2018). These objections and the desire to return to a behavioral model such as BT brought with it a new generation, known as the third generation therapies or contextual therapies.

To summarize, in general, all three generations of therapy aim to modify behavior. However, CBT seeks this change through the restructuring of thoughts, with a cognitive and intrapersonal approach prevailing at the basis of this therapy. For its part, BT focuses on behavior in relation to environmental conditions and the functions they fulfill (reinforcing or discriminating) (González-Pardo & Pérez-Álvarez, 2007). Finally, contextual therapies focus on the context and its way of influencing behavior, apparently bringing behaviorism back to the central axis of the clinical context (Pérez-Álvarez, 2014). Below, we will provide details on each of them and highlight their strengths and weaknesses to conclude with a discussion on the current validity of behaviorism in the therapeutic context.

Behavioral Therapy and Behaviorism

The definition of the behavioral model of psychotherapy is characterized by a debate on the terms behavior modification and BT. Some authors argue that the term behavior modification refers to both BT and applied behavior analysis, the latter being the study of behavior and the variables that give rise to it. In other words, behavior modification is the application of the principles and laws of learning to any setting (school, clinical, family) and carried out by any person (teachers, family, social work professionals, etc.). For its part, BT is the application of behavior modification techniques to dysfunctional behaviors in the clinical context by

psychology professionals (Eelen, 2018; Martin & Pear, 2007). On the other hand, other researchers defend and use both terms without distinguishing between the two (Ruiz et al., 2012). During this paper, the two terms will be used as synonyms.

Having clarified the previous point, it is important to understand the origin and definition of behaviorism before fully introducing BT. Skinner defined behaviorism as the philosophy of the science of human behavior, as opposed to a general thought that categorized it as the science of human behavior. In other words, for Skinner, psychology as a science has human behavior as its object of study, and its philosophical approach is behaviorism. In his book *About Behaviorism,* Skinner differentiates between two types of behaviorism (Skinner, 1974):

— Methodological behaviorism: it holds that mental facts are unobservable, since it is impossible that two or more people can agree on what happens in the world of cognitions. It focuses its object of study on observable behavior. This philosophical position was promoted by Watson.

— Radical behaviorism: its object of study is behavior. It takes into account the internal aspects of the person, as well as the cultural context in which the person develops, but does not consider them the cause of behavior. The term "radical" means total, emphasizing that it collects all aspects of human behavior, both external and internal, leaving nothing out because it is unobservable (Pérez-Álvarez, 2018).

It should be noted that both types of behaviorism include the learning principles of operant and classical conditioning. It is the experimental work derived from the postulates of these two branches of conditioning that gave rise to BT. On the one hand, the experiments of Watson (1913) and, especially, Pavlov (1917) on conditioned reflexes gave rise to the theory of classical conditioning, used by Wolpe (1958) in his studies that led to the development of systematic desensitization. The latter is now recognized as the first empirically validated treatment of BT, showing particular efficacy for the treatment of specific phobias (Vallejo-Slocker & Vallejo, 2016). In the same decade, the behavioral model was consolidated, and BT emerged within the clinical context as opposed to the psychoanalytic therapeutic model. The work of Eysenck (1952) is well known, in which after comparing the effects of psychoanalytic or eclectic therapy with patients who did not receive treatment, it was found that the effects of the prevailing psychotherapy at that time were no better than not receiving psychological treatment. This was a serious blow to psychoanalysis. This same author, together with his research team, examined the efficacy of behavioral techniques such as exposure for neurosis, phobias, agoraphobia, and other psychological problems (Ruiz et al, 2012).

On the other hand, the contributions of operant conditioning to BT come mainly from Skinner. His major contributions are the study of conditioned operant behavior, applied behavioral analysis, functional analysis of behavior, and the pragmatic circularity between the two (Fuentes & Quiroga, 2004). Today, its contributions are still latent in many problems (e.g., addictions to new technologies) and topics (e.g., behavioral economics; Pérez-Álvarez, 2021). Thus, BT was consolidated as a contextual and ideographic model, where techniques such as reinforcement, punishment, token economy, behavioral contracts, exposure techniques, etc., stand out.

BT has shown its effectiveness in the treatment of different psychological problems: specific phobia (Orgilés et al., 2002), depression (Sanz & García-Vera, 2017), and social anxiety disorder (Baeza, 2007). A study by Echeburúa et al. (2010) highlights the effectiveness of BT and its different techniques for social phobias, specific phobias, agoraphobia, PTSD, OCD, relationship problems, sexual dysfunctions, alcoholism, and enuresis. In addition, the guide of effective psychological treatments (Pérez-Álvarez et al., 2003) includes behavioral treatments such as community reinforcement approach (CRA), family and couple behavioral therapy, CRA and incentive therapy in contingency management for cocaine addiction, contingency management in methadone programs, in vivo exposure for specific phobias, exposure and response prevention for OCD, among others.

Criticism of Behavioral Therapies

One of the great generalized criticisms of BT is its "denial" or "inability" to work on the cognitive components of psychological problems. However, if one starts from radical behaviorism, behavior modification also takes cognitions into account, working on thoughts as covert behaviors. While it is true that Watson absolutely rejected the study of private events, Skinner (1974) ruled that private events should not be rejected, but that they constitute an element that is only observable by the person himself, so that it is this person, being unobservable by outsiders, who has the duty and task of recording the occurrence of that behavior. These events would be nothing more than covert behaviors that would follow the same laws of learning as visible operant behaviors. Today, radical behaviorism maintains that psychology is the science that studies human behavior, including everything that a person feels, does, and thinks (Froxán-Parga, 2020).

On the other hand, Upper and Cautela (1983) show an example of how to work with covert behaviors. They propose the use and application of the principles of classical and operant conditioning in symbolic representations, working through the imagination on behavioral change in reality. This technique is inspired by systematic desensitization.

Another major criticism is that its application is not very effective beyond anxiety disorders, especially for problems such as depression. However, there are multiple studies that dismantle these criticisms. On the one hand, BT could be at least as effective as CBT for the treatment of depression (Echeburúa, 1998).

Finally, Albert Bandura and Richard Walters (1977) indicated that the learning principles of behaviorism are insufficient to explain the acquisition of completely new behaviors and that some behaviors are learned without being directly experienced by the person. In this sense, he proposed his theory of social learning, and with it his main technique, modeling, based on the same principles of reinforcement and punishment proposed by operant conditioning, but with the inclusion of a new element: a model. His proposal is that learning can be consolidated on the basis of the observation of the reinforcers or punishments that a model receives for his/her behaviors and, on the basis of these, the individual will decide whether or not to carry them out. From the theory of social learning various relevant techniques in current psychotherapy are derived such as, for example, modeling and training in social skills. Furthermore, it was an important revolution for two reasons. On

the one hand, it introduced cognitive variables (attention, memory, and motivation) and highlighted their importance in acquiring and developing new behaviors. On the other hand, it was a relevant reference for the development of cognitive-behavioral therapies.

Strengths of Behavioral Therapies

In summary, it could be said that the strengths of behavioral therapy are:

1. Redirecting the field of study of psychology to behavior, bringing the profession closer to a contextualist vision of human behavior that would move away from the medical and intrapsychic model proposed by psychoanalysis.
2. Supporting psychology as a scientific discipline by bringing the principles of learning, which had been subjected to experimental tests, to the therapeutic context, thus assuming a clear connection among philosophy (behaviorism), science (experimental analysis of behavior), and technology (behavior therapy).
3. To develop the first effective assessment techniques and treatments for behavioral disorders (functional analysis of behavior, exposure, systematic desensitization, contingency management, stimulus control, etc.).

Cognitive-Behavioral Therapies and Cognitivism

CBT arises, on the one hand, from the cognitive revolution produced in the 60's in the field of experimental psychology and, on the other hand, as a continuation of the introduction of tools based on cognitive variables that Albert Bandura had previously introduced. From this, the rational emotive therapy of Ellis and Dryden (1987), later renamed rational emotive behavioral therapy (REBT) in the 1990s by the author himself, and the cognitive therapy of Aaron T. Beck (1979) were developed. Subsequently, other therapies such as problem-solving therapy or stress inoculation training would emerge. In short, it could be said that cognitivism is to cognitive behavioral therapy what behaviorism is to BT. Richelle (1992), in a classification that is more personal than consensual or accepted in the scientific world, proposed the existence of four types of cognitivism: methodological, epistemological, ethical, and institutional cognitivism.

There are different positions when determining which therapies belong to this category. On the one hand, some authors, such as Hollon and Beck (1994), support a separation between cognitive therapies (Beck's cognitive therapy and Ellis' REBT) and cognitive-behavioral therapies (problem-solving therapy, Barlow's cognitive-behavioral therapy, etc.). Others, such as Meichenbaum (1995) include all the models mentioned above under the cognitive-behavioral category (cited in: Caro, 2000). Nevertheless, in this paper, it was decided to include all of them as CBT because they emerged in contrast to and as an evolution of the prevailing behavioral model and therefore correspond to the second generation of CT. In addition, they all contain behavioral components to be worked on and, as if that were not enough, the clinical reality shows how in the clinical context the two types of techniques are combined in a normative manner.

The development of these therapies meant leaving behind the metaphor of BT conditioning for that of information processing. That is to say, while behaviorism proposed that behaviors were learned through conditioning processes subject to the laws of learning, cognitivism defends that manifest behaviors come from the result of the creation of cognitive processes (Meichenbaum, 1995). Thus, based on philosophy and cognitive science, CBT relegates the work on overt behavior to a secondary plane, focusing its object of intervention on mental processes or, as it would be called in behaviorism, covert behavior.

The technique, or process resulting from the application of various strategies (Ruiz-Fernández, 2015), most recognized in CBT is cognitive restructuring, which works on the modification of maladaptive thoughts, reconverting them through dialogue and Socratic debate into adaptive thoughts. Thus, due to the thought-emotion-behavior relationship, appropriate behaviors are favored (Pérez-Álvarez, 2014). However, CBT encompasses other tools such as, for example, decision making, assertiveness training, and training in problem-solving skills (Beck, 1979; Ellis & Dryden, 1987). Thus, cognitive restructuring is a central tool of cognitive therapy and CRRT, but it is not the only tool available for these therapies.

On the other hand, within cognitive-behavioral therapies, there are also other technologies outside cognitive restructuring, such as problem-solving training (PST) or coping skills training, which work on cognitive aspects with different techniques and perspectives (Feixas & Miró, 1993). On the one hand, the main objective of PST is to help the person to identify and solve current problems in his or her life that are antecedents of maladaptive responses, generating adaptive alternatives and, if necessary, teaching general skills that allow the person to handle future problems more effectively and independently (D'Zurilla, 1986). For its part, coping skills training consists of the study and improvement of the conscious defensive maneuvers that a person performs in stressful situations (Beutler & Clarkin, 1990, cited in Feixas & Miró, 1993).

CBT has demonstrated efficacy for a wide variety of disorders (Fonseca-Pedrero et al., 2021; Moriana et al., 2017). According to Fonseca-Pedrero's (2021a) *Manual de Tratamientos Psicológicos en Adultos* [Handbook of Psychological Treatments in Adults], it is considered effective for: psychotic disorders, bipolar disorders, depressive disorders, GAD, OCD, social phobia, specific phobia, hypochondriasis, bulimia nervosa, substance addiction and behavioral addictions, suicidal behavior, etc. In addition, the APA guide to effective psychological treatments (https://www.div12.org/treatments/) adds that CBT is effective for other psychological disorders such as anorexia nervosa, insomnia, and chronic pain. The NICE classification includes CBT as an effective therapy for other disorders such as: binge eating disorder or antisocial personality disorder, among others.

Critiques of Cognitive-Behavioral Therapies

There are authors who question cognitive restructuring, and despite it being a technique widely used among professionals from various branches of psychology, and one that has demonstrated its effectiveness as a therapeutic component for the treatment of various mental disorders, it is unknown what the mechanisms of change are that lead to its clinical utility (Calero-Elvira, 2009). Therefore, there is much debate as to whether what makes this

technique effective are its cognitive or behavioral components, and it has been suggested that rather than a restructuring and modification of maladaptive thoughts, it is a molding of overt and covert verbal behaviors, proposing that the mechanism of operation of cognitive techniques would be better explained by the laws of classical learning (behaviorism) than by the laws of cognitive learning (González-Terrazas & Froxán-Parga, 2021; Froxán-Parga & Calero-Elvira, 2011). In line with this, several authors suggest criticisms of CBT for giving greater importance to the study of outcomes—what is effective?—than to the study of change processes—what is effective? And why is it effective?—, emphasizing the importance of knowing what is it that we do and why we do it (Fonseca-Pedrero et al., 2021; Froxán-Parga et al., 2018).

CBT determines that change in behavior is due to change in cognition and, just as BT was supported by behaviorist findings, second-generation therapy claims that its theoretical principles are nourished by cognitivist philosophy. However, while BT bases its principles on the experimental findings of experimental behavior analysis, the relationship among cognitivism, cognitive psychology, and CBT is less clear. For example, the foundational texts of CBT (REBT and cognitive therapy, for example) emerge at the same time or even before the cognitivist philosophy, generating doubt as to whether the influence of the cognitivist model is real or a search for experimental justification for its psychotherapy (Caro, 2013).

Currently, the efficacy of CBT for a wide range of disorders is not in doubt. However, the cause of its efficacy is unknown. It seems that more than the cognitive components, it is due to the behavioral components of the therapy, raising doubts about the relevance of cognitive techniques. Likewise, cognitive psychotherapy undermined the contextual character of BT, thus bringing it closer to the medical model focused on diagnostic criteria and the elimination of symptoms (Pérez-Álvarez, 2014).

Strengths of Cognitive-Behavioral Therapies

Briefly, it could be said that the strengths of CBT are:

1. It is one of the psychological therapies with the most empirical evidence today, being effective for a wide variety of psychological disorders.
2. It is one of the most competent therapies and is on a par with medication.
3. They are highly recognized, both psychiatrically and psychologically, appearing in most of the guides to effective psychological treatments.

Third Generation Therapies and Functional Contextualism

The criticisms and limitations of CBT, despite its undoubted quality and efficacy in the treatment of many psychological disorders, led to the emergence of what has been called a new "wave" or generation of BT. Contextual therapies combine strategies from first-generation therapies, more oriented towards the history and circumstances of the person, and second-generation therapies, with greater emphasis on the cognitive component (Hayes & Hoffman, 2021). In fact, the greatest exponent of these, acceptance and commitment therapy (ACT), focuses on the functional analysis of verbal behavior, and has its origin in radical behaviorism. ACT is based on relational frame theory, which is based on Skinner's studies on verbal behavior and considers thoughts as behavior.

Third generation therapies are based on functional contextualism as a philosophical model (Hayes, 1993). This philosophy of science arises from the postulates raised about behavior in the radical behaviorism of Skinner and other authors. This new approach is based on the idea of incorporating more optimally the empirical emphasis in the analysis of behavior, being more "contextual" than, for example, radical behaviorism itself as it does not contemplate the pragmatic component that describes it (Gifford & Hayes, 1999; González-Terrazas, 2021).

Within this group are encompassed: ACT, dialectical behavioral therapy, behavioral activation therapy, functional analytic psychotherapy, integrative behavioral couple therapy, and mindfulness-based cognitive therapy (Luciano & Valdivia-Salas, 2006; Mañas, 2007). The word context takes on a different meaning depending on the selected therapy. Thus, ACT and mindfulness-based cognitive therapy focus on change in the socio-verbal context, that is, the person as a subject who learns to control and experience his or her feelings according to the rules of language. On the other hand, the context of the therapeutic relationship (functional analytic psychotherapy) refers to the clinical space in which the patient and the psychologist develop the therapy as a source of experience and learning. Finally, the context as environment (behavioral activation therapy and integral behavioral couple therapy) is that in which the individual and his/her behaviors develop with his/her environment (Pérez-Álvarez, 2006). Because it focuses the axis of psychological change in the context, these therapies have been called "contextual therapies".

The efficacy of this type of therapy varies depending on the problem presented by the patient. For example, behavioral activation therapy has shown efficacy for the treatment of depression (Barraca, 2016) as well as for depressive and anxious symptomatology in cancer patients (Fernández et al., 2011). For its part, ACT is effective for the treatment of social phobia, being equally as or more effective than CBT (García-Pérez & Valdivia-Salas, 2018). It has also been shown to be effective for depression, work stress management, psychotic symptomatology, obsessive-compulsive patterns, anxiety disorders, drug and tobacco use, multiple sclerosis, psycho-oncology, trichotillomania, fears and worries, diabetes, epileptic episodes, chronic pain, and self-injurious acts (Luciano & Valdivia-Salas, 2006). Dialectical behavior therapy shows efficacy for the treatment of borderline personality disorder (Soler et al., 2016). Integral couple therapy is effective for the marital clinic, assuming an improvement in emotional acceptance with respect to classical BT. Some of these therapies, such as ACT and dialectical behavior therapy, include mindfulness in some of their cases, which—while it seems to be an effective complementary technique for depression and anxiety (Pérez-Álvarez, 2014)—has not yet proven its efficacy on its own (Martín-Orgilés & Sevilla, 2014).

Based on BT, a new perspective for the development of psychotherapy, process-based therapy (PBT), has been described (Hayes & Hoffman, 2018). PBT consists of employing evidence-based procedures in accordance with processes that operate in a specific way in the context of each individual, aiming to solve problems and promote well-being. In this way, a series of common

processes are proposed that interact with each other and give rise to the different problems observed in the clinic. Motivational, attentional, and emotional processes, the self (understood as the individual identity emphasizing its language), the behavioral repertoire of coping and cognitive defusion constitute the core processes of PBT (Hayes et al., 2021). These processes could serve as common bridges between different perspectives within CBT (Hofmann & Hayes, 2019). PBT represents a paradigm shift from the previous paradigm based on diagnostic labeling and symptom enumeration (Hayes et al., 2021).

Criticism of Contextual Therapies

In the first place, the extent to which there are potential differences between radical behaviorism and functional contextualism is questionable. Moreover, radical behaviorism does consider the contextual if we take into account, for example, dispositional variables or motivational operations among other theoretical, technological, and philosophical elements (González-Terrazas, 2021). This leads to disagreement among psychology professionals as to the extent to which it is a philosophy distinct from radical behaviorism or whether functional contextualism is merely an evolution of behaviorism (Luciano & Valdivia, 2006; Pérez-Acosta et al., 2002). And, if it is an evolution of radical behaviorism, why should it be completely separated from it?

In line with PBT, behaviorism and the experimental analysis of behavior also refer to the study of the psychological processes involved in therapeutic change, this being a prior and fundamental step to the development of a therapeutic technology. Neither psychotherapy nor any application of psychological science can be relegated to a mere set of techniques that are applied without knowing why or for what purpose. For this reason, Froxán-Parga et al. (2018) stress the importance that, in addition to working on outcome research (what is effective?), work should be done on process research (why is it effective?). It would be interesting to delimit to what extent they are talking about different concepts or both generations suggest the same in terms of process research.

The need arises to strengthen the relationships between the therapies that comprise them, since so far ACT seems to influence the other therapies the most; and in turn, to seek a link with other approaches (Pérez-Alvarez, 2012). On the other hand, focusing on ACT, the assumption of an obvious link between it and relational frame theory seems to be questioned. For example, ACT has been explained through models from the first generation, although the connection between the aforementioned theory and ACT is still advocated (Foody et al., 2013, González-Terrazas, 2021; Harte & Barnes-Holmes, 2021). Gross and Fox (2009) expose various controversies surrounding RFT, highlighting the differences with Skinner's theory of verbal behavior and the difficulties in putting its postulates into practice.

Another challenge presented refers to what is known as the therapist barriers, related to the difficulty in deploying therapeutic skills in consultation, since in therapies such as ACT and functional analytic psychotherapy the therapist with his/her behavior shapes the behavioral functions of the client (Luciano et al., 2016).

Finally, far from the results obtained in the first meta-analyses due to the methodological deficits of the first randomized controlled studies (Ost, 2008), contextual therapies have proven to be effective. However, they are not always superior to CBT in effectiveness (e.g., in ACT; Gloster et al., 2020). Therefore, it is not surprising to question to what extent they bring something new to the clinical landscape, or when it is more beneficial to select one over the other.

Strengths of Contextual Therapies

1. They once again resume the interest, lost with the emergence of cognitivism, that psychology be considered a contextual science, far from the medical model.
2. They recover radical behaviorism, understanding this as the study of behavior in all its aspects (overt and covert), starting from the laws of classical learning and their application to human behavior.
3. They have led to the emergence of a wide variety of useful and effective tools that remain available to psychology professionals.

Discussions and Conclusions

It is important for a science to have a clear object of study, just as in medicine it is the health and illness of the human being. However, in psychology, this is not the case. The great debate about cognitivism (introspective psychology, focused on internal processes and more attached to the medical model) and behaviorism (empirical psychology, focused on the observable and in favor of a contextual model), which seemed buried in favor of cognitivism and mental processes (Zumalabe, 2012) is beginning to resurface, thanks, in part, to those known as contextual or third-generation therapies (Pérez-Álvarez, 2014). However, as long as this debate persists, it seems that it will be complicated to unify psychology under a single theoretical framework. This can be both positive and negative. On the one hand, it is positive that psychology is not reduced to a single explanatory theoretical framework. However, the non-delimitation of its field of study, and thus of its basic theoretical frameworks, can lead to problems due to psychological treatments that are not empirically validated. There is no doubt that CBT is currently the psychological technology that has the most empirical evidence, and this is confirmed in the most important guides to effective psychological treatment (Fonseca-Pedrero, 2021a, 2021b; Pérez-Álvarez et al., 2003). In other guidelines (APA, NICE, Cochrane, etc.) there is a notable presence of behavioral therapies, and every day contextual therapies increase their empirical evidence. BT, with its three generations, seems to be positioning itself as the psychotherapy with the most empirical evidence, above others derived from psychoanalytic, humanistic, and systemic models (Fonseca-Pedrero, 2021a, 2021b; Moriana et al., 2017).

However, some authors would strongly disagree with this statement, and the fact is that in the world of psychology there is what's known as the "Dodo bird enigma" which, taking the story of Alice in Wonderland, argues that none of the major psychological therapies can be discarded, as they all have a similar level of efficacy (Fernández-Hermida & Pérez-Álvarez, 2001; Pérez-Álvarez, 2019). However, not all psychology professionals agree with this metaphor, with some being neutral (González-Blanch & Carral-Fernández, 2017) and others totally against it (Hofmann &

Lohr, 2010). Although it is important to defend a psychology that is different from the medical model, characterized by diagnosis and the elimination of symptoms, it is important to recognize the contributions that such a model could make within psychology, such as, for example, the development of guidelines for effective psychological treatments (e.g., Fonseca-Pedrero, 2021a, 2021b; Pérez-Álvarez et al., 2003). Although psychology should not be based purely on the diagnosis and elimination of symptoms, it should take an example from other disciplines in knowing how to differentiate between what is effective and what is not, and also why it is effective, and it should make this information available to the professionals in the field.

Although the philosophy of BT is contextual, in its first and third generation, it has been proven to be effective for the treatment of various psychological problems, appearing in numerous guides of effective psychological treatment. Therefore, it should not be understood that effective treatment guides, as well as evidence-based psychological treatments (EBPT), are allies of the medical model. Rather, they should be considered allies of science—whether contextualist or natural—and, therefore, of public health.

In short, and to conclude the paper, psychology should perhaps be a little more rigid and adhere to EBPT, discarding or minimizing the visibility of those psychotherapeutic interventions that do not have sufficient scientific evidence or that are developed based on questionable theoretical frameworks. Therefore, and in response to the title of the paper, there seems to be evidence that BT, and its three generations, are the ones that have demonstrated the most scientific evidence, any one of them constituting EBPTs for different problems. As far as behaviorism is concerned, it seems that after a long lethargy under the dominance of the cognitive, the behaviorist movement within psychology has begun to re-emerge, led by contextualist therapies. However, first generation behavioral therapists are also claiming the validity of behavioral theories and techniques in the clinical context (Froxán-Parga, 2020). This paper does not aim to give an answer or position any of the generations of BT above the others, while as a whole it is the therapeutic model with the greatest empirical background in psychotherapy. The aim is simply to establish links between the different generations of behavior therapy, to reflect on the validity of behavioral theory, which was the basis and origin of behavior therapy, in the current clinical context.

Conflict of Interests

There is no conflict of interests.

References

Baeza, C. (2007). Tratamientos eficaces para el trastorno de ansiedad social [Effective treatments for social anxiety aisorder]. *Cuadernos de Neuropsicología, 1*(2), 127–138. http://pepsic.bvsalud.org/scielo.php?pid=S0718-41232007000200004&script=sci_abstract

Bandura, A., & Walters, R. H. (1977). *Social learning theory* (Vol. 1). Prentice Hall.

Barraca, J. (2016). La Activación Conductual en la práctica: Técnicas, organización de la intervención, dificultades y variantes [Behavioral Activation in practice: Techniques, intervention organization, difficulties, and variants]. *Análisis y Modificación de Conducta, 42*(165-166), 15–33. https://dialnet.unirioja.es/servlet/articulo?codigo=5521293

Beck, A. T. (Ed.) (1979). *Cognitive therapy of depression*. Guilford Press.

Calero-Elvira, A. (2009). Análisis de la interacción entre terapeuta y cliente durante la aplicación de la técnica de reestructuración cognitiva [Analysis of the interaction between therapist and client during the application of the cognitive restructuring technique]. Tesis doctoral no publicada [Unpublished doctoral thesis], Universidad Autónoma de Madrid. https://repositorio.uam.es/handle/10486/131374

Caro, I. (2000). *Manual de psicoterapias cognitivas: Estado de la cuestión y procesos* terapéuticos [*Manual of cognitive psychotherapies: State of the art and therapeutic processes*]. Paidós Ibérica.

Caro, I. (2013). Lo cognitivo en psicoterapias cognitivas. Una reflexión crítica [The cognitive in cognitive psychotherapies. A critical reflection]. *Boletín de Psicología, 107*, 37-69. https://www.uv.es/seoane/boletin/previos/N107-3.pdf

D'Zurilla, T. J. (1986). *Problem solving therapy*. Springer.

Echeburúa, E. (1998). ¿Qué terapias psicológicas son eficaces? Un reto ante el año 2000 [What psychological therapies are effective? A challenge before the year 2000]. *Revista de Psicopatología y Psicología Clínica, 3*(3), 149–160.https://doi.org/10.5944/rppc.vol.3.num.3.1998.3863

Echeburúa, E., Salaberría, K., de Corral, P., & Polo-López, R. (2010). Terapias Psicológicas basadas en la evidencia: Limitaciones y retos de futuro [Evidence-based psychological therapies: Limitations and challenges for the future]. *Revista Argentina de Clínica Psicológica, 19*(3), 247–256. https://www.redalyc.org/pdf/2819/281921798006.pdf

Eelen, P. (2018). Behaviour therapy and behaviour modification background and development. *Psychologica Belgica, 58*(1), 184–195. https://doi.org/10.5334/pb.450

Ellis, A., & Dryden, W. (1987). *The practice of rational-emotive therapy (RET)*. Springer Publishing Co.

Eysenck, H. J. (1952). The effects of psychotherapy: An evaluation. *Journal of Consulting Psychology, 16*(5), 319–324. https://doi.org/10.1037/h0063633

Feixas, G., & Miró, M. T. (1993). *Aproximaciones a la psicoterapia. Una introducción a los tratamientos psicológicos* [*Approaches to psychotherapy. An introduction to psychological treatments*]. Paidós Ibérica.

Fernández, C., Villoria, E., Amigo, I., Padierna, C., Gracia, J. M., Fernández, R., & Pélaez, I. (2011). Terapia de activación conductual en pacientes con cáncer [Behavioral activation therapy in cancer patients]. *Anales de Psicología, 27*(2), 278–291. https://revistas.um.es/analesps/article/view/122851

Fernández-Hermida, J. R., & Pérez-Álvarez, M. (2001). Separando el grano de la paja en los tratamientos psicológicos [Separating the wheat from the chaff in psychological treatments]. *Psicothema, 13*(3), 337–344. http://www.psicothema.com/psicothema.asp?id=458

Fonseca-Pedrero, E. (coord.) (2021a). *Manual de tratamientos psicológicos. Adultos* [*Manual of psychological treatments. Adults*]. Ediciones Pirámide.

Fonseca-Pedrero, E. (coord.) (2021b). *Manual de tratamientos psicológicos. Infancia y Adolescencia* [*Manual of psychological treatments. Childhood and adolescence*]. Ediciones Pirámide.

Fonseca-Pedrero, E., Pérez-Álvarez, M., Al-Halabí, S., Inchausti, F., Muñiz, J., López-Navarro, E., Pérez de Albéniz, A., Lucas Molina, B., Debbané, M., Bobes-Bascarán, M. T., Gimeno-Peón, A., Prado-Abril, J., Fernández-Álvarez, J., Rodríguez-Testal, J. F., González Pando, D., Díez-Gómez, A., García Montes, J. M., García-Cerdán, L., Osma, J., Peris Baquero, Ó., … Marrero, R. J. (2021). Tratamientos psicológicos empíricamente apoyados para adultos: Una revisión selectiva [Empirically supported psychological treatments for adults: A selective review]. *Psicothema, 33*(2), 188–197. https://doi.org/10.7334/psicothema2020.426

Foody, M., Barnes-Holmes, Y., Barnes-Holmes, D., & Luciano, C. (2013). An empirical investigation of hierarchical versus distinction relations in a self-based ACT exercise. *International Journal of Psychology & Psychological Therapy, 13*(3), 373-388. https://www.ijpsy.com/volumen13/num3/368/an-empirical-investigation-of-hierarchical-EN.pdf

Froxán-Parga, M. X. (2020). *Análisis funcional de la conducta humana: Concepto, metodología y aplicaciones* [*Functional analysis of human behavior: Concept, methodology and applications*]. Ediciones Pirámide.

Froxán-Parga, M. X., & Calero-Elvira, A. (2011). Guía para el uso de la reestructuración cognitiva como un procedimiento de moldeamiento [Guide to the use of cognitive restructuring as a shaping procedure]. *Psicología Conductual, 19*(3), 659–682. https://www.behavioralpsycho.com/producto/guia-para-el-uso-de-la-reestructuracion-cognitiva-como-un-procedimiento-de-moldeamiento/

Froxán-Parga, M. X., Alonso-Vega, J., Trujillo, C., & Estal, V. (2018). Eficiencia de las terapias: ¿Un paso más allá de la eficacia? Análisis crítico del modelo cognitivo-conductual [Efficiency of therapies: A step beyond efficacy? Critical analysis of the cognitive-behavioral model]. *Apuntes de Psicología, 36*(1), 55–62. http://www.apuntesdepsicologia.es/index.php/revista/article/view/711/503

Fuentes, J. B., & Quiroga, E. (2004). Los dos principios irrenunciables del análisis funcional de la conducta y del conductismo radical [The two fundamental principles of functional behavior analysis and radical behaviorism]. *Psicothema, 16*(4), 555–562. http://www.psicothema.es/pdf/3031.pdf

García-Pérez, L., & Valdivia-Salas, S. (2018). Intervención en el trastorno de ansiedad social a través de la terapia de aceptación y compromiso: Una revisión sistemática [Intervention in social anxiety disorder through acceptance and commitment therapy: A systematic review]. *Behavioral Psychology, 26*(2), 379–392. https://www.behavioralpsycho.com/producto/intervencion-en-el-trastorno-de-ansiedad-social-a-traves-de-la-terapia-de-aceptacion-y-compromiso-una-revision-sistematica/

Gifford, E. V., & Hayes, S. C. (1999). Functional contextualism: A pragmatic philosophy for behavioral science. In W. O'Donohue & R. Kitchener (Eds.) *Handbook of behaviorism* (pp. 285-327). Academic Press. https://doi.org/10.1016/B978-012524190-8/50012-7

Gloster, A. T., Walder, N., Levin, M. E., Twohig, M. P., & Karekla, M. (2020). The empirical status of acceptance and commitment therapy: A review of meta-analyses. *Journal of Contextual Behavioral Science*, *18*, 181-192. https://doi.org/10.1016/j.jcbs.2020.09.009

González-Blanch, C., & Carral-Fernández, L. (2017). ¡Enjaulad a dodo, por favor! El cuento de que todas las psicoterapias son igual de eficaces [Cage up dodo, please! The tale of all psychotherapies being equally effective]. *Papeles del Psicólogo, 38*(2), 94–106. https://doi.org/10.23923/pap.psicol2017.2828

González-Pardo, H., & Pérez-Álvarez, M. (2007). *La invención de los trastornos mentales. ¿Escuchando al fármaco o al paciente?* [*The invention of mental disorders. Listening to the drug or the patient?*] Alianza.

González-Terrazas, R. (2021). ¿Son contextuales las Terapias Contextuales? [*Are Contextual Therapies contextual?*] *SAVECC*. Retrieved from http://savecc.com/Articulos/2021%20-%20Son%20contextuales%20las%20terapias%20contextuales%20-%20SAVECC.pdf

González-Terrazas, R., & Froxán-Parga, M. X. (2021). Saber qué y saber cómo. Una propuesta explicativa de tres técnicas terapéuticas empíricamente validadas [Knowing what and knowing how. An explanatory proposal of three empirically validated therapeutic techniques]. *Clínica Contemporánea*, Artículo-e25. https://doi.org/10.5093/cc2021a22

Gross, A. C., & Fox, E. J. (2009). Relational frame theory: An overview of the controversy. *The Analysis of Verbal Behavior*, *25*(1), 87–98. https://doi.org/10.1007/BF03393073

Harte, C., & Barnes-Holmes, D. (2021). A primer on relational frame theory. In M. P. Twohig, M. E. Levin & J. M. Petersen (Eds.), *The Oxford Handbook of Acceptance and Commitment Therapy*. Oxford University Press. https://doi.org/10.1093/oxfordhb/9780197550076.013.4

Hayes, S. C. (1993). Analytic goals and the varieties of scientific contextualism. In S. C. Hayes, L. J. Hayes, H. W. Reese & T. R. Sarbin (Eds.), *Varieties of scientific contextualism* (pp. 11-27). Context Press.

Hayes, S. C., & Hofmann, S. G. (2018). *Process Based CBT*. New Harbinger.

Hayes, S. C., & Hofmann, S. G. (2021). "Third-wave" cognitive and behavioral therapies and the emergence of a process-based approach to intervention in psychiatry. *World Psychiatry: Official Journal of the World Psychiatric Association (WPA)*, *20*(3), 363–375. https://doi.org/10.1002/wps.20884

Hofmann, S. G., & Hayes, S. C. (2019). The future of intervention science: Process-Based Therapy. *Clinical Psychological Science*, *7*(1), 37–50. https://doi.org/10.1177/2167702618772296

Hofmann, S. G., & Lohr, J. M. (2010). To kill a dodo bird. *The Behavior Therapist, 33*(1), 14–15. https://psycnet.apa.org/record/2011-17214-005

Luciano, C., Ruiz, F. J., Gil-Luciano, B., & Ruiz-Sánchez, L. J. (2016). Dificultades y barreras del terapeuta en el aprendizaje de la Terapia de Aceptación y Compromiso (ACT) [Difficulties and barriers of the therapist in learning Acceptance and Commitment Therapy (ACT)]. *International Journal of Psychology and Psychological Therapy, 16*(3) 357–373. https://www.ijpsy.com/volumen16/num3/452/dificultades-y-barreras-del-terapeuta-en-ES.pdf

Luciano, M. C., & Valdivia-Salas, S. (2006). La terapia de aceptación y compromiso (ACT). Fundamentos, características y evidencia [Acceptance and commitment therapy (ACT). Foundations, characteristics, and evidence]. *Papeles del Psicólogo, 27*(2), 79–91. http://www.papelesdelpsicologo.es/resumen?pii=1339

Márquez-González, M. (2016). *Tendencias actuales en intervención psicológica* [*Current trends in psychological intervention*]. Síntesis.

Mañas, I. (2007). Nuevas terapias psicológicas: La tercera ola de terapias de conducta o terapias de tercera generación [New psychological therapies: The third wave of behavioral therapies or third generation therapies]. *Gaceta de Psicología, 40*(1), 26–34. https://www.colibri.udelar.edu.uy/jspui/handle/20.500.12008/21755

Martin, G., & Pear, J. (2007). *Modificación de conducta. Qué es y cómo aplicarla* [*Behavior modification. What it is and how to apply it*]. Prentice Hall.

Martín-Orgilés, M. L., & Sevilla, J. (2014). ¿Por qué no soy un terapeuta Mindfulness? [Why am I not a Mindfulness Therapist?] *Informació Psicológica, 106*, 54–69. http://dx.medra.org/10.14635/IPSIC.2014.106.5

Meichenbaum, D. O. (1995). Cognitive-behavioral therapy in historical perspective. In B. Bongar & L. E. Beutler (Eds.), *Comprehensive textbook of psychotherapy.* Oxford University Press.

Montgomery, W. (2007). Psicología conductista y filosofía analítica: ¿una alianza conveniente para el siglo XXI? [Behavioral psychology and analytical philosophy: A convenient alliance for the 21st century?] *Revista de Investigación en Psicología, 10*(2), 145–156. https://doi.org/10.15381/rinvp.v10i2.3903

Moriana, J. A., Gálvez-Lara, M., & Corpas, J. (2017). Psychological treatments for mental disorders in adults: A review of the evidence of leading international organizations. *Clinical Psychology Review, 54*, 29–43. https://doi.org/10.1016/j.cpr.2017.03.008

Moriana, J. A., & Martínez, V. A. (2011). La psicología basada en la evidencia y el diseño y evaluación de tratamientos psicológicos eficaces [Evidence-based psychology and the design and evaluation of effective psychological treatments]. *Revista de Psicopatología y Psicología Clínica, 16*(2), 81–100. https://doi.org/10.5944/rppc.vol.16.num.2.2011.10353

Mustaca, A. E. (2014). Prácticas basadas en la evidencia: Pasado, presente y futuro [Evidence-based practices: Past, present, and future]. *Revista Costarricense de Psicología, 33*(2), 93–108. https://dialnet.unirioja.es/servlet/articulo?codigo=5278229

Orgilés, M., Rosa, A. I., Santacruz, I., Méndez, X., Olivares, J., & Sánchez-Meca, J. (2002). Tratamientos psicológicos bien establecidos y de elevada eficacia: Terapia de conducta para las fobias específicas [Well-established and highly effective psychological treatments: Behavioral therapy for specific phobias]. *Psicología Conductual, 10*(3), 481–502. https://www.behavioralpsycho.com/wp-content/uploads/2020/04/03.Orgiles_10-3oa-1.pdf

Ost, L. G. (2008). Efficacy of the third wave of behavioral therapies: A systematic review and meta-analysis. *Behaviour Research and Therapy*, *46*(3), 296–321. https://doi.org/10.1016/j.brat.2007.12.005

Pérez-Acosta, A. M., Guerrero, F., & López, W. (2002). Siete conductismos contemporáneos: Una síntesis verbal y gráfica [Seven contemporary behaviorisms: A verbal and graphic synthesis]. *International Journal of Psychology and Psychological Therapy, 2*(1), 103-113.

Pérez-Álvarez, M. (1998). La psicología clínica desde el punto de vista contextual [Clinical psychology from the contextual point of view]. *Papeles del Psicólogo, 69*, 25–40. http://www.papelesdelpsicologo.es/resumen?pii=771

Pérez-Álvarez, M. (2006). La terapia de conducta de tercera generación [Third generation behavior therapy]. *EduPsykhé, 5*(2), 159–172. https://dialnet.unirioja.es/servlet/articulo?codigo=2147830

Pérez-Álvarez, M. (2012). Third-generation therapies: Achievements and challenges. *International Journal of Clinical and Health Psychology, 12*(2), 291-310. https://www.redalyc.org/articulo.oa?id=33723643008

Pérez-Álvarez, M. (2014). *Las terapias de tercera generación como terapias contextuales* [*Third generation therapies as contextual therapies*]. Editorial Síntesis.

Pérez-Álvarez, M. (2018). La Psicología más allá del dualismo y el cerebrocentrismo [Psychology beyond dualism and cerebrocentrism]. *Apuntes de Psicología, 36*(1), 7–20. http://www.apuntesdepsicologia.es/index.php/revista/article/view/705

Pérez-Álvarez, M. (2019). La psicoterapia como ciencia humana, más que tecnológica [Psychotherapy as a human science, more than a technological one]. *Papeles del Psicólogo, 40*(1), 1–14. https://doi.org/10.23923/pap.psicol2019.2877

Pérez-Álvarez, M. (2021). ¿Qué nos importa Skinner, treinta años después? [Why should we care about skinner, thirty years on?] *Papeles del Psicólogo*, *42*(1), 10–20. https://doi.org/10.23923/pap.psicol2020.2940

Pérez-Álvarez, M., Fernández-Hermida, J. R., Fernández, C., & Amigo, I. (2003). *Guía de tratamientos psicológicos eficaces* [*Guide to effective psychological treatments* (Vol I, II, and III)]. Pirámide.

Richelle, M. (1992). Skinner, mentalismo y cognitivismo [Skinner, mentalism, and cognitivism]. *Anuario de Psicología, 52*, 3–16. https://revistes.ub.edu/index.php/Anuario-psicologia/article/view/9297

Ruiz-Fernández, M. A. (2015). De una terapeuta cognitiva [From a cognitive therapist]. In M. D. Avia (dir.), *Cartas a un joven psicólogo* [*Letters to a young psychologist*] (3º ed.). Alianza Editorial.

Ruiz, M. A., Díaz, M. I., & Villalobos, A. (2012). *Manual de técnicas de Intervención cognitivo conductuales* [*Manual of cognitive behavioral intervention techniques*]. Desclée de Brouwer.

Sanz, J., & García-Vera, M. P. (2017). Ideas equivocadas sobre la depresión y su tratamiento (II) [Misconceptions about depression and its treatment (II)]. *Papeles del Psicólogo, 38*(3), 177–184. https://doi.org/10.23923/pap.psicol2017.2834

Skinner, B. F. (1974). *Sobre el conductismo* [*About behaviorism*]. Planeta.

Soler, J., Elices, M., & Carmona, C. (2016). Terapia Dialéctica Conductual: aplicaciones clínicas y evidencia empírica [Dialectical Behavioral Therapy: clinical applications and empirical evidence]. *Análisis y Modificación de Conducta, 42*(165-166), 35–49. http://doi.org/10.33776/amc.v42i165-66.2793

Upper, D., & Cautela, J. R. (1983). *Condicionamiento encubierto* [*Covert conditioning*]. Desclée de Brouwer.

Vallejo-Slocker, L., & Vallejo, M. A. (2016). Concerning Systematic Desensitization. An overcomed or renowned technique? *Acción Psicológica, 13*(2), 157–168. https://doi.org/10.5944/ap.13.2.16539

Watson, J. B. (1913). Psychology as the behaviorist views it. *Psychological Review, 20*(2), 158–177. https://doi.org/10.1037/h0074428

Watson, J. B. (1947). *El Conductismo* [*Behaviorism*]. Paidós Ibérica.

Zumalabe, J. M. (2012). La transición del conductismo al cognitivismo [The transition from behaviorism to cognitivism]. *EduPsykhé, 11*(1), 89–111. https://dialnet.unirioja.es/servlet/articulo?codigo=4053258