

A Study of the Participation-Oriented Approach in Cognitive Behavioral Therapy: Development of a Framework Based on Goal-Oriented Rehabilitation Utilizing ICF

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Introduction/Purpose

Cognitive behavioral therapy (CBT), grounded in problem-solving models, has been shown to reduce symptoms and modify maladaptive behaviors. However, broader aspects of clients' lives, such as quality of life (QOL), social roles, and participation, are not always sufficiently addressed. Drawing on the International Classification of Functioning, Disability and Health (ICF) and the Goal-Oriented Approach (GOA), this dissertation examines and articulates a participation-oriented approach that begins with personal values and places participation at the highest level of the goal hierarchy.

The aims of this study were to clarify how value-based, participation-oriented goal setting was implemented in cases from rehabilitation and psychotherapy settings and to examine the conditions under which this approach facilitated motivation, behavior modification, and participation beyond conventional problem-solving models. It also explored whether the participation-oriented approach could serve as a complementary second channel alongside problem-solving models and provide a framework for partial integration while preserving orientation-specific identities.

Methods

A multiple-case, cross-context design was used to examine how the participation-oriented approach was implemented, how values, participation, and activities were connected, and under what conditions the approach functioned effectively or showed limitations. Across four studies, Studies I to III examined twelve cases: nine cases from rehabilitation and psychotherapy settings (rehabilitation, $n = 4$: traumatic brain injury = 3, cerebral palsy = 1; psychotherapy, $n = 5$: school refusal/social withdrawal = 2, neurodevelopmental disorders/intellectual disability = 3), as well as three additional cases analyzed comparatively in Study III to clarify the conditions associated with the presence or absence of behavior modification linked to participation goals. Study IV provided a theoretical analysis of the participation-oriented approach in relation to CBT.

The approach was based on a backward-designed hierarchy linking personal values, participation-level goals, activity-level behavioral targets, and environmental and relational supports. The data consisted of support records, including interview records, behavioral observations, and information provided by family members, school personnel, and other professionals. The analyses primarily involved ICF-based structural analysis and were informed by reflexive thematic analysis (Braun & Clarke, 2006, 2019, 2021), with attention to value clarification, the specificity of participation goals, factors associated with behavior modification, and the roles of support providers. All procedures met

ethical standards, and informed consent was obtained.

Results

Across the nine cases from rehabilitation and psychotherapy settings in Studies I and II, outcomes consistent with participation-level change were associated with three interacting features: (1) participation goals that were clearly defined at the participation level and grounded in clients' personal values; (2) activity targets derived through backward design and situated in everyday contexts; and (3) collaborative support accompanied by timely environmental and relational adjustments. Under these conditions, behavior modification functioned as one component supporting participation-level change. The support records further suggested that when clients were able to articulate and endorse participation goals, behavior modification linked to those goals was more likely to occur.

Broadly similar patterns were observed across rehabilitation and psychotherapy, although context-specific differences were also identified.

In contrast, when goals did not adequately reflect clients' values and wishes, when activity targets were not clearly connected to everyday contexts, or when environmental and relational adjustments were insufficient, behavior modification linked to participation goals was not observed, even in cases showing short-term improvement. These findings clarified both the conditions under which the approach functioned effectively and the conditions under which its connection to participation goals remained limited.

Discussion/Conclusions

Across Studies I to III, the findings indicated that clearly defined participation-level goals grounded in personal values, activity targets specified through backward design, and appropriate environmental and relational adjustments were associated with behavior modification that supported participation. Conversely, when these conditions were not in place, behavior modification tended to remain disconnected from participation goals, despite short-term improvement.

Study IV positioned the participation-oriented approach in relation to CBT by reframing CBT procedures within the ICF/GOA hierarchy as means of achieving participation goals. It also clarified key issues related to value clarification, participation-goal setting, backward design, and environmental and relational adjustments.

As a complementary framework, the participation-oriented approach may add a second channel to existing problem-solving models in psychotherapy. It may also offer a framework for partial integration by aligning techniques with participation-level goals while preserving orientation-specific identities. Taken together, these findings suggest that the participation-oriented approach can help connect clinical change with participation in everyday life and may provide a shared frame of reference for interprofessional and cross-domain collaboration. It may also help clarify how psychological support can be linked more directly to clients' valued life contexts and everyday roles, while strengthening goal sharing across practice settings.