Cognitive behavioral therapy (CBT) has a rich history of alleviating the suffering associated with mental disorders. Recently, there have been exciting new developments, including multi-componential approaches, incorporated alternative therapies (e.g., meditation), targeted and cost-effective technologies, and integrated biological and behavioral frameworks. These field-wide changes have led some to emphasize the differences among variants of CBT. In this address, I will draw attention to commonalities across cognitive-behavioral therapies, including shared goals, change principles, and therapeutic processes and offer an emotion regulation-based framework for examining common CBT characteristics that emphasize behavioral adaptation as a unifying goal and three core change principles, namely (1) context engagement to promote adaptive imagining and enacting of new experiences; (2) attention change to promote adaptive sustaining, shifting, and broadening of attention; and (3) meta-cognitive change to promote adaptive perspective taking on events so as to alter verbal meanings. Further, I argue that specific intervention components including behavioral exposure/activation, attention training, acceptance/tolerance, decentering/defusion, and cognitive reframing may be emphasized to a greater or lesser
degree by different treatment packages but are still fundamentally common therapeutic processes that are present across approaches and are best understood by their relationships to these core CBT change principles. Emotion Regulation Therapy (i.e., ERT) utilizes this principle-based approach by drawing together traditional and contemporary cognitive behavioral treatments with basic and translational findings from affect science to offer a framework for improving intervention for “distress disorders” (i.e., generalized anxiety, depression; Watson, 2005) by targeting dysfunction in core motivational responses (i.e., threat/safety, loss/reward) and corresponding regulatory characteristics (i.e., worry, rumination). Outcome and mechanism data that provide preliminary support for the use of ERT to treat these distress disorders will be reviewed. I will conclude by arguing for shared methodological and design frameworks for investigating unique and common characteristics to advance a unified and strong voice for CBT in a widening, increasingly multimodal and interdisciplinary, intervention science.