Behaviorally Speaking:
From Packages to Change Processes

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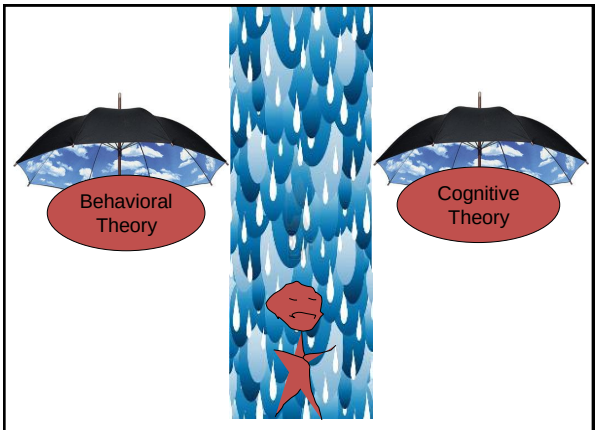
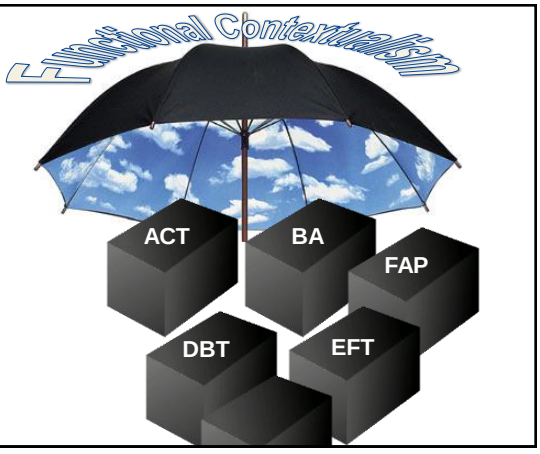
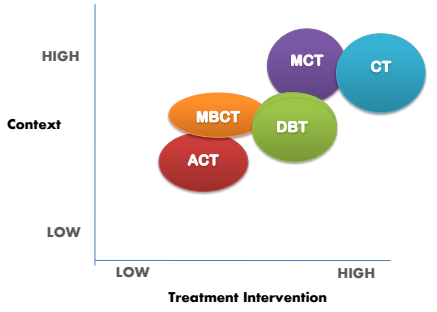




Why move away from "black box" packages and "name brands" ?

1. mask what therapists do in specific situations

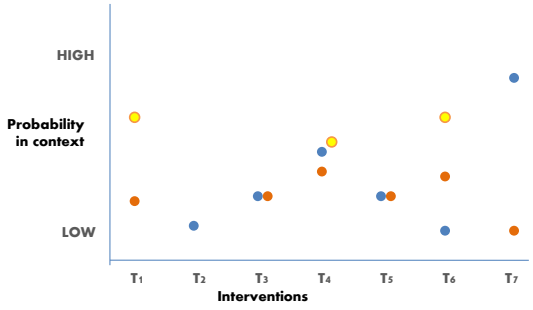
If you looked at how therapists employ a single therapy, it might look more like this



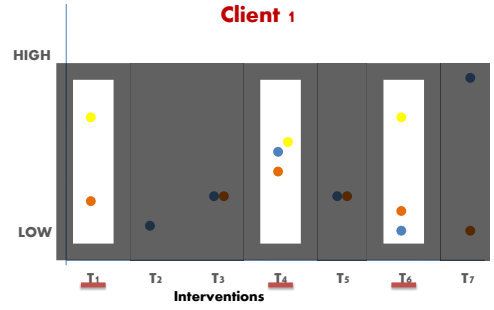
"name brands"

1. mask what therapists do in specific situations
2. ignore therapist effects
3. may not overlap with what client needs

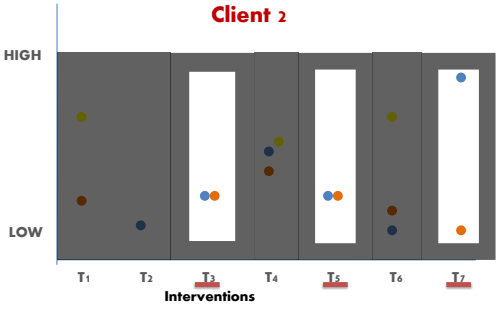
If you looked at how each of us would respond to a specific context, it might look more like this



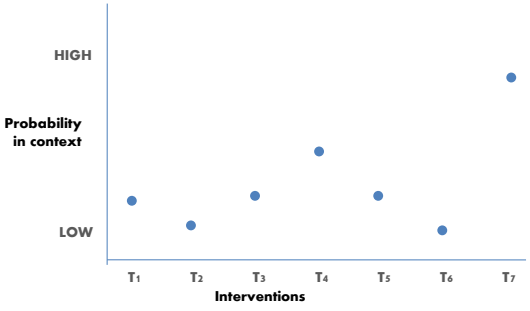
Then looking at how we match client's needs

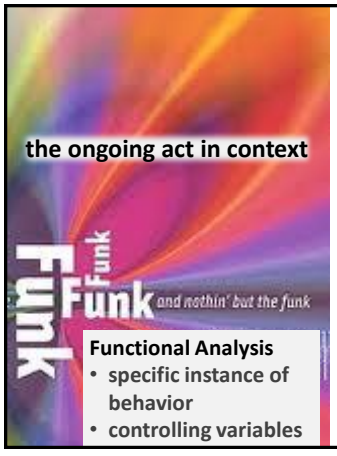


Then looking at how we match client's needs



Our goal is to develop broad deep repertoires that sensitively adapt to client's needs

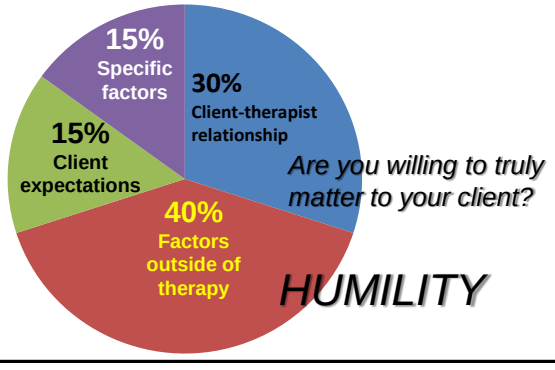




Not eclecticism,
but think funky, like a

functional contextual therapist

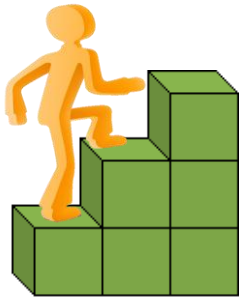
Functionally define
•client processes
•therapist behaviors



Are you willing to truly matter to your client?

HUMILITY

Steps to use behavioral principles in clinical practice



- Identifying clinical issues
- Identifying sources of control
- Implementing clinical interventions

Identifying clinical issues

R+

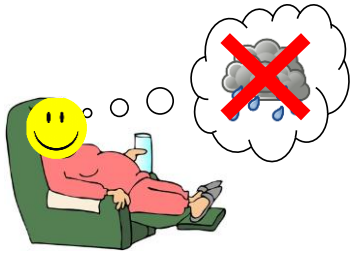
R-

- Problematic behaviors (avoidance/approach)
- Lack of effective behaviors

Identifying clinical issues in practice

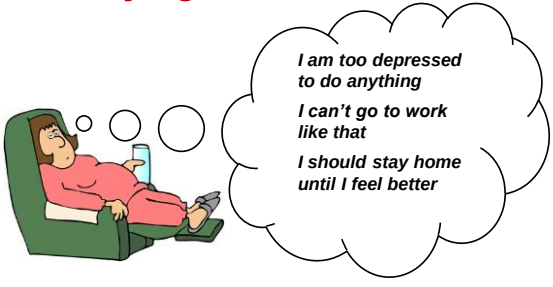
- What is the client doing?
- What is the client not doing?
- Does it impact lasting satisfaction?

Identifying sources of control



1: Contingencies: Antecedents & Consequences

Identifying sources of control



2: Rules and instructions

Identifying sources of control in practice

- Looking for antecedents
  - What comes before the behavior?
- Looking for consequences
  - What comes after the behavior?
- Looking for rules
  - What thoughts come up with the behavior?

Clinical interventions: Targeting the sources of control

- Managing contingencies and rules.

- Altering sensitivity to contingencies and rules.

How to use behavioral principles in practice?

Evoking

Shaping

Tracking

Here is a typical interaction where things might get difficult…

Very well! I did the leaves on the stream. It really helps to relax when I'm anxious.

How did mindfulness practice go?

First thoughts…

He did the exercise! That's good!

He is using mindfulness to avoid his anxiety!!

What can I do?

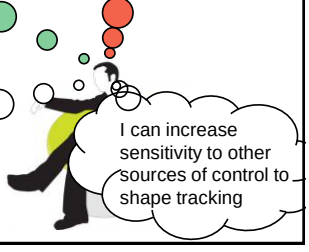
Behavioral thoughts…

He engaged in a new behavior and is tracking the contingencies. Good!

He may only be noticing the decrease of anxiety. Potential problem!

I can reinforce this effective behavior.

I can increase sensitivity to other sources of control to shape tracking



Matthieu's behavioral road map

Client markers:

Stuck point:

- Insufficient tracking

Resolution marker:

- Tracks contingencies more precisely

Principles that guide the therapist's behavior:

- Reinforcing effective behavior
- Shaping tracking by altering sensitivity to sources of control

Reinforcing the effective behavior

I could praise him but that might reinforce pliance…

I could use a natural consequence to reinforce his behavior.

I could use a rule that connects his behavior to a natural consequence.

Reinforcing the behavior in practice

Rule connecting the behavior to a natural consequence.

So you were able to notice what happens when you observe your thoughts. It's something that you said was difficult for you in the past.

Shaping tracking

I could use a rule about the risks of experiential avoidance but it won't help him track the contingencies by himself and it might feel arbitrary.

I could evoke and shape tracking of his current experience using natural consequences.

I could evoke and shape tracking of his experience while he was doing the exercise.

Shaping tracking in practice

Evoking tracking of past experience

Can you tell me more about what you experienced while doing the exercise?

Shaping tracking in practice

It was like my thoughts were not as important. I could let go of things that make me anxious.

You could let them go as they were floating on the stream?

Shaping tracking of past experience

Shaping tracking in practice

Yeah. It didn't seem like my thoughts were taking all the space in my head.

That's really interesting. Does that mean that there was more space for other things?

Evoking tracking of past experience

Shaping tracking in practice

Yeah… There was more space for other thoughts. Like how nice it was to take some time for myself.

So when you imagined your thoughts on the stream, you were able to contact other interesting things too.

Shaping tracking of past experience

Shaping tracking in practice

Hmm… Yeah I think so. It never really goes away, you know.

What about the more difficult thoughts? Were they still there?

Evoking tracking of past experience

Shaping tracking in practice

Yeah. It's always in the back of my mind at least.

What about right now? Are these thoughts there?

Evoking tracking of current experience

Shaping tracking in practice

The things we are telling each other.

Ok, so right now, you can notice difficult thoughts.
Are there other things you can notice?

Shaping/evoking tracking of current experience

Shaping tracking in practice

Yes, I think it's quite new for me!

So you are able to stay connected to our conversation even when difficult thoughts are in the back of your mind?

Connect behavior to natural consequence

Jonathan's behavioral road map

Client markers:

Stuck points:

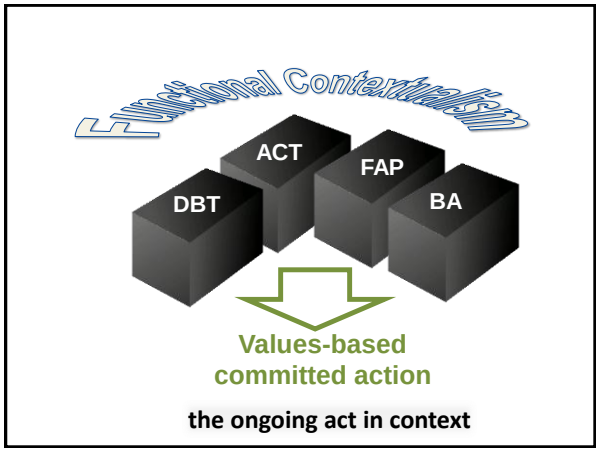
1. Any failure to engage in planned committed action
2. Observation of the problem live (a CRB1)

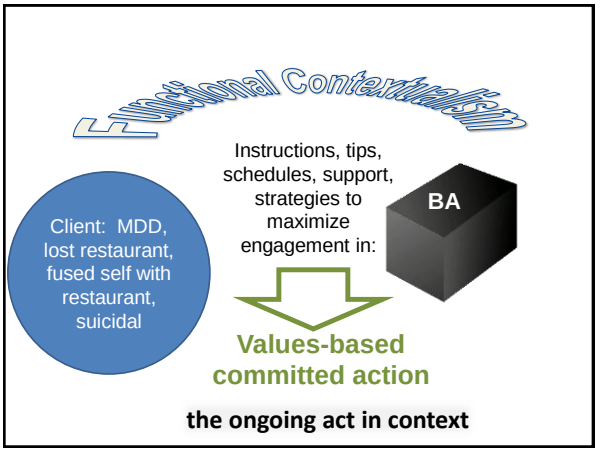
Resolution markers:

1. Agreement to a new plan
2. Committed action with me in session (a CRB2)

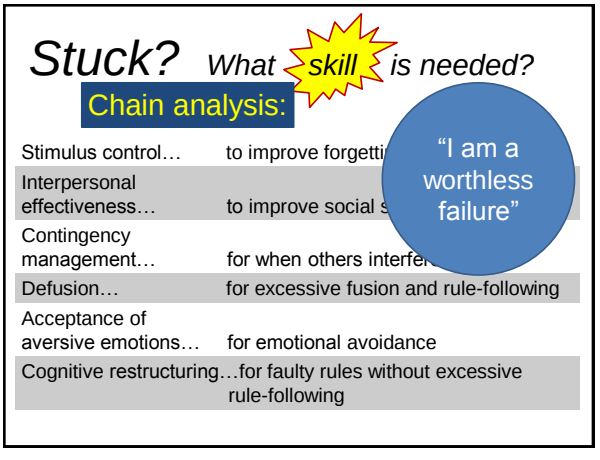
Principles that guide the therapist's behavior:

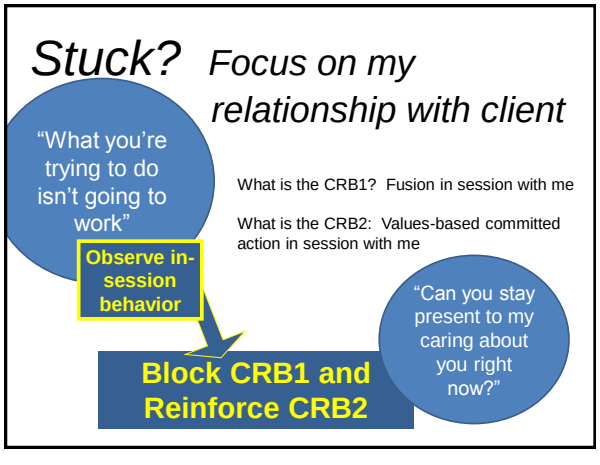
1. Committed action as goal: Chain analysis – What skills are necessary?
2. Focus on my relationship: Blocking CRB1s and reinforcing CRB2s with extreme authenticity, compassion, genuineness as a human being

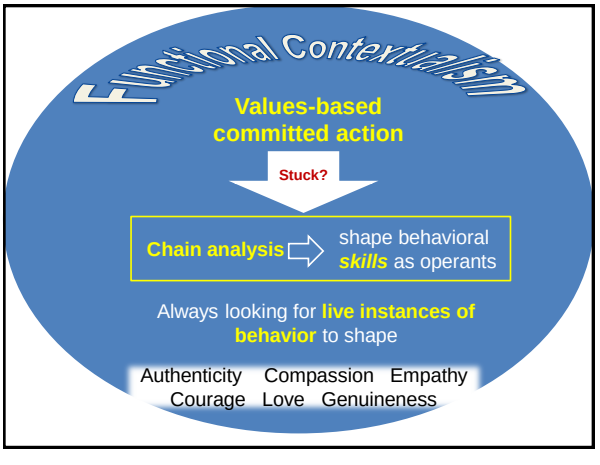

Functional Contextualism
ACT
FAP
DBT
BA
Values-based committed action
the ongoing act in context


Functional Contextualism
Client: MDD, lost restaurant, fused self with restaurant, suicidal
Instructions, tips, schedules, support, strategies to maximize engagement in:
BA
Values-based committed action
the ongoing act in context

Stuck?
Will not go out in public for fear of being asked about the restaurant
Values-based committed action


Stuck? What skill is needed?
Chain analysis:
"I am a worthless failure"
Stimulus control… to improve forgetti
Interpersonal effectiveness… to improve social s
Contingency management… for when others interfer
Defusion… for excessive fusion and rule-following
Acceptance of aversive emotions… for emotional avoidance
Cognitive restructuring… for faulty rules without excessive rule-following


Stuck? Focus on my relationship with client
"What you're trying to do isn't going to work"
Observe in-session behavior
What is the CRB1? Fusion in session with me
What is the CRB2: Values-based committed action in session with me
"Can you stay present to my caring about you right now?"
Block CRB1 and Reinforce CRB2


Functional Contextualism
Values-based committed action
Stuck?
Chain analysis
shape behavioral skills as operants
Always looking for live instances of behavior to shape
Authenticity Compassion Empathy
Courage Love Genuineness

Kelly's behavioral road map

Client markers:

Stuck point:

– Self-invalidation/emotion dysregulation disrupts problem-solving

Resolution marker:

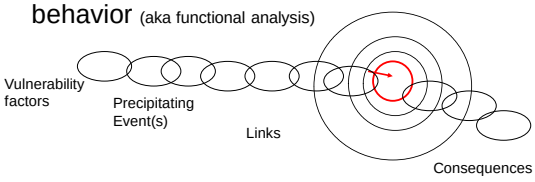
– Re-regulated & back to problem solving; decrease probability of disruption in future

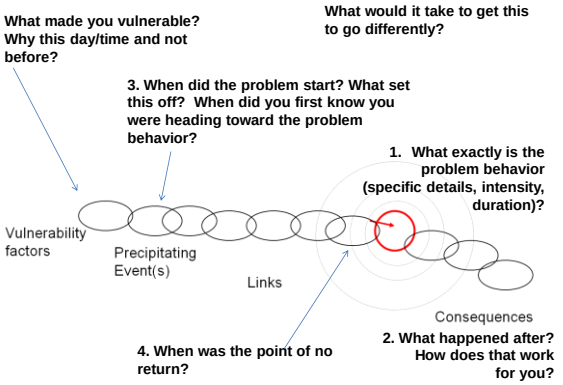
Principles that guide the therapist's behavior:

- Chain analysis
- Therapist active stance to block CRB1 and evoke CRB2
- Differential reinforcement of other behavior
  - Validation, validation of adaptive emotion action urge

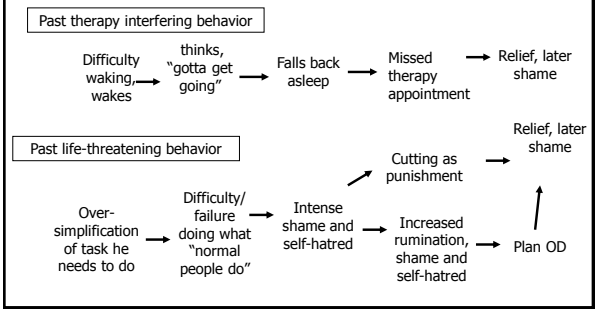
Conduct Chain Analysis

- Identify controlling variables for targeted behavior (aka functional analysis)





"Michael": several past suicide attempts; treatment failures; misery; long standing insomnia and now sleep/wake cycle incompatible with other goals. Rough diagram of chain analyses of target behaviors in the past

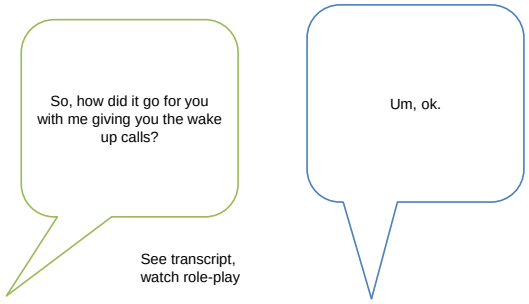


Practice: Functionally analyze client problem behavior

What is function of problem behavior in life?

What is preferred behavior?

In the last session, you and "Michael" decided that you would do a 1 min phone call 3 days to see if wake up call could kick-start shifting to the earlier wake time. In-session, therapist begins to debrief…



See transcript, watch role-play

Remember function of problem behavior in life?

what did it look like in-session--CRB1?

How move from problem to preferred?

What was preferred behavior?

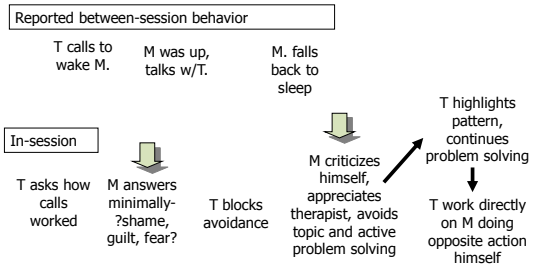
what might it look like in-session--CRB2?

Practice: Move Michael from problem to preferred behavior

- Therapist, Client, Observer
- Michael-be dysregulated by shame
- Start from, "How'd it go with waking up?"
- You've got 5 minutes

- **Now, see if you can describe functionally what the therapist did**

Example, here's my description of what I did.
"Michael": Chain analysis of over-sleeping and in-session avoidance



Vignette

- Your client had a flashback while making love in a relatively newly committed relationship and her boyfriend said reassuring things to her.
- The client had an intensely negative reaction to his wholly loving and normative reassurance based on her history (he is setting me up to take advantage) and pulls you to validate how 'off' the boyfriend's response was.

Vignette continued

- She has a history of being soothed, cajoled and manipulated into situations by men where she is taken advantage of
- Problems with intimacy; problems with anger

Practice: Functionally analyze client problem behavior

What is function of problem behavior in life?

What is preferred behavior?

Remember function of problem behavior in life?

what did it look like in-session--CRB1?

How move from problem to preferred?

What was preferred behavior?

what might it look like in-session--CRB2?

Practice: Move our client from problem to preferred behavior

- Therapist, Client, Observer
- Client-when you feel threatened, you get extreme, like a match to gasoline
- Start from, client, "I just had this terrible flashback and he's like, 'it's alright baby'"
- You've got 5 minutes

- **Now, see if you can describe functionally what the therapist did**