## Measuring Behavior Change In Clinical Behavior Analysis: A Pilot Study

Andrew R. Carr VA Sierra Nevada Healthcare System Emily K. Sandoz
University of Louisiana-Layfette

Process-based therapies are increasingly popular in clinical and research settings. Process-based therapies target mediators and moderators based on testable theories of client behavior. One popular process-based model involves using psychological flexibility. Psychological flexibility as a process refers adapting a sufficiently broad repertoire of behaviors to fluctuating situational demands balancing competing desires, needs, and life domains.

Accordingly, therapists then must begin to measure these processes in order to test these theories. However, the measurement of these processes remains opaque for many therapists given that meditators may not be directly or readily observable. By examining directly observable behavior, therapist may be able to observe these processes in the moment.

One approach rooted in clinical behavior analysis measures the consistency of flexible behaviors in a client's response to aversive stimuli as rated by the therapist across individual therapy sessions. By examining specific behaviors such as attending, awareness, and shifting perspectives in the room that are fundamental to adapting to context specific demands, therapist can identify the behavioral features of a process-variable such as psychology flexibility and possibly broaden repertories that may generalize beyond the consulting room.

The primary purpose of this poster is to illustrate a method of measuring behavioral change via observing discrete clinical variables in the session in the presence of aversive stimuli.

The secondary purpose of this poster is to demonstrate how this approach to assessment may also be an effective intervention.

Participants. Three participants were recruited from an outpatient mental health service in Southern California. T was an early 20s male diagnosed with adult ASD. S was a mid 30s male diagnosed with depression with frequent SI. L was an early 70s female with a PTSD diagnosis.

Design. The concept in question was explored using data collected from a case series.

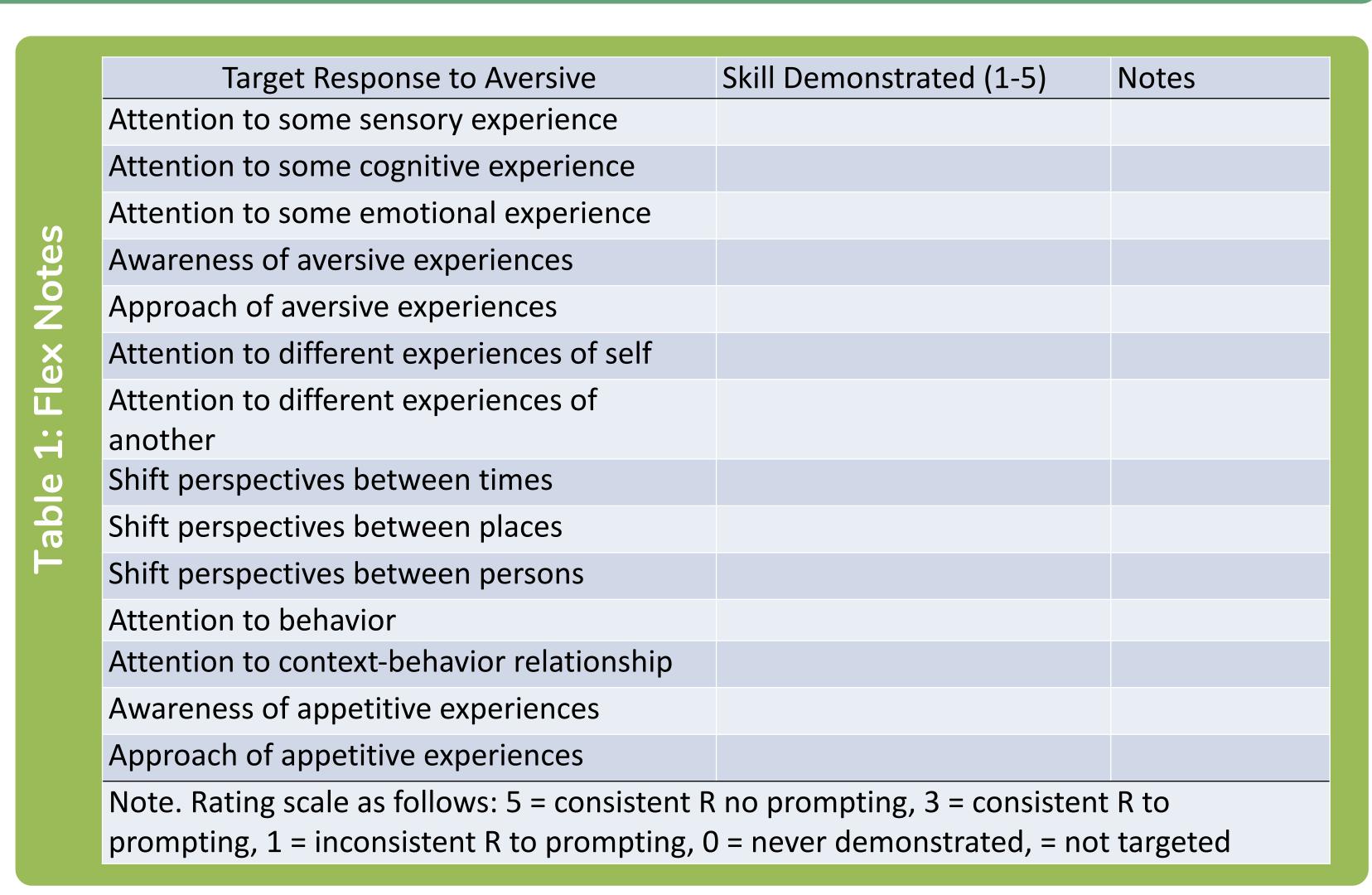
Materials. FlexNotes (Sandoz, personal communication, See Table 1). Outcome Questionnaire (OQ 45.2). Ecological momentary assessment (EMA).

## Procedures.

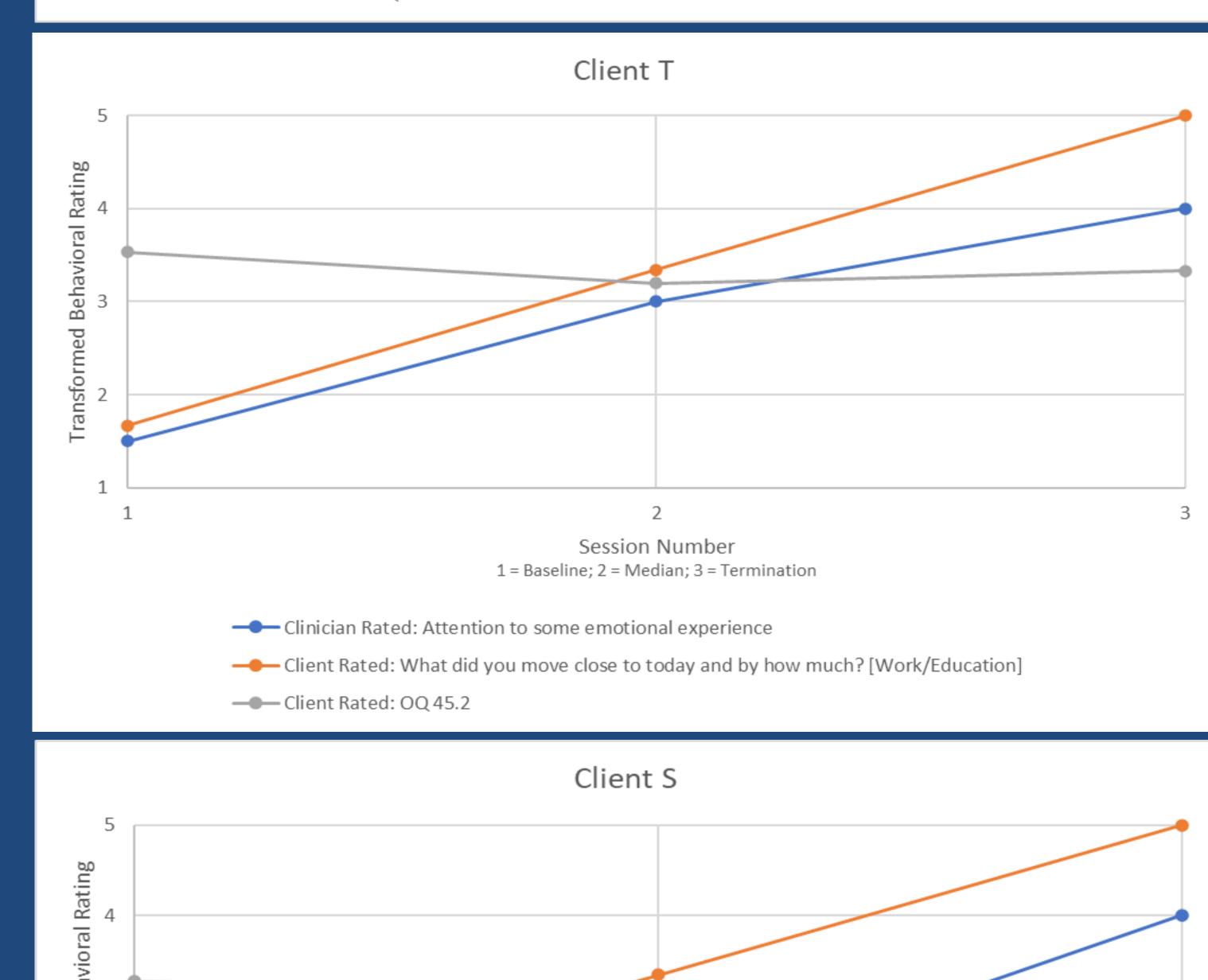
- Participants identified value guided approach and avoidance behaviors to track. These behaviors were added to a custom EMA package.
- Conducted a baseline assessment to identify participants self-ratings of value-guided living (EMA) and current level of distress.
- During the first psychotherapy session, clinician observed client behavior to identify appetitive and aversive stimuli. Clinician presented various stimuli to identify participants' responses under various types of stimulus control. Clinician rated participants' responses to aversive stimuli by their consistency of engagement in several adaptive behaviors.
- In subsequent sessions, clinician presented aversive and appetitive stimuli. Clinician observed the response to stimuli. Clinician also increased the level of prompting necessary to evoke behavior. Clinician rated the behavior in terms of consistency of response.
- Participants rate their value guided behavior and distress for each week during the psychotherapy session.

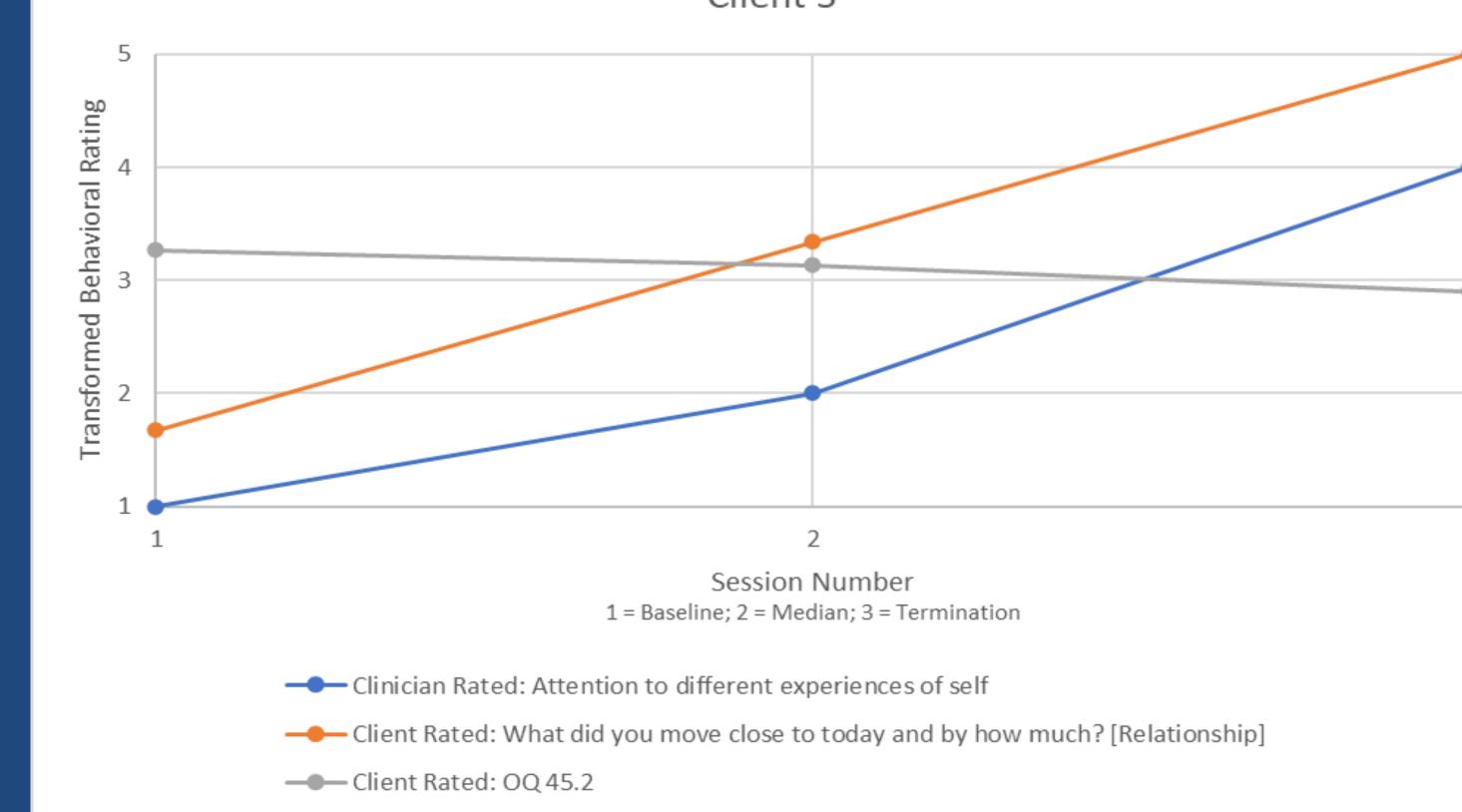
Analysis. Although not each behavior was prompted each time, this study focused on a behavior salient to the individual client and were consistently worked on across therapy sessions. Additionally, given the constraints of this study, only one relevant value guided-behavior was examined for the analysis.

Furthermore, data presented will be baseline, middle intervention and end of treatment. Each score was transformed to reflect a 5 point scale for the purpose of visual representation and comparison.









Discussion

Results