The Shaping Game: Contextual therapy beyond the treatment package

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This Talk

- Review Functional Contextual assumptions
- Review the functional analysis
- Intro “loud behaviors” and “chronic distress”
- Establish continuums
- Help prioritize treatment across treatment packages
- Practice practice practice

Mainstream Psychology

- Classifying client presentation based on categories in the DSM/ICD is….
- Classifying treatment packages based on developer/ lab is…..
- Yet most of us see individuals who's clinical presentation doesn't neatly fit into these boxes and use treatment processes that cut across specific protocols or packages….

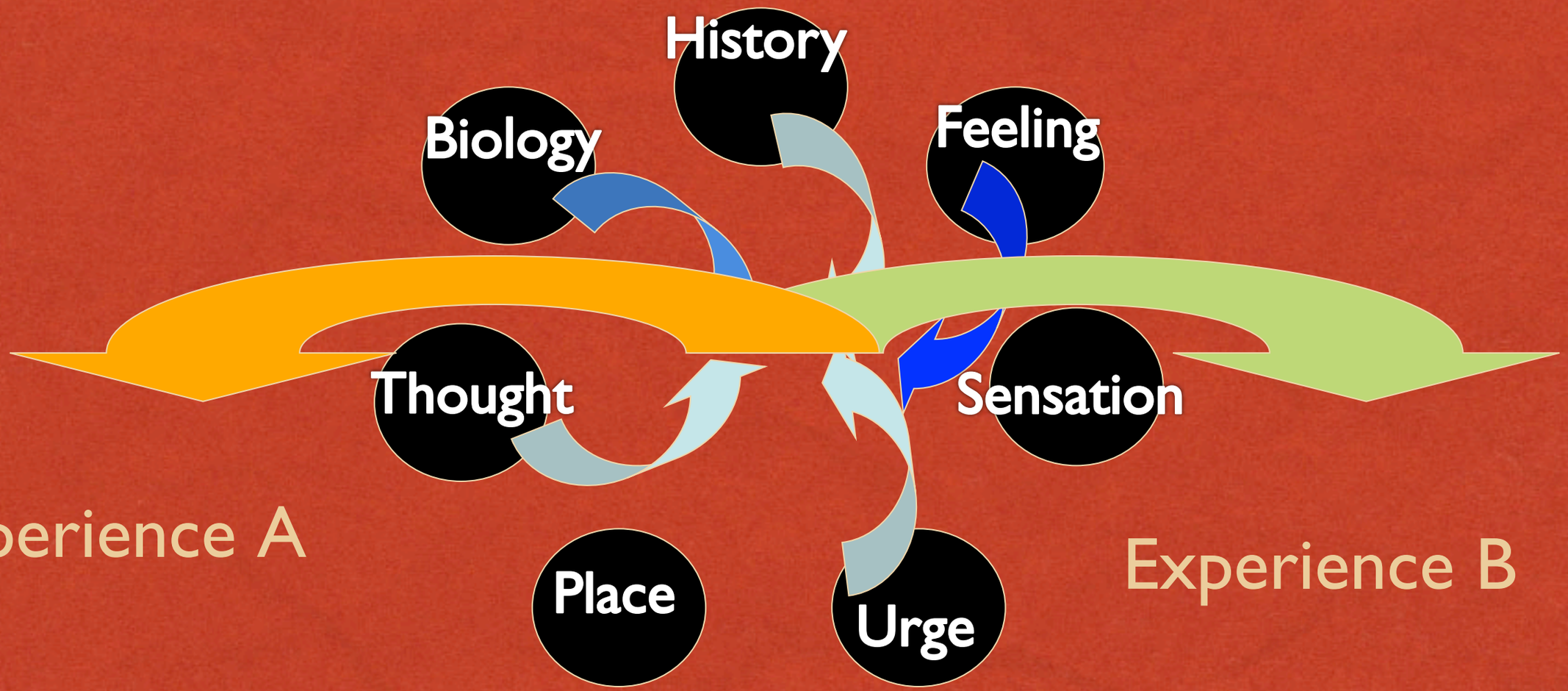
Behaviorist's questions

- *What purpose does behavior serve for the organism?*
- *What contextual contingencies help the organism select "x" behavior over "y" at this particular time?*

Functional Contextualism

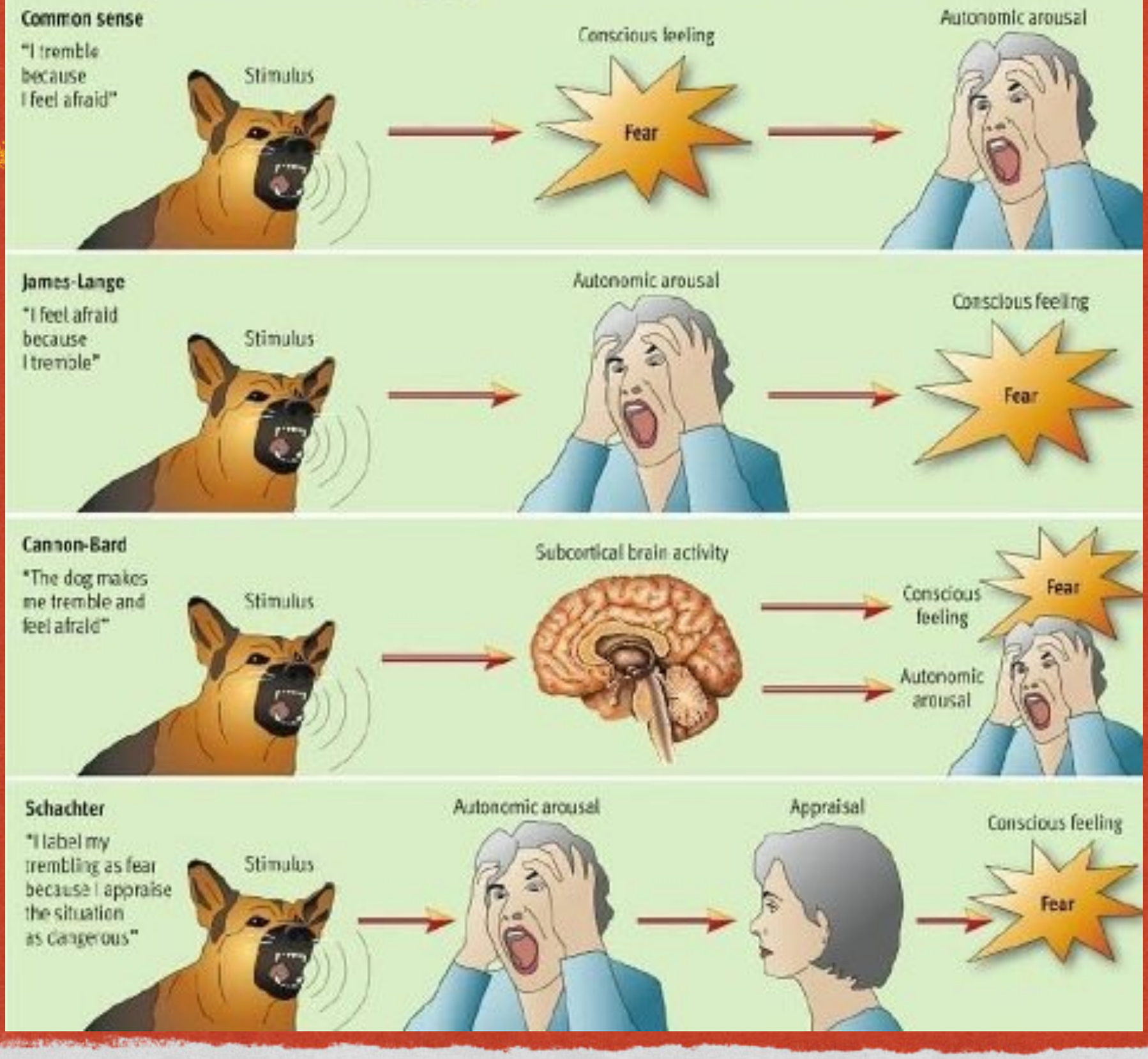
- Act-in-context
- Workability as measuring stick
- Non-mentalistic, non-linear view of experience
- Interested in functional relationships and selection

The act in context



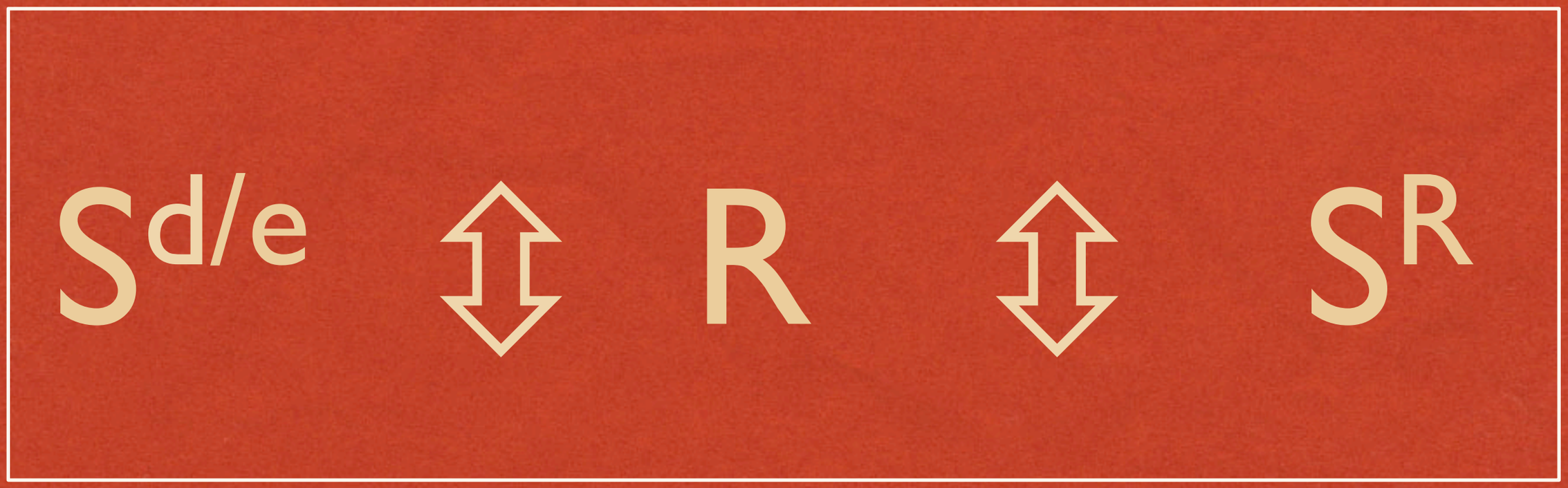
Holmes,E.P (2002)

Psychology and Emotions



Workability

The three term contingency



A Bx C

From an FC perspective

- "Pathological" behaviors are often *functionally equivalent….*

- Drinking, binging, restricting, cutting, crying, panic, sexing, dissociating, changing the subject, violence, inactivity/passivity, over-activity, work-a-holism, intellectualization, burning, fighting, impression management, blaming, ruminating, worrying…..

Common functions

Experiential avoidance

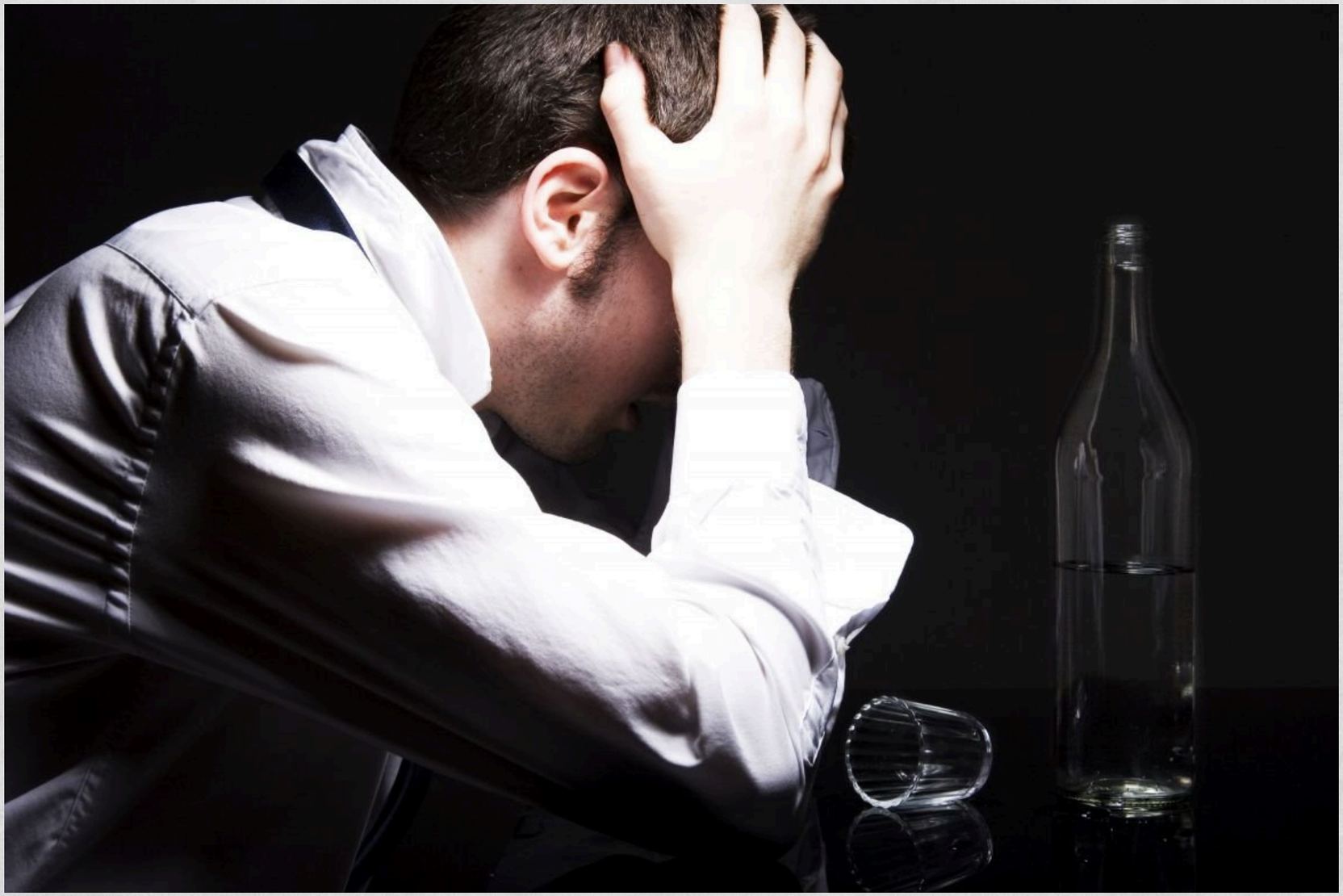
Communication

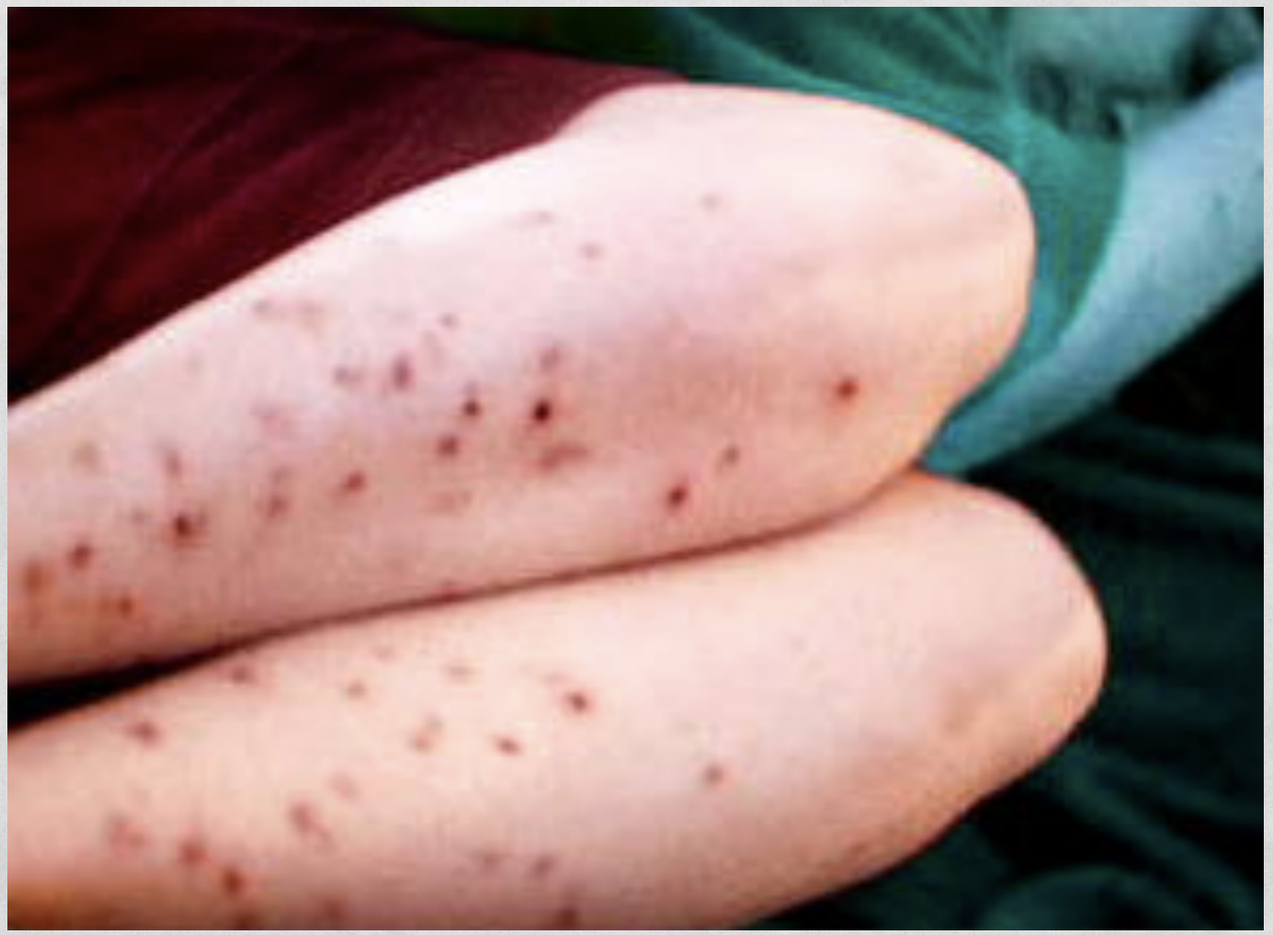
Tactile stimulation

Homeostasis

Yet some behaviors/solutions are "**louder**"

or more disturbing than others….



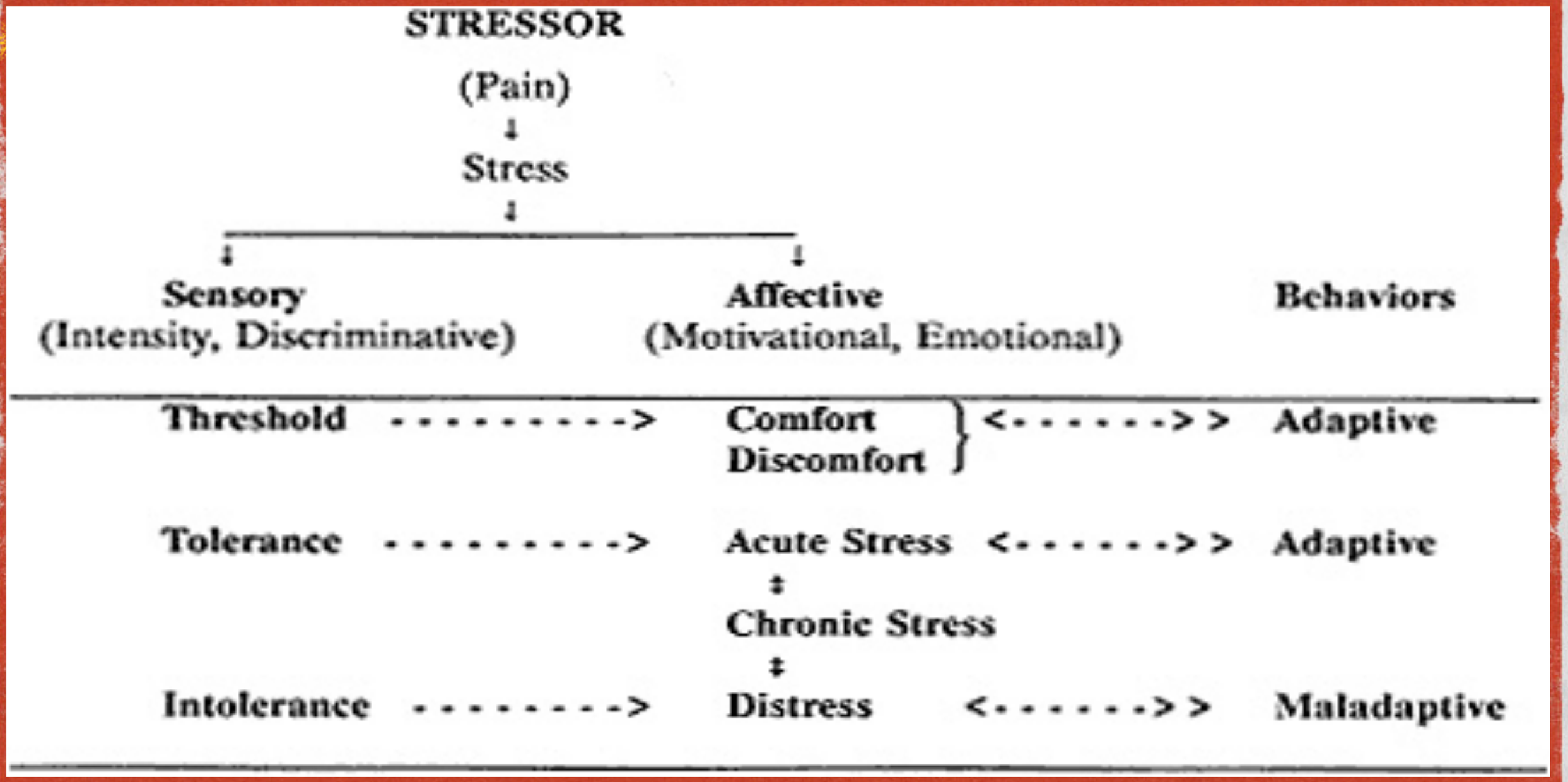


Which makes some clients
more difficult to work with, than others.

the "Difficult Client"

- Engage in behaviors that:
  - threaten safety
  - are pervasive, resistant and self-defeating
  - damage longterm relationships
  - elicit strong (escape/ punishing) reactions from others
  - & over time, gain habit strength leading to a cycle of chronic distress

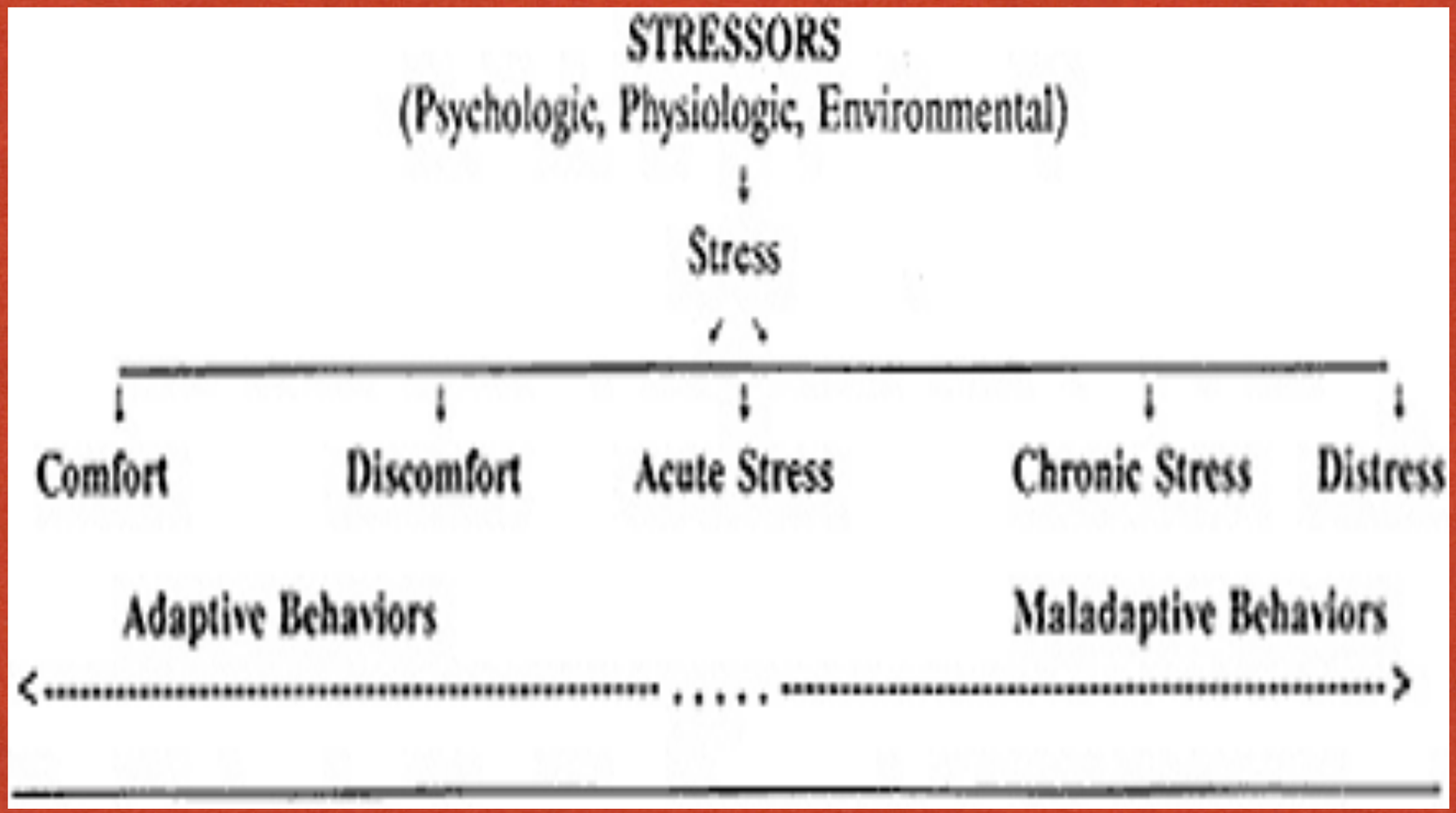
Animal Model of Distress



Institute for Laboratory Animal Research (1992). Recognition and alleviation of pain and distress in laboratory animals

Over-grooming?

Model of Distress

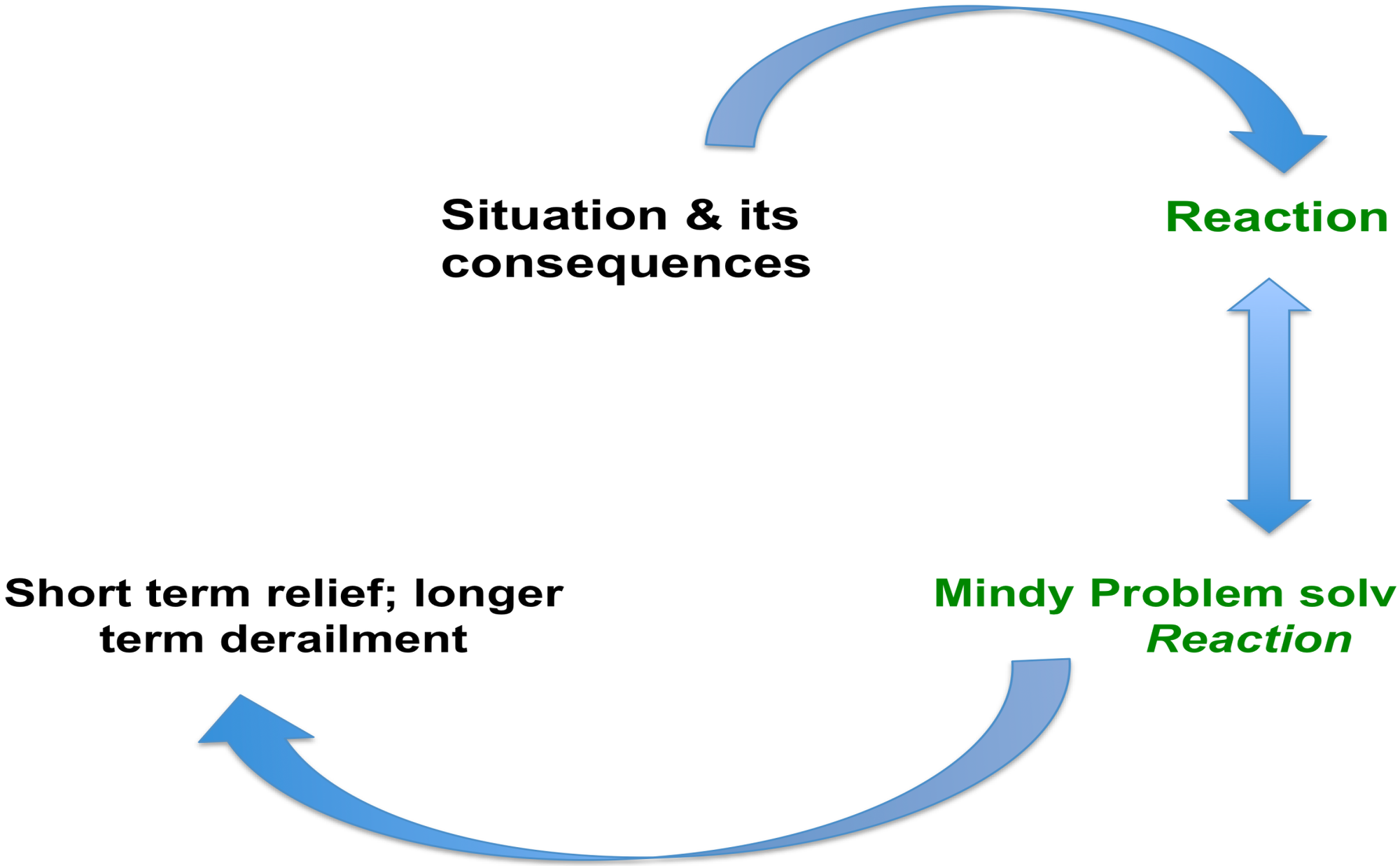


RFT enables

Chronic Distress

Adapted from Institute for Laboratory Animal Research (1992). Recognition and alleviation of pain and distress in laboratory animals

Contextual CBTs
The Behavioral Activation Stuck Cycle



Adapted from Martell, Dimidjian & Herman-Dunn (2010)

The solution BECOMES a new problem

Trigger

1. Intense emotion

2. Judgment about emotion

3. Urges to self injure

Fear & panic re: urges
Repeat #2

LOUD Action

Behavioral control: targets their solution

including
medical attention

Short-term
Escape/Communicatoin/
sensory stimulation

Volume Check!

Requires tighter environmental control

Chai & Luna

Chronic distress
Emotional/ behavioral dysregulation; "loud" behaviors

Emotional dysregulation/ soothing bx
AKA: "the ring of fire"

Buddha state

Commitment, Behavioral control; skills training; tight contingency management

Exposure, choice & love

Zen state; flow; full flexibility

What are loud bx for you?

- **Considerations:**
- Lethality – professionally, we are on the side of life
- Rules: Ethics/ Legal issues
- Experieince/ Personal hx/ avoidances
- Consultation group/hiearchy

You've got one when….

Therapist

- doing all of the work
- lecturing, moralizing & cajoling, persuading
- use "resistance" generating strategies
  - Telling rather than asking
- subtly blame patient
  - I can't help you if you don't want to help yourself

Client

- Help seeking and help rejecting
- "Yes, but . . .; I don't know"
- Emotion focused endless chatter in session & little change btw session
- Doesn't complete homework
- Misses appointments
- "This really isn't helping me!"

Strosahl, 2010

Functional Assessment

- Process by which we develop hypotheses about behavior/ environment relations
  - SORC model (Stimuli-Organism, Response-Consequence)
- Given these context, what does the behavior accomplish?
- What other variables could impact the emmission and selection of this particular behavior?
- What available alternatives will be used next time?

Behavior Chain

Vulnerability Factors

Situation

Effective Behavior

Target
Bx

Situation
Thoughts
Feelings
Sensations
Bx

Event: neg. feedback @work

Working | 6PM

boss calls for me

T: I screwed up again
She's going to fire me
I didn't do anything wrong
F: tired; anxious; scared
P: ↑HR.

- distract
- call S
- go for walk/ movies
- breathe/cry
- get rid of blades

from kids room to boss

- I can't lose this job; can't ever get it right
- scared, sad

in boss' office

- don't run, don't say anything; I didn't do anything
- angry, scared

from boss office to common area

- I didn't hear the kid scream I always get in trouble
- can't do it right

get things to leave

- she's going to fire me
- I'm sick of this fight
- angry; sad

from work to car

I can't stand it anymore

driving

- what's wrong w/ me; can't get it right even when not my fault
- sad

from car to ⇧/crying

I'm so tired
sad

walk in ⇧

great, another night like this
I'm tired of all this shit
- angry/sad

sitting on sofa

- I can't even distract; what's the point
- sad/overwhelmed

get blade from drawer

- Sandra will kill me; I'll feel better now

hold blade

- you shouldn't do this;

CUT 7PM

- you've done it again
- relief; guilt

It is our job to help our clients find better (more effective) ways to get their needs met!

Prioritizing Treatment Targets

- Self-injurious/ other-injurious bx
- Therapy interfering bx (FAP)
- Quality of life interfering bx
- Skills generalization

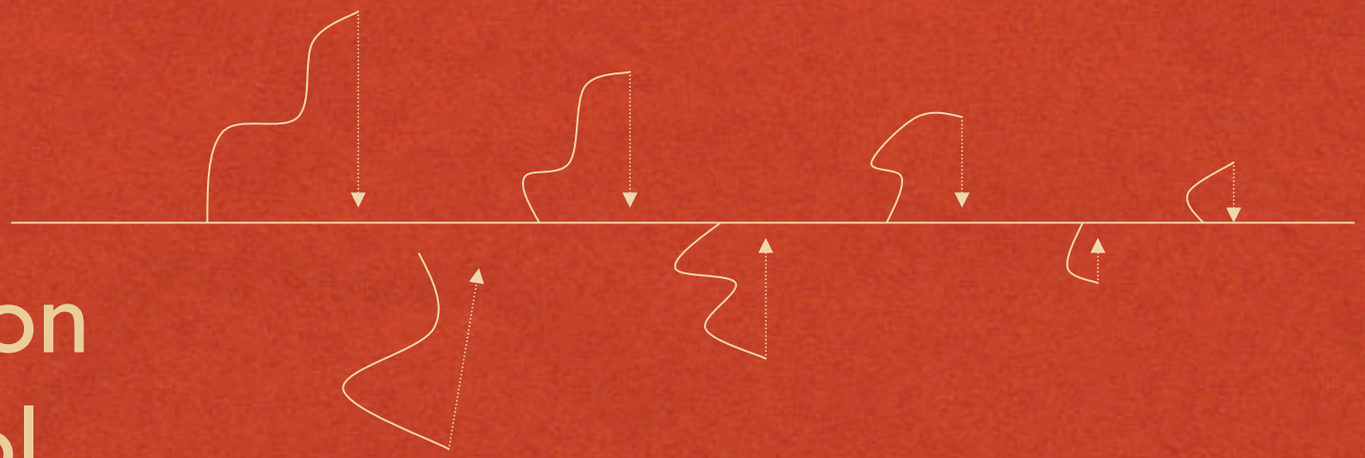
Strosahl says:

- Loud bx = solution to pain
- Study behavior (rather than judging it)
- Emphasize response-ability
- Allow for natural consequences of bx & use it as grist for the mill
- Connect to costs of continuing with such solutions

Commitment, Coaching & Accountability

- Elicit commitment to treatment & skills use (including skills coaching) *instead* of engaging old solutions or problem bx (DRA)
- Practice mindfulness daily/ track key behaviors
- Use the therapeutic relationship as reinforcement for effective behavior; extinguish reinforcement contingent on target behavior
- Safety plan – include others if appropriate

Successive approximations



Attention control

- Practice like one would a fire drill - over & over
  - *With time*….A choice, based on utility…
    - more experiential exercises (eyes on)

The Ring of Fire

- That place where all monsters are temporarily present & likely very loud
- Where emotions are in full force & urges present
- Where we are afraid of ourselves & the pain is sooo bad that it physically hurts
- Where showing up to pain effectively likely leads to longer term growth and freedom
- **Sit on your hands!!!**

The FAP-tionship

- CRBs – 1, 2 & 3s
  - Elicit, reinforce and extinguish
- Reinforce self-statements under private control
- Behavior chains & skills training
  - I though X
  - I felt X
  - I did X
  - I could have used X skill

With time… self-as content - I'm a DBT client

With mindfulness practice… self-as-process

Kohlenberg & Tsai

Know thy-self!

Empathizer

Fixer

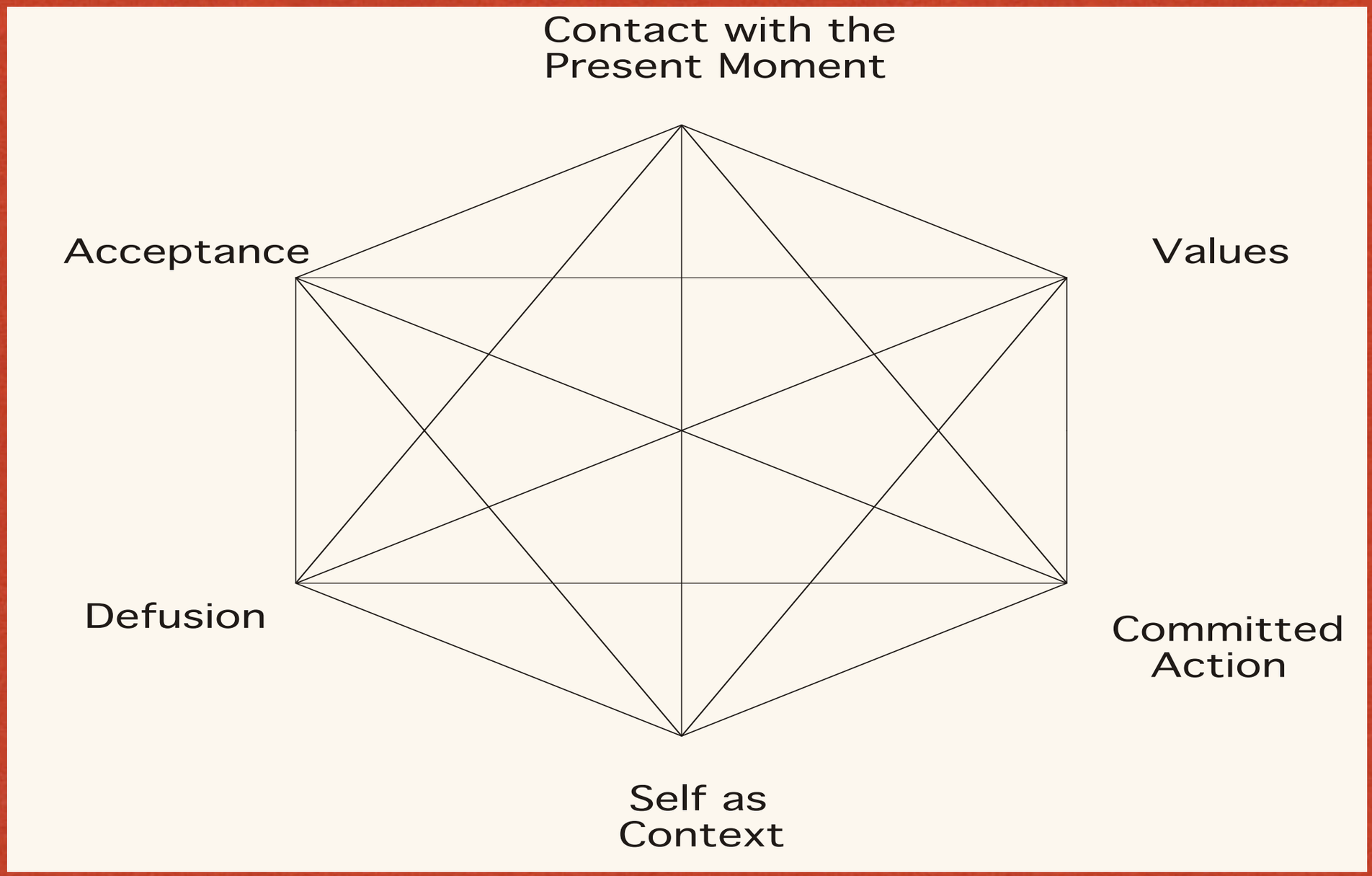
Relational Acceptance

- **VALIDATE when intense**!
  - Pain = intolerable, inescapable & interminable!
    - & if they keep doing the same, they will get the same
- **Values** = what would make this work worth it?
- Loud urges is what happens to pple when they are completely unwilling to experience the pain
  - Teach **skills** to cope in the ring of fire

Relational Change

- **Problems solving**
  - Therapist's job to help clients keep their commitments; address therapy interfering bx on both sides
- **Observing limits:** to each his own; heart to hearts
  - Interact with the therapist in a way that keeps them engaged in treatment
- **Skills coaching/use**
  - Use skill to get out of hospital in order to regain access to therapist

FAACTing…

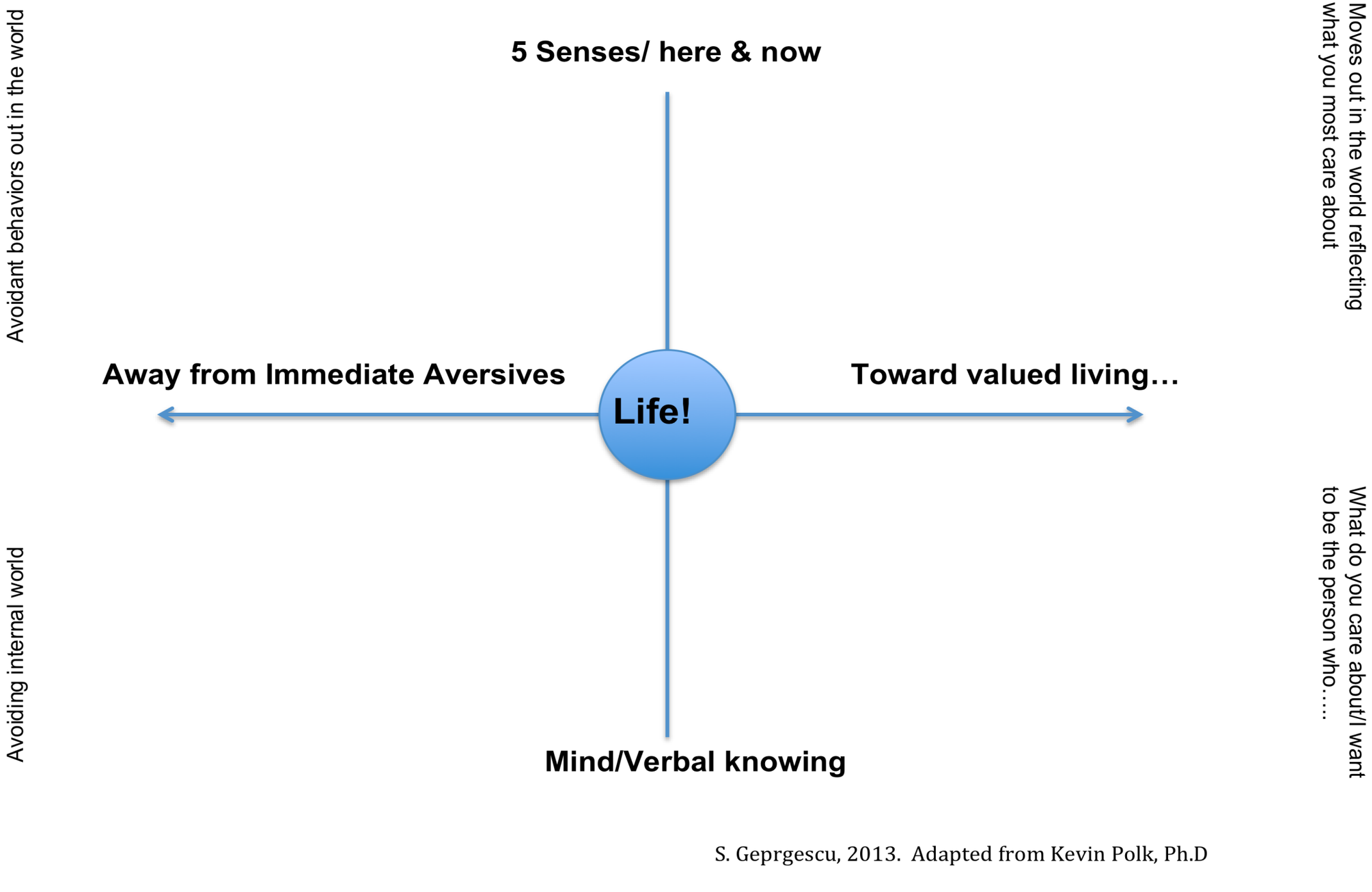

Contact with the Present Moment
Acceptance
Values
Defusion
Committed Action
Self as Context

Targets of intervetion

- Quality of life interfering box
  - The behavior of most concern to the client
  - The easiest behavior to change
  - The behavior most likely to affect other problem behaviors
  - The behavior most likely to generalize to other behaviors
  - The earliest behavior in the behavior chain
  - The behavior that, if changed, would create opportunities for new bx and more reinforcement

Contextual CBTs

Map out content and behaviors for both intra-personal (ACT hexaflex points) and interpersonal (CRB1 & CRB2) domains



S. Geprgescu, 2013. Adapted from Kevin Polk, Ph.D

Let’s try mapping one out!

Strosahl also says:

- Distinctive features:
  - Behaviors are pervasive
  - Responses gain habit strength
  - Behaviors are resistant
  - Self-defeating

Pervasive Emotional Dysregulation

Emotional Vulnerability

Inability to Modulate Affect

Clients come with

- **Emotional Dysregulation**
- **Interpersonal Dysregulation**
- **Self Dysregulation**
- **Behavioral Dysregulation**
- **Cognitive Dysregulation**

Contextualizing our talk

Upper level terms

Mid-level terms

Bottom level terms

Whaaat was that?

- S^d = Discriminative stimulus *(operant condt)*
  - Sets the occasion for learned/ voluntary responses
  - A stimulus that *signals the availability of a reiforcer*

Treatment

- We want to help them access reinforcers in a more effective way
  - Skills training

3-term contingency cont'd

- Se = Eliciting stimulus (respondent condt)
  - Sets the occasion for reflexive/involuntary behavior
  - Behavior is under the *narrow control of the stimulus*

Treatment

Expose to stimulus AND train them to engage in a different response in the face of that stimulus

- It might even get them a different more desirable consequence

3-term contingency

- S^r = Reinforcing Stimulus
  - Responses (including that of the therapist) that ⇧ or ⇩ the likelihood that a behavior will occur again in the future under similar contextual conditions

Treatment

- FAP
- How you/treatment team respond matters…