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RFT for Clinical Practice

Three Core Strategies in Understanding and Treating Human Suffering

Niklas Törneke, Carmen Luciano, Yvonne Barnes-Holmes, and Frank W. Bond

Relational frame theory (RFT) is a comprehensive account of verbal behavior (Hayes, Barnes-Holmes, & Roche, 2001). Because psychotherapy almost always relies on verbal behavior, all kinds of psychological interventions could potentially be analyzed from this perspective. In this chapter, we do not attempt such an extensive analysis, but focus instead on what we think are two core and integrated areas that can be used to help people change in psychological treatment. The strategies we suggest are based on RFT and relate specifically to the complex human abilities of: (a) following instructions or rules, and (b) interacting with our own behavior. According to RFT, these two core areas not only suggest potentially useful perspectives on how we might do effective therapy, but they also provide an understanding of what, to some extent, brings individuals into psychological therapy in the first place.

Following Instructions

In traditional behavior analytic language, the behavioral repertoire of following instructions is called rule-governed behavior (O'Hora & Barnes-Holmes, 2004; Skinner, 1966). From an RFT perspective, this phenomena could perhaps more broadly be described as complex relational regulation. Once a human learns to relate stimuli or events under the influence of arbitrary contextual cues, words (spoken aloud or silently to yourself) can have stimulus functions for all kinds of action, depending on the specific learning history of the individual. A word or combination of words that specifies a particular behavior and its consequences has traditionally been called a rule or instruction. Consider the following simple example: "Turn left after the first traffic light, continue for half a kilometre and you will find yourself at the football stadium." Or, to give an example closer to psychological treatment: "It is important that you control your feeling of anxiety so that you won't have a nervous breakdown." In both these cases, the instructions specify what to do and for what

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consequence. When humans interact with verbal stimuli like these (instructions or rules) they are said to act with a purpose, where the purpose relates to experiencing the specified consequence. However, there is more to rule-governed behavior than understanding a rule and acting in accordance with it. Specifically, the rule-follower must have an appropriate learning history and present contingencies must also support rule following in that context (Barnes-Holmes, O'Hora et al., 2001; Hayes & Hayes, 1989).

Even if the behavior of following instructions is often done by acting in ways similar to previous behaviors and for consequences experienced earlier, additional and more novel actions are possible. Once a repertoire of following rules is available and given appropriate contextual cues, humans can act with a purpose, doing things never done before and for consequences never yet contacted. This means, for example, that a rule like "I need to stop thinking about him or I will end up in a psychiatric hospital" can readily emerge as a new rule, specifying what to avoid in a specific new context. With the emergence of new rules, and possibly new behaviors, comes the opportunity for both flexible and inflexible response classes. As argued elsewhere, the latter appear to be associated with "psychological traps" (Luciano, Valdivia-Salas, & Ruiz, 2012; Törneke, Luciano, & Valdivia Salas, 2008). We will return to this issue later.

Interacting with Your Own Behavior

Many organisms can respond to their own behavior, such that a given response can have stimulus functions for subsequent responding by the same organism. However, this ability is radically advanced or extended once humans learn relational framing (Barnes-Holmes, Hayes, & Dymond, 2001). That is, under the influence of arbitrary contextual cues, we can relate one aspect of our own behavior to another, in the same way that we can relate any other stimulus or event to another. In other words, just as external events can become "better than," "should not have been," or "more later," so can our own behavior. For example, I might advise myself that my health will be better later if I eat less now.

Early in the development of relational framing, relations of coordination are established between "I," "me," my own name, and my own behavior. Similarly, relations of opposition are established between "I" and "you," "others," other names, and so on. In turn, this helps to distinguish my behavior from the behavior of others. At one level, therefore, children learn to discriminate themselves as objects among other objects and learn to relate these objects to one another in a whole host of ways. For example, in a given context "I" can be good, bad, small, girl, boy, strong, nice, tired, funny, looking like mother, and so forth. Across thousands of interactions with the wider verbal community throughout the early years of development, complex relational networks (or stories) about "me" are established and take form.

The perspective from which each one of us comes to view the world, at least in a verbal sense, remains relatively constant across time. In other words, although our individual behaviors across contexts may differ considerably, we typically talk about viewing the world, and all that happens in it, from the perspective of "I" or "me." Thus a learning history unfolds in which I come to distinguish myself from my own

behavior (including actions, feelings, thoughts, memories, etc.). Thus, for a verbally competent human, there is an experiential distinction between "what I do" on the one hand and the experience of being a (verbal) observer on the other hand; a "from-ness," if you like, of human experience. This learning is heavily influenced by others in the social context who frequently ask questions such as "Who did that?," "What did you feel?," "Where were you when that happened?," and so on, and reinforce responding that is "correct" in the sense that it is in accordance with social convention in that context. A more technical way of describing this complex behavior is to say that we learn to place our own behavior in a hierarchical relational frame with a deictic[1] "I." In other words, everything I do, see, think, and feel is experienced as being parts of me or who I am (see Luciano, Valdivia-Salas, Cabello-Luque, & Hernendez, 2009). This relationship between me, as a constant verbal "I-ness," and my behaviors is an essential feature of complex human action and allows me, for example, to direct my behavior across time and in accordance with what I want, expect, and seek to achieve, perhaps many years into the future. One might argue that this complex relational ability is integral in allowing us to make choices to follow particular courses of action, such as saving for a pension or paying off a mortgage, or having children. This also seems to accord with what Skinner (1974) was referring to in the following: "A person who has been 'made aware of himself' by the questions he has been asked is in a better position to predict and control his own behavior" (p. 35).

The Joint Venture of Complex Relational Regulation and Interacting with Your Own Behavior

As repertoires of relational framing emerge and flourish, we formulate all kinds of stories about ourselves in relation to the external and social world and these are controlled by contextual cues provided by that world. In early childhood, these stories are often spoken aloud in what is called "self-talk," but with age they typically become increasingly complex and unspoken. As well as constituting complex relational networks involving practically all types of derived relations, "stories about self" commonly function to regulate our own behavior; that is, they function as rules.

The abilities to follow instructions on the one hand and to discriminate "me" on the other, join together in the uniquely human behavior of self-instruction. We constantly tell ourselves what to do, how to act, what to aim for, and what to avoid. Almost incessantly, we also evaluate our own actions and then use these evaluations to instruct subsequent behavior. While much of this self-instruction and the behavior that goes with it is so automatic that it "occurs without thinking," a great deal is more elaborate and engaged in with a higher degree of discrimination. Either way, this type of verbal behavior, like all other behavior, is under contextual control. Hence, even subtle forms of remembering, feeling, and thinking are acts in context. The complex ability to discriminate your own behavior and abstract a rule based upon this which can, in turn, be used to instruct future behavior has clear personal, social, and cultural benefits (e.g., social cohesion and collaboration regarding long-term goals and values). This ability can also, however, be counterproductive and reduce essential behavioral flexibility.

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The Blessing and the Curse

As noted above, self-rules can specify behavior not yet performed and consequences not yet contacted, hence constituting rules for future behavior. A key advantage afforded by this type of verbal behavior is that it enables us to act in the present for unknown and remote future potential consequences. As a result, these "verbally contacted consequences" in the present may be actually contacted experientially in the future. For example, if we follow a rule like "if I eat less and exercise more I will lose weight" and we actually lose weight, the consequence that was at first verbally contacted is now an actual, experienced consequence of our behavior.

It is easy to see how self-rules such as these can be a blessing and, when applied to our physical health, for example, they may even keep us alive. Even more abstractly, we can act for world peace, a healthy environment for our grandchildren, going to heaven, or being reborn with a better karma. Unlike the health example, we may never in fact actually contact the consequences specified in the rules we follow in these situations. But again, this type of rule-following will possibly have significant other benefits for ourselves, for other individuals and for the culture at large.

On the other hand, there is a downside to following rules that specify consequences which we will never contact directly. Several factors influence this possibility. First, as self-rules are always very much intertwined with historically established social rules, they are ultimately at "social whim." Indeed, even our direct historical experiences are observed through the lens of the social context that teaches us how to make sense of, and talk about, these experiences. There are a myriad of social rules regarding how we experience our experiences (e.g., "never criticize family members" or "it is bad to feel unhappy"). Second, empirical evidence has shown that rule-following tends to continue even when the consequences specified by the rule have ceased to occur or, indeed, have never occurred (Hayes, Brownstein, Zettle, Rosenfarb, & Korn, 1986; Matthews, Shimoff, Catania, & Sagvolden, 1977). And, third, there is evidence that extensive social reinforcement for rule following in general facilitates excessive rule following even when the consequences of doing so are aversive (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). Both of these latter factors can be described as having the common characteristic of insensitivity to direct contingencies. A classic therapeutic (indeed, ubiquitously human) example of this is called experiential avoidance. This involves following rules about the control of private events (e.g., feelings, thoughts, memories, bodily sensations, etc.) as a prerequisite to living your life well, when the control of all such events is practically always impossible and the consequences of doing so tend to increase psychological suffering.

Importantly, for effective human functioning a rule can be present without being followed. We are all aware of suggesting different plans of action (rules) to ourselves, either as a spontaneous thought ("I should stop doing this") or as a more deliberate and elaborated version ("I really should go to Morocco with Elisabeth this coming summer to have a real vacation") without necessarily acting on that rule. We suggest that early childhood training of the distinction between "I" and "my own behavior" plays an important role in this regard. Specifically, we would argue that responding to our own behavior as participating in a frame of hierarchy with the deictic I is of central importance to the way in which we follow self-rules. Furthermore, we propose that the following of self-rules when I am in a hierarchical

relation with my own behavior, is likely to be relatively effective and beneficial (Luciano et al., 2009). Take the example of thinking, "I need to control this feeling," given an emotionally aversive experience. What we are suggesting is that being able to "hold these thoughts at a distance of observation" rather than automatically acting "on" them is a critically important psychological skill. This ability appears to correspond with what is often called psychological or behavioral flexibility (Bond et. al., 2011; Kashdan & Rottenberg, 2010). In the next section, we will discuss the view that deficits in these relational repertoires correspond to psychological rigidity and form a central process of psychological suffering in general and of clinical problems in particular, and that training these very repertoires is a key task in psychological treatment.

A Simple Model of Psychotherapy, Informed by RFT

The line of argument so far in this chapter leads to the position that psychological treatment should be aimed at building and training psychological flexibility, which is a repertoire that may be considered a higher-order operant class and, thus, formed and possibly maintained, by multiple-exemplar training. We define psychological flexibility in the following way:

> Psychological flexibility is the ability to notice and react to your thoughts, feelings, and other behavior in order to give you the opportunity to take action toward important ends. This involves responding to your own responding as participating in a frame of hierarchy with the deictic "I." This is typically accompanied by a substantial reduction in the behavioral control functions of the response in question, thereby allowing for additional relational responding that specifies appetitive augmental functions, and further behavior that is coordinated with that relational responding.

We will now describe how such work can be conducted in accordance with this definition. For didactic purposes, we will divide this work into three key therapeutic strategies. These are not sequential because all three are a recurrent focus of treatment; hence each will be revisited as needed, and typically many times.

1 Help the client discriminate the relationship between current functional classes of responding and the problematic consequences produced by that responding. According to the current analysis, we expect the problematic functional class to be responding in coordination with certain self-instructions or rules.
2 Help the client discriminate his or her own responses by framing them as participating in a frame of hierarchy with the deictic I and train this repertoire as an alternative functional class.
3 Help the client develop this alternative repertoire in a way that will specify appetitive augmental functions for further behavior.

Before continuing it may be useful, for illustrative purposes, to consider the following example of psychological flexibility versus inflexibility. William is a young student in the middle of his studies. After studying for several months in preparation for a test, he has just found out that he failed it. This is the first time he has not passed

a major test in the course of his university study. He is sad and angry. He has a lot of thoughts about the mistakes he made during the test and why he made them; he also has many questions about what will happen to him now. This thinking suggests to him that much more work is needed in the future and, for example, that he may now have to miss a special trip he had been planning. He also has thoughts about his parents' reactions to the fact that he failed the test. For example, he thinks: "I am a failure! How could I make such stupid mistakes? Why did I not prepare in a better way? I might not be suitable for this kind of career!" Some of these thoughts will likely be accompanied by strong affective reactions.

From the perspective we outlined above, we would argue that the way William interacts with these thoughts (his way of responding to them) plays a critical role in how he behaves next. On the one hand, if he responds to them by framing them in hierarchy with the deictic I, he will notice them as responses that he is having. On the other hand, having them need not control his further behavior. Such a response would facilitate psychological flexibility, because it increases the probability that other, helpful responses also will occur (such as "What should I do now, given my overall aims?") and that actions coordinated with such responses are more likely to follow. If, on the other hand, William responds in coordination with his thoughts and feelings, these responses will likely increase the probability of social withdrawal (being a "failure") or ruminating on the situation (because the content of the rumination has to be solved). If this is the case, thoughts and feelings will thus have obtained control functions for behavior that may be avoidant and problematic. For example, William may decide to give up his studies based on this single failed test.

While the example above is taken from a nonclinical situation, we would suggest that the same process lies at the core of clinical problems and the difference is more quantitative than qualitative. Consider Peter, who is a middle-aged man who recently became a father. A week before his daughter was born a neighbor used pesticide in his front garden, close to the side of Peter's house. Peter has always been keen to follow ecologically sound habits, but now gets totally obsessed with thoughts about the potential risk to his newborn daughter. He has thoughts like, "What if some pesticide was brought into our house by the wind and is concealed in our furniture?" He also has thoughts about the spread of the pesticide through his own clothes and the potential for his daughter to become contaminated by these. While Peter, who is well educated, is aware of the improbability of anything like this happening, he feels he cannot help but to act on these thoughts and in doing so he fulfils diagnostic criteria for obsessive compulsive disorder. As another example, consider Lisa. She has constant thoughts about parts of her own body being fat and about the need to lose weight to be acceptable. Acting in coordination with such thinking by engaging in a strict diet and periodically self-induced vomiting, she now fulfils the criteria for an eating disorder.

We suggest that both Peter and Lisa suffer, in certain contexts, from deficits in the behavioral repertoire of framing their own private/subtle responses in a hierarchical relation with their verbal "I-ness." Thus, they exhibit psychological rigidity as we have defined it above. As a result of repeated episodes of acting in coordination with one's own private responses or reactions, problematic forms of rule-following become established. It is not an isolated episode of such responding that constitutes the problem; instead, the problem results from many such instances across life or in specific, important moments. The task in psychological treatment is to set up a

context that increases the probability of hierarchical framing of private responses from the perspective of "I" (deictic I), thus, facilitating psychological flexibility. We would add that treatment usually requires repeated training of flexibility in different contexts (commonly referred to as multiple exemplar training)

Helping Clients Discriminate the Relationship between Current Functional Classes of Behavior and Problematic Consequences

Discrimination of your own behavior is key to changing your behavior (Skinner, 1974). So in helping clients to change, we will need to help them discriminate what they do, when they do it, what normally follows their actions, and what was the purpose of their behavior. Many people who search out psychological treatment are aware that they need to change something they are doing. They are also typically aware that things are not going the way they want them to, otherwise they would not be seeking help. Nonetheless, clients are often out of contact with the relationship between the consequences they experience as aversive and their own behavior that contributes to those consequences. We have argued that a problematic behavioral repertoire involves responding in coordination with certain verbal rules, rather than in hierarchy with those rules, from the perspective of "I." But, of course, clients will first need to discriminate what they do as part of this coordination and to recognize that it is not working for them.

So the first step in therapy is to help clients identify which of their own behaviors generate problematic consequences. From an RFT perspective, this involves if-then or causal framing, connecting specific behaviors to specific consequences. This process of identification will also facilitate the formation of coordination relations among topographically distinct behaviors, such that all are seen as functionally equivalent, because they all facilitate aversive consequences. In effect, this constitutes discrimination of the client's problematic functional class of behavior. For illustrative purposes, we will consider how this can be done in a dialogue with Peter, from our example above.

Therapist: What would be a typically difficult situation for you?
Peter: It could be almost any situation at home, really …
Therapist: Such as … ?
Peter: This morning, for example, I noticed that my wife, when about to breastfeed our daughter, first put aside some of my clothes lying on the bed. Just seeing her touch those clothes made all these horrible thoughts and images turn up for me. It's incredible!
Therapist: And that would be typical? In many different situations?
Peter: Yes, almost all the time. I just see all these horrible things that can happen to my daughter.
Therapist: Like a warning?
Peter: Yes.
Therapist: So when you get these warnings about all the horrible things that could happen to your daughter, what do you do?
Peter: Well, it depends on the situation. Today I asked my wife to wash her hands so as not to contaminate our daughter. I do all kinds of things to protect her. Wash clothes, avoid going into certain places in the garden, keep the

windows closed, ask my wife to do the same things, etc., etc. I know it is weird, but I just can't stop it.

Therapist: Would it be correct to say that when you get these warnings, you follow along?

Peter: Yes, sure, yes.

Therapist: And where does that take you?

Peter: Well, I get a bit less tense I guess. It feels like I am protecting my daughter. I could not stand anything happening to her! That would be horrible!

Therapist: So, some relief in the moment. And in the end, where does that take you?

Peter: Nowhere, really. But what can I do? If she comes into contact with this pesticide, who knows what that could do to her in the long run? All these reports about pesticides and cancer …

Therapist: Hmm, so you just got a warning, here and now? Did I get that right?

Peter: Yeah, I guess …

Therapist: And then you would typically do what?

Peter: Try to do something about it, of course. Or find out what to do.

Therapist: A warning about horrible things and then you follow along … ?

Peter: Yes.

Therapist: And that takes you where? How is the situation in your family, with your wife and daughter?

Peter: It is not good. I don't really dare to do anything with my daughter and with my wife … Well, we just end up in fruitless discussions. It all takes me nowhere …

Therapist: And what about the warnings, all the scary thoughts? Do they decrease over time as you "follow along"?

Peter: No, not really. I just feel more and more tense, more and more afraid …

At this point, let us simplify what we think the therapist is doing here as a series of steps:

1 Coordinating Peter's private events with "warnings about horrible things."
2 Identifying what Peter does in the presence of these private events.
3 Providing a label for these behaviors as "following along" and thus coordinating these behaviors together.
4 Grouping these actions that follow into causal relations (e.g., given a warning, then follow along)
5 Grouping the behaviors of following along into causal relations with their consequences ("when I follow along, it never works out well") and thus discriminating a problematic, functional class of behavior.

As any reader familiar with behavior analysis will notice, this is an example of what is called a functional analysis or assessment. Behavior, its consequences and its antecedents are specified, in order to teach the client to make these kinds of discriminations. Naturally, this one example will probably not be enough. As different examples are asked for, and given by Peter, the therapist should return to the question of whether this example fits with previous ones in terms of "an anxious warning, following along, getting nowhere."

Two further comments on the above example seem important. First, the therapist should look for and use examples of the problematic behavioral class as it appears in session, as in the example above when she asks if Peter just got a warning. This provides an opportunity for both the therapist and client to discriminate relevant aspects of the behavioral sequence "alive" and in the moment.

The second comment is about using metaphors as part of the dialogue. In the dialogue above the metaphors are not particularly vivid. Nevertheless, the therapist labeling Peter's behavior of acting on his thinking about danger as "following along" and labeling the content of his thinking as "a warning" is using metaphorical talk. Similar metaphors may have involved the therapist talking about Peter's experience of danger as "an alarm signal" and about his subsequent behavior as "acting like the emergency response team."

There are several reasons why using metaphors, such as these, may be helpful.

- The client is unlikely to remember all of the individual behaviors identified by the therapist, but will have little difficulty in remembering the single label of "following along."
- Metaphors are short and straightforward, and yet contain a surprising amount of information. For example, just labelling all of the target behaviors as "following along" means that it is not even necessary for the therapist to say that this is just the same response over and over.
- Metaphors are often a better alternative to formal instructions. Psychological treatment often includes instructions of different kinds, especially in the cognitive-behavioral tradition. As argued previously, however, excessively rigid instruction or rule following is often a central part of psychological problems. RFT would predict that using metaphorical talk may be useful in helping clients, even when metaphors technically function as rules or instructions. This is so because metaphors, by their very nature, are not as exact as more literal language. So if Peter, in the example above, is told: "Notice the warning signs but don't act on them, just pass by!" that is different from giving him more formal instructions about what to do. In following metaphorical instructions you cannot just "do as it says." You will have to be more observant as to direct contingencies and that might decrease the probability that you will get entangled in verbal traps. In other words, the use of metaphors in therapy may serve to transform the functions of excessively rigid rule-following without providing yet another formal rule for the client to follow. Or to put it more informally, metaphors may help a client to see some aspect of their own behavior as the problem without the therapist providing a formal rule or instruction to that effect.
- Using a metaphor to label a person's behavior may help to place the behavior in question "out in front" of the client as if it was an external object (e.g., an actual warning sign). Hence, the metaphor allows Peter to discriminate his own behavior as "out there" (hence distinct from "here"), whereas it was previously coordinated with his perspective (here). This may facilitate Peter's framing of his own behavior in hierarchy with "I" (i.e., part of and yet also distinct from me). In this respect, the therapist is already moving toward what we suggest is the second therapeutic strategy to be used, which is "*helping the client to frame his own responses in hierarchy with the deictic I.*"

Helping Clients Frame Their Own Responses in Hierarchy with the Deictic I and Training this Repertoire as an Alternative Functional Class

Language-able humans spend virtually every day immersed in a socio-verbal world that teaches them to relate phenomena (stimuli of all kinds) under the control of arbitrary contextual cues. Some of this responding is relatively extended and elaborated, whereas some is brief and immediate (Hughes, Barnes-Holmes, & Vahey, 2012). The latter case describes verbal responding that is often highly trained or practiced and thus can take place without an individual readily discriminating that a particular instance of responding involves responding to one's own behavior. Thus a person may respond to something as "dangerous" or "impossible to do," without discriminating "the danger" and "the impossibility" as being a result of the individual's own responding. In our view, helping clients to frame their own verbal responding in hierarchy with the deictic I may serve to transform or reduce the behavioral control functions of that verbal responding, and thus increase the probability that alternative responses will be emitted (Foody, Barnes-Holmes, Barnes-Holmes, & Luciano, 2013; Luciano et al., 2011).

For illustrative purposes, consider Roger, who is suffering from dysthymia, having been moderately depressed on and off for many years. He describes himself as not being capable of establishing a permanent intimate relationship with a partner and also of having a hard time keeping up with his work as a teacher. When exploring current life situations that Roger sees as examples of his problems, he describes himself as feeling deeply insecure in any situation in which a certain level of intimacy is reached with a potential partner. He refers to this experience as a cause of why he has not dated for several years. He adds that the same insecurity is experienced at work when he senses that others are critical of what he does. As a result, he works hard to avoid making mistakes and avoids taking on extra tasks that might increase the risk of being scrutinized by his colleagues. This creates tension for him, however, because he also believes that he has the capacity to contribute more and would therein enjoy work even more than at present. In relaying this insecurity, Roger also speaks of growing up as a lonely child, with little support from his parents. His mother died when he was six and his father gave more attention to Roger's younger sister. In Roger's own words, he did not get what a young boy needs and ponders the extent to which this history has left him lacking in self-confidence to interact with other people in a "normal" way.

Let us consider how we might address Roger's problems in terms of what we said above about increasing psychological flexibility. Two areas of focus seem essential. One is Roger's "story" of how being a lonely child affects his situation today. We use the term story here to refer to an elaborated and somewhat extended verbal response (or relational network), but would emphasize that the story may indeed correspond with Roger's actual history. That is, it might very well be an accurate account of what happened. Furthermore, it may be the case that the causal relation, which Roger perceives as connecting this part of his history with his current problems, may also be true in the sense that these experiences have indeed played a central historical role in creating his current difficulties. The point we want to make, and which we suggest should be used in dialogue with Roger, is much more basic. Specifically, telling the story about his painful experiences as a child and all it includes is a verbal response of Roger's right now, and this response has certain functions regardless of whether or

not its content corresponds to what actually happened in his history. And in the effort to increase his psychological flexibility, we suggest focus should be on how this responding influences other parts of Roger's behavior in his present context, The central point in the context of treatment is not "is this account accurate?" but rather "when Roger contacts this story, what does he do?"

The other response Roger is describing as part of his problem is more brief and immediate. It is the rather quick and overwhelming feeling of insecurity that he experiences. In commonsense terms, his response might be seen as largely emotional, but, from the perspective of RFT, it is still verbal, in the sense that it has "meaning" based on a history of arbitrarily applicable relational responding. In other words, it tells Roger something and can thus have functions for further action based on Roger's history of what to do when experiencing such private events in the past.

As we have repeatedly suggested, psychological problems appear to involve behavior in which one's own verbal responses participate in frames of coordination with the deictic I, in a way that leads to problematic consequences. This appears to hold for both elaborated and brief responding. The therapeutic strategy we are now discussing involves attempting to establish a greater degree of hierarchical framing between specific problematic responses that function as self-rules and the deictic I. We will now consider how this might be achieved with the example of Roger.

In the following transcript, Roger describes a situation at work in which he was asked to undertake a task, but reports feeling anxious and insecure in a way that he says is typical.

Therapist: As you recall this, can you get a sense of how that felt, right now, as you are describing it?
Roger: Yes, a bit I guess. It feels heavy, here (moving his right hand to his chest). Not so bad now, but a bit.
Therapist: Would it be okay to allow that to stay for a while, so that we can look at it, a bit closer?
Roger: Uhh, it feels bad … I've had enough of that already …
Therapist: Yeah, I get that. But would you be willing to try staying with it for some time if that could be of help to you?
Roger: Okay, I'll give it a go …
Therapist: Is it there, in your chest?
Roger: Yeah …
Therapist: Would you say you sense this only in your chest or in other parts of your body as well?
Roger: Well, mostly there but also in my neck, actually.
Therapist: What about other parts? Nothing in your legs?
Roger: When you ask, some of it in my thighs also. I did not notice that at first. But it's mostly in my chest.
Therapist: The heaviness … If it had a color, what color would that be?
Roger: Dark brown.
Therapist: Now I'm going to ask you to do something with that dark brown heaviness. It might sound a bit weird, but see if you can try it out. I would like you to gather all this dark brown heaviness together with your hands and

sort of hold it out in front of you, or maybe put in on your lap. Can you see yourself doing that?
Roger: Well that's kind of tricky …
Therapist: Yeah, I know, just use your imagination … Can you see it out there?
Roger: Yes, I guess, in a way …
Therapist: If you look at it, besides being dark brown, what else does it look like?

At the start of this dialogue Roger describes an experience of feeling insecure and anxious. Given this experience he follows a self-rule of avoidance imbedded in his emotional reaction, a rule telling him to back off from a suggested task. This action can be described as responding in coordination with the rule, which appears to be a well-established response for Roger. The key focus in the dialogue that followed was to interact with Roger so that he would frame these responses of insecurity, anxiety and the embedded rule of avoidance, in hierarchy with his deictic I. As a result, the self-rule and the feelings connected with it may be experienced by Roger as simply an example of how he sometimes reacts to his social world. Talking about his private experiences as an object to be observed is intended to make this point. Another way of formulating a question to Roger with the same intention on the part of the therapist would be "If that feeling or sensation were a thing, what kind of thing would it be?" Metaphorically, his own reaction is put "out there", and the framing of the experience "from the perspective of himself" is made more probable.

Framing your own responses in hierarchy with your deictic I includes both discrimination of what is observed (in the case of Roger, a sense of insecurity and the embedded rule of avoidance) and discrimination of the one observing (deictic I). This latter part could be focused on at some point in the illustrated exercise above by prompting Roger to observe the dark brown heaviness *and to observe who is observing* (Foody et al., 2013; Luciano et al., 2011). In general, encouraging clients to engage in the verbal repertoire of "observing the observer" constitutes a type of multiple-exemplar training in hierarchical framing between their own behavior and the deictic I. The following brief dialogue serves as one relevant example.

Roger: It just feels awful, it tears me up.
Therapist: So there is this tearing awfulness … And right now, who is watching that?
Roger: Well, it is me …
Therapist: So there is the awfulness and it is you who is able to watch it?
Roger: Yes, it is somehow weird but I can see that.

Introducing other metaphors in the ordinary conversation, outside of specific therapeutic exercises such as the one described above, can also function as a type of multiple-exemplar training in hierarchical framing; for example, referring to Roger's experience of insecurity as a road-sign telling him to take a certain direction.

The same general approach to establishing the desired hierarchical framing could also be applied when working on Roger's more elaborated verbal responses: his recollection of his historical background. Assuming that the functional assessment conducted with Roger indicates that this verbal response is part of a problematic behavioral sequence, as in rumination, a metaphor can be used to set up a context that increases the probability of Roger framing this verbal response from the perspective of, and in hierarchy with, "himself."

Therapist: If this story of your background and the different effects it has had on your life were a book, what would be the title?
Roger: Hmm … I don't know. Something about the fact that so much has happened to me during which I did not get a fair chance.
Therapist: Yeah, "The boy that did not get a fair chance." How does that sound?
Roger: Sad, but yes, it fits. It's always with me.
Therapist: It is always with you. And who is the one reading the book?
Roger: It's me, yeah.
Therapist: And right now, here, can you sense the sadness that comes with "The boy that did not get a fair chance"?
Roger: Yes, I sense it in my whole body, especially here (makes a move with his left hand over his neck and looks down).
Therapist: Can you focus on that sense over your shoulders, just watching the sadness there? Let me know when you get it.
Roger: I am. It is hard to feel that, it is heavy.
Therapist: See if you can just watch it … (silence …) Can you move your attention to some other part of your body where you can sense that sadness?
Roger: Yes, in my throat.
Therapist: Just watch the sensation and then tell me what it looks like
Roger: It is like a small ball …
Therapist: Can you notice yourself watching that small ball?
Roger: Yes, I am.
Therapist: So who is it, noticing the ball in the throat and the heaviness over the shoulders?
Roger: It is me doing that.
Therapist: And now, can you go back, noticing again the title of the book and all the sadness with it and see what you typically do when feeling this sadness?
Roger: I don't like it. I sort of give up, I guess. Run off, in a way … You know …
Therapist: I have a thought here, let me tell you what it is and see what you think. I would suggest that the most important problem is not the book. It is a sad, painful book, definitely. "The boy that did not get a fair chance." And, here is my point, what if the most important problem is not the book but what you do when being reminded of the story, when feeling this sadness?
Roger: What do you mean?
Therapist: That the book, or the story in it, easily becomes a script, telling you to act in accordance with this sad story. I think this is a very common thing in life; our past ends up being a script we follow, one way or another. Like you just said: when experiencing this you easily give up, you easily "run off" …

At this point the reader might see that at the same time as the therapist is working to help Roger frame his elaborated verbal response from the perspective of, and in hierarchy with "I," she is back working on the principle we described first; that of helping Roger discriminate his problematic behavior. This illustrates the fact that the three presented principles do not unfold strictly one after the other, in a linear sequence, but recur throughout treatment, each one being revisited many times. In the dialogue above, the next step might be to help Roger discriminate once again

what he typically does "following the book" and then start a dialogue about what behavior would constitute "stepping outside the story." And that would bring us to the third principle we have suggested, *helping the client to specify appetitive augmental functions for further behavior*.

Before we examine this third principle, it seems important to emphasize the role of experiential exercises, such as the one described above, because they constitute a type of multiple-exemplar training, which may be employed throughout therapy. The rationale for experiential exercises is simple: training clients to discriminate specific features of their own behavior. In effect, clients need to learn to discriminate two broad functional classes of behavior, one problematic functional class that currently dominates their repertoires, and a more helpful one that would constitute an alternative. These may be described as psychological rigidity and psychological flexibility, respectively.

The relevant discrimination training is often best done "live," as the behavior in question takes place. The important point is to give a client direct experiences, in session, of the two central classes of behavior. These experiences can then function as exemplars or analogues that help clients bring the experience of treatment into their lives "in the real world." Early in therapy there is often a focus on illustrating current, problematic behavior, and its connection to consequences (principle one above); subsequently, the focus is more on the alternative functional class, psychological flexibility. The two classes are often evoked as a natural part of the interactions that occur in session. Indeed, therapists are advised to watch out for potential opportunities and to use every relevant example. A more active strategy on the part of the therapist is to deliberately evoke the two relevant functional classes in session through the use of experiential exercises.

Indeed, experiential exercises and metaphorical talk often go together. An exercise that seems to help the client to make the relevant discriminations in session can be used in metaphorical talk. For example, following the exercise described earlier when Roger "held his heaviness in his hand," another concrete situation might be discussed where he reports insecurity and self-doubting thoughts concerning approaching a potential partner. Here, the therapist might ask, "Can you simply hold those thoughts and feelings in your hand, just watching them and do what is important for you, in your life?"

As pointed to earlier, we have divided the clinical work into three strategies or principles, for didactic reasons. This last question from the therapist about holding scary private thoughts and feelings "in your hand" illustrates our second principle of hierarchical framing with the deictic I, but also ends with presenting possible augmenting functions by referring to "doing what is important in your life." In doing so, we have arrived at our third principle.

Helping Clients Develop This Alternative Repertoire in a Way That Will Specify Appetitive Augmental Functions for Further Behavior

The problematic behaviors targeted in therapy are by definition well established and acting differently is no easy task, as anyone trying to change old habits would know. This is the reason why motivational factors are so important. Technically, in behavior analysis, motivational variables have often been described using concepts such as establishing and/or motivational operations (Michael, 1993). At the most basic level,

an example would be using moderate levels of food deprivation in studies with nonhumans to increase the likelihood that the animals will engage in relatively high levels of operant responding that produces access to food. Or, more informally, we would expect a hungry animal to be more motivated to work for food than an animal that was not hungry. According to RFT, rules/instructions about what is important can function in a similar, albeit much more complex way for verbally able humans. Rules that have this function of increasing (or decreasing) the impact of certain consequences are called augmentals (Barnes-Holmes, O'Hora, et. al., 2001). The third therapeutic strategy we are suggesting here involves helping the client contact overarching, verbally constructed, desirable consequences (or appetitive augmental functions) and link them to new behavior (Luciano et al., 2012; Plumb, Stewart, Dahl, & Lundgren, 2009; Törneke et al., 2008;). In more ordinary and less technical language, the point is to clarify what really matters to the client and, by linking this to alternative behavior, using it to motivate change. Let us now consider how this can be done in a dialogue with Roger.

At a point where the therapist concludes that Roger increasingly frames his own story ("the book") in hierarchy with the deictic I, the following would be a typical example of the third therapeutic strategy.

Therapist: So, if we assume that you, now, could do something outside of this story, what would be important to do?
Roger: What do you mean, I am not sure what you are getting at … ?
Therapist: You have described how the book, "The boy who did not get a fair chance," has a lot of impact on what you do in life. It sort of prescribes what you are supposed to do, right?
Roger: Yeah, I can see that. Often it sort of comes by itself; it's so hard to do something outside of that. The book is always with me.
Therapist: Right. So, if you could actually take steps outside of this story, even as it is present, what would those steps be about? If you where free to choose, if it was up to you? What would be important enough for you to go for?
Roger: Okay, I see what you are asking … Well, at work it would be for accomplishing something more, for showing both myself and others that I can contribute. That I belong in the game, or something. Being a teacher is doing something for and together with others, my students, my colleagues. I want to be more a part of that. Then with finding a partner, I don't know … That seems further away …
Therapist: Yeah, and still I wonder … just imagining that you would even take steps in that direction, not saying that you have to, but just exploring what would be there that really matters to you?
Roger: Just having a partner, I guess …
Therapist: Is that really so? I mean, I am pretty sure you do not want a partner who abuses you or treats you badly. So, I would guess it is about something more, something further than just a partner. Or am I mistaken here?
Roger: No, of course, you are right. It would be about being together, belonging together. Interacting in some positive way.
Therapist: So that sounds a bit like what you are saying about work, actually, about belonging, contributing … ?
Roger: Yes, exactly! Belonging in the game, as I said …

At this point Roger seems to contact "what he wants to be about," what matters to him, something that would make it worthwhile to try out new behavior. In other words, the therapist has brought him into contact with appetitive augmental functions (in this case "belonging in the game"). Other ways to help Roger contact such functions would be to ask for specific experiences he might have had earlier in life that included at least a glimpse of what matters to him. Once the client formulates something of overarching importance this can then be used in discussing further behavior, behavior that would actually increase the probability of accessing or creating more of what really matters to the client.

Let us return to an earlier client, Peter, and see how focusing on the same strategy with him might work. For Peter, possible augmental functions that could be targeted may include what kind of father Peter wants to be for his daughter in the long run. Or, what kind of partner he wants to be to his wife. The following provides an example of what working with this third strategy might look like, in helping Peter to connect such augmental functions to further behavior that differs fundamentally from the problematic response of just "following along."

Therapist: So, what would be acting in accordance with the partner you want to be, even in the presence of these "warnings"? Rather than just "following along?"

Peter: Well, not checking everything out all the time, letting go of some of the things I do when acting on these warnings.

Therapist: Like … ?

Peter: Like avoiding the backyard, washing her clothes over and over, controlling my wife and what she does, the way I do now.

Therapist: And if you would stop this "following along" with the warnings that turn up, what would you do that would be in accordance with the partner you want to be?

Peter: I would spend more time partaking in the care of my daughter, I guess. And also take care of some other things that need to be done at home and which have been sort of left behind lately, because of my preoccupation with this pesticide thing.

Therapist: Okay, What could you do along those lines until our next appointment?

Peter: I could take care of my daughter for short periods of time during the evening, both to be with her and to give my wife some time for herself. She really needs some rest.

Therapist: So that would be like the father you want to be and actually also the partner you want to be?

Peter: Yes, exactly.

Therapist: Could you just imagine yourself sitting at home, having your daughter on your lap? Maybe you can close your eyes, if that helps you to see it more clearly. Tell me when you can see it.

Peter: I can see that, sitting in my favourite chair in our living room … But it is really scary. What if the chair is contaminated? I have been sitting there with unwashed clothes. I feel really anxious!

Therapist: A warning right? Where do you feel that feeling now?

Peter: In my chest, as I told you earlier.

Therapist: I want you to notice that anxious feeling in your chest and the thoughts of contamination that turn up. And, at the same time, to watch your daughter on your lap. See if you can contact her as the father you want to be.

Peter: Yes, I am doing that. She moves her head and looks at me … She is so sweet!
Therapist: How does it feel to interact with her in that way?
Peter: Fantastic! I am so proud!
Therapist: Okay. Let yourself experience that. And see if you can also watch yourself sitting there, watching your sweet daughter and having that feeling of being proud. (silence …) And the anxiety?
Peter: It is still there, I guess. Less, and still there. But my daughter is so much more important!
Therapist: What if something like this could actually take place? What would you say?

As any reader familiar with behavior therapy would recognize, the therapist is moving here into homework assignments, similar to what is sometimes referred to as exposure treatment, using our third therapeutic strategy to motivate Peter to change his behavior in such a way that it brings him into contact with appetitive augmental functions (in this case "being a better father and spouse").

Concluding Remarks

The strategies or principles of psychological treatment we have suggested in this chapter are not entirely new or necessarily distinct from other models of treatment. First of all, any reader familiar with acceptance and commitment therapy (ACT; Hayes, Strosahl, & Wilson, 1999) will of course recognize the obvious similarity to it. This should come as no surprise because RFT and ACT codeveloped. In fact, our account specifically relies on earlier attempts to describe ACT from an explicit RFT perspective (Foody & Barnes-Holmes, 2012; Luciano, Rodríguez, & Gutiérrez, 2004; Luciano et al, 2012; Törneke, 2010). At the same time, our account of psychological flexibility does not map exactly onto the more common account used in ACT. The latter posits six psychological processes that form the "hexaflex" (Hayes & Strosahl, 2004) from which psychological flexibility emerges: (a) defusion, (b) acceptance, (c) contact with the present moment, (d) self-as-context, (e) values, and (f) committed action.

The reason for these differing accounts centers around the differing goals of RFT and ACT. Although the latter is very much influenced by the former, RFT is an empirically based theory that aims to provide a functional-analytic account of human language and cognition that will yield readily to experimental analyses. As such, its analysis of processes, such as psychological flexibility, needs to be scientifically testable in a laboratory and be consistent with basic RFT constructs, such as hierarchical and deictic relational framing. In contrast, ACT is a psychotherapy that clinicians have to learn and teach. So even though the "hexaflex" can be used to teach ACT and thus guide people to act in a manner that conforms to our definition of psychological flexibility, we do not find it as helpful as a basic scientific account. In our view, this is more than a pedantic point, for if we fail to construct a theoretically and empirically based definition of psychological flexibility, that yields to an experimental analysis, we risk failing to enhance and develop interventions, such as ACT. In our view, in order to refine an intervention, we need to understand and work with basic psychological processes, such as the ones we describe in this chapter. See chapter 18 in this volume

for a somewhat related and more extensive discussion of the relationship between RFT and ACT.

Our discussion of psychological flexibility will also be familiar to many readers of a general behavioral orientation, and probably also to readers from other schools of psychotherapy. Indeed, it was never our intention to provide an entirely new model of therapy. Rather, we sought to describe the central principles or strategies involved in treating psychological problems, focusing on what we believe is their core process (psychological rigidity), and working to increase its opposite, psychological flexibility. In the current chapter, we have used RFT as the conceptual basis for achieving our objective. As we see it, one of the main advantages of doing this is that we thereby establish, and hopefully maintain, a close relationship between basic (experimental) research and clinical application. And even though the clinical model that grows out of this relationship may include strategies and techniques similar to other models of psychotherapy, we are hopeful that the approach we offer here will serve to focus on the most important or effective features of the psychotherapeutic process in a unique way.

Note

1 Deictic is a linguistic term pointing to the time, place, or situation from which someone is acting. Framing events from a perspective is thus called deictic framing.

References

Barnes-Holmes, D., Hayes, S. C., & Dymond, S. (2001). Self and self-directed rules. In S. C. Hayes, D. Barnes-Holmes, & B. Roche (Eds.), *Relational frame theory: A post-Skinnerian account of human language and cognition* (pp. 119–140). New York, NY: Plenum.

Barnes-Holmes, D., O'Hora, D., Roche, B., Hayes, S. C., Bissett, R. T., & Lyddy, F. (2001). Understanding and verbal regulation. In S. C. Hayes, D. Barnes-Holmes, & B. Roche (Eds.), *Relational frame theory: A post-Skinnerian account of human language and cognition* (pp. 103–118). New York, NY: Plenum.

Bond, F. W., Hayes, S. C., Baer, R. A., Carpenter, K. C., Guenole, N., Orcutt, H. K., … Zettle, R. D. (2011). Preliminary psychometric properties of the Acceptance and Action Questionnaire – II: A revised measure of psychological flexibility and acceptance. *Behavior Therapy, 42*, 676–688.

Foody, M., & Barnes-Holmes, Y. (2012). The role of self in acceptance and commitment therapy. In L. McHugh & I. Stewart (Eds.), *The self and perspective taking: Contributions and applications from modern behavioral science* (pp. 125–142). Oakland, CA: New Harbinger.

Foody, M., Barnes-Holmes, Y., Barnes-Holmes, D., & Luciano, C. (2013). An empirical investigation of hierarchical versus distinction relations in a self-based ACT exercise. *International Journal of Psychology and Psychological Therapy, 13*, 373–385.

Hayes, S. C., Barnes-Holmes, D., & Roche, B. (Eds.). (2001). *Relational frame theory: A post-Skinnerian account of human language and cognition*. New York, NY: Plenum.

Hayes, S. C., Brownstein, A. J., Zettle, R. D., Rosenfarb, I., & Korn, Z. (1986). Rule-governed behavior and sensitivity to changing consequences of responding. *Journal of the Experimental Analysis of Behavior, 45*, 237–256.

Hayes, S. C., & Hayes, L. J. (1989). The verbal action of the listener as a basis for rule-governance. In S. C. Hayes (Ed.), *Rule-governed behavior: Cognition, contingencies and instructional control* (pp. 153–190). New York, NY: Plenum.

Hayes, S. C., & Strosahl, K. (2004). *A practical guide to acceptance and commitment therapy.* New York, NY: Springer.

Hayes, S. C., Strosahl, K., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavioral change.* New York, NY: Guilford.

Hayes, S. C., Wilson, K. G., Gifford, E. V., Follette, V. M., & Strosahl, K. (1996). Experiential avoidance and behavioral disorders: A functional dimensional approach to diagnosis and treatment. *Journal of Consulting and Clinical Psychology, 64*, 1152–1168.

Hughes, S., Barnes-Holmes, D., & Vahey, N. (2012). Holding on to our functional roots when exploring new intellectual islands: A voyage through implicit cognition research. *Journal of Contexual Behavioral Science, 1*, 17–38.

Kashdan, T. B., & Rottenberg, J. (2010). Psychological flexibility as a fundamental aspect of health. *Clinical Psychological Review, 30*, 467–480.

Luciano, C., Rodríguez, M., & Gutiérrez, O. (2004). A proposal for synthesizing verbal contexts in experiential avoidance disorder and acceptance and commitment therapy. *International Journal of Psychology and Psychological Therapy, 4*, 377–394.

Luciano, C., Ruiz, F. J., Vizcaíno-Torres, R. M., Sánchez-Martín, V., Gutiérrez-Martinez, O., & Lopes-López, J. C. (2011). A relational frame analysis of defusion interactions in acceptance and commitment therapy. A preliminary and quasi-experimental study with at-risk adolescents. *International Journal of Psychology and Psychological Therapy, 11*, 165–182.

Luciano, C., Valdivia-Salas, S., Cabello-Luque, F., & Hernendez, M. (2009). Developing self-directed rules. In R. A. Rehfeldt & Y. Barnes-Holmes (Eds.), *Derived relational responding: Applications for learners with autism and other developmental disabilities* (pp. 335–352). Oakland, CA: New Harbinger.

Luciano, C., Valdivia-Salas, S., & Ruiz, F. (2012). The self as the context for rule- governed behavior. In L. McHugh & I. Stewart, I (Eds.), *The self and perspective taking: Contributions and applications from modern behavioral science* (pp. 143–159.) Oakland, CA: New Harbinger.

Matthews, B.A., Shimoff, E., Catania, C., & Sagvolden, T. (1977). Uninstructed human responding: Sensitivity to ratio and interval contingencies. *Journal of Experimental Analysis of Behavior, 27*, 453–467.

Michael, J. (1993). Establishing operations. *The Behavior Analyst, 16*, 191–206.

O'Hora, D., & Barnes-Holmes, D. (2004) Instructional control: Developing a relational frame analysis. *International Journal of Psychology and Psychological Therapy, 11*, 263–284.

Plumb, J. C., Stewart, I., Dahl, J., & Lundgren, T. (2009). In search of meaning: Values in modern clinical behavior analysis. *The Behavior Analyst, 32*, 85–10.

Skinner, B. F. (1966). An operant analysis of problem solving. In B. Kleinmuntz (Ed.), *Problem solving: Research, method, and theory* (pp. 133–171). New York, NY: Wiley.

Skinner, B. F. (1974). *About behaviorism.* New York, NY: Knopf.

Törneke, N. (2010). *Learning RFT: An introduction to relational frame theory and its clinical applications.* Oakland, CA: New Harbinger.

Törneke, N., Luciano, C., & Valdivia-Salas, S. (2008). Rule-governed behavior and psychological problems. *International Journal of Psychology and Psychological Therapy, 8*, 141–156.

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