

Behavioral Conceptualization and Intervention in Psychotherapy

Jeff E. Harris, PhD & Rachel Hershenberg, PhD

Training in Unified Psychotherapy

TUP Level One / Part Four



Copyright © 2023 Jeff Harris & Rachel Hershenberg. Permission granted to copy for educational purposes provided this copyright notice remains intact.

Disclosure



- ▶ Dr. Hershenberg has published a book on the treatment of depression for which she receives royalties
- ▶ Dr. Hershenberg receives funding from the National Institute of Mental Health



TUP Level One Webinars

Working Interactively with Cognition, Emotion, & Behavior

- ▶ TUP 1-1. **Unified Framework** - June 9, 2023
- ▶ TUP 1-2. **Cognitive Focus** - July 21, 2023
- ▶ TUP 1-3. **Experiential & Emotional Focus** - August 4, 2023
- ▶ TUP 1-4. **Behavioral Focus** - September 8, 2023
- ▶ TUP 1-5. **Developmental Focus** - October 6, 2023
- ▶ TUP 1-6. **Unified Treatment Planning** - November 3, 2023

TUP Level Two will be offered in 2024:

Working Contextually with External & Internal Influences



TUP Discussion Groups

There will be a free discussion group after each live webinar.

► TUP 1-4. **Behavioral Focus** – 9/22/23, 11am EST

Discussion groups will encourage *application of skills* and concepts with clients.

Email Jeff to receive a Zoom invite to these discussion groups:

dr.jeff.e.harris@gmail.com



Training in Unified Psychotherapy

TUP is trying to create an *interactive learning community* of psychotherapists who want to support one another as we learn to put integration into practice.

- ▶ Webinars are offered through **TZK Seminars**.
- ▶ **StratPsych** offers an online learning platform and TUP certification.
- ▶ **TUPdates** is a google group through which information will be shared.
- ▶ Additional learning resources will be available through **DropBox**.



Training in Unified Psychotherapy

If you'd like to become a part of this *interactive learning community*, please send an email to:

dr.jeff.e.harris@gmail.com

and ask to be added to the **TUPdates** google group.

If you'd like to seek **TUP Level One Certification**, please contact Jeff for more details.



Behavioral Webinar Outline

- ▶ Introduction
- ▶ Case Formulation
- ▶ Foundational Skills w/ Video Demonstrations
- break -
- ▶ Values
- ▶ Exposure w/ Video Demonstration
- ▶ Conceptual Nuances
- ▶ Behavioral Key Strategies
- ▶ Discussion



Behavioral Themes in Psychotherapy

- **Adaptive Behavior**
- **Conditioned Responses**
- **Reinforcement & Punishment**
- **Vicarious Learning**
- **Problem Solving**
- **Solutions**
- **Committed Actions**
- **Habits**
- **Skills Training**



Historical Context

- ▶ **Ivan Pavlov** described *classical conditioning* in animals in the 1890's.
- ▶ **John Watson** demonstrated classical conditioning *in humans* in the 1920's.
- ▶ **B. F. Skinner** described *operant conditioning* in animals in the 1930's.



Historical Context (continued)

- ▶ In the 1950's and 1960's two important figures developed the foundations for Behavior Therapy:
- ▶ **Hans Eysenck** applied behavioral principles to *treat psychological disorders* in psychiatric hospitals in England.
- ▶ **Joseph Wolpe** developed *systematic desensitization* in South Africa

Historical Context (continued)

Scientific Paradigms in Behaviorism

- **Classical Conditioning** – Pavlov, Watson
- **Operant Conditioning** – Skinner
- **Social Learning** – Bandura

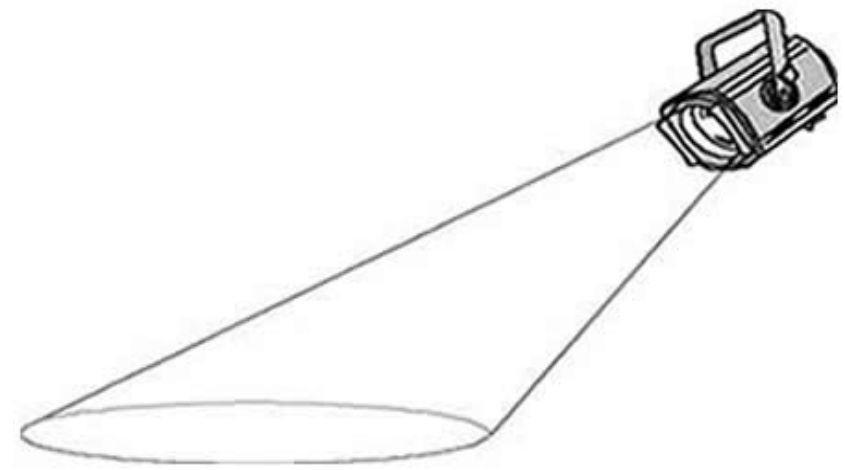
Three Waves of Behavior Therapy

1. **Behavior Therapy** based on Classical or Operant Conditioning
2. **Cognitive-Behavioral Therapy**
3. **Third Wave:** Acceptance, Mindfulness, Dialectics, Committed Actions



Focusing on Behavior

- ❖ There will be clients who come to therapy with clear goals related to changing **observable behaviors**. In these cases, it may be clear how to focus on actions.
- ❖ With other clients, it will be important to explore and clarify how **actions** may be **related to distress** and how progress will be observed behaviorally.
- ❖ Behavior will be in the **spotlight** at times and in the background at other times.
- ❖ TUP encourages psychotherapists to make intentional choices about **focal dimensions** that are targeted for each client or during different phases of treatment.

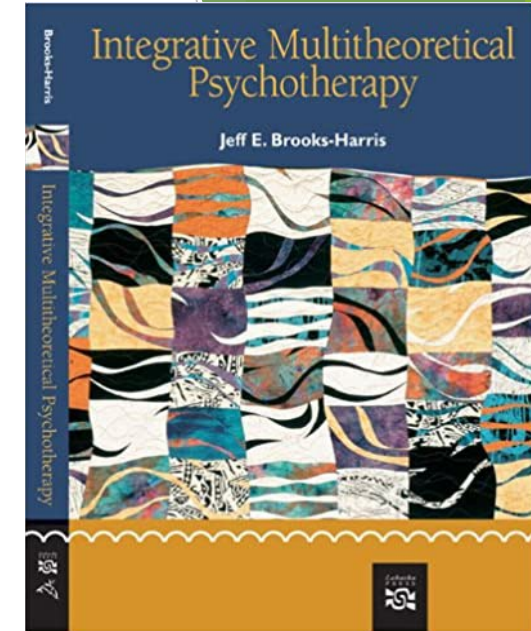


Focusing on Behavior

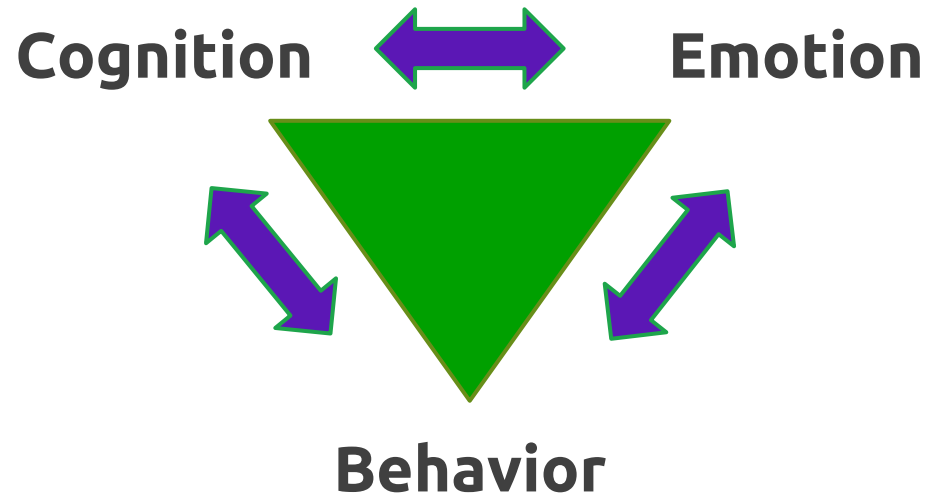
Markers for Focusing on Behavior

- Ineffective Behaviors
- Conditioned Responses
- Compulsive Behaviors
- Unproductive Patterns
- Environmental Barriers

(Brooks-Harris, 2008, p. 96)



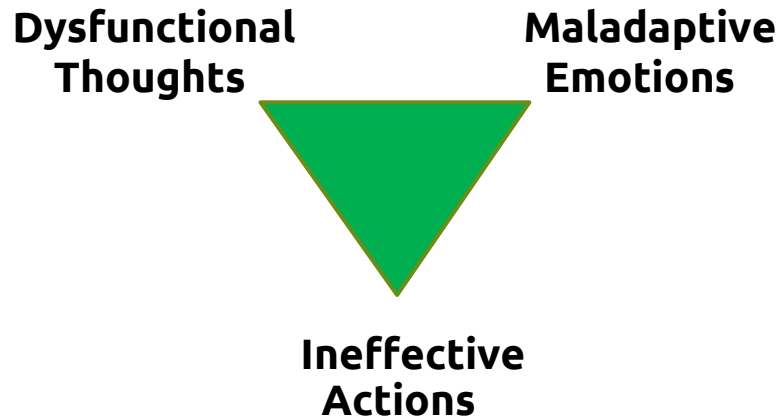
Behaviors Do Not Exist in Isolation



- ▶ Humans are always thinking, feeling, and acting.
- ▶ These three dimensions are highly interactive.
- ▶ All three of these arrows are bidirectional.

Multidimensional Survey

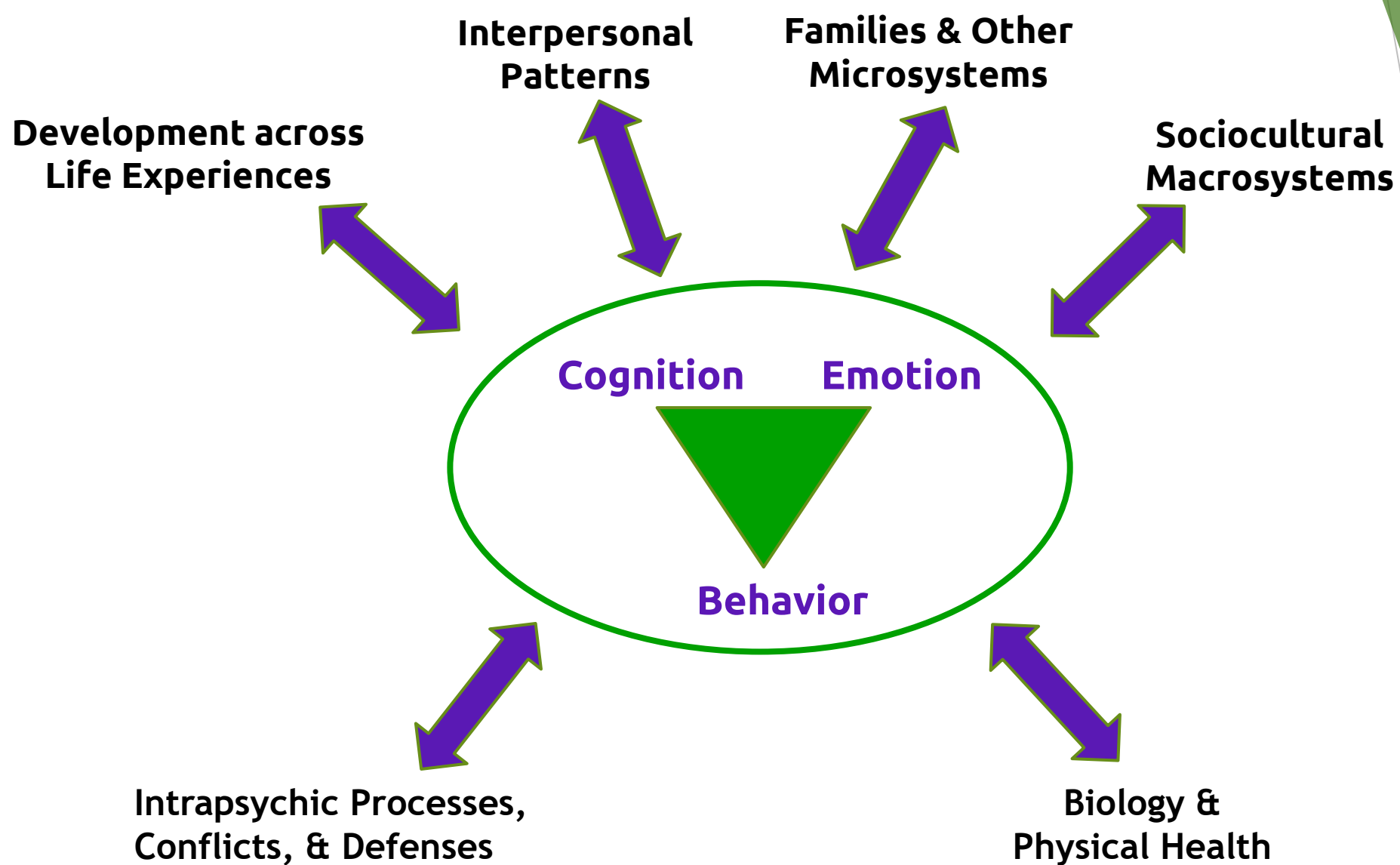
TUP encourages the use of a Multidimensional Survey as a part of ***Unified Treatment Planning***.



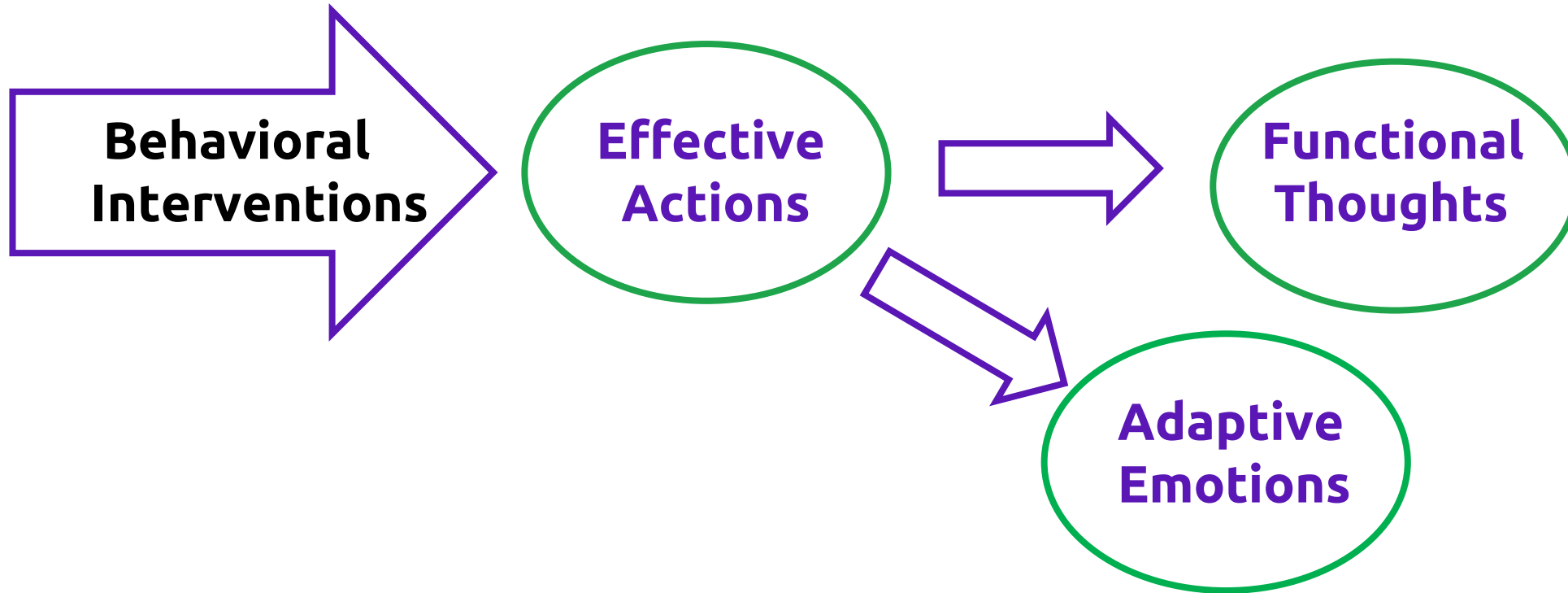
After looking at the interaction between thoughts, feelings, and actions, some clients may identify actions as one ***focal dimension*** for exploration and change.

(Brooks-Harris, 2008, p. 94-102)





Impact of Behavioral Interventions



Behavioral interventions are designed to have a ***primary*** impact on effective behavior and a ***secondary*** impact on cognition and emotion.

Reflecting on Practice

How often do you focus on behavior as a focal dimension for exploration and change?

- Almost every session with almost every client
- With most clients but not every session
- With some clients but not most
- Rarely or never

What psychotherapy interventions do you use most frequently to encourage adaptive behaviors?



Reflecting on Practice

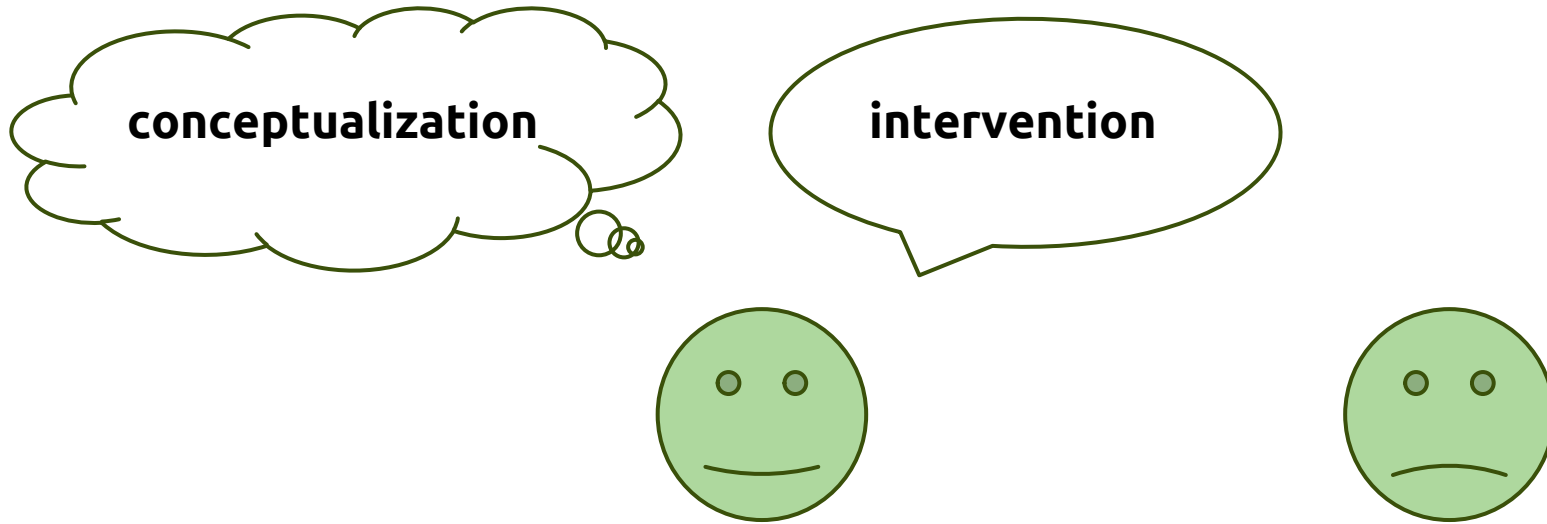
When you focus on behavior with psychotherapy clients, which approach do you use most frequently?

- Reinforcement Patterns (Operant Conditioning)
- Target Actions to Increase or Decrease (encouraged by DBT, BA)
- Stimulus-Response Patterns (classical conditioning / exposure)
- Values & Committed Actions (encouraged by ACT)

What psychotherapy interventions do you use most frequently to encourage effective actions?



Conceptualization & Intervention

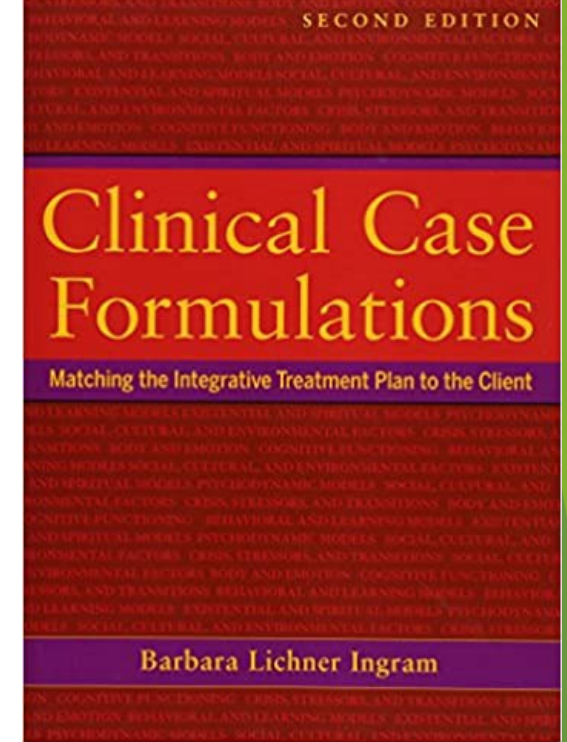


- **Conceptualization** involves using psychological theories to think about clients' problems and how we might help them.
- **Interventions** are things we say and do to help our clients.
- This webinar will move back and forth between these two ideas.

Behavioral Case Formulation

- **Antecedents & Consequences**
(operant conditioning)
- **Conditioned Emotional Responses**
(classical conditioning)
- **Skills Deficits**

(Ingram, 2012)



Behavioral Case Formulation

Target Actions to Increase or Decrease

- Are there positive actions you would like to increase?
- Are there unwanted actions you would like to decrease?



Behavioral Case Formulation

Reinforcement Patterns

- What consequences are currently blocking the actions you want to increase?
- What can we do to help you gain rewards from these desirable actions?
- What consequences are currently rewarding the actions you want to decrease?
- What can we do to decrease the rewards for unwanted actions?



Behavioral Case Formulation

Stimulus-Response Patterns

- Are you experiencing responses to situations that you don't understand or want to change?
- Do you know when or why these reactions may have become paired with these situations?



Behavioral Case Formulation

Values & Committed Actions

- Are some of your actions out of line with your values?
- What values are most important to you?
- What actions related to these values would you like to commit to?



A Simple Foundation for Unified Psychotherapy

Cognition	Emotion	Behavior
A D	A P T	I V E
M A L	A D A P	T I V E



Adaptive or Maladaptive?: An over-simplified place to start



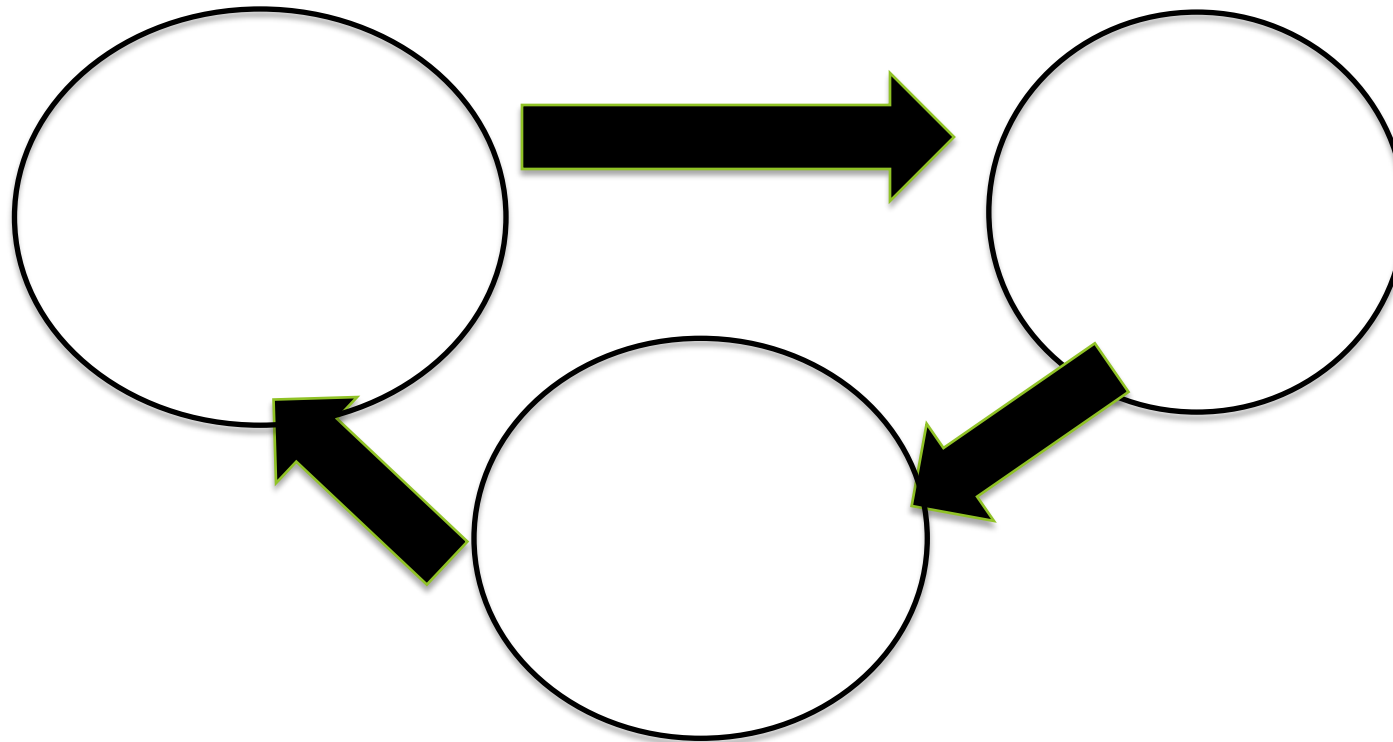
Behavioral Adaptation

- ▶ **Effective Actions** promote adaption to the current environment, help people meet their needs, attain their goals, or avoid undesirable consequences.
- ▶ **Ineffective Actions** do not result in desired consequences, interfere with adaptation, or expend energy without meeting needs or attaining goals.

(Brooks-Harris, 2008, p. 82; Wolpe, 1958)

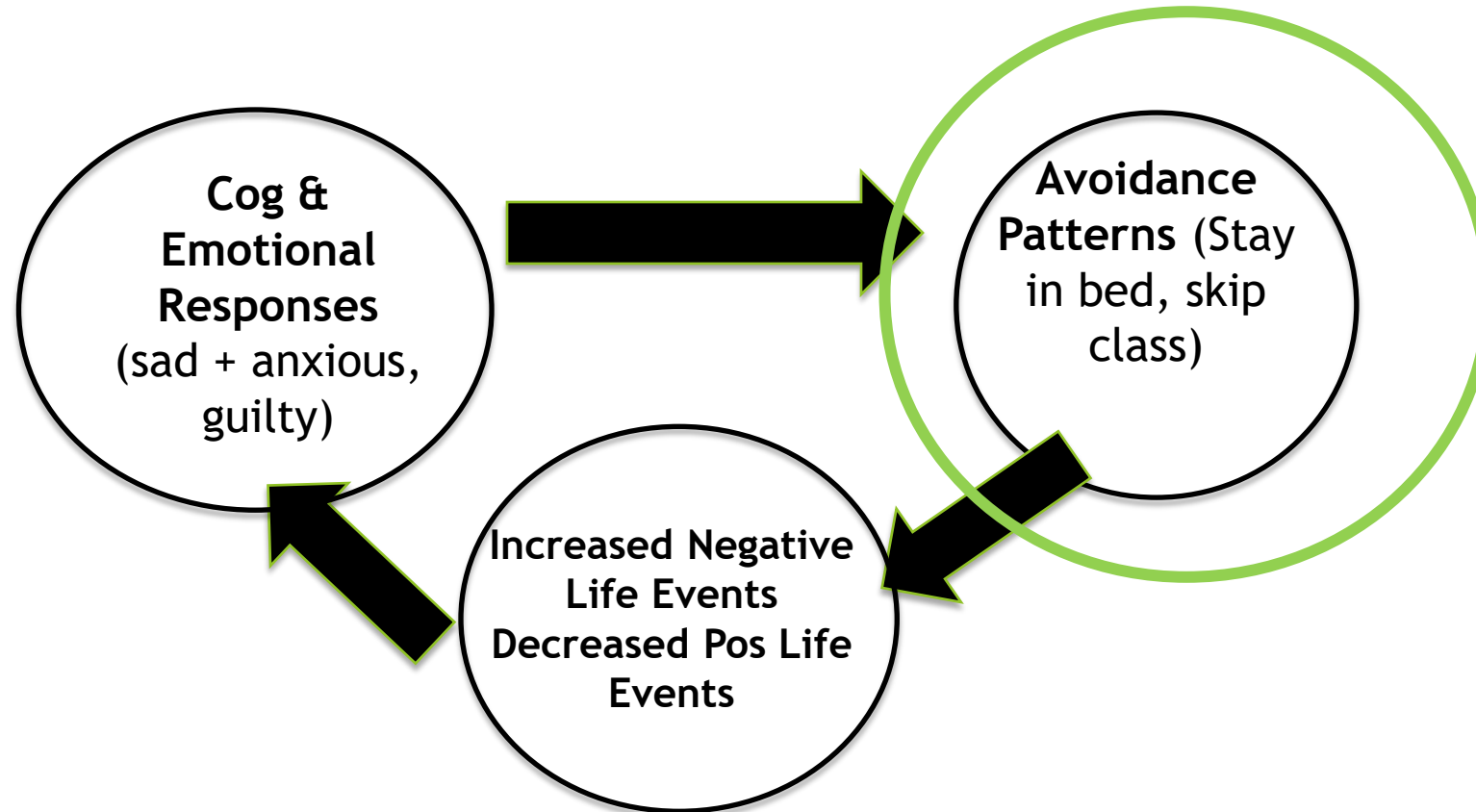
Behavioral Model

Triggering situation: get a bad grade on exam



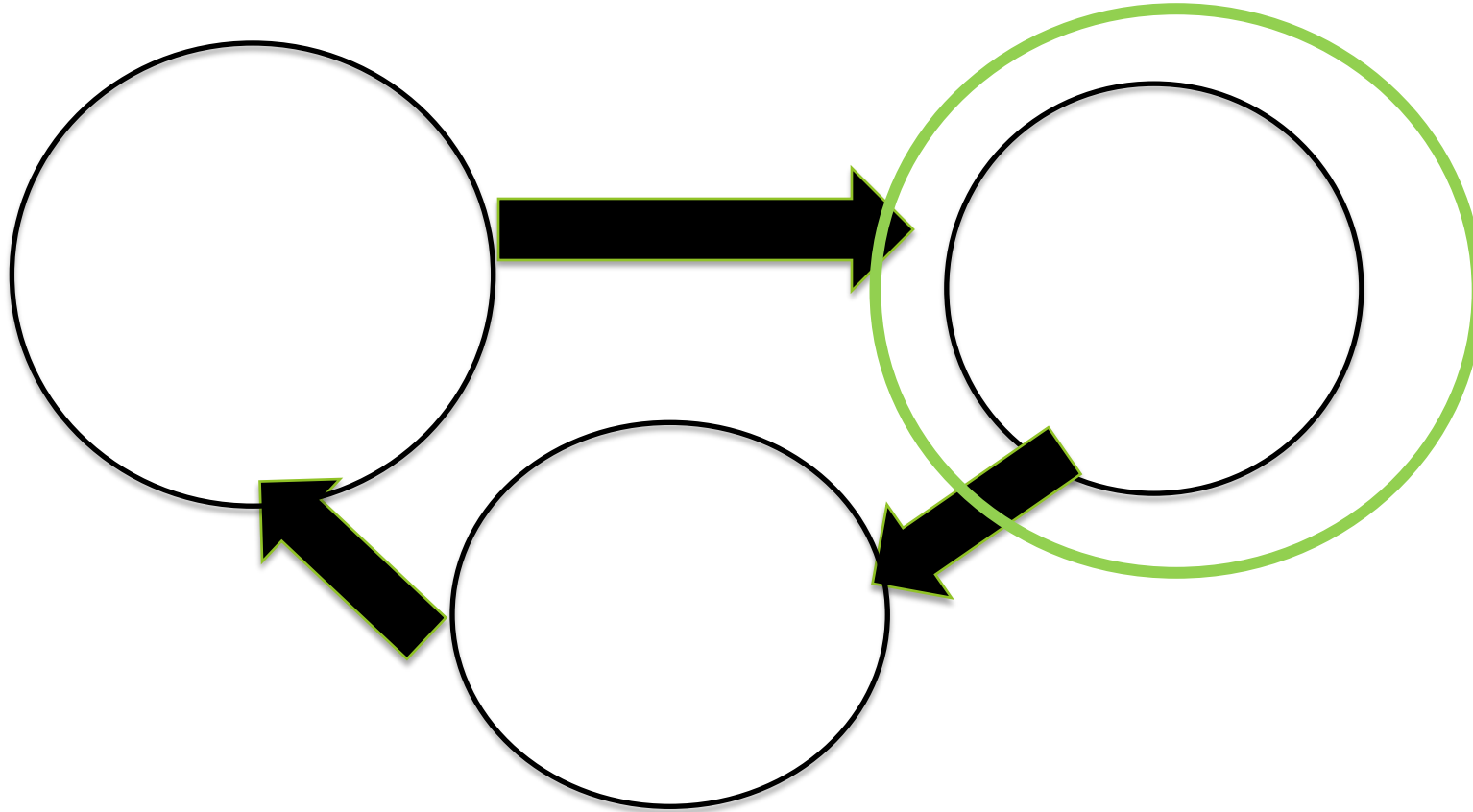
Behavioral Model

Triggering situation: get a bad grade on exam



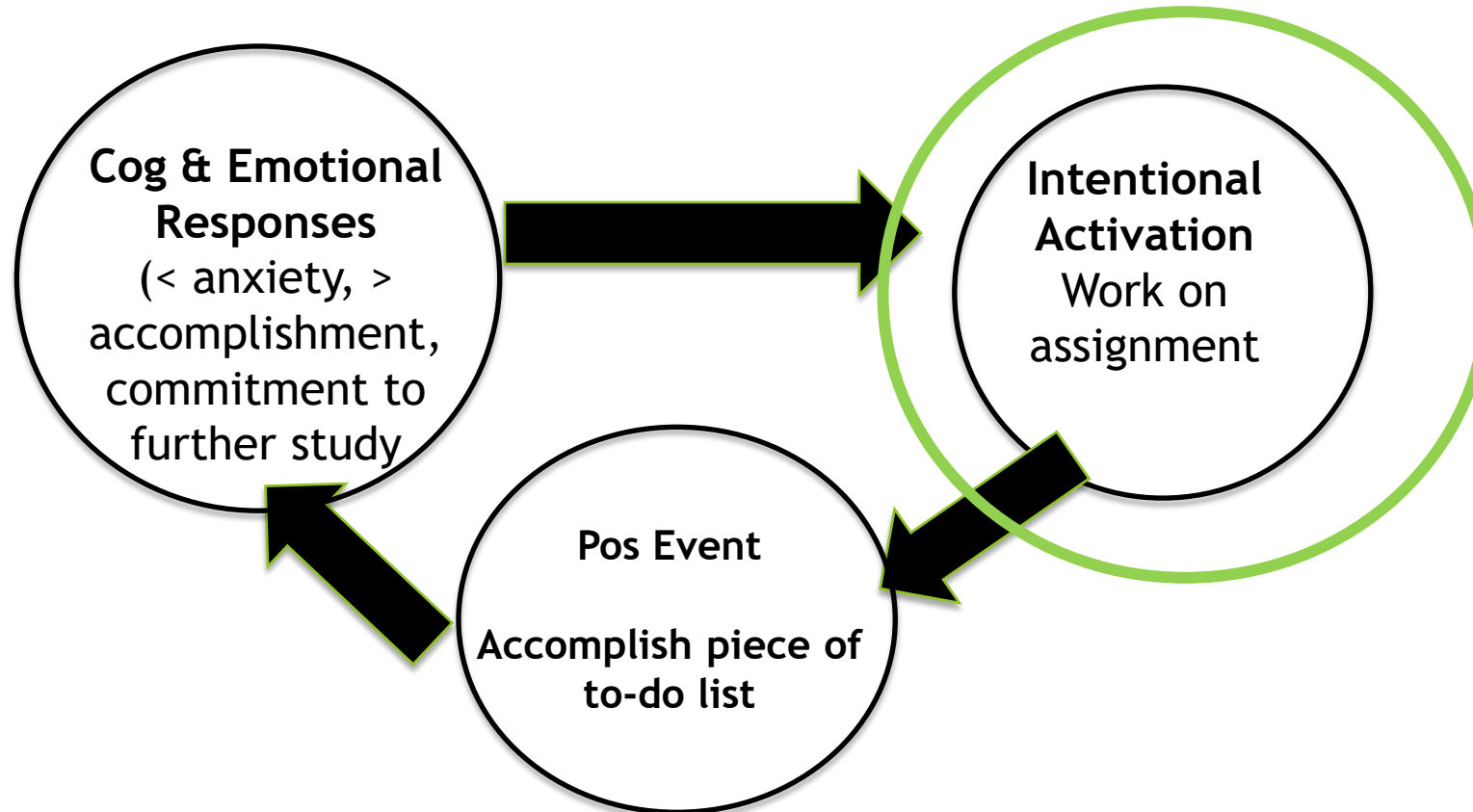
Behavioral Model

Triggering situation: get a bad grade on exam

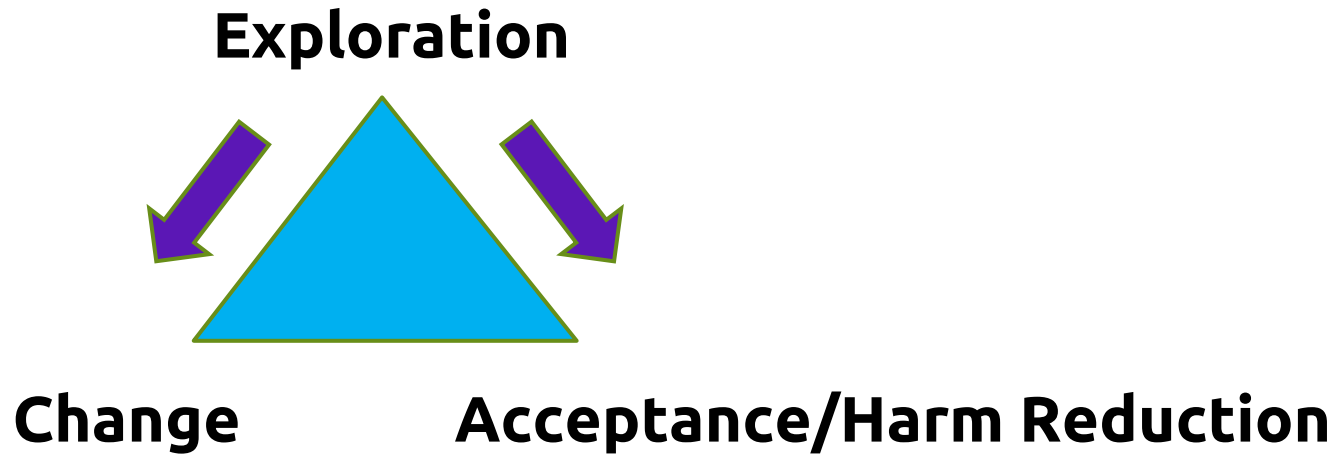


Behavioral Model

Triggering situation: get a bad grade on exam



Behavioral Exploration, Change, & Acceptance



Exploring Actions

- Help clients explore behavior patterns and identify ***specific actions*** related to current distress.
- Are these behaviors effective or ineffective?
- Are they beneficial or harmful?

Behavioral Exploration, Change, & Acceptance

Changing Actions

Some behaviors are *ineffective or harmful* and may need to be eliminated or replaced.

Accepting Actions

Some behaviors may be difficult to change but could be ***accepted or modified***. Some clients may not want to completely abstain from high-risk behaviors but may want to reduce the risk of harm. In other cases, clients may choose to accept aspects of their behavior or personality rather than trying to change.

Harm Reduction and **Self-Acceptance** can both be explored as alternatives to an exclusive focus on **Behavior Change**.



Examples of Behavior Change & Harm Reduction

	Ineffective or Harmful Actions that can be Changed or Eliminated	Actions that May be Accepted and Modified as a Part of Harm Reduction
Substance Use	My current use of cannabis is not sustainable. It is interfering with functioning.	I cannot imagine eliminating cannabis use completely. I would like to limit my use and manage its impact.
Eating & Food	I eat too much fast food. There is too much sugar and saturated fat in my diet.	If I engage in restrictive diets, then I end up resenting it and rebelling against the diet. I want to eat healthy foods that I enjoy but sometimes I know I will eat the sugar.
Sexual Behavior	When I hook up with someone for casual sex, I end up feeling bad about myself. I know I'm just trying to block my lonely feelings.	I feel good about seeking sexual adventures but I want to practice safe sex so that I don't get a S.T.I.



Examples of Behavior Change & Harm Reduction

	Ineffective Actions that can be Changed or Eliminated	Actions that May be Acknowledged as a Part of Self-Acceptance
Social Anxiety	I get really anxious when I'm around other people so I avoid a lot of social situations. I won't be successful in law school unless I lower my anxiety.	I know I am an introvert and will never be super outgoing. I am fine with having just a couple of close friends.
Academic Goals	I got off track this semester and messed up my grades. I want to work harder next semester and improve my grades.	I think I failed those classes because I just don't have the aptitude to write computer code at the advanced level. I'd like to explore other career options.

Reflecting on Practice

How much do you emphasize each of these processes with clients?

- Behavior Change
- Harm Reduction
- Self-Acceptance

Can you think of examples from your own life where you want to engage in one of these processes?

- Behavior Change
- Harm Reduction
- Self-Acceptance



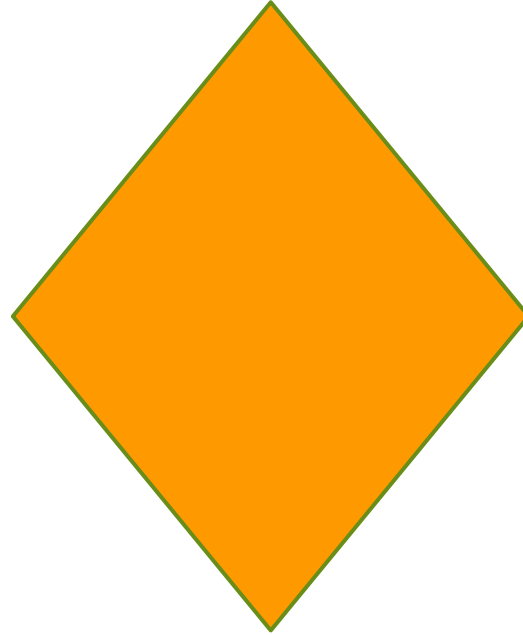
Functional Analysis & Guided Discovery

- ▶ **Functional Analysis** was developed by Behavior Therapists to discern the value and function of specific actions.
- ▶ TUP expands the applicability of functional analysis in a **multidimensional** manner.
- ▶ Integrative psychotherapy explores the functional value of emotions, cognitions, & behaviors.
- ▶ Functional analysis can be applied to developmental, interpersonal, systemic, cultural, and biological processes.
- ▶ For example, is your role in your family system still serving an adaptive purpose?



Functional Analysis

Explore Current
Functioning



Support Adaptation

(highlight strengths, solutions,
accurate perceptions,
adaptive emotions, etc.)

Accept Reality and
things that can't be changed

(difficult truths,
uncomfortable feelings,
environmental limitations, etc.)

Change Maladaptive Patterns

(dysfunctional thoughts,
maladaptive emotions,
ineffective actions, unhealthy
relationships, oppressive systems)

Guided Discovery

- ▶ **Guided Discovery** and **Socratic Dialogue** are traditionally parts of Cognitive Therapy used to discover more functional ways of thinking.
- ▶ These processes can be used to uncover and encourage more adaptive emotions and *more effective actions*, not just cognitions.
- ▶ Embracing a **multidimensional** approach, guided discovery can be used to explore more adaptive interpersonal interactions, social roles, and health practices.

Discussion

- ▶ Questions?
- ▶ Comments?

3-minute Stretch Break



Copyright © 2023 Jeff Harris & Rachel Hershenberg. Permission granted to copy for educational purposes provided this copyright notice remains intact.

Foundation Skills – Three Levels

COGNITION	EMOTION	BEHAVIOR
Exploration & Functional Analysis of Current Patterns		
Guided Discovery to Uncover More Adaptive Functioning		
Enacting Adaptation Outside of Psychotherapy		



Foundational Behavioral Skills for UP

Exploration & Functional Analysis of Current Patterns	Guided Discovery to Uncover More Adaptive Functioning	Enacting Adaptation Outside of Psychotherapy
1- Focusing on Actions & Increasing Insight Into the Behavioral System 2- Understanding the Context & Impact of Specific Actions 3- Analyzing the Functional Value or Current Behaviors 4- Exploring Deeper Systemic Patterns that Shape Behavior	5- Supporting Effective Behaviors that are Already Occurring 6- Discovering More Effective Actions and Experimenting with Them 7- Making Intentional Choices about which Actions to Maintain, Modify, or Accept 8- Engaging in Harm Reduction for Risky Behaviors that are Hard to Eliminate	9- Implementing Effective Actions in Day-to-day life 10- Expanding and Refining Effective Behaviors Over Time 11- Working Interactively and Contextually to Support Effective Behaviors

Foundational Skills: Level One

COGNITION	EMOTION	BEHAVIOR
		Exploration & Functional Analysis of Current Patterns



Level One: Exploration and Functional Analysis of Current Patterns

- BHV-1:** Focusing on Actions and Increasing Insight into the Behavioral System
- BHV-2:** Understanding the Context and Impact of Specific Actions
- BHV-3:** Analyzing the Functional Value of Current Behaviors
- BHV-4:** Exploring Deeper Systemic Patterns that Shape Behavior



BHV-1:

Focusing on Actions and Increasing Insight into the Behavioral System

Psychoeducation regarding the behavioral model and common patterns in the client's presenting concern.

- *What we do impacts how we feel*
- *How we feel impacts what we do*
- *Sometimes we can act first and feelings will follow*



Increasing Insight

What do you do in a typical day?

What activities that you listed are pleasant in nature?

What activities give you a sense of mastery/accomplishment?

What activities deplete you?

What activities are social in nature?

What activities are consistent with your top 5 values?

What activities are inconsistent with your top 5 values?



Increasing Insight

- Did you identify behaviors you want to increase in frequency, decrease in frequency, or modify in some way?
- If yes, then a functional analysis will be helpful in interrupting this learned pattern.

Functional Analysis - Content

The key questions of the clinician in this process include:

- What did you do? What happened?
- What happened right before?
- What happened right after? And a few minutes or hours after that?
- What did you learn?
- What does this mean about yourself? Others? Your world?
- What do you want to try next time?

Functional Analysis - Process

Modeling compassion:

When you help a patient identify *Antecedents & Consequences, Emotional Responses, and Skills Deficits*, you do so in a way that:

- Is curious, empathic, appropriately hopeful
- Communicates that the behavioral pattern makes perfect sense (given learning history, given recent history, given temperament, etc.), even if it may be problematic



Functional Analysis - Process

Modeling compassion:

When you help a patient identify *Antecedents & Consequences, Emotional Responses, and Skills Deficits*, you do so in a way that:

- Models an attitude of *curiosity, trying to be, self compassion*
- Is incongruous with attitude of judgment and passivity



BHV-2: Understanding the Context and Impact of Specific Actions

Now that we know where you are spending your time:

- Under what conditions are you likely to engage in nourishing activities?
- Under what conditions are you likely to engage in depleting activities?
- What is the cost of maintaining the depleting activities? What happens next?
 - Impact on sense of self
 - Impact on relationships
 - Impact on sense of future



BHV-3:

Analyzing the Functional Value of Current Behaviors

- Even unhelpful behavior has a benefit; for example:
 - Short-term reduction of discomfort (negative reinforcement)
 - Attention (positive reinforcement)
- Unhelpful behavior may have served you well in earlier periods (of adversity)....



BHV-4:

Exploring Deeper Systemic Patterns that Shape Behavior

Connects with cognitive model

- Beliefs or schemas may drive unhelpful automatic thoughts and maladaptive coping strategies

Retired male patient with medical comorbidities. Sense of defectiveness fuels excessive rumination that he has not made enough money and he attempts to work (neg reinforcement) even though it creates more problems (exacerbates fatigue and medical problem; increased marital conflict)



BHV-4:

Exploring Deeper Systemic Patterns that Shape Behavior

Connects with developmental model

- I learned to escape as soon as there is conflict (adaptive)
- Now when my partner expresses frustration, I storm out of the house (neg reinforcement), even though it creates more problems (guilt; enhanced conflict, decreased intimacy)



Video Demonstration #1

In this video, Rachel will demonstrate functional analysis skills with her client Val.

Rachel will look at the contrast between two behaviors; staying up late watching television compared to going to bed and sleeping.



Video Demonstration #1

What skills did you see Rachel using with her client Val?

BHV-1: Focusing on Actions and Increasing Insight into the Behavioral System

BHV-2: Understanding the Context and Impact of Specific Actions

BHV-3: Analyzing the Functional Value of Current Behaviors

BHV-4: Exploring Deeper Systemic Patterns that Shape Behavior



Foundational Skills: Level Two

COGNITION	EMOTION	BEHAVIOR
		Guided Discovery to Uncover More Adaptive Functioning



Level Two: Guided Discovery to Uncover More Adaptive Functioning

- BHV-5:** Supporting Effective Behaviors that are Already Occurring
- BHV-6:** Discovering More Effective Actions and Experimenting with Them
- BHV-7:** Making Intentional Choices about which Actions to Maintain, Modify, or Accept
- BHV-8:** Engaging in Harm Reduction for Risky Behaviors that are Hard to Eliminate



BHV-5:

Supporting Effective Behaviors that are Already Occurring



- Chaining a more effective sequence
- Most behavior can be seen as a successive approximation - help the client identify what they are already doing “right”
- *How were you able to make it to this session?*

BHV-6:

Discovering More Effective Actions and Experimenting with Them

- Let the client generate goals
- Help them make the goal(s) more concrete & specific (SMART = specific, measurable, attainable, realistic, & time-bound)
- Modeling change as an experiment and help client note consequences of behavior change
- Address skills deficits to increase likelihood of success



BHV-7:

Making Intentional Choices about Which Actions to Maintain, Modify, or Accept

- Clients may continue to generate unrealistic goals (should...idealized...expectations....)
- Explore what is realistic based on their temperament, their skills, their natural interests and what THEY want (their values)
- Address ambivalence (in session commitment to homework → “I didn’t do it.”)



BHV-8: Engaging in Harm Reduction for Risky Behaviors that are Hard to Eliminate

Client is working on reducing frequency and intensity of eating binges

- Decrease triggers (antecedent)
 - *Remove access to favorite binge foods in the home*
 - *Increase social connectedness (lonely is trigger)*
 - *Eat 3 planned meals in day (hungry as trigger)*
- “Binge better”
 - Client eats too much –but it is not classic binge foods
 - Reframing to reduce shame and black & white views
 - Back to track next morning

Video Demonstration #2

In this video, Rachel will demonstrate guided discovery related to sleep behavior.

Rachel will help Val identify more effective actions that support her goals.



Video Demonstration #2

What skills did you see Rachel using?

BHV-5: Supporting Effective Behaviors that are Already Occurring

BHV-6: Discovering More Effective Actions and Experimenting with Them

BHV-7: Making Intentional Choices about which Actions to Maintain, Modify, or Accept

BHV-8: Engaging in Harm Reduction for Risky Behaviors that are Hard to Eliminate



Foundational Skills: Level Three

COGNITION	EMOTION	BEHAVIOR
		Enacting Adaptation Outside of Psychotherapy



Level Three:

Enacting Adaptation Outside of Psychotherapy

BHV-9: Implementing Effective Actions in Day-to Day Life

BHV-10: Expanding and Refining Effective Behaviors Over Time

BHV-11: Working Interactively & Contextually to Support Effective Behaviors



BHV-9:

Implementing Effective Actions in Day-to-Day Life

- Putting new behavioral goals into practice
- How does one behavior change impact another?
 - Capstone behavior



BHV-10:

Expanding and Refining Effective Behaviors Over time

- “Capitalizing” on the changes
 - *What happened?*
 - *What does it mean to you?*
 - *What are the implications?*
 - ***What do you want to try next?***



BHV-11: Working Interactively and Contextually to Support Effective Behaviors

- Addressing cognitive biases that may interfere with making new goals and/or viewing behavior change as successful
 - All-or-nothing thinking
 - Discounting, minimizing
 - Distracted by worries

Video Demonstration #3

In this video, Rachel will help her client Val enact adaptive behavior outside of psychotherapy sessions.

Rachel reinforces positive changes related to sleep and begins to look at other behaviors related to Val's health.



Video Demonstration #3

What skills did you see Rachel using?

BHV-9: Implementing Effective Actions in Day-to-Day Life

BHV-10: Expanding and Refining Effective Behaviors Over Time

BHV-11: Working Interactively & Contextually to Support Effective Behaviors



Reflecting on Demonstrations

- What did you think of these three demonstrations?
 - Exploring and Functional Analysis of Thoughts
 - Guided Discovery to Uncover More Adaptive Functioning
 - Enacting Adaptation Outside of Psychotherapy
- When you focus on behaviors with your clients, does it look like this?



Discussion

- ▶ Questions?
- ▶ Comments?

10-minute Break



Copyright © 2023 Jeff Harris & Rachel Hershenberg. Permission granted to copy for educational purposes provided this copyright notice remains intact.

Case Formulation (Continued):

Values & Exposure

- ❖ The foundational skills that were introduced in the first half of the webinar used **operant conditioning** as a theoretical perspective.
- ❖ Two other theoretical perspectives will be explored in the second half of the webinar:
 - ❖ **Values** (third wave)
 - ❖ **Exposure** (classical conditioning)



Values

Does a conversation about values inform your approach to setting behavioral goals?

A Look at Your Values...

For Example...

- To be open and accepting
- To appreciate, create, nurture beauty
- To contribute, help others
- To maintain physical fitness and wellness
- To be generous, sharing and giving of myself to others
- To see and appreciate the humorous side of life
- To be trustworthy, loyal, reliable



Personal Values Exploration

- ▶ What are your top 5 values for this stage of your life?
- ▶ Are any of your values in conflict with one another?
- ▶ How do you prioritize which valued area to pursue in daily life?



Personal Values Exploration

- Values inform the selection of personally-relevant goals
- Sometimes our values conflict with one another, which can help to frame ambivalence
- Values will change throughout the developmental life course
- We will not always act in accordance with our values; learning to tolerate that choice point can reduce negative affect

Exposure based on Classical Conditioning

- ▶ “Exposure involves confronting feared stimuli directly instead of avoiding them. Most behavior therapists consider exposure to be an essential component for the treatment of fear and anxiety.”
- ▶ Using imaginal exposure, “repeated exposure to unwanted, frightening thoughts leads to reduction in fear and ultimately a reduction in the frequency of the intrusive thoughts.”

(Anthony, 2019, p. 217)

Types of Exposure

In Vivo Exposure

- ▶ Exposure to external situations in real life

Imaginal Exposure

- ▶ Exposure to internal thoughts, feelings, memories, physical sensations

Interoceptive Exposure

- ▶ Purposefully experiencing frightening physical sensations until they are no longer frightening

Response Prevention

- ▶ Inhibiting an unwanted behavior in order to break the association between a stimulus and response

(Anthony, 2019, p. 217)

Is Exposure a Behavioral Technique or a Common Factor?

“Exposure is the Key to Most Change”

- ▶ “Although first emphasized in behavior therapy, exposure in its many forms is central to both intrapersonal or interpersonal change. In psychodynamic thinking, anxiety and avoidance are central to repression, the treatment of which involves ‘uncovering’ (exposing patients to) feared images, emotions, and/or thoughts often in stepwise fashion....”
- ▶ “Exposure seems to mean ***‘controlled exposure to reality’*** so that new information helps to correct old distorted schemas.”
(Bernard Beitman, 1992, p. 206)

Reducing Safety Behaviors as a form of Exposure

Examples

- ❖ Not carrying Xanax around all the time in case of a panic attack
- ❖ Not sitting with your back against the wall at a restaurant in case of danger
- ❖ Not seeking excessive reassurance when you think someone is mad at you
- ❖ Not re-checking an assignment 5 times before submitting it to the teacher

Video Demonstration: Exposure

- ❖ Jeff will work with Julian to expose him to fearful images about an intrusive thought that is a part of Julian's Obsessive Compulsive Disorder.
- ❖ The purpose of this *imaginal exposure* is to reduce Julian's fear and the intensity of his intrusive thoughts.
- ❖ Jeff will focus on emotions and cognitions more than some behavior therapists might.
- ❖ A cognitive purpose of this purpose is to disconfirm Julian's dysfunctional belief that he would not survive.



Video Demonstration: Exposure

- ❖ What did you notice about this demonstration?
- ❖ In what way was this intervention **behavioral**?
- ❖ In what way did this intervention focus on emotions in an **experiential** manner?
- ❖ In what way was this intervention **cognitive**?

Behavioral Conceptualization and Intervention

Conceptual Nuances

Operationalizing Presenting Problems

- ▶ At intake, your patient says, “I’m here because I want to feel less depressed.”
- ▶ What questions will you ask to better conceptualize the case?
- ▶ What are clues that your patient may be sharing behavioral targets for treatment?



Operationalizing Presenting Problems

- ▶ At intake, your patient says, “I’m here because I want to feel less lonely.”
- ▶ What questions will you ask to better conceptualize the case?
- ▶ What are clues that your patient may be sharing behavioral targets for treatment?



Is Rumination a Behavior?

- ❖ Action occurring intrapersonally
- ❖ Covert rather than overt behavior
 - ❖ Overtly, may also take place interpersonally, *co-rumination*
- ❖ Can you think of other covert behaviors that you target with a behavioral lens, i.e., something covert the patient engages in that you help them modify in form or frequency?

Is Positive Reinforcement a Behavioral Technique or a Common Factor?

- ❖ Psychotherapists provide positive reinforcement for change in a desired direction.
 - ❖ Carl Rogers called this *unconditional positive regard*.
- ❖ Therapists encourage clients to seek out environments and relationships where they will receive positive reinforcement.
- ❖ Group therapy is a social environment designed to provide positive reinforcement for pro-social behaviors.

Positive Reinforcement Inside and Outside the Therapy Room

- ❖ Nonverbal clinician behavior
- ❖ Explicit questions from the clinician
 - ❖ Focusing on adaptive thoughts/feelings/actions
 - ❖ Ignoring or interrupting rumination
- ❖ Capitalizing on adaptive changes, successive approximations
 - ❖ “How were you able to do that? What does it mean to you?”



Antecedent-Focused Coping

-----X-----

Antecedent-Focused

Response-Focused

Antecedent focused coping decreases the likelihood that a triggering situation will occur

- ▶ Big changes (e.g., change job, change romantic partner)
- ▶ Habits (e.g., go straight to gym from the office)
- ▶ Reducing vulnerability factors (e.g., sleep, food, relaxation, substances, exercise)
- ▶ Coping ahead (e.g. rehearsal, anticipating)



The Same Behavior ...Different Consequences

- ▶ When is the same behavior helpful or unhelpful?
- ▶ How can you help increase insight into the difference?
- ▶ **Premack Principle**
 - ▶ Make a high frequency activity contingent on completion of the goal activity (e.g., I can watch TV after I floss)

Your Own Beliefs and Fears

- ▶ How do you feel about behavioral interventions?
- ▶ Are you more comfortable with some than others?



Telemedicine Considerations: Advantages

- Successive approximations
 - Reduce no shows, still make use of session when client running late
- Enhanced intimacy?
 - In your home; in their home
 - Therapists are human!
- Timely exposures
 - *You're avoiding looking at your new math book? Can you grab it for me?*



Telemedicine Considerations: Disadvantages

- ❖ Distraction/burnout of provider
- ❖ Less behavioral activation needed on behalf of client
- ❖ ??

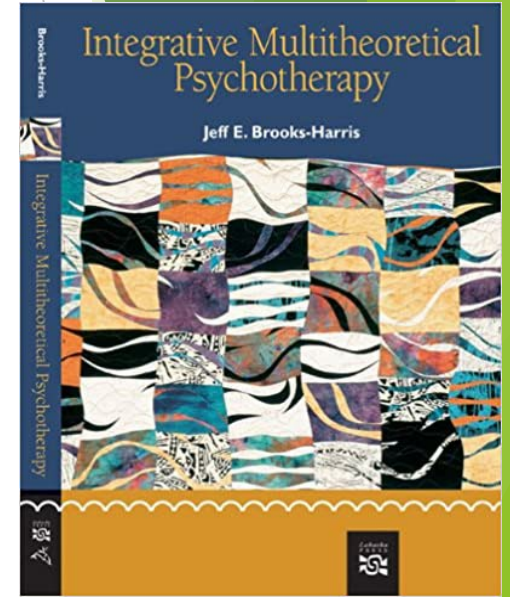


Behavioral Key Strategies

Brooks-Harris (2008) described 14 behavioral key strategies

- BHV 1: Clarifying the Impact of Actions
- BHV 2: Illuminating Reinforcement and Conditioning
- BHV 3: Identifying Target Actions
- BHV 4: Determining Baselines
- BHV 5: Encouraging Active Choices
- BHV 6: Assessing Stages of Change
- BHV 7: Establishing Schedules of Reinforcement

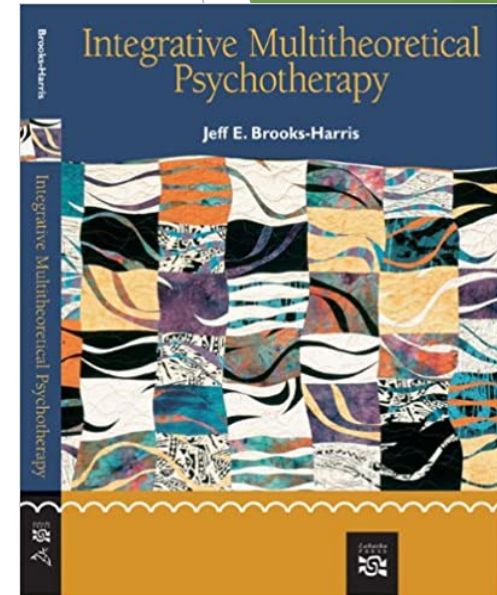
(Brooks-Harris, 2008, Chapter 5)



Behavioral Key Strategies (continued)

- BHV 8: Assigning Homework
- BHV 9: Constructing a Hierarchy
- BHV 10: Exposing Clients to Images or Experiences
- BHV 11: Fostering Acceptance
- BHV 12: Encouraging Commitments
- BHV 13: Providing Training and Rehearsal
- BHV 14: Coaching and Shaping

(Brooks-Harris, 2008, Chapter 5)



1. Clarifying the Impact of Actions

Clarifying the impact of actions on thoughts, feelings, and interpersonal relationships.

Source: Skinner 1938, Bandura 1969

- When clients are not aware of the way their choices or actions are related to their problems or symptoms, it is helpful to highlight the impact of behavioral choices on thoughts, feelings, or relationships.
- When you attend to your clients' actions, you will see ways that they impact thoughts, feelings, and relationships. Therefore, behavioral choices are of central importance to psychotherapy.

(Brooks-Harris, 2008, p. 158-160)

2. Illuminating Reinforcement and Conditioning

Illuminating how current behavioral patterns have been shaped by environmental reinforcements and conditioned responses.

Source: Behavior Therapy (Wolfe 1990)

- Looking at how behavior is shaped and maintained by reinforcement is useful when clients do not understand where their current dysfunctional behavior patterns originated or why dysfunctional behaviors persist despite the desire to change.
- Looking for reinforcement patterns or conditioned responses is an important foundational skill that helps prepare clients for behavior change.

(Brooks-Harris, 2008, p. 160-163)



3. Identifying Target Actions

Identifying specific target actions that a client wants to increase or decrease.

Source: Bandura 1969

- When clients do not know what actions they want to change, it is useful to spend some time identifying specific target behaviors.
- Clients often enter psychotherapy with a variety of concerns that are related to different actions. Before setting behavioral goals, you may need to decide which actions are the most important or practical for treatment.

(Brooks-Harris, 2008, p. 163-165)

4. Determining Baselines

Determining the frequency and duration of specific behaviors in order to establish baselines and gauge progress.

Source: Goldfried & Davison, 1994 and G.T. Wilson 2000

- Measuring the frequency of specific actions is important once target actions have been identified.
- Once a target action has been established, it is often helpful to measure a baseline.

(Brooks-Harris, 2008, p. 165-167)

5. Encouraging Active Choices

Encouraging clients to make active choices based on a realistic assessment of the likely consequences of their behavior.

Source: Glasser 1965

- If clients are not taking action in a desired direction or are engaging in actions that do not support their stated goals, then the encouragement of active choices is indicated.
- As an objective observer, it is often easier for you to see how clients are engaging in actions that are unlikely to result in desired outcomes.

(Brooks-Harris, 2008, p. 168-170)

6. Assessing Stages of Change

Assessing stages of change and preparing clients to move steadily toward action.

Source: Prochaska and DiClemente's 1984, 2005

- If clients may want to modify their behavior, it will be helpful for a psychotherapist to assess their stages of change.
- The simplest way of assessing stages of change is to focus on timing and ask clients when they anticipate changing their behavior.

(Brooks-Harris, 2008, p. 170-172)

7. Establishing Schedules of Reinforcement

Establishing schedules of reinforcement and punishment in order to increase or decrease targeted behaviors.

Source: Bandura 1969

- When clients need encouragement and incentives to work toward change, it may be helpful to identify specific reinforcers that can be used to increase the likelihood that desired change will occur in the future.
- If you are using primary or secondary reinforcers to shape clients' behavior, it may be helpful to use yourself as a source of social reinforcement as well.

(Brooks-Harris, 2008, p. 173-175)



8. Assigning Homework/Prescribing Actions

Prescribing specific action or assigning homework that activates behavior or alters long-standing patterns.

Source: Behavioral Activation (Martell)

- Activating change by prescribing action is useful when a client is stuck in an ineffective pattern and is not sure what type of behavioral change to make.
- Behavioral activation or assigning homework can be used to help clients begin making changes and to take psychotherapy out of the counselor's office and put learning into active practice.

(Brooks-Harris, 2008, p. 175-177)



9. Constructing a Hierarchy

Constructing a hierarchy of :related behaviors or situations that result in different levels of distress in order to identify an intervention strategy.

Source: Wolpe 1990

- When distress is reported in a variety of different but related situations, it is helpful to identify the specific stimuli that are associated with unwanted responses.
- When constructing a hierarchy, it is best to start with the clients' perceptions of the problem and the situations that are most personally relevant.

(Brooks-Harris, 2008, p. 177-179)

10. Exposing Clients to Images or Experiences

Exposing clients to distressing images or real-life experiences in order to desensitize them or extinguish problematic conditioned responses.

Source: Exposure Therapy – Marks 1987

- When a client has an unwanted response of anxiety that has been associated with a particular stimulus that is not objectively dangerous, then it may be helpful to use exposure to extinguish the problematic response.
- When using exposure, it is usually helpful to start with exposure to images or to simulate fearful situations within the counselor's office. This allows you to help the client experience the exposure technique with you as a safe guide.

(Brooks-Harris, 2008, p. 179-182)



11. Fostering Acceptance

Fostering acceptance of uncomfortable thoughts, feelings, or sensations rather than taking action to try to change or avoid them.

Source: Acceptance and Commitment Therapy (Hayes, Strosahl & Wilson, 1999)

- When deliberate attempts to alter or avoid thoughts, feelings, or physical sensations are ineffective, it may be more useful for clients to learn to experience unwanted private events fully and completely, without judgment or evaluation.
- When fostering acceptance of uncomfortable thoughts, feelings, or sensations, it may be helpful to provide an environment in which clients can be safely exposed to uncomfortable private experiences.

(Brooks-Harris, 2008, p. 182-185)

12. Encouraging Commitments

Encouraging clients to identify their values and make commitment to actions that are consistent with personal values.

Source: Acceptance and Commitment Therapy (Hayes, Strosahl & Wilson, 1999)

- When clients' actions are not consistent or effective, it may be helpful to identify values and to encourage behavioral commitments that are consistent with personal values.
- In order to promote adaptive actions, it may be important to explore and assess clients' values.

(Brooks-Harris, 2008, p. 185-188)



13. Providing Training and Rehearsal

Providing skills training and behavioral rehearsal related to therapeutic goals.

Source: Behavior Therapy – Wolpe 1990

- When clients do not know how to respond to certain situations with adaptive actions, it may be helpful to provide training in specific skills.
- In order to adopt new, more effective actions, clients often need instruction in specific skills such as relaxation, assertiveness, or social skills.

(Brooks-Harris, 2008, p. 188-190)

14. Coaching and Shaping

Coaching clients, providing social reinforcement, and shaping behavioral patterns.

Source: Goldfried and Davison, 1994

- When clients are preparing for behavior change, a psychotherapist can provide feedback about planned action.
- When coaching clients, it is important to provide positive feedback first and to build on existing strengths.

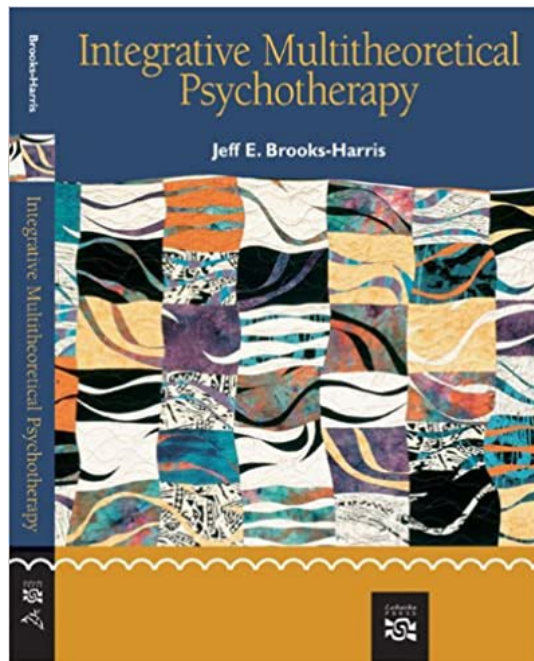
(Brooks-Harris, 2008, p. 190-192)

Discussion

- ▶ Questions?
- ▶ Comments?

Reference

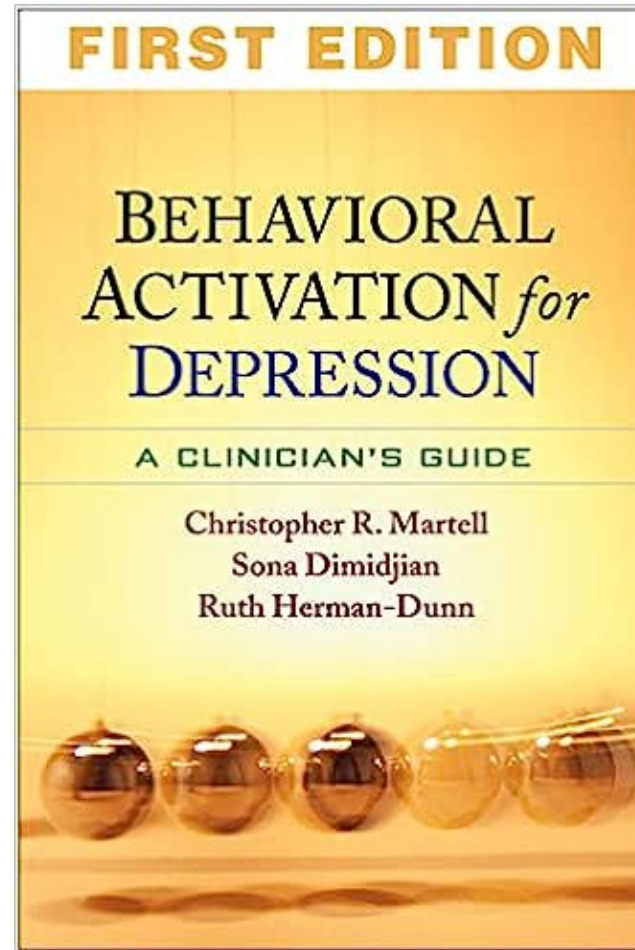
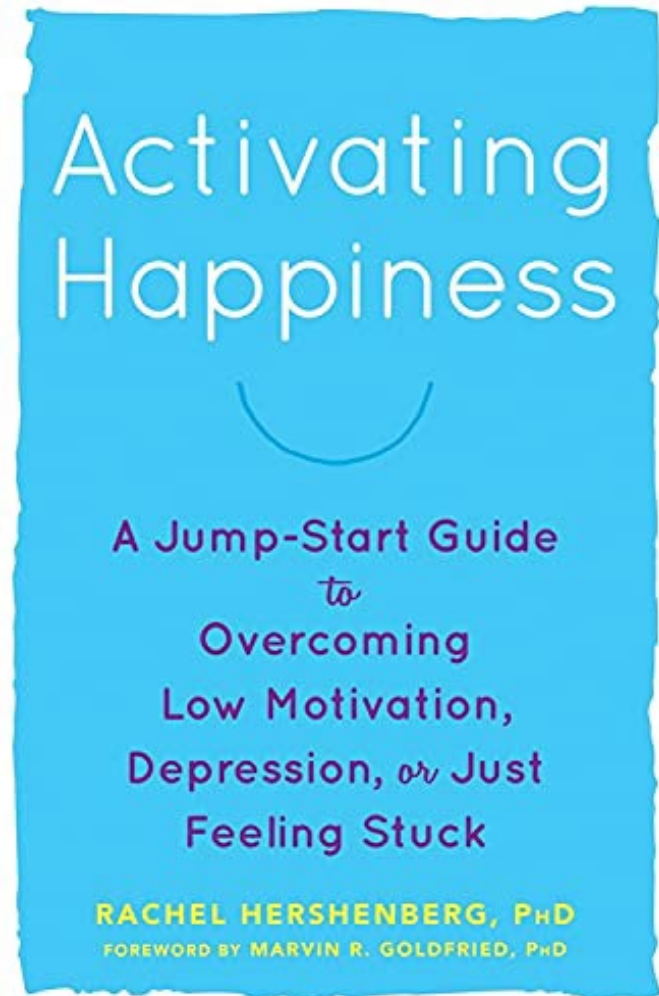
Brooks-Harris, J. E. (2008). *Integrative Multitheoretical Psychotherapy*. Boston: Houghton Mifflin.



Multitheoretical Psychotherapy (MTP) is one of the earlier unified models that developed into the current version of Unified Psychotherapy (UP).



Recommendations for Further Reading



Contact Information

Jeff E. Harris, Ph.D.

Las Cruces, NM

dr.jeff.e.harris@gmail.com

Rachel Hershenberg, Ph.D., ABPP

Emory University, GA

rachel.hershenberg@emory.edu





TZK Seminars

Live Webinars

- ▶ Cheaper
- ▶ More comfortable
- ▶ No travel
- ▶ Increased access to national experts
- ▶ 30-40 live webinars each month

Recorded Webinars

- ▶ Watch right away, no DVD's mailed to you
- ▶ Our speakers do their webinars repeatedly. So, all of the webinars in our Live Webinar Schedule have already been recorded.
- ▶ Watch in your own time



To Get Your CEU Certificate

- ▶ Go to our website: tzkseminars.com
- ▶ Click “My Seminars”
- ▶ Sign in using your email address and password
- ▶ Click the “Completed Live Webinars” tab
- ▶ Complete the validation test and webinar evaluation
- ▶ Download your certificate