INTEGRATIVE MULTITHEORETICAL PSYCHOTHERAPY

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Chapter 5

Behavioral Psychotherapy: Choosing Effective Actions

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INTRODUCTION TO BEHAVIORAL PSYCHOTHERAPY

Historical Context

Behavioral approaches to psychotherapy grew out of the scientific study of behavior that resulted in the description of classical and operant conditioning during the first half of the twentieth century. The rise of behaviorism marked a shift in psychology's interest; moving from a focus on human consciousness based on introspection toward a focus on behavior that could be directly observed (Craighead, Craighead & Ilardi, 1995). In the 1920s, John Watson demonstrated the way a human infant's emotional reactions could be conditioned and generalized based on the principles of classical conditioning that had been originally described by Ivan Pavlov. One of the most influential figures in the application of behaviorism to psychotherapy was Joseph Wolpe (1958), who developed systematic desensitization as a clinical intervention based on the principle of reciprocal inhibition. Many of the techniques described by Wolpe and his colleagues were based on classical conditioning principles and came to be known collectively as *Behavior Therapy*. Many of these strategies, including both systematic desensitization and assertion training, were designed to extinguish conditioned responses of maladaptive anxiety (Wolpe, 1990). Challenging the predominant Freudian perspective, Wolpe argued that behavioral principles could be used to provide more effective explanations for many of the results of psychoanalysis. *Behavior Therapy* promised the field of psychotherapy specific techniques based on scientific principles that could be empirically tested and supported.

B. F. Skinner's research on operant conditioning in animals also led to psychotherapy applications and strategies based on principles of reinforcement that came to be known collectively as *Behavior Modification* (e.g., Bandura, 1969).

These methods were found to be particularly effective in changing and controlling the actions of children with behavior disorders and others who suffer from serious mental illness. Schedules of reinforcement and token economies became common interventions in schools and psychiatric hospitals. At a broader level, counselors began to recognize that all forms of psychotherapy provided a controlled environment in which effective actions could be reinforced and ineffective actions might be extinguished.

Starting in the 1970s, behaviorism shifted when Albert Bandura (1977) described *Social Learning Theory* as a new learning paradigm based on principles of modeling, imitation, and self-control. Compared to classical and operant conditioning, social learning theory provided a more cognitive explanation of learning that opened the door for an integrated form of *Cognitive-Behavioral Therapy* which suggested that the impact of many behavioral interventions was mediated by cognitive processes (Meichenbaum, 1977). Psychotherapy was recognized as a place where social learning occurs. Counselors can model effective actions that clients can imitate so that self-control can be encouraged and enacted. The integration of cognitive and behavioral approaches has become so popular that many contemporary psychotherapists think of *Cognitive-Behavioral Therapy* as a single theory. Some behaviorists have expressed concern that psychotherapists trained in the twenty-first century will fail to recognize the way that human actions are frequently shaped by classical and operant conditioning in ways that are not recognized at a cognitive level. At the same time, new behavioral approaches are being developed, like *Acceptance and Commitment Therapy* (Hayes, Strosahl & Wilson, 1999), that are revitalizing the field and redefining what behavioral psychotherapy will look like in the future. In this book, cognitive and behavioral psychotherapy are described as distinct approaches based on different theories. From a multitheoretical perspective, it is important to remember that integrating cognitive and behavioral strategies is only one of many valid theoretical combinations (see Table 2.3). This chapter will describe behavioral strategies focusing on actions, many of which are based on classical or operant conditioning principles. Cognitive strategies were described in Chapter Four.

Behavioral Adaptation

In Chapter Three, it was suggested that helping clients adapt to the environments they encounter is the purpose of psychotherapy. It was also suggested that different theoretical approaches contribute to this general purpose in specific ways. Within this framework, the purpose of behavioral psychotherapy is to help clients act in adaptive ways in response to interpersonal, systemic, and cultural environments. Behavioral psychotherapists, like Wolpe (1958), have suggested that adaptive actions help people make progress toward their goals, and maladaptive actions do not facilitate goal attainment and may result

in harm. Behavioral psychotherapy is often designed to remove internal obstacles that interfere with adaptive actions. For example, behavioral strategies are frequently used to reduce anxiety or extinguish conditioned responses that inhibit actions that help people adapt to new situations. Assertiveness and social skills are examples of adaptive actions that are often addressed in behavioral psychotherapy. Many of the behavioral strategies described in this chapter can be used to identify, measure, reinforce, learn, rehearse, and practice adaptive actions. Other behavioral strategies are designed to remove internal barriers like anxiety that may interfere with adaptive action.

Behavioral Conceptualization

Focusing on Actions

Chapter Three suggested that a behavioral conceptualization should be formulated when actions become a focal dimension in psychotherapy. A behavioral conceptualization focuses on actions as a central element of human functioning. If you decide that your client's primary concerns are related to his or her actions, it may be helpful to look more closely at this area to formulate a behavioral conceptualization. The key concepts used in a behavioral conceptualization are drawn from operant and classical conditioning. From an operant perspective, it is important to identify actions that a client wants to increase or decrease. Once target actions have been clearly identified and baseline behaviors have been measured, it is important to look at patterns of reinforcement or punishment that support or inhibit these actions. From a classical conditioning perspective, you will want to look at stimulus-response patterns to identify how maladaptive anxiety may be related to particular environments or stimuli by their association with fearful situations or objects.

Operant Conditioning

People frequently come to psychotherapy in order to change their behavior. Clearly identifying actions they want to increase and decrease is often helpful. To conceptualize a client's presenting concern from an operant point of view, consideration of environmental consequences of current behavior will be helpful. Reinforcement is any environmental condition that strengthens the behavior, whereas punishment is something that weakens the behavior (G. T. Wilson, 2000). To increase desirable behavior, identifying rewards that can be used as an incentive for behavior change is advantageous. To decrease or eliminate unwanted behavior, it is important to identify the current pattern of reinforcement supporting the behavior. If behavior change is going to occur, the pattern of reinforcement should be altered, and more valuable incentives can be used to reward desirable behavior. Because patterns of reinforcement may be subtle, clients may not recognize the forces supporting their current actions. The careful questioning and observation of a

psychotherapist can illuminate sources of reinforcement for actions that are difficult for clients to understand. For example, if a client is struggling to overcome a pattern of procrastination, she may not recognize the way her actions have been shaped. A psychotherapist may help this client recognize that procrastination has been reinforced by the fun activities that she engages in when she should be working or the discomfort and frustration that is avoided by procrastination. These forces supporting the client's actions may be more powerful than the potential incentive of internal pride or external recognition than might result from steadily working toward one's goals. This operant conceptualizational would suggest the need to reduce the rewards for procrastination; for example, asking the client not to watch television until after she has completed her work goals for the day. It also might be helpful to increase the rewards for goal-oriented action by logging the hours of work and providing a reward after a certain number of hours has been attained.

Stimulus-Response Patterns

Conceptualization based on classical conditioning looks at relevant stimulus-response patterns and frequently identifies conditioned responses or paired associations resulting in maladaptive anxiety (Wolpe, 1990). To understand a maladaptive stimulus-response pattern, unwanted responses and environmental stimuli triggering the responses can be identified. Clients are often unaware of specific features within the environment that may be activating anxiety. Once an environmental trigger is identified, it will be helpful to find out why this feature is associated with fear or other negative emotions. After the link between the current anxiety-provoking stimulus and its original source are discovered, progress can be made. For example, after a car accident resulting in a physical injury, people often develop a conditioned response of fear or anxiety associated with driving or cars. In this case, the unconditioned stimulus-response pattern underlying the anxiety is the link between injury and fear. Because cars were associated with pain during the accident, there is now a link between cars and fear and anxiety. This example of a stimulus-response conceptualization is illustrated in Figure 5.1. This conceptualization would suggest that the association between

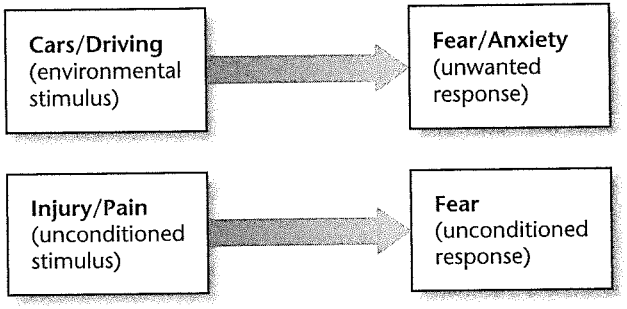

FIGURE 5.1 Example of a stimulus-response conceptualization after a car accident in which driving a car becomes associated with fear and anxiety.

TABLE 5.1 Questions for a Behavioral Conceptualization

Focusing on Actions

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

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?

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?

cars and fear should be extinguished. A therapist working to extinguish this conditioned response might use strategies like constructing a hierarchy, exposure, or skills training (Strategies BHV-9 through BHV-11). Examples of questions that can be used to explore actions and formulate a behavioral conceptualization are provided in Table 5.1.

Case Examples of Behavioral Conceptualization

Behavioral Conceptualization of Anxiety

Ben's anxiety was having a direct negative impact on his actions. With Dr. P.'s help, Ben was able to see how his anxiety had become paired with social interactions with his family.

- **Stimulus-Response Patterns:** Ben's fear of being rejected because he was gay had resulted in a conditioned response of anxiety when interacting with his family. Whenever family members asked him personal questions, even about things that were not related to relationships or sexual orientation, Ben would become anxious. To decrease the anxiety, Ben would speak evasively and leave social situations. Even when Ben was not with his family, there were residual feelings of anxiety that were impacting his job performance.

- **Actions to Decrease:** Ben and Dr. P. agreed that evasive conversations with his family and abruptly leaving social situations were both actions that Ben wanted to decrease. Dr. P. helped him realize that these actions were negatively reinforced by a sense of relief when he left the conversation. However, he did not see this pattern as an effective way to interact with his family or deal with his fears. He knew that a loss of social support was hurting him in other ways.
- **Actions to Increase:** Dr. P. helped Ben decide that he wanted to increase calm interactions with his family. He identified areas of conversation that were safe and supportive that did not trigger anxiety. Ben decided that he wanted to increase his proactive interactions with family members to gain a sense of control and mastery over these situations. After discussing his family at length, Ben decided that coming out to his sister was an action that was likely to result in positive reinforcement in the form of social support.

Behavioral Conceptualization of Substance Abuse

When Dana entered psychotherapy with Dr. P. to address an alcohol problem, she knew she had to change her actions if she was going to avoid a family pattern of alcoholism. Dr. P. used both operant conditioning and stimulus-response principles to formulate a behavioral conceptualization.

- **Actions to Decrease:** Dana wanted to decrease her use of alcohol to help her relax and socialize. Dana was not sure she wanted to stop drinking completely but wanted to experiment with controlled drinking. Dr. P. was not sure that controlled drinking was a realistic long-term goal but wanted to work with Dana to see whether she could maintain this goal. Dr. P. realized that alcohol had been an important part of Dana's life for some time and had many reinforcing qualities. Dr. P. wanted to look for ways for Dana to receive some of these same rewards without engaging in a health-threatening behavior.
- **Actions to Increase:** Dana wanted to increase her ability to socialize without alcohol. She wanted to increase the time she spent with people doing something that did not involve drinking. Dr. P. helped Dana identify specific goals and rewards for following her new plan. In order to help Dana meet these goals, Dr. P. wanted to help her increase her social skills and learn new ways to relax and relieve stress.
- **Stimulus-Response Patterns:** Dana met many of her social needs by going out drinking with her friends. Therefore, socializing and drinking had become paired in Dana's life. Dana used alcohol to

celebrate positive events in her life and to soothe herself in times of disappointment. In this way, a desire to drink alcohol was associated with both positive and negative triggers. Dr. P. wanted to help Dana become aware of the way drinking had become a conditioned response in her life in order to prepare for extinguishing these associations.

BEHAVIORAL STRATEGIES

The strategies described in this chapter are drawn from different approaches to behavioral psychotherapy including *Behavior Therapy* (Wolpe, 1990; Goldfried & Davison, 1994; G. T. Wilson, 2000), *Behavior Modification* (Bandura, 1969), and *Exposure Therapy* (Marks, 1987). Some strategies are also drawn from other action-oriented approaches like *Reality Therapy* (Glasser, 1965, 2000) and new behavioral approaches like *Acceptance and Commitment Therapy* (Hayes, Strosahl & Wilson, 1999). These approaches share a common emphasis on actions and the environment, and many are based on classical or operant conditioning. These fourteen behavioral strategies are meant to provide a representative but not exhaustive catalog of skills that can be used to explore actions and utilize conditioning principles in psychotherapy. The strategies described in this chapter are summarized in Table 5.2. Many of these behavioral strategies are demonstrated in a training video (Brooks-Harris & Oliveira-Berry, 2001b) distributed by Microtraining Associates (www.emicrotraining.com).

TABLE 5.2 Behavioral Strategies for Psychotherapy

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
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

Clarifying the Impact of Actions

Strategy BHV-1. **Clarifying the impact of actions on thoughts, feelings, and interpersonal relationships**

Theoretical Context

A behavioral approach to psychotherapy focuses on the central role of human actions within the environment. Early models of behaviorism tended to emphasize the unidirectional impact of the environment on behavior (e.g., Skinner, 1938). However, Bandura (1969) revised this view with the idea of "reciprocal determinism" that he contrasted with a traditional behavioral view:

> Behavioral formulations often characterize response patterns as depending on environmental contingencies. The environment is presented as a more or less fixed property that impinges upon individuals and to which their behavior eventually adapts.... Psychological functioning, in fact, involves a continuous reciprocal interaction between behavior and its controlling conditions. Although actions are regulated by their consequences, the controlling environment is, in turn, often significantly altered by the behavior. (p. 46)

Behavioral choices result in exposure to new environments. In addition to the reciprocal interaction between behavior and the environment, human actions have a direct impact on other dimensions of human life. When people make behavioral choices, the actions they choose influence the way they think and feel. Human behavior has a direct impact on biological health. The outcome of choices and actions will shape interpersonal relationships and the social systems in which they are imbedded. Therefore, behavioral psychotherapy involves looking carefully at how actions impact all of these other dimensions of human functioning. Because actions can be directly observed and measured, focusing on behavior in psychotherapy provides an important grounding to ensure that insight leads to action.

Strategy Marker

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. This strategy may be most useful when clients are having difficulty seeing the cause-and-effect relationships that exist between their actions and the circumstances that result. This type of clarification can help illuminate clients' roles in perpetuating problematic behaviors and suggest possibilities for change.

Suggestions for Use

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. However, focusing on behavioral choices and their impact may need to occur gradually over time before clients are ready to change. By highlighting the connection between actions, thoughts, and feelings, you are preparing clients to make informed choices. For example, a client may continue to try to discuss politics with a family member even though this topic always leads to uncomfortable arguments that are a source of distress in the family. In this situation, a psychotherapist might highlight the link between a particular action and its consequences and then help the client make active choices about alternative actions. The client in this example can make an informed choice about whether to continue to discuss controversial topics with family members once the consequences have been explored. If a client can understand that a particular action consistently results in negative feelings, motivation for change should be increased. If clients can clearly see the impact of behavior on relationships, they will be more prepared to change interpersonal patterns.

Expected Consequence

If the impact of actions on other areas of functioning is clarified, the intended result is greater awareness regarding behavior and a clearer understanding of one's place in a larger environment. As a result, clients are more likely to notice the choices they make as well as their impact. Once clients see how actions impact thoughts, feelings, or relationships, there may be increased motivation to make behavioral changes that will alter current patterns and positively impact other areas.

Case Example

Dana had told Dr. P. that she had started drinking more after a recent breakup. Because alcohol was a long-term coping mechanism, Dr. P. was not sure if Dana had a clear understanding of how this action impacted Dana's thoughts, feelings, and interpersonal relationships. Therefore, Dr. P. wanted to help Dana focus on a single behavior and understand its impact on other areas of her life. Dr. P. hoped that this type of assessment would prepare Dana for more active choices in the future.

Dr. P.: Since you broke up with Alex, you said you've been drinking more alcohol.

Dana: Yeah. Mostly partying with my single friends.

Dr. P.: How does drinking impact your thoughts about yourself and the relationship?

Dana: When I drink with my friends, I tend to see Alex as the bad guy and not blame myself so much.

Dr. P.: There's a shift toward blaming him. How do you feel then?

Dana: I tend to get more pissed rather than bummed out.

Dr. P.: So, you feel angry. When you drink, how does it impact your relationships with others?

Dana: I have a few partier friends who like to drink with me but some of my friends from work don't like to hang out with me when I've been drinking.

Dr. P.: It seems like alcohol brings you closer to some friends but, perhaps, pushes others away. Is that right?

Dana: Yeah.

Dr. P.: So, overall, do you feel like drinking alcohol has a positive or negative impact on your life?

Dana: I've never really thought of it like that. That seems like a funny question to me.

Dr. P.: It seems like a funny question?

Dana: I don't know why. I guess I've never thought about my drinking in that way. There are times when I drank too much and other times when I haven't gotten drunk very often. Are you saying that you think I'm drinking too much?

Dr. P.: I'm suggesting that since you are drinking more since your last break-up, it may be important to think about how your drinking is impacting the rest of your life. Is that something you think might be useful for us to discuss.

Dana: I guess so. My drinking has become heavier the last few months and I don't want it to get out of control.

Illuminating Reinforcement and Conditioning

Strategy BHV-2. **Illuminating how current behavioral patterns have been shaped by environmental reinforcements and conditioned responses**

Theoretical Context

This strategy recognizes two paradigms that form the foundation of behavioral psychology: classical and operant conditioning. Classical conditioning describes the way that an environmental event that produces a natural reaction can be paired with a new stimulus to result in a similar response. Pavlov

first described this pattern after observing conditioned responses in dogs. When Pavlov's dogs were exposed to meat powder (an unconditioned stimulus), their natural response was to salivate (an unconditioned response). After the ringing of a bell (a conditioned stimulus) was paired with the presentation of meat powder (an unconditioned stimulus) on several occasions, the dogs began to salivate in response to the bell alone (a conditioned response) even when no meat powder was presented. With humans, classical conditioning is often used to describe the way that anxiety represents a conditioned response to certain environmental stimuli. For example, a man who was robbed in a parking garage might feel anxious whenever he enters a garage. In this case, the fear (an unconditioned response) associated with the robbery (an unconditioned stimulus) has been associated with parking garages (a conditioned stimulus) to produce a fear of garages (a conditioned response) that was not present before the robbery. Strategies that focus on identifying and modifying conditioned responses such as maladaptive anxiety are often collectively referred to as *Behavior Therapy* (e.g., Wolpe, 1990).

Operant conditioning describes the way events in the environment can shape behavior by increasing or decreasing the frequency of a particular behavior. Skinner originally described operant conditioning after observing that laboratory rats' behavior could be modified through reinforcement and punishment. Within the context of operant conditioning, an environmental event that increases the frequency of a particular behavior is considered reinforcement, and an event that decreases the frequency of behavior is considered punishment. For example, individuals who are praised by their family members when they wash dishes are more likely to wash dishes in the future than individuals who are criticized for washing dishes incorrectly. In this case, the praise of family members represents reinforcement for dishwashing behavior that increases the likelihood of its occurrence. Criticism can be considered a form of punishment that may decrease the frequency of dishwashing. Strategies that use operant conditioning to shape human behavior are often collectively referred to as *Behavior Modification* (e.g., Bandura, 1969).

Strategy Marker

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. Clients may have enough insight to realize that current behavior patterns are not working, but not understand how a seemingly dysfunctional or ineffective behavioral reaction is supported or reinforced. Examining the way unwanted reactions may represent conditioned responses is helpful when clients do not recognize the origin of their behavior.

Suggestions for Use

Looking for reinforcement patterns or conditioned responses is an important foundational skill that helps prepare clients for behavior change. It is easier for clients to change their actions once they understand some of the environmental forces that are shaping their current behavior or have influenced their reactions to certain stimuli. Sometimes the search for environmental influences is more difficult, and clients may not be aware of subtle influences in the environment. Therefore, illuminating current actions in this way is often an ongoing process of exploration. You may think of this ongoing search as an attitude of inquiry rather than as a discrete skill that is used once and then completed. As a psychotherapist, one of your roles is to act as a behavioral consultant that will continually watch for patterns of reinforcement and conditioned responses in an effort to help clients understand and change their actions.

Expected Consequence

If clients recognize external reinforcement and conditioned responses, the anticipated outcome is a clearer understanding of the problem behavior and why change has been difficult in the past. The goal is to show clients how their culture, environment, and life circumstances have funneled them into the current *status quo*. When clients recognize their relationship to their environment, there is often a decrease in self-blame and an increase in hope and motivation to make positive changes.

Case Example

Dr. P. wanted to understand some of the environmental circumstances that were influencing Ben's decision not to discuss his sexual orientation with his family.

Dr. P.: Can you tell me about some of the circumstances that led you to decide not to talk to your family about your attraction to other men?

Ben: I know they have a negative attitude about gay people, and I don't want them to think those things about me.

Dr. P.: What have you observed in the past about their attitudes toward gay people?

Ben: I guess I was testing the waters a couple years ago when I started talking about a gay friend from college.

Dr. P.: How did they react when you talked about having a gay friend?

Ben: Very disapproving. They talked about how the church teaches that homosexuality is a sin. I wasn't sure back then if I was gay or not, but I knew that I wouldn't be able to come out to my family if I did decide I was gay.

Dr. P.: So, when you experimented with a new behavior in your family, by bringing up the subject of gay people, the response didn't encourage you to keep talking about this subject, did it?

Ben: No, just the opposite.

Dr. P.: Their reactions discouraged you from bringing up the topic again.

Ben: That's right.

Dr. P.: Given the results of your experimentation, it makes sense that you have concluded that it is not safe to share your sexual orientation.

Ben: If I come out to my family, it will cause a lot of heartache for them, especially for my mother.

Dr. P.: So, it makes sense why you have chosen not to come out to them.

Identifying Target Actions

Strategy BHV-3. **Identifying specific target actions that a client wants to increase or decrease**

Theoretical Context

Using a behavioral approach involves specifying the desired actions that will indicate if psychotherapy has been successful. Bandura (1969) described the identification of objectives in this way:

> A meaningfully stated objective has at least two basic characteristics. First, it should identify and describe the behaviors considered appropriate to the desired outcomes. The term "behavior" is used in the broad sense to include a complex of observable and potentially measurable activities including motor, cognitive, and physiological classes of responses. After the intended goals have been specified in performance, and preferably in measurable terms, decisions can be made about the experiences that are most likely to produce the desired outcomes. (p. 73)

The objective description of target actions is helpful in planning effective treatment and, later, to ensure that goals have been reached. Clients will be able to better work toward change when they have a concrete idea what that change may look like in an observable form.

Strategy Marker

When clients do not know what actions they want to change, it is useful to spend some time identifying specific target behaviors. For some clients target

actions can be undesirable actions that clients want to decrease, like smoking or angry outbursts. Other clients will target desirable actions that they want to increase, like exercise or assertive communication.

Suggestions for Use

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. If there are several possibilities, it may be important to consider which behavior will be easiest to change. Progress in one area may set the stage for change in other areas as well. Whenever possible, behavioral goals should describe positive actions that can be increased, rather than focusing only on negative behaviors to be decreased or eliminated. If there are negative behaviors that need to be extinguished, it is good to identify positive actions that will replace the old behaviors. For example, if a client wants to give up an unhealthy behavior, like drinking alcohol, it is important to identify positive and enjoyable actions, like exercise or meditation, that may take the place of the old behaviors and may reinforce healthy choices.

Expected Consequence

When specific actions are targeted for modification, the anticipated result is more focused attention on these behaviors. Once a specific goal has been set, motivation is often higher, and it will be easier to identify reinforcement that can be used to support effective action. Once actions are targeted, then measurement can occur. For example, once a client decides to decrease angry outbursts with her children, it will be possible to measure how often the outbursts occur and to look at environmental triggers and reinforcement.

Case Example

Although Dana was concerned about the negative consequences of her drinking, it was not clear how she wanted to approach the problem. Dr. P. wanted to determine what actions Dana might actually want to change.

Dr. P.: You've said that you don't want your drinking to get out of control. We've also discussed some of the negative consequences of excessive drinking. I think the next step might be to decide if there are specific actions that you want to increase or decrease. At this point, do you want to decrease the amount or frequency that you are drinking?

Dana: I know I want to make sure that I have fewer bad experiences because of my drinking. I guess I want to be able to control my drinking.

Dr. P.: What does controlled drinking mean to you?

Dana: I want to be able to drink with my friends without getting really wasted and making a fool out of myself. I want to have fun, but I don't want to throw up or wake up with a hangover or miss work because I got drunk.

Dr. P.: It makes sense to want to avoid those negative things. In order to decrease these consequences, do you think you will need to decrease the quantity or frequency of your drinking?

Dana: I guess so. Obviously, the negative things happen when I drink more than just a few drinks. So, I guess I need to avoid drinking to excess and getting really drunk.

Dr. P.: So you want to consume less alcohol when you drink. Do you want to drink less frequently? You said that you drink pretty much every night.

Dana: There are times when I decide not to drink, but I end up feeling a little nervous at night and have a couple beers to calm myself down. But drinking two or three beers at home doesn't seem to get me in trouble.

Dr. P.: So, at this point you want to decrease the amount of alcohol you drink, but you feel comfortable with drinking every day.

Dana: I'm not sure if I feel comfortable with the fact that I drink every day, but I think it will be easier to cut down on the binges than to eliminate alcohol completely.

Dr. P.: I think that will be an important issue for us to consider. Some people can control their drinking, but others find that hard to do and conclude that it is more effective to eliminate alcohol completely.

Dana: I'm not sure I'm ready for that. And I hope it's not necessary. I just want to keep things under control.

Determining Baselines

Strategy BHV-4. **Determining the frequency and duration of specific behaviors in order to establish baselines and gauge progress**

Theoretical Context

A behavioral approach to psychotherapy involves an experimental orientation to human behavior and requires specificity in assessment and treatment

(Goldfried & Davison, 1994). G. T. Wilson (2000) described this emphasis in the following way:

> Behavioral assessment focuses on the current determinants of behavior, rather than on the analysis of possible historical antecedents. Specificity is the hallmark of behavioral assessment and treatment, and it is assumed that the person is best understood and described by what the person does in a particular situation. (p. 207)

Therefore, it is important to measure relevant behaviors accurately in order to be able to determine whether change has occurred. Within a behavioral context, a vague sense of feeling better is not an appropriate goal for psychotherapy. Ideally, current behavior should be assessed before formal treatment begins in order to determine a clear baseline. Knowing the frequency of specific actions at the beginning of treatment allows accurate measurement of behavior change.

Strategy Marker

Measuring the frequency of specific actions is important once target actions have been identified. Clients may have only a vague idea about when, where, and how often they perform problematic behaviors that they want to decrease or desirable actions that should be increased. A close examination of the specific circumstances that surround certain actions can provide information about both baseline rates of occurrence and specific reinforcers. This strategy is also useful when clients have difficulty describing their problems as operationally definable behaviors.

Suggestions for Use

Once a target action has been established, it is often helpful to measure a baseline. In order to measure baselines, clients must be able to define their target actions in ways that can be easily observed. For example, it may be difficult to measure the frequency of vaguely defined behaviors like "wasting time." It will be easier to measure the frequency and duration of specific actions like the number of hours spent watching television or playing videogames. An accurate baseline should also enhance motivation for change. For example, if undesired behaviors are more frequent than originally thought, there may be greater motivation to change. On the other hand, if measuring a target behavior results in a realization that the undesired behavior is relatively rare, there may be a sense of relief or a realization that change is not as pressing.

Expected Consequence

When clients measure the frequency of specific behaviors, the desired result is a clear understanding of the scope of problems. As a result, this skill can provide an applied outline of the problem as a set of operationally definable

behaviors. Therefore, a clear baseline provides motivation for change as well as a way to measure the outcome of psychotherapy.

Case Example

Ben had told Dr. P. that he felt uncomfortable with the way he was avoiding social contact with his family even though he was living at home. He had set a goal of interacting in a more normal manner. Dr. P. wanted to help him define this goal in a way that it could be measured.

Dr. P.: You've said that you often act weird with your family. You've also said that you would like to communicate in a more normal manner. I wanted to see if we could define "weird" and "normal" in a way that would allow you to determine how often you act weird and how often you act normal. What does "weird" mean?

Ben: I guess the weirdness is when I evade normal questions. Like when my Mom asked me if I like the people I'm working with at my internship. I told her it really doesn't matter whether I like them or not.

Dr. P.: What made that weird?

Ben: Because she wasn't trying to invade my privacy. She was just making conversation. I could have told her that I like a couple of the other interns and I get along well with my supervisor.

Dr. P.: Can *you* tell when you're acting weird?

Ben: Yes. Maybe not while I'm doing it but immediately afterwards I can tell I was being strange and evading normal conversation.

Dr. P.: How about "normal?" What does normal look like?

Ben: Normal is answering questions in a straightforward way and then asking questions in return. Like asking my Mom how her job is going.

Dr. P.: So, you can tell when you're acting normally?

Ben: Yes.

Dr. P.: What I'd like for you to do during the coming week is to keep track of when you interact with your family and determine whether each interaction is weird or normal. After you spend time with the family, I want you to write down what happened and what normal things you said and what evasive things you did. This will give us a clearer idea of how bad the problem is and how we can change the situation.

Ben: Okay. I think I can do that.

Dr. P.: Part of the process will be using the information to further clarify the categories of "normal" and "weird" so we can recognize and repeat your successes and eliminate some of the awkward behaviors.

Ben: Okay. I'll start keeping track of the interactions.

Encouraging Active Choices

Strategy BHV-5. **Encouraging clients to make active choices based on a realistic assessment of the likely consequences of their behavior**

Theoretical Context

Behavior Therapy is not the only approach to psychotherapy that emphasizes the importance of specific actions. *Reality Therapy* also emphasizes the importance of looking closely at behavior and making active choices. Glasser (1965) described this action focus in the following way:

> In Reality Therapy we are much more concerned with behavior than with attitudes. Once we are involved with the patient, we begin to point out to him the unrealistic aspects of his irresponsible behavior. If the patient wishes to argue that his conception of reality is correct, we must be willing to discuss his opinions, but we must not fail to emphasize that our main interest is his behavior rather than his attitude. (pp. 27–28)

This emphasis on action results in focusing on the present rather than the past. "In Reality Therapy, therefore, we rarely ask why. Our usual question is *What? What* are you doing—not, *why* are you doing it?" (Glasser, 1965, p. 32). The active choices that are encouraged are based on a realistic assessment of likely consequences. Once clients are asked to describe the likely consequences of their actions, more effective choices are likely to be made.

Strategy Marker

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. For example, if a client says that he wants to be in a romantic relationship but is not doing anything to meet new people, it may be helpful for a psychotherapist to encourage the client to choose specific actions that will increase the likelihood of meeting potential dating partners. When clients are not considering how their actions will impact their life, it is important to foster a realistic assessment of the likely outcome of different options.

Suggestions for Use

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. It may be your role to help clients make realistic assessments of whether a particular behavior is the most effective strategy. Then, specific actions can be identified that are more likely to result in desirable consequences. This allows clients to focus on things they can change rather than those outside their control.

Expected Consequence

When you encourage a client to actively assess behavioral options, the intended result is effective action. When a client is making active choices about action, the results will include new behavioral responses that will alter the client's situation and provide more information that can inform subsequent choices.

Case Example

Now that Dana had agreed that her drinking is contributing to feeling physically ill and decreased performance at work, Dr. P. wanted her to set goals based on this realization.

Dr. P.: Now that we've concluded that drinking is having a negative impact on your health and job performance, what do you want to do about it?

Dana: I guess I should probably drink less. I hope you're not going to tell me that I'm an alcoholic and I have to give up drinking completely.

Dr. P.: Right now, my goal is to help you make an informed decision about your own life. If you were going to reduce your drinking so that you won't feel bad as often, what would that look like?

Dana: I guess I shouldn't get really drunk whenever I go out to the bar.

Dr. P.: Is that when the negative consequences occur?

Dana: Yes, when I get really hammered then I feel sick the next day and can't focus on work as well.

Dr. P.: And that happens most often when you're drinking with friends at the bar?

Dana: Yes, but I also have a lot of fun with those friends. But I guess I shouldn't drink as much when I do.

Dr. P.: What would "not as much" look like?

Dana: Maybe no more than three or four drinks. And maybe only on weekends.

Dr. P.: If you go out with your friends to the bar, will it be easy or difficult to limit your drinking?

Dana: It will be difficult with some of my friends. Some of the people I drink with are pretty rowdy partiers and might tease me if I weren't drinking as much.

Dr. P.: So, if you wanted to drink less, would you be willing to spend less time with your rowdy friends?

Dana: I'm not sure if these are the best people to be spending time with anyway. So, I'm willing to spend less time with the hard-core drinkers.

Dr. P.: So, you've set some specific goals about drinking less alcohol and doing so less frequently. You've set these goals because you think that drinking less will have a positive impact on your health and on the quality of your work. You also realize this may mean making some changes in your social network. I think setting these goals is a really important step for you.

Assessing Stages of Change

Strategy BHV-6. **Assessing stages of change and preparing clients to move steadily toward action**

Theoretical Context

Behavioral approaches to psychotherapy emphasize changing specific actions. However, not all clients entering psychotherapy are ready for change. Prochaska and DiClemente's (1984, 2005) *Transtheoretical Approach* suggests that different approaches to psychotherapy are designed to impact clients at different stages of change, using different processes of change. These authors described the process of change in this way:

> We have been able to identify five basic stages of change: precontemplation, contemplation, preparation, action, and maintenance. A stage of change represents both a period of time and a set of tasks needed for movement to the next stage. . . . Once a client's stage of change is clear, the therapist would know which processes to apply in order to help the client progress to the next stage of change. (Prochaska & DiClemente, 2005, p. 149)

Precontemplation represents a stage in which someone does not recognize that there is a problem or is not thinking about change. Contemplation occurs when an individual becomes aware of a personal problem, sees the negative impact, and begins to consider the possibility of making concrete changes. Preparation indicates that someone is ready to make positive changes in the near future and is setting goals and planning for action. Action is evident when people make overt changes in their behavior or change the environmental conditions that support the problematic behavior. Maintenance occurs after new behaviors have been enacted and involves continuing to make progress and to prevent a relapse in the problematic behavior (Prochaska & DiClemente, 2005).

Strategy Marker

If clients may want to modify their behavior, it will be helpful for a psychotherapist to assess their stages of change. Some clients are not ready to consider change, others are contemplating action, some are preparing for change, and others are already making active changes in their lives. In order to facilitate movement toward action, it is useful for counselors to ask specific questions to understand clients' current attitude toward change and to move them through the process of change, one step at a time.

Suggestions for Use

The simplest way of assessing stages of change is to focus on timing and ask clients when they anticipate changing their behavior. If clients do not anticipate change during the next six months, they can be considered precontemplators. Clients who report that they may make changes within the next six months can be seen as contemplators. If clients plan to change their behavior in the next month, this indicates they are in the preparation stage. Individuals who report behavior changes currently underway are in the action stage. Once changes have been sustained for six months, this indicates the maintenance stage (Prochaska, Norcross & DiClemente, 1994).

Expected Consequence

After assessing clients' stages of change, psychotherapists can adapt their interventions and help clients move toward action one stage at a time. In order to move from precontemplation to contemplation, people must become aware of negative consequences of problems and accept responsibility for the difficulty. A psychotherapist can encourage movement to contemplation by using strategies that encourage consciousness raising, emotional involvement, and evaluation of the environment. To help clients move from contemplation to preparation, counselors can help clients evaluate themselves using both their thoughts and feelings. The preparation stage involves readiness to take action in the near future. During this stage a therapist can help clients set goals and create action plans. Once in the action stage, clients often perceive a sense of self-liberation and counselors often focus on contingency management, counterconditioning, and stimulus control within the context of a helping relationship (Prochaska & DiClemente, 2005).

Case Example

Ben was aware that the source of his discomfort at home was the fact that he was hiding his sexual orientation. Dr. P. wanted to see if Ben was ready to contemplate making any changes in this area of his life.

Ben: I feel really strange living at home and not telling anyone what's really going on. It's like living a double life.

Dr. P.: Is there anything that you might do that would change the situation?

Ben: I'm not at all ready to tell my parents. I don't feel close to my father, and I know that it would really upset and disappoint my mother.

Dr. P.: So, coming out to your parents is not something you can see yourself doing anytime in the next several months.

Ben: I can't imagine ever coming out to them. If I do, it will be a long time from now.

Dr. P.: Do you ever think about talking to one of your sisters or brothers?

Ben: Sometimes I think about telling my older sister. She's a much safer bet than my brothers.

Dr. P.: Does your sister live at home?

Ben: No, but she lives in the next neighborhood, and she comes over a lot.

Dr. P.: What would it be like to talk to your sister?

Ben: I think she'd be cool. She has had a couple gay friends, and she has probably figured it out already.

Dr. P.: If you told your sister, how do you think it would change the situation?

Ben: I think it would just relieve some of the internal pressure I feel. And maybe she could help me figure out if I should ever tell Mom and Dad.

Dr. P.: Are you ready to talk to her now?

Ben: Maybe not immediately but sometime soon. I think I need to think about how to bring it up to her. It would need to be sometime when the rest of the family isn't around.

Dr. P.: Is preparing for this kind of conversation something we should discuss here in therapy?

Ben: Yes. I will definitely need some help figuring out what to say to her.

Dr. P.: This will be a big step for you, and I hope that I can provide a safe place to prepare for this kind of conversation.

Ben: I'd appreciate your help.

Establishing Schedules of Reinforcement

Strategy BHV-7. **Establishing schedules of reinforcement and punishment in order to increase or decrease targeted behaviors**

Theoretical Context

The use of reinforcement is one of the most common applications of operant conditioning used in psychotherapy. Bandura (1969) identified three essential features for the successful application of reinforcement procedures:

> First, one must select reinforcers that are sufficiently powerful and durable to maintain responsiveness over long periods of time while complex patterns of behavior are being established and strengthened. Second, the reinforcing events must be made contingent upon the desired behavior if they are to be optimally effective. And third, a reliable procedure for eliciting or inducing the desired response patterns is essential; otherwise, if they rarely or never occur there will be few opportunities to influence them through contingent reinforcement. (p. 225)

Although reinforcement is frequently associated with *Behavior Modification* within a controlled environment, these procedures can also be adapted to outpatient psychotherapy. When working with high-functioning adults, it is important to involve clients in the selection of rewards that fit their own situation. Reinforcement can take the form of primary reinforcers like food, secondary reinforcers like money, or social reinforcers like approval from significant others. Primary or secondary reinforcers vary widely between individuals, and it will be important to choose rewards that are personally desirable and are meaningfully related to the target behavior.

Strategy Marker

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. For example, some clients may choose food rewards that allow them to eat a favorite food after completing an undesirable but necessary task they have been avoiding. If change is being deterred because of its difficulty, a clear reward can often prompt initial action.

Suggestions for Use

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 (See Strategy BHV-12). For example, you might encourage clients to leave you a

message when they have earned their reward. In this way, the reinforcement serves a social value as well as the more tangible reward. If the initial rewards that you selected with your client do not result in behavior change, it may be necessary to modify the schedule of reinforcement. Although reinforcement has a stronger impact on behavior change, you may want to discuss punishment with your clients as well. For example, if clients engage in a behavior they are trying to avoid, like smoking, they may punish themselves by engaging in an undesirable activity, like cleaning the bathroom.

Expected Consequence

When reinforcement and punishment are used to shape behaviors, the predicted result is behavior change. Generally, reinforcement is most effective when it is custom-tailored to an individual. Therefore, behavior change is a more likely outcome if the schedule of reinforcement has been carefully designed with the client.

Case Example

Dr. P. wanted to help Dana identify some rewards that would reinforce progress toward her goal of drinking less alcohol.

Dr. P.: Now that you've set some goals about drinking, I want to set up an incentive system. Some rewards for you if you meet your goals.

Dana: Okay. Like what? I usually think of drinking as the best reward for anything good that I do.

Dr. P.: That's why it's important to identify some alternative rewards. Some people choose food rewards or social rewards, or sometimes they buy themselves a special treat if they meet a goal. What would be a good reward for you?

Dana: I like to listen to music. Can I buy a CD if I meet my goal?

Dr. P.: That sounds like a good reward. What would you need to do to earn a new CD?

Dana: Well, the biggest problem is getting drunk on the weekends. So, maybe if I don't get drunk on the weekends I can get a new CD.

Dr. P.: What's the definition of "getting drunk?" What's your personal limit?

Dana: No more than three beers. That seems like social drinking to me. After that it gets me in trouble.

Dr. P.: That sounds good. If you meet your goals for a week, you can buy yourself some new music. Since the weekends are the hardest, perhaps you should go shopping for music on Sunday or Monday if you meet your goal for the week.

Dana: Okay, I'll give it a try.

Dr. P.: But, for now, you need to refrain from buying music for yourself if you don't meet the goal. Otherwise the reward won't hold as much value. Okay?

Dana: Okay.

Prescribing Actions

Strategy BHV-8. **Prescribing specific action or assigning homework that activates behavior or alters long-standing patterns**

Theoretical Context

Behavioral psychotherapy often includes prescribing specific actions for the purpose of either activating behavior or generalizing behavioral change from psychotherapy session to new settings outside of therapy. First, behavioral activation is often used in the treatment of depression in order to jumpstart the process of multidimensional change. Christopher Martell and his colleagues describe *Behavioral Activation* in this way:

> The primary targets in Behavioral Activation consist of four main problems (1) inertia, which is often characteristic of depression; (2) avoidance behaviors; (3) routine disruption; and (4) passive ruminative thinking. . . . The bulk of treatment consists of monitoring the relationship between activity and mood through functional analysis. (Martell, Addis & Dimidjian, 2004, p. 157)

The second purpose for prescribing specific actions is to build a bridge between in-session change and behavioral change outside of psychotherapy. Marvin Goldfried and Gerald Davison (1994) described the purpose of homework in this way:

> A number of techniques used by behavior therapists include ongoing homework assignments, in which the client must keep a record of various behavioral events between sessions, or practice certain skills *in vivo*. (p. 27)

Homework allows clients to focus on behavior change in their everyday lives throughout the week and not just during psychotherapy sessions. Keeping track of target actions allows clients to monitor their ongoing progress, and reporting the outcome to a psychotherapist provides a social incentive for behavior change. Practicing skills *in vivo* is often necessary to help clients transfer in-session learning into ongoing action.

Strategy Marker

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. If a client is having a hard time studying for an exam at home, a counselor may suggest that she try studying in new environments like the library or a coffee shop. If someone is having a hard time writing an important report on his office computer, a therapist may suggest sitting outside and writing on a pad of paper. These environmental changes may remove unseen blocks that are impeding progress.

Suggestions for Use

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. When assigning homework, it is important to start by practicing easier skills in nonthreatening situations and gradually move toward more complex or difficult behaviors. It is important to choose actions that represent a natural progression from the work you have been doing in your psychotherapy sessions. You might want to explore possible assignments with open-ended questions like "Given what we've been talking about, what would be the next step for you to take this week?" or "How can you put some of these ideas into practice?" If clients have difficulty identifying a specific action plan, you can make suggestions that fit with the work you've been doing and translate insight into action. It may also be helpful to describe such attempts at behavior change as "experiments" that may or may not lead to the intended result. Even if the results are not perfect, it is important to stress the idea that clients can learn from their initial attempts at action and continue to refine their efforts.

Expected Consequence

If clients engage in suggested actions, then the anticipated result is that they will experience the outcome of new behaviors and will be able to evaluate whether the action should be repeated. In short, the behavior may be reinforced or punished, and this result should be evaluated as new actions are planned. If clients do not comply with homework assignments, the outcome is an opportunity to explore thoughts or feelings that may interfere with behavior change.

Case Example

It has been difficult for Ben to initiate a conversation with his sister about his sexual orientation although he continues to report a desire to do so. Dr. P. wanted to help Ben get started on his plans by identifying specific actions and creating a concrete plan.

Dr. P.: Now that we've talked about some of the things you might say to your sister, would it be helpful to come up with a specific plan for when you might tell her?

Ben: Yes, I guess that would help so I don't chicken out again.

Dr. P.: Okay. When would you like to try and tell her?

Ben: I guess the weekend would be better. She works pretty hard during the week.

Dr. P.: The weekend sounds good. You said earlier that you were wondering about where to tell her.

Ben: I guess doing it at her apartment would be better. That way I wouldn't be afraid that Mom or Dad would walk in on us.

Dr. P.: Okay. Do you want to call her ahead of time and arrange a specific time?

Ben: I guess so. That way it will be harder for me to change my mind.

Dr. P.: Good. When do you want to call her?

Ben: I'll call her tonight and arrange a time to talk this weekend.

Dr. P.: Okay. That's what I'd like you to do. I'd like you to call her tonight and set up a time to talk. How does that sound?

Ben: Good. It sounds scary but good. I think I have to just do this and get it over with so I can deal with the consequences and move on.

Dr. P.: I think this is a very important step even though I know it will be difficult for you. I'm proud of the progress you're making.

Constructing a Hierarchy

Strategy BHV-9. **Constructing a hierarchy of related behaviors or situations that result in different levels of distress in order to identify an intervention strategy**

Theoretical Context

Systematic desensitization is a well-known behavioral intervention used to treat phobias and other forms of anxiety. Systematic desensitization was first developed by Wolpe and combines two key strategies. The first strategy is the construction of a hierarchy:

> An anxiety hierarchy is a thematically related list of anxiety-evoking stimuli, ranked according to the amount of anxiety they evoke. . . . The theme, or common core, of a family of anxiety-evoking stimuli

> most often consists of something that is extrinsic to the patient, such as spiders or criticism; but it may be internal, like a feeling of losing control. Sometimes a number of physically disparate extrinsic stimulus situations induce a common internal response. (Wolpe, 1990, p. 160)

In the context of systematic desensitization, this strategy is combined with exposure (Strategy BHV-10). However, this type of hierarchy can be used with other strategies as well. For example, constructing a hierarchy also serves as a good preparation for assigning homework (Strategy BHV-8) or providing skills training (Strategy BHV-13). A hierarchy can also indicate how pervasive a problem is and point to cognitive or emotional factors as well.

Strategy Marker

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. Clients and therapists then can determine the amount of distress related to each of the stimuli and create a ranked list that represents a hierarchy.

Suggestions for Use

When constructing a hierarchy, it is best to start with the clients' perceptions of the problem and the situations that are most personally relevant. After clients have described the anxiety in their own words and identified the situations that come to mind, then you may want to ask more specific questions or suggest items that might be included on the hierarchy. Once a hierarchy has been constructed, you can talk with clients about the kinds of interventions that might be used to lower anxiety. Of course, you will usually want to start with the easiest situations to build a sense of mastery and success before moving to more challenging settings.

Expected Consequence

When a hierarchy of related behaviors is constructed, the anticipated result is a clearer understanding of the relationship between different anxiety-provoking stimuli and the client's unwanted response. This hierarchy can be used to guide subsequent behavioral interventions related to desensitization, exposure, behavioral rehearsal, or homework.

Case Example

Dana told Dr. P. that alcohol makes her feel less anxious in social situations. To understand this pattern more clearly, Dr. P. wanted to identify some of the situations in which Dana feels a desire to drink and see which of them elicits the most anxiety.

> *Dr. P.:* You've said that there are social situations that make you feel nervous when you aren't drinking. Can you tell me about a few

Dana: It's hard to talk to my friends about what's really going on. I can't really open up about my struggles without drinking.

Dr. P.: What else?

Dana: It's hard for me to meet new people without drinking.

Dr. P.: Is that true for both males and females?

Dana: It's true for both, but it's harder for me to talk to guys than girls.

Dr. P.: So, you've mentioned three different actions that are hard without alcohol; meeting men, meeting women, and opening up to friends. Let's compare these three. On a scale of one to ten, how hard is it to meet a new man?

Dana: Probably an eight. If he's really good looking, then it's nine.

Dr. P.: But, if you're drinking, it becomes easier?

Dana: Yes, maybe down to six.

Dr. P.: How about meeting a woman and becoming acquainted?

Dana: Meeting women is easier than guys. Maybe a six.

Dr. P.: And opening up with a friend you already know?

Dana: That's a little easier. How about five?

Dr. P.: Okay, it sounds like meeting men is hardest, then meeting women, and opening up is the easiest of those three.

Dana: Yes, but all three are hard. And all three are easier when I'm drinking.

Dr. P.: I know alcohol has been helpful for you in these situations. However, if you're going to succeed at accomplishing your goal of drinking less, you will have to find new ways to be comfortable in these situations without alcohol. Does that make sense?

Dana: It makes sense, but it doesn't sound easy.

Exposing Clients to Images or Experiences

Strategy BHV-10. **Exposing clients to distressing images or real-life experiences in order to desensitize them or extinguish problematic conditioned responses**

Theoretical Context

In day-to-day life, people frequently avoid or withdraw from fearful situations. When they withdraw, there is often a decrease in anxiety that serves as negative reinforcement for the avoidant behavior. This reinforcement increases the

likelihood that the person will continue to act in an avoidant manner to reduce anxiety. In order to reverse the pattern, people usually need to spend time with distressing objects, situations, thoughts, images, or feelings. Isaac Marks (1987) described *Exposure Therapy* in this way:

> It has been increasingly realized that the many behavioral treatments that reduce morbid anxiety share a common procedure—continued exposure to the stimulus that evokes anxiety until discomfort subsides. Exposure therapy resembles the way in which repeated presentations of the relevant stimuli habituate and extinguish normal innate and acquired fear. (p. 457)

Human bodies are not designed to sustain a high level of arousal for very long. So, if clients experience exposure over time without engaging in avoidant or compulsive behavior, there is a normal decrease in anxiety that breaks the pattern of reinforcement. Exposure can occur within a counselor's office or *in vivo*—in realistic situations that clients encounter in day-to-day life. Exposure is often accompanied by relaxation training that interferes with the anxiety response that has been acquired and reinforced by avoidance (Goldfried & Davison, 1994).

Strategy Marker

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. Without a psychological intervention, clients often engage in avoidant behavior that actually reinforces the anxiety reaction. Gradual exposure is indicated to overcome this avoidance and to prepare for more adaptive actions.

Suggestions for Use

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. You can help monitor anxiety and support relaxation. Once clients have gained some success in session, it is good to move to *in vivo* practice involving situations that the client has judged as easy on an anxiety hierarchy. Moving back and forth between in session practice and *in vivo* exposure offers the best chance for success.

Expected Consequence

If a client can learn to relax or refrain from avoidant behaviors while imagining or having real-life contact with a fearful stimulus, the anticipated result is an extinction of the conditioned response. When a client is gradually exposed to anxiety-provoking situations while maintaining a relaxed state, the

relaxation inhibits the anxiety and desensitization occurs. Over time, clients can learn that fearful stimuli are not really dangerous.

Case Example

Ben had been unable to talk to his sister because he became so anxious that he did not call her to tell her that he wanted to talk. Ben reported that he still wanted to talk to her but felt very shaky when he started thinking about calling her. Dr. P. decided to use exposure to images in order to prepare Ben for calling his sister.

Dr. P.: In order to help you feel less anxious about talking to your sister, I'd like to try an exercise where you think about talking to your sister while remaining relaxed. Would you be willing to try this with me?

Ben: Okay.

Dr. P.: I'd like you to take some deep breaths and get into a relaxed state.

Ben: Okay.

Dr. P.: How anxious do you feel right now? On a scale from 1 to 100; 100 being the most anxious.

Ben: Not too bad. Maybe 40.

Dr. P.: Good. I'd like you to try to stay relaxed as you imagine picking up the phone to call your sister. Picture the phone in your hand . . . How are you feeling?

Ben: More tense. Maybe 55.

Dr. P.: Stay with the image of the phone and see what happens to your anxiety.

Ben: It's starting to go down. Maybe 45.

Dr. P.: Okay, now I'd like you to imagine dialing the number and staying as relaxed as you can . . . How are you feeling?

Ben: Not bad. It went up a bit but it's back down to about 45.

Dr. P.: Good. Let's take the next step. I'd like you to imagine saying hello to your sister and telling her that you have something you'd like to talk about this weekend.

Ben: Oooh. That's really hard.

Dr. P.: How anxious do you feel?

Ben: Way up there. Maybe 80 or 85.

Dr. P.: Stay with that image, and see if the anxiety stays high or if it drops. Think again about telling your sister that you'd like to talk to her this weekend . . . What's going on now?

Ben: It's dropping a bit. Maybe down to 70.

Dr. P.: Let's stay with that same image and see what happens. Try to calm yourself through breathing as you stay with the image of telling your sister that you have something important you'd like to tell her . . .

Ben: It's starting to get a little easier. Maybe down to 60.

Dr. P.: That's good. By staying with the image and focusing on your breathing, you calmed yourself down from 85 down to 60. That's a really good start.

Fostering Acceptance

Strategy BHV-11. **Fostering acceptance of uncomfortable thoughts, feelings, or sensations rather than taking action to try to change or avoid them**

Theoretical Context

Although many behavioral interventions focus on actions and help clients overcome external fears, this strategy focuses on uncomfortable internal experiences and encourages clients not to take direct action. Steven Hayes and his colleagues have developed a new behavioral treatment called *Acceptance and Commitment Therapy* (Hayes, Strosahl & Wilson, 1999). An important part of this approach is helping clients accept uncomfortable private experiences they may be avoiding:

> Acceptance is not merely tolerance—it is the active nonjudgmental embracing of experience in the here and now. Acceptance involves undefended "exposure" to thoughts, feelings, and bodily sensations as they are directly experienced to be. . . . What is important during these exercises is that the person let go of regulating private events and expose him- or herself to these events without the use of safety behaviors. (Hayes, 2004, p. 21)

Instead of taking action to change the human experience, "acceptance is defined as a willingness to experience internal events . . . in order to participate in experiences that are deemed important and meaningful" (Orsillo, Roemer, Lerner & Tull, 2004, p. 76). Three types of acceptance were described by Alan Fruzzetti and Kate Iverson (2004): (1) *Distress Tolerance* involves accepting an aversive stimulus without trying to change it in order to reach a goal; (2) *Transforming the Stimulus* entails accepting a negative stimulus by shifting attention to another stimulus that results in different responses; and (3) *Acceptance in Synthesis with Change* involves accepting an

undesirable situation while also taking action to change the situation. Fruzetti and Iverson (2004) also pointed out that mindfulness (Strategy COG-11) often leads to acceptance.

Practice Marker

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. If clients are experiencing internal sources of distress that are difficult to change, it may be helpful to encourage acceptance rather than action.

Suggestions for Use

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. For example, a client may be experiencing guilt about driving while intoxicated and injuring another driver in a car accident. The client may engage in experiential avoidance by not thinking or talking about the accident. As a psychotherapist working with this client, you may be able to help the client talk about the accident and explore uncomfortable feelings without fear of judgment. The goal may be to help the client accept his feelings of guilt and responsibility rather than avoiding them. By giving clients time and space to explore private distress, they may be able to become more comfortable with distressing internal stimuli and may not need to engage in avoidance behaviors that may result in psychological symptoms.

Expected Consequence

If psychotherapists foster acceptance of uncomfortable thoughts, feelings, or sensations, the predicted outcome is decreased experiential avoidance and fewer negative psychological symptoms like anxiety. If clients are encouraged to accept uncomfortable thoughts, feelings, or physical sensations, then they may be less disappointed in their failure to change these responses. The consequences of acceptance should include both distress tolerance as well as more effective solutions that involve the synthesis of acceptance and change (Fruzetti & Iverson, 2004).

Case Example

In addition to drinking in social situations, Dana also reported drinking alone when distressed or upset about work. Dr. P. wanted to help Dana accept her uncomfortable thoughts and feelings without using alcohol to mask or avoid them.

Dr. P.: What kinds of things are triggers for drinking alone?

Dana: Usually when I get in trouble at work. When I mess up and get scolded by my boss or some of the other people in my office look down on me.

Dr. P.: How does that impact your desire to drink?

Dana: When I'm home alone after a bad day at work, I usually drink to not feel so bad.

Dr. P.: What kind of bad feelings are you trying to avoid?

Dana: I guess feeling like a screw-up. Feeling like I'm worthless.

Dr. P.: So, when you feel worthless and think you have screwed up, those are experiences you want to avoid by getting drunk. Is that right?

Dana: Yes.

Dr. P.: I want to try something today that might help you accept these uncomfortable thoughts and feelings so you might not need to get drunk to avoid them. Are you willing to try something different?

Dana: Getting drunk isn't working very well. So, yes, I'm willing.

Dr. P.: What I want to try and do is to help you accept and experience these uncomfortable thoughts and feelings without trying to change them.

Dana: Okay. How do I do that?

Dr. P.: I'm going to ask you to think of something upsetting that happened at work. Then I'm going to ask you to turn toward the idea that you screwed up and the worthless feelings rather than turning away from them.

Dana: Then what?

Dr. P.: Then we are going to see what happens when you don't turn away. We will see if the feelings get worse and eventually overwhelm you or if you can tolerate more distress than you thought. Are you willing to give this a try?

Dana: Okay.

Dr. P.: Tell me about something at work that was upsetting.

Dana: I lost some files that we needed on an old account.

Dr. P.: What were your thoughts?

Dana: I am such a screw-up. I deserve to be fired.

Dr. P.: Let's stay with those thoughts even though they are uncomfortable. What are you feeling?

Dana: Awful. Worthless.

Dr. P.: Okay. Let's stay with both the thoughts and feelings. I screwed up at work. I feel awful. Can you say those things?

Dana: I screwed up at work. I feel awful.

Dr. P.: Let's not try to change your experience. Let's see what happens if you stay right there. Are these the types of experiences that make you want to drink? If you were home alone feeling this way, would you want to drink?

Dana: Yes, I'm feeling that jittery kind of feeling that makes me want to drink.

Dr. P.: Instead of drinking, we are going to see what happens if you simply accept the bad feelings and let your body absorb it. Try and say it again, "I screwed up at work. I feel awful."

Dana: I screwed up at work. I feel awful.

Dr. P.: Stay with that for a few more moments . . . Is it getting worse? Are the feelings changing?

Dana: It got worse for a while. Then it didn't seem quite so bad. Everybody at my office screws up. The whole place is so disorganized that no one can find anything.

Dr. P.: How do you feel?

Dana: I feel discouraged, but I don't feel awful. I don't even know if I was the one who lost the files.

Dr. P.: So, staying with the upsetting thoughts and accepting the bad feelings led to a change in perspective and less worthlessness. You did this by simply experiencing your thoughts and feelings rather than drinking them away. This type of acceptance may be a useful skill for you to cultivate. I'd like for us to talk about some ways you can practice this on your own.

Encouraging Commitments

Strategy BHV-12. **Encouraging clients to identify their values and make commitments to actions that are consistent with personal values**

Theoretical Context

Encouraging new behaviors often involves tapping into internal values that may support a commitment to more effective actions. One of the main goals of *Acceptance and Commitment Therapy* (ACT; Hayes, Strosahl & Wilson, 1999)

is to teach behavioral persistence supported by a commitment to actions that are related to chosen values. Hayes (2004) explained the relationship between values and commitments in this way:

> Values are chosen qualities of action that can be instantiated in behavior. . . . Once values are clearer, concrete goals (achievable things or events) are identified that instantiate a valued path, and specific behaviors that might lead to these goals are described. . . . ACT uses homework and behavioral exercises to build larger and larger patterns of effective action. Specific commitments are made in specific areas, generally starting small, but quickly expanding. (Hayes, 2004, p. 22–23)

Identifying values and making specific commitments is likely to provide clients with a clear direction and increased motivation for working toward goals in psychotherapy. Instead of focusing on increasing pleasant events (as part of behavioral activation as described in Strategy BHV-8), the emphasis here is on increasing the amount of time and effort clients spend engaging in valued actions and events (K. G. Wilson & Murrell, 2004).

Practice Marker

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. When clients convey a lack of meaning, purpose, and vitality, then values may be a useful focus for psychotherapy. When clients are not acting in accord with personal values, it may be useful to explore barriers that are interfering with value-based actions.

Suggestions for Use

In order to promote adaptive actions, it may be important to explore and assess clients' values. With most clients, this may start with a general question like "In a world where you could choose to have your life be about something, what would you choose?" (K. G. Wilson & Murrell, 2004, p. 135). In some cases, the exploration of values might include more structured assessment using an instrument like the Valued-Living Questionnaire (K. G. Wilson & Groom, 2002) that asks clients to rate the value of ten different domains of life. Once values have been identified, you may want to explore the barriers to value-based actions. These barriers may involve thoughts like "It's not worth the effort" or feelings like fear of failure. You may need to work through these thoughts and feelings to help clients act in accord with their chosen values.

Expected Consequence

When psychotherapists help clients identify their values and make behavioral commitments, the likely outcome is more consistent and effective actions. Values are used to provide both direction and motivation. Valued actions are chosen in

the service of meaning, fulfillment, and vitality. The exploration of values can also lead to the identification and reduction of barriers that block value-based action.

Case Example

As Ben prepared to tell his sister that he was gay, Dr. P. wanted to help him become more aware of values that might support a commitment to desirable actions.

Dr. P.: We've been talking a lot today about what to do when you talk to your sister this weekend. I'd like to shift the focus for a few minutes and look at another dimension.

Ben: What's that?

Dr. P.: I wanted to see if we could identify the values that underlie what you're trying to do. I want to talk about *why* you want to talk to your sister.

Ben: I guess it's because I want to feel close to someone in my family.

Dr. P.: So, one of the reasons we're focusing on how to change your actions is because you value your family.

Ben: I do value my family, and I guess that's one reason I don't want my parents to know I'm gay right now. I think that might hurt the family.

Dr. P.: But with your sister, you think you might be able to feel closer to her if you talk about your sexual orientation.

Ben: I hope so.

Dr. P.: I find it interesting that the same value, of wanting to be close to your family, is impacting your behavior differently with different family members. With your parents, it's resulting in trying to protect them by maintaining some privacy. With your sister, the same value is motivating you to reach out and open up to her.

Ben: I hadn't thought about it that way, but I think you're right. I think the same value is pointing me in different directions.

Dr. P.: Based on the value of wanting to feel close to your family, what do you want to do? Does this awareness open up any options for action?

Ben: I think that knowing that I value my family will make it easier for me to talk to my sister this weekend.

Dr. P.: That's something you feel more committed to, based on your values?

Ben: Yes.

Dr. P.: What about your parents? Is there an action that you want to commit to, based on the way you value your family?

Ben: Coming out to them may or may not happen in the future. That's a long-term problem I need to solve. But, in the meantime, I guess I need to find ways to relate to them.

Dr. P.: Ways to value them?

Ben: Ways to value them and relate to them without worrying about the future. I want to talk to them about my internship and ask them about their lives. If I establish a better relationship with them now, I think it will be easier to figure out if and when I should tell them I'm gay.

Dr. P.: I think it's important that you are aware of how much you value your family as you decide which actions to choose.

Providing Training and Rehearsal

Strategy BHV-13. **Providing skills training and behavioral rehearsal related to therapeutic goals**

Theoretical Context

Skills training and behavioral rehearsal are important behavioral strategies that focus on helping clients acquire new skills and adaptive actions. In the context of *Behavior Therapy,* two important areas of skills training are relaxation and assertiveness training. Both relaxation and assertiveness are used to interrupt a client's classically conditioned anxiety. Wolpe (1990) thought that assertiveness was important because "assertive behavior is the socially appropriate verbal and motor expression of any emotion other than anxiety" (p. 135). He assumed that assertive behavior would inhibit the anxious response that he was trying to extinguish. Although assertiveness and relaxation training are important skills for many clients, other types of social skills can also be effectively taught and supported in psychotherapy. As a counselor, you will be able to adapt the idea of skills training to the specific needs of your clients. Closely related to skills training is the idea of behavioral rehearsal that has been defined in this way:

> As viewed from a behavioral frame of reference, behavioral rehearsal is used primarily in helping the client to learn new ways of responding to specific life situations. . . . The function of behavior rehearsal is . . . to train new response patterns. (Goldfried & Davison, 1994, p. 136–137)

By practicing new actions with the support and guidance of a therapist, the client is more likely to acquire the new response patterns that may then be generalized to real-life settings.

Strategy Marker

When clients do not know how to respond to certain situations with adaptive actions, it may be helpful to provide training in specific skills. Once effective skills have been introduced, the opportunity to practice these skills will increase the likelihood that they will be used in real life outside of a psychotherapy session.

Suggestions for Use

In order to adopt new, more effective actions, clients often need instruction in specific skills such as relaxation, assertiveness, or social skills. You may want to think of behavioral rehearsal as analogous to rehearsing a theatrical production. As a psychotherapist, your role is similar to that of a director who wants to help the actors learn their lines so that everything goes smoothly on opening night. The more comfortable a client feels practicing their new actions and anticipating possible variations with you, the more likely they are to succeed in reaching their goals. Once new actions are practiced in a psychotherapy session, it is important to prepare for transferring this learning by planning for action in real life.

Expected Consequence

When skills training and behavioral rehearsal are used, the intended result is a greater repertoire of possible behaviors and decreased anxiety when these actions are put into practice. Effective behaviors such as assertiveness actually interfere with maladaptive anxiety that motivates many clients to enter psychotherapy.

Case Example

Dana wants to let some of her friends know that she wants to drink less but is afraid of how they'll react. Dr. P. wants to help her prepare for such a conversation.

Dr. P.: If you were with some of your friends and wanted to turn down a drink, what would you say?

Dana: I don't know. I don't want anyone to think that I'm an alcoholic or anything.

Dr. P.: What could you tell them that would be true but was respectful of your privacy?

Dana: I guess I could say that I don't like the way I feel when I get drunk.

Dr. P.: That sounds good. Let's try a little role-play. I'll be one of your friends, okay?

Dana: Okay.

Dr. P.: Hey, Dana, do you want another beer? I'm buying another pitcher.

Dana: No thanks.

Dr. P.: No thanks? What's up with you? I can't recall you ever turning down beer?

Dana: I just don't feel like drinking any more tonight.

Dr. P.: Why not?

Dana: I don't really like the way I feel after I get drunk anymore. I have to get up early tomorrow.

Dr. P.: You're starting to sound like my cousin in AA. You're not going to get weird on me are you?

Dana: No. I'm not going to get weird. I'm just not going to drink as much as I used to. Are you cool with that?

Dr. P.: Good. Very nice. How did it feel to say those things?

Dana: It felt fine. I think it'll be harder for real.

Dr. P.: What did you say that you want to make sure you remember?

Dana: I liked it when I said, "I'm just not going to drink as much as I used to."

Dr. P.: I liked that too. That will be a good line to remember.

Coaching and Shaping

Strategy BHV-14. **Coaching clients, providing social reinforcement, and shaping behavioral patterns**

Theoretical Context

Part of a behavioral focus in psychotherapy involves assuming the role of a coach who provides feedback, reinforces appropriate progress, and gradually shapes more complex patterns of effective behavior. Here is the way Goldfried and Davison (1994) described the use of coaching:

> In addition to the use of modeling procedures, the client may at times require *coaching*. One of the principle uses of coaching is to provide the client with information about the appropriateness of his behavior. . . . When used together with rehearsal procedures, coaching appears to provide the client with information as to *what* he should

> say or do in any given situation, whereas rehearsal provides actual practice in *how* to do it. (p. 145)

Coaching allows psychotherapists to use their experience as behavior-change experts to help clients come up with effective plans for action. Prochaska and Norcross (1999) have suggested that coaching is particularly helpful during the preparation stage of change (see Strategy BHV-6). This strategy recognizes that part of psychotherapy involves providing social reinforcement that will reward positive changes. Clients usually want to please their counselors, and this provides an opportunity to reward positive progress. This strategy also allows therapists to use shaping to help clients accomplish closer approximations as they move toward their ultimate goals and to chain together sequences of simple behavior to accomplish more complex tasks. As clients perform more difficult or complicated actions, a psychotherapist can engage in troubleshooting and help clients solve problems and refine their actions.

Strategy Marker

When clients are preparing for behavior change, a psychotherapist can provide feedback about planned action. As clients attempt to change their behavior, a counselor can provide information about the effectiveness of their actions. For example, if a client is trying to increase her effectiveness as a mother, a therapist can help evaluate what strategies might be most effective and how these changes might impact other family members.

Suggestions for Use

When coaching clients, it is important to provide positive feedback first and to build on existing strengths. It is important to remember that reinforcement is more effective in shaping behavior than punishment. When constructive feedback is shared, it should be provided in a way that encourages slow and steady progress toward agreed-upon goals. Effective coaching involves breaking down complex actions into smaller steps that can be learned and combined into more sophisticated behavior patterns.

Expected Consequence

The anticipated outcome of coaching is steady movement toward effective action. Feedback and reinforcement are expected to refine clients' actions in a way that results in the attainment of desired goals. Psychotherapy is expected to provide a safe environment in which new behaviors can be practiced and refined with the encouragement of an experienced coach.

Case Example

After Ben told his sister he was gay, he wasn't sure how well it had gone. During his next session with Dr. P., she tried to provide encouragement and positive feedback about the big step he had taken.

Dr. P.: It sounds like you took a really big step by coming out to your sister.

Ben: I'm not sure it went very well. I'm relieved it's over, but I'm not sure if it was really the right thing to do.

Dr. P.: Tell me something that you are pleased about.

Ben: I'm glad that I did it. I'm glad I didn't chicken out.

Dr. P.: What helped you go ahead and not chicken out?

Ben: It helped that I called her and told her ahead of time that there was something important I had to tell her. It helped that we set aside some time to talk privately at her place.

Dr. P.: I'm glad that turned out to be a helpful idea. How did you tell her?

Ben: I told her that I had always felt close to her growing up and that I was sad that I'd done something that may have let us drift apart.

Dr. P.: So, you started by affirming the importance of your relationship. I think that was a great way to start with something positive.

Ben: Then I kind of told her the story starting in high school and moving through college. Realizing I was different. Not knowing what that meant. Feeling guilty about disappointing the family. Telling her that I realized in college that I was gay after I started making friends with other gay guys.

Dr. P.: How did she react?

Ben: She cried at first. Then she told me that she had thought for a long time that I might be gay. Since high school. She said she was afraid to ask but was glad I finally told her. At the end, she hugged me and told me she loved me.

Dr. P.: So, overall, it was a positive outcome?

Ben: Overall. But a couple things hurt my feelings.

Dr. P.: Like what?

Ben: She said she would love me no matter how different I was. It felt a little like she was seeing my sexual orientation as a disability or something.

Dr. P.: I understand why that hurt. Can I ask you a question about that?

Ben: Sure.

Dr. P.: How long did it take you to stop viewing your sexual orientation as a disability?

Ben: Wow. It took me five or six years to see this as an okay, normal part of me. You think I'm expecting too much of her too soon?

Dr. P.: Perhaps. I think you need to be patient and accepting with her as she learns how to relate to you in a new way. Just like you need her compassion and acceptance.

Ben: I think I see what you mean. She might step on my toes even though she cares for me and wants to support me. Is that what you are saying?

Dr. P.: That's right. So, I want to congratulate you for taking a big step forward. But I want to encourage you to let this soak in for a while. I want you to realize that although you've passed an important milestone, this is only one portion of the journey. You and your sister still have a long way to go together.

CHAPTER SUMMARY

This chapter introduced a method of behavioral conceptualization focusing on actions and utilizing principles from operant and classical conditioning. From an operant perspective, it is helpful to identify specific behaviors a client wants to increase or decrease and to identify relevant patterns of reinforcement that may need to be altered. A behavioral conceptualization also uses a classical conditioning perspective to look closely at the environment to identify stimulus-response patterns that may be resulting in unwanted responses.

Fourteen different behavioral strategies were described that can be used in psychotherapy to encourage more adaptive actions. These strategies were drawn from *Behavior Therapy* and *Behavior Modification,* as well as other action-oriented approaches including *Reality Therapy,* the *Transtheoretical Approach, Exposure Therapy,* and *Acceptance and Commitment Therapy.* The first four strategies look closely at actions in the context of the environment. (BHV-1) *Clarifying the Impact of Actions* allows a counselor to understand how actions are impacting thoughts, feelings, and other dimensions of functioning. (BHV-2) *Illuminating Reinforcement and Conditioning* helps clients understand how the environment may be shaping their actions in obvious or subtle ways. (BHV-3) *Identifying Target Actions* encourages clients to make choices about behaviors they would like to increase or decrease in order to set measurable goals. (BHV-4) *Determining Baselines* allows clients to get a clear picture of their current behavior so that change can be observed.

The next four key strategies are designed to initiate the process of active behavioral change. (BHV-5) *Encouraging Active Choices* allows clients to decide what changes they want to make, based on a realistic assessment of

their current situations. (BHV-6) *Assessing Stages of Change* allows a counselor to understand the change process and encourage clients to contemplate change or prepare for action. (BHV-7) *Establishing Schedules of Reinforcement* allows clients to identify rewards and manage contingencies that increase the likelihood that change will occur. (BHV-8) *Assigning Homework* encourages clients to take action outside of psychotherapy sessions in order to translate goals into adaptive behaviors.

The next three behavioral strategies are designed to help clients deal with fearful stimuli and other distressing situations. (BHV-9) *Constructing a Hierarchy* allows clients to identify more and less distressing situations so that change can occur in manageable steps. (BHV-10) *Exposing Clients to Images or Experiences* is used to extinguish maladaptive responses and overcome the avoidance of fearful situations. (BHV-11) *Fostering Acceptance* is helpful when clients cannot change undesirable situations or internal events like physical pain or troublesome thoughts or feelings.

The last three strategies are designed to promote and support the ongoing process of behavioral change. (BHV-12) *Encouraging Commitments* allows a counselor to identify important values and help clients translate them into adaptive actions. (BHV-13) *Providing Training and Rehearsal* provides a way for clients to learn new skills and prepare to use them in real life. (BHV-14) *Coaching and Shaping* allows a therapist to play an active role in reinforcing adaptive behaviors and providing helpful guidance based on professional experience. All of these behavioral strategies can be used in combination with strategies from other theoretical traditions in order to address the interaction between actions and other dimensions of human functioning. These behavioral ideas remind us that all psychotherapy should result in observable changes in the way clients act and respond to their environments.