

Key Strategies Training

Lesson 6:

Using Behavioral Strategies to Explore Actions

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Three Foundational Theories

- Cognitive Therapy (Beck)
- Emotion-Focused Therapy (Greenberg)
- **Behavioral Therapy (Martell's Behavioral Activation)**



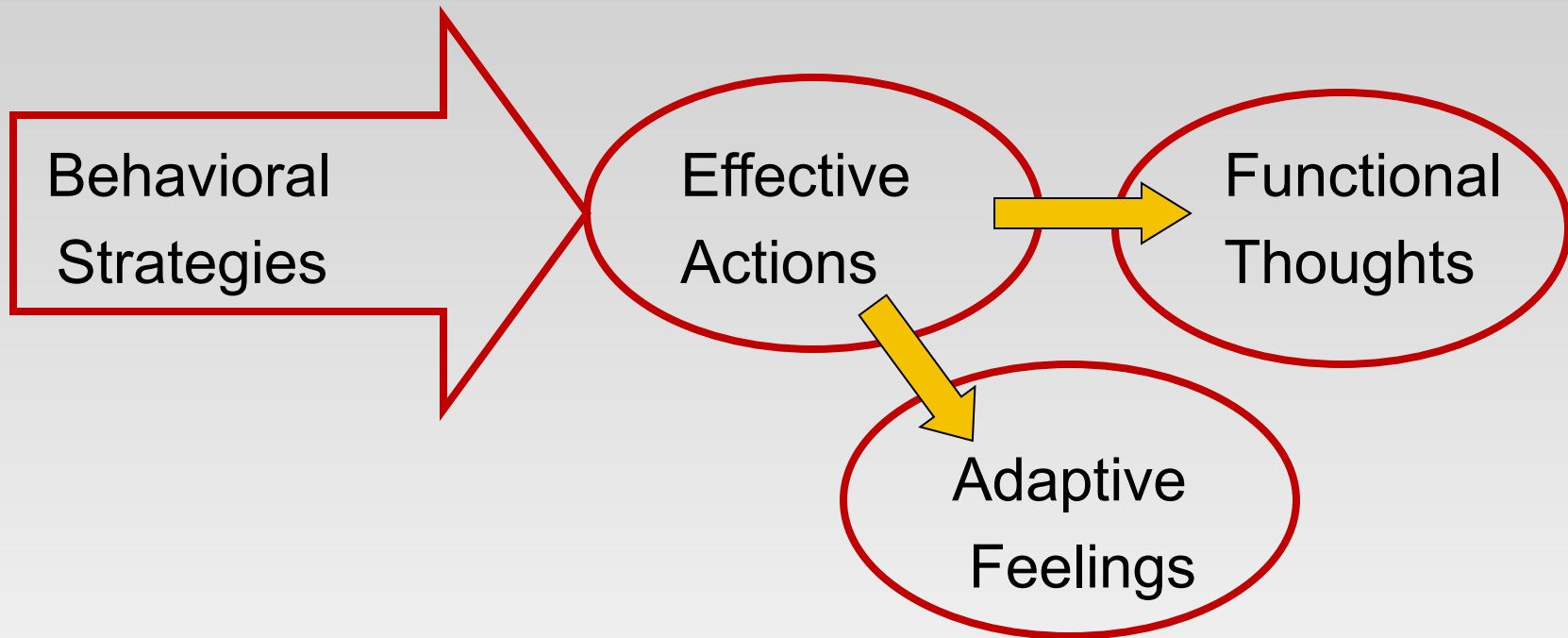
KST Lesson Plan

1. Parallel Strategies for Exploration and Change
2. Exploring Thoughts: COG-1 – COG-4
3. Changing Thoughts: COG-5 – COG-8
4. Exploring Feelings: EFT-1 – EFT-4
5. Changing Feelings: EFT-5 – EFT-8
- 6. Exploring Actions: BHV-1 – BHV-4**
7. Changing Actions: BHV-5 – BHV-8
8. Using a Multidimensional Survey to Choose a Focal Dimension

Behavioral Strategies

- Behavioral psychotherapy focuses on actions and uses these behaviors as a point of clinical leverage to encourage multidimensional change.
- Behavioral strategies support effective actions or reduce maladaptive conditioned responses.
- Effective actions help people meet their needs, attain their goals, or avoid undesirable consequences.

Behavioral interventions are designed to have a primary impact on actions and a secondary impact on thoughts and feelings.



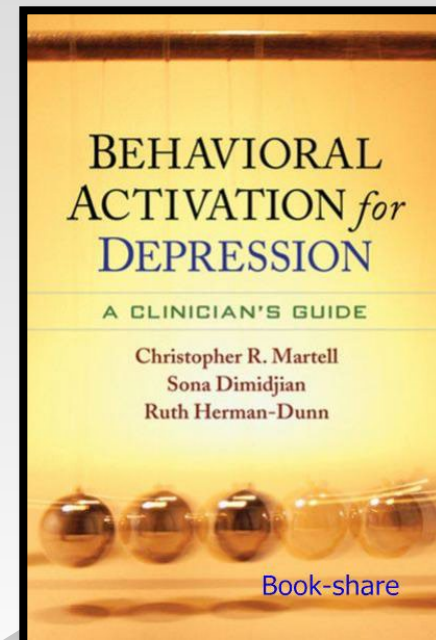
Behavioral Activation

Source:

- Behavioral Activation for Depression: A Clinician's Guide (Martell, Dimidjian, & Herman-Dunn, 2010)

Behavioral Activation (BA)

- Demonstrated effectiveness
- Versatile, stand-alone treatment
- Action focused
- Based on operant conditioning



Exploring Action

“The job of the BA therapist
is to engage the client in a careful
and detailed examination of...behaviors”

(Martell et al., 2010, p. 25)



Strategies for Exploration

- **BHV-1:** Focusing on actions
- **BHV-2:** Understanding triggers, functions, and impact
- **BHV-3:** Analyzing effectiveness
- **BHV-4:** Discovering patterns of reinforcement



BHV-1: Focusing on Actions

Focusing on actions related to clients' presenting concerns

Strategy Marker

When clients don't realize how their behavior may be related to psychological problems, it may be helpful to focus on actions.



BHV-1: Focusing on Actions

Theoretical Context

According to Martell, Dimidjian, and Herman-Dunn (2010), “the job of the BA therapist is to engage the client in a careful and detailed examination of...behaviors” (p. 25).



BHV-1: Focusing on Actions

Suggestions for Use

In order to facilitate focusing on behaviors, the therapist may begin by asking about what clients are doing. The therapist should try to understand clients' actions in concrete terms by breaking concerns down into small, manageable action points.



BHV-1: Focusing on Actions

Expected Consequence

When therapists focus on actions, it is expected that clients will gain insight into how their current actions contribute to and perpetuate negative thoughts and feelings.



BHV-1: Focusing on Actions

Example:

- Client:** *Nothing is going right. I'm doing awful in school. I just want to lie in bed all the time and stay away from everybody. I miss my friends, but it's just too hard.*
- Counselor:** *Sounds like you're feeling so bad that it's making it difficult to do your normal activities. So what do you do instead?*

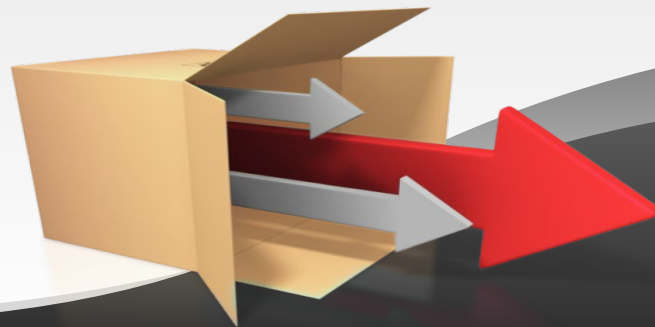


BHV-2: Triggers, Function, and Impact

Understanding the triggers, functions, and impact of specific actions

Strategy Marker

Once a firm understanding of client concerns in behavioral terms has been reached, it is important to gather information about the antecedents and consequences of those behaviors.



BHV-2: Triggers, Function, and Impact

Theoretical Context

Martell and colleagues (2010) suggested that understanding the impact of client actions involves noticing “what precedes and what follows important behavior. People are generally unaware of the connections interlocking various situations, activities, and feelings...Detecting such relationships helps guide the identification of the behavioral target of treatment” (p. 64)



BHV-2: Triggers, Function, and Impact

Suggestions for Use

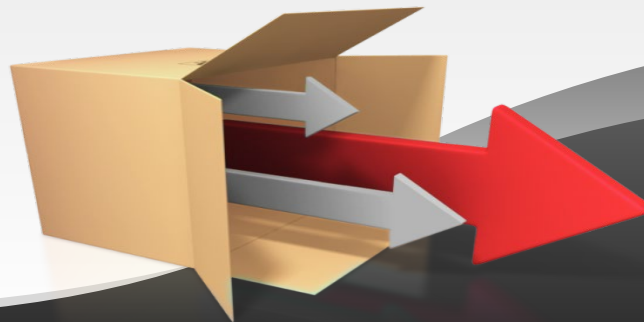
In order to understand the impact of actions, the therapist may listen to the client's description of specific behaviors and ask about behavioral triggers (e.g., "When does it happen?"), functions (e.g., "How do you benefit?"), and impact (e.g., "What happens next?").



BHV-2: Triggers, Function, and Impact

Expected Consequence

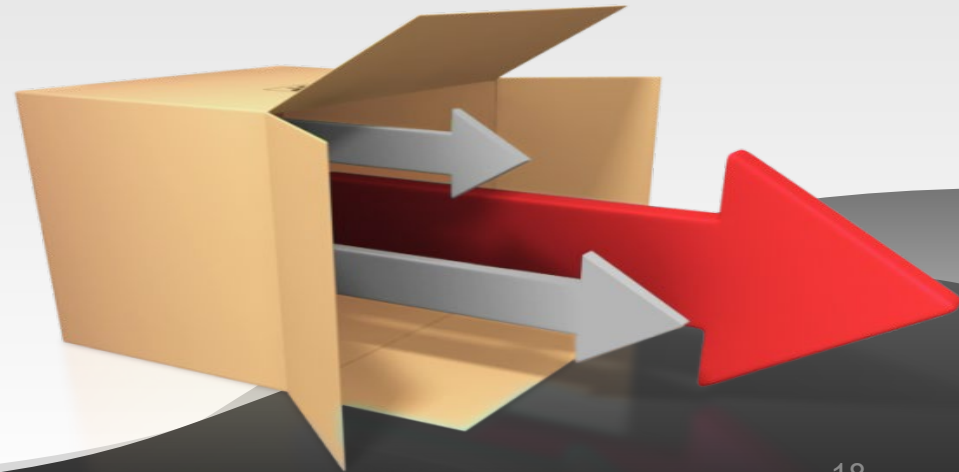
By exploring the impact of actions, clients will likely gain insight into *why* they continue to act in ways that are incongruent with their desired way of being, and acknowledge secondary gains to their behaviors that they were previously unaware of or chose not to accept.



BHV-2: Triggers, Function, and Impact

Example:

- Client:** *Nights are the worst for me. I usually feel awful at night.*
- Counselor:** *What happens for you at night that makes you feel worse? Can you give me an example?*



BHV-3: Analyzing Effectiveness

Strategy Marker

Once the impact of actions has been understood, it may be helpful to identify specific actions that appear to be effective or ineffective to identify which behaviors to increase and which ones to decrease.



BHV-3: Analyzing Effectiveness

Theoretical Context

When analyzing actions, Martell and colleagues (2010) suggest that, “behaviors to increase include those that are likely to bring the client into contact with positive reinforcement in the environment...Behaviors to decrease are those that make the client’s life more difficult or interfere with managing one’s needs; typically these are avoidance patterns” (p. 65).



BHV-3: Analyzing Effectiveness

Suggestions for Use

So as to encourage the process of analyzing actions, the therapist may ask the client, “What are things you do that seem to make problems better?” or “What are things you do that seem to make problems worse?”



BHV-3: Analyzing Effectiveness

Expected Consequence

When actions are analyzed, it is expected that the client and the therapist will gain increased awareness into *how* particular actions are impacting the client. This phase of assessment is useful in treatment planning, and prepares both client and therapist for subsequent interventions aimed at increasing effective behaviors, and decreasing ineffective behaviors.

BHV-3: Analyzing Effectiveness

Example:

- Client:** *I got ready to go to the party, but then I just felt too depressed. I felt relieved at first when I decided not to go to the party, but later I felt lonely.*
- Counselor:** *Sometimes we get stuck in the habit of doing things that make us feel better in the moment but end up making us feel worse later, like avoiding friends. We're going to try to break those habits by replacing activities that keep you stuck with activities that help you. What are things you already do that that help you to feel better?*



BHV-4: Discovering Reinforcement Patterns

Discovering patterns of reinforcement that shape current actions

Strategy Marker

Once behaviors have been described, it may be helpful to discover patterns of client behavior and reinforcement.



BHV-4: Discovering Reinforcement Patterns

Theoretical Context

Martell and colleagues (2010) describe this process in the following way: “Therapists can identify avoidance by being on alert for behavior that helps a client keep something aversive from happening...To the extent that the behavior is likely to recur as a result of escape and avoidance, we can then say that it has been negatively reinforced” (p. 116).



BHV-4: Discovering Reinforcement Patterns

Suggestions for Use

In order to discover patterns, it is important that the therapist develop a sophisticated understanding of the client's actions by teasing out similarities and differences between behaviors. The therapist may differentiate between similar events by asking the client, "What was similar about this event?" and "What was different?"



BHV-4: Discovering Reinforcement Patterns

Expected Consequence

When patterns of reinforcement have been explored, it is predicted that the therapist and client will develop a more comprehensive understanding of client concerns, and how ineffective actions are perpetuated.



BHV-4: Discovering Reinforcement Patterns

Example:

- Counselor:** *When you call in sick to work, how do you feel?*
- Client:** *I feel relieved at first, but later I feel guilty and depressed.*
- Counselor:** *So initially it feels pretty good. That would help to explain why you call in sick, even when it causes problems later.*



