Clinical Behavior Analysis

Introduction

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The purpose of the second section of the mini-series on clinical behavior analysis (the first section appeared in Vol. 16, No. 2, Fall, 1993) is to illustrate the actual applications of clinical behavior-analytic procedures. In the first paper, Hayes and Wilson describe the basic components, techniques, and goals of Hayes's action and commitment therapy (ACT). The conceptual rationale for the approach, which is based largely on recent work in the experimental analysis of verbal behavior in general and stimulus equivalence or relational responding in particular, was laid out in the first section. In their present paper, the authors incorporate actual therapy transcripts to illustrate the approach, which is one of the very few comprehensive treatment approaches based squarely on behavior-analytic principles and assumptions.

Another behavior-analytically based clinical approach, Kohlenberg and Tsai's functional analytic psychotherapy (FAP), is described in the second paper. Again, its underlying rationale was laid out in the first section. In the present paper, the authors describe how FAP was used to supplement cognitive-behavioral interventions with a depressed client.

In the third paper, Dougher and Hackbert provide a behavior-analytic account of depression. The paper extends Fester's original functional analysis of depression in an attempt to offer a comprehensive account of the major symptoms that define depressive disorders. In addition, they provide case material to illustrate how a combination of ACT and FAP was used to treat a depressed client.

As was stated in the introduction to

the first section, the primary focus of clinical behavior analysis is on the verbal processes involved in the development, maintenance, and modification of clinically relevant behavior. Although this focus quite naturally leads to an examination of the therapeutic context, it also includes the larger social context and the social and cultural contingencies that generate and maintain problematic behavior. In that regard, two papers are included in this section that focus specifically on community-based interventions to alter behavior. The paper by Biglan, Metzler, and Ary describes community-based interventions to promote productive child-rearing practices. Given the myriad social and clinical problems attributable at least in part to ineffective and pathogenic child-rearing styles, it is hard to imagine a topic more compelling or important for behavior analysis.

The final paper, by Wulfert and Biglan, describes a contextual approach to research on AIDS prevention. The authors rightly note that, although more cognitively oriented models of AIDS-risk behavior permit useful predictions, the actual control of that behavior can only come from an analysis of the context within which the behavior occurs. The authors go on to identify important areas of research and intervention to stop the spread of this dreadful epidemic.

As was stated in the introduction to the first section of this mini-series, our purpose is to describe current developments in clinical behavior analysis and to stimulate research and discussion. We hope that this mini-series facilitates these goals.