



Relationship between the client's adaptive verbalizations and the therapist's verbal behaviour in the clinic context



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ABSTRACT

Today's clinical psychology advocates for empirically validated treatments. This supports the need for outcome-driven research, but may overlook the importance of process-driven research, which can respond to the question of why psychological treatments work. Functional analysis of behaviour has received a new boost with the emergence of the *third wave* of psychological therapies, which stress the importance of verbal behaviour in therapy as a way to access and modify client problems. The case presented in this work was analysed in order to make an approach to the strengthening processes that take place in therapy through verbal interaction. First, we developed and applied a categorization system of client's adaptive verbalizations. We found that this type of verbalizations increase significantly after the first few sessions, remain high in the middle sessions, and gradually decrease towards the end of the therapy. We subsequently developed and used a system of categorization of therapist's verbal behaviour. We found that agreeable verbalizations were concentrated in the middle sessions, being replaced by other verbalizations in the final sessions.

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La relación entre las verbalizaciones adaptativas del cliente y el comportamiento verbal del terapeuta en el contexto clínico

RESUMEN

La psicología clínica actual es partidaria de los tratamientos validados empíricamente, lo cual invoca la necesidad de una investigación guiada por los resultados, si bien puede soslayar la importancia de la investigación guiada por los procesos, que puede responder a la pregunta de por qué funcionan los tratamientos psicológicos. El análisis funcional de la conducta ha recibido un nuevo impulso con la emergencia de la *tercera ola* de terapias psicológicas, que destaca la importancia del comportamiento verbal en la terapia como una manera de acceder a los problemas del cliente y modificarlos. El caso que se presenta en este trabajo nos permitirá acercarnos a los procesos reforzadores que tienen lugar en la terapia debidos a la interacción verbal. En primer lugar hemos desarrollado y aplicado un sistema de caracterización de las verbalizaciones adaptativas del cliente. Observamos que este tipo de verbalizaciones aumenta significativamente transcurridas las primeras sesiones, se mantiene elevado en las sesiones intermedias y disminuye paulatinamente hacia el final de la terapia. Posteriormente elaboramos y utilizamos un sistema de categorización del comportamiento verbal del terapeuta, observando que las verbalizaciones se concentraban en las sesiones intermedias y eran sustituidas por otras verbalizaciones en las sesiones finales.

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Palabras clave:

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From the very beginning, the study of clinical cases has been considered as an essential tool in psychotherapy research. In fact, the development of large psychotherapeutic approaches began with the study of cases, some of which have become widely known inside and outside of the world of research (Ana O. or little Albert cases are probably the most famous in the history of psychotherapy). This methodology's intrinsic characteristics, especially its ideographic nature and its ability to show the dynamic of changes that occur over time, make it particularly suitable for both outcome-driven and process-driven clinical research. This study is part of the latter type of clinical research as our objective is to clarify the mechanisms that underlie and explain the clinical change. To do this, we have opted for the "moment-by-moment" study of the therapeutic process from a functional-analytical perspective and through observational analysis. Our ACOVEO research team of the Universidad Autónoma de Madrid has been working and refining this research methodology for almost a decade with interesting findings, some of which were published in articles of this journal (Froján-Parga, Montaña-Fidalgo, Calero-Elvira, & Ruiz-Sancho, 2011; Marchena-Giráldez, Calero-Elvira, & Galván-Domínguez, 2013; Montaña-Fidalgo, Froján-Parga, Ruiz-Sancho, & Virués-Ortega, 2011).

Throughout these years, our efforts have been focused on the study of verbal interaction between therapist and client during the therapeutic process. We start from a conception of the clinical situation as a natural context in which client's problems are presented in the same way as in any other aspect of his life. At the same time, we conceive verbal behaviour carried out in therapy as a *clinically relevant behaviour* (CRB), in the same way as conceived by the Functional Analytic Psychotherapy (FAP; Kohlenberg & Tsai, 1995). We also share with the FAP its postulates about behaviour-behaviour relationships and the *say-do correspondence*, according to which the human being is capable of establishing a relationship of correspondence between what is said and done (Baer, Detrich, & Weninger, 1988; Israel & O'Leary, 1973). It is therefore possible to influence client's actions through the verbal report of such actions and vice versa. It is worth spending some time focusing on these aspects, as they are essential when it comes to contextualising our case study both theoretically and methodologically. One of the key features of the so called *contextual therapies* or *third generation therapies* – amongst which we find the previously mentioned Functional Analytic Psychotherapy – is their interest in verbal behaviour and how it relates to clients' problems, therapists' activities and the clinical change. We cannot forget that psychological therapy is essentially oral and that the main activity carried out by client and therapist during a session is, precisely, speaking. In this sense, what both individuals say has a fundamental relevance in multiple aspects affecting the development of the therapy. Concerning the client, his verbal behaviour is not limited to being a mere channel of transmission of information on his problems or progress, but what he says becomes part of the problem and progress. In virtually all cases, part of the problem that brings clients to therapy lies precisely in the kind of things being said about his situation, about himself, others or about life in general. For this reason, client's verbal behaviour in session is considered a *clinically relevant behaviour* (Kohlenberg & Tsai, 1991) that needs therapist's attention and on which therapist must influence as part of the treatment. Thus, the client's language goes from being considered a simple communication channel with no other function than to allow the exchange of information, to being regarded as a fundamental goal of therapy. In this sense, a great portion of the therapist's job is to modify the client's speech, facilitating the development of a more adaptive verbal repertoire. The main tool that the therapist has to achieve this is precisely his own verbal behaviour. The therapist uses the language to shape client's behaviour, favouring the acquisition and

development of more adaptive behaviour, both verbal and nonverbal, and both inside and outside of therapy. The power of therapist's verbal behaviour is not limited to the immediate context of session. It also goes beyond this context, extending to all other aspects of the client's life through the *say-do correspondence* mentioned before. The notion of *say-do correspondence* refers to the capacity that human beings have to establish functional equivalence relationships between words we use and their referents in reality and, more specifically, our ability to establish relationships of functional correspondence between what we do and what we say we do. The words we use acquire the same functions as the realities to which they refer, so that it is possible to influence our behaviour by focusing on the verbal description we make of it, just as if we were acting directly on such conduct. Focusing on the therapeutic context, clients establish a functional correspondence relationship between their behaviour outside the clinic and the story they tell of such conduct in the clinic. The therapist can use this correspondence relationship to influence on behaviours carried out outside of session by acting on the verbal report that the client makes of them. Thus, the therapist can discriminate, reinforce, or punish the client's behaviour, even if it happens outside of the clinic, thanks to the verbal description that the client does of such behaviour (Galván-Domínguez, Beggio, Pardo-Cebrián, Segovia-Arroyo, & Froján-Parga, 2014).

We can find the origins of these concepts in Skinner's (1957) book *Verbal Behaviour*, in which the acclaimed author uses the principles of operant conditioning to explain the acquisition of language as another behaviour. Besides giving rise to heated debates, this work has given rise to several lines of research concerned with language from a behavioural perspective, among which we find the studies on *stimuli equivalence* (Sidman & Tailby, 1982) and the *Relational Frame Theory* (Barnes-Holmes, Hayes, & Roche, 2001). The concept of *equivalence relationship* refers to the rise of an association between two elements with no previous exposure or training in such association. Sidman (1971) initially describes this phenomenon with the matching to sample procedure. Under this procedure, after training in discrimination of two relationships separately (e.g., A-B and A-C), new discriminations can flourish (e.g., B-A, C-A, B-C and C-B) with elements that have not appeared in conjunction before (Valero-Aguayo & Luciano-Soriano, 1992). Symbolic behaviour in general and language in particular would therefore be explained by the development of such equivalence relationships between symbols (words) and reality (referents). Applied to the field of behaviour, when a functional equivalence relationship between a word and a referent is established, the word acquires its properties and can influence the behaviour of the subject in the same way that the reference. The *Relational Frame Theory* (RFT) collects and expands Skinner's principles (Barnes-Holmes, Barnes-Holmes, & Cullinan, 2000), and presents criticisms to several aspects of the *stimuli equivalence* stream. The RFT proposes that relational learning can be considered a *generalized operant* characterized by the development of relationships established or derived from stimuli. These relationships would not be based on the formal properties of the stimuli, but on contextual cues that indicate what kind of relationship is applicable given a history of reinforcement with multiples examples of such cues (Gómez-Martín, López-Ríos, & Mesa-Manjón, 2007). In this sense, the language would arise mainly from the establishment of *derived relationships*, which are those between stimuli acquired with no previous training. From this standpoint, these relationships are considered *generalized operants applied arbitrarily*, that is, relationships that are not subject to the physical properties of stimuli, but are established by the verbal community to which the subject belongs and which can modify these relationships. The RFT has served as the basis for the development of one of the most famous contextual therapies:

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