Clinical Applications of RFT in Practice

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Background to Ideas

Our ideas on *'Verbal Functional Analysis'* and the *'Drill-Down'* are not complete, but are at a stage where we think they are worth sharing

Because they were conceived prior to the development of the MDML (Multi-dimensional, multi-level Framework for RFT), they are not fully in line with that, but we are working towards integrating these models with this conceptual framework

Don’t Let the Tail Wag the Dog

There are many ways to assess processes of change (e.g. using middle-level and DSM terms) but this is neither of them

We believe that processes of change can be articulated down at the level of basic behavioural principles, but this is pushing RFT well beyond its current limits

That’s why it doesn’t feel right to us to call what we are doing here ‘*clinical RFT’* or ‘*relational frame therapy’,* because a core part of our aim is to develop RFT itself, both conceptually and empirically

A basic science should not be dictated by its application, but it should be tested by it

This is Not New

This is not in essence *"new"* or *"different"* to the original therapeutic model for ACT, at least as it was taught in the mid to late 1990s

The model was functional analysis, as applied to human verbal behaviour (with "verbal" redefined, in the behavioural tradition, by RFT)

In our view, this relationship between ACT and the on-going development of RFT has unfolded organically, and this is simply an extension of this dialectic between theory and practice

This is Not New

We recognise that others have recently attempted to present ACT largely in *existing* RFT terms *(circa. 2001)* with little appeal to middle-level concepts (e.g. Torneke, 2010)

And others still have attempted to connect RFT concepts explicitly with middle-level terms, as employed in ACT (Villatte, Villatte, & Hayes, 2015)

We acknowledge clear value in these approaches, and considerable overlap with our work, but we do believe there is a fundamental difference

Why Do This?

We attempt to use the technical concepts of RFT without mixing them unnecessarily with middle-level, or even folk psychological, terms

At times, of course, it is necessary to use metaphor and ‘loose talk’ to communicate because a relatively pure RFT-informed treatise remains aspirational

It is tempting to use middle-level concepts (like rules etc.) to bridge the gap in time, but then you have to jump from one level to another and this undermines the urgency to develop technical ideas

Functional Analysis

A basic science or application of that science that focuses on operant contingencies and behavioural principles more generally in attempting to both assess and treat ‘maladaptive’ behaviour

Background to Ideas: Verbal Functional Analysis

Our thinking about this type of analysis began as the concept of *dynamical functional analysis*

We could not use '*functional analysis'* as defined traditionally as we wanted to do an analysis of verbal functions of relations as defined by RFT

And, we wanted to emphasise the dynamical nature of this type of behaviour

So, '*verbal functional analysis*' emerged

Verbal Functional Analysis

In using verbal functional analysis in clinical work, we typically operate at the level of *relational networks,* more often than identifying individual relational responses, although they can be pivotal too

Working at this level provides a working understanding of a client's behaviour

And offers direction on how these networks can be altered to create broad and flexible repertoires of relational responding, with functions that are more aligned with access to the reinforcers clients value

Verbal Functional Analysis

We can put this another technical way ….

During therapy, specific verbal stimuli may be identified as participating in relational networks that generate narrow and inflexible responses on behalf of the client

The therapist identifies the verbal stimuli that have important functional properties for the client, and by definition, this involves an analysis of the verbal functions of the stimuli

Verbal Functional Analysis

For example, the word “shame” (or more precisely the relational networks in which it participates) may evoke subtle defensive reactions on behalf of a client (turning their face away, putting their head down)

As a result, the therapist identifies the verbal stimulus ‘shame’ as having important functional properties for the client’s behaviour in and beyond therapeutic interactions

It is these broad properties, and the relational networks in which they participate, that the therapist seeks to analyse (i.e. a verbal functional analysis)

Deictic-I

The concept of the *deictic-I* is essential to all of our clinical analyses

Deictic-I refers to the verbal self which emerges from a history of arbitrarily applicable relational responding that typically involves learning to respond appropriately to self-referential terms (e.g. “I”, “myself”, “me”)

Verbal Functional Analysis

Verbal Functional Analysis: How

There are two main ways in which we use verbal functional analysis in therapy

1. Conducting a verbal functional assessment

2. Helping clients to *verbally track* the sources of behavioural control as a core relational skill

Verbal Functional Assessment

Clients often come into therapy asserting themselves to be depressed, anxious, confused, worried, addicted, in marital difficulty, etc.

Which in a sense they are, because these are exactly the relational networks that the wider culture has established for, and with them

Not only has categorising and evaluating yourself in these ways painful functions, but their appetitive nature also implies functions of safety, justification, comfort, and so on

As such, these verbal stimuli/responses have *both appetitive and aversive functions*

Verbal Functional Assessment

We think in terms of a distinction between *less* and *more* aversive relational networks in which the deictic-I participates

The less aversive networks have dominant approach or S+ functions (similar to moving *toward* something), while the more aversive networks have dominant avoidance or S- functions (similar to moving *away from* something)

Verbal Functional Assessment

Consider a client with problems surrounding anger

Categorising himself as “angry”, although itself distressing, may facilitate avoidance of a more complex long-established issue, such as fear of rejection

Verbal functional assessment allows the therapist to separate out the S+ and S- functions of this type of self-labeling

For example, “angry” may have more positive emotional functions than “rejected”, so by describing himself as “angry”, the client can avoid the more accurate description of his behaviour as involving fear of rejection

Verbal Functional Assessment: S+ and S- Networks

We refer to ‘angry’ and related self-evaluations as the S+ networks (with both aversive and appetitive functions), while referring to ‘rejected’ as the S- networks (with largely aversive functions)

Relatively speaking, this makes it possible that the client’s engagement with the S+ networks actually serves to reinforce avoidance of the S- networks

Verbal functional assessments guide our first steps toward dealing with the S+ (e.g. angry) networks, because clients engage with these more readily, and thus the therapist’s move in this direction seems less confrontational *(this marks the transition between verbal functional assessment and verbal functional analysis)*

But remember -- engagement with S+ networks likely continues to facilitate avoidance of the S- networks

Verbal Functional Analysis: S- Networks

We then orient much more carefully toward the S- networks, where client defense is most likely

First, harness the behavioural ‘momentum’ previously established in the therapeutic interactions surrounding the S+ networks (during the verbal functional *assessment*)

Then, use verbal functional *analyses* to establish causal or if-then relations between these two sets of networks

Verbal Functional Assessment

The therapist might say something like, *"Being angry must make it hard for people to get close to you"*, thus explicitly relating the S+ and S- networks for the first time, and facilitating a transfer of the less aversive functions of the 'angry' networks to the more aversive ('rejection') networks, in so far as the client becomes more willing to talk about rejection

Then, the therapist might say, *"What if rejection lay at the end of this line of anger? How much more angry will you get if you push loved ones away? What if being angry could cause this to happen? If you had to choose between being angry and being rejected or alone, which would you choose?"*

Verbally Tracking Sources of Behavioural Control

We believe that an individual's ability to verbally track, *in an accurate and on-going manner*, the sources of control over their own behavior (internal and external) is foundational in establishing a sense of self

Verbally Tracking Sources of Behavioural Control

In using the term verbal *"track"* or *"tracking",* we are *not* invoking the concept "tracking" as a type of rule-governed behaviour

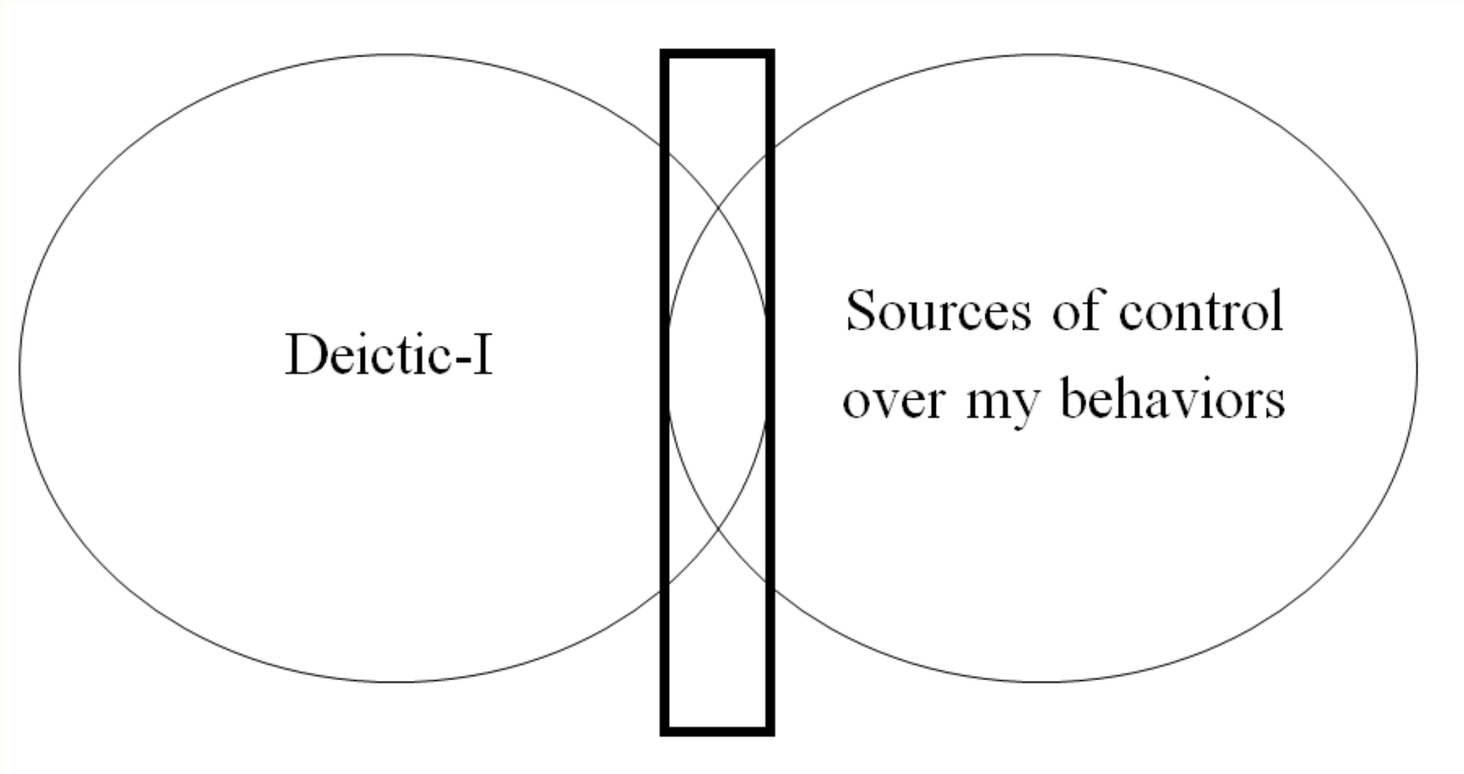
Instead, we use tracking to refer to a client's ability to monitor the way in which their own behaviour, including thoughts and feelings, is influenced by on-going events in their environment

This is broadly similar to what Villatte et al. (2015) refer to as "context sensitivity"

But for us, neither tracking nor context sensitivity are entirely satisfactory and we will ultimately replace "tracking with the language of the MDML

Verbally Tracking Sources of Behavioural Control

The overlap between behaviour and the sources of control is illustrated in the intersection between the circles in the Venn diagram



Verbally Tracking Sources of Behavioural Control

Using more technical language, we would say that clients show deficits in the ability to relate the deictic-I, and the relational networks in which it participates, to the networks of events that functionally relate in some *causal* manner to the deictic-I itself

Verbally Tracking Sources of Behavioural Control

Consider an individual who feels angry after a bad day at work and tells herself on such occasions that this is her partner's fault for not providing her in general with the life she wanted

Her statement such as "*I'm angry and it's all his fault*" shows limited verbal tracking in that she does not seek to determine the more immediate cause of her anger on that occasion (i.e. a bad day at work)

Perhaps for this client, *most* of her negative emotional reactions participate in hierarchical relations with her partner (most are attributed to him), and this strategy on her behalf has also led to a sense of lack of agency regarding directions she wants for her own life (e.g. she may say "*he stops me from doing things I want*") and feelings of resentment, inadequacy, and frustration

Verbally Tracking Sources of Behavioural Control

As a result, the client persists in keeping all of these emotions to herself, rather than sharing them with her partner

The therapist might engage with this client in a verbal functional analysis of these on-going emotional experiences by exploring the range of possible labels (including *"anger"*, "*resentment*", and "*frustration*") and the relational networks in which these participate

Ideally, therapy would lead to the client, in a similar situation, being able to say to herself "*I feel angry today, I'm not sure for now where this is coming from, so I must be careful not to take it out on my partner, but perhaps we could talk about it together*"

Verbally Tracking Sources of Behavioural Control

In establishing verbal tracking of the causal relations between the emotional reactions of the deictic-I and other relational networks (e.g. a bad day at work), it also appears to be essential that these two sets of networks come to participate in a hierarchical relation (e.g. recognition that a bad day at work is just one of the many things that can happen to the deictic-I)

Specifically, the networks of the deictic-I *should contain* the networks that relate causally to on-going behaviour

In simple terms, this enables the deictic-I to *choose* when, where and with whom to behave in a particular manner

Verbally Tracking Sources of Behavioural Control

The client could choose when to talk to her partner about her feelings and when not, because some of these emotional experiences relate to him directly and some do not

In this way, the therapist, using verbal functional analyses, aims to build broad and flexible relational repertoires with respect to choosing, so that the client (the deictic-I) is not a victim of capricious contextual variables, but gains a sense of control, if not over her environment, but over her reactions to it

The Therapeutic Relationship:
The Drill-Down

The Drill-Down

Conducting verbal functional assessment and analyses typically involve building a strong therapeutic relationship, which should form part of verbal functional analysis itself

We use the metaphor of the drill-down to describe the therapeutic behaviours involved in this strategy

The therapeutic aims of the drill-down involve building increasingly strong repertoires of relational responding between the deictic-I and what we describe as deictic-Others

Loosely speaking, this is teaching the client to improve their perspective-taking skills

The Drill-Down

Developmentally, the deictic-I is established in a shared and highly co-operative context in which significant others literally construct this verbal sense of self, with you and for you

Very young children, for example, often fail to distinguish themselves verbally from others, but gradually through verbal contingencies, they learn to talk about themselves as separate psychological entities, with private psychological worlds

When this ‘shared’ and ‘co-operative’ context with significant others in childhood contains high levels of what we call relational incoherence, the relationship between the deictic-I and deictic-Others, almost by definition, becomes unstable, unpredictable and discontinuous

The Drill-Down

Imagine a child who is told at one moment that she is loved and cherished by her parents and is then abandoned by them when they go on an alcoholic binge for days on end

Verbally, the relations among the deictic-I HERE and NOW are, by definition, rendered unpredictable and discontinuous in the sense that the “I” who was loved and cherished in one place and time was subsequently abandoned

When the coherence among the three elements of the deictic-I (I-HERE-NOW) is weakened in this way, the extent to which it can be used as a superordinate locus from which to relate hierarchically with all of the child’s psychological events is severely undermined

The Drill-Down

In other words, for the I to function as a constant locus, from which to view one's psychological world, it must develop in a relationally stable and consistent environment

Critically, the absence of this type of environment may also fail to establish a deictic-I that is clearly verbally distinct from others

The individual who grows up in this type of environment may literally state in therapy years later "*I have never really known who I am*"

This is not rhetoric or metaphor – it is in the broad functional class of verbal relations in which they were raised as children

The Drill-Down

When an individual grows up with a verbal history in which the relationship between the deictic-I and deictic-Others involved high levels of relational incoherence, the distinction between I-HERE-NOW and OTHERS-THERE-THEN may fail to emerge

In McEnteggart et al. (2017), we argued that the outcome of such a history may manifest itself in numerous ways, such as hear your own thoughts as the voices of others or self-criticising using the phrases, and even the tone of voice, that a neglectful or abusive parent employed decades ago

Relationally, the voices and behaviours of others that were THERE and THEN are experienced as HERE and NOW and any attempt to establish the deictic-I as a constant and separate (from others) locus would be difficult

The Drill-Down

Our core argument is that the therapist needs to establish with the client a therapeutic relationship that provides the predictability and consistency (i.e. relational coherence with respect to the deictic-I) that were absent with significant others

This commences, in a sense, with the therapist attempting to provide the highly shared and co-operative verbal context in which a clearly distinct deictic-I is gradually established

The Drill-Down

This may seem paradoxical because it starts by co-ordinating the deictic-I (the client) with the deictic-Other (the therapist)

For example, a therapist might say, *"I can completely understand that", "If I were you, I would have done exactly the same", "I can see how lonely you must feel",* and *"Anyone in your situation, would react that way"*

This can be a highly challenging therapeutic context for the client, because many of the over-arching functional classes of behaviour that were present in perhaps a highly aversive and threatening family environment may be evoked in therapy

The Drill-Down

This can be a highly challenging therapeutic context for the therapist because they must provide the stable, consistent, and reliable relationship that the client missed out on

Indeed, experienced therapists are often noted for their abilities to ‘absorb the perspectives of their clients’ in a rich and full way (i.e. without pulling back, or being reactive or defensive)

In a sense, the therapist seeks to establish specific contextually controlled co-ordinate relations that always remain relationally coherent between the client’s deictic-I and the therapist’s deictic-I, the purpose of which is to build trust and a sense of safety for the client in the therapeutic relationship

The Drill-Down

We are not suggesting that there is *full* co-ordination between I and Others (therapist and client)

Rather, the therapist must, to some extent, see what the client sees, feels, etc., but always within the context of hierarchical relational responding from the therapist's deictic-I

The Drill-Down

Central to the therapeutic relationship is the establishment of a relational repertoire in which the client learns to relate the deictic-I located HERE-NOW to the deictic-I located THERE-THEN

Metaphorically speaking, the therapist is taking the client by the hand and sharing with them how it is possible to talk about the deictic-I in different ways

The therapist may achieve this by co-ordinating the therapist's deictic-I and the client's deictic-I (both located HERE and NOW), so that they, metaphorically speaking, share their perspectives in a co-operative way on the client's deictic-I as located THERE and THEN

The Drill-Down

All events, including the client's deictic-I located THERE-THEN become, if only momentarily, an *'it',* an *'event',* or a *'something',* that is separate from both the client and the therapist as co-ordinated deictic-Is located HERE-NOW

In other words, the client and therapist sit together and develop a perspective on the client's sense of self as an event or object that can be observed and talked about, in a variety of ways

The Drill-Down

The *drill-down* is intertwined with verbal functional analyses and focuses on relational processes that appear to be central to the therapeutic alliance

For us, the drill-down metaphor works as a way of describing how we use the therapeutic relationship to ‘dig deeper’ in a verbal functional sense into the self (we often say “drilling down into the deictics”)

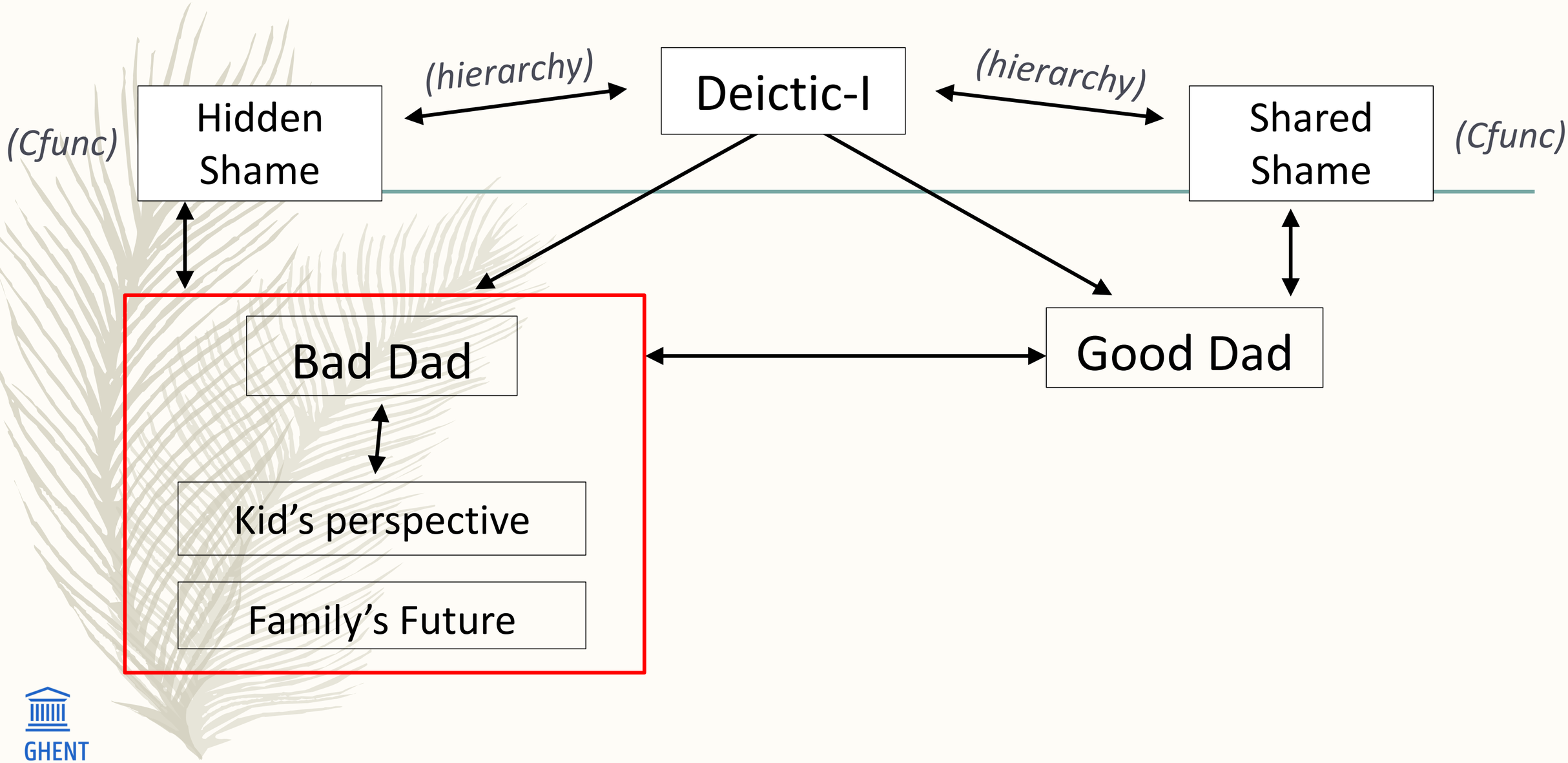
The Drill-Down

Imagine that your verbal functional assessment reveals ‘shame’ as a critically important verbal stimulus for a client and so you ask the client if she is willing to explore the impact that the word “shame” has her when you say it aloud

Then you might say *“If I was you, I would have shame too”*

The important point to recognise here is that verbal functional analyses and the drill-down are dynamical in that they should ebb and flow with each other in the course of therapy

Video Analysis



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