



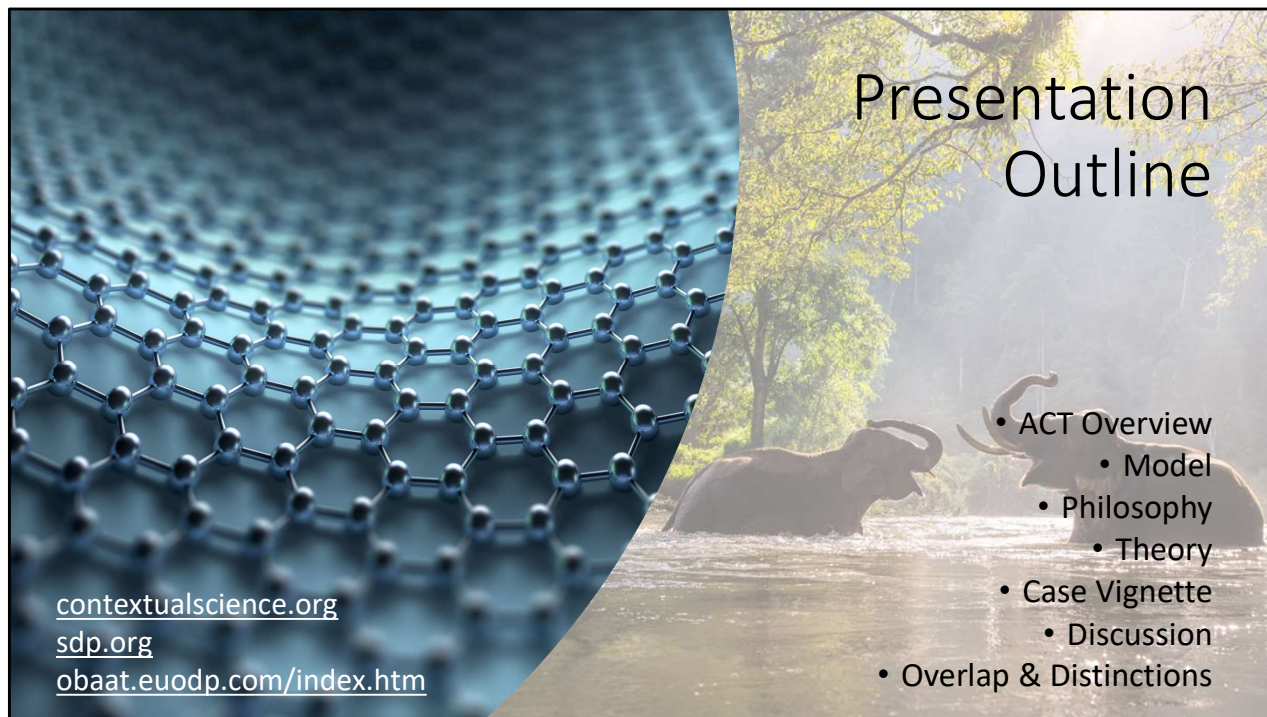
Clarke Stone's Glossary website says learning DP is **like eating an elephant**, you do it, of course, one bite at a time. We'll be attempting to eat **two elephants** this morning **CLICK** by putting ACT on the table. This has been quite a year of learning for me being in my rookie year with the Society and my crash course in DP.

I'll be giving **two versions of the social practice** of psychotherapy and considering **similarities, differences** and how these **differences make a difference**.

I hope to stimulate discussion on the **correspondence** and **distinctions** between these two perspectives towards deriving some **value for therapeutic practice**.

Thanks to **Charlie Kantor** for mentoring me in DP and engaging in robust conversation about ACT in a DP context this past year. Thanks also to **Ned Kirsch** who gave me, by way of Charlie, feedback on a way to frame this discussion.

I'm grateful for the work of **Peter Ossorio, Ray Bergner, Tony Putnam, Mary Roberts, Walter Torres, Clarke Stone and Wynn Schwartz** for their insights on DP and it's implications for clinical practice. Last year's conference was fantastic and I'm honored to be a contributor this year. **CLICK**



We'll begin with an overview of ACT **CLICK**, paying particular attention to psychological flexibility, a core concept **CLICK**. I'll follow this with a discussion of functional contextualism (ACT's philosophy) **CLICK** and relational frame theory **CLICK**. From there, we'll look at a case vignette **CLICK** through ACT and DP lenses, concluding with a discussion **CLICK** on any overlaps and distinctions **CLICK** between the two.

I've significantly changed the demographics of the case I'll present so as to protect this person's identity and have his permission to share it with you all today.

Much of this information on ACT comes directly from the Association for Behavioral and Contextual Science's (ABCS) website (contextualscience.org) **CLICK** as well as material found at the Society for Descriptive Psychology's site (sdp.org) **CLICK** and Clarke Stone's online Glossary (<http://obaat.euodp.com/index.htm>) **CLICK**

I've included a reference page at the end of my presentation as well as addendum of slides that dig a bit deeper. These will be made available on the Society's webpage after the conference. **CLICK**



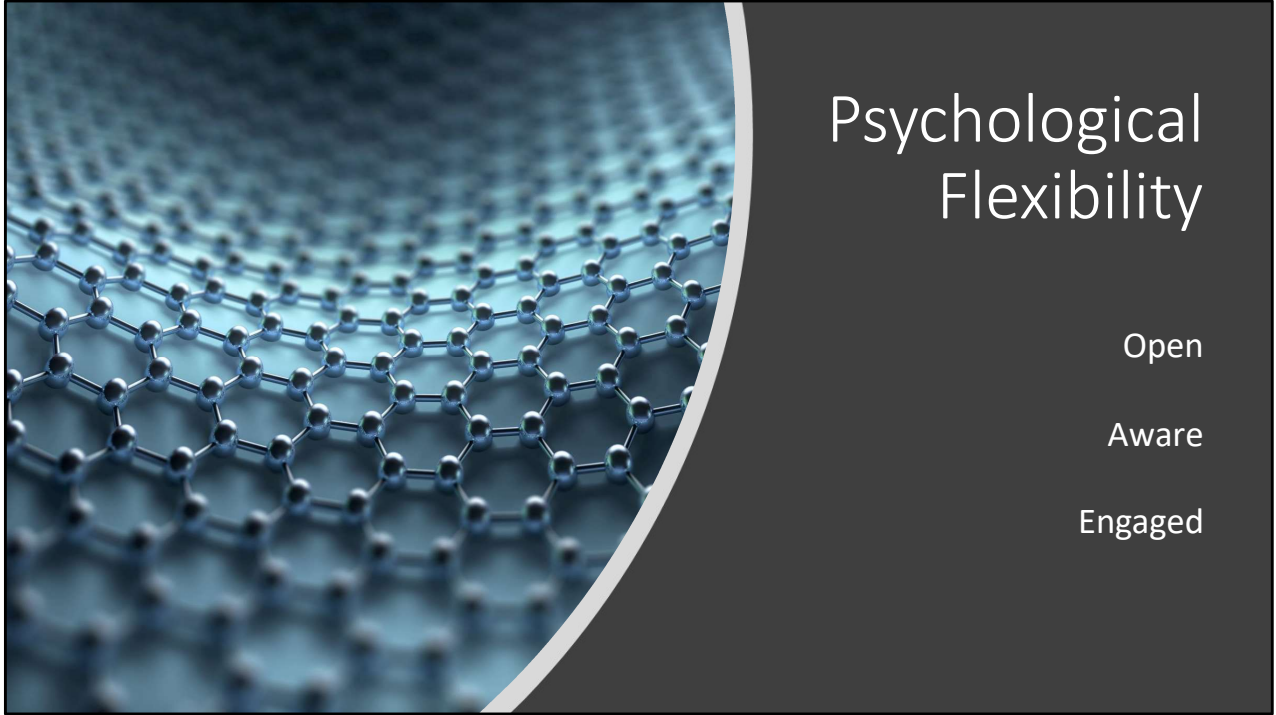
Acceptance & Mindfulness Strategies

Acceptance and Commitment Therapy (ACT) claims to be a unique, [empirically based](#) (widely researched internationally) psychological intervention that uses acceptance and mindfulness strategies **CLICK ...**



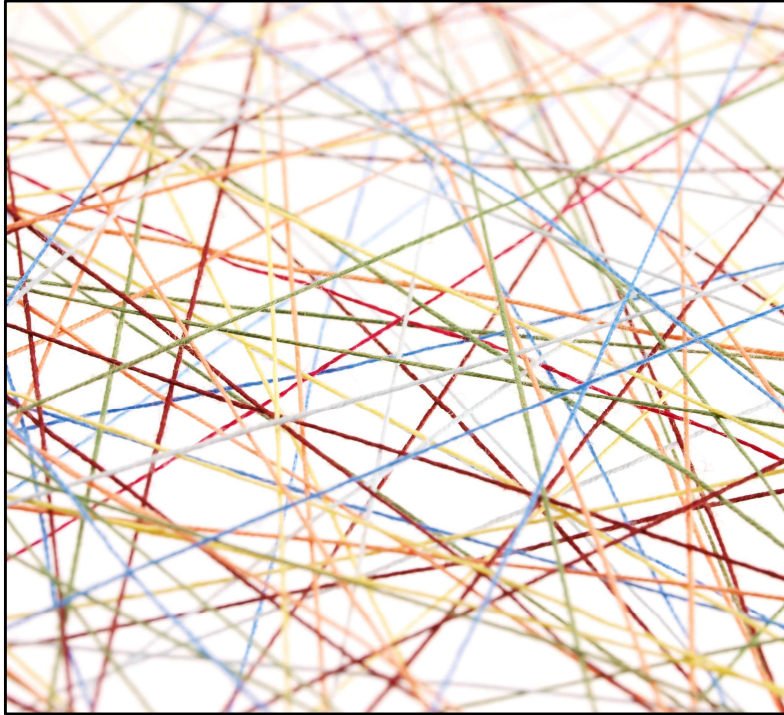
Commitment & Behavioral Change Strategies

together with commitment and behavior change strategies **CLICK**.



to increase psychological flexibility. **CLICK**

Psychological flexibility means contacting the present moment fully as a conscious human being (open & aware) **CLICK**, and based on what the situation affords, changing or persisting in behavior in the service of chosen values (engaged) **CLICK**.



Relational
Frame Theory

Language

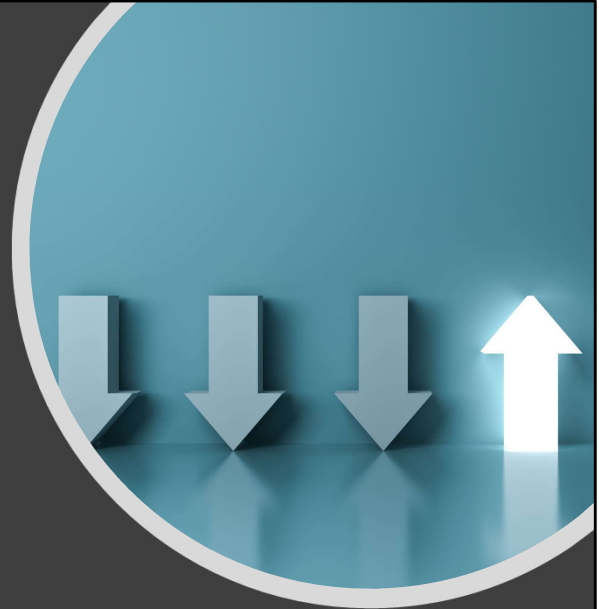
World & PC
Concepts

Based on [Relational Frame Theory](#) **CLICK**, ACT illuminates the ways that language **CLICK** can entangle clients in futile attempts to wage war against their own inner lives.

This seems to resonate with Descriptive's Personal Characteristics and World concepts **CLICK**, primarily social practices and statuses acquired through developmental learning.] **CLICK**

Healthy Contact with *Private* Events:

- Thoughts
- Feelings
- Memories
- Physical Sensations



In ACT therapy, people learn how to make healthy contact “private” events, **CLICK** with thoughts, feelings, memories, and physical sensations that have been feared and avoided. **CLICK**

[ACT emphasizes “private events” which does not seem to have any direct overlap with Descriptive where more emphasis is placed on the reality basis of emotion as reflections of status, behavior potential and social practices. However, both imply relationship in community since this is where language develops, is reinforced, and one’s self-concept is born.] **CLICK**



Recontextualize

Accept

Clarify Values

Commit to Change

In ACT, clients gain the skills to recontextualize **CLICK** and accept **CLICK** these private events, develop greater clarity about personal values **CLICK**, and commit to needed (i.e., desired) behavior change **CLICK**.

To recontextualize means to transform the stimulus function associated with operant behavior. In other words, to create new and more flexible relational frames.

In Descriptive, one might think about the concepts of judgment motivations which include reasons and weights. We might also consider the relevance of one's capacity and learning history. **CLICK**

Consider what what else comes to mind or what might be missing for our discussion after my presentation. **CLICK**



Human Suffering

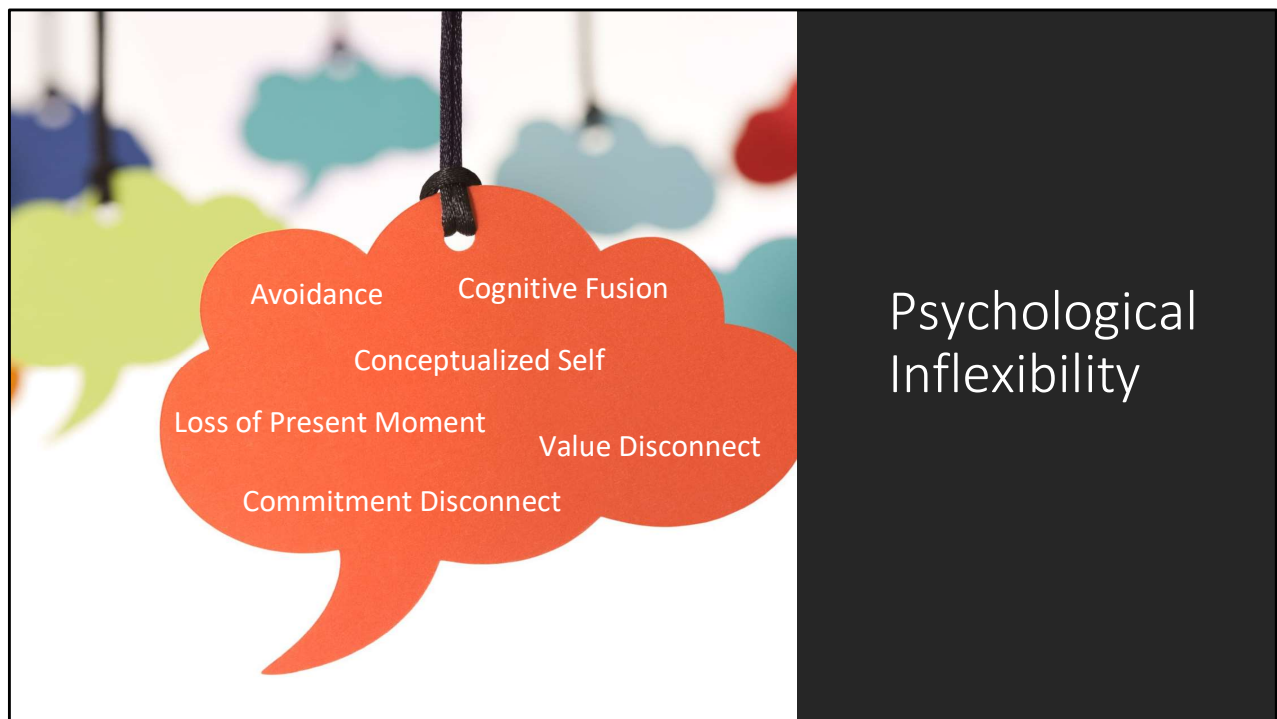
Language & Cognition

Experiential Avoidance

In ACT, psychological suffering is caused by the interface between human language and cognition **CLICK**. AND because of Experiential Avoidance. “It is not the client’s life that is hopeless, **but the strategies** of experiential control (avoidance) **CLICK** that are hopeless” (Wilson, 1996; Hayes, Luoma, Bond, Masuda, & Lillis, 2006).

ACT sees the logic of an avoidance problem-solving system as flawed because it is based on culturally sanctioned, language-based rules for solving problems. These rules are taken for granted, such as **equating** the presence of unpleasant inner experiences (feelings, thoughts, sensations) with a psychological problem. Being healthy therefore means the absence of these negative experiences. The ACT therapist works to challenge these rules by showing that **efforts based on** these rules can be the actual source of problems. A more valid and reliable source of problem solving is the client’s own direct experience and their feedback from life.

[In DP, language is a component of world conceptualization but not the entirety. ACT does not talk about social practices. By looking at one’s avoidance strategies, a DP therapist is assessing restrictions in behavior potential.] **CLICK**



ACT conceptualizes this suffering as Psychological inflexibility which is said to emerge from...

- experiential avoidance **CLICK** -- when a person is unwilling to remain in contact with particular private experiences AND takes steps to alter the form or frequency of these events and the contexts that trigger them, even when doing so causes psychological harm
- cognitive fusion **CLICK** -- the domination of stimulus functions based on literal language even when that process is harmful,
- the domination of a conceptualized self **CLICK** over the "self as context" that emerges from perspective taking and established relational frames
- lack of contact with the present moment **CLICK** by focusing on "if only" and "what if" considerations
- lack of values **CLICK**, confusion of goals with values, and other values problems that can underly the failure to build broad and flexible behavioral repertoires
- inability to build larger unit of behavior through commitment to behavior **CLICK** that moves in the direction of chosen values.

ACT protocols target the processes of language that are hypothesized to be

involved in psychopathology and its amelioration **CLICK**



Pathological State

...a significant restriction on one's ability

(1) to engage in Deliberate Action

(2) to participate in the social practices of the community.

In *Behavior of Persons* (p. 403), Peter Ossorio writes:

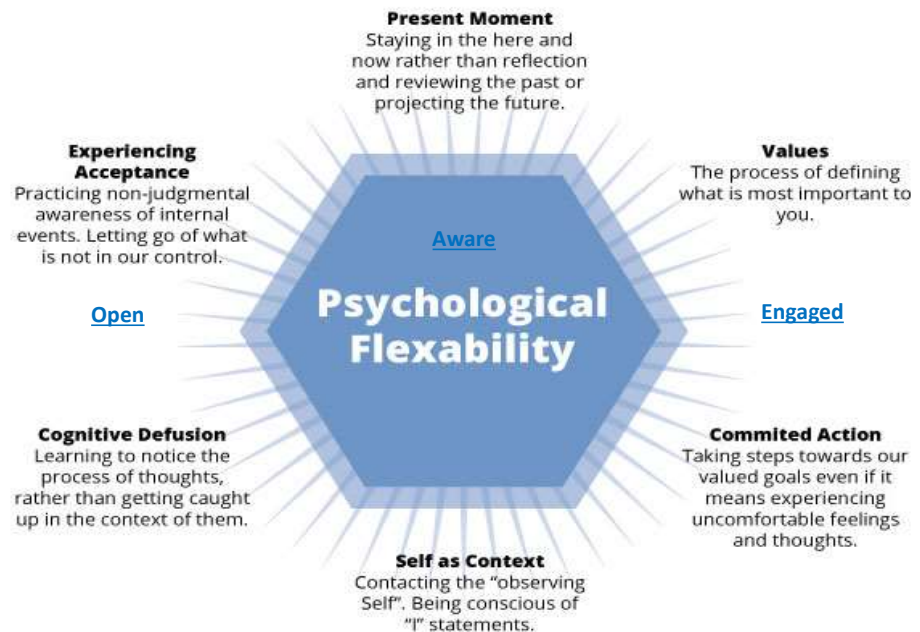
“When a person is in a pathological state **CLICK** there is a significant restriction on his ability **CLICK** (1) to engage in Deliberate Action **CLICK** and, equivalently, (2) to participate in the social practices of the community.” **CLICK**

For discussion, let's consider how ACT and DP handle pathological states since this is a fundamental starting point in any case conceptualization in psychotherapy. Any interventions will likely follow from that assessment.

In ACT, psychological inflexibility restricts Committed Action but ACT does not discriminate any particular social practice except what is Valued by the client. In DP, the concepts of Deliberate Action & Social Practice are equally significant, and as Ray Bergner presented yesterday, one's status affects behavior potential.

The ACT Model

The Hexaflex



ACT takes the view that trying to change difficult thoughts and feelings as a means of coping can be counter productive, but alternatives are available, including **ACCEPTANCE** [POINT-READ], **MINDFULNESS** [POINT-READ], **COGNITIVE DEFUSION** [POINT-READ], **VALUES** [POINT-READ], and **COMMITTED ACTION** [POINT-READ].

Clients are taught to get in touch with an **OBSERVANT SELF**—the one that watches and experiences yet is distinct from one’s inner experiences.

An essential step in the ACT process is “choosing a direction and establishing **willingness**” and to identify motivating values and to help regain control of life, not necessarily just to control thoughts and feelings. Willingness is not resignation, nor is it the same as wanting. It is a willingness to experience, accept, and face “negatively evaluated emotional states” (Wilson, 1996).

The **Hexaflex** is the principal case conceptualization model ACT therapists utilize. It’s a way to formulate assessment and intervention. **CLICK**



ACT Philosophy: Functional Contextualism

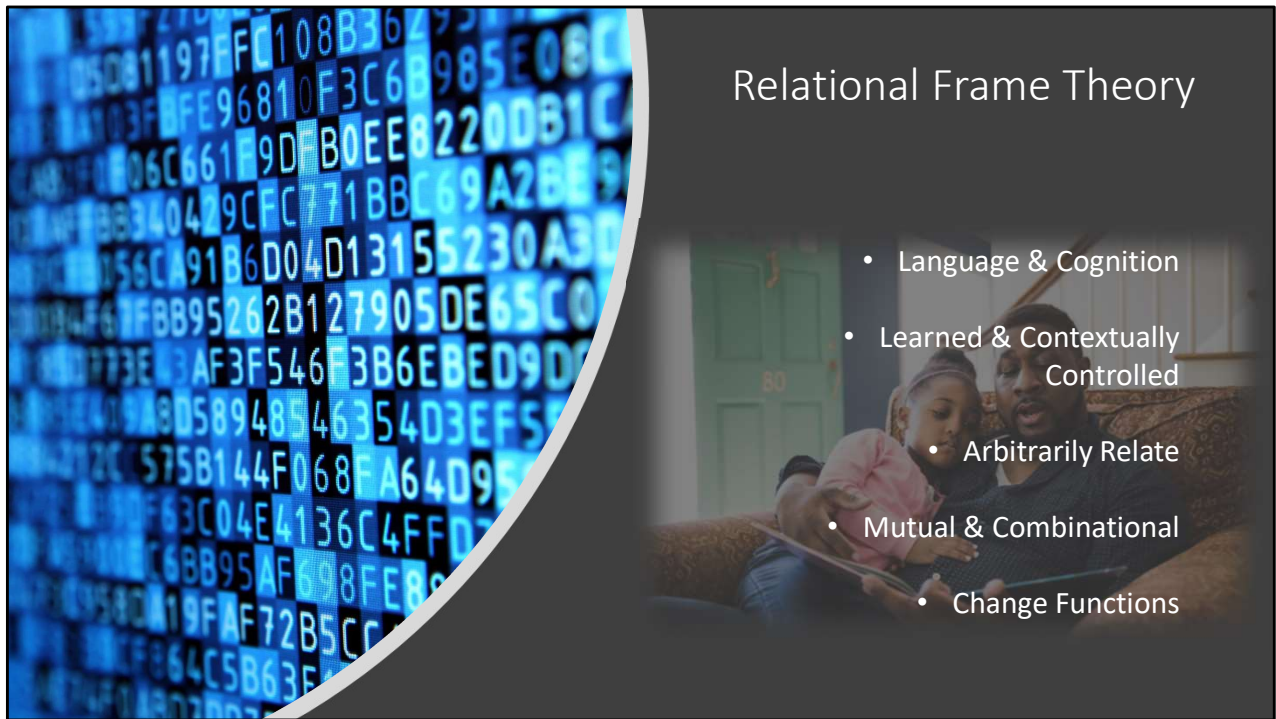
- Prediction & Influence of Events
- Resonance with Dramaturgy
- Workability through Values
- Actions Regulated by Context

ACT is rooted in the pragmatic philosophy of functional contextualism **CLICK**, a specific variety of contextualism that has as its goal the prediction and influence of events, with precision, scope and depth. **CLICK**

ACT shares common philosophical roots with constructivism, narrative psychology, dramaturgy, **CLICK** social constructionism, feminist psychology, Marxist psychology, and other contextualistic approaches, but leans more toward **empirical results** rather than description.

It suggests workability through values as the primary vehicle for behavioral change **CLICK**.

One can go beyond attempting to change thoughts or feelings, to changing the context that causally links these psychological domains. Contextualism views psychological events as ongoing actions of the whole organism interacting in and with historically and situationally defined contexts. **CLICK**



Relational Frame Theory

- Language & Cognition
- Learned & Contextually Controlled
- Arbitrarily Relate
- Mutual & Combinational
- Change Functions

ACT is based on Relational Frame Theory (RFT) **CLICK** which states that the core of human language and cognition **CLICK** is the **learned** and contextually controlled **CLICK** ability to **arbitrarily relate** events **CLICK** mutually and in combination, **CLICK** and to **change the functions** **CLICK** of specific events based on their relations to others. **CLICK**

Language is not arbitrarily applied. You call something what the community by social convention calls it.

[Mutual entailment refers to **the relations between two stimuli**. For example, if you are told that $A = B$, you can derive that $B = A$. That is, the specified $A = B$ relation mutually entails the (symmetrical) $B = A$ relation.

Combinatorial entailment refers to **a derived stimulus relation in which two or more stimulus relations (trained or derived) mutually combine**. For example, combinatorial entailment applies when, in a given context, if A is related to B and A is related to C , then B and C are mutually related in that context.

The transformation of stimulus functions is said to occur when **the functions of one stimulus alter** or transform the functions of another stimulus in accordance with the derived relation between the two, without additional training. The phenomenon of transformation of functions through arbitrarily applicable relations has been demonstrated in well over one hundred RFT studies with a variety of relations and function.]

RFT was developed by Steven Hayes [CLICK](#) & Dermot Barnes-Holmes [CLICK](#)

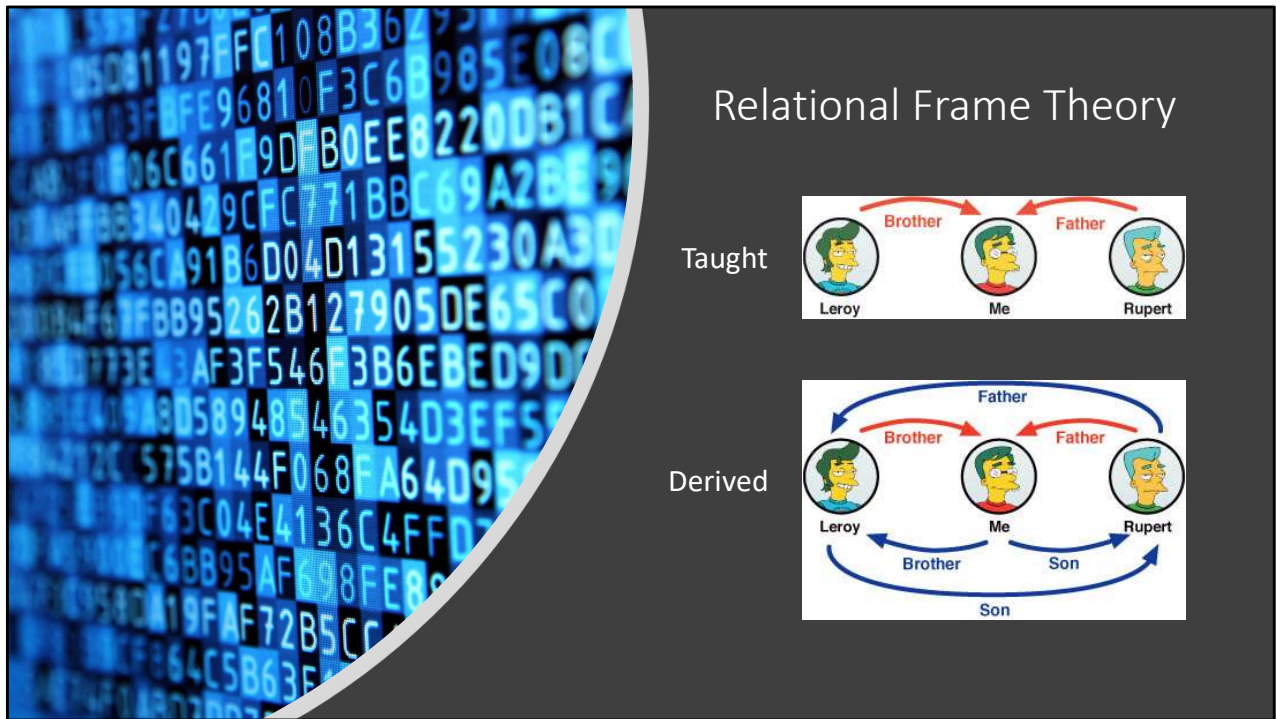
In an attempt to fill the void in Skinnerian Behaviorism which did not account specifically for language. Erol's presentation looked at the contributions of Bandura and Kelly in this same regard though I'm not prepared to discuss these in depth.

In RFT derived relationships **that are not obvious** get applied systematically to behavior.

Teach a person that a certain object goes with the sound "treat" and she will infer that "treat" is also descriptive of the object. It is both taught and derived. Derived relationships are not explicitly taught.

Relational framing is considered a behavior. [CLICK](#) Relational responding is OPERANT behavior. [CLICK](#) So we see how this tries to identify a mitigating factor between stimulus and response, and it seems that there's an implied developmental theory at work here.

[CLICK](#)



Here's a quick, simplified example of derived relational frames where two pieces of information yields six relationships:

Taught **CLICK**: I am Leroy's brother. I am Rupert's son. **CLICK**

Derived **CLICK**: Leroy is my brother. Rupert is my father. Rupert is Leroy's father. Leroy is Rupert's son. **CLICK**

RFT asserts that this has implications for mental health due to possibilities, assumptions and errors. And while there's a cognitive advantage to derived relationships because of our ability to infer, relational framing might just "derive" us crazy at times.

Maybe Rupert is **not** Leroy's **biological** father.

CLICK



Relational Frame Theory

Despite Actual Pain Exposure
Because of Language
People Suffer

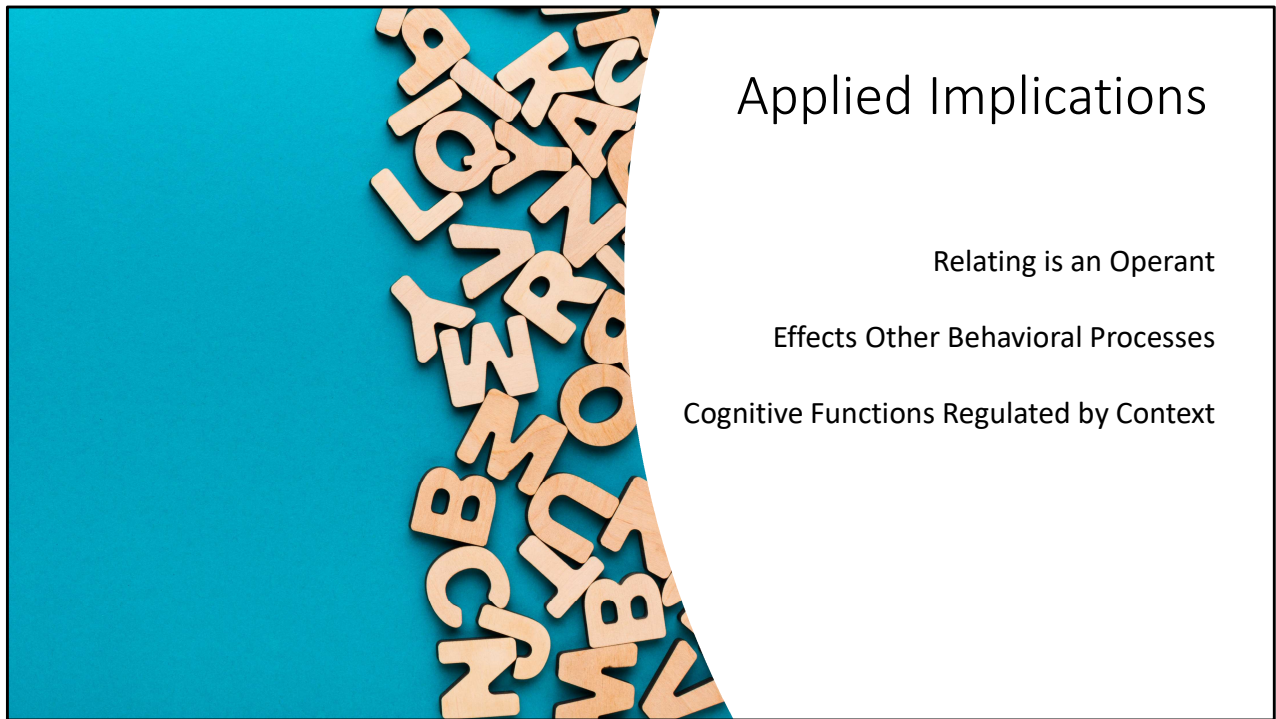
- Self-Judgement
- Comparison to Ideals
- Reconstructing the Past
- Worry about Imagined Future
- Awareness of Death

*The same ability to conquer the world
brings suffering.*

Despite less exposure to actual pain, **CLICK** humans suffer because of this bi-directionality in language **CLICK CLICK** : we judge ourselves **CLICK**, compare ourselves to ideals **CLICK**, reconstruct the past **CLICK**, worry about an imagined future **CLICK**, have an awareness of death **CLICK**. The same ability to conquer the world **CLICK** brings suffering **CLICK**.

[While ACT has no explicit world concept, it focuses on a language concept with regards to its effect on human development and behavior.]

[DP looks at emotional behavior in the context of its reality basis and one's judgment motivations. DP conceptualizes the development of Personal Characteristics (PC) in the context of one's world, capacity and learning history. A DP therapist would be concerned about a person's behavior as it relates to status and behavior potential. As noted earlier, Pathology is defined as a restriction in one's ability to engage in deliberate action and/or participate in the social practices of the community.] **CLICK**



The applied implications of RFT derived from the following key features:

1. Human language and higher cognition is a specific kind of learned behavior. RFT researchers have shown that arbitrarily applicable comparative can be trained as an overarching operant in young children **CLICK**; similar evidence has emerged with frames of opposition and coordination.
2. Relational frames alters the effects of other behavioral processes. **CLICK** For example, a person who has been shocked in the presence of B and who learns that B is smaller than C, may show a greater emotional response to C than to B, even though only B was directly paired with shock
3. Cognitive relations and cognitive functions are regulated by different contextual features **CLICK** of a situation.



Primary Implications

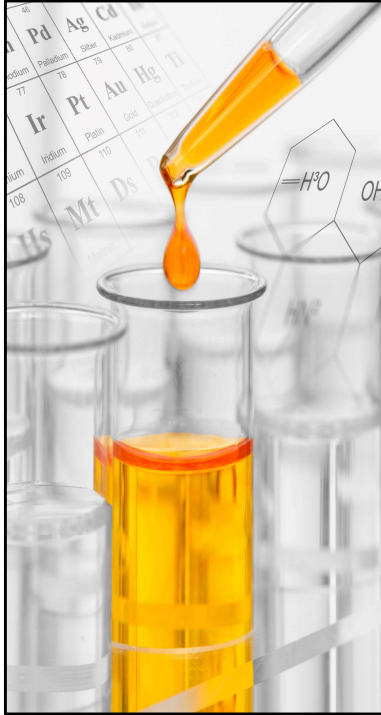
1. Not practically viable to eliminate these processes
2. Cognitive networks can't be logically restricted
3. Direct change attempts tends to elaborate the cognitive network
4. It is possible to reduce the impact of negative cognitions

Focus on *Function*, Not *Content*

The primary implications of RFT in the area of psychopathology and psychotherapy extend from the three features just described. RFT argues that:

1. verbal problem solving and reasoning is based on some of the same cognitive processes that can lead to psychopathology, and thus it is not practically viable to eliminate these processes, **CLICK**
2. much as extinction inhibits but does not eliminate learned responding, the common sense idea that cognitive networks can be logically restricted **CLICK** or eliminated is generally not psychologically sound because these networks are the reflection of historical learning processes;
3. direct change attempts focused on key nodes in cognitive networks creates a context that tends to elaborate the network **CLICK** in that area and increase the functional importance of these nodes, and
4. since the content and the impact of cognitive networks are controlled by distinct contextual features, it is possible to reduce the impact of negative cognitions **CLICK** whether or not they continue to occur in a particular form. Taken together, these four implications mean that it is often neither wise nor necessary to focus primarily on the content of cognitive networks in clinical intervention. Fortunately, the theory suggests that it is quite possible instead to focus on their functions. **CLICK**

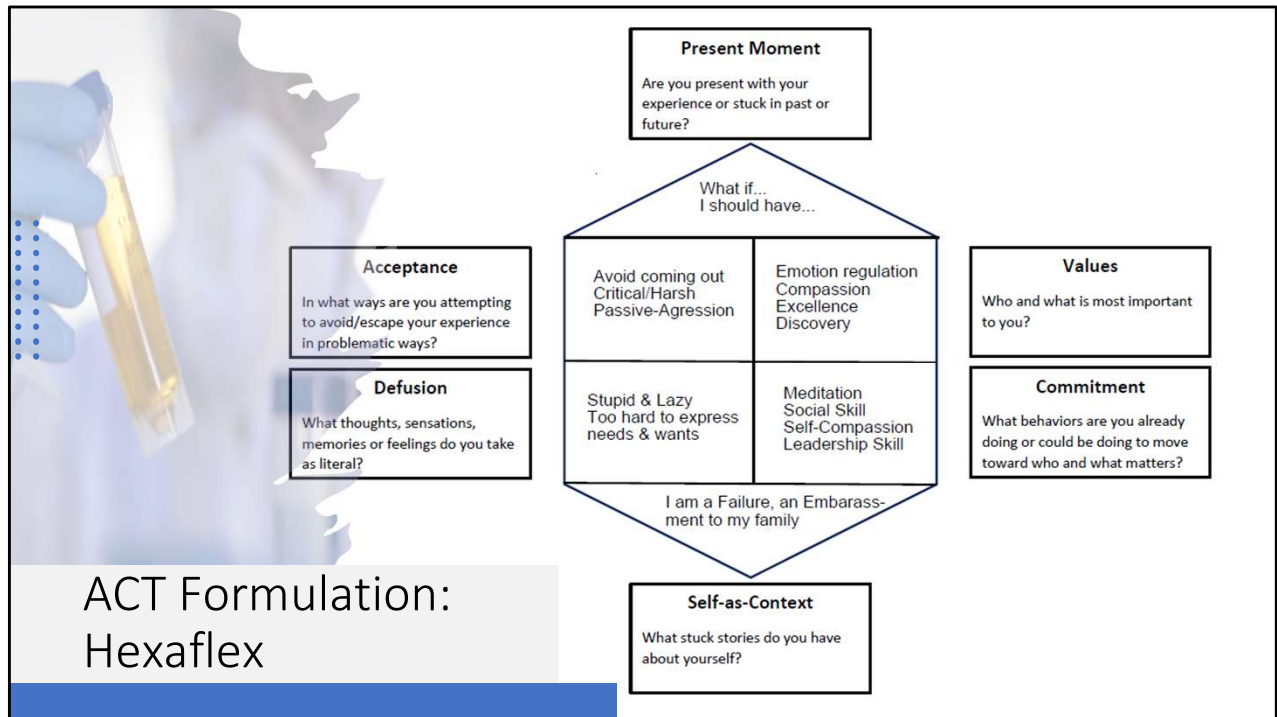
[Might this relate to Ossorio's assertion to ignore the details and look at patterns?]



Case Vignette: Rupen

- **Demographics:** Male, Early 40s, Asian Descent, Lives Alone, Single (Never Married), Bi-Sexual
- **Occupation:** Research Scientist
- **Symptoms:** Impatience, Poor Concentration, Internalized Frustration, Disruptive Comments that Hurt Trainees, Condescending and Highly Critical towards subordinates
- **Precipitating Problem:** Anger & Anxiety, Accused of Abusing His Power, Shame
- **Family:** Only Child, Grew Up in India, High Performer, Underperformance Shamed, Suicide Attempt/Gesture as a Child, Contempt towards Parents
- **Social:** Lives Alone, Last Romantic Partnership Ended 7 Years Ago, Sees Himself as Naïve, Weak in Empathy, Takes People Literally, Misses Social Cues, Loves to Travel on His Own, Identifies as Bi-Sexual but Hides
- **Treatment Goals:** Increase Social Skill, Empathy, EQ, Emotional Regulation, Accept sexual orientation
- **Treatment Issues:** Projection of Blame, High Standards, Indifferent Parents, Suicide Attempt Age 8, Inadequacy Fears, Social Avoidance & Skill Deficit, Sexual Orientation Shame, Fear of Being Trapped

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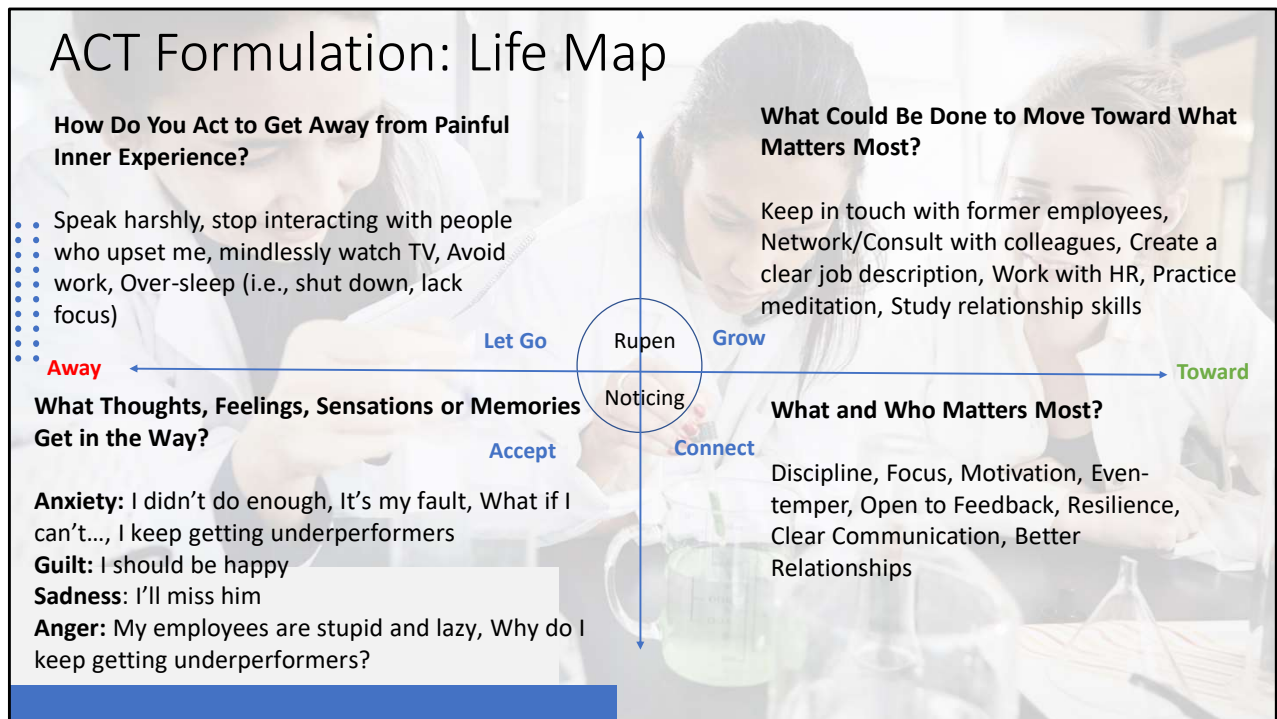


POINT The Hexaflex tool enables the ACT therapist to orient to the function and context of particular avoidance behaviors, to assess a client’s psychological flexibility, identify core values and formulate a treatment approach.

Here’s what an ACT therapist might make of Rupen’s situation.

Talk through the aspects of this slide.

You can see that ACT attempts to be broader than classical behaviorism and other cognitive-behavioral approaches and makes room for levels of complexity. Is it as comprehensive in scope as DP? I’ll be interested to hear your comments. **CLICK**



The Life Map tool **CLICK** is another way an ACT therapist helps a client increase their awareness of particular behavioral strategies in order to commit to actions that align with core values rather than remain stuck in avoidance.

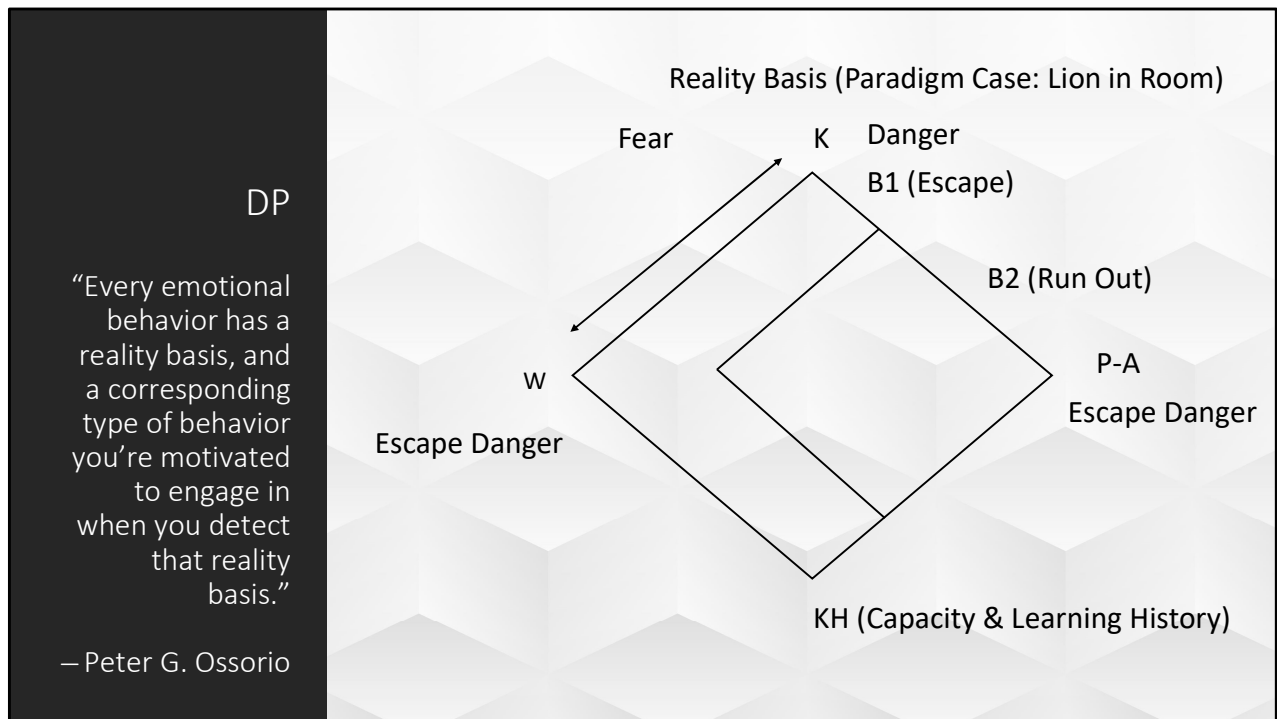
CLICK and talk through slide.

From a DP perspective, the act of noticing might be seen as expanding the number of circumstances a person might consider when making judgments.

What and how a person tries to escape might be seen as a behavioral restriction, their pathology if you will.

What could be done would be attempts to increase behavior potential and status.

What and who matters most would be a consideration of Reasons and Weights. **CLICK**



In DP, emotion is a learned tendency to act without deliberation unless it can be overridden. Emotion can be pre-emptive unless there are other considerations:

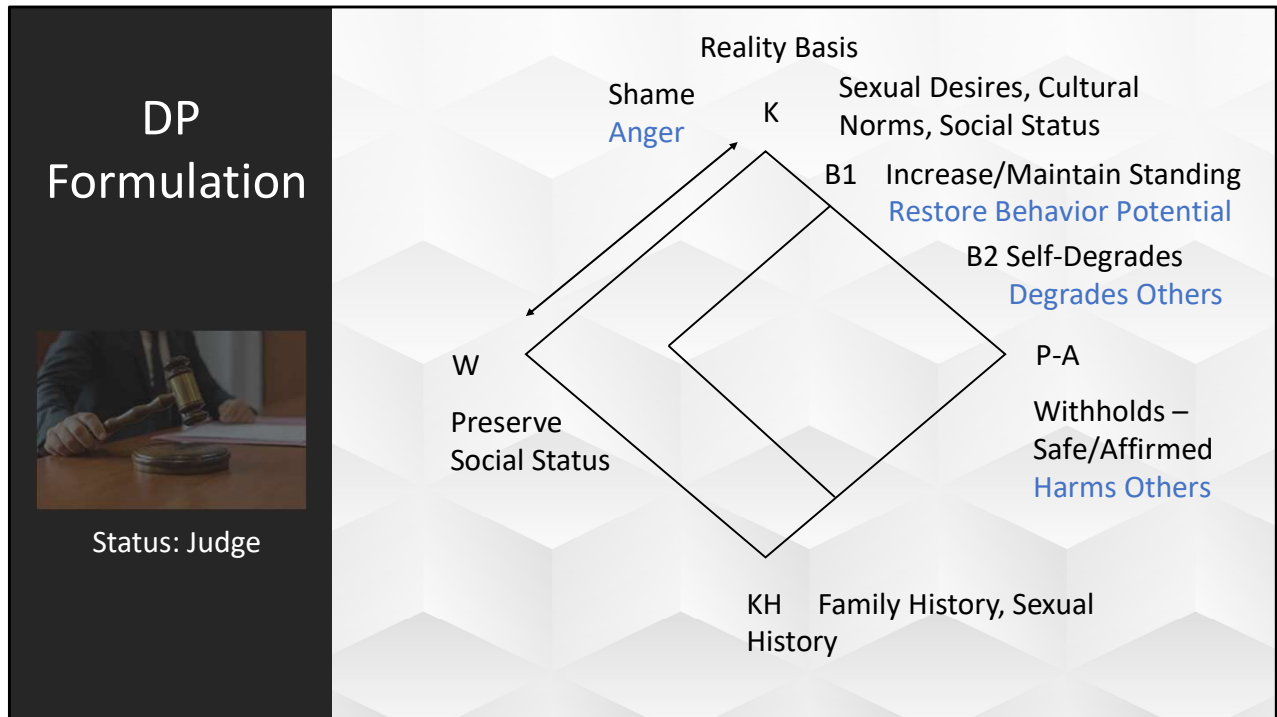
- I don't perceive it for what it is.
- I'm acting on another motivation that takes priority.
- I'm unable to engage in any such behavior.
- I mistakenly think that what I'm doing is something else.
- I miscalculate my behavior or it miscarries.

Here's Ossorio's paradigm case for Emotional Behavior, Lion in Room. **CLICK POINT and talk through the slide.**

There's a maxim in DP that states: if a person has a reason to do something, they will unless they have a stronger reason not to.

It's interesting to consider how DP and ACT correlate with regards to Ossorio's assertion that you can act on what you know rather than how you're experiencing a particular situation. I might see double when I'm drunk but I know that's not the way things actually are in the real world.

Whatever you take as real is what you're prepared to act on. **CLICK**



CLICK and talk through this slide.

The private experience notion in ACT in this case might be considered Rupen's keeping his status assignment as bi-sexual to himself. It gets acted out by acting it in, if you will, through avoidance. He imagines future degradation for his bi-sexuality. Because he doesn't expose it, it remains a degradation.

What happens in therapy? By looking at these painful experiences, it's no longer kept private. The community of therapist-client leads to a reassignment of sexuality from shameful to acceptable.

It's interesting to consider this connection with his degradation of employees. **CLICK**

DP Interventions

- **Self-Degradation:** Lord to Leader; Liar to Lover
- **Relationship Change:** Judge-Defendant to Coach-Trainee
- **Significance of Passive-Aggression:** Protection? Punishment?
- **Status Conflict:** Untenable position. Reason to be angry. Can't express anger directly. Act of Defiance.

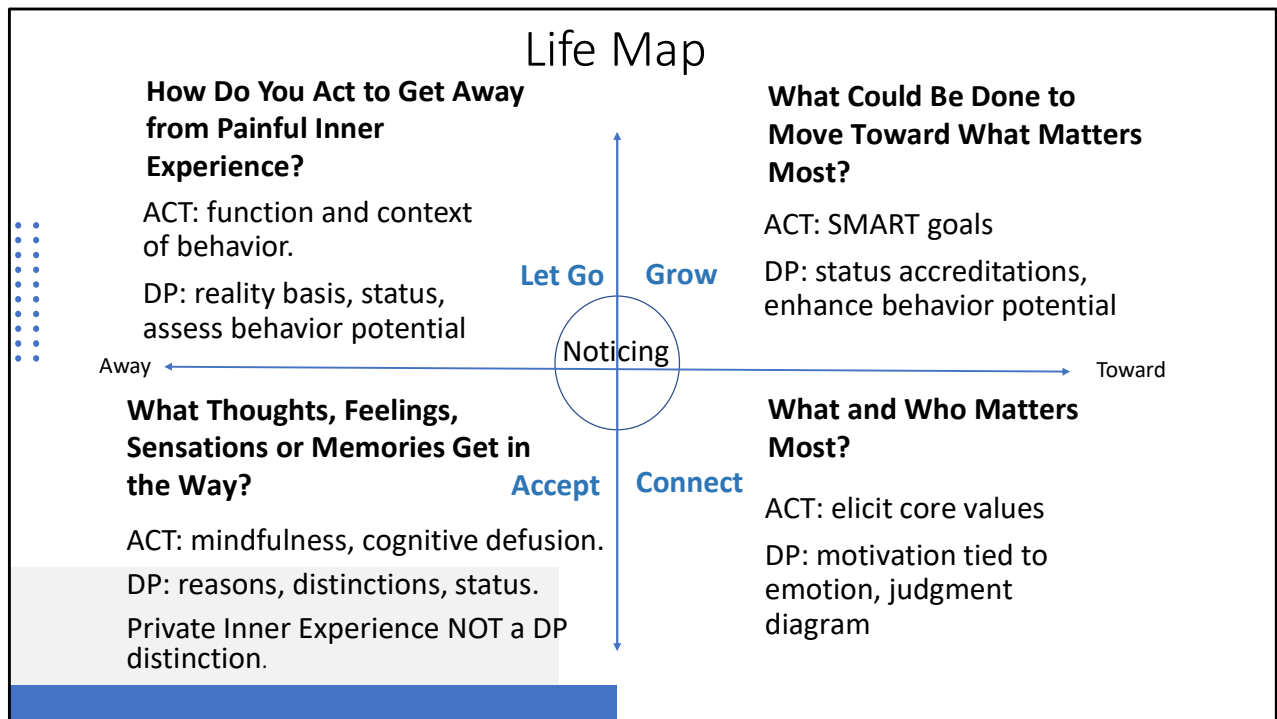


- **Super Critic**
- **Model Social Practices:** O2-C2 Mentoring
- **Engage in Deliberate Action**
- **Enhanced Behavior Potential:** Travel

CLICK and talk through this slide.


SHARE if there's time:

By way of context for **Rupen's suicide attempt** at age 10: His parents were called in to school because he received a grade less than a 90. This had happened before and was a source of embarrassment and shame to himself and his parents. He was angry about the way they'd responded before, harshly, with no consideration for his feelings. The 2nd time this happened, he drank an acid that was used for science projects before his parents arrived. When he started experiencing sick feelings, he reported it to a teacher and was taken to the hospital. His parents responded with great concern for his well-being but no one ever spoke about his suicide attempt. I'm the first person he ever told and I responded with deep concern and empathy, allowing him to talk about his experience, what it meant to him then and what it means to him now. **CLICK**



CLICK and talk through slide

Ray Bergner’s book Status Dynamics provides clear guidelines for DP informed therapy.



Awareness of Experience:

- Functional Analysis
- Escape, Avoidance & Control Strategies
- Know Your Hooks

Practicing Openness:

- Mindfulness Practice
- Perspective-Taking
- Self-Compassion
- Connecting to Future Self

Engaging in Life:

- Evoke Values
- Smart Goals
- Purposeful Steps

ACT Treatment

CLICK and talk through slide.

DP Treatment

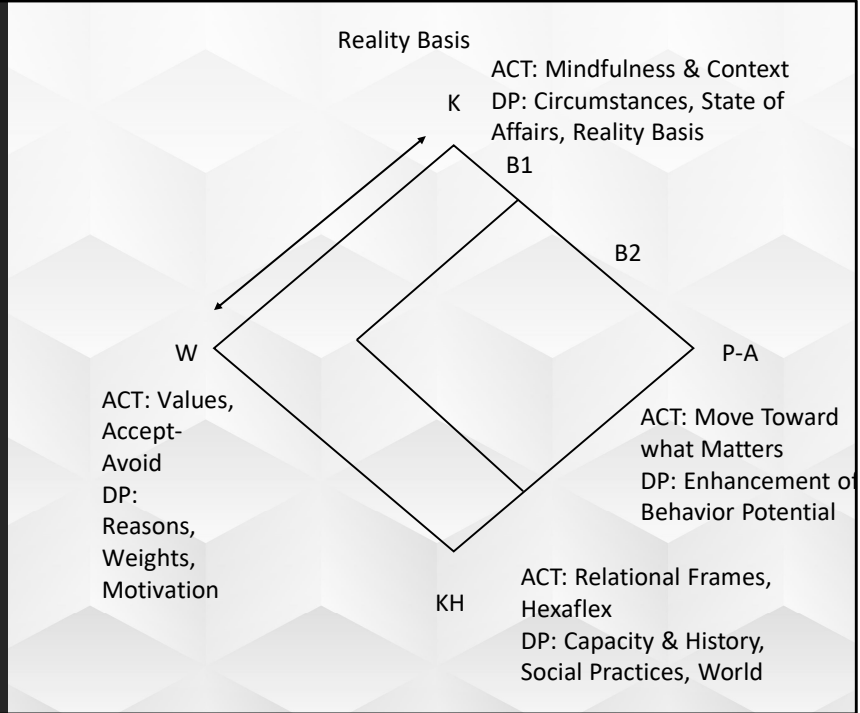
- Status Dynamic
- Relationship & Relationship Formula
- World Reformulation & Construction
- Significance
- Behavior Potential
- A-O-C
- Judgment Diagram
- Social Practices
- Ability for Deliberate Action



CLICK and talk through slide

DP gives many ways to describe Persons depending on what you want to emphasize or what the situation calls for. **CLICK**

ACT & DP



CLICK and talk through slide.

Distinctions & Overlap



Pathology seen as a restriction in one's behavior potential.



Cognitive fusion would be a restriction as would avoidance, in clinically relevant contexts.



Being stuck in the past or anticipating the future could be restrictions, again in certain contexts.



Seeing oneself as the sum of what happens to them vs seeing oneself as having things happen is a restriction.



Some emotions may lead toward restrictions in behavior potential.

POINT and Talk

CLICK

Distinctions & Overlap

Problems in DP are restrictions. In ACT, they are moves away from committed action tied to values.

DP therapist as an accrediting person following Bergner's policies

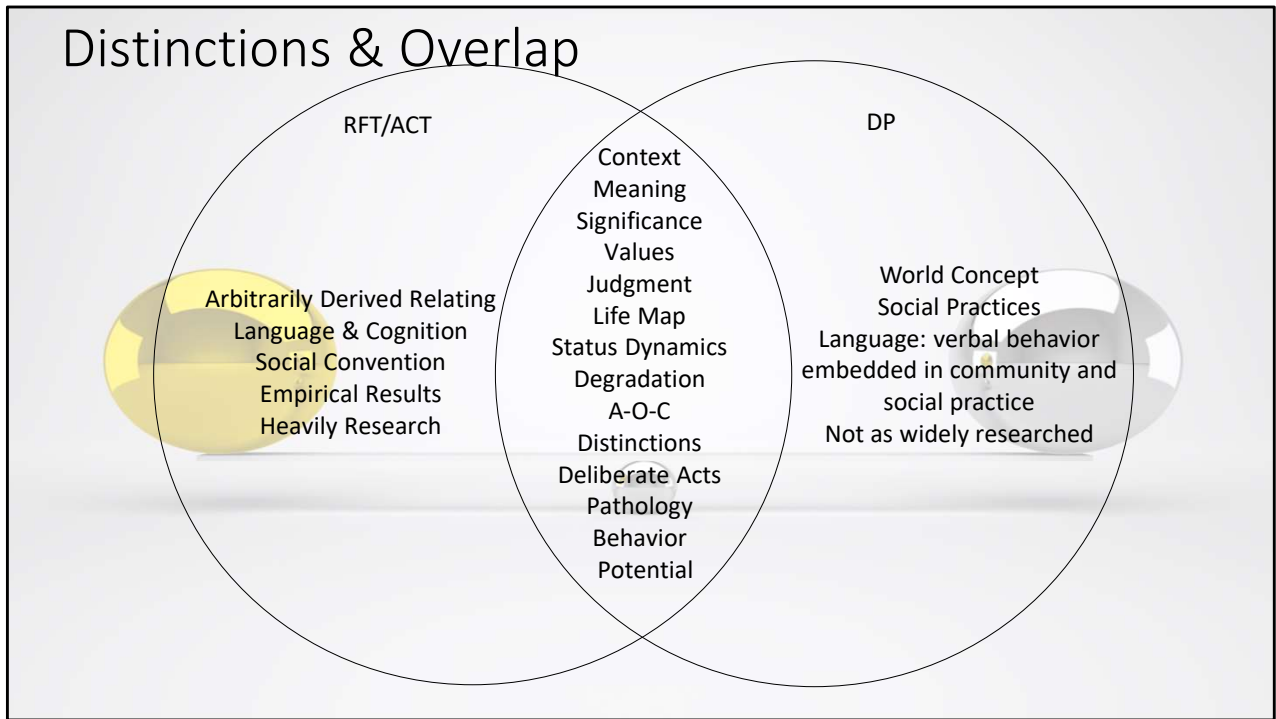
ACT therapist as reinforcer of successful (i.e., value-based) acting.

Both create a conceptual framework that orients the therapist to the behavior of persons, including the therapist.

POINT and talk

CLICK

Distinctions & Overlap



Click and talk through this slide



Discussion



Addendum



Discussion

- What is Experiential Avoidance?
 - Unwilling to tolerate painful “inner” experience (i.e., thoughts, feelings, memories, sensations)?
 - Judgment (i.e., I discriminate a case for fear/despair and escape or numb)?
 - “Irrational” possibly in that there is a faulty reality basis?
 - Is some avoidant behavior akin to taking a “Happy Pill”?
 - Is some avoidant behavior rational and necessary?
- Just how does mindfulness and acceptance function in DP conceptualization?

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Status Dynamics

- ACT looks at function of behavior in particular contexts and does not mention status or world construction directly
- ACT suggests that relating is an operant which may be another way to describe world construction.
- ACT attempts to defuse from unhelpful self-concepts, to see oneself in context, not the content of one's thoughts, feelings, sensations.
- ACT may be status enhancing in the way in conceptualizes psychological flexibility, or one's ability to act on what matters most rather than see oneself as a victim of circumstance or unhelpful, self-conceptualization (i.e., self-as-context).

The analytic approach adopted by Cognitive Behavioral Science (CBS) is grounded in functional contextual philosophical assumptions (Biglan & Hayes, 1996; Hayes & Brownstein, 1986), which maintain that actions, public and private, can only be understood in terms of the situational and historical contexts in which they occur. In other words, analyses of relationships among behaviors broadly defined (e.g., overt actions, thoughts, feelings) or patterns of behaviors (e.g., personality traits, temperaments, repertoires) are considered incomplete without the inclusion of contextual variables that predict psychological actions or action patterns, and the relationships among them.

Relational Frame Theory (RFT) is the simplest form of operant theory since it claims nothing more than a particular type of behavior, arbitrarily applicable derived relational responding, is an operant.

Status Dynamics

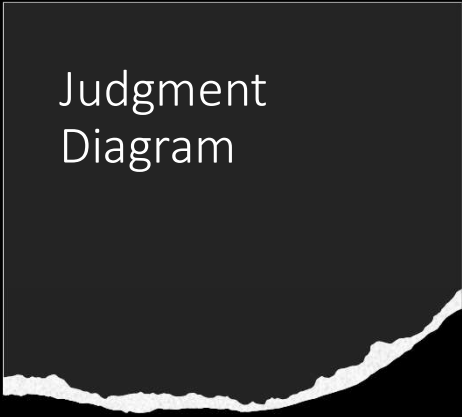
- ACT eschews pathological descriptions, does not seek to eliminate symptoms but to mobilize clients toward committed action aligned with values. ACT resists DSM categorizations. People make sense.
- DP's concept of problematic worldview reducing behavior potential resonates with ACT in that an attempt to eliminate painful emotions reduces one's ability to act on their values, or what matters most to them.
- World reconstruction may have some relevance with ACT's notion of cognitive defusion and self-as-context which preferences more expanded perspective-taking in the service of meaningful action.

Status Dynamics

- Looking at all aspects of one's ability to make meaning out of loss, or to face what was once considered traumatic and unthinkable relates to ACT's concept of acceptance.
- Does value work in ACT amount to empowerment or status of world constructor?
- ACT and DP agree that self-concept or relational frames are developed in the context of one's place in their world, what was learned or reinforced, resulting in one's personal characteristics or status.
- In DP, behavior change flows from a change in status. Might ACT suggest the opposite? Or does ACT posit that one's values represent one's most authentic self?

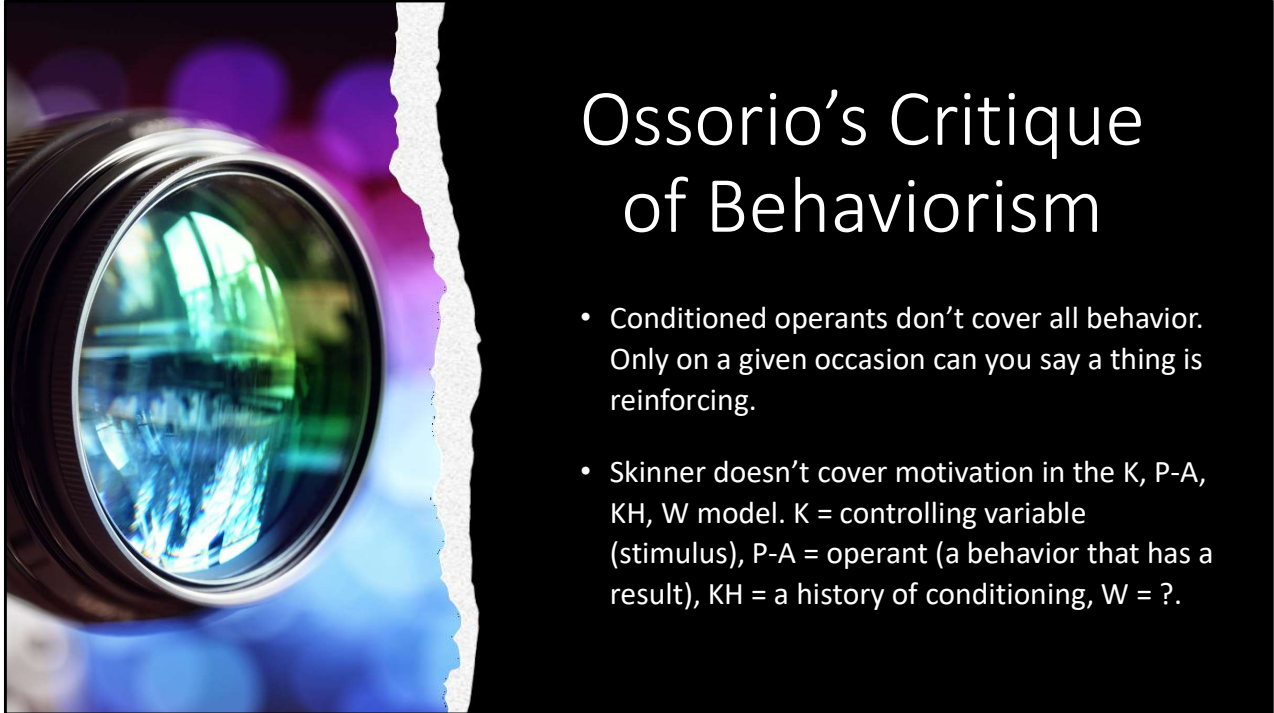
Status Dynamics

- An ACT therapist may in effect be reassigning status as one who can commit to actions in the service of values even in the face of painful emotions.
- Another ACT status claim: one who HAS experience vs one who IS their experience.



Judgment Diagram

- ACT helps clients consider more circumstances rather than become stuck with rigid perspectives (i.e., cognitive defusion)
- ACT emphasizes the importance of values as key determinants of behavior potential which is akin to Reasons and Weights
- The notion of Personal Characteristics being the result of one's Capacity and Experience (i.e., developmental history) relates to RFT's notion of the development relational frames based on language development in the context of relationships with significant others which also relates to World construction



Ossorio's Critique of Behaviorism

- Conditioned operants don't cover all behavior. Only on a given occasion can you say a thing is reinforcing.
- Skinner doesn't cover motivation in the K, P-A, KH, W model. K = controlling variable (stimulus), P-A = operant (a behavior that has a result), KH = a history of conditioning, W = ?.

How apply controlling variable to explain a couple's behavior. There's no limit to how behavior can be reinforced in real-life situations as in "yeah, there must have been some." Ossorio sees it a bookkeeping.

Skinner rejects the notion of inner causes of behavior, or the PC. He doesn't account for individual differences. In contrast, Existentialists do away with cause and effect and say it's all PC.

Why do people do what they do? For Skinner, conditioned operant.

What are the differences among people? A repertoire of behaviors that have been conditioned.

How do people get the way they are? The behavior has been shaped (i.e., learned)

In RFT K = stimulus: conditioned, discriminative, relational, P-A = operant, KH = conditioning, direct and discriminative, derived relational responding, mutual entailment; W = open/closed, centered/de-centered, engaged/disengaged

Why do people do what they do? Avoid or Accept (i.e. open or closed), committed to values (i.e., engaged or disengaged), In the moment and contextualized (i.e., centered or

de-centered).

What are the differences in people? Functional contextualism

How do people get the way they do? Conditioning + Language (discriminative)

World According to DP

Community: common world, a language, a structure of social practices, statuses, way of living, choice principles and individual members.

A person's place in the community provides REASONS and opportunities to engage in one behavior or another.

Status takes precedence over fact.

Significance = "what is she doing by doing that?"

What a person sees in their world as possibilities and non-possibilities differs according to status.

A community has a shared, specific view of the world.

World is comprised of Ultimate Objects, Processes, Events, State-Of-Affairs, Relationships.

Feeling = Actor's knowledge of relationship

World According to ACT

In ACT, behavior has a function in context...psychological resilience, i.e., successful action is the aim.

Acting upon view of world in ACT means acting in the context of relational frames.

An ACT therapist sees the world as ACT sees it and acts accordingly.

What are the ultimate objects, processes, satisfactions of ACT?

- Object: Person
- Process: Psychological Resilience
- Satisfaction: Successful Acting

ACT: colliding world notion within self (avoidance vs acceptance, etc)

DP: worlds, social practices, objects, satisfaction

DP: Intractable value problems are intractable significance problems

Distinctions, Status Assignment, Behavior Potential

Mindfulness and Cognitive Defusion increase one's ability to pay attention to available options to actualize capacity via Psychological Flexibility

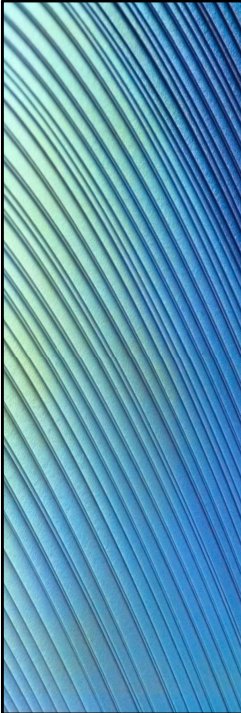
Social Practice and Status of Therapist as Status Assigner vs De-emphasizing Pathology, seeing people in context (implies that all behavior makes sense or has a function)

ACT preferences enhancing perspective via cognitive defusion.

Both focus on increasing Behavior Potential

Status takes precedence over fact vs Self-As-Context

Who I am is a reflection of my Status or concept of self (DP & Act)



Distinctions, Behavior Potential, Significance, Context, Status Assignment

Making distinctions is akin to
mindfulness

ACT encourages observation of
what's going on, opening up a
space that says it's OK to be you,
to see how certain behavioral
patterns make sense, that it's
often helpful to discriminate
thoughts (beliefs) from reality.

Is Psychological Flexibility only
one aspect of potential?

DP: Significance of behavior
changes based on the context.

Act: Reinforcers maintain
behavior depending on the
context.

Therapist as Reinforcer akin to
Status Assigning.

Stimulus Function & Intentional Action

In DP, a phone ringing at home is a different stimulus than a phone ringing at a concert unless...

- Person doesn't recognize context or make a distinction between concert and home (K)
- Person expecting an emergency situation (W)
- Person doesn't have the skill to turn off the phone (KH)
- Does ACT have a simplistic view of stimulus? Does ACT limit the behavior potential of the therapist?

Appraisals, Stimulus Control, Social Practices

DP appraisals: reasons to act one way or another, degradation/accreditation status, contexts, worlds, social practices, distinctions, judgement diagram

ACT: discrimination, over-generalization, space to notice contextual factors, stimulus control in favor of psychological flexibility.

How does ACT handle a clash of social practices? (e.g., Indian vs American teaching practices)

- Authority Figure/Expert
- Mentor/Collaborator/Fellow Learner

PC, Values, Social Practices, Emotion



PC AKIN TO
VALUES



EXPANDING
WORLD IMPLIES
NOTICING ONE'S
SOCIAL PRACTICES,
NOTICING WHAT'S
POSSIBLE GIVEN A
NEW STATUS
ASSIGNMENT.



DOES ACT SEE THE
"VALUE" IN
EMOTION? DOES
ACT HAVE A
NOTION AKIN TO
O-C?
MINDFULNESS?



DP: SOMETIMES
AN ACTOR'S
EMOTION
INDICATES A
PROBLEM TO BE
SOLVED (E.G.,
ANXIETY SIGNALS
UNCERTAINTY AND
THREAT; GUILT
SIGNALS A
VIOLATION OF
SOCIAL
PRACTICES).



ACT: EMOTION IS
A REFLECTION OF
ONE'S
RELATIONAL
FRAMING WHICH
IMPLIES WORLD
CONSTRUCTION
IN A SOCIAL
CONTEXT (I.E.,
LANGUAGE AND
RELATING).



Intentional Action & Theory

Both DP and ACT would define a person by their actions in the context of their developmental history.

Parameters:

- W = Values; Committed Action
- KH = Psychological Flexibility? RFT?
- P-A = Avoidance-Acceptance; Committed Action
- K = Mindfulness; Self-Concept; Cognition

Self Concept, Status, World, Relationship Change, KH

1

ACT: Self-As-Content = Conceptualized Self; Pathological if attached to the point of psychological inflexibility

2

DP: Set of Statuses; Pathology = Narrowed Status

3

DP: How move from a meaningless world to a meaningful one? Listen carefully to a person's worldview and affirm its logic. See the person as a world constructor, not as a victim.

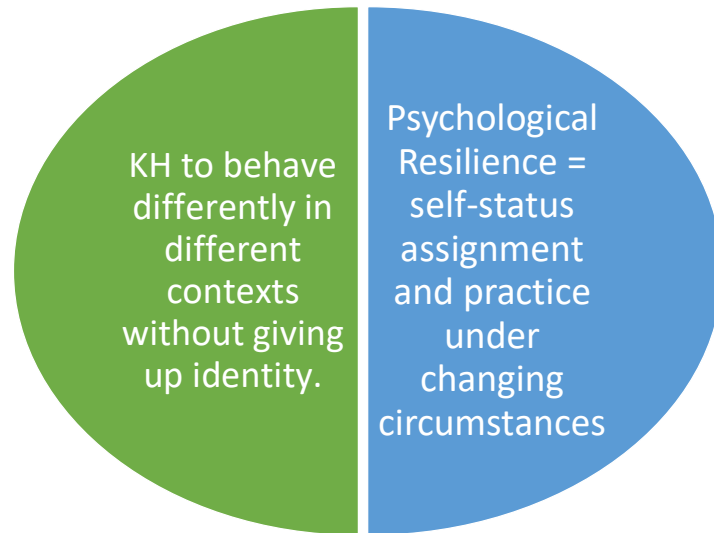
4

Relationship change : If R with C is inconsistent with R but consistent with S, C will change in the direction of S (Jefferies)

5

Problem of KH: if called on to do what we can't, we'll do instead what we can: worry, engage in addictive or compulsive behavior, etc.

KH, Deliberate Action, Psychological Resilience, Status



Significance vs. Function

- Function could mean the P-A parameter
- Function could mean the S parameter: given a person's learning history, they may have a fear of dogs. Moving to the other side of the street when a dog is present = creating safety. For someone who loves dogs, moving toward the dog = making contact.
- What a person is doing by what they're doing = S
- In ACT, a person drinking excessively may carry the significance of avoidance of pain...that's its function.
- In classical behaviorism, a function may simply be P-A. Behavior and function can be separate whereas significance cannot.

Emotions

- ACT sees them as acceptable as opposed to something that should be eliminated. Thoughts, feelings and sensations are considered private, internal events as opposed to actions which are an expression of either away from or towards values considered important to the person.
- In DP, feelings are an actor's knowledge of relationships, a reflection of one's assigned status.
- I am not aware of ACT's take on reality constraints.

A-O-C

- In ACT, some emotional states, ones that lead to avoidance, might be considered super-critical from a DP perspective, not for the benefit of the actor.
- ACT preferences observation of the present moment, of one's own thinking, feeling, sensing toward the benefit of acting on values as opposed to avoidance.

Questions

- Does ACT focus only on P & A parameters or does it incorporate S?
- Does ACT's notion of pain avoidance limit description? How would ACT describe lashing out or isolating?
- Mindfulness can increase the K parameter, give access to other perspectives.
- Does ACT describe participation in the social practices of the community beyond a focus on values?
- Theory of Personality
 1. Why do people do what they do? (A universal account of behavior: IA)
 2. What are the differences among people? (An account of individual differences: PC)
 3. How do people get the way they are? (Developmental Theory)

Questions

- What is ACT's universal principle?
 - Functional Contextualism & Relational Frame Theory
- How does FC & RFT operate?
- What is the paradigm case for ACT?
 - Hexaflex model? Life Map?
- Is function akin to significance?
- What does DP say about "private events?"



Policies:

- Non-Judgment
- Non-Confrontational
- Respect
- Non-Expert

Values:

- Respect
- Anti-Oppressive Practice
- Radical Feminism
- Allegiance to Strength-Based Perspective

ACT Policies & Values

DP Policies

- Deal With Reality Basis of Emotions
- Appeal to What Matters
- Establish and Utilize Client's Control
- Don't Buy Into Victim Acts
- Avoid Generating Resistance
- Respect Both Sides of Client's Ambivalence



DP Client Statuses

- Acceptable
- Makes Sense
- Interests Come First
- An Agent
- Significant
- Given the Benefit of the Doubt
- Strengths and Resources
- Therapist's Ally and Collaborator
- Fellow Status Assigner



DP Therapist Statuses

- Credible
- Own Person
- Eligible to Criticize the Culture
- Knows the Client
- Embodies Statuses Being Assigned





Relational Frame Theory

Mutual Entailment

*Specified $A = B$
Mutually Entailed $B = A$*

Combinational Entailment

*If A related to B and B related to C
then A and C related in that context*

Transformation of Stimulus Functions

*the functions of one stimulus alter or transform the
functions of another stimulus in accordance with the derived
relation between the two, without additional training*

Relational Responding is a specific class of responding that shows contextually controlled qualities: mutual entailment, combinatorial entailment, transformation of stimulus functions.

Mutual entailment refers **to the relations between two stimuli**. For example, if you are told that $A = B$, you can derive that $B = A$. That is, the specified $A = B$ relation mutually entails the (symmetrical) $B = A$ relation.

Combinatorial entailment refers to **a derived stimulus relation in which two or more stimulus relations (trained or derived) mutually combine**. For example, combinatorial entailment applies when, in a given context, if A is related to B and A is related to C , then B and C are mutually related in that context.

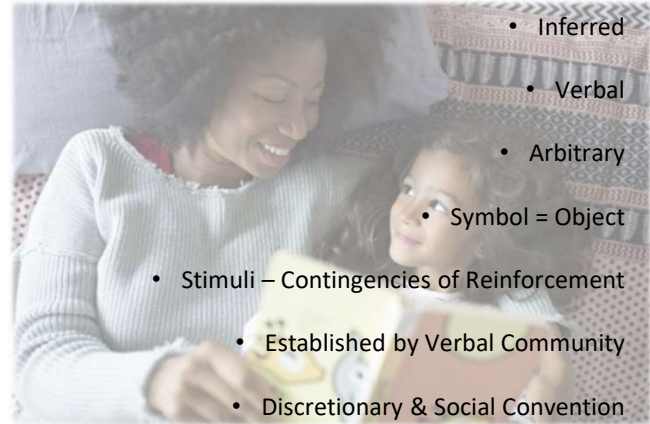
The transformation of stimulus functions is said to occur when **the functions of one stimulus alter** or transform the functions of another stimulus in accordance with the derived relation between the two, without additional training. The phenomenon of transformation of functions through arbitrarily applicable relations has been demonstrated in well over one hundred RFT

studies with a variety of relations and function.



Relational Frame Theory

Conditioned & **Derived**



Humans influenced by conditioned discrimination & derived relating.

Derived Relational Responding: 1. Inferred from facts or premises vs. direct experience; 2. Based on verbal descriptions (i.e., indirect experience); 3. Based on *arbitrary* features (i.e., not via senses); 4. *Arbitrary* means relating a word (symbol) to an object (word and object do not share the same physical properties); 5. Stimuli related according to contingencies of reinforcement established by the verbal community one participates in (DP World Concept); 6. Humans can relate on the basis of arbitrary features (Arbitrary meaning discretionary, social choice. Arbitrarily applicable means that the relationship among stimuli are established by social convention.)

Relational Frame Theory

Personally Contacted

Verbally Contacted

Complex Individual

Unique Verbal Networks

Language is not arbitrarily applied. You call something what the community by social convention calls it. Some derived relationships are based on Personal History (My cat is my friend), Verbally Contacted (Cats and chairs have 4 legs), Complex Individual and Unique Verbal Networks (Cats and sunsets are beautiful).



Relational Frame Theory

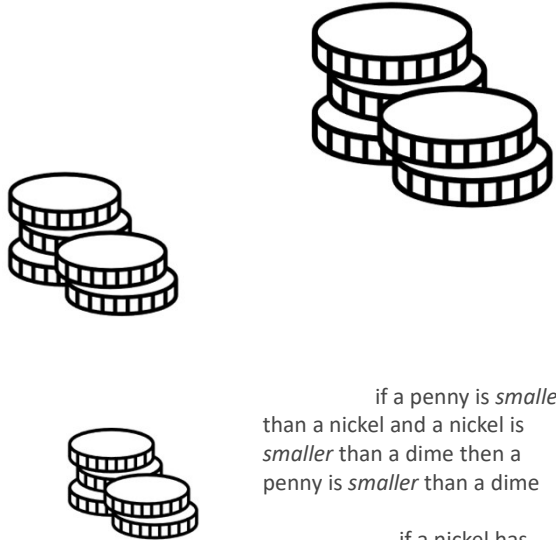
Types of Relational Frames:

- **Sameness** (or coordination, e.g., “A=B”)
- **Comparison** (e.g., “C is bigger than D”)
- **Opposition** (“Black is the opposite of white”)
- **Distinction** (“This is not the same as that”)
- **Hierarchy** (“A whale is a type of mammal”)
 - **Analogy** (“A is to B as C is to D”)
 - **Deixis** (“I am here and you are there”)
- **Temporality** (“Spring comes before summer”)

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Mutual
&
Combinational
Entailment



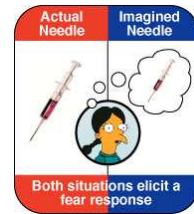
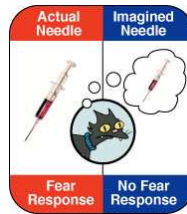
if a penny is *smaller*
than a nickel and a nickel is
smaller than a dime then a
penny is *smaller* than a dime

if a nickel has
been used to buy candy a dime
will now be *preferred* even if it
has *never actually been used*
before

For example, very young children will know that a nickel is larger than a dime by physical size, but not until later will the child understand that a nickel is smaller than a dime by social attribution. In addition to being arbitrarily applicable (a nickel is “smaller” than a dime merely by social convention), this more psychologically complex relation is mutual (e.g., if a nickel is smaller than a dime, a dime is bigger than a nickel), combinatorial (e.g., if a penny is smaller than a nickel and a nickel is smaller than a dime then a penny is smaller than a dime), and alters the function of related events (if a nickel has been used to buy candy a dime will now be preferred even if it has never actually been used before).



Relational Frame Theory



What differentiates us from other animals:

1. Deriving relationships that aren't obvious (i.e., imagination)
2. Symbolic comparisons. Symbols are arbitrary meaning we agreed to call it that (i.e., language).

For a cat, an actual needle may produce fear but not an imagined needle. For a person, the actual needle and imagined needle might produce fear.