

# Introduction. Building on Behaviorism: Cognitive/Behavioral Therapies, Behavioral Psychotherapy, and Functional Contextualism

Even though this book is based specifically on learning theory and has behaviorism as its point of reference, we believe there is a need to start by relating its content to the wider world of both behavioral and cognitive therapies. Let's turn to that topic now.

## Cognitive/Behavioral Therapies

Cognitive and behavioral therapies have undergone significant development over the past twenty years. Scientific support has grown along with interest from society at large. The therapies are practiced in different ways, but therapists typically use a mixture of techniques from both perspectives, most of the time under the heading of CBT (cognitive behavioral therapy). However, there is an inherent tension in this mixing. While traditional behavior therapy is a clinical application of learning theory, cognitive therapy is based on a model of information processing. Of the two, the cognitive model has dominated, at least since the 1980s, the theoretical aspect of CBT. One probable reason for this dominance is that several successful treatment models have developed from a cognitive perspective. Another might be the fact that classical learning theory has had problems dealing with some typically human phenomena, such as the power and function of thought. Even though behaviorism and well-researched principles of learning are implicit in the CBT tradition, the epistemologically more critical view of science in the tradition of behaviorism has often been pushed into the background.

In the last few years, interest in classical learning theory has increased. Several new treatment models, explicitly based on behavioral philosophy, have developed. The best known is probably DBT (dialectical behavior therapy). At the same time, there has been a growing debate about the scientific foundation of CBT. One argument suggests that the current models lack a solid foundation in basic experimental science. If so, this would contradict the idea that therapy should be an application of principles of learning that are known from, and tested in, empirical research. Without this link with research, theory easily becomes more an elaboration of folk psychology rather than being a part of a progressive scientific movement (O'Donohue, 1998).

Criticism of the psychology of information processing has often been raised from a behavioral perspective. For us, the essence of behaviorism is its tradition of fostering an epistemologically critical view of science. This line of thinking has grown out of functionalism, where the function of the organism's behavior in relation to its context is the central focus. This is so whether we focus on the survival of the species or study the learning of an individual organism. Behaviorism is also anchored in a pragmatic tradition in which the value of knowledge

is ultimately determined by its usefulness. Behaviorism, then, is not primarily a psychology. Rather we see behaviorism as a philosophy and a tradition of epistemology that serves as a foundation for psychology. From this standpoint, the critical view of knowledge inherent in the tradition becomes evident. A behavioral perspective redefines what the object of study for psychology is. From this perspective, one questions whether psychology should be the study of hypothetical structures in the “mind.” More importantly, one also questions whether descriptions of these hypothetical constructs can lead to meaningful knowledge about what governs human behavior and if they have any utility in helping change behavior.

The death of behaviorism has been proclaimed many times, and each time the proclamation has come, we think, a bit too early. The tradition of being critical of a commonsense view of knowledge is still very much a relevant issue, particularly in the area of psychotherapy. In the United States, the behavioral trend in psychotherapy, commonly referred to as clinical behavior analysis, is evident. It is characterized by both a return to tradition and by innovation. There is a strong emphasis on classical learning theory—respondent and operant conditioning—as the basis for psychological change. At the same time, there is a focus on addressing areas that have been underdeveloped in traditional behavior therapy, such as the therapeutic relationship. Recent basic research on language and cognition is also being used to develop new intervention techniques, resulting in new areas being targeted.

## Behavioral Psychotherapy and Behavioral Psychology

Having said that, it ought to be clear that this book is based in the same tradition as classical behavior therapy. At the same time, it will hardly escape the reader that we as authors are influenced by the somewhat different models of behavior therapy that have developed in the last fifteen to twenty years. We have already mentioned DBT. Others are ACT (acceptance and commitment therapy), BA (behavioral activation), and FAP (functional analytical psychotherapy). Although there are separate models, we want to put our focus on the behavioral tradition and the functional understanding of human behavior more generally. Our aim, thus, is not to present a set of different models of psychotherapy. We want to present a particular perspective, applied to a specific situation—the situation usually called psychotherapy. This perspective, shared by the therapies mentioned, is a development of traditional behavior therapy leading to more behavior therapy and, sometimes, behavior therapy done in new ways.

Just to make sure we are not misunderstood at this point, let’s be clear: we are not suggesting a new form of therapy by calling this “behavioral psychotherapy” (BPT?). Actually, one of the peculiarities of the behavioral tradition seems to be that every extension comes with a new name and acronym. However, to us, *behavioral psychotherapy* is simply a meaningful descriptive term that can be used synonymously with *behavior therapy*. The first term has a more clear theoretical meaning, but *behavior therapy* is precisely this: psychotherapy from a behavioral perspective.

Behavior therapists have traditionally disliked the word “psyche.” And it is indeed strange to talk about therapy for a “psyche” at the same time that this concept is regarded as an unfruitful basis for science. Historically, the term “behavior therapy” was created as a reaction to “psychotherapy.” At the same time, there is a sound behavioral tradition of using acts that work, and this includes using words that work. We describe something that is done, a particular kind of behavior. This type of behavior is usually called psychotherapy. The word “psychotherapy” has become synonymous with psychological treatment. So why not use the more apt term: behavioral psychotherapy?!

In using this term, we do not wish to take an extreme position that would exclude many others. Rather, we see behaviorism as a vibrant and fruitful basis for the practice of psychotherapy. This practice readily includes techniques that do not have their origins in learning theory. This means that a reader who is used to another model of psychotherapy will probably be familiar with some of what we write about in this book.

## Our Journey to Writing This Book, or How Did We End Up Here?

We both started our journey, independent of each other, through the landscape of psychotherapy using a psychodynamic map. We read books by Kohut, Kernberg, and others, and tried to practice what we read. One of us was training to be a psychologist (Jonas), the other a psychiatrist (Niklas). This was back in the 1980s when the cognitive map was growing in general usage. We were both attracted to its promise of increasing the impact of empirical research on psychotherapeutic work. We did our separate training in psychotherapy, reading Beck, Clark, and others, and continued to work with clients. At this point, we were still independent of each other. Our continued interest in the empirical base of psychotherapy led us both to a deepening interest in the behavioral contribution, and suddenly we found ourselves on fruitful ground—a little sparsely populated maybe, but full of life, both old and new. There we met, and in our conversation about what we found, the idea of this book was born.

### **Our Intention**

This book is an effort to answer some of the questions we have encountered while teaching in different contexts and in trying to clarify our own positions. One of the most common questions has been this: where can one read more about this? It has been difficult to give a good recommendation. The older literature is often complicated and is either focused on experimental research or has areas of application other than psychotherapy. More recent books are either on research only, or are focused on one specific model of behavioral therapy. So where can you read about the basic perspective of behavioral psychotherapy? Hopefully we can now say, “Here!”

As we began our writing, we wanted to fill several gaps. We wanted to write a fairly easily accessible introductory book on clinical behavior analysis/behavioral psychotherapy, a book that presented the challenges that this perspective contains. We wanted to write a basic book on how learning theory can work as a basis for clinical conceptualization/analysis. We wanted to stress the position of analysis: the theoretical understanding of human behavior and how practical clinical techniques can be derived from the theory.

### **Choices We Have Made**

In our presentation of behavioral psychology, we've had to make several choices. One, and this has been a painful one, is to abstain from presenting the experimental basis for the theories and concepts used—and we do this while presenting a perspective in which this is explicitly stated to be the *raison d'être* for the position we've taken! The alternative, however, would have turned out to be a different book than the one we wanted to write—the one that is now in your hands.

Other choices are about how particular words should be used. This is so because behavioral psychology in a sense is not one psychology but many. Words are used in different ways, and usage sometimes even reflects opposing positions. The choices we've made mean that you might find the same terms used in other ways in other texts. This is inevitable in such a broad tradition as behaviorism. If you want a name for the specific position we take, the most common name is radical behaviorism, the same position that, later in this introduction, is described by the more modern and specific term “functional contextualism.”

## **What Behavior Is**

Everything in this book is about behavior. Because that word can be used in different ways, it would be wise to explain our usage of it from the start. In accordance with radical behavioral tradition, *behavior* means everything an organism does. Behavior is not only what we easily can see another person doing, such as lifting an arm or talking to someone, but also the things we do on the inside, such as when we think, feel, or remember. This differs from how this word is used in everyday language. The reason we use the word in this way is because we want to keep these phenomena together, and because we believe they are best understood and influenced using the same principles. We won't take time at this point to argue in more detail for our definition. Hopefully our use of the word “behavior” will be clarified as you work through the book. We just want to make our use of the term “behavior” clear so you don't misunderstand what follows.

Behaviorism takes interest in something done—an action. Our book should also be read from this perspective. We want to share something we do: observing the behavior of clients and using a functional analysis of that behavior as an integrated part of clinical work. We also want to

present behaviorism as a way of taking an epistemologically critical stand. This is not for its own sake, though. We believe this serves the purpose of producing a sound, scientific psychology. In therapy, this also works as an invitation to reflect on our own behavior as therapists as we ask ourselves these questions: What am I doing? What can I observe, and what can I influence?

These questions—or, more accurately, our answers to them—underscore the importance of functional contextualism in behavioral psychotherapy. Let's look more closely now at this perspective and its role in therapy.

## A Functional Perspective: Our Clinical Starting Point

Six clinical cases are woven throughout the book. They illustrate both theoretical concepts as well as strategies of treatment. Different aspects of each case will be emphasized for educational purposes. The cases are not real, but they do reflect general situations that most psychotherapists probably recognize as authentic. The purpose is both to use everyday examples for illustration of the principles and to show how understanding and change are tightly connected in a psychotherapy based on learning theory.

Let's start our exploration of human behavior and functional contextualism with a few clinical vignettes based on these six cases:

- *It is Friday afternoon on Ward 11, an emergency care unit at the psychiatric clinic. The staff discovers that Jenny has disappeared from the ward despite the fact that she is not permitted to leave on her own. She cut her wrists three times last week, so the staff is extremely troubled that she is gone.*
- *Anna is starting to see her relationship with Peter as increasingly hopeless. They hardly speak to each other anymore. On weekends, when Peter has been drinking, they usually end up fighting. Anna doesn't want their four-year-old daughter to go through this anymore.*
- *Marie describes being uncomfortable when she is the focus of attention. She constantly struggles with thoughts that others will realize how nervous and insecure she really is. At times, she feels as if she is facing her own execution.*
- *Mirza says that he woke up again last night with the same nightmare. He really doesn't know how long he can stand the memories and the nightmares—the images from the night the militia came to their village, the last time he saw his brother.*

- *Alice didn't get much done at work today. Her heart was beating irregularly, and she's worried that there might be something seriously wrong. She feels this way despite the fact that her doctor told her that her health is okay. And now, because she didn't get much done today, she's also worrying about all the work she has to make up.*
- *Leonard didn't get off to work again today. He has been on sick leave, due to depression, for quite a long time. Even though he had agreed to work part-time, he just can't motivate himself to follow through.*

If we work in clinical settings, we all recognize examples like these. We could have chosen others. The critical thing for the moment is not the content of these examples. The critical thing, right now, is what we are doing: we are observing and describing people, people who are behaving. We ask ourselves, "Why are they doing this?" Or expressed differently, we observe behavior and try to explain it. This means that we are taking a perspective. All attempts to create knowledge about people imply taking a perspective, a priori. The perspective we take here could be called *a functional perspective*, that is, a perspective that focuses on the function of a particular behavior as it appears in a particular situation.

## Functional Contextualism

For a moment, let's leave the clinical setting and move out into everyday life. We observe a man, Mr. Smith. Every morning around 7:30, he leaves home and drives his car to work. When he walks from his front door to his garage, he passes by his neighbor's window, where Mr. Brown sits looking out while having his morning coffee. Mr. Brown, who has been retired for a couple of years, likes to take his time having breakfast and reading the newspaper. Mr. Smith waves his hand discreetly while simultaneously nodding his head and making a slight movement with his mouth without producing any sound. Mr. Brown replies by raising his cheek and forming his mouth into a smile. This is a behavioral sequence that is repeated with a high degree of predictability, day after day. Now, why is Mr. Smith doing this? What is the purpose of this behavior? We are trying to figure out the function of the behavior.

The greeting behavior emitted by Mr. Smith is responded to by Mr. Brown. The behavior is followed by a consequence. Here we have identified an elementary behavioral sequence in its context. It is a behavioral sequence that has a function in maintaining an everyday relationship between two neighbors. We could easily assume that if Mr. Smith disliked the consequence, he would stop greeting; this assumes, of course, that there are no other consequences which maintain the behavior that we would need to consider. It is indeed the fact that Mr. Smith finds it quite awkward if he looks away or otherwise ignores his neighbor as he passes by his window. When this has happened in the past, it has evoked an uncomfortable feeling. He is afraid that he might hurt Mr. Brown's feelings in some way. By greeting him every morning, Mr. Smith

effectively avoids this mildly aversive event. We could probably find a number of other functions for this behavior. For the moment, though, we'll simply say that a single behavioral act may have *multiple functions*.

Mr. Smith could substitute his waving with a discreet bow, the raising of his arm to lift his hat, or by uttering the words “Hi there” without threatening the mutual relationship between the two neighbors. So here we find other behaviors that easily could acquire the same functions. We say these behaviors are *functionally equivalent*, or that they belong to the same functional class. This is an important distinction. Behaviors that look different may be functionally alike—that is, they may have the same or a similar purpose.

On the other hand, behaviors that look alike may have different functions in different situations. Consider the situation where Mr. and Mrs. Smith go shopping. Since Mr. Smith finds the women's department rather uninspiring, he usually waits outside the store. To pass the time, he watches younger women and waves his hand while simultaneously nodding his head and making a slight movement with his mouth without producing any sound. When Mrs. Smith sees this from inside the shop, she will probably not accept the excuse that this is the same behavior Mr. Smith emits outside his neighbor's house every morning. In one sense, Mr. Smith would be correct in asserting that it is the same behavior. His behavior outside the shop looks identical to his behavior with Mr. Brown. It has the same form. We would say that topographically it is the same behavior. However, it is reasonable to assume that Mrs. Smith will argue that, in this situation, the same behavior has a different meaning. We agree with her. Said another way, a behavior can only be understood when considering the specific environmental circumstances within which it occurs. Topographically identical behaviors can be different behaviors from a functional perspective.

We have chosen the word “context” to depict these environmental circumstances. It is in the context that we search for causes of behavior, or, more specifically, in the context where the behavior occurs now and the context where this or similar behaviors have occurred in the past. Therefore, two things are central to the task of describing, understanding, and influencing behavior: the function of a particular behavior and the context within which it occurs. Understanding the function is to understand the purpose of a behavior—that is, its consequences. And consequences occur in the context. This is a perspective that is called *functional contextualism* (Hayes, 1993).

When Mr. Smith returns from work, he often sees Mr. Brown in his garden. Mr. Brown is usually busy trimming the hedges, raking his gravel walk, or otherwise tending his neat little

garden. Mr. Brown stops what he is doing and utters phrases like “Good evening” or “How are you doing?” Since Mr. Smith, like many other living organisms, is equipped with the ability to discriminate between different situations that call for different behaviors, he will not emit the behavior he performs in the morning. He senses it would not be a sufficiently rewarding experience for Mr. Brown, and Mr. Smith would probably feel impolite. Instead, from a broad repertoire of potential behaviors, he chooses to reply with verbal statements such as “I’m fine, thanks” or “Just great!” Sometimes these behaviors are supplemented with a few words about the weather or encouraging remarks about Mr. Brown’s pansies. It is the same suburbia, the same people, the same distance from the front door and garage, yet a different context.

## Different Perspectives, Different Questions, Different Answers

We have chosen a certain perspective in order to study behavior. We could choose other perspectives to study the same phenomena. The ambitious young neurophysiologist might choose to equip Mr. Smith with a newly designed mobile PET-scan that would allow him to measure the blood flow in different parts of Mr. Smith’s brain during his waking hours. Let’s suppose he finds an increase in activity in certain parts of Mr. Smith’s brain when he passes by Mr. Brown’s window. The researcher may draw the conclusion that there are specific sites in the brain involved in coordinating discrete muscle movements in social situations that have a low level of novelty. The behavior emitted is thus caused by the identified activity in the brain. This is also an explanation of Mr. Smith’s behavior, but it is a different explanation from the one suggested by the functional perspective. From our perspective, the fact that Mr. Smith uses a part of his brain when he greets his neighbor is no stranger than the fact that he uses his arm. From a functional perspective, the neurophysiologist has described how the organism known as Mr. Smith behaves rather than why.

Let’s suppose that Mr. Smith is also the object of study by a personality researcher who makes him complete a vast number of questionnaires. The researcher finds that Mr. Smith tends to score high on dimensions such as “sociability,” “interpersonal attentiveness,” and “social desirability.” The researcher concludes that Mr. Smith has a socially oriented personality. His persistent greeting behavior is thus explained by this personality. Again we see an explanation, but this time it’s not from a neurophysiological point of view. Here the explanation focuses on something that Mr. Smith possesses: a personality. The personality researcher is interested in the more stable and constant aspects of Mr. Smith’s behavior. Reasonably speaking, a specific personality is something you have all the time. Our interest in understanding Mr. Smith’s behavior from a functional perspective, however, focuses on its variation across circumstances and situational specificity.

Different perspectives pose different questions, and they do so with different purposes. If a doctor meets a patient who complains that his throat aches when he talks, the doctor probably won’t ask questions like these: “When do you talk? Who is present when you’re talking? What

do you say? How do you say it? What reactions do you get from others?” Instead the doctor will probably say, “And how long have you had this aching when you talk?” Then he will probably look at the patient’s throat. This will give the doctor relevant information for his task. However, if the patient’s complaint is “People don’t seem to understand me!” the previously posed questions—“When do you talk?” etc.—seem suddenly relevant.

We formulate our questions in a way that can be considered adequate for gathering information in regard to a given task. Our neurophysiologist might have formulated his questions with a broader goal in mind. Suppose he is interested in tracking down the neurobiology of social-motor performance. He wishes to understand the patterns of impulse transmission in the brain and wants to be able to gather useful information for developing pharmacological agents that could effectively target these processes in disorders where disturbances in motor-communicative performance are important. That he specifically is studying Mr. Smith greeting Mr. Brown is not of crucial importance. Likewise, the personality researcher formulates his questions to be able to separate Mr. Smith from the rest of the population and categorize him according to personality traits—maybe for the purpose of finding social personality characteristics that could be useful in the interest of vocational recruitment.

A host of researchers from all kinds of perspectives could be gathered in Mr. Smith’s neighborhood. The sociologist finds the greeting sequence as an example of the fragmentation of politeness in postmodern human interaction, the psychoanalyst sees in Mr. Smith’s behavior the infant’s wish for approval from a distant father figure, and many more that we don’t have the time to describe here. They all ask their questions—and get their answers. And they are all involved in an intense debate over who is right and who is in possession of a true causal explanation, a debate often conducted with sentences that begin with “In essence, this is ...” or “Basically, this is ...” They all tend to speak of the cause as if it were something independent from the person who is observing and inferring.

But of all these perspectives, which one comes closest to “the true cause” of the actual behavioral event? Well, to answer that question we need to clarify what we mean by “cause.” If we search in the philosophy of science, we will find different and competing assertions of what constitutes a causal explanation. This in itself should invoke a humble attitude toward asserting the existence of “true causes” as distinct from other kinds of causes.

Choosing a perspective is a starting point that eventually directs the questions we pose and therefore the answers we get. Even scientists can be understood as intentional organisms. So “truth” is then not a quality of something in the world that we can claim to have discovered.

Rather, truth could be considered as an answer or answers that lead us further in pursuing our questions and intentions. This is the basis of a *pragmatic truth criterion*, a foundation of functional contextualism. According to this criterion, a statement is considered true to the extent it fulfills a practical purpose. In the present case, that overarching purpose is to predict and influence human behavior. A perspective is chosen a priori. Like other decisions, these choices precede the scientific and clinical process, and these decisions cannot be justified. In essence, they are choices.

In a way, this process looks like the one you go through when buying tickets to a soccer game. What seats should you choose? Maybe you should choose seats on the east side of the stadium. From there, you can see the entire field and you'll also get to sit in the sun. On the other hand, it can be quite irritating to have the sun in your eyes. What about the west side? It's also a good place for viewing the entire game, but it may be a little chilly in the shaded sections. In both cases, the seats are rather far from the goals, where most of the action takes place. Maybe you should sit on the south side, behind the goal of the opposing team. That will give you a great place for watching your team taking shots at the goal. But you could also choose the north side of the stadium to catch a good view of the home team's defense. An alternative would be to take into account the price of the tickets. Or another alternative is to sit where your buddies usually sit. Ultimately this is about what you want from the game. It would be very difficult to assert that any one perspective gives a better view in an absolute sense. It is ultimately about the purpose you have when booking the ticket. If there is a definite purpose (like watching your home team's defense), you could argue for the superiority of certain seats. But that would be a choice, and different spectators may choose differently.

So the core question of "best perspective" is a question of a philosophical nature, a question of utility, or a question of preferences. It is not a question that is amenable to a direct empirical test. But given a certain perspective, there are essential questions such as "Will treatment with drug X, which affects certain parts of the brain, be efficacious?" or "Are people with a Y-personality especially suitable for certain kinds of jobs?" This is where the empirical test is critical for the claim of effectiveness once the questions have been formulated. Our purpose is to understand and influence behavior. What will lead us there? Again we have a question that can be meaningfully and empirically tested in a vast variety of instances.

## Influencing Behavior

Mr. Smith is really quite dissatisfied with the formality of his conversations with his neighbor. He has very few friends and, based on their limited interactions, he thinks that Mr. Brown seems like a good guy. He would like to get to know him a little better. But Mr. Smith is worried that he might assume responsibility for his elderly neighbor who lives all by himself. Will he be able to live up to this responsibility? And beyond that, he thinks that it might seem a little awkward if he suddenly appears more interested in getting to know Mr. Brown. After all, they have been neighbors for many years now.

Mr. Brown, on the other hand, has lived much of his life as the one others depended on. He's used to being important to other people. He really misses that these days. His life is quite empty now that his kids are grown and his wife passed away. He's often had the thought that he could fix up Mr. Smith's garden. It would be nice to do something that mattered for someone else. But, throughout his life, Mr. Brown has gotten used to people asking him to do things. It's always been that way.

Now, if we would like to make a change in the relation between these two neighbors, I guess we could all come up with suggestions. Mr. Smith could put aside his concerns and ask Mr. Brown to come over for a cup of coffee. Mr. Brown could be more active in offering his services rather than waiting to be asked. Or he could buy some extra pansies and ask if the Smiths would be interested in his planting them in their garden. Or Mr. Smith could ...

We could easily come up with a long list. The common denominator in these suggestions would probably be that ultimately they describe a change in behavior in order to contact new consequences in the environmental circumstances where these two persons exist. These suggestions will not be formulated in terms of changing a process that is hidden in a deep, mysterious part of these people.

Now, to be honest, the suggestions we have come up with can hardly be said to require formal training in a thorough analysis of human behavior. But thus far, our ambition has only been to establish the basis of the perspective we chose to take: a functional perspective, a perspective that has great relevance for working with human beings.

## The Purpose of Our Perspective

The purpose of our perspective, as we will demonstrate in the following chapters, is to understand and influence human behavior. The basis for this lies in analyzing the behavior within the circumstances, or in the context, where it occurs. Of special interest is the understanding of the consequences of certain behaviors, that is, the function of those behaviors. This does not, of course, exclude the possibility of other perspectives. As human beings, we act purposely, that is, to achieve certain consequences. Ultimately, our chosen purpose is to best serve the people who seek our help. Our clients ask for help because they want change in their lives. Whatever best serves this purpose is considered to be truth in this process. This is a pragmatic truth criterion.

So, equipped with this perspective, we return to the ordinary life of clinical practice: to Jenny who is cutting her wrists; to the relationship between Anna and Peter; to Marie's social fear; to Mirza and his flashbacks; to Alice and her worry; and to Leonard, who didn't make it to work. It seems rather unlikely that mere advice would make a substantial difference in their lives. The fact that simple advice would not work could be considered part of the definition of a clinical condition (Öhman, 1994). But it is under these circumstances that we ask the question "Why are they behaving as they are?" That is what we will explore in the chapters that follow.

## What Lies Ahead in This Book

Three main sections follow. The first, Describing Behavior, deals with what can be observed when humans act, and how we as therapists should sort out what we see and what people tell us ( [chapters 1 and 2](#)). The basic model of functional analysis is then presented ( [chapter 3](#)). In the second part of the book, Explaining Behavior, we present the basic principles of learning. This is partly a review of well-established and often-used principles—respondent conditioning ( [chapter 4](#) ), operant conditioning ( [chapters 5 and 6](#))—and partly a presentation of more recent findings on human language and cognition ( [chapter 7](#)). Part 2 ends with our presentation of an enhanced functional analysis including these more recent findings ( [chapter 8](#)). The third part, Changing Behavior, focuses on clinical practice. Three chapters contain general strategies of psychotherapy ( [chapters 9, 10, and 11](#)) and the last two present more specific strategies and techniques ( [chapters 12 and 13](#)). We do not intend this book to be a treatment manual, but we still want to give you some practical guidelines that grow out of the functional perspective. In the end, this is what our professional lives are all about: what we can bring to our work with our clients.