What are Values in Clinical Behavior Analysis?

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Abstract

The context of psychotherapy involves ethical, theoretical, and technical matters regarding limits and possibilities to clinical practice. Some of these matters concern values and their importance for clinical interventions. Given the central role that the concept of values seems to have in current behavioral therapeutic models, this article intends to analyze and discuss perspectives regarding this concept as presented by authors such as Skinner, Leigland, Plumb, Wilson, and Harris. It is argued that the definition of values should be described using low-level terms, so that it may generate basic and applied research without losing its relevance to the clinical setting. We propose that values are stable and comprehensive qualities of behaving, described by the subject in augmental rules that establish a positive reinforcing function for his/her own described behavior. Further utility of such a definition involves its precision and focus on aspects that are under direct influence of the client.

Keywords Values · Clinical practice · Clinical behavior analysis

The clinical setting is permeated by theoretical, technical, and ethical matters regarding the possibilities and limits of practice. One possible matter concerns the definition of goals for clinical practice. Regarding Clinical Behavior Analysis (CBA), the concept of values involves this matter in discussions that seek, for example, to understand if the phenomena described by such a concept can be considered a therapeutic goal in itself, if it is a criterion to guide therapeutic decision making, how client's values relate to therapist's values, etc. The present article aims to discuss this concept in the context of CBA and to propose a definition that is instrumentally relevant to the clinic and conceptually precise to basic and applied research.

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According to Kelly (1990), researches on values only began to be carried out in psychology in the 1950s. Before that, the concept was studied by sociologists and anthropologists, but psychology remained distant from the research on the subject, under the argument, among others, of the psychometric inaccessibility of the construct. Psychologists began to dedicate attention to research on values when they recognized the important role that personal values, both the therapist's and the client's, can play in the therapeutic process. There seems to be a relation, for example, between values convergence (increased similarity between client's and therapist's values throughout the therapeutic process) and client's progress in therapy (Kelly, 1990). Since Kelly's work was published, a series of publications with different goals came out, such as conceptual development and clinical application (e.g., Villatte, Villatte, & Hayes, 2016; Hayes, Strosahl, & Wilson, 2012; Hayes & Smith, 2005).

The importance of values in the treatment of human behavior is notable. For example, the American Psychological Association (APA) has a prescribed set of guidelines to help practitioners navigate a client's values for the duration of treatment (APA, 2003). However, the reviews of the literature reveal difficulties with the concept. A conceptual clarification is thus necessary so that some progress on values research is possible (Kelly, 1990), such as the development of discussions about its importance and use in behavioral clinical practice (Assaz, Vartanian, Aranha, Oshiro, & Meyer, 2016).

The term "values" appears in behavior-analytic literature related to clinical discussions, mainly from the emergence of Acceptance and Commitment Therapy (ACT). Authors who explore definitions seem to attach importance to differing components of the behavioral phenomenon described by the term values and/or by others of the same semantic field (e.g., good and bad, right and wrong). Some of them join the Skinnerian perspective (e.g., Abib, 2001b) and lay central emphasis on the role of reinforcing consequences. Others focus on variables such as nonverbal establishing operations (Leigland, 2005), verbal establishing operations, and rule governance (Hayes et al., 2012; Leigland, 2005; Plumb, Stewart, Dahl, & Lundgren, 2009; Wilson & DuFrene, 2008) in the definition of values. There are also differences in emphasis on verbal and nonverbal aspects, as well as the possibility of separating the definition into three components (Bonow & Follette, 2009). According to the latter perspective, each component refers to a different element of the behavioral phenomenon, namely, response, consequence, and verbal descriptions of responses and consequences.

Such analyses are consistent with radical behaviorism because they share the same assumption: values must be explained as behavioral phenomena and, therefore, contextualized in functional analysis (Abib, 2001b; Hayes et al., 2012; Leigland, 2005; Plumb et al., 2009; Wilson & DuFrene, 2008). That is, there is no need to assume that there is an ontological difference between facts and values (Leigland, 2005). However, given the coexistence of different proposals regarding the definition of values, this article intends to present a critical analysis of the use of the term. To this end, we will go through two stages: (1) to discuss perspectives brought by authors such as Skinner, Leigland, Plumb, Wilson, and Harris, and (2) to propose a definition of values in low-level terms that can potentially guide basic and applied research without losing its relevance to clinical work.

Traditional Behavioral Analytical Definition of the Concept of Values

Skinner (1971) analyzed the concept of values following the same method he used to scientifically define other psychological concepts. In brief, this method consists of dealing with concepts as verbal responses and identifying the environmental variables that control their emission (Abib, 2001a). In doing so, Skinner (1971) pointed out the empowering or weakening effect that consequences have on behavior and feelings associated with it. Thus, "good" things would be positive reinforcers, and the behaviors that produce them would also be called "good" (Watrin & Canaan, 2015), which is to say that from Skinner's perspective, ethical goods are consequences of the behavior and therefore the study of ethics involves the study of the behavior that produces such goods (Dittrich & Abib, 2004).

In general, the approach of behavior analysts to the concept of values turned to the discussion of Skinner's ethical system (Assaz et al., 2016), but behavioral authors have recently produced papers that aim to discuss this concept in the clinical setting, assuming explicitly or implicitly the definition of Skinner as a basis for their discussions (Watrin & Canaan, 2015; Assaz et al., 2016). We will argue here, however, that Skinner's definition is broad, which may create difficulties in its application across both research and therapeutic settings.

Problems with the Traditional Behavioral Analytic Definition of Values

According to Skinner, "any list of values is a list of reinforcers—conditioned or otherwise" (Rogers & Skinner, 1956, p. 1064). However, this conceptualization would group a series of phenomena that share enough significant differences that limit its utility in clinical settings. For example, we can say that a person values coffee in a sense that they like coffee, but this statement is different from "being a loving father is important."

In a scientific analysis that seeks the applicability of the concept of values in the clinical context, this range leads to an inconvenience: if we consider all positive reinforcers as values, then we are always talking about values when we analyze the client's behavioral repertoire that is positively reinforced. Clinical research on the subject would then be made impossible, because the phenomena related to values could not be distinguished from any other behavioral phenomena linked to positive reinforcing contingencies, which in turn would bring severe consequences to the clinical work (Friman, Hayes, & Wilson, 1998).

In summary, it seems that the traditional conception of values in behavior analysis was developed through analyses of broad cultural topics, such as ethical issues. It is argued here that using this conception in the clinical context would make the concept less precise, as it involves grouping possible different phenomena under the label "values." So, in this case, the work of Skinner and the authors who followed him doesn't seem useful enough in clinical setting, because the decrease in the precision of a concept implies in a reduction of power of prediction and influence of the analyzed phenomena, reducing our understanding of these phenomena (Biglan & Hayes, 1996).

Considering the importance of the phenomena related to client's values in the behavioral analytic therapeutic process, it is necessary to develop a concept that can

influence the behavior of the therapist and/or researcher towards more effective clinical results and the possibility of investigating them in empirical research.

Two recent behavioral analytic proposals for the definition of values emerged as an attempt to respond to the demands and questions raised by clinical behavior therapy. One is formulated by Bonow and Follette (2009) and the other is related to ACT's point of view (Wilson & DuFrene, 2008; Plumb et al., 2009; Hayes et al., 2012). Both will be described and submitted to critical analysis in the following sections.

The Bonow and Follette Perspective

A perspective on values within behavior analysis is brought by Bonow and Follette (2009). The authors present the notion consisting of three categories, analyzing the different uses of the term in order to propose its definition. The categories are valuing, functional values, and statements of values. *Valuing* refers to the individual's behavior pattern. That is, someone who constantly behaves in a certain way values behaving in such a way. Therefore, the fact that a specific pattern of behavior—and not another—is maintained makes this a valuable behavior for the subject. This perspective considers values as continuous and repeated patterns rather than isolated behaviors, and in that way are independent of values verbally expressed by the subject. You might say, for example, that a person who spends a lot of time at the gym values exercising, even though they say they do not like doing physical exercises (Bonow & Follette, 2009).

Functional values are close to the Skinnerian perspective, given that they refer to variables that maintain a certain behavior. Thus, you can say that a person who spends a lot of time at the gym values (i.e., is under control of the reinforcing stimulus) the praise of friends who notice their good shape, for example. In that way, there is also a commonality with the description made by Leigland (2005), which emphasizes establishing operations as a way to modify the functions of the variables that control behavior (i.e., functional values). The main difference between the two approaches seems to lie in the fact that, whereas Bonow and Follette (2009), when speaking of functional values, discuss the consequences that maintain certain patterns of behavior, the emphasis given by Leigland (2005) is directed to the variables that modify the reinforcing power of these consequences.

Lastly, *statements of values* relate to verbal statements involving valuing and functional values. These statements can be *evaluative* (i.e., statements of judgment or preference), such as in saying "exercising is good" or "I like exercising," or *prescriptive* (i.e., that identify courses of action), such as in "I should exercise" (Bonow & Follette, 2009).

Such an approach about the concept of values tries to embrace several behavioral aspects: on the one hand, it can make a broad definition, but on the other hand, it also brings some limitations. An important issue to be considered is the various types of behavior that seem to fit this definition. Unlike the ACT perspective, when talking here about someone who performs physical exercise as *valuing*, in the sense of being a continuous and maintained pattern in behavior, the type of control involved is not

discussed. Thus, the definition seems to include patterns of behavior maintained both by positive reinforcers and aversive control or social rules.

Attempting to cover all uses of the term, Bonow and Follette (2009) seem to have made a definition that is comprehensive, but too wide. There seems to be no difference between everyday patterns of behavior and chosen life directions. Considering this definition, a person may value having coffee the same way as they value being an honest person. Like the previously mentioned Skinnerian perspective, this brings a complicating factor to the precision of the concept, given that there are many phenomena under the same terminology (Biglan & Hayes, 1996). It is crucial to pay attention to this aspect, because a precise definition is important in many academic areas and essential to behavior analysis (Poling, Methot, & LeSage, 2013).

Therefore, if the academic interest is only in the analysis of the uses of the term, the scope of the definition may not bring many complications; however, if there is interest in a technical definition to guide a clinical practice, a broad definition implies a low predictive power and little capacity for replication, which severely limits its usefulness.

Values in Acceptance and Commitment Therapy

A definition of the concept of values that is closely related to psychotherapeutic practice is the one proposed by ACT, a model of clinical intervention based on behavior analysis (Hayes, Strosahl, & Wilson, 1999). ACT focuses on strategies that weaken the verbal context of language as a source of suffering and lead the client to committed actions towards values (Hayes et al., 1999; Luoma, Hayes, & Walser, 2007). From this perspective, Wilson and DuFrene (2008, p. 64) present the following definition: “values are freely chosen, verbally constructed consequences of ongoing, dynamic, evolving patterns of activity, which establish predominant reinforcers for that activity that are intrinsic in engagement in the valued behavioral pattern itself.”

We can understand this definition by discussing the four elements that comprise it separately. Defining values as (1) “freely chosen” means that engaging in value-oriented actions is a behavior under predominant control of positive reinforcement and is little influenced by aversive control, besides not being primarily controlled by social reinforcers, even though they may be involved at certain times (Plumb et al., 2009).

In that manner, if we consider that “being an honest person” is a value for someone, we would mean that actions aimed at that value could not have negative reinforcers as the primary source of control. Such negative reinforcing contingencies may be part of sporadic contexts, like when “honest” behaviors can be ostensibly reinforced by that person's social circle (e.g., if someone returns a lost item to another person to avoid being judged or being imposed some kind of sanction). The idea proposed by this extract is that, even though social reinforcement and negative reinforcement can occasionally control behavior towards values, such behavior would be mostly under the control of positive reinforcers, often intrinsic to the action itself, as we will see later.

Further in the definition, the author mentions (2) “verbally constructed consequences.” To develop this idea, it is important to emphasize the word “verbally.” In these authors’ perspective, verbal statements not only describe behaviors and events, but also are able to change the functions of such described behaviors and events

(Ferreira & Tourinho, 2011; Hayes et al., 1999). Thus, talking about verbally constructed consequences would imply that values are consequences that acquire functions from being part of verbal contexts, allowing events to function as consequences and to control behavior, even if the individual has had no previous direct contact with them (Hayes et al., 1999).

In that manner, when we refer to *verbally constructed consequences*, we refer to consequences that participate in verbal contexts, having their psychological functions acquired or modified through their participation in such contexts. Thus, if being an "honest person" is a verbally established value, events that may be related to it, such as speaking the truth in a difficult situation or honoring commitments, have their functions transformed and become events with reinforcing power inherent to their achievement.

Next, the definition states that values are consequences of (3) "ongoing, dynamic, evolving patterns of activity." We know that throughout an individual's life different patterns of behavior are selected; when we speak of values, we speak of consequences—verbally constructed, as has been said previously—that act as reinforcers for complex patterns, which in turn evolve as the individual is exposed to various situations and their behavior is refined. Therefore, the idea of being an "honest person" may mean for an individual, in terms of form of behavior, speaking the truth when necessary. However, as this individual is exposed to new situations and their pattern of response becomes more complex, being an honest person can group other topographies of behavior, such as honoring their commitments, following socially established rules or even denouncing someone when they do something morally questionable.

The last part of the definition says that values, (4) "establish predominant reinforcers for that activity that are intrinsic in engagement in the valued behavioral pattern itself." In this part of the definition, the emphasis is on the word "intrinsic." In that sense, it is assumed that, if one has a history of reinforcement for coherence between saying and doing, once their value is verbally stated, reinforcing functions will be in engaging in the valued activity itself. For example, if being honest is a value, behaviors such as speaking the truth when necessary might have reinforcing functions because of its coherence with stated values.

From this characterization of values, Plumb et al. (2009) provide a perspective that fits the concept of values as a type of rule called *augmental*, which can be of two types: *motivative* and *formative*. Whereas *motivative* augmentals increase the effectiveness of consequences with previously established functions, *formative* augmentals establish stimuli as reinforcers or aversives. So, let us return to "being an honest person" as a value. Considering that helping a distracted person may be previously reinforcing for a particular individual, when it is related to the value of "being an honest person," this behavior would get an even greater reinforcing power (*motivative augmental*). On the other hand, if we consider paying a debt as previously aversive, its function could be modified and the behavior would become reinforcing (although not necessarily pleasant) because it is linked to a value (i.e., controlled by augmentals of the *formative* type).

Although the definition of values as a specific type of rule seems to have its advantages in a practical discussion (as it highlights many features of the concept that are useful to the clinical setting), there exists an apparent confusion, because the concept was specified in the previously mentioned definition as a "verbally established consequence." Besides, when it comes to values from the ACT perspective, Hayes et al.

(2012) explain that values cannot technically be considered as reinforcers because they cannot be achieved. This statement brings up a new difficulty to the use of the term "consequence," once values will never be contacted as singular events.

A *verbally established* stimulus seems to be a concept well-discussed by the academic community within behavior analysis, as it can be seen in literature concerning how a stimulus can acquire function without direct training (Schlinger & Blakely, 1987; Hayes, Barnes-Holmes, & Roche, 2001; Hayes, Kohlenberg, & Hayes, 1991; Leigland, 2005; Hughes & Barnes-Holmes, 2016). However, when speaking of a verbally established *consequence* the idea and impact to the concept of values seems to become less clear, raising the question: how can we consider values as *consequence* and *rule* at the same time?

It might be argued that in the previous excerpt, the terms "consequence" or "rule" could have been used referring to meanings other than technical ones. Such conceptual imprecision might come from the fact that, in the history of ACT, it was considered important to use a type of language accessible to the lay public and not necessarily derived from basic science (middle-level terms) so that readers could understand relevant functional relations even if they do not know the basic concepts (Kanter, Holman, & Wilson, 2014). *Middle-level terms* are characterized by McEnteggart, Barnes-Holmes, Hussey, and Barnes-Holmes (2015) as theoretically specific and nontechnical terms that have clinical use but were not generated from basic scientific research. The challenge seems to be the transposition of this definition to a basic science language because the use of middle-level terms makes it harder to submit the concept to experimentation, and in consequence, to replicate it in psychotherapeutic clinical research (Foody, Barnes-Holmes, Barnes-Holmes, & Luciano, 2013).

Hayes et al. (2012, p. 94) refine their proposition by stating that values are augmentals and thus reduce the ambiguity of the definition by Wilson and DuFrene (2008). However, what seems to matter most here is that, although comprehensive and useful within ACT, the definition of values proposed by Wilson and DuFrene seems to require deeper work from readers (especially the ones who are not so familiar with RFT concepts) in order to fully understand it and apply it to the clinical work. We propose that it is important for the clinical field that a concept as crucial as the one of values should be as clear and simple as possible as a way to facilitate research, work, and communication. In addition, when we consider that one of the goals of therapy is to assist the client in pursuing his or her values, thinking of them as rules seems counterintuitive. In that sense, we would be stating that one of the goals of therapy is to assist the client in pursuing rules. Is this our intention in our clinical work? We will argue in favor of a proposal for the concept of values that might be more appropriate for the clinical context.

Values in Clinical Behavior Analysis

Based on the critical analyses discussed so far, there are at least four important parameters for the notion of values to be established as a pragmatically useful concept in clinical behavior analysis. (1) The concept should enable both basic and applied research, which implies that the use of middle-level terms is restricted and can be operationalized in low-level terms whenever necessary. Along the lines of such a

condition, (2) the concept must be precise and, in consequence, avoid becoming too broad. (3) It must be clearly linked to the possibilities of feasible clinical interventions in the clinical behavior analyst's daily routine, and (4) the semantics related to the notion of values, being part of the goal of therapy, should refer to something upon which the client must have direct influence.

In order to be met, the conditions (3) and (4) relate closely and directly with the daily experience of psychotherapeutic work. In a brief reflection, an experienced therapist realizes that clients often bring to therapy a set of goals over which they have no direct significant influence, such as (a) events involving elements other than behavior (e.g., job vacancies in a company); (b) changes in behavior of others (e.g., "I want my daughter to accept me back"); or (c) a change in their own events (e.g., "I don't want to have these thoughts anymore" or "I want to stop feeling anxious"). Conducting therapy by such goals makes the criteria for success or failure of the process predominantly dependent on conditions beyond the actual influence of the psychotherapeutic process.

Whereas in (a) and (b) the clients' behavioral influence over such phenomena is shared among a very large group of variables unrelated to their current behavioral change (e.g., the job market may be closed to the client's profession; the client's past history with his daughter may have pushed them both away irremediably), type (c) goals are highly counterproductive (Hayes et al., 1999). That means the notion of values should avoid such sets of goals, at least to support conditions (3) and (4).

Considering these conditions, we propose that values, in a clinical behavior analysis perspective, should be considered *stable and comprehensive qualities of behaving, described by the subject in augmentals, that establish positive reinforcing functions for his own described behavior*. Although it has differences in scope and detail, this proposal is closer to Harris's (2009) and Hayes's (2004) perspective, in the sense that both authors consider values as qualities of action. From this perspective, values cannot be met as singular events, but refer to stable qualities of a subject's wide repertoire. Considering the field of values, we are dealing with a motivational aspect of behavior that commonly refers to the use of concepts of motivating operation (Leigland, 2005). Rules on what is desired, important, or valuable can function as establishing and/or motivational variables in verbally able humans (Törneke, Luciano, Barnes-Holmes, & Bond, 2016). Such rules that have the ability to alter the functions of stimuli in a subject's life, including the stimulus functions of behaving itself, are called *augmentals* (Törneke et al., 2016; Luciano, 2016).

In this regard, "desired" qualities are verbally described through augmentals with establishing functions of positive reinforcement (Törneke et al., 2016) or, in other words, rules that alter the functions of a subject's repertoire, making his or her behavior intrinsically reinforcing for him- or herself. As an example, consider the following session excerpt:

Therapist: So, what would be acting in accordance with the partner you want to be, even in the presence of these "warnings?" Rather than just "following along?"

Client: Well, not checking everything out all the time, letting go of some of the things I do when acting on these warnings.

Therapist: Like. . . ?

Client: Like avoiding the backyard, washing her clothes over and over, controlling my wife and what she does, the way I do now. (Törneke et al., 2016, p. 269)

In this passage, the therapist recognizes that acting in accordance with values may lead to aversive consequences (e.g., losing control over his wife's actions, dealing with thoughts about betrayal), and inserts rule control by augmentals with the purpose of transforming the function of the client's behavior. So, acting in consonance with values can become a positive reinforcer in itself, even though some extrinsic aversive stimuli may be present in the wider environment (Kanter, Busch, & Rusch, 2009). This is especially important when the client's goals are farther away than their current contingencies can achieve. For example, what do you do when the client says: "I want to be an altruistic father who cares about his family, but since I've been in prison, my children will not answer my phone calls?" He apparently could not experience the value of altruistic fatherhood under such conditions, but once we define values as qualities of action itself, getting involved in hours of labor services or studies in order to get the prison sentence reduced, as well as writing to his children, are already forms of experiencing value in the present moment. In this case, values are not rules, reinforcers, or any other variable of control, but qualities of the continuous behavior itself.

Along with the object of quality (i.e., behaving) and the reinforcing functions acquired by qualitatively described repertoires, the concept of values we propose concerns two additional characteristics so that a quality such as "transparency in relationships," typically associated with values, is different from "running fast in tomorrow's race," which would hardly be useful as a value in a clinical perspective: stability and comprehensiveness. Values are stable over time, in the sense that they tend to be constant and relatively unsusceptible to changes (although changes may occur), and qualify a wide field of action in several contexts (i.e., comprehensiveness). These four intertwined characteristics (i.e., stable [1] and comprehensive [2] quality of behaving [3] that acquired a positive reinforcing function [4]) point out that interventions based on such a notion of values would emphasize fewer questions such as "where do you want to go?" and more questions like "who do you become when you act like that?" A clear advantage to that notion is related to the criteria of success for therapy: it would not succeed only when the inmate client (recalling the example) met his children, but when he developed stable behavior repertoires that are verbally controlled by his self-rules of desired qualities of action.

At this point, it is important to emphasize that even though values have a direct relation with augmentals, they are different from rules, which distances our proposal from that of Hayes et al. (2012). Just as a description of a chair is not to be confused with the chair itself, or a description of "team spirit" is not to be confused with team spirit itself, descriptions of the qualities of an action are not to be confused with the quality itself. In this sense, it is also possible to affirm that there is a wide valuing repertoire that involves formulating rules about values. However, once again, for a greater conceptual precision, it is important to distinguish values from the ability to verbalize values in augmental terms.

When we say that a client should seek his or her values, we are not encouraging him or her to seek verbal stimuli (i.e., rules) exactly (or exclusively), but to find a style of behavior that has certain qualitative properties. Once the distinction is realized, it is important to clarify the impossibility of separating the two concepts.

To understand this relation of distinction without separation, consider a husband who has "companionship" and "altruistic care" as values in his marriage and for whom "washing dishes" is aversive. Once it became clear to him in therapy that washing dishes is a participating behavior of this field of values, augmentals formulated in therapy may change the function of "washing dishes" so that this behavior acquires a reinforcing function. This process only occurred because of the client's and therapist's verbal behavior, which described the contextually applied qualities of behaving. That means that the reinforcing nature of valuable actions depends on verbal practices, and in that way values and rules are distinct but not separated in behavioral contingencies. In this sense our analysis differs from Hayes et al. (2012) when they state that "what values do is establish other events as reinforcers. That is why, technically speaking, values are augmentals" (Hayes et al., 2012, p. 94). *In our proposition, values are not rules, but qualities of behavior repertoires that can be described in certain rules.*

Regarding the practice of research on qualities of action, there are similar types of research in behavior analysis when the dependent variable to be investigated is the magnitude or frequency of the behavior (Neef, Bicard, & Endo, 2001; Hanna & Ribeiro, 2005). In both cases the dependent variable refers to the quality of a certain behavior. At the same time, empirical research on values also refers to qualities of action, but it has as distinctive features the comprehensiveness, stability, and reinforcing function of the qualitatively described behavior and the object (i.e., behaving itself).

Final Remarks

A coherent concept that makes research possible is essential to clinical behavior analysis. But, beyond those reasons, there is another area in which it is recommended that the concept of values is directly linked to qualified action. There are many critical texts about characteristics of contemporaneity involving cultural practices based on a search for happiness and fulfillment by the accumulation of material goods, power over others, and the avoidance of suffering (Skinner, 1987; Ferreira & Tourinho, 2011). Considering that values are part of the global goal of clinical behavior analysis, there is countercontrol generated in relation to such cultural practices when the emphasis is made in therapy on who the client becomes as a subject-in-action.

It is a matter of how to put clinical practice in direct relation with the study of cultural practices that weaken contingencies of reinforcement, as well as with a counterculture that moves to emphasize who the subject becomes rather than what she or he can reach beyond the scope of her or his own behavior. Based on such cultural practices, CBA should not emphasize the reduction of symptoms as goal of intervention, happiness as a permanent state of well-being, or constant dependence on factors unrelated to behaving itself. On the contrary, the emphasis on a valuable life consists of a direct reference to what quality of subject-in-action can be developed from stable criteria over time. Because they are stable qualities of action, values are changeable but less fleeting than objectives and goals. The intrinsic and stable nature of values serves as a more reliable goal to guide psychotherapy, which reminds the authors of a popular Brazilian song that says "Todo verbo que é forte se conjuga no tempo": every verb (action) that is strong (stable) is conjugated in time (needs to occur through time, not

just on a few occasions).¹ Thus, besides bringing up conceptual advantages that favor basic and applied research, the task of situating the field of values within the scope of qualified action is part of a socially sensitive condition of clinical behavior analysis.

References

- Abib, J. A. D. (2001a). Arqueologia do behaviorismo radical e o conceito de mente. In H. J. Guilhardi, M. B. B. P. Madi, P. P. Queiroz, & M. C. Scoz (Eds.), *Sobre comportamento e cognição* (Vol. 7, pp. 20–35). Santo André, Brazil: ESETec.
- Abib, J. A. D. (2001b). Teoria moral de Skinner e desenvolvimento humano. *Psicologia: Reflexão e Crítica*, 14(1), 107–117. <https://doi.org/10.1590/s0102-79722001000100009>.
- American Psychological Association. (2003). *Manual Diagnóstico e Estatístico de Transtornos Mentais DSM-IV-TR*. Porto Alegre, Brasil: Artmed.
- Assaz, D. A., Vartanian, J. F., Aranha, A. S., Oshiro, C. K. B., & Meyer, S. B. (2016). Valores sob a perspectiva analítico-comportamental: da teoria à prática clínica. *Revista Brasileira de Terapia Comportamental e Cognitiva*, 3(3), 30–40.
- Biglan, A., & Hayes, S. C. (1996). Should the behavioral sciences become more pragmatic? The case for functional contextualism in research on human behavior. *Applied & Preventive Psychology: Current Scientific Perspectives*, 5, 47–57. [https://doi.org/10.1016/S0962-1849\(96\)80026-6](https://doi.org/10.1016/S0962-1849(96)80026-6).
- Bonow, J. T., & Follette, W. C. (2009). Beyond values clarification: Addressing client values in clinical behavior analysis. *The Behavior Analyst*, 32, 69–84.
- Dittrich, A., & Abib, J. (2004). O Sistema Ético Skinneriano e Consequências para a Prática dos Analistas do Comportamento. *Psicologia Reflexão e Crítica*, 17, 427–433.
- Ferreira, D. C., & Tourinho, E. Z. (2011). Relações entre depressão e contingências culturais nas sociedades modernas: Interpretação analítico-comportamental. *Revista Brasileira de Terapia Comportamental e Cognitiva*, 13, 20–36.
- Footy, M., Barnes-Holmes, Y., Barnes-Holmes, D., & Luciano, C. (2013). An empirical investigation of hierarchical versus distinction relations in a self-based ACT exercise. *International Journal of Psychology & Psychological Therapy*, 13, 373–388.
- Friman, P. C., Hayes, S. C., & Wilson, K. G. (1998). Why behavior analysts should study emotion: The example of anxiety. *Journal of Applied Behavior Analysis*, 31, 137–156. <https://doi.org/10.1901/jaba.1998.31-137>.
- Hanna, E. S., & Ribeiro, M. R. (2005). Autocontrole: Um caso especial de comportamento de escolha. In J. Abreu-Rodrigues & M. R. Ribeiro (Eds.), *Análise do comportamento: Pesquisa, teoria e aplicação* (pp. 175–187). Porto Alegre, Brasil: Artmed.
- Harris, R. (2009). *ACT made simple: An easy-to-read primer on acceptance and commitment therapy*. Oakland, CA: New Harbinger.
- Hayes, S. C. (2004). Acceptance and Commitment Therapy 1 and the New Behavior Therapies: Mindfulness, acceptance, and relationship. In S. C. Hayes, V. Follette, & M. Linehan (Eds.), *Mindfulness and acceptance: Expanding the cognitive-behavioral tradition* (pp. 1–29). New York, NY: Guilford Press.
- Hayes, S. C., & Smith, S. (2005). *Get out of your mind and into your life: The new acceptance and commitment therapy*. Oakland: New Harbinger Publications.
- Hayes, S. C., Barnes-Holmes, D., & Roche, B. (Eds.). (2001). *Relational Frame Theory: A Post-Skinnerian account of human language and cognition*. New York, NY: Plenum Press.
- Hayes, S. C., Kohlenberg, B., & Hayes, L. J. (1991). The transfer of specific and general consequential functions through simple and conditional equivalence relations. *Journal of the Experimental Analysis of Behavior*, 56(1), 119–137.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy*. New York, NY: Guilford Press.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2012). *Acceptance and commitment therapy: The process and practice of mindful change* (2nd ed.). New York, NY: Guilford Press.

¹ This is a verse from the song entitled “Firmamento,” by H. Lames and W. Foster; Portuguese vers. by Toni Garrido, Lazão, Bino Farias, and Da Gama.

- Hughes, S., & Barnes-Holmes, D. (2016). Relational Frame Theory: The basic account. In R. D. Zettle, S. C. Hayes, D. Barnes-Holmes, & A. Biglan (Eds.), *The Wiley handbook of contextual behavioral science* (pp. 129–178). West Sussex, UK: Wiley.
- Kanter, J., Busch, A., & Rusch, L. (2009). *Behavioural Activation: Distinctive features*. New York, NY: Routledge. <https://doi.org/10.1017/s1352465811000725>.
- Kanter, J., Holman, G., & Wilson, K. (2014). Where is the love? Contextual behavioral science and behavior analysis. *Journal of Contextual Behavioral Science*, 3(2), 69–73.
- Kelly, T. A. (1990). The role of values in psychotherapy: A critical review of process and outcome effects. *Clinical Psychological Review*, 10, 171–186. [https://doi.org/10.1016/0272-7358\(90\)90056-g](https://doi.org/10.1016/0272-7358(90)90056-g).
- Leigland, S. (2005). Variables of which values are a function. *The Behavior Analyst*, 28, 133–142. <https://doi.org/10.1007/bf03392109>.
- Luciano, C. (2016). Evolución de ACT. *Análisis y Modificación de Conducta*, 42, 3–14.
- Luoma, J. B., Hayes, S. C., & Walser, R. D. (2007). *Learning ACT: An acceptance & commitment therapy skills-training manual for therapists*. Oakland, CA: New Harbinger. <https://doi.org/10.1017/s1352465808004670>.
- McEntegart, C., Barnes-Holmes, Y., Hussey, I., & Barnes-Holmes, D. (2015). The ties between a basic science of language and cognition and clinical applications. *Current Opinion in Psychology*, 2, 56–59. <https://doi.org/10.1016/j.copsyc.2014.11.017>.
- Neef, N. A., Bicar, D. F., & Endo, S. (2001). Assessment of impulsivity and the development of self-control in students with attention deficit hyperactivity disorder. *Journal of Applied Behavior Analysis*, 34, 397–408. <https://doi.org/10.1901/jaba.2001.34-397>.
- Plumb, J. C., Stewart, I., Dahl, J., & Lundgren, T. (2009). In search of meaning: Values in modern clinical behavior analysis. *Behavior Analyst*, 32(1), 85–103. <https://doi.org/10.1007/bf03392177>.
- Poling, A., Methot, L. L., & LeSage, M. G. (2013). *Fundamentals of behavior analytic research*. New York, NY: Springer Science & Business Media. <https://doi.org/10.1007/978-1-4899-1436-1>.
- Rogers, C. R., & Skinner, B. F. (1956). Some issues concerning the control of human behavior: A symposium. *Science*, 124, 1057–1066. <https://doi.org/10.1126/science.124.3231.1057>.
- Schlinger, H., & Blakely, E. (1987). Function-altering effects of contingency-specifying stimuli. *The Behavior Analyst*, 10(1), 41–45.
- Skinner, B. F. (1971). *Beyond freedom and dignity*. New York, NY: Alfred A. Knopf.
- Skinner, B. F. (1987). What's wrong with daily life in the Western world? In B. F. Skinner (Ed.), *Upon further reflection* (pp. 15–31). Englewood Cliffs, NJ: Prentice Hall.
- Törneke, N., Luciano, C., Barnes-Holmes, Y., & Bond, F. (2016). RFT for clinical practice: Three core strategies in understanding and treating human suffering. In R. D. Zettle, S. C. Hayes, D. Barnes-Holmes, & A. Biglan (Eds.), *The Wiley handbook of contextual behavioral science* (pp. 254–272). Chichester: Wiley. <https://doi.org/10.1002/9781118489857>.
- Villatte, M., Villatte, J. L., & Hayes, S. C. (2016). *Mastering the clinical conversation: Language as intervention*. New York: The Guilford Press.
- Watrin, J. P., & Canaan, S. (2015). Valores do Terapeuta na Clínica Analítico-Comportamental. *Psicologia: Teoria e Pesquisa*, 31(4), 519–527. <https://doi.org/10.1590/0102-37722015042370519527>.
- Wilson, K. G., & DuFrene, T. (2008). *Mindfulness for two*. Oakland, CA: New Harbinger.