



www.revistaperspectivas.org

ISSN 2177-3548

## Manifesto for Socially Engaged Clinical Practice in the Behavioral Sciences

Manifesto por uma Prática Clínica Socialmente Comprometida nas Ciências do Comportamento

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> **Abstract:** In this manifesto we argue that it is the essential duty of every behavior analyst and contextual behavioral scientist to develop analyses and interventions that are committed to the material and socio-political-cultural reality in which their clients are inserted. We base this defense on the argument that considering individual behavior detached from the cultural context can lead to analyses that make certain oppressive practices invisible and that open space for the perpetuation of structural violence and clinical iatrogenesis. In this sense, we state that, despite the various initiatives on the national and international scene that understand the importance of studying cultural variables in the context in which therapist and client find themselves, there is still a gap in the systematization of the conceptualization of clinical cases, and in the operationalization of the inclusion of these cultural variables in the functional analysis of each case. Therefore, we propose here to initiate a broad collaboration to develop methodologies for analysis and interventions that incorporate and systematize behavioral and cultural aspects for a socially engaged clinical practice. Next, we list suggestions for general guidelines for research, professional training, and socially engaged clinical practice in the field of professional practice, scientific production, and professional training.

> Keywords: Behavior Analysis, behavior analytic therapy, Behaviorism, contextual behavioral therapy, contextual behavioral science, culturo-behavior science, culture.

**Resumo:** Neste manifesto defendemos que é dever essencial de cada profissional analista do comportamento e cientista comportamental contextual a elaboração de análises e intervenções que sejam comprometidas com a realidade material e sócio-político-cultural nas quais seus clientes estão inseridos. Embasamos essa defesa no argumento de que considerar o comportamento individual descolado do contexto cultural pode incorrer em análises que invisibilizam certas práticas opressivas e que abrem margem para a perpetuação de violências estruturais e iatrogenia clínica. Neste sentido, afirmamos que, apesar das diversas as iniciativas no cenário nacional e internacional que compreendem a importância de estudos das variáveis culturais no contexto em que terapeuta e cliente se encontram, ainda existe uma lacuna na sistematização da conceituação de casos clínicos, e na operacionalização da inclusão dessas variáveis culturais na análise funcional de cada caso. Portanto, propomos aqui dar início a uma colaboração ampla para desenvolver metodologias de análises e intervenções que incorporem e sistematizem aspectos comportamentais e culturais para uma prática clínica socialmente comprometida. Em seguida, elencamos sugestões de diretrizes gerais para a pesquisa, a formação profissional e a prática clínica socialmente comprometida no campo da atuação profissional, produção científica e formação profissional.

**Palavras-chave:** Análise do Comportamento, Behaviorismo, terapia analítico-comportamental, terapias comportamentais contextuais, ciência comportamental contextual, ciência culturo-comportamental, cultura.

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The fields of clinical analytic-behavioral psychology and contextual behavioral therapies encompass professionals who start from theoretical, epistemological and ethical principles based on behavior analysis and who share a common clinical horizon: the commitment to standards of professional and social excellence.

In this sense, we argue that it is the essential duty of every professional behavior analyst and contextual behavioral scientist to develop analyses and interventions that are committed to the material and socio-political-cultural reality in which their clients are inserted. Considering individual behavior detached from the cultural context may lead to analyses that make certain oppressive practices invisible and that open room for the perpetuation of structural violence and clinical iatrogenesis.

Thus, there are several initiatives on the national and international scene that understand the importance of studying cultural variables in the context in which therapist and client meet (Masuda, 2014; Mizael et al., 2021; Pinheiro & Oshiro, 2019; Tagg, 2020; Terry et al., 2010; Vandenberghe, 2008). However, there is still a gap in systematizing the conceptualization of clinical cases, and operationalizing the inclusion of these cultural variables in the functional analysis of each case, although some important steps have already been taken in this direction (Terry et al., 2010).

In general, the conceptualization models and clinical case reports published in the literature privilege the individual life history of the client, but fail to look at cultural variables that are relevant. In particular, they fail to assess systematic practices governing violence against people belonging to social minorities (e.g., women, black people, indigenous people, immigrants, migrants, refugees, the elderly, and, unfortunately, many others) and their consequences. Of course, the individual context and life history of each client are fundamental to the formulation and conceptualization of the clinical case, yet analyses may neglect cultural variables, leave out important aspects that impact that person's life, and be incomplete or even inadequate. A likely consequence of this neglect is the lack of effectiveness of an intervention, or even frank iatrogenesis (Chu et al., 2016).

Elements of cultural practices may be relevant to the analysis, both to understand the complaint itself, and to think about support contingencies (Andery et al., 2005) that may favor or limit changes. We can point, for example, to the complaint of a woman who feels overwhelmed by having to reconcile her professional life with the constant demands coming from the domestic context (e.g., taking care of the children, cleaning the house, cooking, washing and ironing the family's clothes). An individual analysis could deal with her feelings of overload by building time management skills; or even by developing social skills to establish a new division of domestic tasks. However, this analysis should also take into consideration issues typical of a macho society, in which her attempts to divide the tasks are punished ("this is your duty!"; "let the one who gave birth to Matthew rock him") while the same behavior emitted by her partner, even if less frequently and for a shorter duration, is reinforced (e.g., "it's so nice to have a father spending time with his children..."). Similarly, we could highlight the suffering of a person belonging to LGBTQIA+ groups in an extremely religious environment, or of a person with disabilities in an ableist environment, and so many other possibilities. Recognizing these practices, understanding the implications and possibilities for resistance, counter-control, and change within them, is essential (Laurenti, 2019).

Note that in discussing such aspects, we are here inviting behavior analysts and contextual behavioral science practitioners working in the clinic to include yet another aspect or level of selection in their formulation, not the replacement of individual case analysis with cultural issues. Individual analysis and the analysis of cultural phenomena ask fundamentally different questions, but they have a dialectical and dynamic relationship: understanding cultural practices is only possible by understanding that they are constituted by human behavior (Fernandes et al., 2017; Skinner, 1953), at the same time that contingencies arranged by a culture are relevant to the understanding of behavioral phenomena (Glenn, 2004; Tourinho, 2013). In recent decades, especially in Brazil (but not only), progress has been made in the search for conceptual, experimental, and applied discussions of both assessing cultural practices and including these analyses even in the practice of the

behavior analyst who is involved with individual activities (Andery, 2011; Biglan, 1995, 2015; Cihon & Mattaini, 2019; Glenn, 2004; Guerin, 2001, 2005; Todorov et al., 2021).

Despite this long history of behavior analysis interest in social issues and the relevance of the social environment for human behavior (Glenn, 2004; Guerin, 2001, 2005), there is little interlocution between this literature and clinical behavior analysis. While it is unlikely that any professional in psychology would question the relevance of culture for behavioral selection, it is infrequent to draw on the conceptual apparatus developed by behavior analysts who are part of the movement called Culturo-Behavioral Science (CBS; Cihon et al., 2021; Cihon & Mattaini, 2019). At the same time, researchers from this field rarely devote themselves to the analysis of how their discussions can subsidize practitioner's efforts in providing services in the clinical field. We suggest here that such interlocution, although still incipient, can be fruitful in the construction of resources that benefit the practice of the behavior analyst, and by extension the client himself.

Therefore, in light of the need for researchers and professionals in the areas of Culture and Clinical Practice in Behavior Analysis and Contextual Behavioral Science to have a deeper understanding of their professional roles, both in research and clinical practice, we propose here to initiate a broad collaboration to develop methodologies for analysis and interventions that incorporate and systematize behavioral and cultural aspects for a socially committed clinical practice. Below, we list suggested general guidelines for research, professional training, and socially engaged clinical practice.

1. Behavior Analysts and Contextual Behavioral Scientists who work as Clinical Psychologist(s) or as Professor(s) and/or Researcher(s) on Analytic-Behavioral Clinic or Contextual Behavioral Clinic should base their professional practice on practices that:

a. Support and promote the values underpinned by the Universal Declaration of Human Rights and the Psychologist's Code of Ethics. b. Promote health and quality of life for people in interpersonal and institutional relationships, aiming at equity of power and mutual respect. c. Promote a view on behavior that includes cultural aspects in case formulations and development of intervention strategies.

d. Promote adequate working conditions for professionals and reduce inequities in access to training opportunities, professional development, and research.

2. Clinical case reports in Behavior Analysis and Contextual Behavioral Science should:

a. Include data on relevant social markers such as race, gender, social class, disability, and others in clinical case descriptions.

b. Analyze the socio-political-cultural context in which the therapist-client dyad is embedded from an intersectional perspective.

3. Professional training (courses, events and didactic supervisions) in Behavior Analysis and Contextual Behavioral Science aimed at Clinical Practice must:

a. Highlight concepts relevant to the study of Culture in the respective areas (preferably using specific bibliography).

b. Promote analysis of cultural aspects relevant to case formulation and development of intervention strategies.

c. Seek to reduce inequities in access and ensure the representativeness of various segments of the population.

d. Include productions by authors representing political minorities among the references used in training.

e. Include representatives of political minorities as lecturers, teachers, supervisors, as well as in related decision-making sectors.

Note that the above suggestions are neither exhaustive, nor sufficient to achieve the goals we advocate - the construction of a socially aware and committed clinical behavior analysis. The success of this initiative depends on a dynamic, dialectical and permanent process of exchanges between social actors that include professionals working in the clinic, researcher(s) in the domains of knowledge production in behavior analysis (conceptual, experimental and application) and professionals who work in the training of people dedicated to providing services and research in behavior analysis and contextual behavioral science.

Finally, even though the guidelines presented here are only the beginning of a process, we maintain that they can work as catalysts for changes in the culture of behavior analysts that have as a central reinforcer the improvement in the quality of life of the people for whom they provide services. In particular, because we realize that these people therapists and clients - are always inserted in a historical cultural context marked by profound social and economic differences, and that systematically provides contingencies that restrict opportunities to a considerable portion of the population. A social environment in which recurrently some people deliberately punish any responses to seek these opportunities and counter-control alternatives issued by those who are denied their rights. As discussed by other authors (Goldiamond, 1974; Holland, 1978), it is fundamental that behavior analysts recognize the contingencies in which they are inserted and can be part of the solution of social problems.

We invite all interested people to join this action!

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## Histórico do Artigo

Data do Convite: 12/07/2022 Recebido em: 28/11/2022 Aceito em: 17/12/2022