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OBM Network News **publishes news, brief articles, book reviews, and information related to Organizational Behavior Management (OBM) and Applied Behavior Analysis (ABA).**

Submissions should be emailed to the editor and should comply with the style described in the Publication Manual of the American Psychological Association (6th ed.). For more information on submission guidelines, please visit www.obmnetwork.com

The deadline to submit articles for the next issue of *OBM Network News* is: **January 30, 2011**

Editor's Message

Krystyna Riley, M.A.
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Hello readers!

We are very proud to reveal our new OBMN News design! Thank you to Sammy Gross at *144design* for helping the OBMN establish a fresh and modern identity with our new logo and newsletter design.

We are closing out 2010 with an insightful and interesting edition of the newsletter. First, our President-Elect, Nicole Gravina, Ph.D. urges us to spread the word about OBM in her article titled, "Will the World of Behavior in Business Pass Us By?" and poses some challenges for members of the OBMN. Next, Don Nielsen, Ph.D. of Aubrey Daniels International writes about an interesting study he conducted in a hospital, aiming to decrease a nurse's response time to patient calls.

Michael Clayton, Ph.D., and Julie Blaskewicz Boron, Ph.D. of Youngstown State University then describe a study that attempted to increase the use of reusable shopping bags at a locally owned grocery store. Then, Sarah VanStelle, M.A., Jeana Koerber, M.A., and Eric Fox, Ph.D. round out this issue with an overview of Relational Frame Theory (RFT) and Acceptance and Commitment Therapy (ACT), sparked by a recent and rousing discussion on the OBMN Google Group.

We look forward to your submission to the OBMN News. Submission guidelines can be found here. As always, if you have any questions, feedback, or comments about the newsletter, please feel free to contact me.

I would also like to take this opportunity to remind you about our upcoming conference that will be held in sunny Tampa, Florida from March 31 – April 1, 2011. We will be offering two tracks at this conference – one general OBM track and one featuring OBM in Health and Human Services. The lineup of presenters features some of the most influential and prominent practitioners and researchers in our field, including keynote addresses by Jon S. Bailey, Ph.D. and Denny Reid, Ph.D. Registration with early bird pricing is currently open – hurry and register before prices are raised on January 1! You can find out more information about the conference here, or contact me if you have any questions.

I hope to see you all in Tampa in March! Until then, happy holidays and best wishes in the coming New Year!

Will the World of Behavior in Business Pass Us By?

By Nicole Gravina, Ph.D.
OBMN President-Elect

I recently went to see the movie, *The Social Network*, brilliantly written by Aaron Sorkin. For those of you who live under a rock, the movie is based on the development of Facebook. In one of my favorite scenes, two of the original Facebook founders were discussing whether to start advertising when they had reached 100,000 members and the founder of Napster advised them to get their priorities in place and focus on becoming a household name above all else. He said something like:

"When you go fishing you can catch a lot of fish or you can catch a big fish. You ever walk into a guy's den and see a picture of him standing next to 14 trout? No, he's holding an 800 pound marlin."

This got me thinking, what is the OBM Network's 800-pound marlin? Is it 400 members, 500 members?

More and more I have been hearing the words behavior and business used together in the popular press. In the much larger field of I-O psychology, people are starting to talk about interventions and are learning they will need to lean on principles of behavior to change performance. Some cognitive psychologists are predicting behaviorism will make a comeback in mainstream psychology: http://www.psychologicalscience.org/observer/getArticle.cfm?id=1540

The buzz about behavior is growing. The question is, when the wave swells will we be riding the top or sucked under the surface never to be heard from again?

I think OBM is at a very important crossroads and could go one of two ways. The first way is that others will learn about behavior in business without our help and leverage it to its full advantage. OBM is not rocket science; people are learning to talk about and use behavioral principles more and more. In this scenario, the trend toward behavior will pass us by with no one ever knowing we existed. The book *The Checklist Manifesto's* lack of acknowledgement of our work with checklists and behavior change and best-selling author Marshall Goldsmith's discussion of behavioral principles without mentioning OBM is evidence that this is already starting to happen. But, there is another, better option.

We could learn to translate our work into interesting and usable materials that are widely available. Instead of mostly talking to ourselves, we could all start talking to others as well, through publications, conferences, our website, and blogs. A few people have begun to do this in both research and practice, but we need more members on board. Behavioral safety has taught us that we can grow interest in our work without the consumers having read Skinner, as long as we talk in their language and demonstrate a large impact. In fact, if you attend the Behavioral Safety Now conference, you'll see that some practitioners have extended applications of behavior much farther than we see in our own research literature.

In my opinion, the current mission of OBM should not be about getting 100 more members or having great ABA presentations because these will occur naturally if we accomplish more pressing goals. Our mission should be to work together to make our science more relevant to business and to have a seat at the table in the business and research worlds. Books written by several different OBM authors should be in every airport and on every leader's bookshelf. OBM researchers should be landing large grants and publishing in well-respected mainstream journals in addition to our own. When people think of behavior change in the workplace, they should also think of OBM.

If we keep doing what we are doing, we will keep getting what we are getting. What we are currently getting isn't bad, but it's not a marlin, either.

So what can you do?

1. Figure out how to talk about OBM so that someone with no behavioral background will not only understand you, but will want to know more. Practice it.
2. Read what people outside of our field are saying about behavior.
3. Select research topics outside of the traditional scope of OBM to include any and all issues relevant to business and behavior.
4. Give a presentation at a non-behavioral event or conference and get a lot of feedback so you can keep improving.
5. Avoid punishing non-academics for using commonplace language to talk about behavior.
6. Write about OBM online and in non-behavioral newsletters, magazines, and journals.
7. Give more honest feedback to fellow OBMers about the content of our work and our delivery, so we can all get better and better.

OBM is the best kept secret in business. It's time we start talking about it so that everyone can hear, before someone else does.

As OBMN President-Elect, I plan to put forth a challenge to the OBM community related to these issues every few months and will share our successes in the newsletter, discussion forum, and on our Facebook page. The first challenge will come in January. Until then, I would really like to hear your thoughts and comments about this article by email: negravina@gmail.com

Dr. Nicole Gravina is an Assistant Professor of I-O Psychology at Roosevelt University in Chicago and Independent Consultant working in collaboration with the BMT Federation. Nicole has been invited to present and deliver workshops on BBS and behavioral science in the US, Europe, and South America and has published numerous articles in respected magazines and journals. She is the president-elect for the Organizational Behavior Management Network and serves on the Board of Advisors for the Cambridge Center of Behavioral Studies and the Editorial Board of the Journal of Organizational Behavior Management. She obtained her Ph.D. in Applied Behavior Analysis from Western Michigan University and was awarded the ASSE Liberty Mutual Safety Research Fellowship.

The Effects of Feedback, Goals, and Consequences on Response Time for Medical Staff in a Medical-Surgical Hospital Setting

By Don Nielsen, Ph.D.
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INTRODUCTION

Hospitals are health care facilities with inpatient beds available around the clock. According to the Joint Commission on Accreditation of Healthcare Organizations, an acute care patient is provided with room, board, and continuous general nursing care. General nursing care services involve a wide range of services depending on the specific needs of each patient.

Nursing activities include obtaining the medical history of the patient, administering medications and blood products, monitoring and recording patient vital signs, monitoring patient well-being, and responding to patient calls for assistance. Reducing the time necessary to answer a patient call is an activity that can be improved, thus improving patient care.

Although there is little or no research on decreasing call latency in hospitals, there has been a great deal of applied research in organizations. Organizational Behavior Management (OBM) has developed applications useful in addressing a wide variety of organizational and management challenges. Quite often, performance improvement strategies focus solely on feedback while attempting to influence positive changes. Early studies in OBM identified that feedback was an effective application in improving performance (Shook, Johnson, & Uhlman, 1978). A performance feedback literature review by Balcazar, Hopkins, and Suarez (1986) found that feedback alone does not uniformly improve performance. A more recent review by Alvero, Bucklin, and Austin (2001) supported the previous findings. The 2001 review found feedback and antecedents were the most effective applications. The 2001 review also found that feedback was also effective when applications combined feedback with antecedents and behavioral consequences or in applications combining feedback with goal setting and behavioral consequences. Frequently used components of OBM in successful interventions then include feedback, goal setting, and consequences. Literature on various combinations of these components is abundant, but there are few reports of their use in the acute care hospital setting.

This study was designed to evaluate the effects of the use of feedback, goals, and consequences to reduce the latency of responses to patient calls. Three participants were used and the results for all three demonstrated marginal improvement in performance. Presented here is the outcome of one of the subjects in a single-subject research design.

METHOD

Participant

The participant of this case study was a Registered Nurse (RN) from an acute care department of a small rural Midwestern hospital, who volunteered for this study. Before this study, this participant had not been exposed to an intervention of feedback, goals, and consequences.

Setting

This study was conducted on a 25-bed floor of a rural private hospital. The nursing supervisor assigned the number of patients for the participant based on the acuity and anticipated needs of each patient. The number of patients assigned to this participant per shift ranged from 2 to 14 patients.

Equipment

Response times were recorded by a Hill-Rom Composer Communication System. This communication system was already in place prior to this study. The system automatically recorded a staff person, wearing a locator badge (see Figure 1), entering the patient's room. Response times were recorded in minutes and seconds.

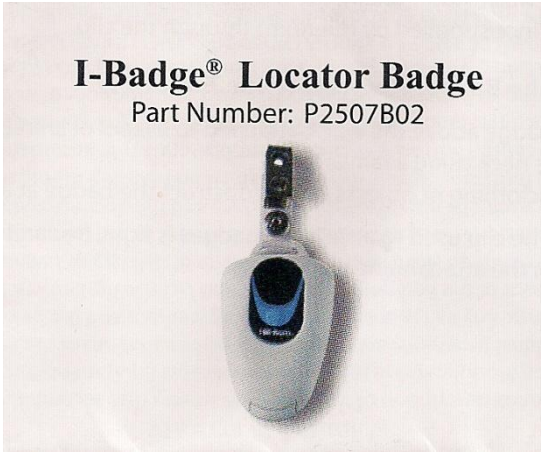

Figure 1. Locator Badge.

Dependent Variable

The dependent variable under investigation was staff latency for answering patient calls, defined as the time calls were placed by the patient until the participant entered the patient's room. The communication system automatically recorded the response from the instant the call was made until the staff person, wearing the locator badge, entered the room. The system also recorded the number of patients that were assigned to the participant and the number of calls answered during each shift.

Independent Variable

The independent variable for this study was an intervention consisting of a combination of feedback, goals, and consequences. During the intervention, each of the three components was in effect simultaneously. Feedback consisted of a visual display of performance from the previous shift. Because there were no industry standards for an acceptable amount of time to respond to a patient call, the opinions of nursing supervisors, the director of nursing, and the hospital administrator were collected. In their collective opinion, a response time of five minutes or less was identified as an appropriate response time. A response time goal of 1.5 minutes was established by the participant at the end of the baseline period. The consequence component consisted of verbal comments from a nursing supervisor and the opportunity for a free lunch.

Procedure

During the baseline phase, the participant carried out regular duties, which included responding to patient calls. The patient calls were recorded by the Hill-Rom system. On a daily basis, data were transferred from the Hill-Rom system to a response call summary form by the nursing supervisor. Data were not shared with the participant during the baseline period.

At the start of the intervention phase, the nursing supervisor and the author presented a response call summary form to the participant, identifying response times during the baseline phase. The participant then established a response time goal based on what she determined to be an appropriate time to respond to a patient call. At the beginning of each shift during the intervention phase, the nursing supervisor presented response time data from the previous shift. In addition to the written information, the supervisor provided verbal comments and a lunch coupon when goals were met or exceeded. All data reviews were completed privately with the participant.

RESULTS

Figure 2 displays the mean response time of the participant for all sessions. The mean response time during the baseline phase was 1.62 minutes, with an average of 9.4 patients per shift. During the intervention phase, the mean response time decreased to 1.05 minutes, with an average of 8 patients per shift.

CONCLUSION

The intervention delivered in this study may have demonstrated some control over the responses of the participant, but overall, results demonstrated limited performance improvement. At best, there were marginal improvements.

There were some important factors associated with this study. First, the automated data collection system provided a quick and accurate measurement of the targeted behavior without any disruption of the behavior. This also eliminated potential human error of measurement.

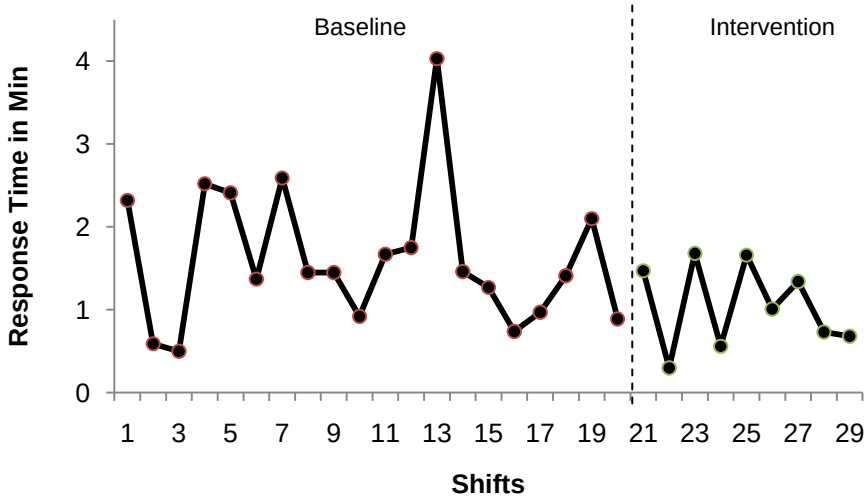

Figure 2. Mean response times to patient calls.

Second, the novelty of feedback and the chance to obtain free lunches was pleasing to the participant. This study used an indirect-acting contingency. The feedback that the participant received was too delayed to reinforce or punish the response in a technical sense. Two types of potential reinforcers were presented during this study. The meal coupons were potential tangible reinforcers and verbal praise from the supervisor was intended to serve as a social reinforcer.

Finally, there appeared to be social validity. Decreasing patient call response times could result in increased satisfaction and better quality of care to the patients.

There were several weaknesses associated with this study, common to the participant of this case study and with all participants of the complete study. The reduction in response times was somewhat minimal. It is possible that the response times were already good in this setting, with little or no room for improvement. A second weakness was a varying number of patients assigned to the participants. Future studies might incorporate the same number of patients for all participants during both phases of the intervention although this may be difficult in an applied setting. A third weakness of this study was the limited number of participants and the short duration of the intervention. Future studies should incorporate a larger number of participants over longer periods of time.

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Don Nielsen, Ph.D. is involved with behavioral safety and performance management. He holds a Ph.D. from Western Michigan University. Don is currently associated with Aubrey Daniels International, Atlanta, Georgia.

The Use of Prompts and a Lottery to Increase the Use of Reusable Bags in a Locally Owned Grocery Store

By Michael Clayton, Ph.D.
& Julie Blaskewicz Boron, Ph.D.
Youngstown State University

INTRODUCTION

Increasing the sustainability of natural resources has become an important endeavor (Bois, 2010). Recycling is one way to contribute to sustainability. Plastic grocery bags are petroleum-based and frequently found in the oceans, scattered around the environment, as well as in landfills (Barringer, 2010). Further, considerable energy and resources are expended to manufacture plastic bags. Although plastic grocery bags can be recycled, the use of reusable grocery bags could provide a greater contribution to sustainability of natural resources.

The current study used a multiple baseline across days design at a locally owned grocery store to compare the effectiveness of verbal and textual prompts, as well as a lottery, for increasing customer use of reusable grocery bags.

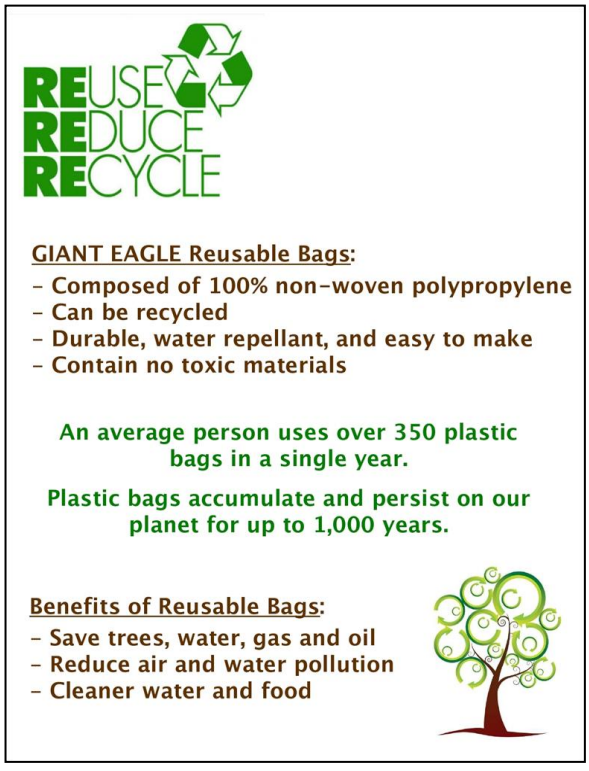

Figure 1. Reusable bags facts sign.

METHOD

Setting and Materials

The study took place at a locally owned franchise grocery store in Northeast Ohio. The poster describing the benefits of reusable bags (Treatment One) was 22 in. wide by 28 in. high and used a 60-point font (Figure 1). The poster describing the lottery was 45 in. wide by 28 in. high and used a 160-point font (Figure 2).

Data Collection

Student volunteers served as research assistants and stood in the front lobby of the store. Using a standard golf counter (Growtech Industrial LTD: GT-3337), the research assistants counted the number of customers using a reusable bag as they exited the store.

Data collection took place for 1 hr each afternoon on weekdays (except Tuesdays) and for 2 hr each day on weekends. The entire study took place over 41 days. Assistants were trained for 30 min prior to the start of data collection.

Interobserver agreement was collected for 98% of the observation sessions (100% agreement). Agreement was calculated by dividing the number of agreements by the number of agreements plus disagreements and multiplying by 100.

Procedure

A multiple baseline across days design (weekdays vs. weekends) was used to evaluate the impact of the interventions.

Baseline. During baseline, which lasted for four consecutive weekdays and two weekends (four days), data were collected while all else remained the same.

Treatment One (Facts and Thanks). The first treatment used a textual prompt (poster) that described the benefits of reusable bags and environmental costs of using plastic bags (Figure 1), and was posted adjacent to the research assistants. In addition, research assistants "thanked" customers using reusable bags for doing so as they exited the store.

Treatment Two (Lottery and Thanks). The second treatment (lottery) added an additional poster, placed at the entrance to the store by the research assistants, describing the opportunity to participate in a lottery for customers using a reusable bag (Figure 2). The elements in Treatment One remained in effect. In addition to thanking the customers for using a reusable bag, the research assistants also verbally offered the customers the opportunity to join the free lottery. Each week, a drawing was held to award one $20 gift card to an eligible customer. When the research assistants were through collecting data for the day, the lottery poster was removed.

Figure 2. Lottery sign.

Treatment Three (24/7). The last intervention simply left the lottery sign in place 24 hours per day, every day, while the elements from Treatments One and Two also remained in effect.

RESULTS AND DISCUSSION

Figure 3 shows the percentage of customers using reusable bags as they exited the grocery store. The top graph shows weekdays and the bottom graph shows weekends.

During baseline on weekdays, the mean percentage of customers using a reusable bag was 1.98 (*SD* = 0.73). Introduction of the sign, as well as thanking customers for their compliance (Tx 1), resulted in a mean of 1.68 (*SD* = 1.09). When the lottery was added (Tx 2) the mean was 2.09 (*SD* = 1.15). Lastly, when the lottery information was posted continuously (Tx 3), the mean was 1.97 (*SD* = .80).

During baseline on weekends, the mean percentage of customers using a reusable bag was 2.79 (*SD* = 0.94). Introduction of the sign, as well as thanking customers for their compliance (Tx 1), resulted in a mean of 2.77 (*SD* = 0). When the lottery was added (Tx 2) the mean was 2.83 (*SD* = 0.71). Lastly, when the lottery information was posted continuously (Tx 3), the mean was 2.26 (*SD* = 0.32).

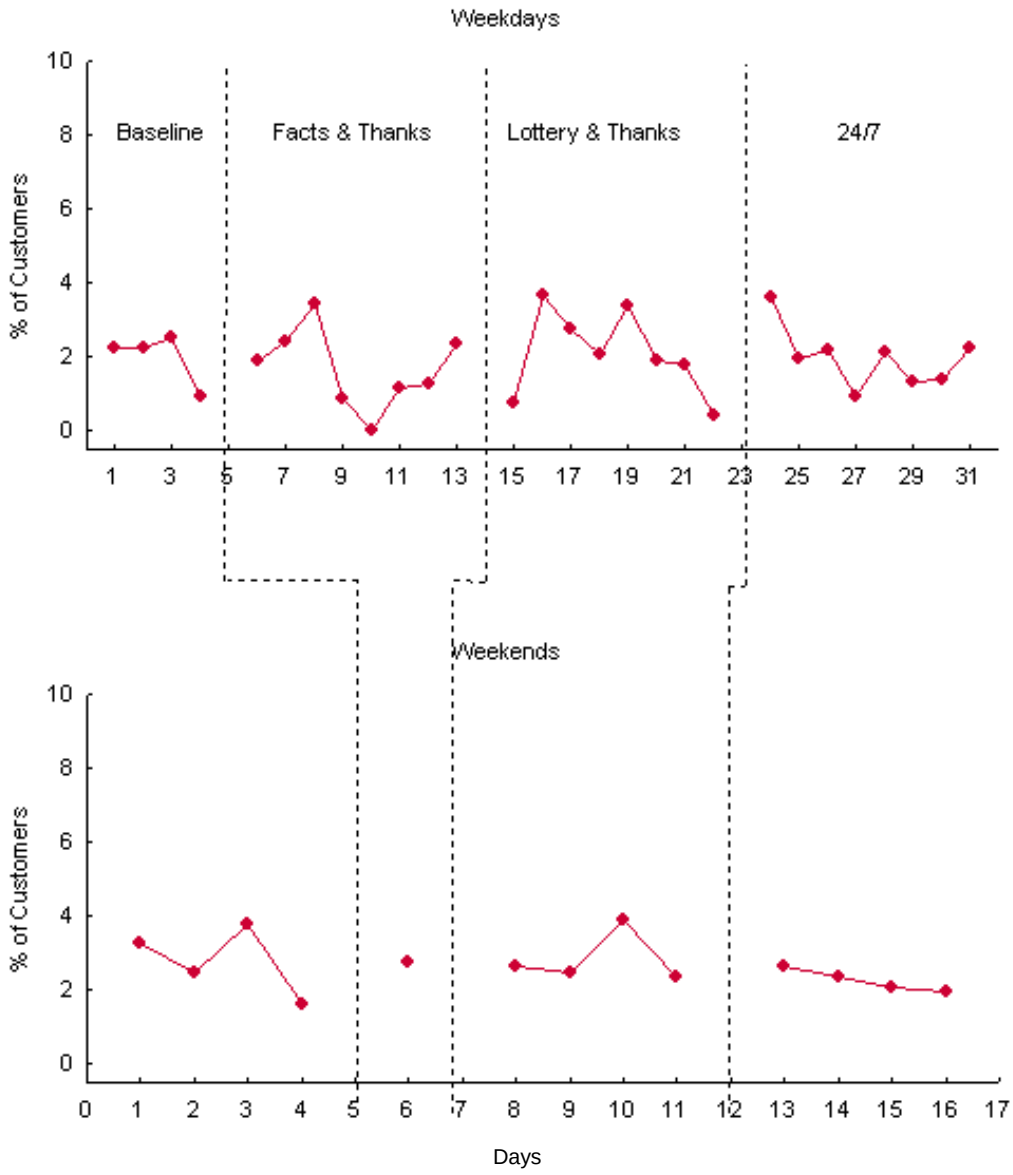

Figure 3. Percentage of customers using reusable bags.

The interventions did not significantly increase the use of reusable shopping bags. There are several possible explanations for this finding. First, the grocery store was located in a small city (approximately 43,000 residents) with economic challenges (median income: $30,500). The cost of living is lower than the national average, however, the unemployment rate is higher (13.8%), and the rate of violent crime is double the national average. It is possible that residents were not motivated to change their behavior because the initial purchase of reusable bags would be an economic burden ($0.99 each). Second, residents may have already had well-formed, possibly negative, attitudes regarding sustainability. A final possibility is that the plastic bags were more valuable to the customers than we anticipated. Informal feedback from customers suggested that many of them used the plastic bags for garbage bags, or something else, and would have missed having the “free” materials.

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Mike Clayton, Ph.D., BCBA-D, received his doctoral degree from the University of Nevada in 1998. Subsequently, he held faculty positions at the University of Guam, Shenzhen University in the People's Republic of China, and at Jacksonville State University. He is now Associate Professor of Psychology at Youngstown State University and the Director of the Master's in Applied Behavior Analysis program. Dr. Clayton's applied research has focused on behavioral safety, large-scale organizational interventions, sustainability, and performance feedback implementations in human service settings. His basic experimental work has focused on verbal behavior and derived relational responding. In 2010, Dr. Clayton was the recipient of a Distinguished Professor for Scholarship award at Youngstown State University.

Julie Blaskewicz Boron, Ph.D. earned her master's and doctoral degrees from The Pennsylvania State University in 2003 and 2005, respectively. She completed postdoctoral training in Cognitive Aging at Georgia Institute of Technology from 2005 through 2007. Currently, she is an Assistant Professor of Psychology at Youngstown State University. Broadly, Dr. Blaskewicz Boron's research incorporates personality, emotion, and everyday problem solving across the adult lifespan. Within these areas, she investigates age differences and changes, resulting in research that is descriptive, explanatory, and informative for interventions in early and late adulthood.

Expansion of OBM: How RFT and ACT Can Influence Our Field

By Sarah VanStelle, M.A., Jeana Koerber, M.A., & Eric Fox, Ph.D.

The present paper was prompted by a discussion that took place on the OBM Network Google group in January/February 2010. The introduction of this paper is designed to provide some context for those OBM Network members who do not follow the Google group postings and, additionally, to provide a brief overview of Relational Frame Theory (RFT) and Acceptance and Commitment Therapy (ACT) to the OBM community.

Relational Frame Theory (RFT) is a behavioral theory of language and cognition. The purpose of RFT is to provide a cohesive behavioral account of thinking, reasoning, rule-following, stimulus equivalence, and understanding, among other high-level cognitive behaviors. The basic premise of the theory is that deriving stimulus relations is the basis of human language and cognition. Furthermore, RFT is an account of how deriving stimulus relations is learned operant behavior—a generalized form of relational responding. As such, both direct and derived relations among stimuli, concepts, thoughts, etc., are the result of learned operant behavior and are therefore subject to behavioral contingencies. The RFT account is different from the analysis of equivalence relations with which many of us are familiar (Sidman, 1994).

RFT requires no new behavioral principles to account for equivalence and other derived relations; patterns of relational responding become generalized operants through multiple exemplar training and differential reinforcement. But RFT emphasizes many stimulus relations other than equivalence, and this broader emphasis allows analyses of much more complex and interesting patterns of responding. These analyses allow high-level cognitive behaviors to be explained by operant theory and suggest how they can be affected by learning and conditioning processes. More detailed information on RFT can be found at: http://www.contextualpsychology.org and in Hayes, Barnes-Holmes, and Roche (2001).

Acceptance and Commitment Therapy/Training (ACT) is the most prominent application of RFT. ACT focuses on teaching a client techniques intended to help them maintain healthy contact with previously avoided negative private events (i.e., thoughts or feelings) and to teach them to behave in a manner that aligns with their individual values. Instead of trying to change or avoid unpleasant emotions and thoughts, ACT teaches the individual to accept these negative private events (and in many cases change the behavioral functions the events have for the individual) in order to lead a healthy, fulfilling life as a conscious human being. ACT has its basis in RFT in that it emphasizes the contextual, discriminative control over both the complex verbal relations involved in cognition/emotion and the functions such events and stimuli have for individuals. Some ACT techniques work by providing a context that disrupts the network of verbal relations traditionally supported by the verbal community and others work by providing a context in which the "normal" functions of words and other stimuli are extinguished or altered. More information about ACT can be found at: http://www.contextualpsychology.org/; in Hayes, Strosahl, and Wilson (1999); and in Hayes (2005).

ACT has been used sporadically in organizational settings throughout the past decade (Bond & Bunce, 2000; Bond & Bunce, 2003; Bond & Flaxman, 2006; Dahl et al., 2004; Donaldson-Feilder & Bond, 2004; Hayes et al., 2004; VanStelle, 2009). ACT lends itself well to a multitude of areas because of the flexible nature of its theory and techniques; that is, any applied area of behavior analysis that involves verbal behavior should be able to find RFT and ACT useful. OBM is heavily focused on the verbal behavior of adults, and given the limited influence Skinner's analysis of verbal behavior (1957) has had on the field thus far (Fox & VanStelle, 2010), it seems logical to consider the contributions of another behavioral account of language (RFT).

In January of 2010, a discussion on the OBM Network Google Group was prompted questioning the relevance of ACT/RFT in OBM. Initially, Todd Ward referenced the JOBM special addition on RFT and ACT (vol. 26, issue 1) to provide evidence of the potential use and application in OBM research and practice. While RFT and ACT may be useful in OBM settings, it was questioned (by Terry McSween) how much data and empirical support existed in relation to the conceptual argument for their use. Scott Herbst pointed out that RFT has a wealth of empirical support, particularly arbitrarily applicable relational responding (AARR). He stated that many of the processes engaged in by humans in organizations are influenced by verbal responding; thus, it would benefit a consultant to use an approach that focuses on the relations involved in language and rule-governed behavior in the workplace. Using this approach would allow OBMers to "impact how people behave at work - from their performance, to their likelihood to turnover, and to the more touchy feely things we don't tend to dwell on (but I like!) such as satisfaction." Herbst indicated that it would be useful to investigate how ACT/RFT would impact OBM; however, we need clear measurement guidelines in order to stay true to our applied behavior analysis roots, yet move forward with our science. Donny Newsome responded to the thread and expressed his support of RFT/ACT in OBM. He stated that while we should be open to new theories and applications, such as RFT/ACT, we should still be skeptical until there are more data. He suggested that our reliance on skepticism as a science has allowed us to stay cohesive. We need to determine how we define ourselves as a field (e.g., by technologies, general methods, theory or philosophy) in order to decide how to potentially incorporate RFT/ACT. Also, how one defines the field would likely impact the relevance of RFT/ACT in OBM to that individual.

Terry McSween then commented that, although he remains open to the impact RFT/ACT may have in OBM, there are three criteria that must be met before the theory can convert to practice: "(1) clear guidelines/strategies/tactics/methodology for application in OBM settings, (2) evidence of behavior change, and ideally, (3) evidence that the changes in behavior impact on organizational outcomes (even soft ones such as satisfaction)."

Richard O'Brien raised the issue that Skinner's model of applied behavior analysis (ABA) is incomplete, but provides a good "general" account of operant learning. The field of behavior analysis has experienced theoretical clashes in the past, such as that which happened between Tom Gilbert and Skinner. He stated that Tom Gilbert never abandoned the general behavioral model as outlined by Skinner, and neither is Steve Hayes. O'Brien views ACT/RFT as a contribution to our OBM analyses and not a replacement. He also pointed out that ACT/RFT could help OBM researchers and practitioners to build a stronger model. Lastly, O'Brien stated that although it may not be necessary to analyze every single interaction using RFT, our typical verbal analyses are often inadequate.

Cloyd Hyten pointed out that although he finds the RFT book fascinating, he is unsure about its potential use in OBM. He also stated that it is important for us to spend time analyzing humans as "verbal beings" and that RFT may be the mode in which to operate. But he questioned how long it would take for wide-spread adoption of RFT to occur in our field.

Lewis Weber then pointed out that even though RFT is a useful tool, it might be difficult to implement in complex organizational settings, stating that even positive reinforcement has its difficulties. Weber summarized his discussion of RFT by stating the potential impact that an RFT analysis may have on the rule-following behavior of individuals in an organization; that is, an organization is a rule-governed entity, and having an increased focus and a more thorough analysis of rules for performance improvement could lead to more productive behavior.

Scott Herbst provided an excellent example of how relational responding could impact performance in an organization. To summarize, Herbst described an example of some potential relational frames, and how they could become apparent in supervisor/subordinate relationships and how these behaviors could be modified through meaningful conversation and coaching to recognize the biases that were pre-existing in the relationship. He then pointed out that this example is based on his personal experience and stated that he would like a behavioral way of analyzing these types of situations. Lastly, Herbst provided other examples of areas where RFT and ACT could be useful, such as in creating buy-in and alignment.

Finally, the discussion concluded with Lewis Weber commending Herbst on his suggestions. Weber also pointed out that there is a lot of potential for the use of ACT in coaching sessions and the reduction of verbal errors that may occur through adjusting relational frames.

This discussion provides many ideas for future research within the realm of RFT and ACT and their potential usefulness in organizational settings. Due to the verbal nature of organizations, it would seem that these techniques could become quite useful with further empirical support to back them up. It is heartening to see the positive but skeptical discussion that has taken place with respect to these two concepts; it suggests that although prominent members of the field of OBM demand more "proof," they are still open to new ideas. This demonstrates growth and evolution at its finest!

Thanks to the members of our organization for a very enlightening discussion of two relatively new concepts in the field of OBM!

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