



Functional Analytic Psychotherapy (FAP):

Using Behavioral Principles to Create Intensive and Curative Therapeutic Relationships

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FAP is an intense, intimate and emotional behavior analytic therapy

- in which the therapeutic relationship is the primary vehicle for client transformation, the hearts of both therapists and clients are touched, and unforgettable relationships are created.
- that focuses on the opportunities for change which occur when therapists respond contingently to clients' daily life problems as they occur in-session.
- in which awareness, courage and therapeutic love are key clinical tools.
- that is contextual and principle driven, not protocol driven.
- that pushes both the client and the therapist to take risks and to grow.
- that is an integrative approach that can enhance and supercharge almost any other type of therapy.

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Behavior Analytic Concepts:
Three Therapeutic Change Agents

There are only three ways a therapist can affect a client:

1. Evoking Client Bx (by presenting or being Discriminative Stimuli - S^D)
2. Eliciting Client Bx (by presenting Conditioned Stimuli for respondent behavior)
3. Consequence Client Bx (Reinforce, punish & extinguish)



i.e., the 3 stimulus functions = the 3 therapeutic change agents

These functions will have their strongest effects on **in-session** client behavior

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Three Therapeutic Change Agents:
#1) Evoking Client Behavior

The therapist makes suggestions, requests, assigns homework, presents theories (rationales), etc., that evoke client behavior


→


Therapist Client

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Three Therapeutic Change Agents:
#2) Eliciting Client Behavior

The therapist elicits client behaviors by presenting conditioned stimuli a la classical conditioning...



Therapist

presents CS for the client...

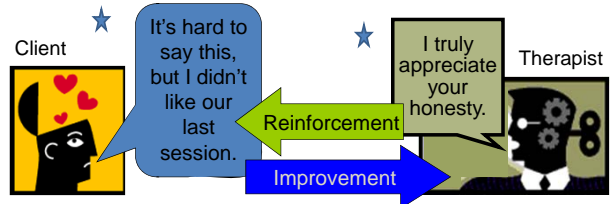
She sounds just like my mother!



Client

Three Therapeutic Change Agents:
#3) Reinforcing Behavior

- ★ The therapist's behaviors shape client behavior in-vivo, in the here and now.
- Behavior includes private and public events.
- The result is contingency-shaped behavior
- The process is known as operant conditioning.



The time-space relationship

Reinforcement is more effective if it is delivered closer in time and space to the behavior

Example: Reinforcing a client for improvement immediately after it occurs in session vs. reinforcing a client for an improvement that occurred earlier during the week.



We're constantly shaping our clients' behavior (e.g., thinking, feeling, interpersonal relating)

- • Reinforcement occurs whether or not we are aware of it.
- • Therapists and clients inevitably and naturally shape each other's behavior.
- • This usually occurs outside of awareness.

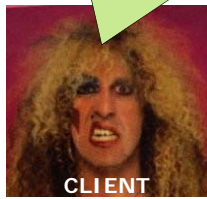
Functional Analysis

- Function vs. Form of behavior
 - Client behaviors are grouped together based on similar antecedents and consequences and their function or the purpose they serve, with specific form or appearance varying from client to client.
- Many behaviors can belong in the same functional class, but look very different
 - Example: making jokes, missing sessions, not sharing feelings, focusing on anger instead of hurt, may all belong to the functional class of distancing others.

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Shape function, not form (match expectations to your client's current behavioral repertoire)

That's it, Dr. Linehan, I'm quitting therapy because you can't spend enough time with me.



CLIENT

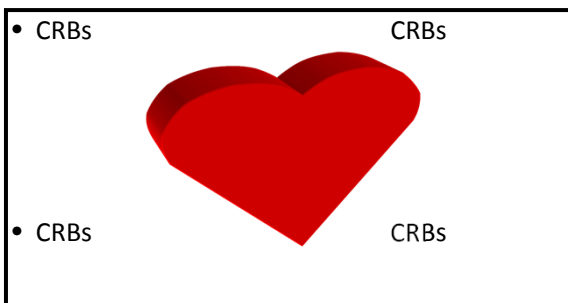
That's the first time you ever told me the feelings that make you think about quitting, so let's talk about our time arrangements.



MATCHING
NOTMATCHING

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CRBs (Clinically Relevant Behaviors) are the **operants** that are the **HEART** of FAP



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FAP Basic Concepts:

CLINICALLY RELEVANT BEHAVIORS (CRBs)

CRBs occur in session and can be addressed right on the spot.

- **CRB1:** Client in-session (in-vivo) **PROBLEMS**
- **CRB2:** Client in-session (in-vivo) **IMPROVEMENTS**
Identify these to maximize therapeutic change
- **CRB3:** Client interpretations of behavior

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The 5 Rules of FAP

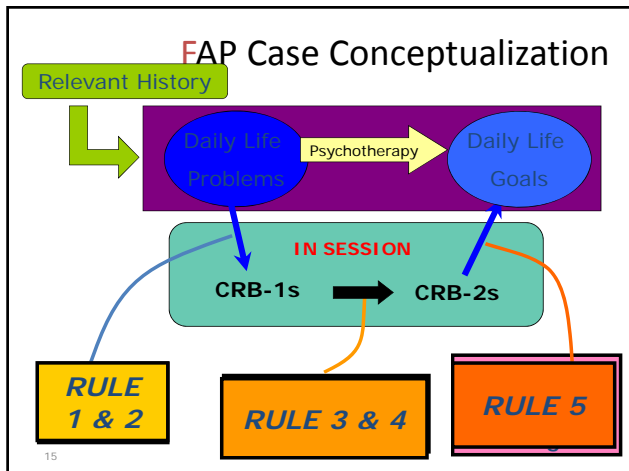
1. Watch for CRBs. [Awareness]
 2. Evoke CRBs. [Courage]
 3. Reinforce CRB2s. [Love]
 4. Notice effects of your behavior.
[more Awareness]
 5. Provide functional interpretations of behavior and implement generalization strategies. [interpret and generalize]
- ACL**

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FAP Case Conceptualization

- 1. Relevant History
- 2. Daily Life Problems
- 3. Problematic Beliefs (Believing) and Thoughts (Thinking)
- 4. Variables Maintaining Problems
- 5. Assets and Strengths
- 6. In-session Problems (CRB1s)
- 7. In-session Targets/Improvements (CRB2s)
- 8. Daily Life Goals
- 9. Therapy Goals
- 10. Planned Interventions
- 11. Therapist In-session problems (T1s)
- 12. Therapist In-session target behaviors (T2s)

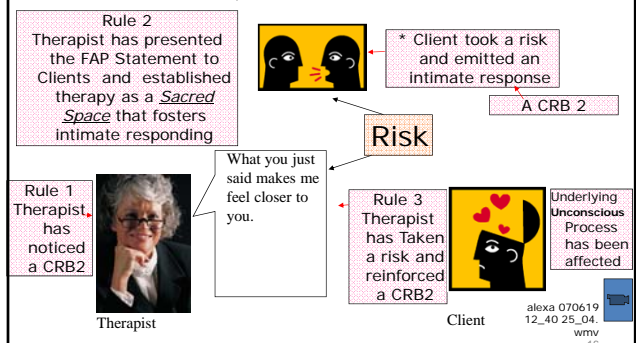
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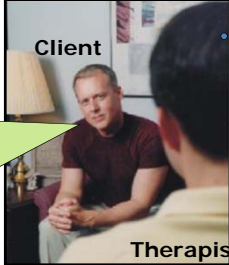
A Typical FAP Therapeutic Interaction

The therapist's actions reinforce (and punish and extinguish) client behavior (includes believing and being intimate) right now, in-vivo, in the here and now! Also known as operant conditioning and the result is contingency shaped behavior (Core Beliefs).



Rule 1: Watch for CRBs

Will you call my doctor and ask her to renew my Xanax prescription?



CRB-1 OR CRB-2??

- How might the client's request be a CRB1 or CRB2 - what is the client's daily life problem?
- What was the immediate contingency? Was the CRB strengthened or weakened?
- From an reinforcement standpoint, what therapist activities are therapeutic? Countertherapeutic?

Rule 1: Watching for CRBs

Video Clips

Remember:

CRB1s: Client in-session (in-vivo) **PROBLEMS**

CRB2s: Client in-session (in-vivo) **IMPROVEMENTS**

1 Kelly is up literary part of up to think

2 Kelly Presenting Problems

3 Kelly is in the

4 Later Session

James: Bring me chocolate

James: didn't respond to email

James: articles from hard drive

QUESTIONS:

- What potential CRB1s and 2s do you notice?
- How can you tell?
- See any behaviors that could be both 1s and 2s?

Watching for CRBs in this Workshop

- What are your CRBs? Which personal CRB1s and 2s are likely to be elicited or evoked, during this workshop?
- Have you noticed any personal CRB1s so far today?
- What fear(s) stops you from engaging in a CRB2?
- What are these CRB1s likely to cost you?

What are your CRBs?

	CRB1	CRB2
Awareness	Distracted, ruminating, not attending to others, not knowing what I'm feeling	Non-judgmental, mindful expansive awareness of self, others, context
Courage	Impulsive, quiet/withdrawn, avoidant	Genuine, engaged, speaking from my heart, value-driven, willing
Love	Self-focused, unempathic, careless, withholding	Empathic, loving, courageous, willing, attuned

CRBs

- Are defined in terms of your own growth, not an external standard (shaping)
- Are defined in terms of your history, who you are and who you want to be, not an external standard (idiographic)
- Are defined in terms of what is effective or not effective for you (pragmatic truth)
- May look different for one person compared to another, and for you in one context compared to another (function vs. form)

Rule 2: Evoke CRBs [Courage]

- Treatment content will naturally evoke CRBs
 - e.g., setting agendas, assigning homework
- You also can intentionally prompt CRBs via...
 - Presenting a rationale that is evocative (e.g., the “FAP rap”)
 - Experiential work and exercises (e.g., free association, non-dominant hand writing)
 - Bringing client issues into the therapeutic relationship
 - Therapist self-disclosure: speaking your truth in ways that best serve your client’s growth
 - Constructing a therapeutic environment that evokes intimacy-related CRBs (“sacred” space)

Where the magic?

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Creating a “Sacred” Space

Oxford English Dictionary. (2005). Oxford University Press.

- Dedicated, set apart, exclusively appropriated to some person or some special purpose.
- Protected by some sanction *from* injury or incursion.
- Devoted to some purpose, not to be lightly intruded upon or handled.

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Experiential Exercise

Non-Dominant Hand Writing

- I feel
- I need
- I long for
- I’m scared
- I’m struggling with
- I dream of
- I pretend that
- It’s hard for me to talk about/it’s hard for me to tell you
- If I had the money I would
- If I had the courage I would

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A FAP pre-session greeting meditation

Your client is in the waiting room waiting for you, you are in your office.

Sit in comfortable position, take a moment and notice your breath. Now imagine yourself at the front of the stream that is your history that has shaped who you are. These historical experiences include not only what just happened a few minutes ago but also the events of yesterday, your therapist training, and your childhood. Now become aware of your client on the other side of the door who also is at the front of his/her stream of experience that has shaped who s/he is and what s/he will do and feel today. Remind yourself that your client is suffering, has hopes and dreams, has come to you believing you can help. Remind yourself of how powerful and healing your awareness of CRB can be. Be aware of the FAP case conceptualization. Try to construct a therapeutic environment that increases your awareness of, and evokes and nurtures CRB2. Now, both of you at this moment are about to have an encounter.



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Rule 2: Evoking CRBs Video Clips

Girl in waiting room snafu
joy1withimgprgsvccd.mpg

Healthy to metaphor to FAP...
metaphor to fap.avi



cry1

cry2

James answer how to with others clip

What evocative therapist behaviors do you notice?

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Rule 3: Naturally Reinforce CRBs

[therapeutic LOVE]

Maximum therapeutic change results from the therapist's natural contingent responding to decrease CRB1s and increase CRB2s.

But, if you try too hard, it may backfire because it is arbitrary! A conundrum.

mr w titles.wmv



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Arbitrary reinforcement

CLIENT



Ben Stein
(the epitome of non-emotive)

You know, it's frustrating to have you always focus on the homework and evaluate my thinking. It seems like some of my thoughts are valid and it's kind of a put down to analyze them.

It is so terrific that you are telling me how you feel! Good Job!

THERAPIST



★ What might be a more **NATURALLY REINFORCING** response to the client's emotional expression?

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**Solutions to the Reinforcement Conundrum—
(we say reinforcement is the primary
mechanism of change, but if you try to
reinforce, it may backfire)**

- • Consider how the therapy relationship is similar to other significant relationships in your client’s life.
- ★ • Assess how your emotional responses to your client may be similar to those of others in your client’s life.
- ★ • Use strategic self-disclosure and amplify your feelings to increase their salience.

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**Potential Naturally Reinforcing Behaviors to
Shape CRB2s**

- accurate empathic feedback or validation.
- Identify themes to make connections between seemingly disparate topics (e.g., difficulty in self-care, pain from loss, yearning for connection).
- Self-disclosure, including reactions, thoughts, or similar feelings or experiences in response to what was shared.
- Use imagery or metaphor.
- Nonverbals or body language indicating interest, attentiveness or caring, including physical touch.
- Vulnerable and genuine emotional reactions, including tears.

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XXXXJames:
article from
hard drive



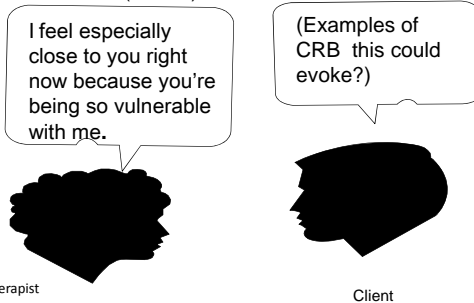
Responding to CRB1s

(client in-session problematic behaviors)

- Example: CRB1 for a particular client saying “I don’t know” in response to therapist asking “What are you feeling?” (Please note this may be a CRB2 for some clients!)
- Ignore.
- Re-present stimulus in a different way. (e.g., “Are you noticing any sensations in your body?”)
- Block. (e.g., “I feel distanced when you don’t respond.”)
- Prompt and shape a CRB2. (e.g., “How about if I name some feelings and you pick one that seems to fit?”)
- Address after a CRB2 is emitted later in session or in another session. (e.g., “I really feel connected when you tell me how you’re feeling. Is there something I’m doing differently now that’s helping you name your feelings?”)

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•Therapist disclosure that’s naturally reinforcing (Rule 3) may also evoke CRB (Rule 2).



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Commonly used interventions can be inadvertently counter-therapeutic when therapists either:

- 1) reinforce CRB1s (in-session problem behaviors), or
- 2) punish CRB2s (in-session improvements).

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Rule 4:

Notice Your Effect on the Client

- Micro Level: what is the client's immediate response to your intervention (did the shaping work in the short-term)?
- Macro Level: has your shaping program effectively strengthened CRB2s?
- Be aware of T1s (Therapist in-session problem behaviors) and T2s (Therapist in-session target behaviors) (your T1s and T2s may differ from client to client).

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Develop yourself as an instrument of change (assessment of your T1s and T2s)

"Never, never lie to yourself. don't lie to others, but least of all to yourself"

-Dostoevsky

- 1) What do you tend to avoid addressing with your clients?
- 2) How does this avoidance impact the work that you do with these clients?
- 3) What do you tend to avoid dealing with in your life? [tasks, people, memories, needs, feelings, e.g., longings, grief, anger, sadness, fears, be specific]
4. How do your daily life avoidances impact the work that you do with your clients?
5. What are specific T2s you want to develop with each client based on the case conceptualization?

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Rule 5: Provide functional interpretations of client behavior and implement generalization strategies.

Interpretations function as rules to increase contact with existing contingencies. Comparisons between in-session and daily life events will facilitate generalization of in-vivo improvements.

ak30 fapap
tslis OF vmy



Diane
with
titles
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James
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ou to
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clip.wm



mavis elleen
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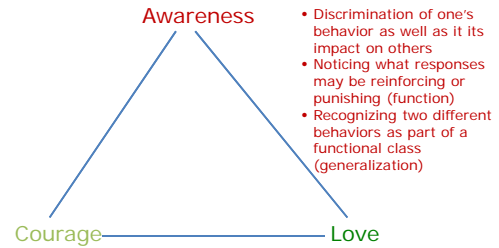


When we started therapy it was difficult for you to relate to the people in your life, including me. It seems like over time you've come to trust me, and have become more comfortable and closer. How has this change in our relationship mirrored your relationships with others?



THERAPIST

While sometimes cumbersome, functional contextual language helps clarify what we are trying to do and why it matters.



- Discrimination of one's behavior as well as its impact on others
- Noticing what responses may be reinforcing or punishing (function)
- Recognizing two different behaviors as part of a functional class (generalization)

- Engaging in behaviors that may not be immediately reinforced but are aimed toward reinforcing more effective responses and repertoires (attempts at goal)
- Not only escaping aversive states (negative reinforcement)
- Creating a context to evoke more effective behaviors

- Providing positive reinforcement
- Withholding reinforcement when it sustains ineffective responding
- Creating a context where clients can generate new behaviors

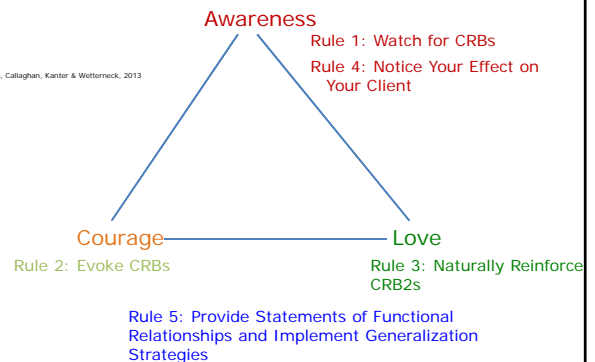
Using our pyramid,



Holman, Callaghan,
Kanter & Wetterneck, 2013

Evocation,
and responding with contingent reinforcement
to client behaviors in an effort to differentially shape and reinforce more effective behaviors with the goal of generalizing those behaviors outside.

These concepts map onto the Five Rules of FAP:



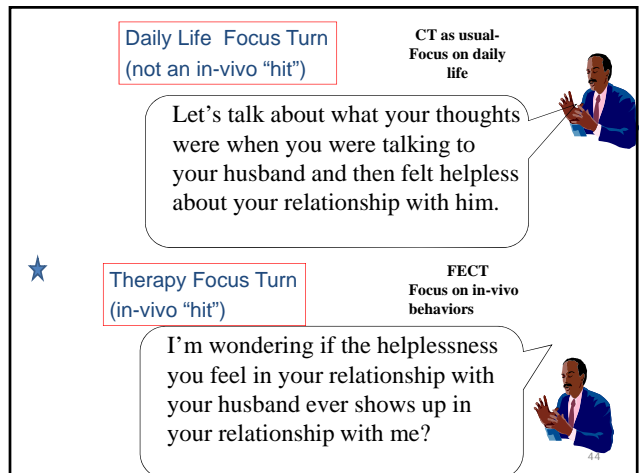
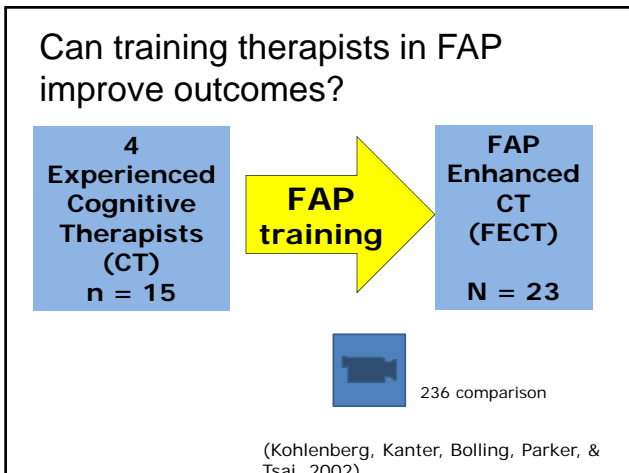
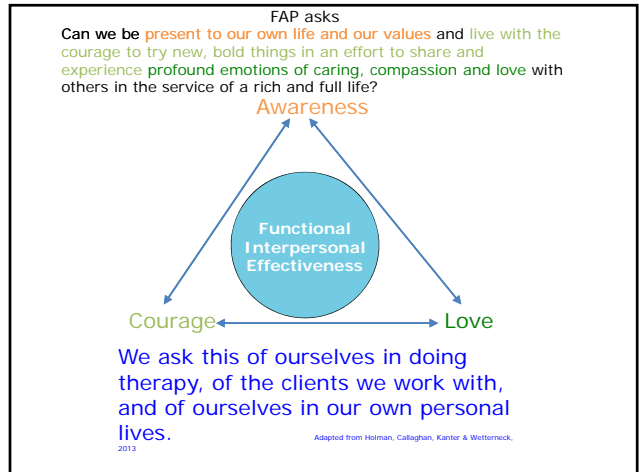
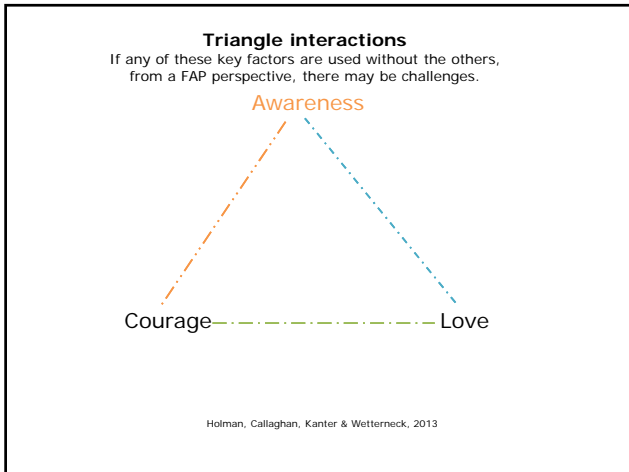
Holman, Callaghan, Kanter & Wetterneck, 2013

- Rule 1: Watch for CRBs
- Rule 4: Notice Your Effect on Your Client

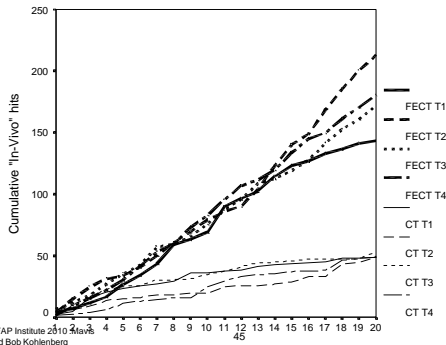
Rule 2: Evoke CRBs

Rule 3: Naturally Reinforce CRB2s

Rule 5: Provide Statements of Functional Relationships and Implement Generalization Strategies



Cumulative "In-Vivo" hits by therapist and condition



ABCT FAP Institute 2010 Mavis Tsai and Bob Kohlenberg

Odds of Weekly Client-Reported Outcomes in Week Following Associated with 5 In-Vivo Turns

- "During this session, I made progress dealing with my problems." $p < .01$
- "My relationships over the last week were better." $p = .05$.

ABCT FAP Institute 2010 Mavis Tsai and Bob Kohlenberg

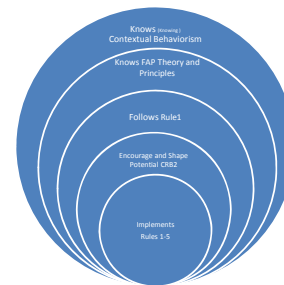
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Bottom Line:

Increase your "in-vivo" hits by five turns in a session (guided by FAP), and your client will likely show improvements for (each five turn increment) in the following week.

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Ideal FAP Therapist Behavior when Doing Therapy such as MI, CBT, EMDR, DBT, Psychodynamic Therapy, Emotion Focused Therapy, BA, Exposure, ACT



FAP focuses on
intimacy/interpersonally related
CRBs

implicated in almost every disorder

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Why Intimacy?

Ongoing interaction with close others (or the lack thereof) influences the development of (all) interpersonal relationship processes (Wetterneck & Hart, 2012; Gable & Reis, 2006).

These processes, in turn, are implicated in the onset, maintenance and/or relapse of most clinical disorders (Pielage, Luteijn, & Arrindell, 2005; Van Orden, Wingate, Gordon, & Joiner, 2005), and attachment and interpersonal intimacy problems are also related to substance abuse (Thorberg & Lyvers, 2006).

Engaging in a satisfying, intimate relationship is reported to be the most important source of happiness and well-being (Russell & Wells, 1994); conversely, being in a distressed relationship constitutes a major risk factor for psychopathology (Burman & Margolin, 1992).

Public Health Relevance

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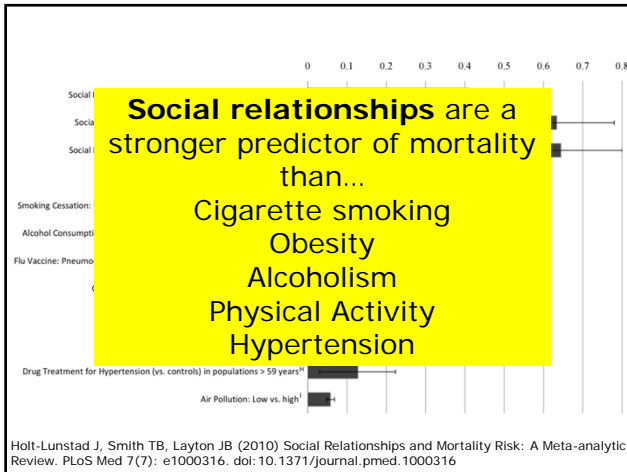
Problems

- High lifetime incidence of DSM disorders
- High demand for treatment
- High rates of divorce, sexual concerns, abuse, violence, prejudice
- Some extremely destructive behaviors, like suicide, are very common

★
Quality of social relationships predicts all of this

Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social Relationships and Mortality Risk: A Meta-analytic Review. *Plos Medicine*, 7(7). doi: e1000316

- Results: Across 148 studies (308,849 participants), the random effects weighted average effect size was OR = 1.50 (95% CI 1.42 to 1.59), indicating a 50% increased likelihood of survival for participants with stronger social relationships. This finding remained consistent across age, sex, initial health status, cause of death, and follow-up period.
- Conclusions: The influence of social relationships on risk for mortality is comparable with well-established risk factors for mortality




- ### Ethics and Precautions
- FAP is difficult to do.
 - Be aware of cultural biases.
 - Do not continue a non-beneficial treatment.
 - Be controlled by reinforcers that are beneficial to your clients.
 - Continually update client case conceptualization.
 - Create a therapist case conceptualization.
 - Have client target behavior in your own repertoire.

- ### Options for Further FAP Training
- 8-week online training
 - Men's 8-week online group
 - Intensive in Seattle, May 28th-31st, 2015
 - Individual Skype Consultation
- See me or email me at mavist@gmail.com if you want more information.

Concluding Thoughts

Therapy is not about just following rules and adherence measures. It's about awareness, courage, and love. Each time you interact with someone, you have the opportunity to reflect what is special and precious about this person, to heal a wound, to co-create closeness, possibilities, and magic. When you take risks and speak your truth compassionately, you give to your clients that which is only yours to give: your unique thoughts, feelings, and experiences. By so doing, you create relationships that are unforgettable. When you touch the hearts of your clients, you create a legacy of compassion that can touch generations yet unborn.



Selected References

- Tsai, M., Kohlenberg, R.J. & Kanter, J. W., Holman, G., Plummer Loudon, M. (2011). Distinctive features of functional analytic psychotherapy. London: Routledge Press.
- Kanter, J., Tsai, M., & Kohlenberg, R.J. (Eds.) (2010). The practice of functional analytic psychotherapy. New York: Springer.
- Tsai, M., Kohlenberg, R.J., Kanter, J., Kohlenberg, B., Follette, W., & Callaghan, G. (2009). A guide to functional analytic psychotherapy: Awareness, courage, love and behaviorism. New York: Springer.
- Kohlenberg, R. J. & Tsai, M. (2007). Functional Analytic Psychotherapy: A guide for creating intense and curative therapeutic relationships (paperback). New York: Springer.
- Tsai, M., Yard, S., & Kohlenberg, R.J. (in press). Functional Analytic Psychotherapy: A Behavioral Relational Approach to Treatment. Psychotherapy.
- Kanter, J., Holman, G. & Wilson, K. (2014). Where's the love? Contextual behavioral science and behavior analysis. *Journal of Contextual Behavioral Science*.
- Tsai, M., Callaghan, G., & Kohlenberg, R.J. (2013). The use of awareness, courage, therapeutic love, and behavioral interpretation in FAP. *Psychotherapy*, 50(3), 366-370.
- Wetterneck, C. & Hart, J. (2012) Intimacy is a Transdiagnostic Problem for Cognitive Behavior Therapy: Functional Analytical Psychotherapy is a solution FAP. *International Journal of Behavioral Consultation and Therapy*.
- Special issue of the International Journal of Behavioral Consultation and Therapy. (2012) It can be accessed at <http://www.baojournal.com/IJBCT/IJBCT-index.html>, or alternatively, just Google "ijbct".

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Selected References (cont.)

- Abreu, P. R. and M. M. Hubner (2012). "The role of shaping the clients interpretations in Functional Analytic Psychotherapy." *Analysis of Verbal Behavior* 28: 151-157.
- Weeks, C. E., J. W. Kanter, et al. (2011). "Translating the Theoretical Into Practical: A Logical Framework of Functional Analytic Psychotherapy Interactions for Research, Training and Clinical Purposes." *Behavior Modification*.
- Tsai, M., Plummer, M., Kanter, J., Newring, R. and Kohlenberg R.J. (2010). Therapist grief and functional analytic psychotherapy: strategic self-disclosure of personal loss. *Journal of Contemporary Psychotherapy*, 40 (1), 1-10.
- Tsai, M., Kohlenberg, R. J., & Kanter, (2010) A functional analytic psychotherapy (FAP) approach to therapeutic alliance. In Muran, C. & Barber, J. (Eds) *Therapeutic alliance: An evidence-based approach to practice* (pp172-190). New York: Guilford.
- Baruch, D. E., J. W. Kanter, et al. (2009). "Enhancing the therapy relationship in acceptance and commitment therapy for psychotic symptoms." *Clinical Case Studies* 8(3): 241-257.
- Kohlenberg, R. J., & Vandenberghe, L. (2007). Treatment resistant OCD, inflated responsibility, and the therapeutic relationship: Two case examples. *Psychology and Psychotherapy-Theory Research and Practice*, 80, 455-465.
- Kohlenberg, B. S., Tsai, M., & Kohlenberg, R. J. (2006). Healing interpersonal trauma with the intimacy of the therapeutic relationship. In Follette, V. & Ruzek, J. (eds.) *Cognitive-Behavioral Therapies for Trauma*, Second Edition. New York: Guilford.
- Kanter, J. W., Schildcrout, J. S., & Kohlenberg, R. J. (2005). In-vivo processes in cognitive therapy for depression: Frequency and benefits. *Psychotherapy Research*, 15(4), 366-373.
- Kohlenberg, R. J. & Tsai, M. (1994). Functional analytic psychotherapy: A behavioral approach to treatment and integration. *Journal of Psychotherapy Integration*, 4, 175-201.

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