
# Introduction to Functional Analytic Psychotherapy (FAP):

## Using Behavioral Principles to Create Intense and Curative Therapeutic Relationships

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stand by me

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## Origins of FAP

- In our experience as practicing behavior therapists, some of our clients showed remarkable, transforming changes – beyond the goals of therapy.
- These cases always involved an emotionally intense therapeutic relationship…
- And typically focused on intimacy related problems (implicated in almost every disorder)

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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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## Foundations of FAP: Behavior Analytic Concepts

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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. Consequate 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…


Client

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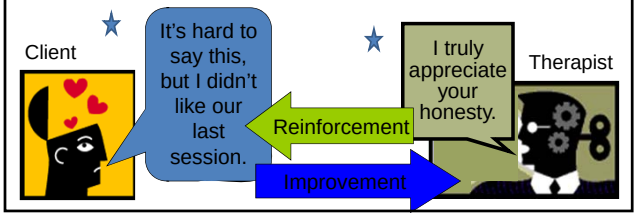
Three Therapeutic Change Agents:

## #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.

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Behavior Analytic Concepts:

## 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.

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Behavior Analytic Concepts:

## 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.

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Behavior Analytic Concepts:

## Functional Analysis

- Function vs. Form (topography) of behavior
  - How does the client's behavior serve him/her?
- Many behaviors can belong in the same functional class, but look very different
  - Example: Playing basketball, talking with friends, cleaning house can belong to the functional class of avoiding homework
- Based on client's history of reinforcement

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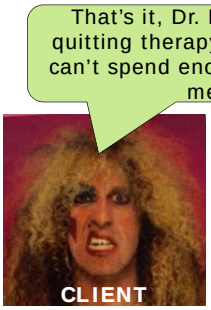
## Shape function, not form (match expectations to your client's current behavioral repertoire)





NOTMATCHING MATCHING

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## CRBs are the **operants** that are the HEART of FAP

- CRBs
- CRBs

- CRBs
- CRBs

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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]

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## FAP Case Conceptualization

- I. 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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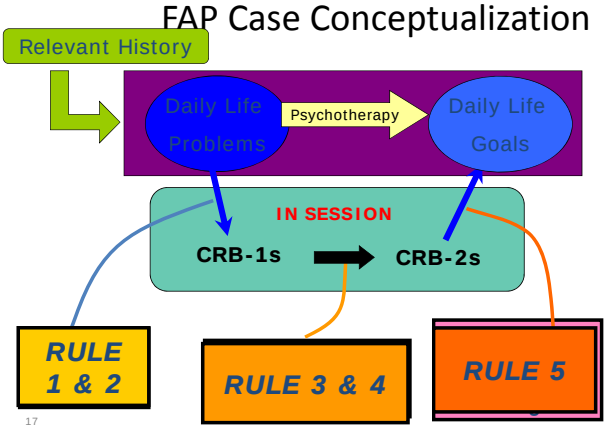
## FAP Case Conceptualization

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## Rule 1: Watch for CRBs


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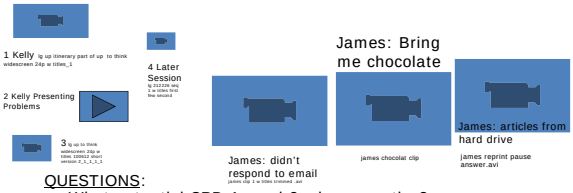
## Rule 1: Watching for CRBs

### Video Clips

Remember:

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

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




QUESTIONS:

- What potential CRB-1s 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?

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## 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)

## 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.






## 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 the notice your breath.

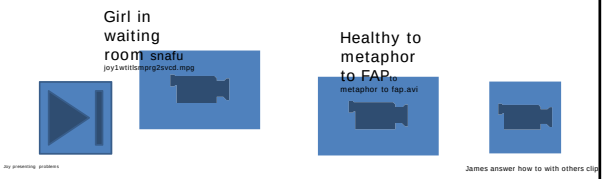
Now imagine yourself at the front of the stream that is your history that has shaped who you are. These historical experiences include not only what just happened a few minutes ago but also the events of yesterday, your therapist training, and your childhood. Now become aware of your client on the other 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.

Make your own pre-session greeting meditation, modify it frequently (Langer)

Langer, E. J. (1989). Mindfulness. Cambridge, Perseus Publishing.

Rule 2: Evoking CRBs

## Video Clips




What evocative therapist behaviors do you notice?

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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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## Rule 3: Naturally Reinforce CRBs

[therapeutic Love]

Assess what will be naturally reinforcing of client's target behaviors.

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

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## The clinical application of natural vs. arbitrary reinforcement:

*Arbitrary reinforcer* ⇨ Serves to please therapist. In future, client values therapists approval.

★ *Natural reinforcer* ⇨ Related consequences that are available in client's daily life environment. More likely to generalize.

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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.

THERAPIST

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

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

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## Natural vs. Arbitrary Reinforcement and The Reinforcement Conundrum

*Arbitrary reinforcer*: Reinforcement that is unrelated to the behavior, e.g., saying "great job" whenever the client maintains eye contact.

*Natural reinforcer*: Related consequences that are available in client's daily-life environment. More likely to generalize.

*Reinforcement Conundrum*: Contingent Reinforcement is the primary mechanism of change, but if you "try" to do it, it 's probably arbitrary and will backfire

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## Solutions to the Reinforcement Conundrum

- 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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## Being therapeutically loving towards your clients means that you are

1. Reinforced by your clients' improvements and successes
   - Being tuned into nuances (improvements) in your client's behavior
   - Know enough about your client to detect improvements
   - Know enough about intimate relating to detect when your client is improving
   - Be willing to take risks, when needed, when in the service of detecting and reinforcing improvements
   - Care enough to do the above
2. Know FAP theoretical foundations and rules
3. Increase contact and decrease avoidance of your experience of emotions, self, and spirit

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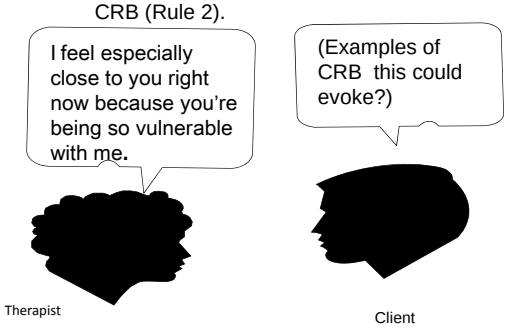
•Therapist disclosure that's naturally reinforcing (Rule 3) may also evoke CRB (Rule 2).






Rule 3: Reinforce CRB2s naturally.

## Video Clip


- What therapist behaviors were reinforcing?
- Natural or arbitrary? How do you know?



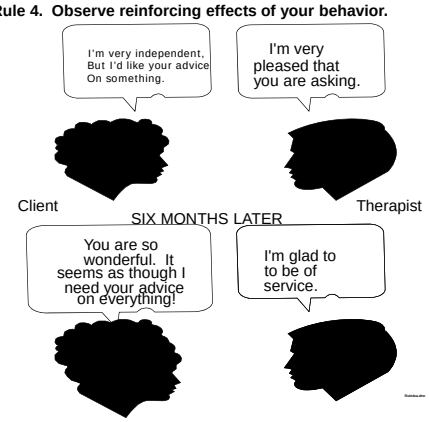
Rule 4:

## 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?



**Rule 4. Observe reinforcing effects of your behavior.**



## 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

You will choose how much to share later in small groups.

- 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 behaviors in general constitute T2s for you?
- 6. What is special or distinctive about who you are as a person? As a therapist?

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## Debriefing

- Break up into small groups.
- Share what you feel comfortable, but consider taking some tolerable risks to do what you typically avoid.
- Note your CRB1s and 2s.
- What are these CRB1s likely to cost you?
- What fear(s) stop you from engaging in a CRB2?
- Choose a representative from each group who will summarize for the large group.

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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.

james satnds ou to dorothy clip

**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?**


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## Case Conceptualization: Ms. J

| (1) History | (2) Daily Life Problems strengths | (3) Problema-tic Beliefs | (4) CRB1s, In-Vivo Behavior Problms/beliefs occurring In-session | (5) Daily Life Goals | (6) CRB2s In-session goals /Improvements | (7) T1s | (8) T2s |
|---|---|---|---|---|---|---|---|

(1) Experiences of loss & needing to protect herself from others; recent break-up

(2) Depression; lack of friendships; articulate, bright, strong value of building relationships ("being loving")

(3) "I will always hurt people or they will hurt me." "If I express strong emotions, then I will lose control."

(4) Avoid becoming vulnerable with therapist; avoidance of strong emotions with therapist

cmt 15164 client clip.avi

(5) Not be depressed; acceptance of strong emotions; to create & live with a "loving attitudes & loving relationships"

(6) To remain vulnerable when therapist expresses caring; to remain open to strong emotions & feedback from therapist

(7) Difficulty expressing caring for client; avoidance of strong emotions

(8) Expressing caring for client in therapeutically loving way; decrease avoidance of strong emotions.

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## 3 Levels of In-Vivo Interaction

Addressing…

1. The therapy: Assess client reactions to agenda setting, homework, progress in therapy, scheduling, metaphors, rationale, etc.
2. The therapy relationship: Assess client reactions to the client-therapist relationship:
   - Does this happen in our relationship?
   - Are you having those reactions to our relationship?
3. The therapist: Assess client reactions to the therapist as a human being:
   - Do you feel the same way about me?
   - Are you worried that I think those things about you?
   - Do you want to know how I feel when you do that??

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Daily Life Focus Turn
(not an in-vivo "hit")

**CT as usual-
Focus on daily
life**

Let's talk about what your thoughts were when you were talking to your husband and then felt helpless about your relationship with him.

★

Therapy Focus Turn
(in-vivo "hit")

**FECT
Focus on in-vivo
behaviors**

I'm wondering if the helplessness you feel in your relationship with your husband ever shows up in your relationship with me?

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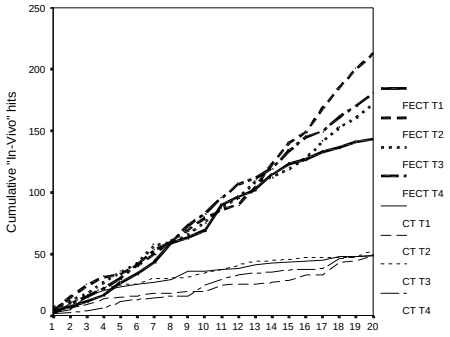
## Cumulative "In-Vivo" hits by therapist and condition




Kanter, J. W., J. S. Schildcrout, et al. (2005). "In vivo proceseses in cognitive therapy for depression: Frequency and benefits." Psychotherapy Research **15**(4): 366-373.; Kohlenberg, R. J., J. W. Kanter, et al. (2002). "Enhancing cognitive therapy for depression with functional analytic psychotherapy: Treatment guidelines and empirical findings." Cognitive and Behavioral Practice **9**(3): 213-229.

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## 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.

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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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FAP focuses on intimacy/interpersonally related CRBs

implicated in almost every disorder

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Intimacy f(Avoidance)
(the primary process that limits the development of interpersonal skills)

$S^{d-}$ R


$S^r$ = removal of $S^{d-}$

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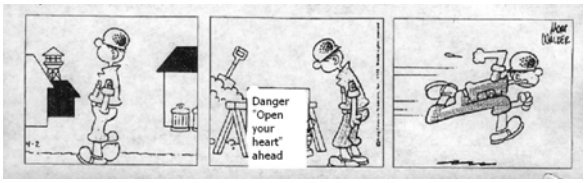


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## Why Intimacy?

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).

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## Requisite Therapeutic Skill:

Creating a therapeutic environment that fosters the evoking and reinforcing of intimacy CRBs (Rules 2 and 3)

- Therapeutic intimacy has many functional equivalents to daily life intimacy.
- Different boundaries and responsibilities.
- The therapist/client relationship is particularly well-suited to nurture, shape, and reinforce exposure to vulnerable behavior.

How could anyone

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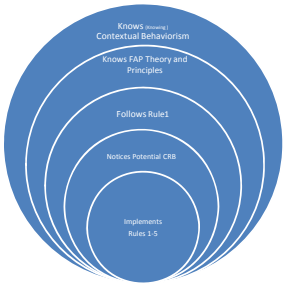
## Ideal FAP Therapist Behavior when Doing Therapy such as MI, CBT, EMDR, DBT, Psychodynamic Therapy, Emotion Focused Ther BA, Exposure, ACT




## Concluding Thoughts

Planning treatment and conducting therapy are not about just implementing ESTs, 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.

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Selected References– Page 1


Tsai, M., Kohlenberg, R.J. & Kanter, J. W. (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., 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.

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.

Vandenberghe, L., Coppede, A.M., & Kohlenberg, R.J. (2006). Client's Curiosity about the Therapist's Private Life: Hindrance or Therapeutic Aid? *The Behavior Therapist*. 29, 41-46.


53

Selected References (Page 2)


Vandenberghe, L., Coppede, A.M., & Kohlenberg, R.J. (2006). Client's Curiosity about the Therapist's Private Life: Hindrance or Therapeutic Aid? *The Behavior Therapist*. 29, 41-46.

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.

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.

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.


54

Selected References (Page 3)


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. Bowen, S., Haworth, K., Grow, J., Tsai, M., & Kohlenberg. R.J. (In Press) Interpersonal mindfulness informed by Functional Analytic Psychotherapy: Findings from a pilot randomized trial. International Journal of Behavioral Consultation and Therapy.

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.

Chad T. Wetterneck, Ph.D. and John M Hart, Ph.D (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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