

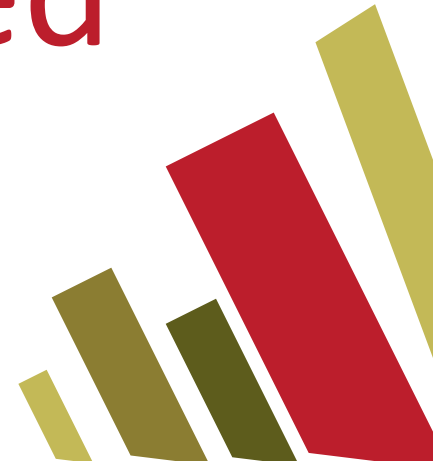


*Functional Analytic Group Therapy:  
In-Vivo Healing in Community Context  
(18)*



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# Disclosure (no support):

Luc Vandenberghe and Renee Hoekstra:

- We have not received and will not receive any commercial support related to this presentation or the work presented in this presentation.
- 



# Disclosures (support):

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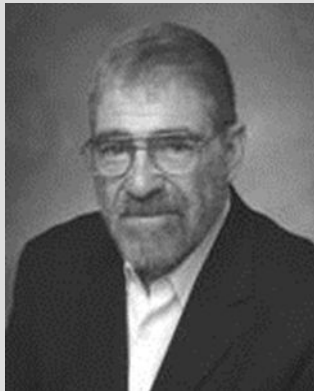
Relevant Financial Relationships:

-employed in private practice



# Basic Ideas

- Functional Analytical Psychotherapy
  - Therapist identifies clinically relevant behavior happening in the session. And/or evokes it.
  - Then ... reinforces target behavior and weakens problem behavior.
  - Observes impact on client; Offers functional explanation of what happens; Helps generalize changes when necessary.



# Basic Ideas

- Functional Analytical Group Therapy
  - The issues clients struggle with in daily life and that cause their clinical trouble will also emerge in the group.
  - Ways of dealing with these issues will show up in the group, as well as how these *ways of dealing* impact both client and others.

# Basic Ideas

- Functional Analytical Group Therapy
  - Mobilize the group as a diagnostic instrument: Observing interactions allows to complete or improve case conceptualization.
  - Mobilize the group as a therapeutic instrument that evokes clinically relevant behavior and responds to it in curative ways.

# ACL

What makes a group into a curative environment?

- Group leader tracks parallels between clients' interactions in the group and in daily life (individual case conceptualizations) and coach the group into being a curative environment.
- Participants commit to help tracking their behavior (and its effects) and be open to work on it.
- Group as a whole needs to be open about the effects each participant has on them.



# ACL - Therapist and group

## *Awareness*

- **To what** am I responding now
- What is happening now **between** me and this person

## *Courage and Love*

- What can I do (not so much to solve **this problem** now) but to change **the pattern in the client's life** this problem is part of

# Awareness

## **Individual clients**

- How am I feeling / responding now.
- This problem of mine is happening now.
- This issue of mine is present now.

# Mindfulness Intro

- What Shows Up Exercise

< Experiential >

# What Shows Up

- What is “showing up” for you at this conference?
- Are there parallels with “what shows up” i.e.
  - how you experience yourself
  - address anxiety
  - manage time
  - Interaction with others
- With “what shows up” in other contexts?

# Awareness Therapist

- What situations typically evoke this client's CRB?
- Use your reactions and those of the group to this client as a diagnostic tool.
- Active use of case conceptualization.

# Courage

- Structure group to make it more evocative.
- Introduce evocative activities and tasks tailored to group members' therapy needs or goals.

# Love

Genuine concern for the client's progress :

- guides how therapist addresses CRB
- guides how therapist channels the group's responses to someone's CRB

See how a client's improvement reinforces the therapist's behavior / other group members' behavior.

Match goals to client's repertoire.

Amplify your responses

# Prescreening Agenda

*Identify “what shows up” (CRBs) outside of session*

- “Shows up” in your clinical interview
- With verbal and non-verbal behavior

*Figure out how it*

- Could “show up” in the group
- Is functionally related to client’s presenting problem and distress



# Prescreening Agenda

- *Obtain commitment to watch for how “what shows up” in prescreening will show up in group*
  - Curiosity/ willingness of client’s hypothesized CRB’s
  - Awareness of how CRB1’s result in reduced contact, connection, understanding, and growth (consequences)

# How to do it

Verbal behavior (functional analysis/ verbalized distress)

Non-verbal behavior

Match verbal with non-verbal

Unwanted consequences (creative hopelessness)

Propose alternative (evoke/ curiosity)

Propose treatment agenda

# Client's Verbal Descriptions

- When I am in distress (in my life outside of group)
- I act / think / feel...
- I tend to...
- And when it happens, the result is...
- The way other people know (or don't know) this is...

# Functional Analysis

- Examine a recent incident of an “example” of crisis, distress, or prompt that led client to services
- Obtain matter-of-fact, nonjudgmental description of target behaviors, antecedents, and consequences

# Functional Analysis: Behavior

- Identify recent incident of being “in distress”; what led you to services, how did you get referred, what happened that indicated to you that things were not going well/ got into crisis (panic attack, verbal altercation, avoiding work)
- Describe behavior as clearly as possible, including everything you said, did, or experienced as it occurred

# Functional Analysis: Antecedents

- List all possible stressors that were impacting your life before the event occurred
- Was there anything that made you biologically vulnerable before it happened (lack of sleep, pain, temperature, use of alcohol/ substances, change in medication, altitude/ time zone change, eating habits/ blood sugar)

# Functional Analysis: Consequences

- What were the immediate short term benefits/ costs of the behavior?
- What were the long term benefits/ costs of the behavior?
- What do you think the behavior was doing for you (communicated, felt better, amplified a situation, acknowledged how painful something was, allowed you to hide/ protect yourself)

# Nonverbal Observations: How The Story Is Told

- Eye contact
- Rambling
- Tone of voice
- Posture
- Sarcasm
- Quality of interaction
- Give and take of questions/ feedback
- Silence



## Put Words On The Nonverbal: “Shared Observations”

- “I’m noticing that as you telling me this, you are all curled up in ball and talking really softly...”
- “I hear that as you tell me this, you use a lot of sarcasm. I’m wondering if you tend to do this when talking about an upsetting situation...”
- “You are talking so fast that I’m having a hard time tracking what you are telling me. I wonder if you notice this, and if you could slow down...”

Behavior that might “show up” (and create problems) in the group:

- Talking excessively, platitudes, telling stories not related to group focus, avoiding, downplaying negative affect, avoiding feelings, keeping content surface level, silent withdrawal, sarcasm, antagonism, hostility, blaming

# Hypothesize how observed behavior...

- “Your voice gets really quiet when you talk about something emotional...”
- “It seems from what you are saying that you have a tendency to be sarcastic, and can preventing others from getting to know what’s really on your heart...”
- “I am getting a sense that when asked questions about how you feel, you get flustered and want the attention off of you.”

## ...might “Show Up” in group

- “I’m curious if this also might happen in group”
- “What is really important/ interesting to me is to figure out if and when this kind of thing might ‘show up’ in group”
- “Part of this treatment has to do with paying attention to what is showing up outside of group also shows up here”

# Obtain Shared Agreement

- How the things we've noticed here (describe)
- Show up in the group
- Would you be willing to pay attention to this, and allow me (and the group) to notice when this happens?

## Group as an invitation: The value of letting others in

- Getting to know the “real” you
- Feeling connected, understood, heard
- Being fully aware of everything that controls your behavior
- Feeling more in control of yourself
- Examining all the factors that enable inherent wisdom
- Less isolation and loneliness

# Overview

- You came in here today saying x
- As you talked about x, we also observed (nonverbal behavior)
- The consequences of x haven't worked for you (loss of closeness, understood, connection, conflict, hurt)

# Overview

- Invitation/ evoke: “When you are doing x here, I feel we are not getting to know the part of you that is hurting or really scared...there is a part of you holding back or not sure you can trust...the group is here to help you figure out what happens when x happens, and how we miss out on having a true experience of what is really going on on the inside.”



# Overview

- So what we want to do here is really watch for when X happens to you, and how you experience yourself when X happens, and if that happens in the group...and to allow the group to help you “watch for” their connection or loss of connection to you..and your connection or loss of connection to the group.

# Shared Treatment Agendas

- Are a working commitment to identify and attend to in-session behaviors
- Increase specificity and accuracy about what “shows up”, or what to “watch for”
- May change over time and with group feedback
- Allow you (and client) to track impact of behavior when it happens in group

## Link Treatment Plan Targets to In-Group Behavior/ Consequences

“When you came into the group we discussed that you worry that you do things that push people away. I’m just noticing you are being really sarcastic today, and I’m wondering if there is a way you are keeping people at bay and giving them less of a chance to really know what you are feeling right now...”

## Use group to complete or improve case conceptualization and treatment agenda

- Group EVOKES CRB: How a participant responds in the group brings problem behavior into the session.
- Group HIGHLIGHTS CRB: How the group responds to a participant's brings into the session a sample of the consequences of the person's behavior in daily life. The group leader can see what caused that group response. (The impact on the group flags a CRB).

Use group to complete or improve case conceptualization and treatment agenda

- Watch for difficulties and ways of coping with these difficulties and watch how the group responds.
- Discuss what evokes the difficulties and what is problematic about the CRB
- Verify parallels / Improve hypotheses
- Check participant's willingness to work on that

# Technique

Evoke clinically relevant behavior

Be prepared to label what shows up as 1 or 2

Reinforce individual client's target behavior

Do not reinforce topographically defined social skills (depend on group / cultural idiosyncrasies – can differ widely between group and client daily life).

E.g. a specific approach strategy versus sensitivity to other and self in approaching.

Natural reinforcement

# Scoop relevant events up

## **Scoop what up?**

- evocative cues from the group
- CRB the group did not effectively respond to
- weak but relevant natural reinforcement

## **Why scoop something up?**

- it got lost in the turmoil of the group
- the group was not attentive / sensitive to it
- the person was not attentive / sensitive to the group

# Scoop relevant events up

## How?

Amplify the cue, the CRB, the natural consequence

- Did you notice that?
- Request repeat
- Rephrase



# Technique

Channel group activities  
away from G1 toward G2

Dilemmas - Therapist getting stuck

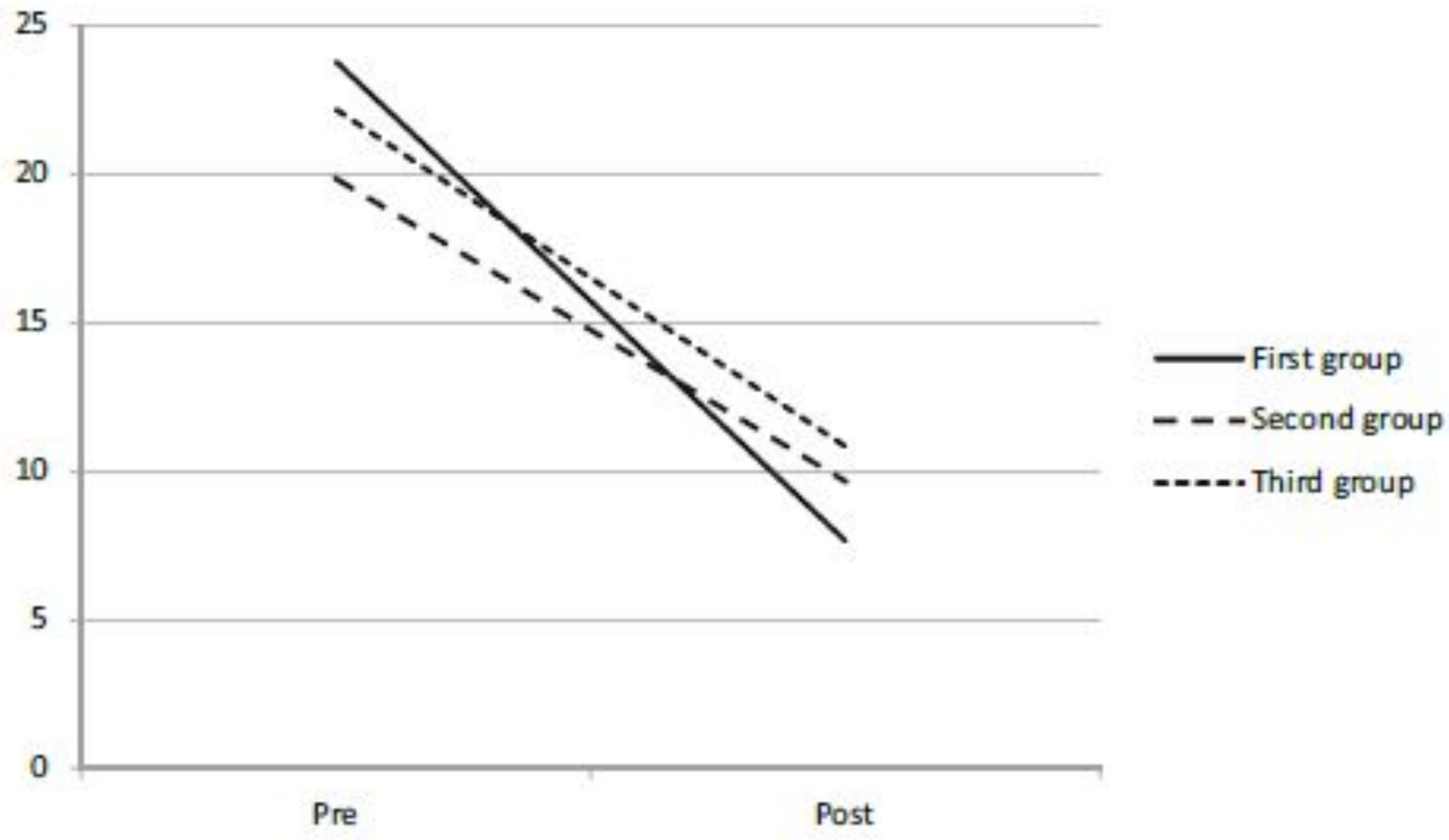
Vandenberghe, L. & Leite, U. (2018) Functional Analytic Group Therapy (FAGT) for Depression: a Pilot Study. *Psychological Record*, 68, 231-238.

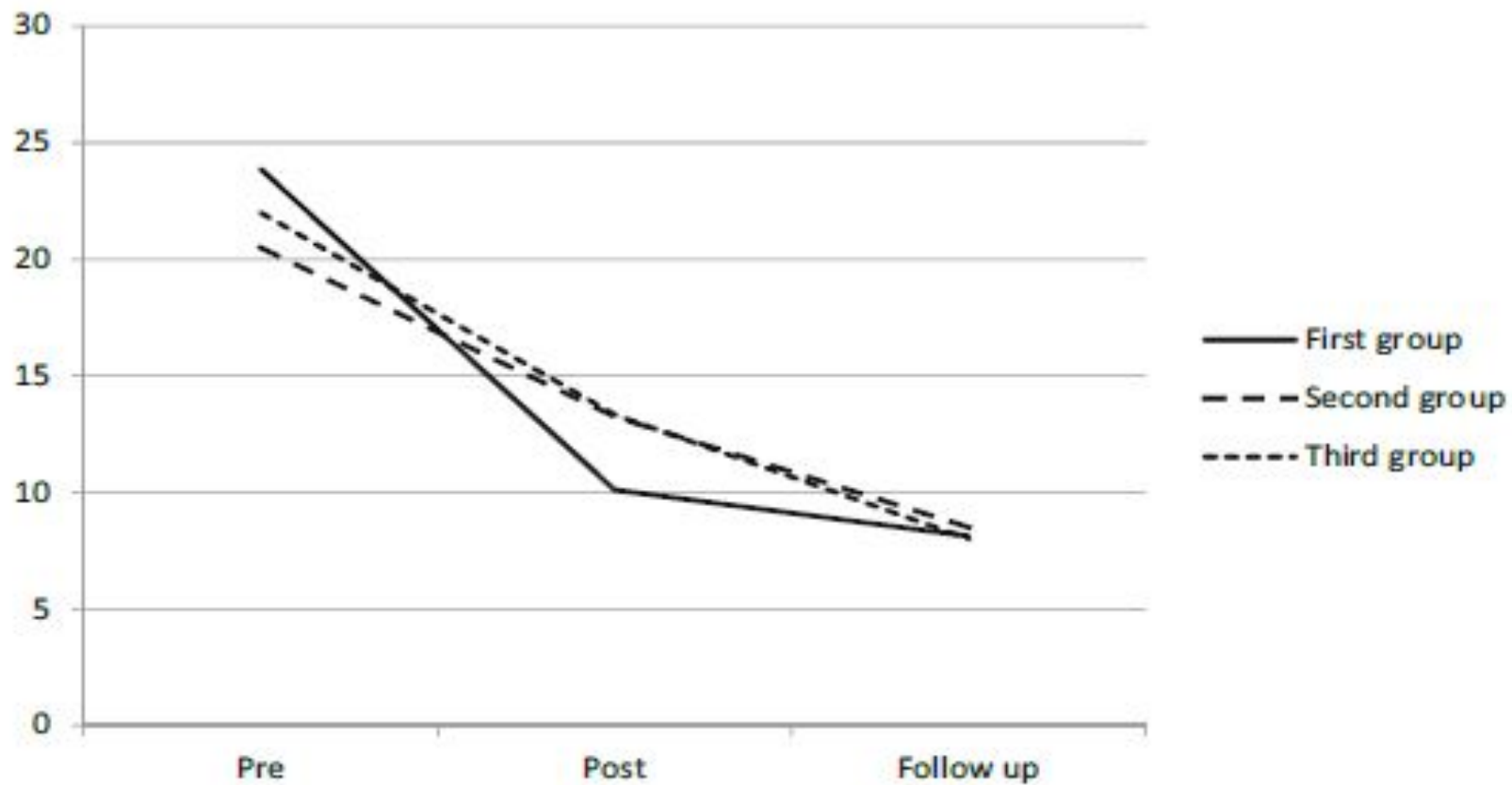
Functional analytic group therapy (FAGT) pilot tested to assess its feasibility as a treatment for depressive symptoms and mood in a naturalistic setting.

21 women (three groups) completed 16 weekly 2-h sessions in a free community clinic. Treatment effect: BDI.

All improved. For 12 clients, the improvement was both reliable and clinically significant (J-T).

The 15 participants who took part in follow-up maintained gains over 2 years.





# Wrap up

## Prescreening:

- How what “shows up” will show up in group
- Obtain commitment to tracking and observing its occurrence (CRB's)

Use the group to help clients track CRB's  
Channel interactions for curative group  
experience



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