



FUNCTIONAL ANALYTIC PSYCHOTHERAPY (FAP): CULTIVATING THE SACRED IN THERAPY AND BEYOND

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DISCLOSURES (SUPPORT):

Mavis Tsai & Robert Kohlenberg

Relevant Financial Relationships:

- employed in private practice; offer online FAP trainings
- employed by U. of Washington Dept. of Psychology
- receive royalties for FAP books from Springer, Routledge and New Harbinger publications

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- Sacred moments research is partially funded by the American Psychological Association Division 36: Society for the Psychology of Religion and Spirituality Student Research Award, Bowling Green State University (BGSU) Department of Psychology, Larry Nulton Award, and the BGSU Graduate College Katzner Award.

OBJECTIVES

Learn

Learn the rules of Functional Analytic Psychotherapy which lead to the cultivation of sacred moments in treatment.

Identify

Identify your own therapist avoidance repertoires and how to increase your courage in the service of your clients' growth.

Gain

Gain understanding of the contexts in which commonly used interventions may be inadvertently counter-therapeutic.

WHAT IS FAP? WHY LEARN IT?

FAP is an intense,
intimate, &
emotional behavior
analytic therapy

therapeutic relationship
is primary vehicle for
client growth, hearts of
both therapists and
clients are touched,
unforgettable
relationships are created

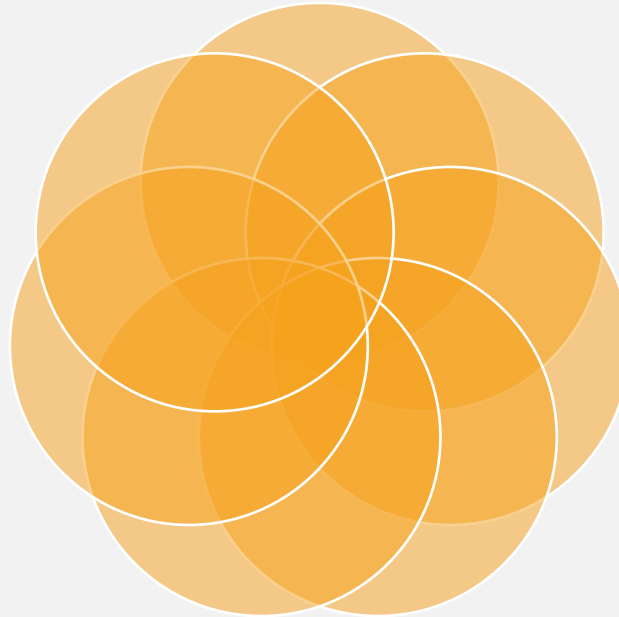
an integrative
approach that can
enhance and
supercharge almost
any other type of
therapy

encourages both
clients and
therapists to take
risks and to grow

therapists respond
contingently to clients'
daily life problems and
shape targeted
behaviors in-session

contextual and
principle driven, not
protocol driven

awareness, courage and
love (behaviorally defined)
are key clinical tools and
targeted outcomes



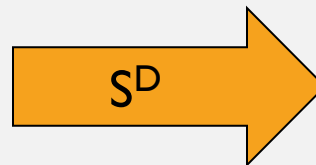
THREE THERAPEUTIC CHANGE AGENTS

#1) EVOKING CLIENT BEHAVIOR

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



Therapist



Client

THREE THERAPEUTIC CHANGE AGENTS: #2) ELICITING CLIENT BEHAVIOR

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



Therapist

She sounds
just like my
mother!

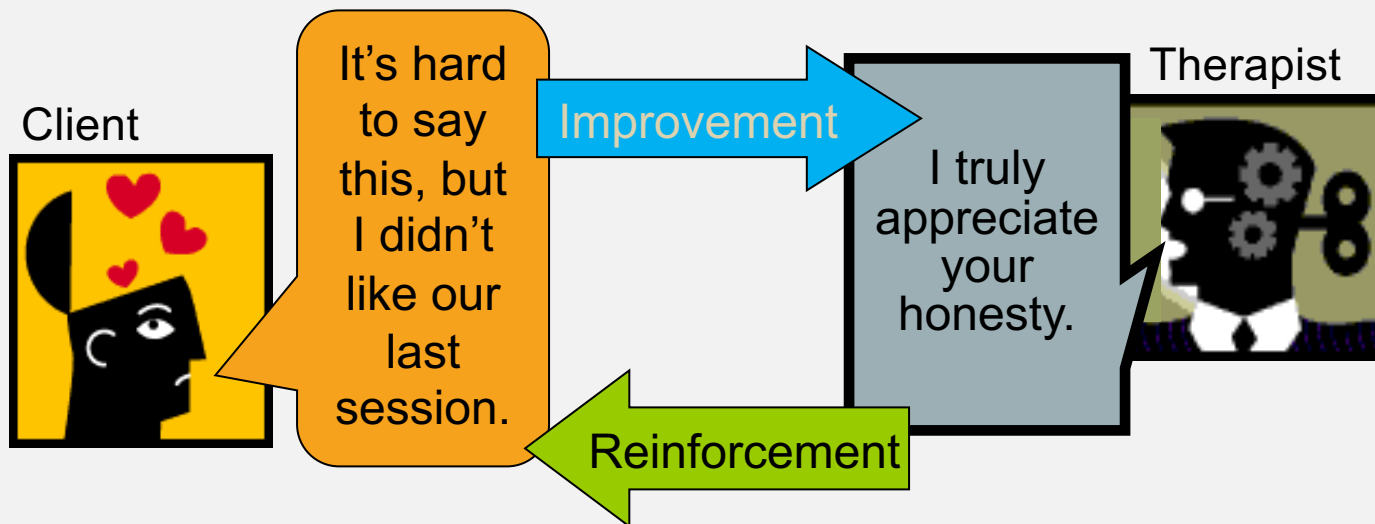
presents CS
for the
client...



Client

THREE THERAPEUTIC CHANGE AGENTS: #3) REINFORCING BEHAVIOR

- The therapist's behaviors shape client behavior in-vivo - in the here and now.
- 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 in session (**in-vivo**) vs. reinforcing a client for an improvement that occurred earlier in the week.



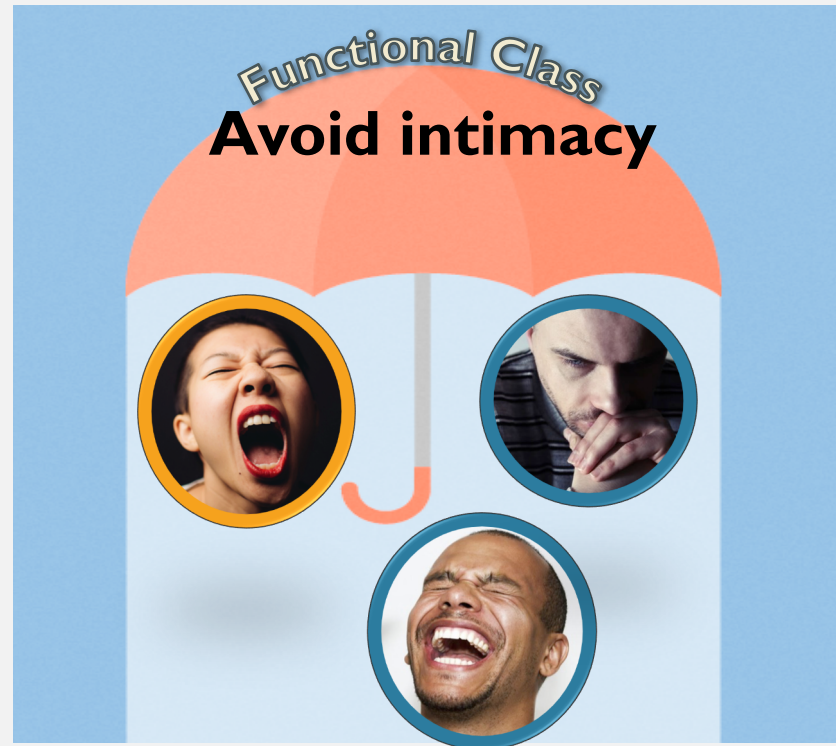
FUNCTIONAL ANALYSIS

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.

FOLLOW FUNCTION, NOT FORM

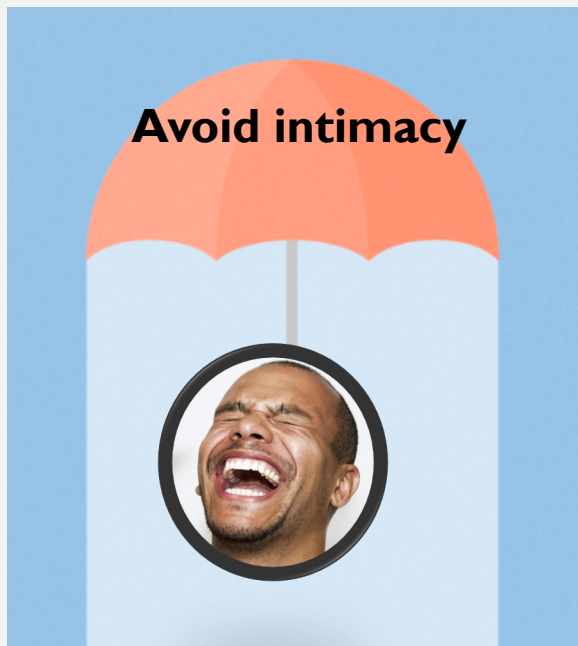
Behaviors that look different can be functionally equivalent



Withdrawing into sadness, laughing hysterically, and yelling in anger may all be functionally equivalent serving the function of distracting the therapist from talking about interpersonal closeness.

FOLLOW FUNCTION, NOT FORM

Likewise, topographically similar behaviors may serve very different functions



As therapists notice the shared function among these behaviors, they can focus on authentically reinforcing connection and extinguishing/punishing avoidance in the moment rather than being distracted by responding to topography

Mary Loudon, 2018

THE HEART OF FAP: CLINICALLY RELEVANT BEHAVIORS

CRBs:

- Operant Behaviors
- Occurring in session
- Functionally related to client's outside life goals



Mary Loudon, 2018

THE HEART OF FAP: CLINICALLY RELEVANT BEHAVIORS



CRB 1s: Problematic
client behaviors



CRB 2s: Behavioral
Improvements

Occurring in session

THE HEART OF FAP: CLINICALLY RELEVANT BEHAVIORS

“Moving targets”: Defined with regard to one’s current repertoire (successive approximations are reinforced)

Last month’s CRB2 may now be a CRB1.



THE HEART OF FAP: CLINICALLY RELEVANT BEHAVIORS

CRBs:

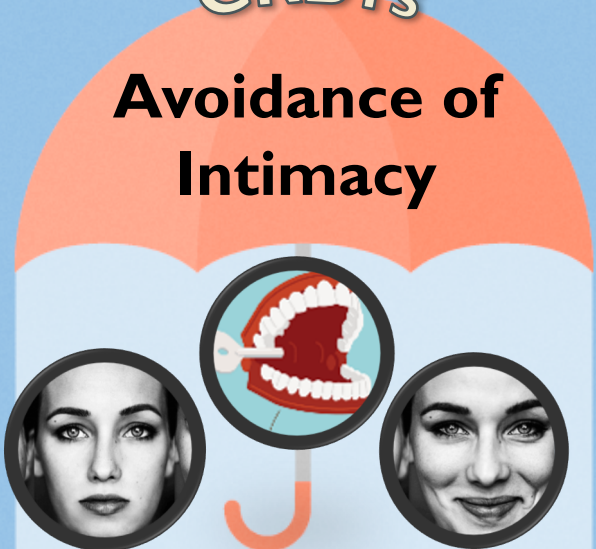
- Idiographic: defined in terms of the client's own history and goals
- One client's improvement is another client's problematic behavior



THE HEART OF FAP: CRBS

CRB1s

Avoidance of Intimacy



Numbs out; becomes verbose;
“happy on the surface”

Mary Loudon, 2018

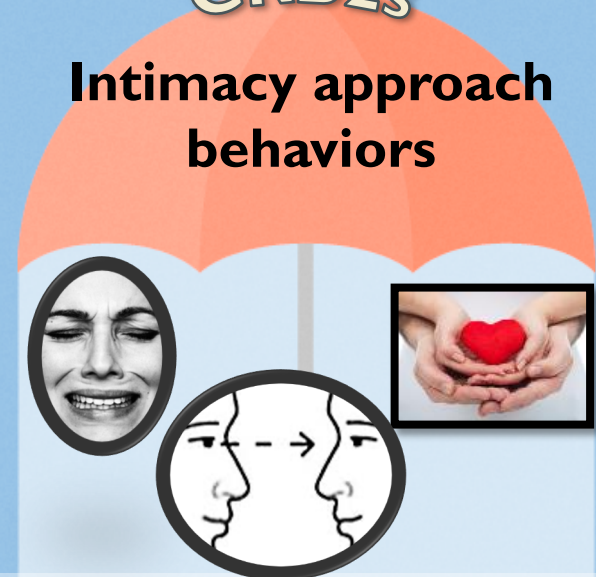


Therapist's natural
Contingent Responding

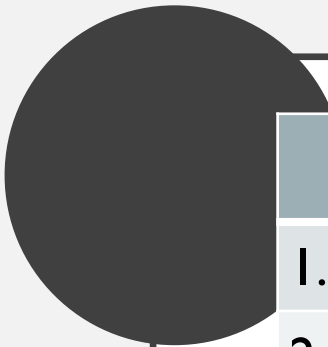


CRB2s

Intimacy approach behaviors



Contacts & expresses emotions, maintains eye contact, engages in reciprocal vulnerability



FAP 5 RULES	ACL Component
1. Watch for CRBs	Awareness
2. Evoke CRBs	Courage
3. Reinforce CRBs	Love (Reinforce 2's & extinguish/punish 1s)
4. Notice your effect on client behavior	Awareness (including awareness of T1s & T2s)
5. Interpret & Generalize	Awareness & Courage

Assessing sessions from a FAP perspective

Have you created a “sacred” space? Given a rationale?
Started a conceptualization of 1s and 2s?

What are your client’s CRBs?
How aware, courageous, and loving is your client?

How aware are you, in the present moment, in session, of what you are feeling and what your client is doing?

What do your client’s CRBs look like in therapy with you?

Are you able to evoke CRB2s?

How courageous are you to be authentic, to self-disclose, to take strategic risks?

When you see a CRB2, how do you respond?

How loving are you?

CULTIVATING SACRED MOMENTS

“EACH THOUGHT, each action in the sunlight of awareness becomes sacred. In this light, no boundary exists between the sacred and the profane.”

— Thich Nhat Hanh, *Your True Home: The Everyday Wisdom of Thich Nhat Hanh*

- Organic, not manufactured
- Provide a full, loving presence
- Notice tension in clients
- Notice, evoke, and reinforce sacred qualities

Alvarado, 2016; Pargament et al., 2014; Magyar-Russell, Pargament, Grubbs, & Wilt, in press; Wong & Pargament, 2018; Wong & Pargament, 2019; Wilt, Pargament, & Exline, 2018

THE 5 RULES

Rule 1:
Watch for CRBs

RULE I (AWARENESS) – WATCH FOR CRBS

- Looking at the process
- Naming the pattern
- Open, aware, and engaged in the therapy room
- Noticing your bodily sensations, thoughts and feelings
- Understanding your behavior, knowing when you are stuck, avoidant, or out of touch with your values
- Present in the moment and aware of how others perceive you and the impact of your behavior on others, unfolding in each step, and across time.

Rule I: Watch for CRBs

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



CRB1
OR
CRB2 ??

Other client behaviors—CRB1 or CRB2?

- Always willing to do homework
- is 20 minutes late
- sobs in session
- “I’m really angry at you!”
- “Where are you going on your vacation?”
- “I’m feeling suicidal.”
- Sits there silently at the beginning of a session
- “You look really nice today.”

It Depends.



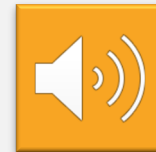
SPIRITUALITY AS
A WAY OF SEEING
(WONG & PARGAMENT, 2017)

I am learning to see. I don't know why it is, but everything enters me more deeply and doesn't stop where it once used to. I have an interior that I never knew of.

- Rainer Maria Rilke

SACRED MOMENTS

- Common occurrences in psychotherapy
- Occur when individuals engage with music, nature, and everyday life
- More frequently with healthy and active spiritual lives
- Openness to new experience is a predictor



Alvarado, 2016; Pargament et al., 2014; Magyar-Russell, Pargament, Grubbs, & Wilt, in press; Wong & Pargament, 2018; Wilt, Pargament, & Exline, 2018

THE 5 RULES

Rule 2:
Evoke CRBs



RULE 2:
EVOKE CRBS
[COURAGE]

- Treatment as usual will naturally evoke CRBs
 - e.g., power differential, possibility for emotional intimacy, attachment and dependence, potential for harm, potential for healing/growth,
 - setting agendas, therapist “mistakes”, assigning homework
- You also can intentionally prompt CRBs via...
 - Constructing therapeutic environment that evokes intimacy-related CRBs (“sacred” space)
 - Presenting a rationale that is evocative (e.g., the “FAP rap”)
 - Bringing client issues into the therapeutic relationship (soft vs. hard evokes)
 - Therapist self-disclosure: speaking your truth in ways that best serve your client’s growth
 - Experiential work and exercises from any orientation (e.g., ACT exercises, free association, non-dominant handwriting) but bring it back to the therapeutic relationship (e.g., “how does it feel that I asked you to do this with me?”)



RULE 2 STRATEGY 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.
- When meeting virtually or in person, create a special space together (candle, lighting, singing bowl, etc..)



TREASURE CHEST MEDITATION

What do I hold sacred in my life?

What constitutes sacred moments we have shared or can create together in our therapy?



HOW ARE YOU FEELING
AFTER THE
MEDITATION?



WHAT SACRED
MEMORIES CAME UP
FOR YOU?

DEBRIEF IN CHAT

RULE 2 EVOKING STRATEGIES: SOFT VS. HARD EVOKES

SOFT EVOKES

Evoking CRBs in session, but not specific to the therapist-client relationship

- *Can you get in touch with that feeling a bit more?*
- *I notice you staying a bit intellectual about all this. What do feel in your body?*
- Assigning homework, experiential exercises

HARD EVOKES

Evoking CRB within the therapeutic relationship

- *What can you see in my face about how I am reacting to you right now?*
- *How can you take up more space in our relationship?*
- *Can you find a way to express your anger at me but not push me away?*
- *I care about you the way I care about my son.*

RULE 2 EVOKING STRATEGIES: SHIFT FROM CONTENT TO PROCESS

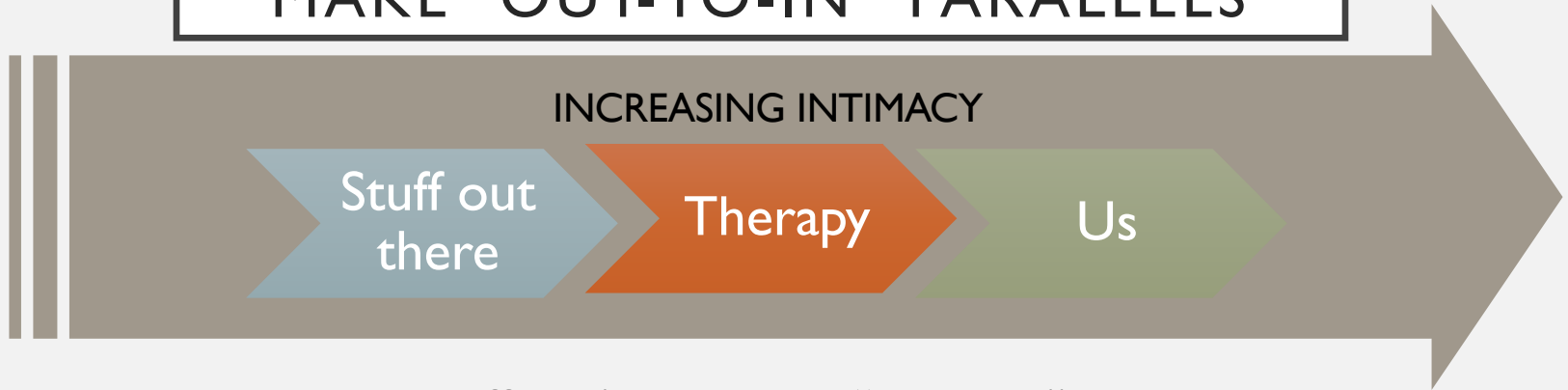
Content

- How did you feel in that moment?
- It seems it was a difficult situation...
- I can imagine how painful it was.
- You were very brave and I respect you a lot for what you did.

Process

- How are you feeling right now as you're talking?
- It seems difficult to talk about that situation... Is it?
- I can see from your teariness how painful it is to tell me about this.
- You are being very brave telling me this and I respect your courage and trust in this moment

RULE 2 EVOKING STRATEGIES: MAKE “OUT-TO-IN” PARALLELS



- *How is that stuff that’s happening “out there” showing up between us?*
- *Have you experienced that feeling in our session today?*
- *Have you ever felt that way with me? About me?*
- *I wonder if you’re bringing up this story because you feel that way about therapy, too? (Asking about hidden meaning)*

RULE 2 EVOKING STRATEGIES: EMBRACING MISTAKES

- We make “mistakes” all the time (e.g., T1s)
- These are natural hard evokes – and often amazing opportunities!
 - Therapeutic mistakes can evoke/elicit emotional states clients often encounter in their outside lives.
 - Pulling for CRB2s in these contexts can be useful for generalization
- Mistakes also allow for a potentially powerful type of reinforcement for clients: allowing them to help you grow (T1s can get shaped into T2s)

EXPERIENTIAL
EXERCISE
(BREAKOUT
ROOM)
NON-
DOMINANT
HAND
WRITING

- 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 courage I would

THE 5 RULES

Rule 3:
Reinforce CRBs

RULE 3: REINFORCING CRB

Effective evoking results in lots of CRB.

To move from CRB1s to CRB2s:

FIND MORE TO REINFORCE

Successive approximations

Even those 2s that might not be reinforced by others in the outside world.

REINFORCE NATURALLY (not arbitrarily)

CRB2s are more likely to generalize if the therapist reinforcing response is functionally equivalent to outside world contingencies.



REACHING IN TO GIVE A GIFT FROM YOUR HEART: THERAPIST SELF- DISCLOSURE IN RESPONSE TO CRB2S

- What's alive in you right now?
- What's hard for you to share?
- body sensations, thoughts, memories, etc.,
- personal/historical significance for you
- Helping you grow? Healing something inside you?
- Inspiring or motivating you?
- Renewing enthusiasm for your work?
- Therapist: "No matter how hard I tried to connect with my dad as a kid, I never felt let in by him. When you just did [CRB2] I could feel that kid inside me being healed just a bit more. You have no idea how powerful and meaningful that is to me."
- Cautions... (oversharing, caretaking, emotionally unsafe, etc.).

SACRED QUALITIES TO NOTICE, EVOKE, & REINFORCE

- Spiritual emotions
- Deep interconnectedness
- Ultimacy
- Transcendence
- Boundlessness

Pargament, 2007; Pargament, 2011;
Pargament, Lomax, McGee, &
Fang, 2014



PRECAUTIONS



Self-disclosure isn't always reinforcing.



Can be experienced as distraction from client, making it about the therapist



Avoid disclosures that take you into areas where you may not be able to self-regulate and contain your emotions



Be particularly careful using self-disclosure with clients who have issues around the Self



Don't just quietly notice your effect on the client, ASK!

RULE 3
STRATEGIES:
DECREASE
CRB1S
(CLIENT IN-
SESSION
PROBLEMATIC
BEHAVIORS)

- **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.”)
- **Ask about visible signs of possible emotional avoidance** (inappropriate affect, tense body, poor eye contact)
- **Ask about possible avoidance directly** (What might you be doing to block your feelings right now?)
- **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?)

**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).

THE 5 RULES

Rule 4:
Notice your Effect

RULE 4: NOTICE YOUR EFFECT ON 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 strengthened CRB2s over time?
- **Be aware of T1s** (Therapist in-session problem behaviors) **and T2s** (Therapist in-session target behaviors). T1s and T2s may differ from client to client.

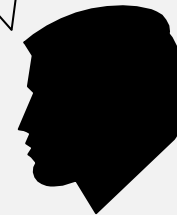
Therapist disclosure that's intended to be naturally reinforcing (Rule 3) may also evoke CRB1s and 2s (Rule 2).

I feel especially close to you right now because you're being so vulnerable with me.



Therapist

(Examples of CRB this could evoke?)



Client

I'm very independent,
But I'd like your advice
On something.

Client



I'm very pleased
that you are asking



Therapist

SIX MONTHS LATER

You are so wonderful it
seems that I need your
advice on everything!



I'm glad to be of
service (TI)



EXPERIENTIAL EXERCISE (BREAKOUT ROOM)
DEVELOP YOURSELF AS AN INSTRUMENT OF
CHANGE (ASSESS YOUR T1S & 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. 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]
3. How do your avoidances impact the work that you do with your clients?
4. What are specific T2s you want to develop with each client based on the case conceptualization?

THE 5 RULES

Rule 5:
Offer functional
interpretations &
Generalize

Rule 5

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.

You know how we created a sacred moment just now when you and I connected so deeply? How can you take this experience out into your daily life with people you care about?

THERAPIST

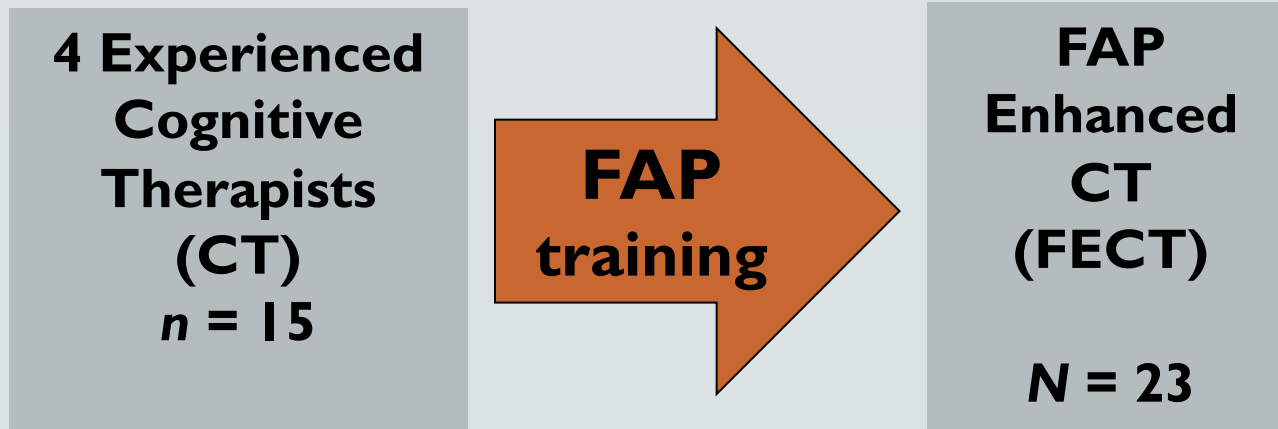


SACRED MOMENTS THEORY & RESEARCH

- Greater provider wellbeing, meaning in work, and work motivation
- Stronger working alliance and mental health improvements in clients
- Increased likelihood of resolving spiritual struggles



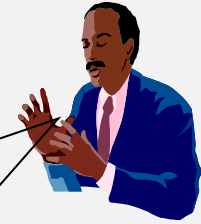
Can training therapists in FAP improve outcomes?



(Kohlenberg, Kanter, Bolling, Parker, & Tsai, 2002)

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

CT as usual-
Focus on daily
life

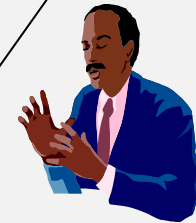


Let’s talk about what your thoughts were when you were talking to your husband and then felt helpless about your relationship with him.

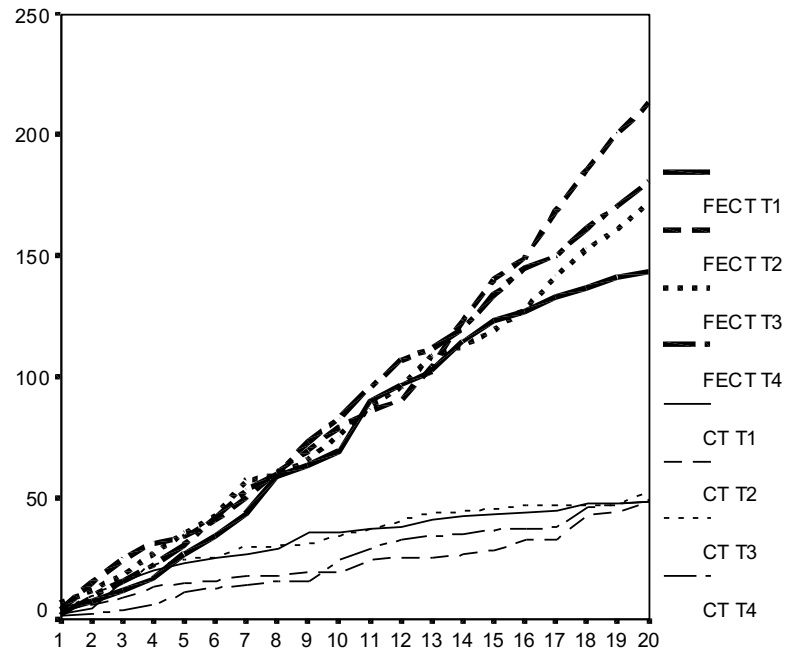


Therapy Focus Turn
(in-vivo “hit”)

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?



CUMULATIVE “IN-VIVO” HITS BY THERAPIST AND CONDITION

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.” $p = .05$

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.

- FAP is difficult to do.
- Be careful of potential boundary violations.
- Be aware of cultural biases.
- Do not continue a non-beneficial treatment.
- Do only what is in your clients' best interest. Be controlled by reinforcers that are beneficial to your clients.
- Continually update client case conceptualization.
- Create a therapist case conceptualization.
- Have client target behaviors in your own repertoire.
- Be humble.

ETHICS AND PRECAUTIONS

LOVING BOLDLY AND DARING GREATLY

GENERALIZATION PART OF RULE 5

1) Claim a world where every life is precious.

We are all human beings who experience sorrow, need, sickness, loss, and who rely on relationships to help deal with adversity and to maintain well-being, whether these relationships are with one another, the animal world, the spiritual realm, or the earth.

(British Museum)

2) Love in a way we've never loved before.

"You've gotta dance like there's nobody watching, Love like you'll never be hurt, Sing like there's nobody listening, And live like it's heaven on earth." (William W. Purkey)

3) Take our sense of personal agency (capacity to exert power to achieve an end) to its highest level, applying our personal passions and gifts to personal, interpersonal, and global transformation.

"Thou shalt not be a victim. Thou shalt not be a perpetrator. Above all, thou shalt not be a bystander." (Holocaust Museum)

GENERALIZATION OF FAP: LIVE WITH AWARENESS, COURAGE AND LOVE GLOBAL PROJECT

- Inspired by FAP and research identifying the lack of social connection as a significant predictor of psychological and physical illnesses, and even mortality.
- Addresses the need for people to connect more authentically with themselves and with others and to live more boldly.
- Relatively simple training protocols so that groups can be led by volunteers with minimal training.
- Protocols are adaptable to participants—members of general public
- Highly accessible; low to no cost

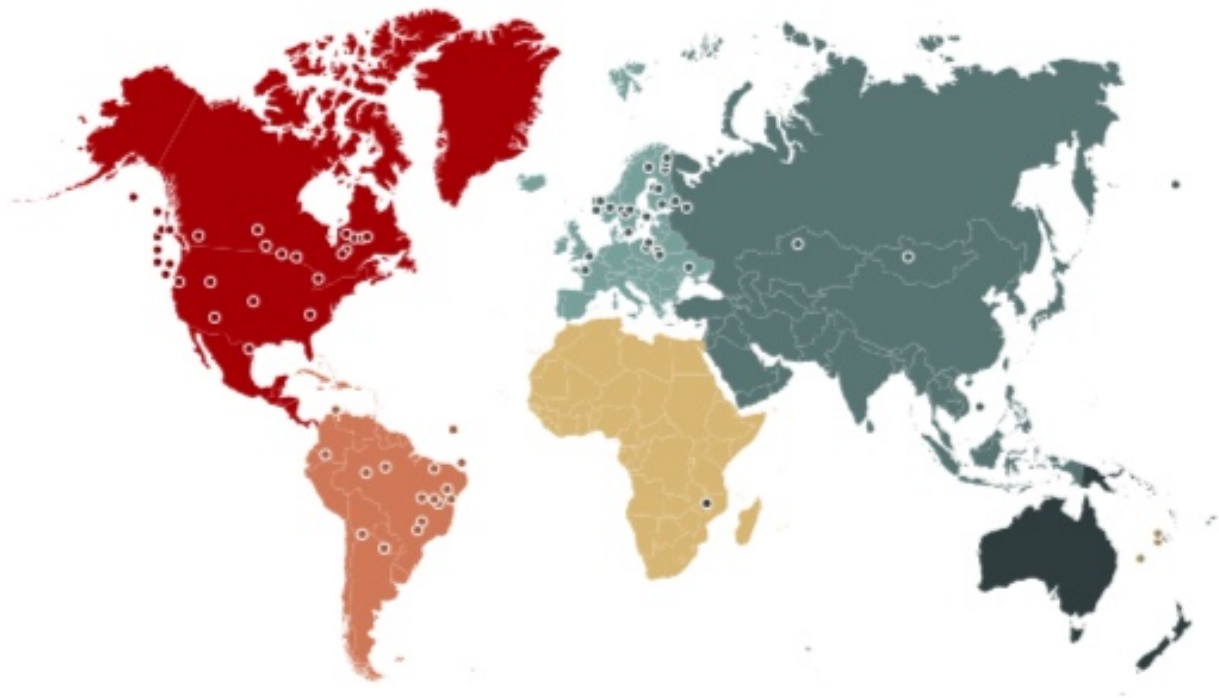
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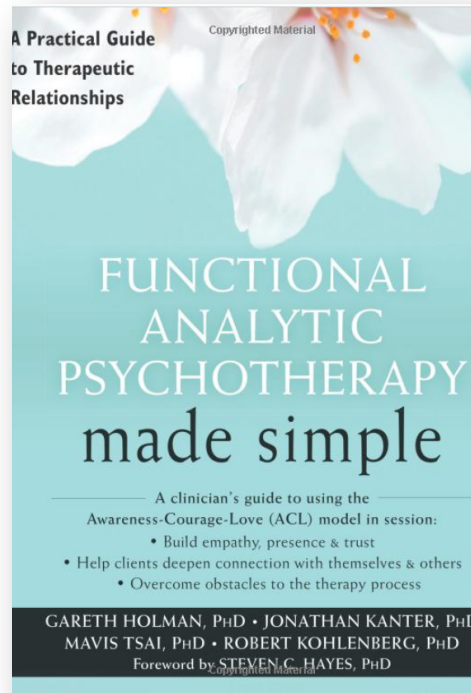
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CONCLUDING THOUGHTS

- Planning treatment and conducting therapy are not just about implementing Empirically Supported Treatments, 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.