

Goals for this workshop

- To give an overview of FAP and ACT models and how they complement each other.
- To increase your skills in creating intense and vital relationships with and among your trainees.
- To discriminate flexible and inflexible behavioral repertoires in yourselves and your peers and to positively reinforce flexible approach behaviors.
- To support you in effectively blending FAP and ACT in your training and supervision.

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 (and training!)

Three Therapeutic Change Agents: #1) Evoking Client Behavior

The therapist makes suggestions or requests, assigns homework, presents theories (rationales), asks clients to take risks in-session, etc., that evoke client behavior

Three Therapeutic Change Agents: #2) Eliciting Client Behavior

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

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.

Behavior Analytic Concepts:
We're constantly shaping our client's 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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CRBs are the **operants** that are the HEART of FAP



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CRBs: Clinically Relevant Behaviors

CRBs occur *in session* and can be addressed on the spot

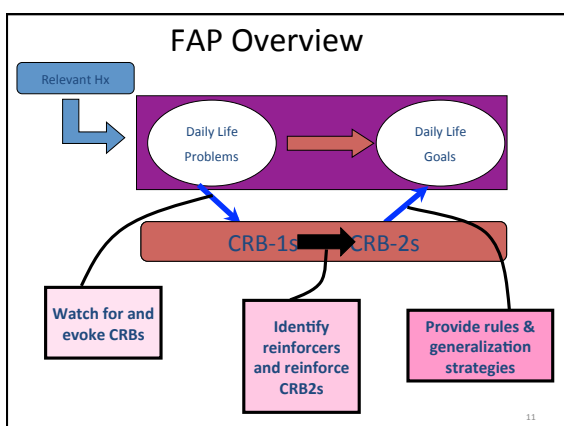
- CRB1s: Client *problems* occurring in session
- CRB2s: Client *improvements* occurring in session
- CRB3s: Client interpretations of behavior

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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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ACT and RFT

- What ACT explicitly focuses on that FAP doesn't is undermining the negative processes of language.
- So the inflexibility processes would be the relevant CRBs in ACT training.
- These processes are originally trained in relationships to humans, so creating a functionally similar context to train flexibility processes will promote generalization.

ACT Training

- We propose that ACT TAU (training as usual) doesn't always create a functionally similar context.
- This functional dissimilarity impedes the ability of the trainees to enact the behavior fluidly and flexibly in the therapeutic setting and leads to trainees doing ACT to clients.
- By adding FAP to ACT training, we can create this functionally similar context and help trainees do ACT with and not to their clients.

FAP Informed ACT Training

- In FAP we use the therapeutic relationship to positively reinforce behaviors that move toward flexibility.
- In FAP informed ACT training we do the same.
- We use the relationship to train a more flexible relationship with previously avoided private events for the trainer and the trainee.

"As ACT therapists, we do RFT verbal voodoo, but when we lose contact with the relationship that voodoo becomes cuckoo." - Benjamin Schoendorff



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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Sacred space

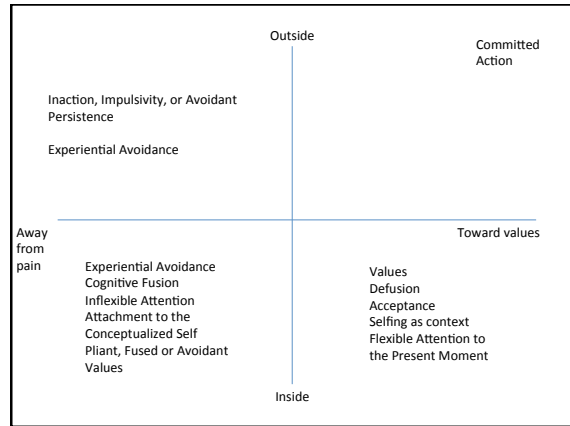
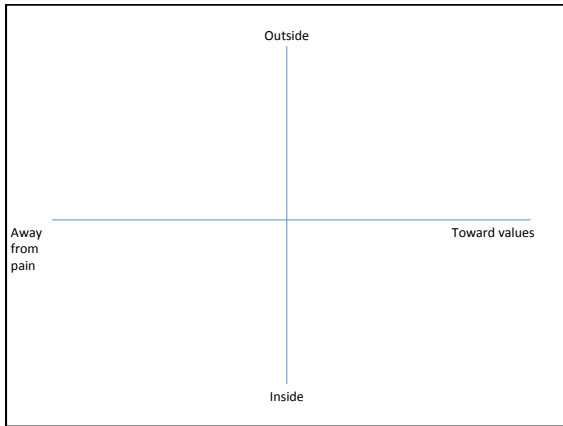
Creating a context that evokes & reinforces intimacy & flexibility CRBs



Slide courtesy of Benjamin Schoendorff

Outside

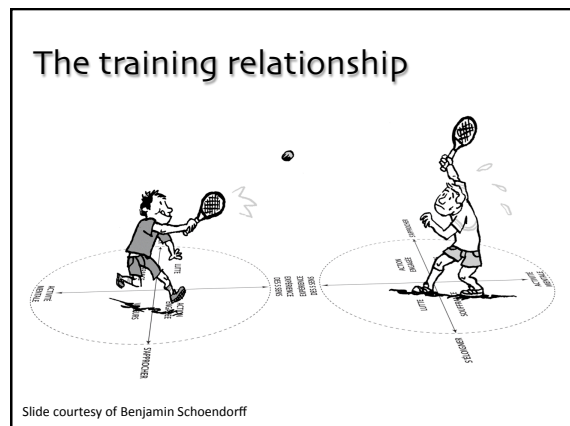
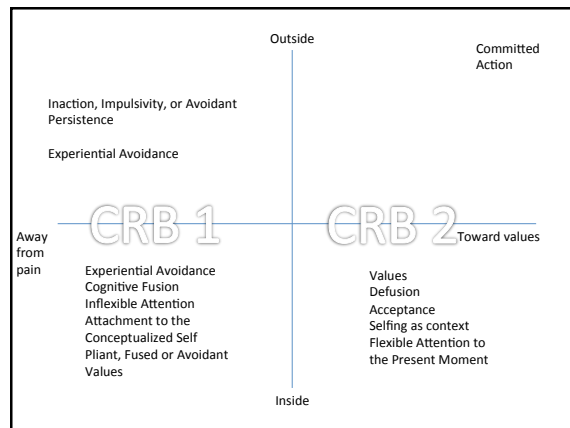
Inside



The HEART of FAP
(and ACT too!)

CLINICALLY RELEVANT BEHAVIORS

(Slide courtesy of Bob Kohlenberg & Mavis Tsai)



Outside (Actions)	
<p>-Read self-help books, give them to other people</p> <p>-Eat sugary comfort foods.</p> <p>-Blame others</p> <p>-Get busy</p> <p>-Figure it out/trying to fix others</p> <p>-Complaining especially to husband.</p> <p>-Rail at God.</p> <p>-Avoid inner work through distraction.</p> <p>Away from pain</p>	<p>-Slow down. Patience. Meditation</p> <p>-I am sorry. I apologize.</p> <p>-Focused and flexible action (graceful and spontaneous)</p> <p>-Faithful to diet/exercise</p> <p>-Effort to understand others more than argue with them.</p> <p>-Talk less, consider whether talking is helpful.</p> <p>Toward Values</p>
<p>-Shame</p> <p>-Despair</p> <p>-Fear of failure, vulnerability, rejection, danger</p> <p>-“Gotta do more gotta be more”</p> <p>-“Acceptance leads to apathy.”</p> <p>-“Patience leads to complacency”</p> <p>-Guilt</p> <p>-Judgments of self and others</p> <p>-Jealous/competitive/threatened</p> <p>-Developing Arch-enemies</p> <p>Inside (TES)</p>	<p>-Useful/helpful/efficient/effective</p> <p>-patient/understanding/accepting first to myself, then husband, then to my family (including in-laws) then to my friends, finally to clients.</p> <p>-Grace-ful, mercy-ful</p> <p>-Authenticity with my own experiences</p> <p>-Humility towards others experiences</p> <p>-Bold/Creative/unique/clever/innovative</p> <p>-Intelligent/wise</p>

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Outside (Actions)	
<p>Negative reinforcement or punishment to trainees</p> <p>Sharp, cold demeanor</p> <p>Theory discussion</p> <p>Telling them what to do</p> <p>Clinically showing off</p> <p>Creating Joanne clones.</p> <p>Away from pain</p>	<p>Talking less, listening more</p> <p>Showing my own vulnerability</p> <p>Looking for places to R+</p> <p>Owning my mistakes, Validating</p> <p>Toward Values</p>
<p>Shame “I’m a fraud”</p> <p>Unworthiness “I’m not good enough to train you”</p> <p>Fear</p> <p>I’ll never get this right, you’ll find out I’m a fraud”</p> <p>“I’m incompetent”</p> <p>Inside (TES)</p>	<p>I care so much about helping you do this hard, demanding, often lonely work.</p> <p>I want to make a difference in your life.</p> <p>I want you to be the best therapist you can be.</p> <p>I want to help you find your own therapeutic voice.</p>

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- ### Why Use Session Bridging Questions?
- To broaden, deepen and level the relationship.
 - To give the other person time to respond.
 - To strengthen the connection between sessions.
 - To intensify and strengthen group processes.
 - To help trainees track flexibility processes with themselves and their clients, and to positively reinforce increased flexibility.

- ### Using SBQs in Training Groups.
- Struggling through CRB1s for the trainer/ trainee.
 - Bringing the work out of the training session into the actual therapy session.
 - Strengthening the group, working out a conflict.
 - Shaping the use of positive reinforcement for the trainer and the trainee.

SBQ Comment as Two Group Members Work Through a Conflict

- “I think what is most sad about what you said is how much you do not want to be known by me. I am just trying to feel the sad. I am aware of how much I want to do something to fix the rift between me and you. I am ready to launch a campaign. I think that campaign-launching is a CRB1 for me. No campaigns. I will be reading no self-help books. I made space for sad this week and I am less sad now. I still would like to know you better, and I respect your freedom to do what you want.”

Importance of Experiential Training

- Develop in your own repertoire what trainees want in their target repertoires
- Awareness of your own avoidance increases awareness of client/trainee avoidance
- Increases empathy for trainees
- Evokes clinically relevant behaviors
- Highlights your values, biases, and hidden assumptions

Potential Naturally Reinforcing Behaviors

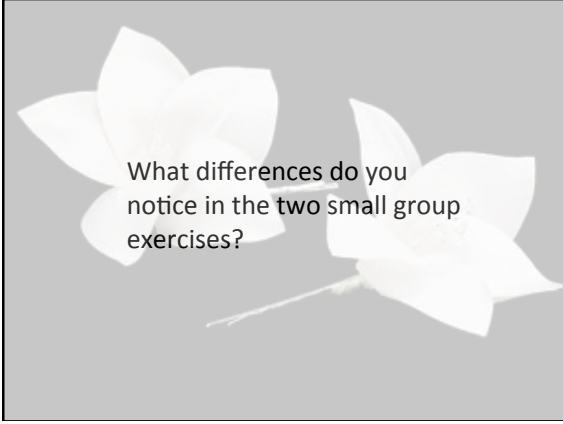
- Convey accurate empathic feedback, compassion or validation that help speakers feel understood, seen or heard, or feel more connected. Statements that take speakers deeper into their experience.
- Statements that help speakers see things in a new way or observe a facet of themselves previously not conscious of.
- 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.
- Remembering and linking what was shared with past sharing experiences.
- Using imagery or metaphor.
- Nonverbals or body language indicating interest, attentiveness or caring.
- Vulnerable and genuine emotional reactions, including tears.
- Other: _____

Exercise #1

- Get together groups of 3, speaker, listener and observer.
- Speaker—share your own away moves and towards moves as a supervisor or therapist.
- Listener—look for 1s and 2s. Positively reinforce 2s.
- Observer—notice both parties’ 1s and 2s. Give positive reinforcement to 2s that you see.
- Large group debrief.

Exercise #2

- Stay together in same group of 3--speaker, listener and observer.
- Speaker—share your own away moves and towards moves in your small group in this moment.
- Listener—look for 1s and 2s. Positively reinforce 2s.
- Observer--notice both parties’ 1s and 2s. Give positive reinforcement to 2s that you see.
- Large group debrief.



What differences do you notice in the two small group exercises?

Why use stable 3 person groups?

- Keeping groups stable over the course of the training is functionally similar to actual relationships.
- The three positions in the group offer different and useful perspectives on the work.
- It often happens that these groups continue as peer support after the training has ended.

Helping yourself bring FAP into the training relationship

- Follow FAP rules.
- Use Session Bridging Questions.
- If possible use stable small groups in training.
- Real play, not role play.
- Affirm constantly that these are REAL relationships—trainer/trainee, therapist/client.
- Attend to your own 1s and 2s as a supervisor.

Consider Using These Tools in Different Training Settings

- SBQs and Matrix
 - Can be used in short term and long term individual training. Trainer and trainees share these with each other.
- SBQs, Matrix and Stable 3 person groups
 - Useful in both short term and long term group live training.
 - Live 2 day Workshop Training
 - Online trainings- 8 to 16 weeks.

In Conclusion

- Everything we ask our trainees to do, we have done or are doing ourselves. We can only teach what we know, especially on an emotional level. As trainers, we do not stand above, but with our trainees, as fellow human beings with our shared strengths and our shared pain. We do FAP and ACT with, not to our clients and trainees.