



## Functional Analytic Psychotherapy (FAP):

Deepening Your Clinical Skills of Awareness, Courage, Therapeutic Love and Behavioral Interpretation

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stand by me

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## Tentative Workshop Schedule

- **Tuesday**
- 9:00am – 10:30am [opening meditation, overview of FAP principles & rules including video clips]
- Break 10:30-10:45
- 10:45am–12pm [FAP principles and video clips continued]
- Lunch 12pm-1:15pm (homework assignment: practice CRB2s)
- 1:15pm-3:15pm [trainer histories related to 1s and 2s; break into triads; life histories as related to CRB1s and 2s; practice Rules 1,2,3,4 debrief]
- Break 3:15-3:30pm
- 3:30pm-5:15pm [Experiential: Integrating FAP with what you already do; questions, debrief, homework; session bridging]
- **Wednesday**
- 9:00am – 9:30am [session bridging responses]
- 9:30-10:30am [Role of Augmentals in Increasing Awareness, Courage & Love; FAP and OCD]
- Break 10:30-10:45
- 10:45-12pm [Addressing Loss Histories to Empower Your Clients]
- Lunch 12pm-1:15pm (assignment: practice CRB2s; closeness generating questions)
- 1:15pm-3:15pm [Homework reports; Freeing Self and Others from Unjustified Shame]
- Break 3:15pm-3:30pm
- 3:30pm-5:15pm [Practicing Using all 5 Rules in One Interaction; Loving Boldly and Daring Greatly; Good Goodbyes]

**FAP Workshop: Create an intentional community in which you enrich your therapeutic skills by...**



- ★ theoretical and experiential learning
- ★ acting with awareness, courage and love
- ★ sharing your expertise
- ★ taking thoughtful risks
- ★ expressing emotion and transparency
- ★ discussing painful histories, losses, shame
- ★ regulating your own experiences
- ★ Supporting one another deeply



## Workshop Safety Agreements



- **Confidentiality:** All personal disclosures trainers and participants make, verbal or written, are absolutely confidential.
- It's ok to say no to an exercise or to modify it to suit you. While we encourage you to go beyond your comfort zone, sometimes it takes more courage to say no than to say yes.
- Ask for what you need (SOS—See it, Own it, Solve it).
- Be gentle, compassionate and tender with yourself.

## Workshop partners and small groups

**Your workshop experiential exercise partners or small group members ideally are people**

- with whom you would consider getting closer to.
- with whom you can try to feel safe.
- who will monitor how you are doing emotionally in this workshop.
- who will compassionately challenge you to take risks that are good for you.
- who will try to act in your best interest.
- who are willing to take risks along with you.

## Setting Intention



- *This workshop is a sacred gift we give to ourselves and others.*
- *What is the best, boldest and most loving version of yourself?*
- *How do you create an extraordinary experience for yourself and others?*
- *What word or phrase captures your intention for this workshop or what your best self is like?*

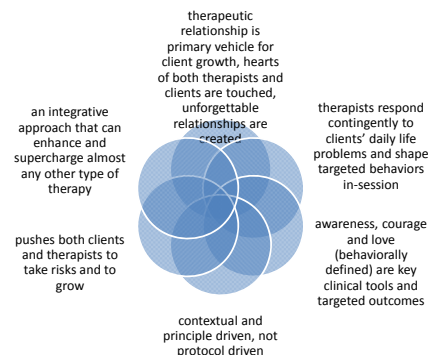


## Video: If you could see inside others' hearts

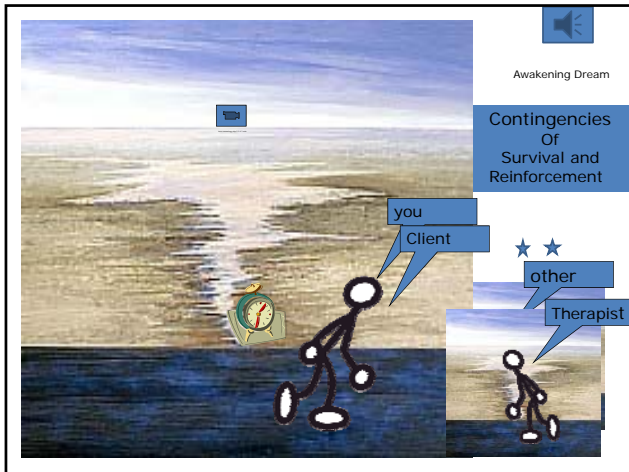
- Let the video be a stimulus for you.
- Write something on the slip of paper behind your name tag that allows us to see into your heart.
- Walk and connect with "strangers", make eye contact, read what they wrote, acknowledge it nonverbally, and move to the next person.
- Optional--change what you write in response to others' statements.

If could see Awakening Dream

## FAP is an intense, intimate and emotional behavior analytic therapy



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## Origins of FAP

- As behavior therapists, some of our clients showed remarkable, transformative 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)

**Why?**


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Our Answer  
is based on

**Functional Analysis**

A therapist can affect a  
client in three ways.



### Behavior Analytic Concepts: Three Therapeutic Change Agents

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

1. **Evoking Client Bx**  
(by presenting Discriminative Stimuli - S<sup>D</sup>)
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), interpretations, offers rules, reads a poem, tells a heartfelt story, etc., that evoke client behavior



Therapist



Client

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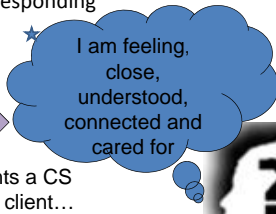
### Three Therapeutic Change Agents: #2) Eliciting Client Behavior (feelings)

The therapist elicits client behaviors by presenting conditioned stimuli either learned directly or through derived relational responding



Therapist

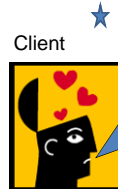
★ Love  
presents a CS for the client...



Client 15

### Three Therapeutic Change Agents: #3) Reinforcing Behavior

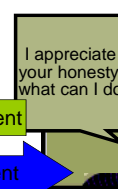
- ★ The therapist's behaviors shape client behavior in-vivo, in the here and now.
  - Behavior includes private and public events.
  - The result is contingency-shaped behavior.
  - The process is known as operant conditioning.
  - Easily overlooked by therapists.



Client



★ Reinforcement



Therapist

★ Improvement

## 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.



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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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## 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.

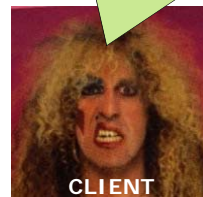
Many behaviors can belong in the same functional class, but look very different

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



**CRB1s**-----**CRB2s**  
"problem"  
behaviors  
in session                      improved  
behaviors  
in session

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## CLINICALLY RELEVANT BEHAVIORS (CRBs)

CRBs are related to clients' goals for treatment.  
They occur in session and can be addressed  
right on the spot.

- **CRB1s:** Client in-session (in-vivo) **PROBLEMS**
- **CRB2s:** Client in-session (in-vivo) **IMPROVEMENTS**  
*Identify these to maximize therapeutic change*
- **CRB3s:** Client interpretations of behavior

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## FAP Case Conceptualization (see handouts)

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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## 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?

Kanter, 2015

**THE FIVE RULES**

1. Watch for CRBs. [Awareness]
2. Evoke CRBs. [Courage]
3. Reinforce CRB2s. [Love]
4. Notice effects of your behavior. (more Awareness inc T1s & T2s)
5. Provide functional interpretations of behavior and implement generalization strategies. (interpret and generalize)

★ ACL

**CLINICALLY RELEVANT BEHAVIORS (CRBs)**

CRB1s & CRB2s

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

**FAP asks**

Can we live with courage to try new, bold behaviors to experience and share profound emotions of compassion and love with others in the service of a rich and meaningful life?

Functional Interpersonal Effectiveness

We ask this of ourselves in doing therapy, of the clients we work with, and of ourselves in our own personal lives.

Adapted from Helman, Callaghan, Kanter & Wittnebeck, 2013

**Rule 1: Watch for CRBs**

- How might your client's daily life issues be showing up in session with you?
- Do you feel more drawn to your client or do you feel distanced?


## Rule 1: Watch for CRBs

Adapted from Mary Loudon, 2015

Look for possible emotional avoidance as it's occurring

- Avoiding eye contact
- Intellectualizing
- Telling stories, complaining, "running the script"
- Pressured speech, talking too fast
- Canceling sessions
- Not doing homework
- ...What else?

## Rule 1: Watch for CRBs



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

CRB1 OR CRB2??

- How might the client's request be a CRB1 or CRB2? Use your case conceptualization as a guide.
- From a reinforcement standpoint, what therapist behaviors are therapeutic (T2)? Counter-therapeutic (T1)?

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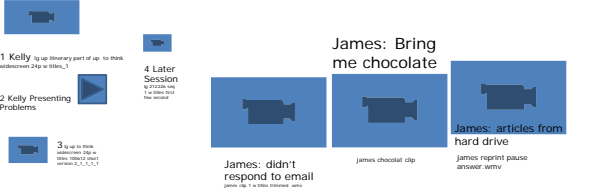
## Rule 1: Watching for CRBs

### Video Clips

Remember:

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

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



**QUESTIONS:**

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

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## Clinically Relevant Behaviors (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)

Kanter, 2015



## What are your CRBs in this workshop?

	CRB1s(?)	CRB2s(?)
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

Kanter, 2015

## Watching for CRBs in this Workshop

- What CRB1s and CRB2s have you engaged in so far in this workshop?
- What are these CRB1s likely to cost you?
- What fear(s) stops you from engaging in a CRB2?
- What CRB2 can you engage in today before the end of the workshop?

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## Rule 2: Evoke CRBs [Courage]

- Treatment as usual will naturally evoke CRBs
  - e.g., 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 hand writing) but bring it back to the therapeutic relationship (e.g., “how does it feel that I asked you to do this with me?”)



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## 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.



Crane & Siv

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## Rule 2 Strategy : Soft vs. Hard Evokes

Adapted from  
Mary Loudon,  
2015

### 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 to present moment process

Mary Loudon,  
2015

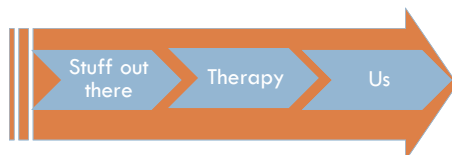
Move the conversation from content (e.g., stories about the past or future) into the process that's unfolding in the room

- *Did you notice how you just...*
- *You're telling me all about the feelings you had about your divorce in the past. What are you feeling right here, right now as you share this with me?*

## Rule 2 Evoking Strategies: Make "out-to-in" parallels

Mary Loudon,  
2015

- Out-to-ins and in-to-outs are part of Rule 5 – generalizing in-session behavior to out-of-session behavior.



## Rule 2 Evoking Strategies: Make "out-to-in" parallels

Mary Loudon,  
2015

- *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?*
- *Does that remind you at all of our relationship?*
- *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:  
Ask directly for a CRB2

Adapted from  
Mary Loudon,  
2015

**SOFT**

- Can you tell me more about what you need in your life?
- What is your vision of your ideal self?
- What was hardest about writing your mission statement?

**HARD**

- It sounds like you might want to change our time next week. Are you willing to ask me directly for that?
- What can you do with me right now, to open up just a little more to my caring?
- What is hard for you to say to me?
- How can you be your ideal self with me in this moment?
- What's the biggest emotional risk you could take with me right now?

Rule 2 Evoking Strategies:  
Use yourself!

Adapted from  
Mary Loudon,  
2015

- Self-disclosure (about your in-session and outside life experiences)
- Authentic emotional reactions
- Your own vulnerability
- Your boundaries, limits, needs
- Amplified emotional expression
- CAUTIONS

Rule 2 Evoking Strategies:  
Embracing mistakes: it's ok to make them!

Adapted from  
Mary Loudon,  
2015

- 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 very useful for generalization
- Mistakes also allow for a powerful type of reinforcement for clients: allowing them to help you grow (T1s can get shaped into T2s)

A FAP pre-session greeting meditation

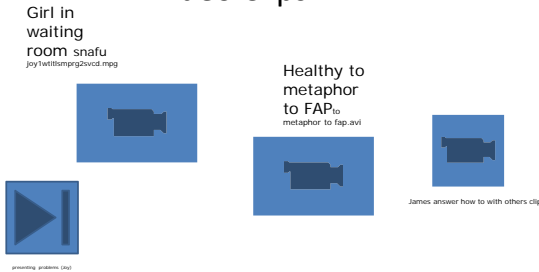
Your client is in the waiting room waiting for you, you are in your office.

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**.



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## 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]

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

But, if you try (e.g. "that's terrific", "good job"), it may backfire because it is arbitrary! A conundrum.

mr w titles.wmv

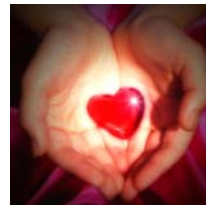


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Adapted from  
Mary Loudon,  
2015

## Rule 3: Naturally Reinforce CRBs

A consequence that parallels or is functionally equivalent to daily life contingencies.



Adapted from  
Mary Loudon,  
2015

Reinforcing Strategies:  
**Non-contingent vs. Contingent R+**

- Non-contingent:
  - Unconditional
  - Giving R+/love regardless of client behavior
  - Useful, especially in early therapy and when working with clients who previously have experienced a lot of aversive stimuli in order to establish yourself as a reinforcer and create emotional safety. But be careful of overuse!
- Contingent:
  - R+/love given in response to the client behaviors you are trying to strengthen.

Adapted from  
Mary Loudon,  
2015

Rule 3 Strategies: Discouraging 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?")

Mary Loudon, 2015

Rule 3 Reinforcing Strategies:  
**Say more by saying less**

Longwindedness can...

- dilute the message
- Take you both up into your heads

Distill the essence of your reaction down to its most powerful core.

Adapted from Mary  
Loudon, 2015

Rule 3 Reinforcing Strategies:  
**Therapist Self Disclosure**

- Attune to your own emotions as you empathize with your client.
  - Amplify your expression of those emotions, particularly if your client tends not to notice them.
- What is hard for you to share right now?
- Does the client's CRB2 have personal/historical significance for you?
- Cautions...(caretaking, dissociation, emotionally unsafe).

Rule 3 Reinforcing Strategies:  
Sharing how you have been changed

Mary Loudon, 2015

- Has your client's CRB2, or their growth in general, changed you?
  - ▣ Helped you grow?
  - ▣ Healed something inside you?
  - ▣ Inspired or motivated you?
  - ▣ Renewed your enthusiasm in your work or in your relationships?

Rule 3 Strategies Discouraging CRB1s:

Adapted from  
Mary Loudon,  
2015

Ask about possible avoidance directly

- "I notice your clenched hands, what might that mean?"
- "What just happened when you looked away?"
- "What might you be doing to block your feelings right now?"

Rule 3 Strategies: Discouraging CRB1s

Adapted from  
Mary Loudon,  
2015

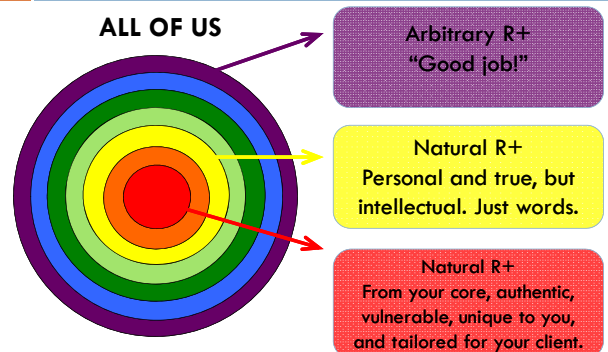
**Ask About Visible Signs of Possible Emotional Avoidance**

- **Inappropriate affect:** "I notice that you are smiling when you are talking about a painful topic...?"
- **Rigid/tense body:** "It seems like you are tense, do you agree? (if so) Are you willing to try and breathe tenderness into your shoulders, jaw, and belly before you continue?"
- **Poor eye contact:** "I notice you seem to avoiding eye contact with me..."

Reinforcing Strategies:

Mary Loudon, 2015

Where are you speaking from?



Reinforcing Strategies: Mary Loudon, 2015

### Where are you speaking from?

**ALL OF US**

- Less effective, difficult to generalize, sometimes harmful.
- More effective (varies by client), more likely to generalize.
- This is where the magic happens.

Mary Loudon, 2015

### Are you blocked from your core?

**ALL OF US**

- Shame
- Emotional Avoidance
  - ▣ I don't want to feel \_\_\_\_\_ (grief, loss, pain, sadness, etc.)
- If it sits in your heart and you're not willing to have it, how can you give love from the heart you've walled off?

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

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

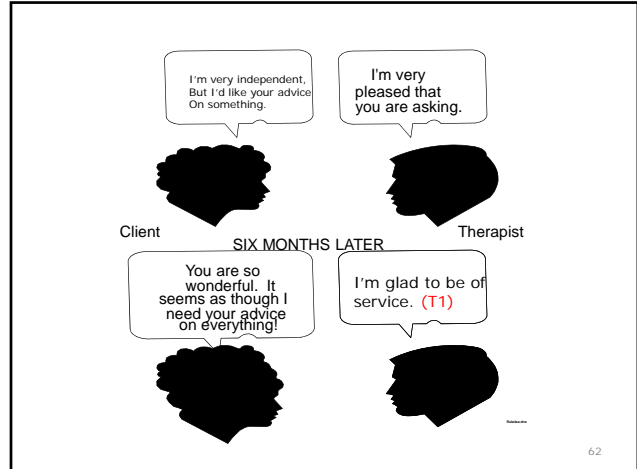
- 1) reinforce CRB1s (in-session problem behaviors), or
- 2) punish CRB2s (in-session improvements).

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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 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.

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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.



**You've become more trusting of me, and you really opened up to me today, let yourself be vulnerable, and to cry with me. This touched my heart and deepened our connection. Are you willing to do this with your partner? What would it look like?**



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## Put yourself in the game to accelerate your clients' homework progress

21 days exchanging gratitude texts

Daily tracking of goals or "tiny habits" (logs exchanged weekly)

Exchanging "happy" pictures

Daily tracking "towards" moves towards partner (logs exchanged weekly)

## Example: Tracking Towards Moves

- The premise of daily tracking and weekly sharing is that it will help you remember to do the little things that nourish your relationship with the respect, consideration, playfulness and happy anticipations it needs in order to keep it tender and passionate.
- In order for me to efficiently send out my log, you are bcc'd. If you respond weekly, you will get a brief individual response from me, and you will continue to get my Sunday log. **You will stop getting my Sunday log if I don't get a log from you, or if you let me know you no longer want to participate.** This experiment seems helpful to the participants and is fun for me. I will evaluate probably on a monthly basis how well it's working and let you know if anything needs to change on my end; I invite you to do the same.

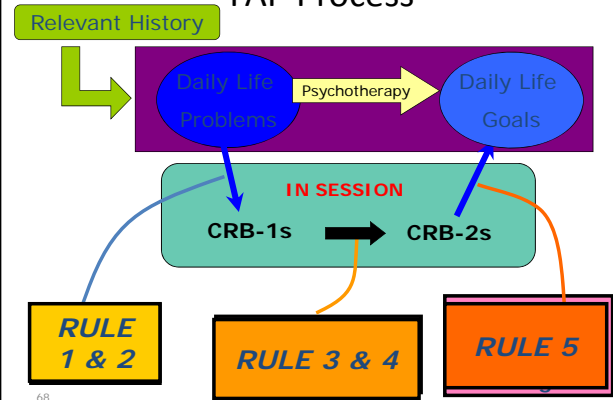
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## Example of a Towards Move Log

- Monday—I guest teach in Bob's graduate Behavior Change course every year to lead a two hour experiential. I told his students how much I love him (he's not there) and got pretty emotional about it. I then later reported this to Bob.
- Tuesday—Bob and I are leaving for Montreal early tomorrow morning to teach a workshop. I get irritable before trips because I have so much to do, but I focused on being calm and loving instead.
- Wed—Long travel day to Montreal. I was enjoying dinner with our friends who are hosting us and their 3 year old (my godson), and Bob asked for us to go back to the hotel because he was really tired. I said of course.
- Thursday—Most workshop attendees did not know about the relationship between Bob and me. I told them we not only work together, but that he is the love of my life.
- Friday—Our workshop went spectacularly well, and I gave Bob lots of praise for his role in it. Since this is a log about my towards moves, I don't write much about his. But I think he gave me a ton of praise first :).
- Saturday—another travel day with long walks through airports. I noticed how my body likes to move/walk faster than Bob's, and deliberately slowed down to match his pace. He likes singing bowl meditations, and I found one on the plane audio track and suggested that we listen to it together.
- Sunday—We are both recovering from our intense trip and it's also a busy workday since we are preparing for our 4 day Seattle workshop starting this Thursday. He tends not to eat well when he's preoccupied, and I made him a healthy breakfast and lunch.

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## FAP Process



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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 2**  
Therapist has presented the FAP Statement to Clients and established therapy as a *Sacred Space* that fosters intimate responding

**★** \* Client took a risk and emitted an intimate response

**★** A CRB 2

**Risk**

**★ Rule 1**  
Therapist has noticed a CRB2

What you just said makes me feel closer to you.

**★ Rule 3**  
Therapist has Taken a risk and reinforced a CRB2

Underlying Unconscious Process has been affected

Therapist

Client

alexia 070619  
12\_40 25\_04  
wmv  
70

### Suggested Lunch Assignment

Practice CRB2s. Go outside your comfort zone. Log your risks and the ones you avoided. Be prepared to report to your pods and the large group tomorrow.

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### Importance of Understanding Life Histories

- Ties in with behavioral cosmology— at any moment we are at the end point of our stream of experience; points the way to how we can change.
- Helps us develop empathy and compassion (as well as understand why some people don't have empathy and compassion).
- Creates self-understanding which leads to better parenting and more secure attachment patterns in next generation.
- Helps us develop a client's case conceptualization and CRB1s and 2s.

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### Brief Life History Exercise

From your heart or a tender, vulnerable place (as much as you are willing) describe an important memory or event from your:

- 1) childhood years
- 2) adolescent years
- 3) young adulthood
- 4) current life

**And relate it to at least one CRB1/CRB2 in this workshop.**



“Loving ourselves through the process of owning our own story is the bravest thing we’ll ever do.”

Brene Brown

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### Assignment (take 3 minutes each to discuss with your pod members after life history exercise)

Take an interpersonal risk (in person, via phone, email, text, skype) that may bring you closer to someone—speak vulnerably from your heart:

- gratitude, appreciation, love
- regret or apology
- longing for more connection, etc.

Be prepared to report to us tomorrow after lunch what happened.



### Potential Naturally Reinforcing Behaviors to Shape CRB2s

#### Speak from Your Heart

#### Less is More

- 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.

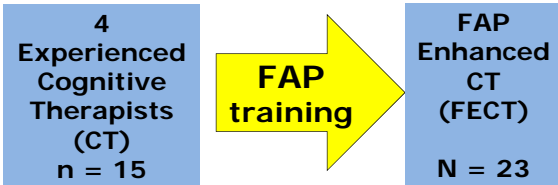
75

### Self-assessment

- Which personal CRB1s have been evoked at this workshop? CRB2s?
- What fear(s) stops you from engaging in a CRB2?
- How would you like to do it differently?
- **How can you choose partners in a way that’s a CRB2?**
- How can you speak to your partner(s) in a way that’s a CRB2?

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## Empirical Support for In-vivo Work



(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.



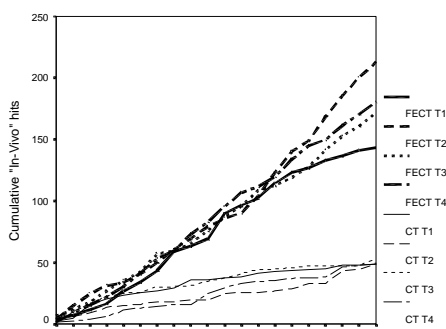
★ Therapy Focus Turn  
(in-vivo "hit")

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



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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## FAP Courage:

1. is not a feeling.
2. is doing something important in the context of fear and avoidance.
3. often involves expressing genuinely, authentically, what you are aware of to increase the meaningfulness and impact of an interaction.

Kanter, 2015

## Exercise—Practice Integrating FAP with what you already do with a client

- **Small Groups.** Rotate in the roles of therapist, client and observer.
  - **As therapist:**
    - 1) Describe and roleplay a client you are having difficulty with.
    - 2) A group member plays the role of this client.
    - 3) As the therapist, try some FAP moves.
- Awareness:** What would be your T2s (stepping outside of your comfort zone in service of shaping client CRB2s, addressing what you avoid)
- Courage:** Say something that you’ve been avoiding. Be kind.
- Love:** Say/do something in a loving way towards this client and yourself that would bring out a CRB2.
- **As observer and “client”:** give concrete feedback on what therapist is doing well and how to improve.

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## Post-exercise assessment

### Awareness

- What was/is happening in your body (visceral sensations, thoughts, feelings)?
- What was important to you about the interaction?
- What was happening with others?
- What were your 1s and 2s during the exercise?

### Courage

- How genuine were you? Was there something you could have done to increase the impact of your expression?
- Were you saying things because you thought you *should*, and it would have been more authentic and courageous to engage in self-care and say less?

Kanter, 2015

### Post-exercise assessment

#### Love towards others

- How loving were you towards others? What could you have done differently, or more of, to increase the connection and meaning in the interaction?
- Did you refrain from giving helpful feedback because you were afraid you would hurt someone's feelings?

#### Love towards self

- How loving, patient, forgiving, and accepting were you towards yourself?
- How did you let in or block feedback? What impacted you? What will you remember?

#### Overall

- What is the most important thing you got out of this exercise?
- How would you apply this to your clients?

### What was Important about Today

- *What did I learn?*
- *Who touched me?*
- *What moved me?*
- *What am I taking away?*
- *What do I want to remember?*
- *What do I want to explore more?*
- *What am I grateful for?*

### Rules, Relational Framing & Augmentals

Contextual Behavioral Science explanations for why experiences/metapores such as

ACT Passengers on a bus, creative dance, taking 10 breaths while experiencing joy, watching a movie, being told your are like a multi-colored stained glass window, watching a therapy video clip, etc., can powerfully affect behavior

33 bowls



### What are rules?

**Specifies a behavior and a consequence**

- Taking risks will help you get more out of life.
- Being aware of client clinically relevant behaviors will improve therapy outcome.

"There is no passion to be found playing small - in settling for a life that is less than the one you are capable of living." Nelson Mandela

## "One Second can Change Everything"



one second .mp4


- What rule (behavior/lack of) and consequence does this video suggest?


## How is Relational Framing Theory (RFT) related to rules?


- Gives a contextual behavioral science explanation of how words acquire meaning .
- E.g., arbitrary terms such "clinically relevant behavior," and "that was 2, you just did" acquires meaning through: definition, verbal descriptions, videotaped examples, and experiential exercises.

## Example of Relational Framing



**With no further training--stimulus functions of  are now changed:**

Discriminative Function: 1) see sign  2) it now says, open door, 3) walk in, 4) and you will find a place to pee.

Reinforcing Function: 1) given instructions for how to find  2) reinforced for following instructions (Rule Governed Behavior).

## Rule Following (behavior of the listener)

- Two basic forms (Distinguished by reinforcing contingencies)
  - **Pliance** “ply”: rule governed behavior where reinforcement is delivered by speaker(s). “Speak louder so I can hear you.”
  - **Tracking** “track”: rule is given by speaker but contingency is in the environment. “Reinforce CRB2s and your clients’ lives will improve.”
- Plus a third
  - **Augmenting** “augmental”

## Augmenting (“Augmental”)

- Rule governed behavior due to relational framing (RFT) that alters stimulus functions; can be used with either plys or tracks.
- **Enhances consequences** of reinforcers or punishers.

That is with just the verbal statement, with no further training--many Stimulus Functions are now altered :

### The Three Stimulus Functions

1. Discriminative -- Evoking Client Bx (presenting Discriminative Stimuli – S<sup>D</sup> )
2. Eliciting Client Bx (presenting Conditioned Stimuli for respondent behavior)
3. Reinforcing -- Consequence Client Bx (Reinforce, punish & extinguish)

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

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Example: Augmenting Reinforcement value of movies and tokens

by **Reinforcement Sampling**  
By Contacting the “Feelings” Associated with the Potential Reinforcer

Aylon, T., & Azrin, N. H. (1968). Reinforcer sampling: A technique for increasing the behavior of mental patients. *Journal of Applied Behavior Analysis*, 2(1), 13-20. doi: 10.1002/jaba.1041.13

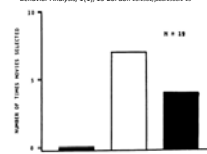
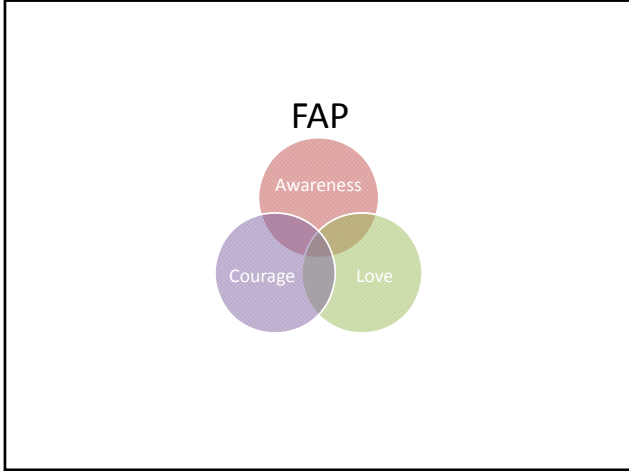



Fig. 6. For the 19 patients who did not attend the movie period prior to the Movie Sampling. The data are based on seven opportunities to attend movies by each subject.






Therapy Augmental  
(LaCan patient, describing  
powerful effect of a  
particular therapeutic act  
done by Dr. LaCan 40 years  
ago)



Could this clip augment A, C, and/or L?



A Venn diagram with three overlapping circles. The top circle is red and labeled 'Awareness'. The bottom-left circle is purple and labeled 'Courage'. The bottom-right circle is green and labeled 'Love'. The circles overlap in the center and at the intersections.

Therapists Crying In Therapy

Example TCIT

## Do therapists cry in therapy?

Blume-Marcovici, A. C., Stolberg, P. A., & Khadem, M. (2013). The role of experience and other factors in therapists' tears. *Psychotherapy, 50*(2), 224-234. doi: 10.1037/a0031184

Six hundred eighty-four U.S. psychologists and trainees filled out the survey online, revealing that **72% of therapists report having cried in therapy** in their role as therapist.

The act of crying in therapy has **less to do** with personality or demographic factors (**i.e., Big Five traits, empathy, gender**), and **more to do** with the unique aspects of the therapy itself and the therapist's theoretical orientation, **clinical experience**

**Clinicians with more experience, who are older, cried more in therapy than novice clinicians**, despite lower crying frequency in daily life, suggesting that more experienced therapists feel more comfortable allowing themselves to experience and/or express such emotions in therapy sessions.

Table 4  
*Theoretical Orientation and TCIT Frequency Ratio*

Theoretical orientation	TCIT frequency ratio	n
Psychoanalytic	0.033	9
Ecclectic with dynamic emphasis	0.019	155
Psychodynamic	0.016	76
Cognitive-behavioral	0.013	232

Blume-Marcovici, A. C., Stolberg, P. A., & Khadem, M. (2013). Do therapists cry in therapy? The role of experience and other factors in therapists' tears. *Psychotherapy, 50*(2), 224-234. doi: 10.1037/a0031184

Table 5  
*Likely Positive Effects of TCIT*

Expected positive consequence of TCIT	%	n
The client feeling that the therapist genuinely <b>cares about him/her</b>	82.28	469
Increased authenticity in the therapeutic relationship	71.93	410
Gives the client permission to feel	60.70	346
Models appropriate emotional expression	58.95	336
Increased openness in the therapeutic relationship	58.77	335
The client feeling that the therapist truly <b>understands him/her</b>	58.60	334
Better rapport	56.49	322

Blume-Marcovici, A. C., Stolberg, P. A., & Khadem, M. (2013). Do therapists cry in therapy? The role of experience and other factors in therapists' tears. *Psychotherapy, 50*(2), 224-234. doi: 10.1037/a0031184

Alliance  
Attunement  
Trust



Table 6  
*Likely Negative Effects of TCIT*

Expected negative consequence of TCIT	%	n
The client being concerned that the therapist will not be able to handle the client's emotions	69.12	394
The client feeling burdened by the therapist's emotion	64.21	366
A role reversal in which the client will feel he/she must take care of the therapist	56.32	321

Blume-Marcovici, A. C., Stolberg, P. A., & Khadem, M. (2013). Do therapists cry in therapy? The role of experience and other factors in therapists' tears. *Psychotherapy, 50*(2), 224-234. doi: 10.1037/a0031184

The Result of TIs

### Therapist Crying in Therapy (TCIT)

- Client has history of not being validated for having and expressing feelings of connection, empathy, and caring. Because of this she does not feel understood, and describes herself as “not enough,” and “alone.”

### Discussion Questions

- What training have you had on crying with your clients?
- Do therapist tears have a place in therapy?
- Have you cried while doing therapy with a client? If so, are you willing to share the context?
- What is the effect on your clients of your emotional expressions, or lack of emotional expressions?

Love

### Rule 3. Reinforce CRBs **naturally** (Be therapeutically loving).

- tune into nuances (improvements) in your clients' behavior
- respond accurately to your clients' needs
- appreciate and reflect on your clients' strengths
- be reinforced by your clients' improvements and successes
- have in your own repertoire what your clients are working towards
- be willing to take risks in the service of evoking and reinforcing improvements

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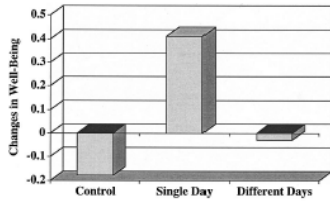
### Enhancing Therapist Natural Reinforcing Behavior by

### Doing Acts Of Kindness (Good Deeds)

M. (1991). *Functional analytic psychotherapy: Creating intense and curative therapeutic relationships*. New York, NY US: Plenum Press

## Acts of Kindness and Well-Being

Lyubomirsky, S., Sheldon, K. M., & Schkade, D. (2005). Pursuing happiness: The architecture of sustainable change. *Review of General Psychology*, 9(2), 111-131. doi: 10.1037/1089-2680.9.2.111



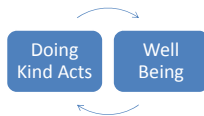
## Acts of Kindness= Behaviors that Benefit Others

- helping friends, loved ones or strangers



Le poids des apparences

## Reciprocal Relationship between Doing Kind Acts and Well Being



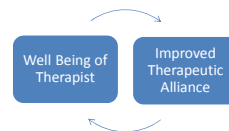
Alvén, L. B., Hamlin, J. K., & Dunn, E. W. (2012). Giving leads to happiness in young children. *PLoS ONE*, 7(8), e40921. doi: 10.1371/journal.pone.0039211

Dunn, E. W., Aknin, L. B., & Norton, M. I. (2008). Spending money on others promotes happiness. *Science*, 319(5870), 1687-1688. doi: 10.1126/science.1150952

Lyubomirsky, S., Sheldon, K. M., & Schkade, D. (2005). Pursuing happiness: The architecture of sustainable change. *Review of General Psychology*, 9(2), 111-131. doi: 10.1037/1089-2680.9.2.111

Wanders, N., & Ryan, R. M. (2013). When helping helps: autonomous motivation for prosocial behavior and its influence on well-being for the helper and recipient. *Journal of Personality and Social Psychology*, 104(2), 222-244. doi: 10.1037/a0031684

## Reciprocal Relationship between Well-Being of Therapist and Therapeutic Alliance



Nissen-Lie, H. A., Havn, O. E., Høglend, P. A., Monsen, J. T., & Rammetteil, M. H. (2013). The contribution of the quality of therapists' personal lives to the development of the working alliance. *Journal of Counseling Psychology*, 60(4), 483-495. doi: 10.1037/a0033563

## Implications of Rules, Relational Framing and Augmentals

- be creative--usually requires Awareness, Courage & Love (ACL) in our work.
- can increase ACL in ourselves, our clients, and in the world.



Request: Please send Bob augmentals

## FAP and OCD

### A Case Study

Kohlenberg, R. J. and L. Vandenbergh (2007). "Treatment-resistant OCD, inflated responsibility, and the therapeutic relationship: Two case examples." *Psychology and Psychotherapy: Theory Research and Practice* 80: 455-465

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## Client

- Female, Age 24
- OCD symptoms consistent over past 5 years
- OCD= Garbage Checking, Client Assumes Responsibility for babies, body parts that might have ended up in her garbage
- Prior Treatments
  - Pharmacotherapy
  - CBT for OCD

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## Cognitive Theory of OCD

- Client has an inflated perception of responsibility that maintains the disorder (Wilson, K.S. Chambless, D. (1999), *Behaviour research and therapy* 37, 325-335)
- Rachman Three Factors- Inflated sense of responsibility, overestimation of probability of occurrence, catastrophic or other overestimation of consequences

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## Interventions Used

- Exposure/Response Prevention/CBT
- ACT- Acceptance of thoughts and feelings, be willing to have them

★ Plus.....

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## New FAP Based Approach

- **Hypothesis- inflated sense of responsibility is the result of an interpersonal relationship problem, not trusting others enough to accept their reassurances** (common OCD problem) that either the other be responsible for an untoward event if the client has acted in accord with their reassurances if the or the individual has acted reasonably and is not at fault. No trusting others is an interpersonal problem
- **CRB1, difficulty in trusting others and giving others responsibility also occurs in Therapist- Client relationship**
- **Treatment: Evoke (Rule 2)- trust related CRBs and (Rule 3) Reinforce CRBs** In this case, ask the client to let the Therapist Assume Responsibility

**How do you, as a therapist, assume responsibility?**

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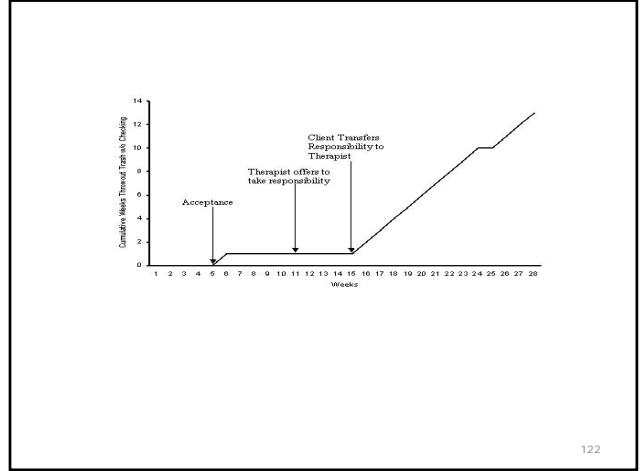
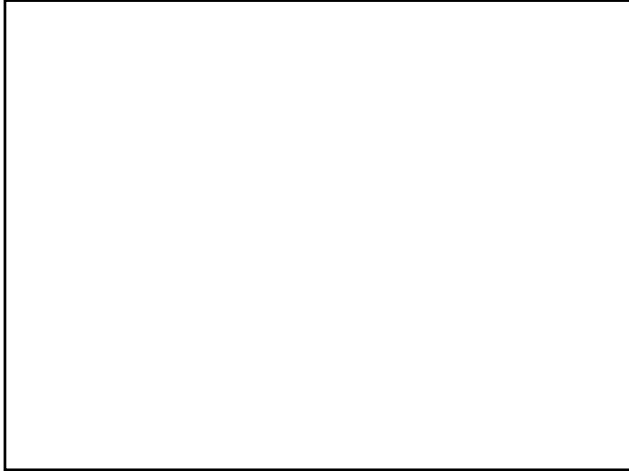
Contract

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I have asked her to do this even though she has expressed concern that she will think the garbage may contain dead babies, live babies, human bodies, live mammals, or human body parts. My responsibility covers all garbage thrown out from today until July 12<sup>th</sup>.

Robert J. Kohlenberg, PhD, ABPP  
Clinical Psychologist  
Washington State License 286

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## Conclusions

- Trust is an interpersonal issue at core of her OCD
- Problem occurred in session
- ACT, initially not effective, was useful later



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clip 2 from end 4019 sign up.wmv

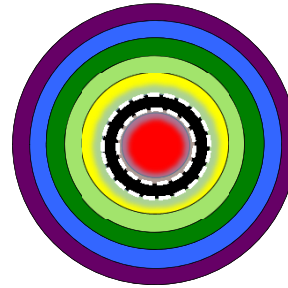


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Adapted from Mary  
Loudon, 2015

## Accessing your heart more

### ALL OF US



- Emotional Avoidance
  - ▣ I don't want to feel \_\_\_\_\_ (grief, anger, loss, pain, fear, sadness, fear, shame, etc.)
- Feeling what you'd rather not feel allows you to be more expansive, feel joy and give love from the parts of your heart that may have been walled off.

## Grief and Loss Exercise



## Why Feel Loss?

"The only whole heart is a broken one because it lets the light in." David Wolpe

--Reduced contact with **controlling variables**  
(stimuli perceived to be related to behavior in some way)  
→ **avoidance of feelings** → **decreased opportunity to acquire new behavior**

--Increased contact with **controlling variables** → **experience of feelings** → **increased opportunity to acquire new behavior.**

--Losses are experienced and are grieved **interpersonally**. It's about being aware of oneself and the world, allowing for the potential of acting in new ways that can improve life. What happens in relationships when one doesn't/can't feel? Barbara Kohlenberg, 2013

--to better help our clients deal with loss. "How can I help the wounded if I don't welcome my own wounds?" Father Greg Boyle on the Calling of Delight: Gangs, Service, Kinship. (Krista Tippett, Onbeing.org, February 28, 2013, cited by Barbara Kohlenberg.)



## A task for us and our clients

To feel what there is to feel about the sorrow and tragedy that is in life, and to feel awake and alive to all that is joyful in life. Barbara Kohlenberg, 2013



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A **loss inventory** allows you to experience a powerful exercise that you can use with clients either:

- a) towards the **beginning of therapy**--if they suffer from depression, sometimes a major component is un-grieved losses;
- b) in the **middle of therapy**--if they are stuck in their lives, sometimes it's due to **avoidance of pain associated with loss**; or
- c) at the **end of therapy**--most people have **trouble with endings and losses**, and this assignment gives clients an opportunity to increase their awareness of **how loss has impacted them**, and for you and your clients to to one another knowing more what loss means to them.

### Loss Inventory

Sometimes we stay stuck in our lives unless we look directly at the ways we've been wounded and we grieve. This is an exercise that allows you to acknowledge what you have loved and lost, the hurts, disappointments, endings, and betrayals you have endured. In validating our losses, we begin the grieving process.

In writing your loss inventory, consider the following: What are the losses you've endured in your life that stand out to you from earliest memory to the present: what has made you sad, what has broken your heart, what has left a gap in your life: what do good-byes bring up for you?

There is no right or wrong way to do this. Just let your heart speak to you as you review the losses you have experienced. Be gentle with yourself as you complete this inventory, and contact your friends, family, or your therapist for support if needed.

Losses or endings typically bring new beginnings or ways of being. Often, but not always, it helps to look at what was gained as a result of the loss. But that type of perspective takes time and each grief journey is unique. Only if helpful, also write about what has resulted from each loss that feels healing.

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Are you exquisitely aware of what is happening with you and your partner(s) in this moment?



Are you willing to take risks in the service of what truly matters in this moment?

Are you able to be truly loving in response to your partner's, and your own, risks?



"Life will break you. Nobody can protect you from that, and living alone won't either, for solitude will also break you with its yearning. You have to love. You have to feel. It is the reason you are here on earth. You are here to risk your heart. You are here to be swallowed up. And when it happens that you are broken, or betrayed, or left, or hurt, or death brushes near, let yourself sit by an apple tree and listen to the apples falling all around you in heaps, wasting their sweetness. Tell yourself that you tasted as many as you could." Louise Erdich, *The Painted Drum* cited by Barbara Kohlenberg, 2013

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## Suggested Lunch Assignment: Closeness Generating Questions

- What is your most treasured memory?
- Complete this sentence: "I wish I had someone with whom I could share..."
- Describe a dream you have. What are you doing to work towards achieving this dream?
- Share something about yourself you loved as a child but have developed shame about.
- What is risky for you to share with me?
- What do you really not want anyone to know about you?
- Say something you like about the person you are with. Be very honest saying things that you might not usually say.

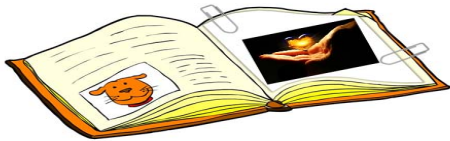
## Shame Release Exercise

- Shame is a "social" emotion – an adaptive response to a transgression that may result in social rejection or ostracism.
- Response is submission and hiding – self-ostracism or self-punishment.
- Shame may be the ultimate FAP emotion, because it is about social vulnerability and rejection, and produces interpersonal hiding and experiential avoidance.
- **In avoiding shame, we cut off parts of ourselves, our abilities to empathize and love** in these areas, with ourselves and with others.

## Shame Release Exercise

- This exercise is simple and difficult: please share briefly (i.e., 5 minutes maximum) something shameful you feel about yourself within your small group. Everyone is asked to share something, and all will have a chance to respond to one another's disclosures.
- What you share, or don't share, is up to you.
- When we risk sharing our shame with others, we have the opportunity to hear a different response from what we have told ourselves.

"If we can share our story with someone who responds with empathy and understanding, shame can't survive...If you imagine opening up a photo album, and many of the pages are full eight-by-ten photos of shaming events, you'll close that album and walk away thinking, "Shame defines that story." If, on the other hand, you open that album and see a few small photos of shame experiences, but each one is surrounded by pictures of worthiness, hope, struggle, resilience, courage, failure, success, and vulnerability, the shame experience are only a part of a larger story. They don't define the album." Brene Brown



## Addressing Antecedents & Initial Avoidance Behaviors

- What fears have prevented you from sharing this part of yourself?
- What are you doing to avoid being here, fully, right now?
- Before we start, consciously look at me and breathe with me. You're here, I'm here. Let's start once we've really connected.
- Briefly, what CRBs are likely to show up as we enter this exercise?

## Shame: Increase Awareness, Evoke 2s

### Body & Physiology

- How is shame showing up in your body?
- How is it impacting your ability to connect with my eyes?
  - Can you take the risk to find my eyes?
  - What are you seeing in my eyes right now?
- How is your body trying to hide itself?
  - Can you let me see the part that wants to hide? with compassion and tenderness for yourself?
  - Can we be with it together?

## Shame: Increase Awareness, Evoke 2s

### Thoughts

- Notice your thoughts.
  - Try to narrate them without editing.
- What interpretations are you making about what you've just revealed? About the group?
  - Can you test these thoughts?
- Are you blocking others' or their responses (e.g., "you're just acting compassionately because this is a workshop")
  - What can you do to be more present to your workshop partners rather than your thoughts?

## Shame: Intensify Reinforcement of 2s (Be GENUINE and get them to notice)

- *Look closely at person who's closely - every nuance and detail - as you share your reaction to their disclosure. Notice everything in his/her eyes, emotions, body language. Truly try to make contact with this person.*
- Self-disclosure of their impact on you:
  - *What you said/did here just now \_\_\_\_\_*
    - *"made it more ok for me to be my real self with you"*
    - *"changed the course of the workshop for me"*
    - *"encouraged me to be as courageous as you"*
    - *"was sacred for me"*
- *"What can you do right now to receive my response and believe it more?" (e.g., my acceptance, compassion, the look on my face, the words I have said, the disclosure I made, etc)*

## Shame: Move through blocks

- *What's happening for you as you take in our reactions, words, presence?*
- *What do you need right now to feel safer? From whom? When--Now? Later?*
- *How can you ask for what you need?*
- *Can you be with your body?*
- *Can you be aware of who's sitting with you, what's coming up between you?*
- *Can you slow down, be here together, look into each other's eyes, breathe together?*

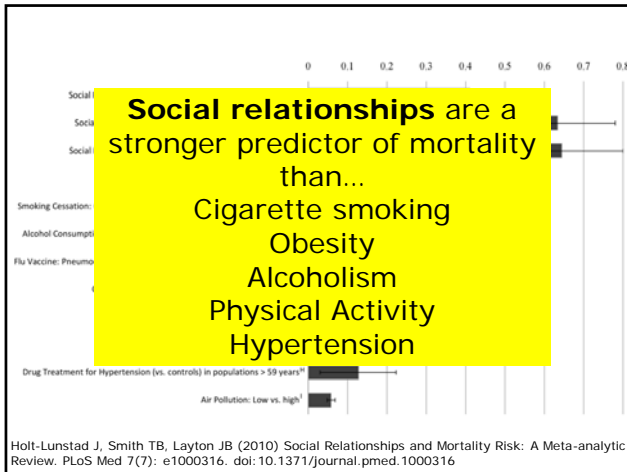
## Social Relationships (a continuum—friendship, loving, romantic, intimate, family) and Public Health



### 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

**Practice Using All 5 Rules in One Interaction**

- **What is your vision of your best self?** (e.g., bold, courageous, speaking your truth, speaking with conviction, being vulnerable, being loving, etc.) [Rule 2, soft evoke]
- **How can you be that way with me in this moment?** [Rule 2, hard evoke]
- **Speak from your heart about the impact of this behavior on you** [Rule 3 (natural reinforcement) in conjunction with Rule 1 (awareness)]
- **What's it like to hear me say that?** [Rule 4]
- **How can you do this with others?** [Rule 5]

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**Loving Boldly and Daring Greatly**

“Your task is not to seek for love, but merely to seek and find all the barriers within yourself that you have built against it.” Rumi

“To love ourselves and support each other in the process of becoming real is perhaps the greatest single act of daring greatly.” Brene Brown

## Loving Boldly and Daring Greatly

### 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)

"Each time you stand up for an ideal, or act to improve the lot of others, or strike out against injustice, you sent forth a tiny ripple of hope, and crossing each other from a million different centers of energy and daring, those ripples build a current which can sweep down the mightiest walls of oppression and resistance."

Robert Kennedy



## Daring Greatly

If you were to dare greatly and not be afraid of failing, what do you want to accomplish or create in your community (and beyond) based on your unique desire, competencies, gifts and/or talents?

### My Dream: Live with Awareness, Courage and Love Meetups in every city

- Inspired by FAP (Functional Analytic Psychotherapy) 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.
- Spreads ethos of open-hearted presence, interpersonal connectedness, and living more open-heartedly and boldly.
- Join at: <http://www.meetup.com/Seattle-Meetup-Live-with-Awareness-Courage-and-Love/>
- Replicate in your home town!

## 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 behaviors in your own repertoire.

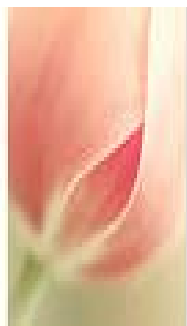
## A Good Goodbye to those who touched you— One minute speaking from the heart

adapted from Jonathan Kanter

- Open fully to the possibility we will never see each other again.
- Acknowledge the pain of parting.
- How has this person affected your heart?
- What will you always remember?  
• What do you say as a goodbye?  
• Thoughts, feelings, sensations, images, memories,  
• and anything else you feel words, and they are the gifts you

*“The two hardest things to say in life are hello for the first time and goodbye for the last time.” Moira Rogers*

## A good goodbye to this group



Please answer in **one sentence** the question that is most meaningful for you:

- *What are you taking away?*
- *How have you changed?*
- *How will you be different in your life or work?*
- *What do you most appreciate about this workshop?*

## 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.

**Further Training or Stay in Touch**



**8 week FAP online groups  
individual consultation  
[www.faptherapy.com](http://www.faptherapy.com)**

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