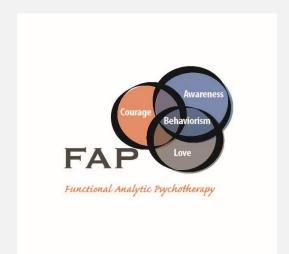
FUNCTIONAL ANALYTIC PSYCHOTHERAPY (FAP): CREATING INTENSE AND CURATIVE THERAPEUTIC RELATIONSHIPS

Mavis Tsai, PhD; Andressa Secchi; Giulia Mendoza Martinez, Lic.; Manuel Tarraf; & Maria J. Lami Hernandez, PhD





DISCLOSURES (SUPPORT):

Relevant financial relationships:

Mavis Tsai

 receives royalties for FAP books from Springer, Routledge and New Harbinger publications

Manuel Tarraf

 Spanish translator for "FAP Made Simple"

OBJECTIVES

Apply

Apply the rules of FAP in a variety of experiential exercises in order to increase intensity, connection and impact in your clinical work

Identify

Identify your own therapist avoidance repertoires and gain a more functionally precise understanding of the contexts in which commonly used interventions may be inadvertently counter-therapeutic.

Implement

Implement the FAP principles of Awareness, Courage and Love beyond the therapy room to impact greater change in your community.

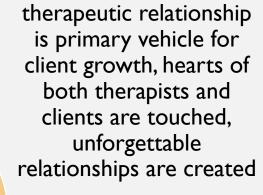
WHAT IS FAP? WHY LEARN IT?

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

> contextual and principle driven, not protocol driven

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

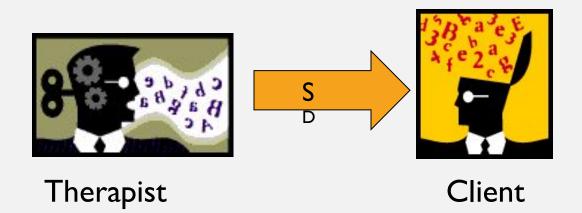


therapists respond contingently to clients' daily life problems and shape targeted behaviors in-session

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

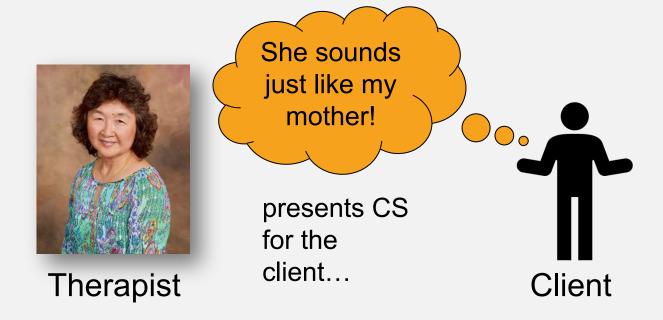
THREE THERAPEUTIC CHANGE AGENTS #1) EVOKING CLIENT BEHAVIOR

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



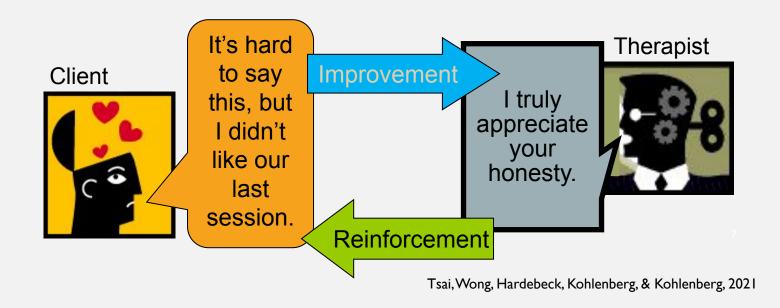
THREE THERAPEUTIC CHANGE AGENTS: #2) ELICITING CLIENT BEHAVIOR

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.
- •The result is contingency-shaped behavior
- •The process is known as operant conditioning.



THE TIME-SPACE RELATIONSHIP

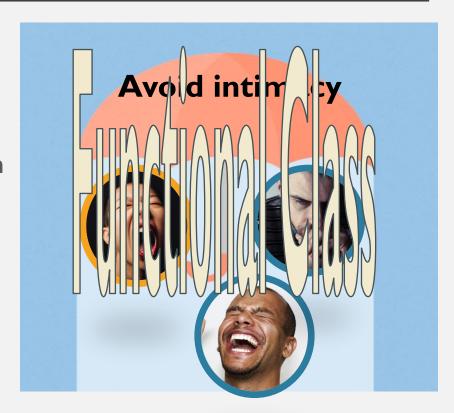
Reinforcement is more effective if it is delivered closer in time and space to the behavior

Example: Reinforcing a client for improvement immediately in session (in-vivo) vs. reinforcing a client for an improvement that occurred earlier in the week.



FOLLOW FUNCTION, NOT FORM

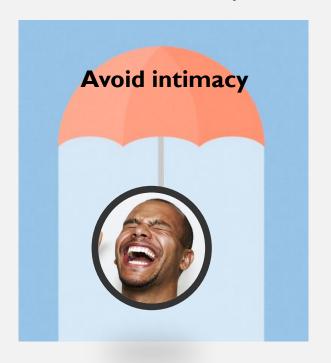
Behaviors that look different can be <u>functionally</u> <u>equivalent</u>



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





Mary Loudon, 2018

THE HEART OF FAP: CLINICALLY RELEVANT BEHAVIORS



Occurring in session

A BIG CLUE FOR CRBIS—WHAT MAKES YOU FEEL PUSHED AWAY?



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:

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



THE FIVE FAP RULES

- Rule I: Notice CRBs (Awareness)
 - Look for potential CRBs throughout all your interactions with your client.
 - Formulate functional hypotheses regarding CRBs.
- Rule 2: Evoke CRBs (Courage)
 - Intentionally but authentically evoke CRBs in order to create opportunities for reinforcement.
- Rule 3: Consequate CRBs (Love)
 - Offer reinforcing, extinguishing, and punishing (when necessary) responses according to the function of the CRBs. Consequences must be natural and authentic.
- Rule 4: Notice your impact (more Awareness)
 - Is what you're offering as reinforcement actually reinforcing CRB2s?
 - Are your attempts to extinguish CRBIs actually decreasing their strength?
- Rule 5: Generalize CRB2s to Outside Life (Awareness, Courage & Love)
 - Collaborate with clients to build opportunities for practicing improved behavior in their lives outside of session (e.g., assign homework).



ACL Component

1. Watch for CRBs

Awareness

2. Evoke CRBs

Courage

3. Consequate CRBs

Love (Reinforce 2's & extinguish/punish 1s)

4. Notice your effect on

Awareness (including

client behavior

awareness of T1s & T2s)

5. Interpret & Generalize

Awareness, Courage &

<u>Love</u>

RULE I: BE AWARE OF CRBS EMOTIONAL & INTERPERSONAL TARGETS TO WATCH FOR

- Emotion:
 - Emotion that is notably un-expressed
 - Inappropriate affect
- Non-Verbals:
 - Eye contact
 - Changes in posture
 - Physical rigidity
- Verbal Patterns:
 - Sounding scripted
 - Impenetrable flow
 - Difficulty articulating themselves
- Detail
 - Too much or too little

Some are more likely to be 1s, but all could theoretically be 1s or 2s.



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



CRB1 OR CRB2 ??

Rule I: Watch for CRBs

Other client behaviors—CRBI 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."

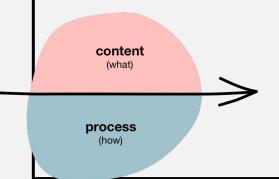
It Depends.

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

- I) reinforce CRBIs (in-session problem behaviors), or
- 2) punish CRB2s (in-session improvements).

RULE 2: EVOKE CRBS STRATEGY: MOVE INTO THE HERE AND NOW

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



- Anything that includes the words "Right now"
- "I want to be in this grief with you. Help me feel this in my body like you're feeling it in yours. Show me around inside."
- Do you notice how you just got really flat over the last minute? What happened here in this room between us, right before you shut down?

RULE 2: EVOKE CRBS STRATEGY: SOFT VS. HARD EVOKES

SOFT EVOKES

Evoking CRBs in session, <u>but not specific to the</u> <u>therapist-client relationship</u>

- 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.

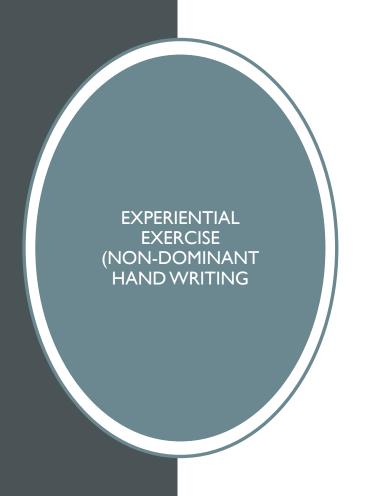
RULE 2: EVOKE CRBS

STRATEGY: MAKE "OUT-TO-IN"
PARALLELS

INCREASING INTIMACY Stuff out there Us

- 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: EVOKE CRBS



- 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

RULE 3: CONSEQUATE CRBS

REINFORCING SKILLS & STRATEGIES LEVERAGE YOUR OWN RESPONSES

PUBLIC/OBSERVABLE

- Facial expression
- Body Posture
- Movement
- Voice Tone
- Volume

PRIVATE EVENTS

- Bodily Sensations
 - An ache in my chest
 - Goosebumps
 - Tightening/loosening
- Emotions
- Thoughts
- Memories & Associations

RULE 3: CONSEQUATE CRBS REINFORCING SKILLS & STRATEGIES

Disclosure of client's positive impact

On you as an individual

- Helping you grow?
- Healing something inside you?
- Inspiring or motivating you?
- Contributing meaning to your life?
- Helping you recognize a T1 or O1 of your own?
- Renewing your enthusiasm for your work or your relationships?

"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."

On your connection with the person

 How has the client's behavior impacted your felt sense of closeness and trust with them?



Self-disclosure isn't always reinforcing.



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





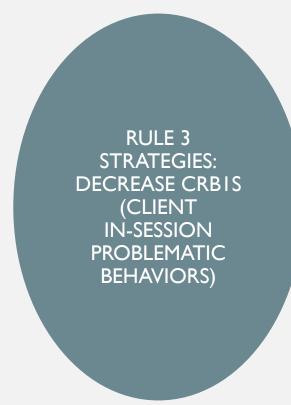
Avoid disclosures that take you into areas where you may not be able to self-regulate and contain your emotions



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!



- 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?)

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 TIs (Therapist in-session problem behaviors) and T2s (Therapist in-session target behaviors). TIs and T2s may differ from client to client.

EXPERIENTIAL EXERCISE (PAIRS) DEVELOP YOURSELF AS AN INSTRUMENT OF CHANGE (ASSESS YOUR TIS & T2S)

"Never, never lie to yourself. Don't lie to others, but least of all to yourself."

- -Dostoevsky

 I. 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?

FAP Self Work

- What makes you feel most alive as a person?
 - As a therapist?
- What are your core wounds?
 - How do your wounds enhance your clinical competence?
 - How do your wounds hinder your work?
- What are your deepest fears as a therapist?
- How do you most get in the way of your clients' growth?
- What do you tend to avoid dealing with in your life (e.g., tasks, people, memories, needs, feelings)?
 - How do your daily life avoidances impact the work that you do with your clients?
 - What do you tend to avoid addressing with your clients?
 - How does this avoidance impact the work that you do with your clients?
- What do you do for self-care?
 - What do you need for self-care that you aren't doing?



You can only take your clients as far as you yourself have gone.

Your stuckness will keep your clients stuck.

Your expansiveness will help your clients flourish.

Mavis Tsai, PhD

Rule 5

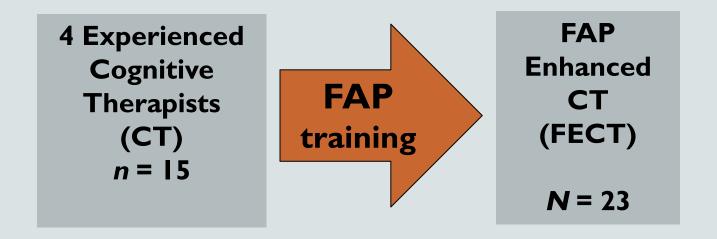
Interpretations function as rules to increase contact with existing contingencies.

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?



Can training therapists in FAP improve outcomes?



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

Daily Life Focus Turn CT as usual-Focus on daily life

(not an in-vivo "hit")

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





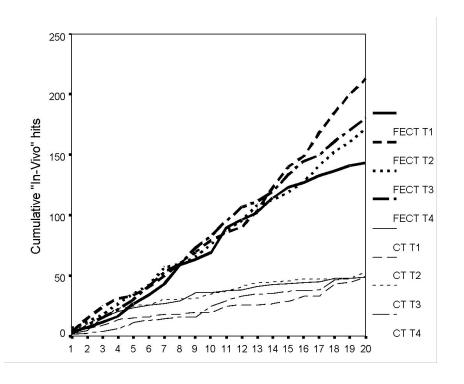
Therapy Focus
Turn

FECT Focus on in-vivo behaviors

(in-vivo "hit")

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 REPORT IMPROVEMENTS IN THE FOLLOWING WEEK.

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 I (awareness)]
- "What's it like to hear me say that?" [Rule 4]
- "How can you do this with others?" [Rule 5]

ETHICAL CONSIDERATIONS

ETHICAL CLARITY IS PARAMOUNT WHEN CULTIVATING INTENSE THERAPEUTIC RELATIONSHIPS.

- Be humble and open to continual learning and practice.
 FAP is difficult to do well.
- Update client and therapist case conceptualizations.
- Have client target behaviors in your own repertoire.
- Continuously orient towards the client's well being. Be controlled by reinforcers that are beneficial to your clients.
- We can't do it alone.
 - We need positive reinforcement in our outside lives
 - We need colleagues in the work with us



LOVING BOLDLY AND DARING GREATLY GENERALIZATION PART OF RULE 5

I) 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

AWARENESS, COURAGE & LOVE (ACL) GLOBAL PROJECT

- Inspired by FAP and research on loneliness as a significant predictor of illness and mortality.
- Live, love & lead with your truest self.
- Together, we are redefining what it means to matter, to grow, to belong, and to change our world for the better.



https://acl-global-project.mn.co (free to join)

CONCLUDING THOUGHTS

- Therapy is 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 <u>take risks</u> and speak your truth compassionately, you give to your clients that which is only yours to give: <u>your unique thoughts</u>, <u>feelings</u>, <u>and</u> <u>experiences</u>.
- By so doing, you create relationships that are <u>unforgettable</u>. When you touch the <u>hearts of your clients, you create a legacy of compassion that can touch generations yet unborn</u>.