The impact of FAP training on Clinical Psychology Trainees in Singapore

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Acknowledgments

This could not have been done without the determination and commitment of Dr Shian Ling King and her Students Bernice and Michelle. I am very grateful to them for their belief in this project!

I am also grateful to Dr Clare Henn Haase, who knew very little about FAP before diving into the deep end And co-leading with tremendous valour, humility and wisdom.

Finally, Dr Jonathan Kanter has been a tremendous champion and supporter of this work. I am very Grateful to him and Dr Mavis Tsai who first believed in my ability to get this started. She is my ultimate role model And mentor.
Singapore through the ages

1. 1900

2. 1920

1950

2015
Lee Kwan Yew  
Founding Father of Singapore

- Singapore’s prime minister for 30 years – in political governance for a further 20 years.
- ‘The little City that could’ – surrounded by hostile neighbours when it was born; now a banking, tech, shipping and educational hub; GDP per capita amongst highest in the world.
- LKY - Single handedly responsible for many of the things Singapore is today – rich, successful, entrepeneurial, safe....
- An incredibly disciplined man – what he didn’t know he would learn (e.g. harvard degree whilst a prime minister, mandarin, meditation etc).
- The story of LKY and the Psychology Department at NUS
LKY costs?

• At a cost – community trumped the individual – ‘Asian values’
• Tremendous focus on academics. Algorithms – little left for humanities.
• Confucian values – ‘hammer the nail that stands out’
• Focus on discipline and saving face
• Kiasu
FAP groups run for Clinical Psychology Trainees in Singapore

• Sample:
  • 13 in treatment vs. 12 waitlist (1 drop out in each) so 12 & 11 were analysed.

• All groups took place at the University and were led by myself and Dr Henn Haase.

• Focus of the groups was experiential more than didactics. Guidance for this was given by Jonathan Kanter
Most emotionless country..
Gallup survey in 2011

• US pollster surveyed more than 140 countries, and Singapore ranked as the least emotional country in the world.

• People are not likely to report experiencing negative or positive emotions. Clifton (a partner in the survey) suggested that Singapore was clearly doing very well on paper, but when it came to ‘what makes a life worth living, they’re not doing so well’
A international survey placed Singapore as most unhappy country
Singapore Kindness Campaign

2006: “Prime Minister Goh Chok Tong highlighted the need for Singapore to become a gracious society by the 21st century. Considerate social behaviour supported by a strong economy and good government will make Singapore the best home for its people”.
Campaign in transport

“Can’t wait to meet more thoughtful characters!”
## Format of the group

### Session 1

**Objective**
- Mindfulness exercise lead by one co-leader
- a discussion of hopes, expectations, concerns and fears, emotional safety requests and guidelines;
- a brief power point about reviewing concepts in FAP – particularly discussing ‘Awareness, Courage and Love’ as client and therapist behaviours;
- life histories (lead by co-leader)

**Homework**
- session bridging questions;
- session bridging questions for their clients;
- risk log;
- adapt and give the FAP RAP to clients;
- Increase genuine positive mirroring or appreciations with as many clients as appropriate. Note their responses--are they CRB1s or 2s?
- Start to compile a list of 100 positives

### Session 2

**Objective**
- Mindfulness led by other co-leader
- risk log comments by co-leaders;
- life stories and reflections continued;
- how to write FAP case conceptualizations.

**Homework**
- session bridging;
- session bridging questions for their clients;
- risk log;
- How to write the FAP RAP to their clients;
- Increase genuine positive mirroring or appreciations with as many clients as appropriate. Note their responses--are they CRB1s or 2s?
- Start to compile a list of 100 positives

### Session 3

**Objective**
- Mindfulness by participant
- partner reflections of risk logs;
- risk log comments by co-leaders;
- non-dominant hand writing exercise (evoking CRBs/practicing CRB2s of being in contact with deeper feelings and sharing what feels tolerably risky);
- demonstration of appreciations exercise at the end of a session.

**Homework**
- session bridging;
- risk logs;
- poetry writing assignment to evoke contact with deep feelings;
- readings: Mansfield & Cordova: Behavioral Perspective on Adult Attachment Style; Therapist Grief and FAP;
- Sent the FIAT-Q – Functional Ideographic Assessment Template which is used to identify client CRBs and therapist T1as

### Session 4

**Objective**
- Mindfulness by participant
- partner reflections of risk logs;
- Questions to increase intimacy

**Homework**
- session bridging
- risk and self care logs. Continue risk logs, but add a self-care component/ description to as many days as possible. Self care includes any activity that soothes, calms, rejuvenates, recharges, or gives you pleasure. In our fast-paced lives, most people can boost their self-care.
- Personal Mission or Passion Statement Assignment--This is a very evocative assignment for most people. Crafting a personal mission statement is one of the most significant things you can do to take charge of your life. Such a statement is a compass helps you focus on what is most important to you--the principles that anchor your life, who you want to be, what you want to do, and the legacy you want to leave.
## Format of the group

### Session 5

**Objective**
- Mindfulness by participant
- Partner reflections of risk logs; discussion of attachment styles;
- Therapist avoidance questions (e.g., What do you tend to avoid addressing with your clients? How does this avoidance impact the work that you do with these clients? What do you tend to avoid dealing with in your life? How do your daily life avoidances impact the work that you do with your clients?)

**Homework**
- Session bridging;
- Risk and self-care logs;
- Personal mission statements;
- Read Therapist Grief and FAP, and if appropriate, make a self-disclosure to a client that you think will reinforce a CRB2 and write about its impact;
- FAP questions handout (e.g., typical questions that can be asked at the beginning, middle, and end of therapy)

### Session 6

**Objective**
- Mindfulness by participant
- Partner reflections of risk logs;
- Shame exercise
- Mission statements.

**Homework**
- Session bridging;
- Risk and self-care logs;
- Personal loss inventory. Completing a loss inventory because it 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 mindfully say goodbye to one another knowing more what loss means to them.

### Session 7

**Objective**
- Mindfulness by participant
- Partner reflections of risk logs
- Loss inventories—a CRB2 is requested from each group member in discussing their loss inventories. This looks different for each person.
- Inner voice exercise

**Homework**
- Session bridging;
- Risk and self-care logs;
- Write a brief appreciation for each group member. The goodbye process we will do in session 8 consists of us writing a brief heartfelt appreciation (1-2 sentences) to each person in the group and saying it out loud as well. In writing this appreciation (which you will email to each person after you have stated the appreciation verbally), please make it very specific, e.g., something you will always remember about this person, what this person said or did that made you feel a certain way or think about things differently, a quality you really appreciate (include behavioral example).
- Share your case conceptualization with client;
- Adapt the therapist avoidance questions to your clients: (What do you tend to avoid dealing with in your life and in therapy (tasks, people, memories, needs, feelings, e.g., longings, grief, anger, sadness, fears, be specific). How do your avoidances impact our work and your life?"
- Attempt to generate a logical FAP interaction using all 5 rules.

### Session 8

**Objective**
- Mindfulness by participant
- Partner reflections of risk logs;
- Appreciations;
- Wrap-up and good-bye.
# Measures

1. Treatment Evaluation Inventory (TEI; Kazdin, 1980)
2. FAP Impact Scale (FAPIS; Kanter, Tsai, Holman & Koerner, 2013)
3. Working Alliance Inventory: Short-revised Therapist Version (WAI-SRT; Hatcher & Gillaspy, 2006)
4. RFI Thermometers (Terry & Kohlenberg, 2012)
5. FAP Vignettes (Kanter, Tsai, Holman & Koerner, 2013)
6. Burnout Clinical Subtype Questionnaire, Student Survey” (BCSQ-12-SS)

<table>
<thead>
<tr>
<th>Awareness</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Five Factor Mindfulness Questionnaire (FFMQ; Baer, Smith, Hopkins, Kreitemeyer &amp; Toney, 2006)</td>
<td></td>
</tr>
<tr>
<td>• Social Connectedness Scale - Revised (SCS-R; Lee, Draper &amp; Lee, 2001; Lee &amp; Robbins, 1995)</td>
<td></td>
</tr>
<tr>
<td>1. Difficulties in Emotion Regulation Scale (DERS; Gratz &amp; Roemer, 2004)</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Courage</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Valued Living Questionnaire</td>
<td></td>
</tr>
<tr>
<td>• Acceptance and Action Questionnaire - II (AAQ-II; Bond, Hayes, Baer, Carpenter, Guenole, Orcutt, Waltz &amp; Zettle, 2011)</td>
<td></td>
</tr>
<tr>
<td>• Authenticity Scale (AS; Wood, Linley, Maltby, Baliousis &amp; Stephen, 2008)</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Love</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Marlowe-Crowne Social Desirability Scale - Short Form C (MC-SDS Short Form C; Reynolds, 1982)</td>
<td></td>
</tr>
<tr>
<td>• Self-Compassion Scale (SCS; Neff, 2003)</td>
<td></td>
</tr>
<tr>
<td>• Compassionate Love Scale: Stranger-humanity Version (CLS; Sprechner &amp; Fehr, 2005)</td>
<td></td>
</tr>
<tr>
<td>1. Interpersonal Reactivity Index (IRI; Davis, 1983)</td>
<td></td>
</tr>
</tbody>
</table>
Analytic Approach
1. Compared two conditions on demographics, clinical experiences, and all outcome variables, no significant differences found between conditions
2. Examine if any demographic or clinical variables and social desirability predict T1 to T2 changes on any of the outcome variables. If any of these variables are significant predictors, they are entered in subsequent regression models
3. Use hierarchical multiple regression to examine whether group assignment (FAP vs. waitlist) predict changes from Time 1 to Time 2. Repeat analysis with Time 3 as the DV (/end point).
Results – Awareness Variables

<table>
<thead>
<tr>
<th>Category</th>
<th>Variable Name/ Measure</th>
<th>Between Group Changes from T1 to T2 (T2 as DV)</th>
<th>Between Group Changes from T1 to T3 (T3 as DV)</th>
<th>Any covariates controlled for</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Difficulties with Emotion Regulation Scale (DERS)</td>
<td>( \beta = -.12, p = .53 )</td>
<td>( \beta = -.26, p = .22 )</td>
<td>Education level</td>
</tr>
<tr>
<td></td>
<td>Difficulties Engaging in Goal-Directed behavior when upset</td>
<td>( \beta = -.29, p = .03, f^2 = .30 )</td>
<td>( \beta = .01, p = .98 )</td>
<td>Current FAP supervision</td>
</tr>
<tr>
<td></td>
<td>Impulse Control Difficulties</td>
<td>( \beta = .05, p = .72 )</td>
<td>( \beta = -.35, p = .05, f^2 = .31 )</td>
<td></td>
</tr>
</tbody>
</table>

**DERS difficulties engaging in goal-directed behavior**

When I'm upset, I have difficulty getting work done.
When I’m upset, I have difficulty focusing on other things.
When I’m upset, I can still get things done. (R)
When I’m upset, I have difficulty concentrating.
When I’m upset, I have difficulty thinking about anything else.

* Note: The higher the scores, the greater the difficulty with emotion regulation.
5-point Likert-type scale: 1(almost never) - 5(almost always)
Results – Courage Variables

<table>
<thead>
<tr>
<th>Category</th>
<th>Variable Name/ Measure</th>
<th>Between Group Changes from T1 to T2 (T2 as DV)</th>
<th>Between Group Changes from T1 to T3 (T3 as DV)</th>
<th>Any covariates controlled for</th>
</tr>
</thead>
<tbody>
<tr>
<td>Courage Variables</td>
<td>Authenticity</td>
<td>β = .42, p = .04, r = .24</td>
<td>β = .11, p = .63</td>
<td></td>
</tr>
</tbody>
</table>

**Authenticity**

“I think it is better to be yourself, than to be popular.”
“I don’t know how I really feel inside.”
“I am strongly influenced by the opinions of others.”
“I usually do what other people tell me to do.”
“I always feel I need to do what others expect me to do.”
“Other people influence me greatly.”
“I feel as if I don’t know myself very well.”
“I always stand by what I believe in.”
“I am true to myself in most situations.”
“I feel out of touch with the ‘real me.’”
“I live in accordance with my values and beliefs.”
“I feel alienated from myself.”

* Note: The higher the scores, the higher the authenticity. 7-point Likert-type scale: 1 (does not describe me at all) - 7 (describes me very well)
## Results – Love Variables

<table>
<thead>
<tr>
<th>Category</th>
<th>Variable Name/ Measure</th>
<th>Between Group Changes from T1 to T2 (T2 as DV)</th>
<th>Between Group Changes from T1 to T3 (T3 as DV)</th>
<th>Any covariates controlled for</th>
</tr>
</thead>
<tbody>
<tr>
<td>Love Variables</td>
<td>Compassionate Love Scale</td>
<td>$\beta = .83, \ p = .073, \ f^2 = .05$</td>
<td>$\beta = .15, \ p = .241$</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Self-Compassion Scale</td>
<td>$\beta = -.027, \ p = .869$</td>
<td>$\beta = -.09, \ p = .572$</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Interpersonal Reactivity Index (IRI) Total</td>
<td>$\beta = .33, \ p = .019, \ f^2 = .11$</td>
<td>$\beta = .214, \ p = .153$</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Empathic Concern Subscale</td>
<td>$\beta = .26, \ p = .087, \ f^2 = .07$</td>
<td>$\beta = .12, \ p = .466$</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Fantasy Subscale</td>
<td>$\beta = .25, \ p = .169$</td>
<td>$\beta = .25, \ p = .148$</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Perspective Taking Subscale</td>
<td>$\beta = .37, \ p = .011, \ f^2 = .16$</td>
<td>$\beta = .33, \ p = .075, \ f^2 = .67$</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Personal Distress Subscale</td>
<td>$\beta = .32, \ p = .059, \ f^2 = .16$</td>
<td>$\beta = -.30, \ p = .074, \ f^2 = .91$</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Interpersonal Reactivity Index (IRI) Total, not including Fantasy Subscale</td>
<td>$\beta = .23, \ p = .075, \ f^2 = .06$</td>
<td>$\beta = .13, \ p = .378$</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### The Compassionate Love Scale: Stranger-humanity

21-item questionnaire that measures compassionate love for humanity. The scale assesses one’s thoughts, feelings and behavior with regard to care, concern and support for any stranger.

*Each item is rated on a 7-point likert-type scale (1 = not at all true of me, 7 = very true of me).*
Results – FAP vignettes

<table>
<thead>
<tr>
<th>Variable Name/ Measure</th>
<th>Between Group Changes from T1 to T2 (T2 as DV)</th>
<th>Between Group Changes from T1 to T3 (T3 as DV)</th>
<th>Any covariates controlled for</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAPIS Total</td>
<td>$\beta = .25, p = .199$</td>
<td>$\beta = .20, p = .370$</td>
<td>N/A</td>
</tr>
<tr>
<td>FAP Vignette Scores</td>
<td>$\beta = -.46, p = .047, \text{ } f^2 = .02$</td>
<td>$\beta = -.55, p = .016, f^2 = .44$</td>
<td>Current FAP supervision</td>
</tr>
<tr>
<td>Treatment Evaluation Inventory</td>
<td>$\beta = .54, p = .008, \text{ } f^2 = .04$</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

The TEI computes a total score that reflects the level of acceptability of the treatment (FAP in the present study) to the respondent.
## Results - FAPIS

<table>
<thead>
<tr>
<th>Category</th>
<th>Variable Name/Measure</th>
<th>Paired-sample t test from T1 to T2</th>
<th>Paired-sample t test from T1 to T3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$t$</td>
<td>$p$</td>
</tr>
<tr>
<td>FAPIS Total</td>
<td></td>
<td>-1.826</td>
<td>.095</td>
</tr>
<tr>
<td>FAP Vignette Scores</td>
<td></td>
<td>4.61 (2.60)</td>
<td>6.78 (1.43)</td>
</tr>
</tbody>
</table>

### FAP Condition (n=12) vs. Waitlisted Condition (n=11)

<table>
<thead>
<tr>
<th>Time</th>
<th>FAPIS Total</th>
<th>FAP Vignette Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1</td>
<td>204.58 (14.88)</td>
<td>4.61 (2.60)</td>
</tr>
<tr>
<td>T2</td>
<td>216.25 (21.45)</td>
<td>6.78 (1.43)</td>
</tr>
<tr>
<td>T3</td>
<td>220.33 (16.54)</td>
<td>6.63 (1.97)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>FAPIS Total</th>
<th>FAP Vignette Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1</td>
<td>200.09 (24.82)</td>
<td>4.55 (3.11)</td>
</tr>
<tr>
<td>T2</td>
<td>203.27 (21.22)</td>
<td>4.67 (3.22)</td>
</tr>
<tr>
<td>T3</td>
<td>212.36 (20.96)</td>
<td>4.58 (2.49)</td>
</tr>
</tbody>
</table>
## Results - qualitative

<table>
<thead>
<tr>
<th>liked</th>
<th>affected</th>
<th>not liked</th>
<th>culture</th>
<th>adaptation</th>
<th>others</th>
</tr>
</thead>
<tbody>
<tr>
<td>The relationships built with peers and seniors through sharing in this group that would otherwise not be as close.</td>
<td>Personally, it has opened up more possibilities to connect with others. Professionally, it has let me experience what we expect of clients during our treatment groups and showed me how some sharing from therapists can also be very powerful.</td>
<td>Perhaps clearer expectations of the time commitment or homework from the start-first session would be good. Felt that I spent quite a bit of time on FAP (willingly, but still disproportionate to what we were prepared for).</td>
<td>Anecdotally, I would think that Singaporeans / Asians still find it difficult to be emotionally expressive, and sharing interpersonal issues (esp. family-related) is usually not openly done. Clients might also find it hard to be honest with the therapist but negative feelings towards the therapist (who is seen as an authority) or the session.</td>
<td>I personally think that training was valuable to us as trainees in terms of how challenging it was emotionally and in pushing our boundaries. Not having any personal experience with using FAP, it is hard to visualise how a client might actually react in session and how to adapt FAP to be more attuned with local culture.</td>
<td>Thank you to Dr Emma and Dr Clare for being wonderful facilitators.</td>
</tr>
<tr>
<td>Going through exercises that we could do with our clients; very experiential. Being able to model after how we could conduct sessions and how to provide feedback to our clients</td>
<td>To be present and aware of my own feelings. It allows me to experience how it is like for a client when we do these exercises with them and the anxiety they may feel when they come in for sessions with us.</td>
<td>Suggestions would probably be having more feedback on our reflection, how we could provide feedback in a better way; maybe more towards helping us enhance or better our skills in session.</td>
<td></td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>How open the group is about sharing about themselves. How loving and encouraging they are. I feel loved and supported when I am with the group.</td>
<td>I find myself more attuned to the people and world around me. I find that I am treating others in a kinder way. I find that I am more loving towards myself.</td>
<td>Perhaps a longer session time could be good. It was a little too rushed - too many things to cover in such a short time!</td>
<td>It could be a little inconsistent in the sense that Asians in general may not be used to talking openly about their emotions. Also, there is a lot of sharing of personal information involved (e.g. sharing of guilt and shame) which might go against the Asian mentality of not airing dirty laundry in public.</td>
<td>Nil</td>
<td>I really enjoyed this experience and would highly recommend it to others.</td>
</tr>
<tr>
<td>Learning more about myself as a person and a therapist, which may contribute to me being more genuine with future clients</td>
<td>Self-discovery</td>
<td>I think the amount of time/effort taken to prepare for FAP groups in between sessions is more than what was informed. The email should make amendments to reflect more accurately the kind of investment required by participants</td>
<td>Some Asians may not be so forthcoming about their emotions</td>
<td>Spending more time rapport building</td>
<td>no</td>
</tr>
<tr>
<td>Very supportive and open group, great experiential learning through modelling of facilitator and peers. Not only improved in therapist self-awareness but also therapist skills necessary for FAP.</td>
<td>Improved in self-awareness as well as the courage to connect with people and be more generous with my love to them, not only my loved ones but also new people who I will meet.</td>
<td>Nil.</td>
<td>In Singaporean / Asian culture, it is very rare that people speak about their feelings openly and express their emotions so deeply, genuinely. Having said that even while that’s the case, once clients are exposed to FAP, most should be able to learn the ways of connecting and expressing themselves that they did not get to learn in the past. FAP may take a longer time to work and may work for a smaller percentage of people in Singapore / Asia as a result.</td>
<td>Allow for more sessions to build rapport with the client in a local context before introducing exercises that would require the client to take risks. This is because most clients here probably are at a much lower level of readiness to connect and the sudden need to take high risks and/or connect might put off a substantial number of them.</td>
<td>It was a wonderful and life-changing experience going through this FAP training, thanks to those who organized this but most importantly to the facilitators and peers in the group. Would certainly benefit all clinical students if they all went through this. Thank you!</td>
</tr>
</tbody>
</table>
## Results - qualitative

<table>
<thead>
<tr>
<th>liked</th>
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<th>not liked</th>
<th>culture</th>
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<th>others</th>
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</thead>
<tbody>
<tr>
<td>I think it was a very positive experience with a safe space with courage and authenticity. It was both personally healing and also a great eye-opener as to the nature of therapy.</td>
<td>Same answers as above...</td>
<td>I guess the duration is really short to impart skills to the students. It would be great to have an intermediate / advanced course on FAP training.</td>
<td>While I love the FAP approach, I have a few doubts about the adaptability in local culture - Singaporeans may be more caught up in pragmatics rather than expressing emotion and living authentically, which may cause negative reactions in clients who may no be so comfortable with some of the exercises. Further, the idea of &quot;losing face&quot; may prevent clients from taking interpersonal risks outside of session, as such risks could feel awkward to them. However, it is definitely an approach that I would like to try with future clients.</td>
<td>1. Language - Mandarin, Malay and Tamil adaptations; 2. Suitability of exercises - as one of my bosses used to say, &quot;don't go thinking everyone can or likes to write poetry!&quot; Some of the exercises like expressing feelings through poetry may not be as suitable for certain client profiles. Some exercises also may require a certain level of metacognition (e.g. inner voices), which could be seen as quite impractical by some clients. I don't really have suggestions on how to change these, perhaps due to still limited understanding of how flexible the exercises given can be...</td>
<td>Loved the sessions and will miss them. Hope there will be intermediate / advanced courses!</td>
</tr>
<tr>
<td>The compassion and support from all members of the group</td>
<td>Conscientious to be more aware, courageous, and loving in my personal and professional life.</td>
<td>Have longer duration - perhaps 1.75 or 2 hours</td>
<td>Not inconsistent but harder for local norms in learning how to express emotions - Asian families are generally not very open with emotions</td>
<td>No</td>
<td>Thanks for the training! Had a wonderful and impactful journey!</td>
</tr>
<tr>
<td>Chance to experience being a 'client'! The experience of allowing myself to be vulnerable and the subsequent reception of loving acceptance from the group was something that I've never had to such a degree before. The ability to practice responding to others with loving kindness in such a tight group has also helped me learn how best to respond when my clients allow themselves to be vulnerable in session.</td>
<td>Take more relationship risks Professionally, I've experienced myself taking more risks in session. For example, I have begun asking clients how they feel about me as a therapist and not just for their feedback about the therapy provided. I've also begun to give feedback in terms of how clients' behaviour could make it difficult for me to feel connected to them.</td>
<td>Less homework Honestly, I can't think of anything that could make it better because it's already such an amazing experience.</td>
<td>No comments It can be incompatible with how many people behave in relationships here but at the time same time, if Singaporeans embraced more or the principles that FAP promotes, we would be a much happier community.</td>
<td>Nil</td>
<td>Can't think of anything at the moment. Thank you!</td>
</tr>
</tbody>
</table>

...cont'd
## Results - qualitative

<table>
<thead>
<tr>
<th>liked</th>
<th>affected</th>
<th>notLiked</th>
<th>culture</th>
<th>adaptation</th>
<th>others</th>
</tr>
</thead>
<tbody>
<tr>
<td>The commitment of the facilitators and the willingness of the group members.</td>
<td>Personally, more awareness about the daily interactions and willingness to be genuine and take interpersonal risks</td>
<td>Nil.</td>
<td>Inconsistent in the sense that most people would be apprehensive about having a risk to share personal details about their lives. The assumption is that everyone else is judgmental.</td>
<td>Nil.</td>
<td>In the most genuine, non-superficial, and non-dramatic way, I would like to say that FAP is life-changing.</td>
</tr>
<tr>
<td>The consistent sense of unconditional positive regard and love from the whole group.</td>
<td>Personally, more awareness about the daily interactions and willingness to be genuine and take interpersonal risks</td>
<td>Nil.</td>
<td>Inconsistent in the sense that most people would be apprehensive about having a risk to share personal details about their lives. The assumption is that everyone else is judgmental.</td>
<td>Nil.</td>
<td>In the most genuine, non-superficial, and non-dramatic way, I would like to say that FAP is life-changing.</td>
</tr>
<tr>
<td>Dr Emma Being validated, loved and supported by the group</td>
<td>Actions more in line with my values A better parent, partner, daughter and therapist</td>
<td>N.A.</td>
<td>FAP is based on a relationship that is built upon love and kindness. It is relevant to all humans. There is no doubt it is relevant to any culture including Asian culture.</td>
<td>I think just go ahead with his raw form. No change needed.</td>
<td>Really appreciate having this course. It is life changing and I'm a much better and much more confident therapist now</td>
</tr>
<tr>
<td>opportunities to be in contact with self and images; having support group; learning key message of vulnerability;</td>
<td>i learned to take my daily risks more readily and feel more at ease; I also learn more about my personal style as a therapist.</td>
<td>-</td>
<td>i think it is radical to run FAP in such a highly critical and competitive environment like SG.</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Discussion of findings
Singaporean context – No self compassion?

1. No change in Self Compassion measures:
   A) Shame = conscience in Chinese society
   “Confucianism conceptualises shame as an emotion as well as a human capacity that
directs the person inward for self-examination and motivates the person toward
socially and morally desirable change ... In Chinese culture, if a person is perceived as
having no sense of shame, that person may be thought of as beyond moral reach ... its
meaning overlaps with that of one's conscience.” (Li, Wang & Fisher, 2004, p. 769)

   B) Self-criticism functions as a motivator in Chinese society
   There is a Chinese belief in the utility of constant vigilance to pre-empt failures (Liu,
2007, p.25). Liu quotes two examples of this belief: a Chinese proverb which states
that “the proud will eventually fail”, and a Buddhist teacher stating that, “You should
not forget that once you slack off, you may find yourself on the path to failures” (p.
25). She distinguishes between this private motivation for self-criticism (pure
achievement) from the more public motivation of not wanting to disturb social
harmony. So even if FAP (or CBT, in Liu, 2007) encourages self-compassion, it is fighting
against an ingrained cultural resource for self-motivation.
Discussion of findings
Singaporean context – Authenticity

1. No change in authenticity
One of the students said that the result can be explained by standard collectivist explanation of not wanting to disturb social harmony. And looking at some of the scale items:

“I always feel I need to do what others expect me to do.
“I am true to myself in most situations.”
“I usually do what other people tell me to do.”
2. Singaporeans may be emotionally constricted beyond what we expect of a Confucian society - see Gallup study earlier.

Culturally - Emotions don't solve anything, just get in the way of achieving goals. Experiential avoidance driven by wanting to be efficient.

Singapore is an immigrant society. So there may be a work ethic and pride in being hardy transmitted through generations.

National psyche shaped by the way Singapore gained independence. At the national level there was (and is) a lot of anxiety about whether Singapore could survive as a nation, given the lack of natural resources. So it is very much ingrained in us that we have to be efficient and effective, not to achieve greater heights, but simply to secure basic survival. Granted, I doubt the average client thinks about their stoicism on that level. It's more like the work culture has been shaped according to those priorities, and the average person is responding to this high-pressure environment. And takes for granted that tangibly productive = good.
Implications?
- Are they slow to warm up?
- Do they need more didactics?
- Do we need to work differently to augment the value of taking interpersonal risks?