

The Use of Awareness, Courage, Therapeutic Love, and Behavioral Interpretation in Functional Analytic Psychotherapy

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Interventions from Functional Analytic Psychotherapy focus on what happens in-session between clients and therapists to create more intense and curative therapeutic relationships. The methods described—being aware of clients' clinically relevant behaviors, being courageous in evoking clinically relevant behaviors, reinforcing improvements with therapeutic love, and using behavioral interpretations to help clients generalize changes to daily life—point to compelling directions in personal growth and change for both clients and therapists.

Keywords: Functional Analytic Psychotherapy, awareness, therapeutic relationship, functional analysis, behavior therapy

Functional Analytic Psychotherapy (FAP; Kohlenberg & Tsai, 1991; Tsai et al., 2009; Tsai, Kohlenberg, Kanter, Holman & Plummer Loudon, 2012) is a contemporary cognitive behavior therapy with a unique focus on both client interpersonal problems and the therapeutic relationship. FAP uses what happens in-session between client and therapist to create new and more effective ways for clients to connect with and respond to other people, ultimately alleviating distress and bringing about closer and more intimate relationships (Wetterneck & Hart, 2012). It is a highly individualized intervention that requires a thorough assessment and case conceptualization of each client. Client problems or goals are grouped together based on their function or the purpose they serve, with specific form or appearance varying from client to client. These functional groups of behaviors may, for example, include specific responses that serve to distance others, affect how clearly feelings are expressed, or impact reactions to conflict. The most researched approach to FAP case conceptualization is the Functional Idiographic Assessment Template (Callaghan, 2006), whereas a less formal method is illustrated by the "Case Conceptualization Form" (Tsai et al., 2009, p. 213).

FAP provides guidelines for therapists to notice, evoke, naturally reinforce effective client responses, and to make important behavioral interpretations so that positive changes in-session can generalize to clients' daily lives. The mechanism of clinical change in FAP, the essential ingredient to bring about client improvement, is that the therapist notice and respond effectively to client prob-

lems and improved behaviors as they occur during the session. In more technical terms, this is explicated as therapist contingent responding and shaping of effective repertoires using principles of reinforcement (Follette, Naugle, & Callaghan, 1996).

In FAP, clinically relevant behaviors (CRBs) are client responses occurring within the therapist–client relationship that correspond to those occurring in their outside relationships. Problem behaviors that occur in-session are referred to as CRB1s, and improvements are called CRB2s. While FAP is rooted in a contemporary behavioral or functional contextual philosophy, our goal in this article is to point to therapeutic interventions that could be useful to all psychotherapists and clinical scientists, regardless of theoretical orientation. The interventions discussed later in the text will follow the basic guidelines outlined in FAP—watching for CRBs (awareness), evoking CRBs (courage), responding contingently to client behaviors in the context of a caring therapeutic relationship (therapeutic love), and making functional interpretations of client behavior.

Be Aware and Watch for CRBs

This guideline, to use a case conceptualization to anticipate and watch for the occurrence of client problem behaviors and improvements as they occur in-session, forms the core of FAP. CRBs are not metaphorical behaviors or reenactments, but are, in fact, the same behaviors the client engages in outside of session that have become a focus of therapy. The therapist in this context is a person the client reacts to as they would to others in a similar context. For example, if a client is struggling with being open and honest with others in important relationships, then that challenge will likely come into the session with the therapist as well. Although the therapeutic relationship is unique in many ways, it is still an interpersonal relationship where clients respond in consistent, even habitual, ways.

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Part of the case formulation, then, is to determine which behaviors are targets for treatment and how a client's outside life issues may show up in the therapeutic relationship. This can be assessed by asking clients about the problems and positive interactions they have in daily life relationships as well as how that problem (or approximation of an improvement) might happen in the room with the therapist. Importantly, therapists can use their own experience and personal reactions to a client as a marker for identifying CRBs. For example, therapists may ask themselves, "What are the ways this client has a negative (or positive) impact on me?," or "Is my client avoidant of my questions?," or, even, "Does my client emotionally pull away when we have a close interaction?" The goal here is to recognize when the client's problems show up and what forms those behaviors could look like. For example, if a client tends to withdraw during interpersonally close interactions, that might take the form of making a joke, crying excessively, being late to session, or becoming silent. These are understood not a priori, but based on the particular client and his or her own style of engaging. The key is to be aware of the effectiveness or ineffectiveness of those behaviors in moving toward cherished values.

In this way, the therapist is serving as a type of Greek chorus for the client's social community by being aware of how the client impacts the therapist as a member of that community. This awareness can be understood as being mindful, paying attention, or simply noticing. A major concern, of course, is knowing when one's own responses to a client are representative of how others might respond or, instead, are idiosyncratic to the therapist. The therapist's own reactions are an accurate guide to being aware of CRBs to the extent that they are similar to the reactions of other people in the client's life. It is important, therefore, when using one's own reactions to a client, to understand how other important people in that client's life might respond. This may involve simply asking, "I'm having [x] reaction to you right now—how would your (significant other, boss, coworker, family member, friend, etc.) react?"

Past and current relationships provide consequences that shape and maintain a client's behavior in the outside world. It is important to be aware of how people currently respond to the client, perhaps maintaining problematic behaviors (e.g., avoiding intimacy or emotional experiences). The therapist may also find it useful to determine the extent to which past relationships helped to create rules for how to connect or distance oneself from others in the service of self-protection. While those past relationships may not be part of the client's current situation, rules or other more rigid ways of approaching relationships may prevent the client from achieving more valued intimate connections.

In terms of research supporting the importance of awareness of CRBs, a study by Kanter, Schildcrout, and Kohlenberg (2005) found a statistically significant relationship between the number of times therapists commented (evidence of awareness) on clients' CRBs in a session and relationship-specific improvements reported by clients in the week after that session. Overall, research on teaching therapists to be aware of and to watch for CRB1s and CRB2s is ongoing. Some preliminary work around supervision and training therapists to code sessions by other clinicians suggests this is a challenging, but teachable, task in which therapists can increase their accuracy in identifying CRB1s and 2s (Busch, Cal-

laghan, Baruch, Weeks, & Berlin, 2009; Callaghan, Follette, Ruckstuhl, & Linnerooth, 2008; Martins da Silveira et al., 2010).

Be Courageous and Evoke CRBs

Any therapeutic relationship has the potential to be evocative because clients are sharing personal material. Often, however, it is not efficient to wait for a CRB1 or CRB2 to occur spontaneously in-session. It may be more expedient to bring these into the session by the therapist directly evoking them. As FAP focuses on relationship and intimacy issues, including the ability to deeply trust others, take interpersonal risks, be authentic, and give and receive love, therapists are called to structure their treatment in a manner not typically found in other behavior therapies—to bring challenging client behaviors into the session to work on them as they are occurring (Callaghan, Naugle & Follette, 1996).

Evoking CRBs can be challenging for a clinician, requiring courage to be vulnerable and to try new clinical strategies. Courage in this context can mean a variety of behaviors—a willingness to be authentic, self-disclose in the service of client growth, persevere, and withstand a fear of difficulty. Implementing the steps necessary to create an evocative therapeutic relationship calls for therapists to stretch their limits, push their own intimacy boundaries, and go beyond their own comfort zones.

More specifically, therapists can evoke CRBs in at least three ways. First, the therapist can structure a therapeutic environment that evokes significant CRBs. From the initial contact, therapists can prepare clients for an intense and evocative treatment that focuses on in vivo interactions through the therapeutic rationale that is given. An example is the therapist saying, "The most fulfilled people are in touch with themselves, able to speak their truth compassionately, and to connect deeply with others. If that fits for you, the most effective way you can become a more powerful person is to start right here, right now with me, to tell me what you think, feel, and want, and to try to create a deep connection with me, even if it feels scary or risky. If you can bring forth your best self with me, then you can transfer these behaviors to other people in your life. How does that sound?"

The second way to bring CRBs into treatment is to use strategies that are deliberately more evocative of client responses. FAP is an integrative therapy and calls for varied techniques that no single therapeutic orientation would predict depending on what will evoke a particular client's issues and what will naturally strengthen improvements. What is important in terms of a specific technique is its function or workability with the client and for the therapist to make sense of it within his or her own framework. To the extent that a technique, any technique, functions to evoke CRBs, it is potentially useful to FAP. Methods such as empty chair work, free association, writing exercises, dream interpretation, mindfulness, acceptance strategies, cognitive restructuring, evoking emotion by focusing on bodily sensations, and hypnotherapy have all been used in FAP (Callaghan, 1996; Callaghan, Gregg, Marx, Kohlenberg, & Gifford, 2004; Kanter, Tsai, & Kohlenberg, 2010; Tsai et al., 2009). What these techniques have in common is they can create a context that may help clients contact and express difficult thoughts and feelings to the therapist. This does not require therapists to be theoretically eclectic or to shift their paradigm, but simply to adopt unique strategies as the situation demands to best

bring important client behaviors into session for the purpose of clinical change.

A third way in which therapists can evoke CRBs is by being authentic and using oneself as an instrument of change. To the extent that therapists can allow themselves to be who they really are with a client, a more powerful and unforgettable relationship is created in therapy. This does not give carte blanche to therapist disclosure, but it creates a more deliberate space for disclosure to take place that facilitates clients having greater contact with their issues and provides therapeutic opportunities. For example, therapist self-disclosures can be about reactions to a client's struggles, accomplishments, or history; about shared interests, goals, backgrounds, or other similarities. Such strategic disclosures can enhance the therapeutic relationship, normalize clients' experiences, model intimacy building behavior, demonstrate genuineness and positive regard, and equalize power in the therapeutic relationship (Tsai, Plummer, Kanter, Newring & Kohlenberg, 2010). Thus, in addition to evoking CRBs, therapist disclosure may also serve additional important functions such as weakening CRB1s as well as encouraging and nurturing (reinforcing) CRB2s (see next section). Disclosure should be undertaken strategically, with an awareness for how it may evoke, reinforce, or punish CRBs for a particular client (Vandenbergh, Coppede, & Kohlenberg, 2006).

Research on evoking CRBs has been demonstrated through coding FAP sessions using the Functional Analytic Psychotherapy Rating Scale (Callaghan & Follette, 2008) and examining data with sequential analysis statistics. Several studies have shown the strong relationship between FAP therapists attempting to evoke client behaviors in-session and the corresponding occurrence of those behaviors (Busch et al., 2009; Callaghan et al., 2008; Landes, 2008).

Be Therapeutically Loving and Respond Contingently to CRBs

The mechanism of clinical change in FAP is contingent responding by the therapist to client behaviors as they occur in-session in an effort to strengthen (reinforce) more effective ways of acting. Said differently, the therapist responds to the client in the moment as the client engages in problematic or effective behavior by naturally reinforcing behaviors that work more effectively for the client in the therapeutic relationship. Consistent with basic behavioral or learning theory, a fundamental premise of FAP is that the closer in time and place client behavior is to the therapist's intervention (i.e., contingent reinforcement), the stronger the effect of the intervention. Thus, the most effective way to shape a client's behavior is to respond to it as it occurs in-session.

A therapist's responses to a client's problem behavior must be compassionate, caring, respectful, and, above all, in the service of creating more effective alternative behaviors. It is important to be sensitive to the skills or repertoires clients have at any one point, not require more than they are currently capable, and yet still encourage improvements. In FAP terms, this version of regard for clients is called "therapeutic love," a profound and an ethical caring with which a therapist encourages clients to change and grow in the direction of their values. This may have strong parallels to the general therapeutic concept of unconditional regard, although FAP therapists do not see positive regard by itself as sufficient to bring about clinical change. Instead, this compassion-

ate caring is a context in which the therapist responds to client problems and improvements in an effort to decrease CRB1s and increase CRB2s. To accomplish this, therapists can draw on and reveal their own reactions (thoughts, emotions, physiological responses) to their clients and respond to each CRB accordingly in a caring and genuine way. For example, the therapist may say, "I know you are struggling now, but it's really hard to stay connected to you when you pull away from me and go silent. I want to give you the space you need here, but I also think your withdrawing isn't going to work for you or for us to get what you need. I want you to try something different with me right now. Can you do that?" The goal is for the therapist to shape (i.e., differentially reinforce) client behavior that will be more effective in meeting the client's goals. Ultimately, the therapist's aim is to help clients develop a more effective and flexible set of interpersonal behaviors that serve them in their daily life relationships. In this way, natural and contingent therapist responses not only shape improved client functioning in the moment but do so in a way that promotes generalization and client adaptability.

When therapists respond to clients' CRBs, it is important to remain aware of client reactions and whether the therapist's responding is having the desired effect on his or her client. By definition, clients have experienced therapeutic reinforcement only if their target behaviors are strengthened. Therefore, it is essential that therapists assess the degree to which their responses that were intended to reinforce a specific client behavior actually did so. By continuing to pay close attention to the effects of their own behavior, the therapist can adjust his or her responding to maximize clinical improvement.

Supervision in FAP helps therapists learn to respond to CRBs. We recommend that therapists explore questions such as: (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 (e.g., tasks, people, memories, needs, feelings)?; (4) How do your daily life avoidances impact the work that you do with your clients?; and (5) What are the specific skills you want to develop with each client based on the client's case conceptualization? In the same way FAP therapists create case conceptualizations for their clients, they also create formulations of their own strengths and weaknesses that can be addressed in supervision. FAP training that focuses on therapist self-reflection not only increases reported clinical skills but impacts therapists' personal lives positively as well (Kanter, Tsai, Holman & Koerner, in press).

Research on the mechanism of change in FAP is growing. The relationship between responding to CRBs and a change in their frequency (i.e., an increase in CRB2s and decrease in CRB1s) using the Functional Analytic Psychotherapy Rating Scale can be seen in a variety of studies (Busch et al., 2009; Callaghan et al., 2008; Callaghan, Summers, & Weidman, 2003; Kanter et al., 2006). These studies show that contingent responding increases the frequency of CRB2s and creates healthy changes for clients over time.

Provide Functional Interpretations of Behavior (Interpret and Generalize)

A final guideline involves helping clients develop an understanding of their behavior and its consequences. This involves

teaching clients to conduct a basic functional analysis of their behaviors to respond more effectively in similar types of situations later. A functional analytically informed interpretation accounts for how client behavior is adaptive and also how they can generalize progress in therapy to daily life. This promotes discussion of parallels between what happens when daily life events correspond to in-session situations and when in-session events correspond to daily life events (Tsai et al., 2009). Both are important, and a good FAP session may involve considerable weaving between daily life and in-session content through multiple discussions of these parallels. Provision of homework helps with generalization; a useful assignment when a client has engaged in a CRB2 is to ask the client to then take the improved behavior “on the road” and test the effect of that new repertoire with significant others.

This guideline and the corresponding goal to move improvements outside of session is paramount in facilitating clients to live more effective, connected, and vital lives. This area of research is still in its infancy for FAP (Abreu & Hubner, 2012). While converging lines of evidence support FAP’s basic principles (Baruch et al., 2009), specific data focus on measuring therapist and client behavior in-session and exploring the relationship between in-session therapist behavior and indicators of client outcomes (Maitland, 2012). The incremental effectiveness of adding FAP to CBT has been demonstrated both through single-subject (Gaynor & Lawrence, 2002; Kanter et al., 2006; Bermúdez, García, & Calvillo, 2010) and group design studies (Kohlenberg, Kanter, Bolling, Parker, & Tsai, 2002). In the only randomized controlled study incorporating FAP, Gifford and colleagues (2011) compared a combination of acceptance and commitment therapy and FAP with nicotine replacement therapy in a smoking cessation trial. There were no differences between conditions at posttreatment; however, participants in the acceptance and commitment therapy and FAP condition experienced significantly better outcomes at 1-year follow-up. A focus on the mechanism of change (reinforcement of CRBs) and the generalization of improved client in-session behavior to daily life is currently at the forefront of FAP research.

Case Example¹

The client, “Gary,” is a 50-year-old divorced man who has struggled with depression much of his life, associated with a sense of feeling “unlovable.” This verbatim transcript excerpt (shortened for clarity) illustrates how FAP interventions (explained in bold print) were used in working with Gary’s sense of unlovability (Tsai & Reed, 2012).

T: I feel like what you keep coming back to is the sense of “I’m unlovable.” [Evoke CRBs, inviting focus on the evocative topic of client’s sense of unlovability.]

C: I’m sure it will pass, but I can’t really see beyond my being unlovable in this moment. [CRB2, acknowledging feeling unlovable is a temporary state.]

T: I’m just going to be here with you, with your feelings of being unlovable. I feel sad you’ve had this long history of feeling like you can’t get positive feelings, the regard you want. [Respond to CRB2; therapist’s natural reinforcement can also be evocative.]

C: I don’t know why it’s so important to me to be liked or loved by other people. Seems like it’d be simpler if it wasn’t so important to me. I just feel unlovable. [CRB1]

T: What if that doesn’t match my experience? That I like you and I love you. What have I said about what that means? [Blocking CRB1, evoking CRB2]

C: You care about me, you always have my best interests at heart, you think about me in between sessions and wonder how this and that is going in my life. [CRB2]

T: There’s also a very visceral feeling in my heart, really tender, and there’s a place in my heart that’s just for you, and if anything happened to you, I’d feel really, really sad. Can you see that in my eyes? [Responding to CRB2, evoking more CRB2]

C: [quiet, then nods] [CRB2]

T: When you feel unlovable outside of here, I wonder if you can hold your positive experiences with me, along with your “I’m unlovable,” to find room for both, and be compassionate with yourself. [Suggestion to implement and generalize CRB2 to daily life]

C: I think I can. When I’m feeling unlovable I can think about how you care about me and try to make room for both. [CRB2]

This brief excerpt illustrates the therapist was aware of and evoked Gary’s CRBs. His CRB2s were then reinforced by genuine caring and therapeutic love. He is then asked to recall the loving interaction in-session and to hold that along with his feelings of unlovability when they arise outside of session. This is the sacred work of therapeutic love, where a client’s healing begins in the session by experiencing the ways he really matters to his therapist, and to let this, rather than his sense of unlovability, guide his behavior toward others.

Conclusion

In essence, FAP’s focus on the therapeutic relationship involves watching for, evoking, and responding contingently to CRBs—being aware, courageous, therapeutically loving, and also facilitating generalization by using functional interpretation. It is our contention that adding such a focus may improve the intensity and power of psychotherapy, broadly defined, for a variety of interventions.

Essentially, FAP’s behavioral approach to the psychotherapy relationship, focusing on specific client and therapist behaviors and their impact on each other, has facilitated a process research agenda that provides a window into exactly what a therapist may do in-session to create a powerful and an intense relationship that has measurable positive effects on client interpersonal problems, defined individually for each client.

Similar to other interventions that require an idiographic or highly individualized intervention (e.g., autism, learning disorders, disruptive behaviors in school), the demonstration of the efficacy of FAP will likely lie in a culmination of studies over time showing principle-based changes in client behaviors using FAP as an intervention in varied contexts with a variety of clinical problems. Clinical science requires flexibility in how we demonstrate evidence of effectiveness in our interventions. While it is unlikely FAP will join the ranks of manualized treatments for any one

¹ Client signed informed consent for transcript to be published with identifying information altered.

defined population or disorder, more probably it will continue to be one of several interventions that pave the way into a new realm of evidence-based practices that require case formulation, attention to an empirical literature, and tracking individual client data to demonstrate accountability for our work with clients (see APA, 2006). We hope that FAP offers an inspiring and conceptually clear framework that crosses theoretical boundaries and provides additional ways to focus on the therapeutic relationship as a way to facilitate meaningful client change that serves the client, the therapist, and the profession as it evolves as a clinical science.

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