

UNC CHAPEL HILL SCHOOL OF SOCIAL WORK CLINICAL INSTITUTE
Functional Analytical Psychotherapy

Here and Now

Holly Yates, LCMHC, FAP Certified Trainer
Miranda Morris, PhD, ACT Peer Reviewed Trainer

Informed Consent

This training is experiential in nature:

- Designed this way to increase understanding of the theory and to help clinicians contact the core of the work
- May stir a few things up
- What might that look like...
 - ❖ Your privacy will never be violated, but you will be invited to take risks.
 - ❖ For that reason we must agree to confidentiality

Robyn Walser, PhD 2010

What we are doing today?

- Defining Functional **Contextualism**
- Introducing Functional **Analysis**
- Introducing **Functional Analytic Psychotherapy (FAP)**
- Practicing the **ACL framework** and the **5 Rules** of FAP

(ACL = Awareness + Courage + Love)

The Roots of FAP

- Evolution
- Behaviorism
- Functional Contextualism
 - Context
 - Function
 - Pragmatic Truth Criterion

Evolution, culture and why we suffer

<p>Evolution</p> <ul style="list-style-type: none"> • We are hardwired to detect and avoid pain – AND to have painful feelings • We are evolved to be ruled by thinking and feeling • Normal processes of thinking and feeling can go awry 	<p>Cultural Messages</p> <ul style="list-style-type: none"> • Pain is not okay • Happy people don't have pain • We should constantly aim for happiness, gratitude, positive thinking, etc. • We can control our thoughts and feeling
--	---

Evolution, culture and the interpersonal

<p>Evolution</p> <ul style="list-style-type: none"> • We are evolved to function in small groups and relationships • Social context has a huge impact on how we develop and function 	<p>Cultural Influences</p> <ul style="list-style-type: none"> • Much larger groups are common • Social Media • Societal messages are confusing (e.g., Don't worry about what others think about you!)
---	---

Behaviorism

-  Social behavior is learned & always makes sense
-  Behavior is shaped by consequences
-  The benefits of a behavior can reinforce and increase it
-  The costs of a behavior can punish and decrease it
-  Immediate reinforcement is more powerful than delayed reinforcement

Functional Contextualism (FC)

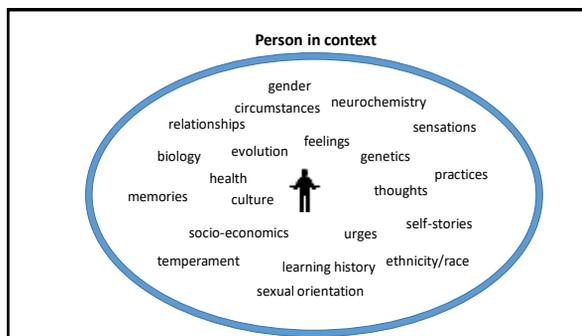
People can only be understood in *context*

In FC, clinical focus is on behavior in context

Truth is understood solely in terms of what works

Context

- Context refers to all the things that influence our behavior including the environment, physical, biological, historical, cultural features and learning history (um, *everything!*)
- Humans constantly interact in and with context
- Therapy and the therapeutic relationship are context we can directly influence



Function

- The relationship between stimulus and response – the *function* of something can be thought of as its consequence
- In FAP, we look at the **functions** of events, thoughts and feelings

Given an irrational thought:

- Traditional CBT asks: How does it distort the facts?
- Functional Analytic therapist asks: **Does that thought move you toward or away from what you want?**

Pragmatic Truth Criterion

- What is “true” in Functional Contextualism is defined by what works to move us toward a chosen outcome
- Other ways of defining “true” are slippery (e.g., I could die at any moment)
- Invites us to be scientists in our own lives

Two Drivers of Suffering

- Cognitive Fusion
- Experiential Avoidance

Fusion

- Getting stuck in your head
- Getting hooked by thoughts/feelings
- Buying into thoughts/feelings
- Letting thoughts/feelings dominate behavior

WHEN DOING SO HAS NEGATIVE CONSEQUENCES

Avoidance

- Efforts to avoid unwanted thoughts, feelings, sensations, memories, etc.
- Efforts to avoid events that might evoke that stuff

WHEN DOING SO HAS NEGATIVE CONSEQUENCES

Exercise

If _____ weren't such a problem for me,
(thoughts, feelings, self-stories)

I would _____ .
(something you care about)

- Pain of Presence - the pain we experience in the moment
"If _____ weren't such a problem for me"
- Pain of Absence - the pain we experience from lack of connection with values/valued life domains.
" I would _____ "

When we get stuck in **Fusion** and **Avoidance**...

- we become inflexible in our thinking and behavior
- we lose touch with *what* and *who* we care about
- we don't pursue the things that matter to us
- and our life space shrinks

What to do?

- Focus on strategies that alter context in order to help create change
- Therapy is part of our clients' context
 - **ACT** – intrapersonal emphasis
 - **FAP** – interpersonal emphasis



ACT: Intrapersonal Focus
 ACT Relevant behaviors in session
 Report of ACT relevant behaviors outside of session
 Interpersonal ???



FAP: Interpersonal Focus

Client-therapist relationship is core



What is FAP?

- A contextual, behavioral, relational approach to psychotherapy
- Focuses on improving interpersonal behaviors, emotional awareness and self-expression as a means to achieve healthy and fulfilling lives
- Emphasizes the core importance of the therapist-client relationship

How does FAP work?

- ❖ FAP uses Functional Analysis to understand client difficulties
 - In the moment
 - With compassion and precision
- ❖ Functional Analysis keep us on track as we navigate the interpersonal processes in Tx – which are complicated
- ❖ Individualized yet precise
- ❖ Assessing and responding to behaviors based on how they function for the client (not how they look)

FAP and Context

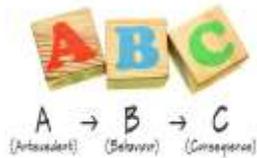
Our contexts almost invariably include other people

Therapy is about creating a context in which the client can:

- have new experiences of self and others
- contact internal experiences that have been avoided
- get different responses from another person
- practice new skills

Functional Analysis

The function of a behavior is determined by its consequences



Function is what a behavior achieves in terms of consequences

Function

Understanding function and context permit us to bring understanding and empathy to any client behavior – yes, ANY!

Functional analysis permits us to assess what is not working for a client and it guides intervention

Functional Analysis

• FA is an assessment process in which we explore how particular behaviors function for a client

• We want to know things like:

- How was this behavior **learned/shaped** in the **past**?
- How did it function **then**?
- **When** does it occur **now**?
- **How** does it **function** now?
- What are the relative **benefits** and/or **costs**?

- Gareth Holman, 2017

In functional contextual science we define behavior as **anything** an organism does

This includes internal behaviors like thinking, feeling, remembering, and sensing

It also includes our **responses** to those inside behaviors

- paying attention (or not) to these experiences	- buying into or getting hooked by these experiences	- struggling to get rid of these experiences
--	--	--

A word on "behavior"

Learned Behavior

- Behavior is largely **learned**
- Current behavior reflects an individual's **history** (and other context)
- **Immediate** consequences shape behavior much more powerfully than do more distant ones
- Our clients are often showing up with behaviors that have been or are still being **reinforced**
- That **learning** can **overshadow** the **lessons** of other experiences (e.g., when the old behavior is no longer working well)

"Insanity is doing the same thing over and over again and expecting different results"

- Unknown origin

"~~Insanity~~ Humanity is doing the same thing over and over again and expecting different results"

- Miranda and Holly

Functional Analysis Steps

1. **Awareness** of context and behaviors
2. Clarifying the **functions** of behavior
3. Looking for functional **classes** of behavior
4. Defining behavioral **improvements**
5. Noticing **clinically relevant behaviors** (CRB)

- Gareth Holman, 2017

Functional Analysis on events outside of session...

A <small>Antecedent</small>	B <small>Behavior</small>	C <small>Consequence</small>
Client committed to go to the gym. Just before going, has the thought "I'm too tired"	Client <i>buys into</i> the thought "I'm too tired" and doesn't go to the gym	Feels guilty, self-critical Gives up trying Etc.
Crazy morning with kids. Client has the thought "I can't stand this!"	Client <i>buys into</i> the thought "I can't stand this!" and then yells at kids	Initially feels relief Keeps yelling at kids Feels ashamed

FA on events outside of session...

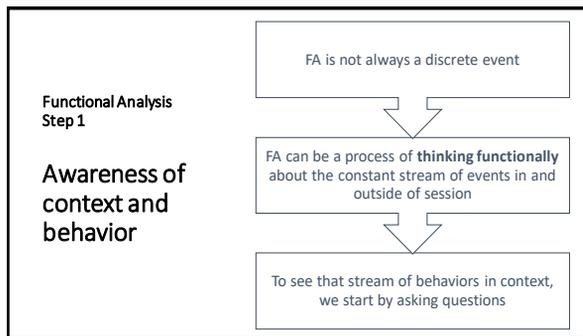
A <small>Antecedent</small>	B <small>Behavior</small>	C <small>Consequence</small>
Client has the thought that her husband should know when she needs help	Client withdraws from husband and sulks when he does not spontaneously offer help	
Client has graduated and needs to make a decision about a career path	Returns daily to a 'cost benefit analysis' of each possible path. Consistently finds problems with each option.	

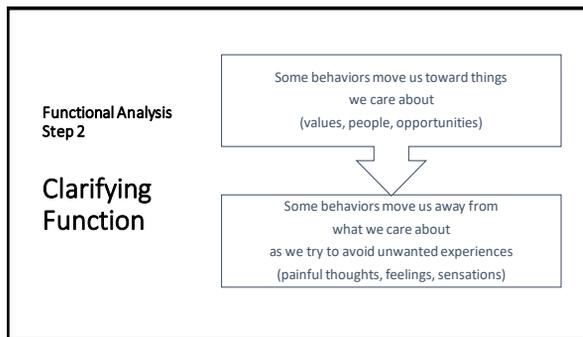
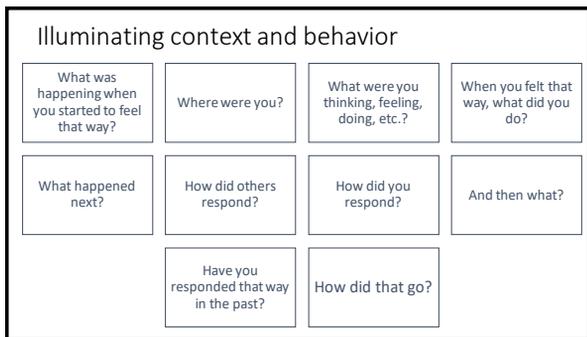
FA of events in session...

A <small>Antecedent</small>	B <small>Behavior</small>	C <small>Consequence</small>
In session, client feels tears and crying coming	Client changes the subject and holds back tears	Relief...and then what?
Client always has trouble making decisions	Asks you to give her advice	

FA of events in session...

A <small>Antecedent</small>	B <small>Behavior</small>	C <small>Consequence</small>
Therapist is 4 minutes late for first session	Client: "Um, you're 4 minutes late..."	
Therapist: "So, what would it look like if you started living more on track with your value of being independent?"	Client: "I don't know. That's what I hired you for."	





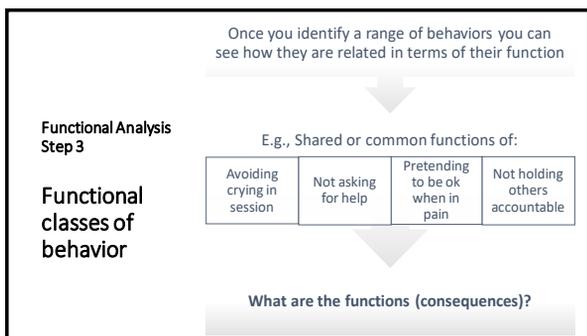
To clarify function, look for the payoff

- If a behavior is happening, it is because it is being reinforced or has been reinforced
- Reinforcers are not always obvious
- E.g., client: "But if I don't scream at my husband when he does that, then how will he ever know what my needs are?!!!"

Functional Analysis Practice

- Pairs – therapist & client
- Bring a client or yourself with an unworkable behavior
- Use role play to ask questions that reveal context, behaviors and functions
- 10 minutes for each round

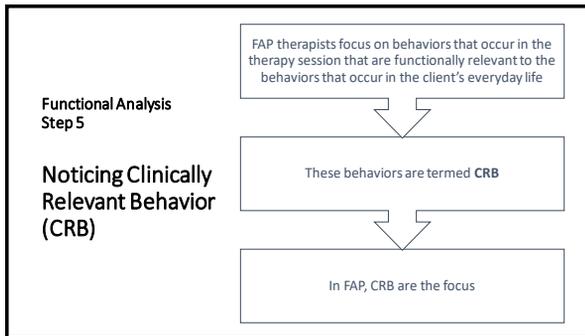
Practice not performance!



Functional Analysis Step 4

Defining Improvements Together

- Experimenting with new behaviors to see if they help alleviate the problem
- e.g., Practicing asking for help
- e.g., Being openly vulnerable with trusted others
- e.g., Setting limits
- e.g., Giving others the benefit of the doubt



FAP is:

- Intense, caring, relational, and evocative.
- It is often used to enhance the impact of other therapeutic approaches by increasing emotional intensity, interpersonal focus, and the quality of the therapeutic alliance

FAP Framework

- The FAP Model has a concise conceptual model rooted in behavioral theory
- Operationalized in five rules
- These five rules help therapists identify Clinically Relevant Behavior (CRB)
- Awareness, Courage, and Love (ACL)

Clinically Relevant Behavior (CRB)

(CRB) are behaviors that occur in the therapy session that are functionally relevant to the behaviors that occur in client's everyday life

- CRB1: Behaviors that occur in session that are related to the client's **presenting problem**
- CRB2: Client's behaviors that **improve** in session
- CRB3: Client's **interpretations, reasons** and **causes** of their behavior

Examples of common CRB1s

- Difficulty expressing needs
- Difficulty expressing or receiving positive feedback
- Having unreasonable expectations of others
- Being hard to track in conversation, constant talking
- Being totally compliant/deferential
- Unrealistic expectations for others
- Expecting others to fix their problems
- Avoiding closeness with others
- Inability to control emotions
- Inability to identify emotions
- Apologizing too much
- Blaming others
- Expressing emotion in a way that alienates others
- Constant complaining

EXERCISE: For each of the following client behaviors, identify:

1. Context where it functions as an CRB1 - we want to notice and improve it
2. Context where it functions as a CRB2 - we want to reinforce it
 - o client cries in session
 - o client says, 'You're an idiot'
 - o client says, 'Yes, I'll definitely do that. I feel so inspired'
 - o client says, 'You're a great therapist. This is really helping'
 - o client goes silent
 - o client says, 'This is a waste of time'

Five Rules of FAP

1. Notice-Watch for CRB (awareness)
2. Evoke CRB (awareness, courage)
3. Reinforce-Genuinely reinforce CRB (love)
4. Observe-Notice impact of therapist response to CRB (awareness)
5. Generalize-Provide functional interpretations (awareness)

The How of FAP – ACL!

- Current forms of FAP incorporate a model of social connection derived from social-cognitive research, neuroscience, and behavior analysis.
- 3 Inter-related behavioral processes
 - Awareness
 - Courage
 - Love



Targeted Awareness Skills

Mindful, present, increasing empathic connection

- Open hearted presence
- Drawing out, listening, and validation
- Acceptance and compassion
- Constructive conflict
- Self-care



Targeted Courage Skills

bold, honest, vulnerable, authentic, and kind

- Embracing vulnerability/risk taking
- Self-expression/self-disclosure



Targeted Love Skills

give and receive caring, compassion, appreciation, respect

- Positive reinforcement and shaping
- Different ways of expressing love
- Letting love in



In Plain English:

- Being real, direct, and authentic
- Saying what is hard to say
- Being strategic and skillful in application of the 5 FAP rules



Review

- Fusion and Avoidance
- Function & Context
- Functional Analysis
- CRB1 and CRB2
- 5 rules of FAP
- Awareness, Courage and Love (ACL)

Clinically Relevant Behavior (CRB)

- **(CRB)** are behaviors that occur in the therapy session that are functionally relevant to the behaviors that occur in the clients everyday life
 - **CRB1:** Behaviors that occur in session that are related to the client's presenting problem
 - **CRB2:** Client's behaviors that improve in session
 - **CRB3:** Client's interpretations, reasons and causes of their behavior

So, what does this look like in session?



Exercise

Life histories



Brief Life History

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

Exercise

- Non-dominant hand



Evoke Exercise

- 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

Five Rules of FAP

1. Notice-Watch for CRB
2. Evoke CRB
3. Reinforce-Genuinely reinforce CRB
4. Observe-Notice impact of therapist response to CRB
5. Generalize-Provide functional interpretations

This is functional analysis in the moment and in the therapeutic relationship

1. Notice CRB

- Awareness of behaviors and functions as they occur
- What's the context?
- What happens?
- And then what happens?
- Is this a behavior that is apt to show up in the client's life?

2. Evoke CRB

- Creating a context that evokes CRB
- Authenticity and compassion are key
- Can be daunting for the therapist

FAP Evokes in Session

- Evokes are used to bring CRB into the moment
- Evokes are strategic and sensitive to the client
- Evokes can range from subtle to disruptive
- Evokes can take different forms
 - verbal and non-verbal
 - invitations to notice or explore
 - therapist self disclosure
 - questions or requests

Examples

- (*Leaning forward*) Can we slow way down for this?
- What's it like to hear my feedback right now?
- What do you not want to talk about right now?
- What do you think I'm thinking/feeling?
- What do you need from me right now?
- I feel like it would help me connect with you if _____
- Is it hard to accept my appreciation of you?
- What do I do that disappoints you?
- Can you see if there's some hurt underneath this anger with me? Maybe explore that together?
- When I hear you talk about _____, I am so moved. It brings me to tears.

3. Reinforce CRB 2

- Responding in way that supports the CRB2 – authentic, strong, and individualized
- ACL reinforcement examples:
 - Wow, it sounds like you took a risk in sharing that with me - I really appreciate that.
 - I'm so touched by what you're saying.
 - I also feel really cared about when _____ .
 - You sharing so openly with me makes me feel connected to you.
 - I am simply bowled over that you were able to tell me that!

Reinforcement: Anything we add or subtract that keeps the behavior going.

4. Observe your effect

- Observing client's response to your attempt to reinforce
- Checking in verbally, in the moment and over time
 - *What was that like?*
 - *How was I responding to you today?*
 - *Is there anything that I am doing that's not helpful?*
- If not seeing more of the behavior, then you may not be reinforcing it
- What happens over time is more important than a single in-session event

5. Generalize

- In-to-Out and Out-to-in Parallels
 - When you say _____ I feel _____ .
Is that similar to how others respond?
 - Does that show up in here with me sometimes?
- Highlight in-session behaviors that could be used outside
- Assign Home Practice

Practice

- Pairs– therapist & client
- Bring a client or yourself with an unworkable behavior(CRB1) that shows up in session
- Use role play to ask questions, make observations, and evoke CRB1 and/or CRB2
- Practice giving feedback
- 10 minutes for each round

Practice not performance!

And what gets in *your* way?

- Therapist behaviors that interfere with or enhance therapeutic relationship and process
 - ❖ T1's and T2's
 - What are you afraid to say?
 - What do you do that gets in the way?
 - What's inside that?
 - **How are you aware? courageous? loving?**

Why FAP?

- Close relationships are central to mental health (Wetterneck & Hart, 2012)
- Loneliness and poor social connection represent a significant public health concern (Kessler, 2015)
- Increasing risk of death as much as excessive cigarette smoking
- More than excessive drinking and obesity (Holt-Lunstad et al., 2010)

Do you have any clients who have no interpersonal difficulties?

Contact

Holly Yates, MS LCMHC, Certified FAP Trainer
North Wake Counseling Partners
8524 Six Forks RD, Suite 101 Raleigh, NC, 27615
Phone: (919) 931-3270 hyates99@gmail.com
holly@northwakecounselingpartners.co

Miranda Morris, PhD Peer Reviewed ACT Trainer
DrMirandaMorris@gmail.com
DrMirandaMorris.com
240-350-2977

FAP/ACT Resources

- *Mastering the clinical conversation: Language as intervention*. Guilford Publications.
- *Functional analytic psychotherapy made simple: A practical guide to therapeutic relationships*. New Harbinger Press.
- *The ABCs of human behavior: Behavioral principles for the practicing clinician*. Oakland: Context Press.
- <https://functionalanalyticpsychotherapy.com/>
- <https://contextualscience.org/>

FAP research highlights:

- Immediate, in-session responding to CRB2s with natural reinforcement (FAP's mechanism of change) produces increases in target behaviors in and out of session
- Reduction in diagnostic symptoms across depression and anxiety disorders
- Increases in social connectedness
- Improvement in therapist skill at FAP is associated with reports of closer and more impacted relationships with clients
- Incremental improvement from adding FAP to other therapies and methods

References

- Bowen, S., Haworth, K., Grow, J., Tsai, M., & Kohlenberg, R. (2012). **Interpersonal mindfulness informed by functional analytic psychotherapy: Findings from a pilot randomized trial**. *International Journal of Behavioral and Consultation Therapy*, 7(2-3), 9-15.
- Busch, A. M., Busch, A. M., Callaghan, G. M., Callaghan, G. M., Kanter, J. W., Kanter, J. W., . . . Weeks, C. (2010). **The functional analytic psychotherapy rating scale: A replication and extension**. *Journal of Contemporary Psychotherapy*, 40(1), 11-19.
- Callaghan, G. M. (2006). **The functional idiographic assessment template (FIAT) system: For use with interpersonally-based interventions including functional analytic psychotherapy (FAP) and FAP-enhanced treatments**. *The Behavior Analyst Today*, 7(3), 357-398.
- Callaghan, G. M., Follette, W. C., Ruckstuhl, L. E., & Linnerooth, P. J. N. (2008). **The functional analytic psychotherapy rating scale (FAPRS): A behavioral psychotherapy coding system**. *The Behavior Analyst Today*, 9(1), 98-116.

- Gaynor, S. T., & Lawrence, P. S. (2002). **Complementing CBT for depressed adolescents with learning through in vivo experience (live): Conceptual analysis, treatment description, and feasibility study**. *Behavioral and Cognitive Psychotherapy*, 30(1), 79-101.
- Haworth, K., Kanter, J. W., Tsai, M., Kuczynski, A. M., Rae, J. R., & Kohlenberg, R. J. (2015). **Reinforcement matters: A preliminary, laboratory-based component-process analysis of functional analytic psychotherapy's model of social connection**. *Journal of Contextual Behavioral Science*, 4(4), 281-291.
- Hayes, S. C. (2016). **Acceptance and commitment therapy, relational frame theory, and the third wave of behavioral and cognitive therapies – republished article**. *Behavior Therapy*, 47(6), 869-885.
- Kanter, J. W., Kohlenberg, R. J., & Tsai, M. (2010). *The practice of functional analytic psychotherapy*. Springer.
- Kanter, J. W., Manbeck, K. E., Kuczynski, A. M., Maitland, D. W. M., Villas-Bôas, A., & Reyes Ortega, M. A. (2017). **A comprehensive review of research on functional analytic psychotherapy**. *Clinical Psychology Review*, 58, 141-156.
- Kanter, J. W., Schildcrout, J. S., & Kohlenberg, R. J. (2005). **In vivo processes in cognitive therapy for depression: Frequency and benefits**. *Psychotherapy Research*, 15(4), 366-373.

- Kanter, J. W., Tsai, M., Holman, G., & Koerner, K. (2013). **Preliminary data from a randomized pilot study of web-based functional analytic psychotherapy therapist training.** *Psychotherapy, 50*(2), 248–255.
- Kohlenberg, R. H., Kanter, J. W., Bolling, M. Y., Parker, C., & Tsai, M. (2002). **Enhancing cognitive therapy for depression with functional analytic psychotherapy: Treatment guidelines and empirical findings.** *Cognitive and Behavioral Practice, 9*(3), 213–229.
- Kohlenberg, R. J., & Tsai, M. (1991). **Functional analytic psychotherapy: Creating intense and curative therapeutic relationships.** Plenum Press.
- Landes, S. J., Kanter, J. W., Weeks, C. E., & Busch, A. M. (2013). **The impact of the active components of functional analytic psychotherapy on idiographic target behaviors.** *Journal of Contextual Behavioral Science, 2*(1-2), 49-57.
- Leonard, R. C., Knott, L. E., Lee, E. B., Singh, S., Smith, A. H., Kanter, J., . . . Wetterneck, C. T. (2014). **The development of the functional analytic psychotherapy intimacy scale.** *The Psychological Record, 64*(4), 647-657.

- Maitland, D. W. M., Petts, R. A., Knott, L. E., Briggs, C. A., Moore, J. A., & Gaynor, S. T. (2016). **A randomized controlled trial of functional analytic psychotherapy versus watchful waiting: Enhancing social connectedness and reducing anxiety and avoidance.** *Behavior Analysis: Research and Practice, 16*(3), 103-122.
- Manbeck, K. E., Kanter, J. W., Kuczynski, A. M., Fine, L., Corey, M. D., & Maitland, D. W. M. (2018). **Improving relations among conservatives and liberals on a college campus: A preliminary trial of a contextual-behavioral intervention.** *Journal of Contextual Behavioral Science, 10*, 120-125.
- Mangabeira, V., Kanter, J., & Del Prette, G. (2012). **Functional analytic psychotherapy (FAP): A review of publications from 1990 to 2010.** *International Journal of Behavioral and Consultation Therapy, 7*(2-3), 78-89.
- Miller, A. Williams, M.T., Wetterneck, C.T., Kanter, J., & Tsai, M. (2015). **Using functional analytic psychotherapy to improve awareness and connection in racially diverse client-therapist dyads.** *The Behavior Therapist, 38*(6), 150-156
- Ramnero, J., & Torneke, N. (2011). **The ABCs of human behavior: Behavioral principles for the practicing clinician.** Oakland: Context Press.

- Terry, C., Bolling, M. Y., Ruiz, M. R., & Brown, K. (2010). **FAP and feminist therapies: Confronting power and privilege in therapy.** In J. W. Kanter, M. Tsai, & R. J. Kohlenberg (Eds.), *The practice of functional analytic psychotherapy* (pp. 97-122). Springer Science + Business Media.
- Tsai, M., Yard, S., & Kohlenberg, R. J. (2014). **Functional analytic psychotherapy: A behavioral relational approach to treatment.** *Psychotherapy, 51*(3), 364–371.
- Tsai, M., Kohlenberg, R.J., Kanter, J.W., Kohlenberg, B., Follette, W.C., & Callaghan, G.M. (2009). **A guide to functional analytic psychotherapy: awareness, courage, love, and behaviorism.** Springer.
- Vandenbergh, L. (2008). **Culture-sensitive functional analytic psychotherapy.** *Behavior Analyst, 31*(1), 67-79.
- Villatte, M., Villatte, J. L., & Hayes, S. C. (2015). **Mastering the clinical conversation: Language as intervention.** Guilford Publications.
- Williams, M. T., Kanter, J. W., Peña, A., Ching, T. H. W., & Oshin, L. (2020). **Reducing microaggressions and promoting interracial connection: The racial harmony workshop.** *Journal of Contextual Behavioral Science, 16*, 153-161.