FAP is an intense, intimate and emotional behavior analytic therapy

therapeutic relationship is primary vehicle for client growth, hearts of both therapists and clients are touched, unforgettable relationships are created
therapists respond contingently to clients’ daily life problems and shape targeted behaviors in-session
contextual and principle driven, not protocol driven
an integrative approach that can enhance and supercharge almost any other type of therapy

pushes both clients and therapists to take risks and to grow
Contingencies
Of Survival and Reinforcement

you

Client

other

Therapist

Awakening Dream

FAP Presentation
Saturday
6:30pm-8pm  FAP Life History Exercise
Sunday
8:30am-10:30am FAP principles and video clips
Break 10:30-10:45
10:45-noon FAP principles and video clips (cont.)
Lunch noon-1:00
1pm - 2:30pm ACT and FAP (Barbara & Joanne)
2:30-3:30 Practice an ideal FAP Interaction [realplays]
Break 3:30-3:45
3:45-5pm Connection exercises; saying goodbyes
**Clinically Relevant Behaviors (CRBs)**

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

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

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**Exercise: Importance of Understanding Life Histories**

- Ties in with behavioral cosmology—at any moment we are at the end point of our stream of experience; points the way to how we can change.
- Helps us develop empathy and compassion (as well as understand why some people don’t have empathy and compassion).
- Helps us develop a client’s case conceptualization and CRB1s and 2s.
Brief Life History Exercise (~3 minutes)
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

"Loving ourselves through the process of owning our own story is the bravest thing we'll ever do.
Brene Brown

Potential Naturally Reinforcing Behaviors to Shape CRB2s
Speak from Your Heart
Less is More
- accurate empathic feedback or validation.
- Identify themes to make connections between seemingly disparate topics (e.g., difficulty in self-care, pain from loss, yearning for connection).
- Self-disclosure, including reactions, thoughts, or similar feelings or experiences in response to what was shared.
- Use imagery or metaphor.
- Nonverbal or body language indicating interest, attentiveness or caring, including physical touch.
- Vulnerable and genuine emotional reactions, including tears.

What are your CRBs in this workshop?

<table>
<thead>
<tr>
<th></th>
<th>CRB1s(?)</th>
<th>CRB2s(?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness</td>
<td>Distracted, ruminating, not attending to others, not knowing what I'm feeling</td>
<td>Non-judgmental, mindful expansive awareness of self, others, context</td>
</tr>
<tr>
<td>Courage</td>
<td>Impulsive, quiet/withdrawn, avoidant</td>
<td>Genuine, engaged, speaking from my heart, value-driven, willing</td>
</tr>
<tr>
<td>Love</td>
<td>Self-focused, unempathic, careless, withholding</td>
<td>Empathic, loving, courageous, willing, attuned</td>
</tr>
</tbody>
</table>
Self-assessment

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

Assignment (try to complete by 1pm Sunday)

Take an interpersonal risk (in person, via phone, email, text, skype etc.) that will bring you closer to someone—express a regret or apology, gratitude, appreciation, love, longing for more connection, etc.—something that feels vulnerable as you speak from your heart. Be prepared to report to your table what happened.

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

<table>
<thead>
<tr>
<th>CRB1s</th>
<th>CRB2s</th>
</tr>
</thead>
<tbody>
<tr>
<td>problem behaviors in session</td>
<td>improvement behaviors in session</td>
</tr>
</tbody>
</table>

While sometimes cumbersome, functional contextual language helps clarify what we are trying to do and why it matters.

- Discrimination of one’s behavior as well as it its impact on others
- Noticing what responses may be reinforcing or punishing (function)
- Recognizing two different behaviors as part of a functional class (generalization)
- Engaging in behaviors that may not be immediately reinforced but are aimed toward reinforcing more effective responses and repertoires (attempts at goal)
- Not only escaping aversive states (negative reinforcement)
- Creating a context to evoke more effective behaviors

Awareness

Courage

Love

- Providing positive reinforcement
- Withholding reinforcement when it sustains ineffective responding
- Creating a context where clients can generate new behaviors
**FAP asks**
Can we live with courage to try new, bold behaviors to experience and share profound emotions of compassion and love with others in the service of a rich and meaningful life?

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

**Origins of FAP**
- In our experience as practicing behavior therapists, some of our clients showed remarkable, transforming changes – beyond the goals of therapy.
- These cases always involved an emotionally intense therapeutic relationship...
- And typically focused on intimacy related problems (Implicated in almost every disorder)

**How Does Psychotherapy Work?**

Mavis Tsai, Ph.D
Robert J. Kohlenberg, Ph.D., ABPP
faptherapy.com
Our Answer is based on Functional Analysis

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

Behavior Analytic Concepts:
Three Therapeutic Change Agents
There are only three ways a therapist can affect a client:

1. Evoking Client Bx
   (by presenting or being Discriminative Stimuli - $S^D$)
2. Eliciting Client Bx
   (by presenting Conditioned Stimuli for respondent behavior)
3. Consequate Client Bx
   (Reinforce, punish & extinguish)

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

These functions will have their strongest effects on in-session client behavior

Three Therapeutic Change Agents:
#1) Evoking Client Behavior
The therapist makes suggestions, 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...

She sounds just like my mother!

presents CS for the client...
Three Therapeutic Change Agents: #3) Reinforcing Behavior

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

Reinforcement

Improvement

The time-space relationship

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

Example: Reinforcing a client for improvement immediately after it occurs in session vs. reinforcing a client for an improvement that occurred earlier during the week.

We’re constantly shaping our clients’ behavior (e.g., thinking, feeling, interpersonal relating)

- Reinforcement occurs whether or not we are aware of it.
- Therapists and clients inevitably and naturally shape each other’s behavior.
- This usually occurs outside of awareness.

Functional Analysis

Function vs. Form of behavior
- Client behaviors are grouped together based on similar antecedents and consequences and their function or the purpose they serve, with specific form or appearance varying from client to client.

Many behaviors can belong in the same functional class, but look very different
- Example: making jokes, missing sessions, not sharing feelings, focusing on anger instead of hurt, may all belong to the functional class of distancing others.
That's it, Dr. Linehan, I'm quitting therapy because you can't spend enough time with me.

Well I'm certainly not going to spend more time with you if you keep treating me like this!

That's the first time you ever told me the feelings that make you think about quitting, so let's talk about our time arrangements.

Shape function, not form (match expectations to your client's current behavioral repertoire)

Mavis Tsai, Ph.D
Robert J. Kohlenberg, Ph.D., ABPP
faptherapy.com
A Typical FAP Therapeutic Interaction

The therapist's actions reinforce (and punish and extinguish) client behavior (includes believing, and being intimate) right now, in-vivo, in the here and now! Also known as operant conditioning and the result is contingency shaped behavior (Core Beliefs).

Rule 1: Therapist has noticed a CRB2

What you just said makes me feel closer to you.

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

* Client took a risk and emitted an intimate response

Risk

Rule 3: Therapist has taken a risk and reinforced a CRB2

Underlying Unconscious Process has been affected

CRB 2

Rule 1: Watch for CRBs

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

CRB1 OR CRB2??

- How might the client’s request be a CRB1 or CRB2 - what is the client’s daily life problem? Use the case conceptualization as a guide.
- What was the immediate contingency? Was the CRB strengthened or weakened?
- From an reinforcement standpoint, what therapist activities are therapeutic? (T2?) Counter-therapeutic (T1)?

CRB1s and 2s are Contextually Defined

- Examine your own and your clients’ perceptions and experiences of race, gender, class, sexual orientation and other differences.
- Be aware of how oppression influences access to, perceptions of, and outcomes in therapy.
- Empower clients through an appreciation of historical and sociopolitical realities that impact their experiences.
- Develop interventions that focus on cultural and social orientations of individuals and clients and affect on others.
- Identify inherent assumptions on functions of language in therapy and role learning for visiting.

QUESTIONS:
- What potential CRB1s and 2s do you notice?
- How can you tell?
- See any behaviors that could be both 1s and 2s?
“ADDRESSING” model*

- Age
- Disability
- Developmental
- Religion
- Ethnicity
- SES (socioeconomic status, inc. occupation, education, income, rural or urban, family name)
- Sexual orientation
- Indigenous heritage
- National origin (immigrant, refugee, international student)
- Gender

*Hays, 2001

Examples of Racial Microaggressions

<table>
<thead>
<tr>
<th>Theme</th>
<th>Microaggression</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>Color blindness. Statements which indicate a white person doesn’t want to acknowledge race.</td>
<td>“When I look at you, I don’t see color.” “There is only one race, the human race.”</td>
<td>Your racial/ethnic experiences are not important or valid.</td>
</tr>
<tr>
<td>Denial of racial biases.</td>
<td>“Race doesn’t affect how I treat you.” “I have Black friends.” “As a woman, I know what you go through as a racial minority.”</td>
<td>I am immune to racism. Your racial oppression is no different than my gender oppression.</td>
</tr>
<tr>
<td>Myth of meritocracy. Statements which assert that race does not play a role in succeeding in career advancement or education.</td>
<td>Therapist tells a Black student that “if you work hard, you can succeed like everyone else.”</td>
<td>If you don’t succeed, you have only yourself to blame (blaming the victim).</td>
</tr>
<tr>
<td>The notion that the values and communication styles of the white culture are ideal.</td>
<td>A client of Asian or Native American descent has trouble maintaining eye contact. The therapist diagnoses him with a social anxiety disorder.</td>
<td>Leave your cultural baggage outside.</td>
</tr>
</tbody>
</table>

Watching for CRBs in this Workshop

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

Rule 2: Evoke CRBs [Courage]

- Treatment as usual will naturally evoke CRBs
  - e.g., setting agendas, therapist “mistakes”, assigning homework
- You also can intentionally prompt CRBs via...
  - Constructing therapeutic environment that evokes intimacy-related CRBs (“sacred” space)
  - Presenting a rationale that is evocative (e.g., the “FAP rap”)
  - Bringing client issues into the therapeutic relationship
  - Therapist self-disclosure: speaking your truth in ways that best serve your client’s growth
  - Experiential work and exercises from any orientation (e.g., ACT exercises, free association, non-dominant handwriting) but bring it back to the therapeutic relationship (e.g., “how does it feel that I asked you to do this with me?”)
Creating a “Sacred” Space

- Dedicated, set apart, exclusively appropriated to some person or some special purpose.
- Protected by some sanction from injury or incursion.
- Devoted to some purpose, not to be lightly intruded upon or handled.

Experiential Exercise

Non-Dominant Hand Writing

- I feel
- I need
- I long for
- I’m scared
- I’m struggling with
- I dream of
- I pretend that
- It’s hard for me to talk about/it’s hard for me to tell you
- If I had the money I would
- If I had the courage I would

A FAP pre-session greeting meditation

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

Sit in comfortable position, take a moment and the notice your breath. Now imagine yourself at the front of the stream that is your history that has shaped who you are. These historical experiences include not only what just happened a few minutes ago but also the events of yesterday, your therapist training, and your childhood. Now become aware of your client on the other side of the door who also is at the front of his/her stream of experience that has shaped who s/he is and what s/he will do and feel today. Remind yourself that your client is suffering, has hopes and dreams, has come to you believing you can help. Remind yourself of how powerful and healing your awareness of CRB can be. Be aware of the FAP case conceptualization. Try to construct a therapeutic environment that increases your awareness of and evokes and nurtures CRB2. Now, both of you at this moment are about to have an encounter.

Rule 2: Evoking CRBs

Video Clips

- What evocative therapist behaviors do you notice?
Rule 3: Naturally Reinforce CRBs
[therapeutic Love]

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

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

Solutions to the Reinforcement Conundrum—(we say reinforcement is the primary mechanism of change, but if you try to reinforce, it may backfire)

• Consider how the therapy relationship is similar to other significant relationships in your client’s life.
• Assess how your emotional responses to your client may be similar to those of others in your client’s life.
• Use strategic self-disclosure and amplify your feelings to increase their salience.
• Do your personal work so that you are an aware, courageous and naturally reinforcing person in general.

Responding to CRB1s
(client in-session problematic behaviors)

• Example: CRB1 for a particular client saying “I don’t know” in response to therapist asking “What are you feeling?” [Please note this may be a CRB2 for some clients!]
• Ignore.
• Re-present stimulus in a different way. [e.g., “Are you noticing any sensations in your body?”]
• Block. [e.g., “I feel distanced when you don’t respond.”]
• Prompt and shape a CRB2. [e.g., “How about if I name some feelings and you pick one that seems to fit?”]
• Address after a CRB2 is emitted later in session or in another session. [e.g., I really feel connected when you tell me how you’re feeling. Is there something I’m doing differently now that’s helping you name your feelings?]

• Therapist disclosure that’s naturally reinforcing (Rule 3) may also evoke CRB (Rule 2).

I feel especially close to you right now because you’re being so vulnerable with me.

Examples of CRB 
this could evoke?!)
Commonly used interventions can be inadvertently counter-therapeutic when therapists either:

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

Rule 4:
Notice Your Effect on the Client

- Micro Level: what is the client’s immediate response to your intervention (did the shaping work in the short-term)?
- Macro Level: has your shaping program effectively strengthened CRB2s?
- Be aware of T1s (Therapist in-session problem behaviors) and T2s (Therapist in-session target behaviors) (your T1s and T2s may differ from client to client).

Develop yourself as an instrument of change (assessment of your T1s and T2s)

"Never, never lie to yourself, don’t lie to others, but least of all to yourself"
-Dostoevsky

- 1) What do you tend to avoid addressing with your clients?
- 2) How does this avoidance impact the work that you do with these clients?
- 3) What do you tend to avoid dealing with in your life? [tasks, people, memories, needs, feelings, e.g., longings, grief, anger, sadness, fears, be specific]
- 4) How do your daily life avoidances impact the work that you do with your clients?
- 5) What are specific T2s you want to develop with each client based on the case conceptualization?
Rule 5: Provide functional interpretations of client behavior and implement generalization strategies.

Interpretations function as rules to increase contact with existing contingencies. Comparisons between in-session and daily life events will facilitate generalization of in-vivo improvements.

Can training therapists in FAP improve outcomes?

4 Experienced Cognitive Therapists (CT)  
\( n = 15 \)

FAP Enhanced CT (FECT)  
\( N = 23 \)

236 comparison

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

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

THERAPIST

When we started therapy it was difficult for you to relate to the people in your life, including me. It seems like over time you've come to trust me, and have become more comfortable and closer. How has this change in our relationship mirrored your relationships with others?

THERAPIST

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

THERAPIST

I'm wondering if the helplessness you feel in your relationship with your husband ever shows up in your relationship with me?

THERAPIST

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

CT as usual- Focus on daily life

CT as usual- Focus on daily life

I'm wondering if the helplessness you feel in your relationship with your husband ever shows up in your relationship with me?

Daily Life Focus Turn (not an in-vivo “hit”)

Therapy Focus Turn (in-vivo “hit”)

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CT as usual- Focus on daily life

I'm wondering if the helplessness you feel in your relationship with your husband ever shows up in your relationship with me?

Daily Life Focus Turn (not an in-vivo “hit”)

Therapy Focus Turn (in-vivo “hit”)

Cumulative “In-Vivo” hits by therapist and condition

Cumulative “In-Vivo” hits by therapist and condition

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(Kohlenberg, Kanter, Bolling, Parker, & Tsai, 2002)
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 show improvements for (each five turn increment) in the following week.

FAP Courage:

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

Kanter, 2015

Practice Using All 5 Rules in One Interaction

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

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

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

Kanter, 2015

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Post-exercise assessment

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

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

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

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Interpersonal vs. Intrapersonal Mindfulness Study

![Graph showing data analysis](image)

\( F(2,111) = 6.03, \quad p = .003, \quad \eta^2 = .086 \)
Social Relationships
(a continuum intimate, family, loving, romantic, friendship)
and Public Health

- High lifetime incidence of DSM disorders
- High demand for treatment
- High rates of divorce, sexual concerns, abuse, violence, prejudice
- Some extremely destructive behaviors, like suicide, are very common

Quality of social relationships predicts all of this


- Results: Across 148 studies (308,849 participants), the random effects weighted average effect size was OR = 1.50 (95% CI 1.42 to 1.59), indicating a 50% increased likelihood of survival for participants with stronger social relationships. This finding remained consistent across age, sex, initial health status, cause of death, and follow-up period.
- Conclusions: The influence of social relationships on risk for mortality is comparable with well-established risk factors for mortality
Augmental Pilot Study

- Change in MAAS (mindfulness) $t(45) = -1.707, p=.095$
- Change in Neff Compassion Scale $t(45) = -2.597, p=.013$
- Change in IRI (interpersonal reactivity index) $t(45) = 3.461, p=.001$
- Change in FAPIST (fap intimacy scale) $t(45) = 8.444, p<.001$
- Change in Norton Courage Scale $t(45) = 1.281, p=.207$

Connection Exercises; Good goodbyes

1) Augmental: if we could see in the hearts of others ...
2) Walking meditation
3) Partner exercise
   Libby Roderick song “How could anyone?”
   a) As “giver”—behold your partner with reverence as if you were singing the words of the song to him/her.
   b) As “receiver”—take in what your partner is communicating to you nonverbally.
   c) Switch roles.

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

- Awareness
- Courage
- Love

Are you willing to take risks in the service of what truly matters in this moment?
Are you able to be truly loving in response to your partner’s, and your own, risks?

Good Goodbyes—
One Minute Speaking from the Heart

Go to as many people as you can in this room who have touched you at this workshop. What words of appreciation and love would you say if this were the last time you would ever see this person? What thoughts, sensations, feelings, images, memories arise? The time limit makes you get to the heart of what is most important to convey.

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

- FAP is difficult to do.
- Be aware of cultural biases.
- Do not continue a non-beneficial treatment.
- Be controlled by reinforcers that are beneficial to your clients.
- Continually update client case conceptualization.
- Create a therapist case conceptualization.
- Have client target behaviors in your own repertoire.

CONCLUDING THOUGHTS

Planning treatment and conducting therapy are not about just implementing ESTs, 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 fairy-tale. When you take risks and speak your truth compassionately, you give to your clients that which is only yours to give: your unique thoughts, feelings, and experiences. By so doing, you create relationships that are unforgettable. When you touch the hearts of your clients, you create a legacy of compassion that can touch generations yet unborn.

Further Training or Stay in Touch

8 week FAP online group Feb. 23rd-April 13th, 12pm-1:45pm PST

Seattle FAP Intensive May 28th-31st

mavist@gmail.com
Sign up sheet to join FAP Facebook