

**A Guide to Functional Analytic Psychotherapy:
Awareness, Courage, Love, and Behaviorism.**

Mavis Tsai, Robert J. Kohlenberg, Jonathan W. Kanter, Barbara Kohlenberg, William C. Follette, & Glenn M. Callaghan. Springer (www.springer.com) 2009, 256 pages, (Hardcover). List price: \$59.95

A Guide to Functional Analytic Psychotherapy is an important recent contribution to the cognitive behavioral literature. Since the initial publication of Kohlenberg & Tsai's (1991) *Functional Analytic Psychotherapy*, FAP has developed a strong following among therapists interested in the relational and interpersonal aspects of psychotherapy and human functioning, yet who are too strongly committed to testable hypotheses and integration with basic science to forego their behavioral roots. FAP is a comprehensive, ground-up approach to behaviorally conceptualizing therapist behavior within sessions to create optimal contingencies for client change and treatment implementation. The uniqueness of FAP lies in the recognition that no specific therapist behavior will serve to heighten intimacy and trust in the therapeutic relationship when provided by therapists that differ by appearance, gender, ethnicity, or temperament; genuine behaviors arise from contingent responses to client behavior, and a mindful awareness of which client behaviors require a response. For this reason, there is a certain difficulty in capturing the sense of a FAP intervention due to the importance of both the functional assessment and the therapist's use of her own style and self as an instrument of change; for example, a disclosure of a clinically relevant personal loss will vary by therapist (e.g., Tsai et al., 2010), and a reaction that one client perceives as warm or encouraging by one therapist might sound strained or disingenuous coming from a different clinician. Though increasingly labeled a "third wave" behavioral therapy, FAP is fundamentally grounded in the Skinnerian tradition of a strong behavioral assessment (i.e., the titular functional analysis) of the client's interpersonal repertoire as experienced by the therapist.

Functional assessment within FAP hinges on the accurate identification of clinically relevant behaviors (CRBs). For example, CRB1s refer broadly to problematic behaviors or behavioral patterns – the presenting problems that have led a client to therapy – that occur in session, whereas CRB2s refer to change behaviors in the desired direction. Therapist attunement to CRBs and therapist ability to respond effectively to naturally reinforce CRB2s and to recognize and effectively respond to CRB1s is the heart of FAP. FAP challenges the clinician to think specifically about the relevance of CRBs to the interpersonal relationship, which might lead to interactions that do not fit classic images of behavioral therapy. For example, a client might express that he is experiencing difficulty interpreting and labeling his emotions and internal states, and a sense of disconnection from his desires or values. When this client arrives to session and mentions a strange dream, the FAP therapist might choose to explore this dream in session as an opportunity to reinforce the CRB2s of noticing, attending to, and labeling private events. Again, a functional analysis is central, as discussing one's dreams may or may not belong in the same behavioral class as the target CRB given a particular client's history. A FAP therapist would track subsequent behavior to determine if discussing dreams increases subsequent attention and labeling of one's emotions or other private events, and as this behavior increases the FAP therapist could apply shaping to extend interest in private events to more

specific CRB2s of interest, such as accurate noting and labeling of his emotions and emotion regulation strategies, while paying strict attention to the impact of the clinician on this CRB, and promoting generalization between the client's experience in-session and outside of session. In this example, this type of interaction might be done in conjunction with more traditional psychoeducation and behavioral practice.

As noted in the chapter by Baruch et al., the evidence-base for FAP is largely drawn from basic research on contingent learning and rule-governed behaviors. Since the 1991 volume, however, a number of studies have provided support for the efficacy of incorporating FAP in order to enhance the effectiveness of existing empirically supported treatments, including: cognitive therapy for depression (e.g., Kohlenberg et al., 2002), DBT-FAP for Personality Disorder NOS (Wagner, 2005), and FAP-ACT in cases of fibromyalgia (Queiroz & Vandenberghe, 2006), anorgasmia (Oliveira-Nasser & Vandenberghe, 2005), and exhibitionism (Paul, Marx, & Orsillo, 1999). Baruch et al. also cites a number of case studies evaluating FAP as a standalone treatment for a wide array of diagnoses, though randomized-controlled studies are sorely needed. In the sole randomized, controlled trial of FAP, Gifford et al.'s et al.'s (2008) compared ACT and FAP to Nicotine Replacement Therapy. All three conditions demonstrated equivalence at post-treatment, and equivalent maintenance between FAP and ACT at one-year follow up. FAP studies have increased in volume over the past decade, however, which suggests an active expansion of its evidentiary base.

The FAP therapist is encouraged to actively observe the impact of her own behavior on CRBs, and to self-identify T1s and T2s (therapist problem behaviors and therapist behaviors that increase desired behaviors, respectively). These may be identified in a number of ways: a therapist might receive feedback during supervision or consultation of behaviors that appear to be T1s or T2s by their colleagues, or they might be defined functionally. Functionally defined T2s would include behaviors a therapist engages in – parenthetical asides, original metaphors, a compassionate gaze – that appear to increase the likelihood of CRB2s reoccurring in-session across multiple clients, and the therapist should attempt to increase her use of these behaviors.

This volume fulfills two major needs for the dissemination of FAP to a larger audience. First, given the successful dissemination of approaches such as Dialectic Behavioral Therapy or Acceptance & Commitment Therapy that apply cognitive behavioral approaches to problems of the self, relationships, and the existential difficulties of life, this newer volume is able to treat the applicability of cognitive behavioral therapies to these matters as established and to plunge directly into the heart of how therapists might apply FAP and enhance the impact of the therapeutic relationship on treatment outcomes, whereas the original volume was still largely dedicated to presenting the utility of a functional analysis of intrapersonal processes. Kohlenberg et al.'s chapter on the FAP conceptualization of the self and mindfulness highlight the value of integrating FAP into cutting-edge therapies. Second, psychologists in training or in established practice notice and are affected by the interpersonal aspects of therapy, and few published manuals provide for a deep understanding of the multilayered interactions between therapist and client that are theoretically consistent with basic principles of behaviorism. FAP provides a strong, relational space to build and strengthen therapeutic alliance, explore and assess relevant contingent responses, and allows the therapist to explore the therapeutic relationship without straying from a cognitive behavioral treatment rationale. Though not covered in this volume, novel methodologies are beginning to support the assertion that FAP-consistent contingent responding within sessions uniquely impacts interpersonal function and the therapeutic alliance (Maitland & Gaynor, 2012).

Further, words such as “courage” and “love” are rarely associated with radical behavioral interventions. Tsai, Kohlenberg, Kanter and colleagues successfully argue that these central aspects of the human experience can be operationalized, subjected to contingencies (as any behavior targeted in treatment might be), and shaped through the genuine, non-contrived responses of the therapist. Further, compared to the 1991 volume, this text highlights the importance of the FAP therapist herself engaging in the difficult and emotional experience of being interpersonally courageous, loving, and present with her clients.

The power of applying the rigor of a behavioral lens to interpersonal functioning shines brightest in Kohlenberg, Kohlenberg, & Tsai’s chapter, “Intimacy.” This appears to be the crux of what FAP contributes to the canon of applied behavioral analysis. As laid forth by the authors, intimacy matters in therapy, first and foremost, because it is clinically important. Not only does a desire for human intimacy drive many of our clients to treatment, many of our clients also seek guidance into how to express and learn to experience intimacy in their own lives, and we can provide a taste of this kind of relationship in session. Intimacy involves mutuality, which requires both strong ethical grounding in the clinician, as well as a willingness to be with one’s own difficult emotions in session without compromising client care. Ultimately, the type of genuine, meaningful interactions that naturally reinforce CRB2s in our clients and create strong, intimacy eliciting contingencies in session require a therapy that encourages and fosters a connection between the therapist and the client.

A Guide to Functional Analytic Psychotherapy is ideal for clinicians with a strong personal commitment toward evidence-based care who have struggled with how best to respond to the interpersonal demands of the therapeutic encounter. FAP manages to distill genuineness, compassion, and intimacy to their operational core without removing any of the “magic” of interpersonal closeness. That said, while this book is a helpful guide, for a clinician wishing to fully embody FAP in her clinical practice the *in vivo* experience of FAP consultation or training would be the next step.

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