

Commentary

Introduction to Using Structured Evocative Activities in Functional Analytic Psychotherapy

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Functional Analytic Psychotherapy (FAP) focuses on what happens in session between clients and therapists in order to create more intense and curative therapeutic relationships. FAP may be used as a stand-alone treatment or as an adjunct to other therapies in order to maximize therapeutic gains through strengthened alliance and differential reinforcement. When it fits within a client's case conceptualization, FAP clinicians often choose to use structured, evocative activities to progress therapy at a faster pace. This article provides a rationale for using structured evocative activities in FAP with concrete examples to facilitate clinicians' implementation of the exercises.

FUNCTIONAL Analytic Psychotherapy (FAP; Kohlenberg & Tsai, 1991; Tsai et al., 2009), derived from radical behaviorism, focuses on the creation of a deep, intense, and meaningful relationship between therapist and client as the primary means to effect behavior change. FAP may be used as a stand-alone treatment or as an adjunct to other therapies in order to maximize therapeutic gains through strengthened alliance and differential reinforcement. At the core of FAP is a focus on clients' *clinically relevant behaviors* (CRBs; i.e., clients' in-session occurrences of behavior that parallel those occurring in daily life). Therapeutic gains occur through blocking problem behaviors, labeled CRB1s, and contingently reinforcing goal or improved target behaviors, known as CRB2s. In essence, FAP provides guidelines to help therapists notice and evoke CRBs, to naturally reinforce CRB2s, and to make behavioral interpretations and assign homework so that positive changes in-session can generalize to clients' daily lives (Tsai, Callaghan, & Kohlenberg, 2013; Tsai, Kohlenberg, Kanter, Holman, & Plummer Loudon, 2012). Structured evocative activities can be used to

quickly increase intimacy between therapist and client through shared vulnerability and experience. They also can be used to specifically evoke CRBs, allowing therapists to use differential reinforcement to shape the evoked in-session behaviors, and ultimately move clients closer to their articulated goals.

FAP and FAP-enhanced treatments have been found to be effective for a range of problems, including major depression (Kohlenberg, Kanter, Bolling, Parker, & Tsai, 2002), smoking cessation (Gifford et al., 2011), anxiety disorders (e.g., panic disorder: Lopez-Bermudez, Garcia & Calvillo, 2010; OCD: Mendes & Vandenberghe, 2009), a variety of personality disorders (e.g., Callaghan, Summers & Weidman, 2003), and interpersonal issues (Rabin, Tsai, & Kohlenberg, 1996; Vandenberghe, de Oliveira Nasser, & Silva, 2010). While research in FAP is growing, clinicians may still find elusive how to concretely integrate or implement FAP interventions that center on the therapist noticing, evoking, and responding effectively to client problems (i.e., CRB1s) and improvements (i.e., CRB2s) as they occur in-session.

As FAP has evolved, emphasis has increased on using structured, evocative activities to accelerate progress (Tsai, Fleming, Cruz, Hitch, & Kohlenberg, in press). These activities can be particularly useful for clinicians working in settings requiring time-limited therapy. FAP is an integrative therapy that utilizes varied interventions, but the bottom line is that attention is given to whether

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client CRBs are evoked and what will naturally reinforce client progress; thus, any procedure that evokes CRBs is potentially useful. Effective evocative techniques also help clients contact and express feelings and thoughts they may typically avoid. This article provides a rationale for using structured evocative activities in FAP and concrete examples to facilitate clinicians' implementation of the exercises.

Introduction to Structured Evocative Exercises

FAP is built upon the understanding that in-vivo emotions and interactions within a strong therapist-client relationship create personal growth via therapist contingent natural reinforcement of client target behaviors. In FAP, clients gain an understanding of the function of their behaviors and practice more effective behaviors. Structured evocative activities can be used to strengthen the therapeutic alliance and quickly evoke CRBs in session.

Evocative activities can be used once, repeatedly, or every session to address particular CRBs. Ongoing evocative activities often take less time during each session with the purpose of practicing a particular improvement until it becomes ingrained. Full-session evocative activities, that can be single or multiple use, often last the majority of a 50-minute session and are designed to evoke specific CRBs that might not spontaneously emerge.

Clinician awareness is the backbone of recognizing when an exercise is evocative. Evoked behaviors are often subtle or overlooked if clinicians do not have a thorough understanding of their clients' CRB1s (in-session problem behaviors associated with daily life issues) and CRB2s (in-session target behaviors reflective of daily life goals). As such, prior to effective implementation of structured evocative activities, clinicians must first establish a clear case conceptualization for each client, including a detailed understanding of their clients' CRB1s and CRB2s. Identification of target CRBs is an iterative process that should be discussed collaboratively with clients.

When suggesting evocative activities, clinicians must know which specific CRBs they are targeting and how clients' in- and out-of-session behaviors will be affected. For example, a client identifies that he has difficulty effectively giving and receiving positive feedback in his personal and professional interactions. Before a structured evocative activity is chosen, the therapist and client should collaboratively identify the CRB1s the client engages in that decrease his effectiveness in giving and receiving feedback (e.g., avoiding eye contact, making jokes, shutting down) and potential CRB2s that could increase effectiveness (e.g., direct eye contact, remaining emotionally connected, staying open). Once these CRBs have been identified, the therapist can suggest a structured evocative activity (e.g., "appreciations"; see below) that targets giving feedback in-session. This chosen

activity will likely evoke the client's CRBs and give the therapist an opportunity to block the client's CRB1s and reinforce his CRB2s.

It is not expected that any or all structured evocative activities will be appropriate or used with every client. Instead, these strategies are suitable for a client whose case conceptualization would indicate their utility and must be tailored to each client's needs, vulnerabilities, and ability to tolerate emotional responses if evoked. These activities are specifically designed to stretch a client's repertoire and pull for more adaptive behaviors. As such, they are likely to be uncomfortable or anxiety provoking at first. It is recommended that clinicians first try these activities themselves before implementing them with clients to better understand their effects. To ensure successful implementation, these activities first should be tried in the context of consultation or supervision with a behaviorally trained therapist who can help conceptualize the function of client behaviors and the effectiveness of reinforcing or blocking.

Examples of Ongoing Evocative Activities

Session Bridging Questionnaire

A session bridging form, typically given to clients after every session (see Appendix D in Tsai et al., 2009), asks clients to share their candid responses in order to maximize the effectiveness of the therapy. Questions address content similar to Beck's (1995) cognitive therapy session bridging questions, as well as extensions focusing on interpersonal risks clients take in and outside session: *What stands out to you about our last session? Thoughts, feelings, insights? What would have made the session a more helpful experience? Anything you are reluctant to say or ask for? What issues came up for you in the session/with your therapist that are similar to your daily life problems? What risks did you take in session/with your therapist or what progress did you make that can translate into your outside life?* These questions can be evocative in that they continually ask clients to comment on in-session behaviors, invite them to take emotional risks and give honest feedback, and bring more overt awareness to how in-session behaviors are linked to daily life goals.

Appreciations and/or Grumps and Gripes

For clients who may have difficulty giving or receiving effective positive and negative feedback, each session can end with "appreciations" and/or "grumps and gripes." This technique is also helpful in teaching clients the power of positive and negative reinforcement. During "appreciations," therapist and client give specific feedback on behaviors that occurred during the session they would like to see increase, during "grumps and gripes," on behaviors they would like to see decrease. After feedback is given, the receiver of the feedback is asked to

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