

A Logical Framework for Functional Analytic Group Therapy

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Functional analytic group therapy (FAGT) is based on the idea that, in effective group therapy, the problems clients seek treatment for actually happen in the interaction with other group members, which allows the therapist to assess the problems and do therapeutic work on them in vivo. This paper proposes a logical framework that describes interpersonal sequences in which functional analytic principles help harness natural exchanges among group members for effective therapy. The sequences typically start when group interaction poses difficulties to which the client responds with clinically relevant behavior, either his or her usual problem behavior or improved target behavior. Effective exchanges in the group naturally weaken the problem behavior and reinforce target behavior. The group is an ineffective agent when it reinforces problem behavior or weakens target behavior. The FAGT therapist continuously assesses and, when needed, improves group interaction patterns by weakening ineffective group patterns and shaping effective exchanges in the group. The article provides examples of these logical sequences and offers recommendations about making groups more therapeutically effective.

FUNCTIONAL analytic group therapy (FAGT) is an offshoot of functional analytic psychotherapy (FAP; Kohlenberg & Tsai, 1987; Tsai, Kohlenberg, Kanter, Holman, & Loudon, 2012), an interpersonally focused behavioral psychotherapy based on the functional analysis of the client's behavior in session and his or her parallel daily life behavior. The FAP therapist starts building a case conceptualization by identifying functional classes of behavior that happen outside (O) the session, problem behavior in the client's daily life outside the session (O1), and improved target behavior that would help the client achieve his or her goals (O2). However, treatment proceeds by the therapist's contingent responding to the client's clinically relevant behavior as it happens in session. The proposed mechanism consists of weakening type 1 clinically relevant behavior (CRB1), referring to in-session samples of problem behavior, and reinforcing type 2 clinically relevant behavior (CRB2), being healthier alternatives as they occur in session (see Table 1 for typical FAP and FAGT abbreviations).

The interaction that unfolds during the therapy hour provides a space in which therapist and client work on developing better ways of dealing with the client's difficulties as he or she experiences them in session. Instead of using contrived reinforcement, the therapist allows his or her actual reactions that naturally emerge in

a genuine, personal relationship to respond to the clinically relevant behavior. The therapist who is real and transparent will be most effective in weakening the in-session problem behavior that matches the client's daily life problem pattern and strengthening healthier alternative behavior in session that is functionally equivalent to new daily life behavior expected to contribute to clinical improvement.

Weeks, Kanter, Bonow, Landes, and Busch (2012) have the logical sequence for FAP begin when the conversation focuses on daily life treatment targets and subsequently identifies functional similarities between daily life and in-session behavior. An out-to-in parallel becomes evident, when typical behavior of the client out in the world generalizes into the session. This first parallel provides leverage for therapeutic intervention focused on in-session behavior. The therapist evokes clinically relevant behavior; responds contingently to it, shaping in-session improvement; assesses how the interaction with him or her affects the client; and, once strong in-session improvement is developed, in-to-out parallels are identified to support generalization to the intended improvement in daily life. This second type of parallel refers to functional similarities between the gains the client realized in session and the daily life situations where the improvements will be helpful.

Although FAP emerged as an individual treatment approach, several authors have described applications to groups. Besides capitalizing on the FAP principle that interpersonal relations evoke in-session clinically relevant behavior, group approaches pursued the possibility of generating natural reinforcement, in the guise of peer feedback in the group (Gaynor & Laurence, 2002) or

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Table 1
Overview of Abbreviations Used in the Model

- **O1.** Instance of the client's interpersonal problems, as it occurs outside the session.
- **O2.** Adaptive client behavior outside the session that has high potential to contribute to clinical improvement.
- **CRB1.** In-session instance of the client's interpersonal problems. Belongs to the same behavioral response class as **O1**.
- **CRB2.** In-session improvement. Target behavior belonging to the same behavioral response classes as the **O2**.
- **G1.** Behavior by other participants—includes group dynamics or cultural patterns—that promotes client **CRB1** and weakens **CRB2**.
- **G2.** Behavior by other participants—including group dynamics or cultural patterns—that evokes and helps shape client **CRB2** and weakens **CRB1**.

Note. O1, O2, CRB1, and CBR2 are established technical terms in FAP literature. See Tsai, Kohlenberg, Kanter, Holman, and Loudon (2012) for a more detailed discussion of these terms. G1 and G2 are FAGT terminology. FAP = functional analytic psychotherapy; FAGT = functional analytic group therapy.

sought to turn the group into a therapeutic agent intuitively searching for spontaneous group interactions that evoke and shape target behavior (Vandenberghe, Ferro, & Cruz, 2003). Others proposed the straightforward translation of FAP treatment rules into instructions for group therapy (Hoekstra, 2008; Hoekstra & Tsai, 2010).

What do these efforts add to standard practice? State-of-the-art models of cognitive-behavioral group therapy include member-to-member interaction among the mechanisms of change. They acknowledge that clients' maladaptive interpersonal patterns can change through learning in the group (Bieling, McCabe, & Antony, 2006) and interpersonal dynamics in the group can both undermine or enhance processes of therapeutic change (Sochting, 2014).

Consummate cognitive-behavioral group therapists are credited for intuitively using interactions among group members, based on their experience (Sochting, 2014). They modify maladaptive interpersonal patterns, focusing on the effect a client's behavior has on other group members, and elicit feedback and address clinically relevant appraisals that occur in session (Bieling et al., 2006). However, the lack of references to empirical support for these claims implicitly underlines the need for future research to examine group interactions and their relations to outcome.

Gaynor and Laurence (2002) report encouraging results obtained with two groups in a treatment consisting of 16 biweekly 2-hour sessions for adolescents with depression. During the first hour of each session, the authors run a course on coping with depression, whereas the second hour focuses on interpersonal learning in the group using feedback exchanged between participants. Hoekstra's (2008; Hoekstra & Tsai, 2010) work explains that interpersonal process groups offer a propitious

environment in which a variety of individuals can evoke clinically relevant behavior; the group's genuine interest in the client will function as natural reinforcement. It theorizes how to structure the group to evoke clinically relevant behavior, how the potentially reinforcing effects of therapist and group can be cultivated, and the therapist can share interpretations of variables that affect client behavior. Vandenberghe, Ferro, et al. (2003) discuss two case studies of participants in a chronic pain group to illustrate the FAP process in the group, while Vandenberghe, Cruz, and Ferro (2003) use vignettes from early FAGT transcripts to contrast moments in which the group is the primary therapist with moments in which the therapist uses the group to evoke and reinforce behavior.

Two points make the FAP concept of the psychotherapy process particularly relevant for the group setting. The first is the notion that problem behavior from the outside world is supposed to show up in the group, just as clinical progress shaped in session is to generalize as improvement in the client's daily life. The second point is the notion that, where interpersonal exchanges prove to be curative, natural (and not contrived) reinforcement is most often doing the job (cf. Tsai et al., 2012).

The present paper presents an approach to group therapy that is the logical outgrowth of these two principles. Groups tend to meet the requirement for real relationships. Real relationships make real-world client problem behavior highly probable and are apt to provide natural reinforcement for client behavior targeted for development. In addition, they facilitate generalization of therapeutic change to the outside world, because they are in themselves a sample of that real universe. This provides us with the frame for using ongoing live group exchanges that come close to what happens in the client's daily life for treatment purposes. However, this practice needs clear benchmarks. The intuitive translation of functional analytic principles into the group experience is a fragile process. Both teaching FAGT and ensuring treatment integrity in research require a reliable standard to compare practice to. Thus, explicitly describing the logical frame for FAGT may be critical both for clinical and research aims.

The model that takes up the rest of this paper emerged from 15 years of teaching and supervising the application of FAP principles in therapy groups. Following what Weeks et al. (2012) accomplished for individual FAP, its intention is to provide a formal description of the underlying logic (see Table 2) and the turn-by-turn sequences (see Fig. 1) that propel therapeutic change. This logical frame may be a key tool for training new group therapists and for ensuring treatment integrity in clinical and community settings. It can be equally helpful in forging the replicability that research into the functional mechanics of group therapy demands.

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