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Using Functional Analytic Therapy to train therapists in Acceptance and Commitment Therapy, a conceptual and practical framework

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Abstract

How can therapists be effectively trained in clinical functional contextualism? In this conceptual article we propose a new way of training therapists in Acceptance and Commitment Therapy skills using tools from Functional Analytic Psychotherapy in a training context functionally similar to the therapeutic relationship. FAP has been successfully used as an adjunct to other therapeutic modalities. We suggest that adding FAP to ACT training can be an effective way of developing therapeutic competence and adherence to the ACT model.

Keywords

ACT, FAP, therapist training, clinical expertise, clinical functional contextualism

Tsai and colleagues discuss two type of knowing : knowing *that* and knowing *how* (Tsai, Callaghan, Kohlenberg, Follette & Darrow, 2008). Knowing *that* includes learning theories, concepts and procedures. It is effortful and requires dedication but is, nonetheless relatively simple to do. *Knowing how* can be harder to acquire and then apply in practice and requires being able to flexibly adapt intervention to context.

There are troubling data suggesting that, beyond their first year of training (often in graduate school) only a small proportion of therapists improve in clinical expertise as measured by clinical outcomes (Lambert & Ogles, 2004). This may be due to the fact that therapists often do not receive accurate contextual feedback on their interventions that could guide their practice (Sapyta, Riemer & Bickman, 2005). In other words, knowing *how* to do therapy implies becoming more responsive to the subtle contingencies of reinforcement that appear between the therapist and client in the moment (Follette & Callaghan, 1995).

Didactic teaching may not be enough to learn how attend to these subtle contingencies, as sensitivity to context cannot easily be trained through formal instructions. The first book-length presentation of ACT was subtitled: 'An experiential approach to behavior change' (Hayes, Strosahl & Wilson, 1999). This focus on experiential learning for clients is reflected in ACT training methods in which trainees learn through their own direct experience and struggles with their conceptualized histories. This kind of training can provide powerful and deeply moving experiences, but it's possible that such experiential work does not readily translate to clinical expertise and may fail to train sensitivity to the contextually different clinical contingencies that occur during therapy. Though anecdotal, personal communications with numerous workshop participants suggest participants in purely didactic/experiential workshops often struggle to translate workshop experiences into clinical practice, a concern reflected by a number of workshop leaders (Hayes & Luoma, personal communication, 2012). It's further possible that the context of large group/leader interactions might be sufficiently functionally dissimilar to the context of therapeutic relationships to limit generalization to therapist/client interactions.

We propose, as an adjunct to the current ACT workshop model, a FAP-inspired training model aiming to create a context as functionally similar to that of a therapeutic relationship as possible. In this model, most work is done in groups of three, with exercises structured so that trainees experience in turn each of three positions: sharer (functionally similar to client), listener (functionally similar to therapist) and observer (functionally similar to supervisor). The groups are kept stable over the duration of the training. This may promote learning through the transfer of functions from these groups to clinical contexts. Like a therapeutic relationship, stable small groups can evolve and evoke a deepening connection between their members, which may not occur absent an explicit relationship-building context, or when the focus of relating is between participants and workshop leader. Here, the task of the workshop leader is less on didactic presentation or leading experiential exercises and more on facilitating small group interactions.

FAP draws clinicians and clients' attention to *Clinically Relevant Behaviors* (CRBs –Kohlenberg & Tsai, 1991). CRBs are behaviors that can be directly observed in session and that are functionally equivalent to either problem (CRB1) or improved behavior (CRB2) in their personal or professional life. Trainees are encouraged to notice as CRB1s the ACT inflexibility processes of fusion, experiential avoidance, conceptualized self, lack of contact with the present moment, lack of values clarity and persistent inaction, *as they occur in the present moment*. Similarly, ACT flexibility processes (defusion, acceptance, contact with the present moment, values, self as context and committed action)

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are seen as CRB2s to be reinforced and shaped in real time. Noticing CRB in oneself and one's peers in and of itself may train ACT flexibility processes of self as context, acceptance, defusion and contact with the present moment.

ACT processes are well suited to such work as they are best seen as functions rather than forms of behavior (Hayes, Strosahl, & Wilson, 2011). Their actual topography in the moment is identified through an idiographic process of joint conceptualization between small group members, mirroring the joint conceptualization between therapist and client. This joint conceptualization also forms an explicit part of FAP.

Trainees are taught to apply the first 3 rules of FAP (Tsai, Kohlenberg, Kanter & Walz, 2008): notice CRB (rule 1), evoke CRB (rule 2) and reinforce CRB2 (rule 3). We find that the Matrix model (Polk, 2011; Schoendorff, Grand & Bolduc, 2011) offers a simple yet subtle way to conceptualize CRBs along an axis that goes from actions engaged to move away from unwanted inner experience (experiential avoidance) to actions engaged to move toward what's important (committed actions congruent with values). Trainees are encouraged to describe at least one observable action they are liable, in a workshop or training class context, to do to move away (CRB1), and one action they would like to engage to move toward (CRB2). Once the description is recognizable to other small group members, they are invited to reinforce one another in producing the toward behavior (CRB2) during the training, an instance of FAP rule 3. This process is repeated as each ACT process is addressed.

This structure can then be used to explore ACT processes through the lens of trainees' own experience, in a context similar to a therapeutic relationship. Trainers can then orient the small groups to the desired ACT process, using either matrix or hexaflex. Deep experiential work can thus be done in a way that directly relates to therapist know-how as trainees get a chance to experience each exercise from perspectives functionally similar to that of client, therapist and supervisor. Switching roles further trains participant perspective-taking skills and may, through frames of coordination, increase the transformation of functions from the training to their clinical context.

We find that using FAP rules 4 and 5, (noticing the effect of one's own behavior on the client, and training a functional analytic view of behavior and promoting generalization respectively) helps increase trainee know how. For example, we encourage trainees to notice if what they say 'sends clients into their head' or if it helps them contact broader aspects of the context (often bodily sensations or broader sensory experience). In this way they learn to recognize what therapist behavior can help connect with the present moment and serve to promote defusion and acceptance. FAP suggest therapists constantly elicit feedback from clients to assess the functions of their therapist and client behavior (Tsai et al. 2008). Similarly, trainees are encouraged to elicit and give feedback to their small group members about these same functions. In this way they learn to give and receive detailed feedback that guides action, a determinant of improving expertise (Sapyta et al. 2005). This is consistent with Sapyta, Riemer and Bickman (2005) who suggest that finding the best approach for development of an effective working relationship with a client requires several trials and suggest immediate, simple and frequent feedback "so that changes in processes and outcomes can be observed as they occur..."(p. 152). Finally, trainees are encouraged to generalize the skills practiced in their small groups during breaks, and between training sessions.

We are currently evaluating this training model. Beyond measuring changes in clinicians' measures of psychological flexibility and ability to solve clinical vignettes, follow-up data will be central in determining whether clinician behavior change resulting from this model is maintained over time. Written and oral feedback from participants suggest that this training format makes for intensely experiential learning while providing trainees with tools they can readily apply to their clinical practice. We offer this model as one potentially useful method to train competence in clinical functional contextualism. Other methods of learning retain their roles in training basic theory and ACT specific interventions. Other issues such as trainer availability, training costs, time and organizational constraints are also important in determining the most effective training model.

Using FAP to train ACT may help bring behavior analytic principles to ACT training, both in terms of setting contingencies and of directing trainees attention to the mutual shaping that takes place in every relationship, including therapy. Using behavior analytic principles to train therapist skills is still a poorly researched area. FAP could represent a valuable adjunct not only to therapeutic interventions (Ferro, 2008), but also to training practice. We encourage trainers and supervisors to explore the ideas presented in this paper and to contribute to the research effort around the most effective ways to train contextual psychotherapies' know how.

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