

## Functional Analytic Psychotherapy and Supervision

*Glenn M. Callaghan*

### Abstract

The interpersonal behavior therapy, Functional Analytic Psychotherapy (FAP) has been empirically investigated and described in the literature for a little over a decade. Still, little has been written about the process of supervision in FAP. While there are many aspects of FAP supervision shared by other contemporary behavior therapies and psychotherapy in general, there are unique aspects of FAP supervision that warrant a more elaborate discussion. The present article provides a brief summary of FAP and then details some of the essential skills required of FAP therapists. Client and therapist conceptualizations can be developed in FAP supervision to help train supervisees in behavioral terminology and identify strengths and weaknesses in the therapist's repertoire. The process of FAP supervision is described with an emphasis on the importance of utilizing the hypothesized mechanism of clinical change, in vivo contingent responding to problem and improved behaviors. This live in-supervision process of creating a more effective therapist repertoire remains at the heart of FAP training. FAP supervision in group format is addressed as are ethical and professional issues related to the demarcation of interpersonal supervision and the therapist-in-training's own psychotherapy. An approach to the assessment of changes in therapist skills over the course of supervision is presented.

Keywords: Supervision, functional, analytic, psychotherapy, assessment.

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There exists copious writing on supervision and its role in the development of psychotherapists' skills (see for example, Watkins, 1997). Much of this writing is paradigmatically rooted and deals with specific types of interventions such as cognitive, psychodynamic, or humanistic. The present article does not aim to repeat or summarize these writings on supervision nor to explore models that may or may not be more successful in imparting essential therapy skills to trainees. Instead, this paper focuses on supervision in one specific contemporary behavioral intervention, Functional Analytic Psychotherapy (FAP; Kohlenberg & Tsai, 1991).

Contemporary or contextual behavior therapies such as FAP, Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999), and Dialectical Behavior Therapy (DBT; Linehan, 1993) have all emphasized the role that supervision can play. Each of these three therapies takes a somewhat different position on the role of didactic instruction, experience, and emotion in training the supervisee to successfully conduct each intervention. In part because these therapies are relatively new among the community of psychotherapies and because there is considerable variation with regard to how each is trained (e.g., in workshops, one-one-one, or group supervision), not a great deal has been written about the process of supervision for these behavioral treatments.

This paper provides a brief summary of Functional Analytic Psychotherapy and discusses some of the key issues that face the therapist-in-training as well as the supervisor when learning FAP. Every psychotherapy has nuances that are difficult to learn, and FAP is not short of its own. Specific challenges to learning FAP and the unique opportunities it holds as a behavior analytic intervention are described. Issues relevant to the assessment of changes in therapist skills are presented. The article closes with a brief description of some of the ethical and professional issues surrounding this treatment and corresponding learning process.

## Overview of FAP

This section attempts to provide the reader with a summary or review of the key concepts in Functional Analytic Psychotherapy that are particularly relevant for supervision while learning this treatment. FAP has been described in several articles and texts in much more detail than can be given justice here in such a brief overview. The reader is referred to the original text by Kohlenberg and Tsai (1991) and articles that are both highly behavior analytic (see for example Follette, Naugle, & Callaghan, 1996) and to those geared for a broader audience (e.g., Callaghan, Gregg, Marx, Kohlenberg, & Gifford, 2004; Callaghan, Naugle, & Follette, 1996). FAP has been used to enhance or make more effective standard interventions such as cognitive therapy (Kohlenberg, Kanter, Bolling, Parker, & Tsai, 2002) and well as creating comprehensive interventions with other contextual behavior therapies such as ACT (e.g., Callaghan, et al., 2004; Gifford et al., 2004).

Functional Analytic Psychotherapy is an interpersonally-oriented psychotherapy designed to help alleviate client problems that are fundamentally about human relationships. This client suffering may occur in the direct presence of another person or may occur in the absence of people, yet the emotional pain clients feel remains about their lack of meaningful connection. Such behavioral targets are not new for psychotherapy or behavioral interventions. However, what makes FAP unique is the use of basic behavioral assumptions of contingent shaping and the application of reinforcement during a therapy session. At the core of FAP is its hypothesized mechanism of clinical change, contingent responding by the therapist to client problem and improved behaviors live, in-session, while they occur. This method of operant shaping (Skinner, 1957, 1981) allows the therapist to watch for client problems, even evoke them in-session, and then shape alternative, more effective client behaviors. The contingencies the therapist and client have direct access to are social and experiential. Behaviors the client emits in-session occur in the context of the therapeutic relationship. One of the main assumptions that the therapist has about client behavior (about all human behavior) lies with the strength of responses in an interpersonal repertoire. The therapist assumes that if a client presents for therapy focusing on interpersonal problems then those problems will occur not only in relationships the client has with others outside of therapy, but they will occur in the context of the relationship with the therapist. By developing a therapeutic relationship with the client and establishing him or herself as a provider of salient social reinforcement (Follette, et al, 1996), the therapist can differentially reinforce more effective client behaviors in-session, strengthening those responses that will allow the client to create more effective relationships outside of therapy. While there are unique stimulus conditions that apply to therapy which may make some behaviors less likely to occur in that context, most interpersonal behaviors can occur in the context of the therapeutic relationship. It is essential to keep in mind that behaviors are defined by their functional properties, rather than the form or topography they may take. This is discussed in detail below.

Targets of clinical change have been described by the present author in the Functional Idiographic Assessment Template (FIAT) System (Callaghan, in press; Callaghan, Summers, & Weidman, 2003) and include problems with identifying and asserting needs or values in a relationship; difficulties with identifying and responding to feedback and recognizing one's own impact on others; effectively recognizing the appropriate context for and responding to interpersonal conflict; disclosing and creating meaningful interactions with others; and challenges with identifying, experiencing, and expressing emotions. While the FIAT is one attempt to create a consistent language for client problems with interpersonal interactions, it is by no means the only or definitive system. The FIAT allows the therapist to describe and then create individualized assessment instruments to track client change over the course of therapy. The client behaviors targeted for change are defined by their membership in functional classes. Functional classes of behavior are defined as groups of responses that occur under similar stimulus conditions or have similar consequences. This definition is in contrast with classifications of behavior based on their appearance or topographical features.

Most experienced clinicians would answer the question, “Is it good for a client to cry in-session (or anywhere)?” with the tried and true response, “It depends.” Functional classes attempt to specify on what such a response would depend. Such behavioral classes are defined by responses that produce similar outcomes, not on their structure or appearance. To answer “Is it good for a client to cry?”, the behavioral or FAP therapist needs to know what we mean by “good” and how crying functions or what consequences crying produces for the client. If under certain circumstances the client cries in front of others, this helps them understand the client’s emotional experience, and in turn this allows others to offer the care and support the client is seeking, then it may be an effective response at that time. Consider another client (or even the same client in another situation) who cries in such a way that its consequence is interpersonally distancing or ineffective at prompting the therapist or others to understand the client’s problems or assist the client in that moment. Defining what is effective or ineffective for the client in this functional way depends at least on knowing the client’s goals in relationships and analyzing the consequences of targeted responses on those relationships. The FAP therapist takes advantage of the opportunity of observing in-session behaviors in conducting this analysis.

The ultimate goal of FAP is to get the behaviors that are learned in-session to occur for the client outside of therapy. This is accomplished in several ways. One is through direct instruction by the therapist to the client to attempt what has been tried in-session that appears to work with the therapist (i.e., it has the desired interpersonal impact for the client) with others with whom the client has relationships. Provided these relationships would be safe and could conceivably reinforce some aspect of the developing repertoire, the client is encouraged to attempt what has been learned in-session with those outside of therapy. It is important that the therapist not provide too many rules about precisely how these behaviors are emitted by the client in other contexts. That is, if something the client has done works to help the therapist feel more connected to the client, allows the therapist to better understand the client, and perhaps be more genuinely supportive, the therapist provides a natural reward or reinforcer for that behavior such as a caring remark, support, empathy, or even assistance.

The therapist will often caution the client if he or she states something like, “Oh, I should just do that every time I need something.” The therapist will remind the client that interactions are different with everyone in important ways. If there is a general “rule” in FAP it is to notice what we would like to have happen, observe the impact of our behavior (i.e., watch for the function of that response), and if we did not accomplish our goals, then try another strategy to see if that worked. Therapists conducting FAP encourage their clients to conduct their own brief behavioral analyses of those targeted behaviors to better understand the controlling variables that give rise to more effective social interactions (Kohlenberg & Tsai, 1991). Using a three term contingency analysis, clients are asked to identify what comes before the behavior (the discriminative stimuli), the response itself, and the consequences of that response for the client.

In this way, FAP is a truly interpersonally-oriented behavioral intervention. The focus of FAP treatments continues to be on problems that occur between the client and others, including those problems that occur in the context of the therapeutic relationship. From a FAP perspective, the vast majority of clinical problems can be understood in such a context. The repertoires associated with diagnostic and nosological systems (e.g., the *DSM-IV-TR*; American Psychiatric Association, 2000) such as personality disorders, and long-standing difficulties such as dysthymic disorder can be conceptualized within an interpersonal and FAP framework. Even problems found with major depressive disorder and the interpersonal avoidance problems associated with post traumatic stress disorder have been addressed and treated within a FAP conceptualization (e.g., Kohlenberg, et al., 2002; Prins & Callaghan, 2002).

FAP interventions proceed under the same general rubric of an operant analysis and manipulation of behavior: Identify the behavior to be shaped, watch for or evoke the behavior of interest, differentially reinforce approximations to the targeted response, and for clinical behavior analysis generalize these

responses to multiple settings outside of therapy. The contingencies FAP uses to directly reinforce improved social repertoires by the client are social themselves. Conditioned secondary reinforcers that are used include (but are certainly not limited to) understanding and compassionate responses, caring, support, empathy, encouragement, and assistance.

### **FAP Supervision**

The behavioral principles just outlined for changing client behavior are, predictably, the same used in FAP supervision. This section will highlight analytic skills the FAP therapist needs to possess in their repertoire as well as those complex social and emotional repertoires necessary for conducting effective FAP interventions. The use of supervision in instructing and shaping these skills is discussed in the section on the process of FAP supervision that follows.

### **Client Case Conceptualization Skills**

Inherent in the name FAP is the use of functional analyses. This behavioral conceptualization of client problems is at the root of any FAP intervention. At the outset of supervision, the FAP supervisor must assess the level of basic behavioral knowledge that the therapist possesses. For many beginning FAP therapists, having a behavior analytic framework is fairly uncommon. However, as long as the therapist is not antagonistic towards a behavioral paradigm, instruction in this type of analysis can be fairly straightforward didactic clinical training using frequent clinical illustrations of learning principles. One issue that arises fairly frequently in FAP supervision around teaching functional analyses centers on the misconceptions and inaccurate information therapists bring to behavioral training. In the process of teaching therapists to think about clients from within a behavioral framework, supervisors may find it helpful to address the logical or epistemological barriers that must be overcome to fully consider this paradigm (O'Donohue, Callaghan, & Ruckstuhl, 1998).

The purpose of this instruction is so that therapists are able to identify client behaviors targeted for clinical intervention in a behavioral and contextual framework. From within this three term contingency analysis, supervisors help FAP therapists understand functional classes of behaviors consistent with the discussion provided above. Therapists must be able to define targeted client behaviors with respect to the function of these responses and use a three term contingency analysis to conceptualize their occurrence. Supervisors help therapists identify the stimulus conditions that give rise to the response class of interest, the immediate reinforcers of that behavior, and the definition of that response class. In defining a class, some supervisors have found using a common language for behavioral problems (such as those in the FIAT) to be helpful in learning this analysis. From here the therapist learns to specify targeted behaviors that may be more effective for that client and explicates the changes in stimulus conditions or reinforcement contingencies that would initiate and sustain these behavioral changes.

A full client conceptualization in FAP includes a specification of targeted client responses, a functional analysis of the contingencies maintaining those behaviors, and an explication of potential variables that could alter those responses. The framework of this analysis is decidedly behavioral and uses a vernacular that requires some therapists considerable practice to use accurately. Using frequent examples and consistently talking about the client's problems from within a behavioral paradigm can help the FAP therapist become more efficient in his or her conceptualization skills. Finally, the therapist is taught that the analysis and conceptualization are constantly evolving. With additional clinical information gathered during the on-going intervention, the analysis may change slightly or even dramatically. If the client is not responding in a way that the therapist has predicted based on his or her analysis, that analysis is likely incomplete or inaccurate. Clinical problems historically understood as resistance can be understood by the FAP therapist as an incomplete case conceptualization that did not include an analysis of variables that prevent the client from engaging in a more effective response. It is up

to the therapist and supervisor to re-think the conceptualization to include this new and important information.

### **A Conceptualization of the Therapist's Skills**

In FAP supervision, it is essential not only to understand client behavior functionally but contextually as well. The FAP therapist asks, "What is occurring in the environment for this client, under these conditions, that give rise to this behavior, and what follows that supports or prevents that behavior occurring in the future?" The context of all psychotherapy includes the psychotherapist; therefore a complete analysis of client behavior must include an analysis of the therapist as well. FAP is certainly not the first to notice this. From its roots in Freudian analysis, therapist responding has been understood as fundamental in the process of treatment delivery (see Ekstein & Wallerstein, 1972 for a discussion).

From a FAP perspective, this means that the therapist's repertoire or skill set must be understood contextually in relation to each client in therapy. In same way that a client case conceptualization is created, the supervisor (or supervision team) assists the therapist is creating a functional analysis of their own responses that can hinder or help the therapeutic process. The therapist is taught that all people have their strengths and weaknesses, their behavioral excesses and deficits; and, just like clients, therapists have theirs, too. In order to effectively conduct FAP, the therapist must understand what will prevent him or her from discriminating situations where a response is necessary and how to effectively provide the response to help the client improve.

The process of creating a therapist conceptualization is both instructive and difficult. The therapist learns the same analytic skills used with understanding their clients, and the supervisee learns that creating such analyses is very challenging and complex. In addition, it is helpful for the therapist to come into direct contact with the distinction between a specification of contingencies of responding and actually changing a response class. It is not rare to hear of a beginning therapist to grow frustrated with a client who is not changing when the analysis of client behavior appears to be so "correct." Even with the accuracy of a conceptualization, complex social repertoires such as those targeted in FAP do not change readily. Therapists identifying their own difficulties as they relate to conducting FAP interventions experientially contact this challenge when attempting to engage in more effective therapist responses in-session and during supervision. This process of learning can help develop the necessary empathy if not sympathy for responding to clients when doing FAP. While empathy is considered important in FAP, it is not a sufficient ingredient in delivering the mechanism of clinical change, contingent responding to client problem behavior.

In the same way that client behavior is changed by this contingent provision of social reinforcers (or potentially punishers), supervisors can directly shape more effective therapist behavior. This in-supervision shaping directly corresponds to the process of clinical change for clients and is discussed below. Before addressing FAP in-supervision behavior change, it may be necessary to briefly address some of the therapist skills necessary to conduct FAP. These are the same skills that are then targeted as potential therapist behaviors for change in FAP supervision.

### **The FAP Therapist's Repertoire**

There is no commonly agreed upon set of skills that must be possessed by a FAP therapist just like there is no set required by all therapists from all theoretical frameworks. Creating a case conceptualization is fundamental to FAP as the absence of a client formulation would make it difficult if not impossible to do this therapy. The FAP therapist's abilities can be broadly understood as being discrimination skills or sensitivity to contextual cues and elements of a response repertoire. In a system

similar to the FIAT described above, a corresponding therapist assessment system was developed, called the Functional Assessment of Skills for Interpersonal Therapists (FASIT; Callaghan, in press).

The FASIT (pronounced “facet”) outlines classes of therapist problems parallel to the FIAT manual. However, important differences exist between the two assessment systems given the professional role the therapist has with clients as a provider of care. Therapist skill problems are defined in five domains that are briefly described here. These classes of behavior describe possible problem areas that interpersonal or FAP therapists may have. In no way are therapists expected to have problems in each of these areas. Indeed, some supervisees may have few if any problems listed here. Typically however, a therapist-in-training has several difficulties from a few of the classes described below. The reader is referred to the FASIT system manual for a thorough description of how problems are included as targets for supervision and of the therapist skills briefly discussed here.

The first class of therapist behaviors deals with problems the supervisee has identifying or asserting his or her needs. It is clear that the treatment session is not the place for the therapist to get his or her personal needs met from the client. However, the FAP therapist will require the client to respond in different ways at different times as the therapist shapes more effective responding. In addition, supervision can be an important context for the therapist to get support or assistance and needs to be able to request this.

The second class of responding describes the therapist’s ability to discriminate his or her impact on others and the impact that clients have on the therapist. In addition, this second domain of behavior specifies challenges the therapist can have in providing feedback to the client and responding to feedback. The therapist’s repertoire regarding receiving feedback (particularly in supervision) is fundamental to the supervisee developing necessary skills to conduct any psychotherapy intervention. In addition, the therapist’s ability to provide feedback to the client is at the heart of FAP therapy. The therapist must be able to notice the impact the client has had on him or her, consider this in the context of the client case conceptualization, respond to the client given how he or she impacts the therapist (providing social reinforcement or a prompt for a more effective client response), and then discriminate how that therapist response impacted the client. This is a very complex set of skills. A deficit in any of these areas can create problems in effectively delivering FAP.

The third class of therapist behaviors in the FASIT includes those related to interpersonal conflict. Conflict here is defined as interpersonal tension occurring when two or more people do not appear to have a common goal. By no means does the class necessarily include hostility or aggressiveness, though it could. The therapist needs to be able to discriminate when conflict is occurring and whether the context appears to effectively support or allow this conflict to occur. In addition, this class describes difficulties in the therapist’s repertoire with how conflict is engaged. For example, does the therapist escape or avoid any interpersonal tension or conflict? Does he or she escalate conflict or directly punish its occurrence rather than help address or resolve it effectively? These problems can occur in-session or during supervision.

Problems with disclosure and interpersonal closeness are addressed in the fourth class of the FASIT system. Again, therapy is the place for the client to disclose and seek interpersonal closeness with the therapist. If closeness occurs in the therapeutic relationship, it is in the service of the client’s goals, not the therapist’s. The disclosure that occurs in FAP is most often that of the therapist’s emotional or social reactions to the client’s behavior. For example, if the client engages in a more effective interpersonal response with the therapist, one that has been targeted in treatment, the FAP therapist would respond naturally with the feeling that client behavior evoked. The therapist may tell the client how good that makes the therapist to hear or how much that allows the therapist to really understand the client, depending of course on the situation. The FAP therapist is unlikely to disclose a similar history as the

client, their own personal experiences, or any other response that shifts the focus from the client's process of change to the therapist's own struggles. This does not mean that the therapist never conveys aspects of his or her own life to the client, but these disclosures are carefully chosen and, again, are in the service of meeting the client's agenda for change. They are not gratuitous offerings by the therapist about his or her history. FAP is by definition an interpersonal behavioral therapy. If therapists struggle with this class of behavior, it will directly impede their ability to do FAP. Difficulties here include problems with discriminating opportunities to engage in the type of disclosure described above, noticing whether or not the therapist is sharing anything with the client at all, and types of disclosing (or avoiding disclosure) that occur. As with all of the other classes of behavior described in the FASIT, these can occur in the context of the therapy session and they can occur with the supervisor or in a supervision team.

The final class of behavior considers problems with emotional experience and expression. This class captures a more intrapersonal aspect of therapist responding (experiencing feelings) as well as the interpersonal process of sharing those feelings with others (emotional expression). Like clients, therapists' skills lie on a very broad continuum with respect to experiencing and expressing emotions. Some are more skilled with others. Still, it is important for therapists to have an intact repertoire in this domain to the extent that he or she can be effective with clients. The FASIT outlines problems therapist may have with discriminating their own experiences, noticing situations that are more likely to evoke feelings, and different challenges that occur when expressing the therapist's feelings.

It remains the FAP therapist's task to notice the occurrence of in-session client behaviors and then to respond effectively to them. This task of discriminating client behaviors based on the client conceptualization is complex and directly impacted by deficits or weaknesses the therapist has with the classes outlined above. Once the supervisee has discriminated an opportunity to respond to the client in an effort to shape a more effective client repertoire, the therapist must observe the impact of his or her response on the client. The therapist must look at the outcome of that response, not just the intention he or she had in making it. It is probably clear to the reader that difficulties in any of these steps can create problems for effectively delivering FAP. It is ultimately the goal of supervision to help the supervisee deliver FAP effectively while keeping in mind not only the ongoing client case conceptualization but the therapist's own conceptualization of his or her problems as well.

### **The Process of FAP Supervision**

As mentioned above, FAP supervision parallels the process of FAP therapy with respect to changing targeted behavior. The FAP supervisor's task is to help develop a therapist's conceptualization of strengths and weaknesses and then address those in an effort to maximize the therapist's ability to effectively conduct this interpersonally-based intervention. These supervision interventions will utilize didactic training (particularly with case conceptualization and using behavioral principles), instruction in attempting strategies that may be more effective in the next session, and in vivo strategies attempting to alter therapist behavior during the supervision meetings.

This latter intervention, focusing on in vivo behavior change, is a large part of FAP supervision, playfully called "FAPpervision." It remains important for the FAP supervisor to both address therapist difficulties in conducting FAP but also to model the process of this treatment. Given the mutually created therapist conceptualization of problem behaviors, the FAP supervisor looks for and even attempts to bring these into the supervision session. Both therapist and supervisor share the paradigmatic assumption of the hypothesized mechanism of clinical change in FAP, in-session contingent responding to behavior. In this case, it is the therapist's behavior that is responded to by the supervisor or supervision team in an effort to ameliorate those problems and create more effective behaviors. As described in the FASIT manual, these target behaviors must be directly related to helping the therapist more effectively deliver FAP interventions. Targets which more broadly impact the therapist's life, but do not have a direct bearing on

the ability of the therapist to effectively engage either the treatment or supervision are not appropriate in this type of professional and evaluative relationship (American Psychological Association, 2002; see also Doehrman, 1976). General life issues, even those that are interpersonal in nature, that are not related to the goals of delivering FAP therapy are better dealt with in the therapist's own psychotherapy, not conducted by the supervisor (American Psychological Association, 2002; Kohlenberg & Tsai, 1991). A FAP supervisor could determine that the therapist should engage his or her own psychotherapy before being ready to conduct FAP. If, however, the supervisor believed that the difficulties the therapist had centered on attempting to engage FAP effectively, and the therapist consented to this process, then those may be discussed in forming the FAP therapist's conceptualization and would be addressed in supervision.

It is the opinion of the present author that while addressing a therapist's own challenges in supervision may be surprisingly difficult; those behaviors being examined and changed should not be a surprise to the supervisee. This is completely analogous to working on client behaviors in FAP sessions. While FAP can be very hard to, and clients can feel discomfort in an interpersonally focused session, the therapist and client are driven by the case co-created case conceptualization. The client and therapist even remind each other why they are working on the targeted behaviors. This same process is used in FAP supervision. The therapist's conceptualization is co-created with the supervisor, and each are driven by this as they address the therapist-in-training's interpersonal repertoire difficulties in conducting FAP. Because the supervisor-therapist relationship has different parameters than the client-therapist relationship, there are some pitfalls that can occur in the process of supervision. The inherent and complex power differential between supervisor and therapist and its potential for exploitation is briefly addressed later.

In FAP supervision, like the therapy, the supervisor needs to begin by building a relationship with the therapist so that when the supervisor attempts to alter therapist responding in-vivo, the supervisor has established him or herself as a mediator of salient social reinforcers (see Follette et al., 1996 for a description of this process for clients). This can be done during the didactic work on behavioral principles and FAP case conceptualizations. At this time, the supervisor in cooperation with the therapist develops the therapist's conceptualization of areas that may need to be addressed during training. From here, the supervisor will need to observe the therapist conduct treatment live or view video-recorded sessions to both assist with direct instruction in FAP and watch for occurrences of therapist problems and improvements. More than this, the FAP supervisor will watch for the occurrences of these behaviors during supervision sessions. This in vivo process best characterizes FAP supervision.

When a therapist problem behavior occurs during supervision session, the supervisor may initially model for the supervisee how this can be brought up with the client, pointing out the parallel that occurs in one context (the therapist's session with the client) with what is occurring in-session (in this case, with the supervisor). Focusing on parallel processes between therapy and supervision is by no means a novel strategy in the history of psychotherapy skills development and training (for a review, see McNeill & Worthen, 1989). However, such an approach is relatively new with respect to contemporary behavioral therapies (Follette & Batten, 2000; Kohlenberg & Tsai, 1991). In their account, McNeill & Worthen (1989) point out that the traditional focus on parallel process has its roots in the psychoanalytic constructs of transference and countertransference, ultimately to be addressed and reduced in order to focus on effective therapeutic interventions. Other authors from more traditional therapeutic positions have pointed out the metaphorical nature of the supervisor-supervisee relationship (Ekstein & Wallerstein, 1972).

Where FAP departs importantly with respect to these accounts of parallel process is that no relationship is seen as metaphorical, not the client-therapist relationship and not the supervisory relationship. Relationship skills are part of everyone's behavioral repertoire. As with any other behavior



they arise under stimulus conditions and are supported by contingencies of reinforcement. With FAP, client behaviors that occur with the therapist in the context of the therapeutic interaction are those same behaviors that occur outside in other relationships under similar functional conditions with other people. If a client has challenges getting his or her needs met, having his or her emotions understood by others, effectively disclosing, and so on, it is assumed those same behaviors can occur with the therapist in-session. The essential principle to keep in mind is function of responses. While it is not impossible for a client to self-injure during a therapy session as an approach to escape difficult emotional experiences, certainly the client can engage in a variety of functionally equivalent escape responses in-session with the therapist (e.g., making distracting comments, attempting to leave session, etc.). The same is true for supervision sessions. From a FAP perspective, the same therapist responses emitted in the context of a therapy session can be engaged with the supervisor. If a therapist is having difficulty responding effectively to his or her own discomfort or anxiety in-session with a client, the supervisor can watch for or even evoke this response during supervision.

It is important to draw the distinction between these assumptions in FAP from classical psychodynamic or psychoanalytic frameworks. While they may appear to be semantic to some, the distinction is in fact paradigmatic and directly impacts the intervention. Behavioral repertoires, either of the therapist or of the client, are the targets of interest in FAP. Ineffective therapist repertoires that occur with a client in-session are the same as those that occur in a supervisory session. Unlike transference and countertransference issues which can be seen as something to be worked through or eliminated to get to the true core of therapy, these repertoires are the substance of the intervention. There is nothing underlying them any more than the contingencies that give rise to and maintain them. That they occur in “parallel” settings simply means there are similar stimulus conditions or similar contingencies of reinforcement. They are not metaphors of another relationship; they are relationship behaviors. Moreover, the FAP therapist does not encourage the client to gain insight into the origin of these behaviors or processes. Similarly, the supervisor works with the supervisee not to gain awareness or understanding but to create a more effective repertoire to better help their clients in FAP.

Once the behavior of interest occurs in supervision, the supervisor will then attempt to have the therapist try an alternate response, one that might be more effective. If this response is more interpersonally effective with the supervisor, he or she will attempt to naturally reinforce that therapist behavior. This natural reinforcement (see Ferster, 1967, 1972 for example) is intended to provide a reinforcer that will be similar to those found outside of supervision and that will likely sustain the newly acquired behavior. Such reinforcers in FAP supervision may take the form of support, the answer to a difficulty question, assurance, and so on. At a principle level, this process of shaping more effective interpersonal repertoires is identical in therapy settings as it is in supervision. The mechanism of change that is seen as most salient and most efficient in FAP, in vivo contingent responding, is the same in both contexts. There are important differences to be outlined based on the nature or frame of the two types of relationships (training versus therapy), but the same behavioral technology is employed in both.

In that the supervisor relationship progresses similarly as the therapeutic relationship in FAP, more complex interpersonal repertoires can be addressed with time, the therapist’s conceptualization may be modified, and the therapist will continue to try strategies that were effective in the context of supervision in his or her subsequent sessions with clients. As can occur in FAP therapy, the supervisory relationship often has an ending imposed upon it. Often this is time-related, such as with the end of an academic term or internship. In any case, termination issues can bring up important therapist repertoire issues just as they can with clients. It is important that the FAP supervisor be open to addressing these in an effort to better assist the developing FAP skills of the therapist in managing this often essential component of psychotherapy.

A powerful aspect of FAP supervision occurs when the supervisor is willing to discuss his or her own challenges or foibles in responding with the therapist-in-training. The modeling of effective responding to difficult emotional and interpersonal interactions will teach the therapist a great deal in FAP, provided the supervisee is prompted to engage in effective behavior as well. However, it is also highly instructive when the FAP supervisor is struggling with how to respond, or in fact has responded less effectively and in that moment notices this impact on the therapist. The supervisor can inform the therapist that this is really a difficult situation, that it is hard to do this “right” or “well,” and in the case of an error, that he or she is sorry that the statement “came out wrong.” All of these discussions will, of course, be in the vernacular of the supervisor. The key here is that modeling this process not only can be done in supervision, that it is an important part of doing FAP. Therapists may generate a great response to clients the first time out, but more frequently we do this bluntly or less skillfully than we intend. Having a supervisor model this “repair process,” or more simply, addressing the complexities of interpersonal interactions, is very helpful to FAP supervisees. The therapist-in-training can then take that same repertoire and model it effectively for clients.

### **Generalization of the FAP Therapist’s Repertoire**

One of the overarching goals with FAP supervision is to teach the therapist responses that are flexible and generalizable to a variety of clients (Follette & Callaghan, 1995). The principle in FAP the supervisor returns to (as does the FAP therapist) is watching our impact on others, and trying something different if we did not achieve our goals. FAP therapy can be difficult to teach because it relies so much on the flow of interpersonal interactions. This process is by definition not scripted and very dynamic. The FAP supervisor cannot teach the therapist to “say this when the client says that.” Moment-to-moment interactions are driven by numerous contingencies, and it would be impossible to specify those in such a way that one could prescribe such statements. There are often good rules of thumb with clients that work in other interpersonal situations (don’t yell at them, for example), but these are too broad, and frankly even they may not be accurate in all settings.

In the service of creating robust effective interpersonal therapist repertoires, some (but not necessarily all) FAP supervisors may strongly encourage the supervisee to try what is being learned in supervision not only in subsequent sessions with clients, but out in other relationships as well. Again, the focus of the supervisor remains on those therapist behaviors that will create a more competent FAP therapist. The therapist may be encouraged to attempt these more effective behaviors in areas of his or her life when that practice could help to strengthen the required FAP repertoire. For example, if a therapist is having difficulty listening to a client and not engaging in rapid problem solving, he or she may be prompted to try this in multiple situations outside of therapy. The therapist is not encouraged to conduct therapy on anyone outside of the treatment setting in which he or she is supervised. Said more plainly, the supervisee is not directed to turn family or friends into clients. Nor is the therapist now a client. Still, if there is an opportunity for the therapist-in-training to practice a more effective interpersonal skill in a caring and supportive context, this may occur as a part of response generalization work with FAP supervision.

### **Group Supervision**

In addition to individual supervision, the supervision process can be greatly benefited from a group format. As with many therapies utilizing feedback from multiple members, in group FAP supervision, the primary supervisor is still the most experienced and typically senior therapist on the team. However, the primary supervisor can take advantage of the social contingencies in the group to assist with assessment and training of therapist skills. Supervisees may divide up into teams, helping each other develop their own and clients’ case conceptualizations. They may be assigned to watch each other conduct therapy live and report back to the group on what they saw. Importantly, therapists in training

may use the group format to practice responding to in vivo therapist problem behaviors that are part of another supervisee's conceptualization of skills targeted for development.

Group supervision affords the supervisor and other therapists the opportunity to check out their own responses to other supervisees and adjust their behavior based on group feedback. For example, a supervisee may say to another therapist-in-training, "You know, when you are very vague like this, I have trouble really connecting to what you are trying to say - like maybe you need something from me, but I am not sure what it is. I feel like you are asking for something from me or the group, but I am not sure. Can I check with the other people here to see if they are having a similar reaction?" In this way, one supervisee can prompt the other therapist-in-training in a way that does not feel like peer competition, and he or she can use the group to help determine whether that response to the supervisee was idiosyncratic. If the group, for example, said that was not their experience at all, the person giving the feedback can be helped in focusing their skills of discriminating the impact others have on him or her. If, on the other hand, the group agreed with the supervisee giving the feedback, then they can also help provide opportunities for the therapist-in-training to try another strategy to effectively get what he or she needs in that moment.

In group supervision, the primary supervisor will at times let the group process progress under the natural contingencies as they evolve. However, he or she will need to frequently enter into the discussions in group supervision to help shape and guide supervisee interactions. This can be especially helpful in teaching therapists to discriminate which behaviors are appropriate to discuss and are consistent with each therapist's conceptualization. With that said, allowing the social and interpersonal process to occur for therapists provides numerous opportunities to practice FAP responding, shape discrimination skills of target behaviors, and notice supervisee problems with their interpersonal repertoire that can be addressed to create more effective FAP therapists.

### **Assessment in FAP Supervision**

While there has been considerable interest in research on psychotherapy supervision, few conclusive findings exist about the effectiveness of this process in imparting complex interpersonal and social skills and relating this to therapeutic outcome (see for example Alberts & Edlestein, 1990; Holloway & Neufeldt, 1995; Lambert & Ogles, 1997). One advantage of behavioral therapies lies in their ability to be empirically studied. This empiricism can be translated onto research investigating behavioral change from supervision. Though there are many methodological challenges to this area of investigation, there may be some strategies used in the research that has begun on FAP that could be used with FAP supervision. This brief section highlights some of these approaches that may be used. It is not an attempt to convince the reader that there is research supporting FAP supervision as an effective way to impact clinical skills. FAP is still relatively new and lacks this body of literature.

There are several strategies for documenting behavioral change with FAP and FAP supervision. One entails coding behaviors on a more microanalytic level as they occur in a session. These behaviors or client and therapist "turns" can be analyzed for changes in frequency of occurrence across session. For example, using the Functional Analytic Psychotherapy Rating Scale (Callaghan, 1999), investigators can document how often a therapist responds effectively in-session to client improvements or problems compared to how often these opportunities are missed when those client behaviors occur.

This strategy was employed in a single subject study examining the effectiveness of a FAP therapist treating a client meeting criteria for personality disorder not otherwise specified (Callaghan, et al., 2003). In this study, the number of effective in-session FAP therapist responses to client behavior changed for a supervisee over the course of the treatment. The therapist had a documentable increase in effective responding, supporting the thesis that she had improved her in her ability to conduct FAP.

Relating this change in therapist responding directly to the supervision provided is still necessary, but this is at least a step in the right direction, empirically speaking.

Assessment systems such as the FASIT may be helpful in these situations targeting therapist behaviors for change and tracking that change over time. Supervisors and researchers can document the occurrence of both effective and ineffective responses over time and relate those to which behaviors were a focus of clinical supervision. Relating this change to improvements in client behavior is the ultimate goal of process-outcome research with FAP. The bottom line for psychotherapy research continues to lie with whether the client improved as a function of the psychotherapy. Using observational behavioral coding methodology such as that described with the FAP Rating Scale combined with consistent on-going assessment of client and therapist behavior may help with this process.

One of the critical assessment questions related to FAP centers on competence to conduct this therapy. A question that is repeatedly asked by supervisors and therapists alike is “Who can and cannot do FAP?” This is a difficult question, and certainly is better asked in a less binary fashion. The question remains, who can do FAP more effectively, but certainly we can ask “Who is more effective doing FAP with which kind of clients?” in a way that requires us to specify which interpersonal repertoires (excesses and deficits) are more problematic or more advantages with certain client repertoires. Future empirical research will hopefully provide answers to these questions.

### **Ethical and Professional Issues in FAP Supervision**

The general ethical and professional issues related to conducting both FAP therapy and FAP supervision are the same as for any other psychotherapy. In the supervisory relationship, it is helpful to discuss issues of privacy, the challenges of promising confidentiality in a context that is partly evaluative by the supervisor and the issue of privacy and confidentiality by peers in group supervision. In any interpersonally rich interaction, particularly FAP supervision focusing on complex social skills, the risk of supervision shifting into psychotherapy for the supervisee exists (McNeill & Worthen, 1989). As stated before, the current author agrees with one of the definitions of supervision outlined previously (e.g., Holloway, 1997) that makes the distinction between supervision and psychotherapy for the therapist-in-training. Supervision continues to focus on those behaviors germane to the development of effective professional and therapeutic skills of the supervisee (American Psychological Association, 2002; see also Rigazio-Digilio, Daniels, & Ivey, 1997). While this can become a challenge to demarcate at times, separating the personal life of the therapist and the behaviors particular to psychotherapy, it is imperative the supervisor help these remain clear to members of the dyad or supervision team.

Like psychotherapy, there is a power differential in a supervisory relationship, and in this differential exists the potential for exploitation and abuse in the relationship (Holloway, 1999). It is essential that the supervisor and therapist continue to be mindful of the potential for exploitation and work to prevent this occurrence whenever possible (Falender & Shafranske, 2004). One aspect of preventing an abuse in this power hierarchy lies with the supervisee providing informed consent for the type of relationship he or she is entering with the supervisor. That is, in FAP, the therapist’s interpersonal skills as they are relevant to conducting FAP effectively are open to evaluation and being addressed in supervision. It is important that the therapist (like a client) understand that this will be part of his or her training. In addition, the supervisor and therapist can clarify their roles and make the distinction between the development of professional skills as a therapist and psychotherapy for the supervisee. If the therapist is seeking the latter, their own therapy, it is important to help the supervisee understand the inappropriateness and the ineffectiveness of attempting that type of dual role in a supervisory relationship.

The supervisor and therapist-in-training relationship is a complex one. The supervisee should be made aware of and remain thoughtful about contextual variables that can create powerful dynamics in the supervisory relationship such as gender (Conn, 1996; Munson, 1997) and cultural diversity (Daniel, Rosircar, Abeles, & Boyd, 2004; Lopez, 1997). While there are multiple perspectives on when and how to address these issues, it is important that supervisors be aware of them and have a willingness to address their impact on the supervisory relationship. Indeed, some supervisors would argue that such contextual variables are inherent in any interpersonal dynamic interaction and should be addressed from the outset.

Additional professional and ethical issues that are not specific to FAP but can play an important role in FAP and other interpersonal psychotherapies during training include the inherent evaluative process of supervision (Falender and Shafranske, 2004; Holloway, 1999). The supervisor retains the task of being both the trainer of professional and interpersonal skills for psychotherapy and gate-keeper for the professional practice community and even academic requirements (Bernard & Goodyear, 2004). While this does not inherently create a dual role, it does put particular limitations on how information is processed, divulged, and used by the supervisor. Again, this is nothing new for FAP, but it is an important discussion for both supervisor and supervisee to have about the boundaries of the supervisory relationship in the same way that discussing the limitations of confidentiality (e.g., suicidal intent) is to the client-therapist relationship. Handling this discussion effectively and amicably can create an excellent model for therapist interactions with future clients.

One additional issue concerning FAP supervision merits a brief discussion. While this issue is not necessarily ethical, it remains at least a professional standard the present author feels strongly about when training new therapists in FAP. When altering client behavior, therapists are trained to contingently respond to the interpersonal impact of ineffective client behavior as it occurs in-session. This may create aversive contingencies for the client with which the therapist will attempt to prompt more effective client responding. During supervision, therapists are repeatedly admonished to never stop at the moment of simply pointing out ineffective client behavior or providing a consequence to that behavior. Stopping at this point does not allow the client to attempt an alternate, more effective behavior and have the therapist differentially reinforce that behavior. This is experienced as very aversive for the client and does not provide an adequate opportunity for behavioral change and learning to occur. This does not mean clients instantly engage in more effective behavior when a therapist prompts its occurrence. The key is that the therapist provides that opportunity (repeatedly, if necessary) and shapes an approximation for a more effective interpersonal behavior by the client.

The same rule is true in FAP supervision: The supervisor should prompt the therapist for an alternative response once the ineffective behavior is responded to or addressed. It is not common for an experienced FAP supervisor to fail to prompt a more effective behavior, but this process can occur in FAP supervision and will not create an opportunity for differential reinforcement of a more effective therapist response. As discussed above, in the context of group supervision the supervisor should help guide the process of feedback by supervisees to peer therapists in a constructive, empathic, and effective way.

### Conclusion

FAP supervision holds many commonalities with other interpersonal and contemporary behavioral psychotherapies. The ethical and professional principles underlying FAP are not unique. However, given the paradigmatically driven mechanism of clinical change and corresponding parallel for supervision, there are some features of FAP training addressed here that are unique. Considerable work needs to be accomplished with respect to empirically documenting the hypothesized mechanism of clinical change in FAP for both client and therapist behavior. The systems of assessment described here (the FIAT and FASIT) may help in this program of research.

FAP supervision like FAP therapy is a very intense and powerful process that creates meaningful and important relationships and behavior change. Kohlenberg & Tsai (1991) stated this very well in their original text on FAP, "The supervisory relationship is difficult and challenging, and yet rewarding, for the student therapist who is required to develop intimacy skills, to be open, vulnerable, honest, aware and present." (p. 196) The relationship between therapist and supervisee is bound by ethical principles and boundaries, but it can extend beyond the termination of training in a way that psychotherapy cannot do easily or ethically. These professional supervisory relationships can be wonderfully supportive and continue to grow in ways that can be hard to convey in paper such as this. Similar to our hopes for client change as a result of psychotherapy, the therapist skills resulting from the process of FAP supervision can last well beyond termination.

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**Author Contact Information:**

**Glenn M. Callaghan, Ph.D.**  
**Associate Professor**  
**Department of Psychology**  
**San Jose State University**  
**San Jose CA 95192-0120**  
**phone: (408) 924-5610**  
**fax: (408) 924-5605**  
**e-mail: glennc@email.sjsu.edu**