

# FAP Group Supervision: Reporting Educational Experiences at the University of São Paulo, Brazil

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## Abstract

The present article describes and analyzes educational experiences related to the teaching of FAP for psychology graduate students and psychiatry residents at the University of São Paulo. The first experience involved psychology graduate students and includes an example of the shaping process occurring within the supervisor-supervisee relationship, the changes observed in the supervisees' repertoires and the impact this had in the way they would conduct therapy. The second experience involved Psychiatry residents training that involved a role-playing procedure to present the five rules of FAP and shape therapist's relevant behaviors, as well as the adoption of a specific FAP based intervention to modify the supervisees' behavior during supervision and with the client.

## Keywords

FAP supervision, supervisor-supervisee relationship, role-playing

Two FAP based educational experiences at the University of São Paulo in Brazil will be described here. The results clearly illustrate and suggest that FAP can be converted into a significant experience of personal and professional growth for therapists. These reports are based on qualitative data and serve the goal of illustrating the FAP informed supervisory process and lay the groundwork for future studies that involve gathering systematic data about the supervision of future groups of psychology and psychiatry students.

### GROUP SUPERVISION AT THE UNIVERSITY OF SÃO PAULO: TEACHING FAP FOR PSYCHOLOGY GRADUATE STUDENTS

FAP is an interpersonally-oriented psychotherapy based on analytic behavior principles. It focuses on client change through contingent shaping of target behaviors and the application of natural reinforcement during a therapy session. The therapeutic relationship is the primary vehicle for client growth (Kohlenberg and Tsai, 1991). The same assumptions guide FAP group supervision that aims to teach to the supervisee: 1) essential therapeutic skills, for example, to know when and how to respond to clinically relevant behaviors (CRB1, in-session occurrences of client repertoires that have been specified as problems according to the client's goals for therapy and the case conceptualization; and CRB2, in-session improvements in CRB1 repertoires and should increase in frequency over the course of successful FAP) emitted in the context of the therapeutic relationship and, 2) to be sensitive to the interpersonal contingencies while in session with the client, responding in an effective way to promote behavior change.

However, how is it possible to guarantee that the supervisees will follow the rules emitted in supervision without becoming insensitive while in session? Considering the assumption that the interactions that occur in the supervision (as well as in therapy) happen in an interpersonal context, the interaction between the

supervisees and others members of the group (including the supervisor) will evoke some supervisees' behaviors problems, giving the supervisor the opportunity to respond to the student's behavior, shaping more effective interpersonal behaviors.

This article describes the process of FAP group supervision that occurred at the University of São Paulo in 2010, including examples of the process of shaping the supervisees' behaviors during the process of supervision, the changes observed in the supervisees' repertoires and the impact in the way they would conduct therapy.

### STRUCTURE OF THE COURSE AND GROUP SUPERVISION FOR PSYCHOLOGISTS

The Institute of Psychology at the University of São Paulo offers a one-year course entitled "Behavior and Cognitive Therapy: theory and practice" to psychologists who have completed an accredited undergraduate Psychology program. The course occurs once a week and it is divided into three activities: two hours of clinical supervision, one hour of clinical practicing (therapy) and four hours of theoretical classes (total duration of 540 hours). The course has established a partnership with the University's Hospital (UH) and the Department of Psychiatry who was responsible to refer clients for therapy with course enrollees. This partnership had a great impact on the therapists' training because they could work inside a hospital and learn how to communicate with others professionals. Every year the course has about 60 students and they are divided into four clinical supervision groups. The sessions are conducted by pairs to facilitate training needs within limited resources available; each client has two therapists at the same time.

During the year of 2010, one of the groups, conducted by Claudia Oshiro, had 14 psychologists with different levels of clinical experience and theoretical knowledge (with 0-10 years of experience). The supervisees knew a little bit of FAP but none

of them had a FAP supervision experience. Clients worked with two therapists in the same session making a total of seven clients for this group. The clients had different diagnostics: two with panic disorder, four with personality disorders (three borderlines and one narcissistic) and one with paranoid schizophrenia.

The first clinical supervision session started with an explanation about the way it would be conducted by the supervisor. The supervisees were told that to analyze the client's behavior, it was necessary to consider two sets of data: 1) client's report about the way he interacts with his significant others and his relationship with people outside therapy and, 2) the way he interacts with the therapist in the here and now context of the therapeutic relationship. Considering the second set of data, it was emphasized for the supervisees that some therapists' difficulties and problems could also be evoked in those situations and it would be important to talk about that during the process of supervision. It was pointed out that one of the goals of FAP supervision, then, is to teach the supervisees to attend to what is actually occurring during the session and responding to changes and the contingencies. Further, they would learn how to do this during supervision through direct exposure to an intense interpersonal relationship with the supervisor, in which emitting and noticing important emotional responding could occur. Additionally, during the supervisory session, the supervisor could ask them some questions to evoke their problem behaviors and shape improvements. After this discussion of the supervisory process, the first impact could be observed: the supervisees were surprised. It was possible to observe that some were excited to do that, whereas others were afraid and others were turning red and anxious.

As the supervision continued along the weeks, the supervisor introduced the FAP assumptions and the five rules described as: 1) watch for CRBs (to develop client case conceptualization skills in order to understand which client behavior would be CRB1s and CRB2s); 2) evoke CRBs; 3) reinforce CRB2s naturally; 4) observe the potentially reinforcing effects of therapist behavior in relation to client CRBs and, 5) provide functional analytically informed interpretations and implement generalization strategies (Tsai, Kohlenberg, Kanter, & Waltz, 2009).

During the teaching of the rules, important interactions between supervisees and supervisor occurred; the most relevant one will be described below.

In session, one of the clients diagnosed with borderline personality disorder, was saying many "theoretical talks", he was always changing subjects, increasing the volume of his voice, asking about the therapists' lives and avoiding saying anything about his feelings and interpersonal relationships. During the supervisory session, both of the therapists began by presenting their analyses of the external contingencies that appear to be influencing the client, and that was the content of the supervision. The supervisor noticed that the therapists were avoiding talking about what was happening in session and on one of the occasions said: "Girls, I have to tell you something. I'm not feeling comfortable with the way you two are reporting this case analysis to me and our colleagues. You know, it seems like you are avoiding telling me what is happening during the session and I am wondering what kind of feelings do I bring up in you? Can we talk about that for a moment?" The two therapists turned red

and just answered that everything was okay and the supervisor continued: "Well, it is not okay. I can see that you are turning red... Let me change the question: what are you avoiding addressing with your client? Probably we can make a parallel of what is happening here and what is happening with your client. What do you think? Let me help you with this. Everybody here wants to help you two thinking about the case". After those questions, the two therapists conveyed that they were worried about what the supervisor would think about them because they were not doing anything to stop those client's behaviors. They shared with the group that they knew that the client was avoiding intimacy, but for them it was hard to feel close to him because if they did so, he would ask about their lives. One of the therapists said that she was feeling like she was a terrible therapist and the entire group would notice that. The second therapist noticed that she was mad at him (client) because "he has not the right to invade me". The supervisor reinforced this disclosure and interpersonal closeness by saying: "yeah, it was nice to see that you two shared this with us. I can understand what you are feeling. Sometimes we don't know what to do with all the behaviors that are emitted in therapy with us... when that happens it seems like we are doing something wrong. You know, sometimes I have those feelings too... I feel better now and I feel like helping you in a more effective way." The supervisor also told them that they could use their feelings as hints about possible in-session contingencies.

After this episode, the two supervisees went back to the session and were not avoiding interpersonal tension. As a result of their experience during the supervisory session, they had a model of effective conflict solving with the supervisor. Further, it was a model of being therapeutically intimate and effective. Another important repertoire that was developed in this episode was the ability to discriminate one's impact on others and vice versa. For example, even if they would say that everything was okay with the supervisor, they noticed that this kind of report had a bad impact on supervisor if they were being avoidant. Correspondingly, in the therapy session, the therapists were more effective in blocking avoidance. They also noticed that when they were avoiding interpersonal tension (they were distant), the client's aggressive behavior increased in frequency.

This first episode was very important for the group. Supervisees felt like they could trust in the supervisor and they could develop some interpersonal skills in the service of personal/professional growth in supervision. It was possible to observe, during one year of supervision, that the supervisees had learned to 1) name their feelings; 2) use them as tips of the possible contingencies in session and, 3) identify, evoke and shape CRBs. Their clinical skills had improved, hence, a decreasing in the frequency of CRB1s and an increasing of CRB2s could be observed in all others cases.

Many other here and now interactions between supervisees and supervisor occurred and all brought relevant changes in the way the supervisees conduct therapy. The supervision was a "sacred space" for them (Tsai, Callaghan, Kohlenberg, & Darrow, 2009, p. 171). And they were able to create the same space with their clients.

By the end of the course, one of the supervisees said: "It was an amazing experience. In the first class, I was resistant and not

believing that we could do that. FAP changed my life and I am a better person, therapist, and friend”.

### THE TEACHING OF FAP TO PSYCHIATRY RESIDENTS IN THE CONTEXT OF A CLINICAL BEHAVIOR ANALYSIS PROGRAM

The Department of Psychiatry at the University of São Paulo Medical School has approved the creation of a behavior analysis program. Among its attributions, the program offers a basic training in clinical behavior therapy to third year Psychiatry residents. Classes started on February, 2011. This constituted a challenge for the teaching staff because there was no established model of such a program in Brazil.

The group of 12 third-year residents attended two weekly hours of classes, emphasizing theoretical aspects, and lectures and discussion of relevant papers plus two hours of clinical supervision in smaller groups, constituted of four residents and two supervisors, who worked together to discuss the case assigned to each supervisee. As part of their academic year, the residents had a one-month vacation and also had to engage in scientific exchange programs at worldwide acknowledged psychiatric institutions. This required a significant amount of flexibility to accommodate unavoidable absences and interruptions of activities during the year. The teaching and supervising team was constituted by two psychiatrists (with 30 and 10 years of experience) and four psychologists (with 8-29 years of experience). The residents described their vague familiarity with cognitive-behavior therapy techniques, as exposure therapy and disputing irrational beliefs. They knew practically nothing about behavior-analytical theory and its clinical applications. Some of the residents had a clear identification with psychodynamic theoretical approaches and didn't seem to be especially open to the present experience being offered to them.

The description below focuses on reporting and analyzing the strategy adopted in the first class about FAP that involved nine residents and also some specific FAP based highlights of the supervision of one of the groups, conducted by Regina Wielenska and Carolina Perroni.

### INTRODUCING THE FOUNDATIONS OF FAP IN A GROUP FORMAT: ROLE-PLAYING OF A SESSION.

After four months of general presentation of behavior-analytic principles and case supervision, it was time for the first class focusing on FAP and the therapeutic relationship. Four of the supervisors planned the introduction of the basics of FAP to residents in an experiential way, alternating between the discussion of the five rules (Tsai, Kohlenberg, Kanter, Walts, 2009) and the role-playing of a first session to with the exam of any relevant topic that would emerge. One of the supervisors played the role of a woman diagnosed with depression and the nine residents present that day were instructed to interact with this 45 year old client in her very first session, practicing application of the rules during the therapeutic encounter. The role-playing started from calling the client in from the waiting room, followed by mutual introduction. The residents were asked to act as though they were a single therapist; all of them were encouraged by teachers to participate.

The supervisor in charge of acting as the client could interrupt the dramatization anytime she felt it was convenient, with

the specific purpose of sharing with the therapists a little about the client's private states, concerning what was going on during the session. The other teachers also made interruptions to ask the residents about their ideas, feelings, and private states that emerged while they were interacting with the client. Based on this, they proceeded to establish the proper connections between FAP theory and the here and now of the therapeutic interaction.

The role-playing format of the class produced some intense learning moments; two of them will be reported here. A significant episode happened after the client was invited by the therapist to enter the office and talk about herself, and she felt she was being treated in a rather cold and distant way, with a hard to understand vague professional jargon and lack of empathy. The dramatization was interrupted and the supervisor (the one acting as the client) explicitly shared with the residents the feelings and thoughts of the client. They were instructed to identify parallels between their difficulties and the client's characteristics and behaviors during their interaction and invited to modify topographies, observing the different effects of them on the client's behavior. During the course of the exercise, the residents were guided to keep the focus on building a connection with the client, striving to recognize and value behaviors and feelings of trust and intimacy as discussed by Kohlenberg, Kohlenberg and Tsai (2009). Particular attention was given to the importance of therapist disclosure and interpersonal closeness (Tsai, Callaghan, Kohlenberg, & Darrow (2009). Alternative interactions were repeated with three other therapists, always with immediate feedback from the client/supervisor and group discussion. The session could only progress when the client and therapists agreed that they have effectively achieved an optimal level of mutual, positive connection, which would favor the therapeutic alliance and behavior change in the future.

This experience pinpointed how much the residents were disconnected from the client at the start of role playing, and maybe during real life first sessions, and were not aware of the function of apparently minor, but relevant, therapist's behaviors such as offering undivided attention, orienting their body towards the client when appropriate, or expressing empathy, which were probably decisive to influence a client's decision of giving that young medical professional a chance of effectively helping her.

The second relevant episode during the role playing session happened when the residents were trying to explain to the client what therapy consists of, and more than one therapist promised that they would certainly be able to help her fight depression. At this point, the supervisor who was playing the role of the client decided to express her discomfort with what she felt as an apparently arrogant or naïve exhibition of self-confidence, which seemed to invalidate all her experience of emotional pain. Then the supervisor/client decided to disclose to the therapists her reason for depression: expressing a mix of sadness and anger, she told the story about her 19 year old son who tried to save a person who was victimized by urban violence and he was shot and died before paramedics could arrive. Every supervisor witnessed the strong impact of this information upon therapists. They practically froze, a behavior probably analogous to the way the client was reacting to the loss, her life has stopped as her son's heart stopped beating. Then one of the therapists said he

could pretty much imagine how she was feeling. The client replied: “Have you ever lost your son to criminals? It doesn’t seem to me that you can feel a gram of what I feel; you are too young for this”. This threw the therapists out of their comfort zone and they got lost, unsure of how to react to the client. The teachers then helped the residents to functionally analyze the complete episode, including private events as empathic or aversion feelings and fears, always trying to be attentive to the functional relations between therapists’ and client’s behaviors in session. Again, the clinical episode was extensively managed up to the point that all participants were in agreement that they have achieved a (re)connection between client and therapist.

At the end of class, the group was asked about how they felt having to dissect so many details of their relationship with the depressed client. The experience was considered positive, although hard and sometimes painful, initially eliciting helplessness feelings, but also resulting in a clear understanding of the therapeutic possibilities of FAP when the therapist behaves with awareness and compassion, risking being fully present and sharing his/her own feelings with the client with authenticity. This didactic role-playing strategy was considered by participants as a motivating and effective way of learning how to identify the occurrences, during the session, of a client’s CRBs and actively evoke and differentially reinforce them. The supervisors, in parallel, were able to be contingent upon the therapists’ behaviors, in session, step by step. It was possible to establish a clear parallel between the client’s outside-the-session behaviors, the client’s and therapists’ behaviors in session and what happened between supervisors and residents during and after the role-playing. One of the instances of this occurred when the client mentioned how her life has stopped with the death of her son, the therapists felt immobilized, unable to act, and reacted in a kind of distant or silent way. Then the supervisors interfered, discussing parallels between the client’s and therapists’ similar feelings and reactions. Unfortunately, the class was not videotaped, which would have allowed better descriptions and analyses.

### **INTERVENTION UPON RELEVANT SUPERVISEES’ BEHAVIORS: FAP INFLUENCING CLINICAL SUPERVISION**

One episode will illustrate how FAP also influenced the style of supervision provided to residents. This starts with the fact that both supervisors have discussed between them that they were feeling annoyed with how frequently the supervisees used the mobile phone for calls and texting/browsing during supervision and classes, seeming to be detached from the colleague’s case and the subject being discussed. The supervisors recognized they were medical doctors on duty, had to deal with emergencies and may need to make or receive occasional calls. Even so, this didn’t seem to be the case. They seemed to be accustomed to behave like this as a way of getting some distraction during a class which they don’t like during other academic activities. In one of the recurrences of the behavior, during the discussion of a case, one of the supervisors asked the permission to interrupt the activity. She addressed the students and said something that was pretty much similar to this:

“I need to share with you a strong feeling of mine. We were in the middle of a case discussion, this means that a therapist and his client are in need of our full attention and help. Since we

started some weeks ago, on many occasions, I saw you texting and browsing, at least partially disconnected from the supervision. You may say you are skilled enough to do two things at the same time, but research data about texting and driving, for example, says this doesn’t prove to be true. I bet the same apply to the art of fully being present at a session of therapy or supervision. We miss facial expressions and gestures while we focus on a machine. We indirectly tell the audience that what we need to do with the phone is more important than interacting with the person sitting ahead of us with a painful story to tell. I would feel better if you tell us that the inpatient unit is calling and you have to go. Otherwise, please, stay with us for real, contribute with your knowledge and feelings, be present”.

Then, specifically addressing the supervisee who was texting, the supervisor says, “Once, in elementary school, I was attentively listening to my teacher and copying something that was on the board. She had told us to pay full attention and noticed I was writing and she called my attention, catching the pencil from my fingers and saying I was not doing what I was told to do. I have never forgotten the moment of shame, mixed with a sense of injustice, and I still feel I was right. Please tell me if I did something unfair, my purpose is not getting your unconditional compliance, but helping you to learn the art and science of therapy, of relating to others based on respectful and caring attitudes. And what you have done today is just a sample of what seems to be a cultural practice of many groups of residents, and that we, supervisors, are not accustomed to it and feel it does not suit the mutually committed atmosphere we prefer to stimulate here”.

The supervisees’ initial expression of surprise, maybe shock, gradually faded out and was substituted by an attentive posture. They nodded, agreed that this was happening, and added they were not aware of this type of impact of their behaviors on the interaction we were establishing during supervision. They assured us they didn’t do that with the clients and then we formed a consensus that if replying a call was really mandatory they could excuse themselves and leave us for a moment. Then the other supervisor added other words of endorsement and the supervision of the case was restarted in an atmosphere of mutual interest and support. After the case was fully discussed, the group process was analyzed as a possible intervention inspired by FAP principles: we valued being fully present, functionally analyzing interactions, promoting the courage of self-disclosure and taking necessary risks, never neglecting a compassionate and caring attitude. All this is compatible with Tsai, Callaghan, Kohlenberg, and Darrow (2009) perspective about FAP based supervision. Initially, the supervisor expressed her needs contingently to the texting behavior (immediate natural consequence), trying to be responsive the effect of this on the group, including her partner in supervision. She also managed the conflict listening to supervisees, proposing intermediate solutions. Then she disclosed her feelings about a similar emotionally charged academic context that occurred decades ago in her own life and addressed everyone’s emotions and ideas. As the supervisor understood that the supervisee’s behavior needed to be the focus of intervention, she approached the issue describing the impact of that behavioral pattern of the resident on herself and the possible implications of that. That type of feedback has never

been given to them before, and the interpersonal consequences of texting and browsing could not be recognized and assessed till that moment. It is also a FAP based intervention in the sense that the supervisor tried to connect with the resident's possible discomfort feelings and she reported her own childhood experience as an analogue of the present interpersonal conflict. Additionally, some of the values pursued by FAP (Tsai, Kohlenberg, Bolling & Terry, 2009), as a caring attitude of awareness in session and supervision, were emphasized as valid objectives. It is interesting to notice that the two psychologists (in this case, the supervisors) and the four psychiatrists (supervisees), although having many points of common in their academic history, could be viewed as different, "very unique micro-cultures", as analyzed by Vandenberghe et al. (2010), and this means that certain differences between supervisors and supervisees, if not acknowledged and dealt appropriately, would impair the quality of the relationship in the supervision group and the progress of all participants. Initially, the supervisor needed to assume the risk of confronting a cultural practice of that group of students and had to find a compassionate way of doing this. The solution was describing her inner states and impressions concerning browsing and texting during case discussions, and functionally analyzing the probable consequences of the lack of focus on discussion and of visual contact. The additional parallel between childhood experiences and the feelings of the student, as well as proposing a solution for emergency calls helped create a warm atmosphere, rich in empathy. Learning theory research has extensively established that immediate consequences have more chances of affecting the probability of a certain response. This also applies to FAP based interventions. Giving immediate, here and now, feedback (e.g. reinforcement), right after the problematic texting behavior occurs, is much more powerful. It is interesting to notice that the residents' behavior while discussing cases changed from that intervention on; they tried, in a higher frequency, to keep the focus on each others' reports and started to contribute with empathic remarks and opinions, staring at the colleagues, not at a screen. Another change was a reduction in the occasions they had to reply the calls or browse the web. What could be simply an interpersonal conflict was transmuted into a rich interaction during clinical supervision with the decisive support of FAP.

### FINAL REMARKS

Concerning the supervision of psychologists, the challenge is reconciling the differences in clinical and interpersonal repertoires of supervisees, and this requires future research about the teaching of FAP for such heterogeneous group of young thera-

pists. The present article is probably the first Brazilian report of FAP being systematically presented to psychiatry residents, especially in a behavior analysis program, and more data will be systematically collected during supervision sessions in the following groups.

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