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## Introduction to using structured evocative activities in Functional Analytic Psychotherapy

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### Abstract

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

### Keywords

Functional Analytic Psychotherapy; therapist relationship; evocative activities; differential reinforcement

### Introduction

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

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

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

As FAP has evolved, emphasis has increased on using structured, evocative activities to accelerate progress (Tsai, Fleming, Cruz, Hitch, & Kohlenberg, in press). These activities can be particularly useful for clinicians working in settings requiring time-limited therapy. FAP is an integrative therapy that utilizes varied interventions, but the bottom line is that attention is given to whether client CRBs are evoked and what will naturally reinforce client progress, thus, any procedure that evokes CRBs is potentially useful. Effective evocative techniques also help clients contact and express feelings and thoughts they may typically avoid. This article provides a rationale for using structured evocative activities in FAP with concrete examples to facilitate clinicians' implementation of the exercises.

## Introduction to Structured Evocative Exercises

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

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

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

and CRB2s. Identification of target CRBs is an iterative process that should be discussed collaboratively with clients.

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

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

### Examples of On-Going Evocative Activities

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

**Appreciations and/or grumps and gripes**—For clients who may have difficulty giving or receiving effective positive and negative feedback each session can end with

“appreciations” and/or “grumps and gripes.” This technique is also helpful in teaching clients the power of positive and negative reinforcement. During “appreciations,” therapist and client give specific feedback on behaviors that occurred during the session they would like to see increase, during “grumps and gripes,” on behaviors they would like to see decrease. After feedback is given, the receiver of the feedback is asked to assess the effectiveness of the feedback delivery. In addition to giving clients opportunities to practice giving positive and negative feedback, these activities allow therapists to model effective ways to give behaviorally specific feedback and highlight the importance of checking how the feedback has been received.

**Emotional risk log**—Emotional risk-taking has been shown to increase social connection and intimacy (Aron, Melinat, Aron, Vallone, & Bator, 1997). Risk logs are designed to help clients become more aware of their emotional risks, or lack thereof, and how this behavior impacts themselves and others. Specifically, the risk log is an inventory of emotional risks that the client has taken between sessions. These risks are rated on an individualized 1 (low risk) - 10 (high risk) scale. Each week clients are asked to share their risk log with their therapist, to be processed as desired in the interest of further evoking and reinforcing CRB2s. Simply logging these behaviors often increases their frequency as well as clients’ awareness of behaviors in which they are engaging (e.g., Rehm, 1977). Further, it allows clinicians to see a snapshot of their client’s week, which can help guide conversations about behaviors that are or are not generalizing outside of session.

### Examples of Full-Session Evocative Activities

**Non-dominant hand exercise**—While disclosure of one's innermost thoughts and feelings is central to establishing closeness, some clients are hesitant to do so because of the level of anxiety it can create. These thoughts and feelings may be about the therapeutic relationship or may involve emotionally laden material that is not about the therapist, but the therapist's presence evokes avoidance. For clients who find verbal disclosure difficult, a FAP therapist may use the non-dominant hand exercise (Tsai et al., 2009), where clients use their non-dominant hand to write for a time-limited period (e.g., five minutes). Based on behavioral principles of learning history, as individuals spend significantly less time writing with their non-dominant hand, there has been less opportunity for avoidance repertoires to develop. Therefore, writing with the non-dominant hand may evoke more potent responses. As each word is effortful, we increase the chances of one quickly moving past superficial prose. Clients can free-write on whatever subject comes to mind that they feel vulnerable about, or stem sentences can be read to them (e.g., “*I feel... I need... I long for... I'm scared... I'm struggling with... I dream of... I pretend that... It's hard for me to talk about/ tell you... If I had the courage, I would...*”). The use of stem sentences dates back to sentence completion as a projective testing technique designed to access emotions and internal reactions in response to ambiguous stimuli (Symonds, 1947). For some clients, the combination of responding to provoking stems or vulnerability inducing topics and writing with the non-dominant hand may evoke emotional expressions in the presence of the therapist, which are potential CRB2s of greater intimacy and openness. For other clients, this exercise may evoke a different but no less important CRB2 of practicing appropriate privacy.

**Loss inventory**—Many clients avoid emotions associated with loss and thus also may not experience healing, acceptance, or growth. In a sense, by trying not to experience the loss they are prolonging the experience.

To facilitate clients approaching their loss experiences, they can be asked to create a loss inventory. This can be especially useful at the end of therapy as it gives clients an opportunity to increase their awareness of how loss has impacted them as they navigate the loss of the therapy relationship. Grief counseling literature demonstrates that accessing relational losses typically evokes feelings of sadness, anger, loneliness, fatigue, shock, anxiety, and yearning (e.g., Worden, 2009). Instructions are: *"Sometimes we stay stuck in our lives unless we look directly at the ways we've been wounded and we grieve. This exercise allows you to acknowledge what you have loved and lost, the hurts, disappointments, endings, and betrayals you have endured from earliest memory to the present: what has made you sad, what has broken your heart, what has left a gap in your life; what do good-byes bring up for you? There is no right or wrong way to do this. Just let your heart speak as you review your losses. Endings or losses typically bring new beginnings or ways or being. Often, but not always, it helps to look at what was gained as a result of the loss. But that type of perspective takes time and each grief journey is unique. Only if you find it helpful at this time, also write about what has resulted from each loss that feels healing."* To help clients deepen their connection with these losses, therapists can invite clients to bring in tokens, photos, or mementos related to the loss, to hold or look at while recounting the experiences.

**100 positives**—Individuals in our society, particularly those struggling with a mood disorder, tend to over-emphasize negative qualities and under-emphasize positive qualities. For example, ask clients to list what they consider their flaws or faults and they will easily provide you an extensive list. Ask them to do the opposite, and they may stop short at only a few. When we are able to connect with what we cherish about ourselves, however, we bring a kinder version of ourselves into relationships. Given that one of the primary goals of FAP is to strengthen interpersonal relationships, clinicians may use the 100 positives exercise to facilitate clients' ability to increase a more positive sense of self. This exercise involves asking clients to create a list of 100 positive things about themselves (e.g., goals achieved, qualities they value in themselves, abilities and characteristics they have). The act of completing the exercise is often challenging for clients, which can result in evocative discussions around why they have such difficulty recognizing the good in themselves. Additional rationale may be provided to the client that accessing positives in one's self-concept and worldview as well as experiencing positive emotions can lead to increased engagement with therapy, improved emotion regulation, and attentional control (e.g., Frederickson, 1998; Tarrrier, 2010). It may be helpful to start the list in session, with the therapist and client taking turns naming something positive about the client. Some clients take many weeks to complete this assignment, adding five to ten items a week. Finishing this list can provide a sense of self-efficacy and self-love that will influence clients' internal and external relationships. The 100 positives list is iterative and dynamic – it is not meant to be the same over the course of the client's life or even over the course of treatment. Rather, it is a living document that can ebb, flow, and change as the client changes.

**Personal mission statement**—Many contextual behavioral treatments put an emphasis on values as a way to decrease dissonance and discontent in clients' lives (e.g., ACT; Hayes, Strosahl, & Wilson, 1999). While values are not themselves achievable (rather, they exist more as a North Star), being connected with them allows clients to set value-driven goals and to move in desired directions. In FAP, clients are invited to reconnect with and strive toward their values through writing a personal mission statement: "*Crafting an inspiring personal mission will help you focus on the principles that anchor you, who you want to be, what you want to give your life to, and the legacy you want to leave.*"

In articulating these objectives, clients create a road map and open themselves to risk striving for what they want even if it means occasionally failing. Additionally, it holds them accountable to themselves and to others if they choose to share their mission statement. Like many of the FAP exercises, a client's mission statement will likely change across time, so revisiting it regularly will be important.

**Anger/gratitude letter**—In the same way that avoiding experiencing loss can prolong its saliency, so can avoiding confrontation when feeling wronged or let down. Avoidance can lead to rumination, disproportionate emotional reactions, and self-invalidation. Yet this type of behavior is rampant in our clients – in fact, one of the most frequently endorsed categories on the FIAT-Q (Functional Idiographic Assessment Template, a FAP measure of interpersonal relationships; Callaghan, 2006) is avoidance of conflict and confrontation. For FAP therapists, approaching conflict is seen as an opportunity for closeness, deepening of relationships, and honesty with self and others.

Encouraging our clients immediately to approach conflict, however, particularly if avoidance is an entrenched behavior pattern, can be so intense as to be detrimental. Therefore, to gradually move them towards approaching conflict when adaptive, an anger letter may be assigned. By addressing the letter to the person with whom one is upset, rather than simply writing about anger in a journal, clients often are able to tap more readily into the emotion and connect more deeply with the reasons beneath the anger based on their own histories. From this starting point, clients may be better equipped to engage in an actual dialogue with the letter "recipient."

Conflict is not a challenge for all clients. Rather, for some, the challenge comes in expressing gratitude and love to the people in their lives. These expressions present a similar opportunity to deepen relationships and build intimacy. To help these clients move towards greater comfort expressing gratitude and love, a gratitude letter, which is similar in function and form to an anger letter, can be a useful first step towards this target behavior.

**Inner voices exercise**—Our clients, being complex and multifaceted, have many perspectives, motivations, and aspects of their identities which may not always be aligned. While completely resolving internal conflict resulting from this complexity may not be possible, the inner voices exercise can facilitate finding greater balance and acceptance of related tension. In this exercise, clients are asked to identify and describe their inner voices (i.e., their unique and distinct component parts). For example, a client concurrently may have as integral to her identity a straight-A student, a loving mother, an aggressive athlete, a

wounded child, a vindictive demon, etc. The voices can be of any flavor; in fact, this exercise is often most powerful when clients take the risk of acknowledging the parts of themselves of which they are ashamed or embarrassed. After identifying the voices, clients are asked to briefly describe its qualities, and assign it a percentage weight of their total selves (percentages do not have to add up to 100). This list can be used to explore acceptance of the full self without judgment and to listen to each voice without dismissal or shame. In addition to deepening self-acceptance, this exercise can help identify which voices are less in line with clients' values, thereby providing opportunities for change and growth.

**Bucket list exercise**—As therapists, we are often thinking about ways to help clients continue their work after treatment has ended. As termination nears, the bucket list exercise, where clients outline what they want to experience, create, accomplish, and impact before they “kick the bucket” is useful for setting higher aspirations, dreams, and concrete life goals. This exercise differs from the mission statement in that clients are articulating specific goals rather than identifying underlying values.

For example, perhaps your client has always wanted to learn Hungarian, hike the Appalachian Trail, visit the birthplace of his grandparents, or learn how to make the perfect chocolate soufflé. The bucket list is a way to help them connect with these more obscure goals, in addition to traditional aspirations (e.g., finish school, have a child, own a home). Documenting and sharing these yearnings can help clients creatively explore life purpose, hold themselves accountable, decrease avoidance and increase fulfillment.

## Conclusion

The structured evocative exercises described in this article have two major functions: 1) they quickly increase the therapeutic alliance by facilitating shared vulnerability and revealing of meaningful information, and 2) they help clients improve their behavioral repertoires, increasing more effective behaviors and decreasing ineffective behaviors. As such, they can fit well into FAP's focus on therapists watching for, evoking, and responding contingently to CRBs, and facilitating generalization. To the extent that the activities can be used within the FAP framework to evoke CRB2s that are naturally reinforced by the therapist and generalized to clients' daily lives, these tools can improve the intensity and power of psychotherapy. When considering these exercises, it is important to note that while a growing body of empirical evidence indicates FAP as a package is effective in treating a wide variety of mental health and intimacy related issues (Mangabeira, Kanter, & Del Prette, 2012; Kanter, Tsai, Holman, Koerner, 2013), there is no research assessing the efficacy of each of these evocative activities. As such, while future research specifically should address which activities have measurable positive effects on client problems, defined individually for each client, our extensive clinical experience suggests that these structured, evocative activities can be creatively adapted to individual clients to facilitate meaningful change.

## References

- Aron A, Melinat E, Aron EN, Vallone RD, Bator RJ. The experimental generation of interpersonal closeness: A procedure and some preliminary findings. *Personality and Social Psychology Bulletin*. 1997; 23(4):363–377.

- Beck, J. *Cognitive Therapy: Basics and Beyond*. New York: Guilford Press; 1995.
- Callaghan GM, Summers CJ, Weidman M. The treatment of histrionic and narcissistic personality disorder behaviors: A single-subject demonstration of clinical improvement using Functional Analytic Psychotherapy. *Journal of Contemporary Psychotherapy*. 2003; 33(4):321–339.
- Callaghan, Glenn M. The functional idiographic assessment template (FIAT) system. *The Behavior Analyst Today*. 2006; 7(3):357–394.
- Fredrickson BL. What good are positive emotions? *Review of General Psychology*. 1998; 2:300–319. [PubMed: 21850154]
- Gifford EV, Kohlenberg BS, Hayes SC, Pierson HM, Piasecki MP, Antonuccio DO, Palm KM. Does acceptance and relationship focused behavior therapy contribute to bupropion outcomes? A randomized controlled trial of Functional Analytic Psychotherapy and Acceptance and Commitment Therapy for smoking cessation. *Behavior Therapy*. 2011; 42(4):700–715. [PubMed: 22035998]
- Hayes, SC.; Strosahl, KD.; Wilson, KG. *Acceptance and Commitment Therapy: An experiential approach to behavior change*. New York: Guilford Press; 1999.
- Kanter J, Tsai M, Holman G, Koerner K. Preliminary data from a randomized pilot study of web-based functional analytic psychotherapy therapist training. *Psychotherapy*. 2013; 50(2):248–255. [PubMed: 23066926]
- Kohlenberg RJ, Kanter JW, Bolling MY, Parker CR, Tsai M. Enhancing cognitive therapy for depression with functional analytic psychotherapy: Treatment guidelines and empirical findings. *Cognitive and Behavioral Practice*. 2002; 9(3):213–229.
- Kohlenberg, R.J.; Tsai, M. *Functional Analytic Psychotherapy: A guide for creating intense and curative therapeutic relationships*. New York: Plenum; 1991.
- Lopez-Bermudez M, Garcia Rafael Ferro, Calvillo Manuel. An application of Functional Analytic Psychotherapy in a case of anxiety panic disorder without agoraphobia. *International Journal of Behavioral Consultation and Therapy*. 2010; 6(4):356–372.
- Mangabeira, Victor; Kanter, Jonathan; Del Prette, Giovana. Functional Analytic Psychotherapy (FAP): A review of publications from 1990 to 2010. *International Journal of Behavioral Consultation and Therapy*. 2012; 7(2–3):78–89.
- Mendes NA, Vandenberghe L. The therapist-client relationship in the treatment of obsessive compulsive disorder. *Estudos de Psicologia (Campinas)*. 2009; 26(4):545–552.
- Rabin C, Tsai M, Kohlenberg RJ. Targeting sex-role and power issues with a Functional Analytic approach. *Journal of Feminist Family Therapy*. 1996; 8(3):1–24.
- Rehm LP. A self-control model of depression. *Behavior Therapy*. 1977; 8(5):787–804.
- Symonds PM. The sentence completion test as a projective technique. *The Journal of Abnormal and Social Psychology*. 1947; 42(3):320–329.
- Tarrier N. Broad minded affective coping (BMAC): A “positive” CBT approach to facilitating positive emotions. *International Journal of Cognitive Therapy*. 2010; 3:64–76.
- Tsai M, Callaghan GM, Kohlenberg RJ. The use of awareness, courage, therapeutic love, and behavioral interpretation in Functional Analytic Psychotherapy. *Psychotherapy*. 2013; 50(3):366–370. [PubMed: 24000853]
- Tsai, M.; Fleming, A.; Cruz, R.; Hitch, J.; Kohlenberg, RJ. Functional Analytic Psychotherapy (FAP): Using awareness, courage, love and behaviorism to promote change. In: Thoma, N.; McKay, D., editors. *Engaging Emotion in Cognitive Behavioral Therapy: Experiential Techniques for Promoting Lasting Change*. New York: Guilford; (in press)
- Tsai, M.; Kohlenberg, R.; Kanter, J.; Holman, G.; Plummer Loudon, M. *Functional Analytic Therapy: Distinctive features*. London: Routledge; 2012.
- Tsai, M.; Kohlenberg, R.J.; Kanter, J.W.; Kohlenberg, B.; Follette, W.C.; Callaghan, G.M. *A guide to Functional Analytic Psychotherapy: Awareness, courage, love, and behaviorism*. New York: Springer Science + Business Media; 2009.
- Vandenberghe L, de Oliveira Nasser KCF, e Silva DP. Couples therapy, female orgasmic disorder and the therapist–client relationship: Two case studies in Functional Analytic Psychotherapy. *Counselling Psychology Quarterly*. 2010; 23(1):45–53.

Worden, JW. Grief Counseling and Grief Therapy, Fourth Edition: A Handbook for the Mental Health Practitioner. New York: Springer Publishing Company; 2009.

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