

The Challenge of Developing a Universal Case Conceptualization for Functional Analytic Psychotherapy

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Abstract

Functional Analytic Psychotherapy (FAP) targets a client's interpersonal behavior for change with the goal of improving his or her quality of life. One question guiding FAP case conceptualization is, "What interpersonal behavioral repertoires will allow a specific client to function optimally?" Previous FAP writings have suggested that a therapist must consider two issues when answering this question: (1) the client's values and (2) the interpersonal behaviors that will be supported by the client's social community. This paper discusses the potential for a single "universal" case conceptualization that can be successfully used with all FAP clients. A number of possible universal conceptualizations are reviewed but ultimately rejected as legitimate candidates. As an alternative, the authors suggest the use of a foundational framework for FAP case conceptualization focused on developing goal-directed interpersonal flexibility in clients. This framework has the benefits of: (1) identifying target repertoires that may be necessary but are not sufficient for the successful interpersonal functioning of all clients, (2) allowing for a functional, principle-based conceptualization of a client's specific target behaviors, and (3) encouraging consideration of a client's unique values and social community.

Keywords

Functional Analytic Psychotherapy, Case Conceptualization, Values, Social Community

While Functional Analytic Psychotherapy (FAP; Kohlenberg & Tsai, 1991; Tsai, Kohlenberg, Kanter, et al., 2009) has been used as an enhancement to other psychotherapy approaches (see e.g., Kohlenberg, Kanter, Bolling, Parker & Tsai, 2002), it is also, and perhaps most commonly, used as a standalone treatment. When employed in this manner, a FAP therapist attempts to improve a client's interpersonal functioning through in-vivo contingent responding in order to ultimately increase that client's quality of life. This contingent responding by a therapist is guided by a FAP case conceptualization (Kanter et al., 2009). Kanter and colleagues (2009) provide an excellent overview of FAP assessment processes, including the development and ongoing revision of a case conceptualization. The present paper is designed to supplement earlier discussions of FAP assessment and case conceptualization by discussing the possibility of a FAP case conceptualization applicable to all clients. This paper assumes a basic knowledge of FAP, which readers can obtain from the texts summarizing FAP (Kohlenberg & Tsai, 1991; Tsai, Kohlenberg, Kanter, et al., 2009).

An attempt to identify a case conceptualization applicable to all clients initially seems completely contradictory to FAP's behavior analytic foundation, which emphasizes the importance of an idiographic understanding of a client's behavior and the environment in which it is emitted (see, e.g., Callaghan, 2006; Kanter et al., 2009). From this perspective, given that each client has a unique learning history and behaves within a unique context, his or her behavior should be analyzed in an individualistic

manner. Thus, each client should have his or her own unique case conceptualization.¹

Ongoing discussions of FAP, however, have noted that it, as a principle-based psychotherapy, is typically very difficult to implement (Weeks, Kanter, Bonow, Landes, & Busch, 2011). This difficulty in implementation has led to calls for descriptions of the practice of FAP that are as clear and specific as possible, allowing for easier dissemination and competent practice of FAP (Weeks et al., 2011). The present paper provides one response to this call. It specifically attempts to identify a universal case conceptualization applicable to all FAP clients that will allow therapists to more efficiently and effectively implement FAP.

There are many possible components of a FAP case conceptualization. These include but are not limited to: (1) a summary of historical variables potentially influencing a client's behavior, (2) a summary of a client's goals and values, (3) a description of a client's problem behaviors in session and more effective alternative behaviors (CRB1s and CRB2s), (4) a description of a client's problem behaviors outside of session and more effective alternative behaviors (O1s and O2s), and (5) a description of therapist problem behaviors and more effective alternative behaviors (T1s and T2s; for further discussion of typical contents of a FAP case conceptualization see Kanter et al., 2009). Before proceeding it is essential to emphasize that a widely applicable, universal case conceptualization is generally not possible with respect to these specific components. For example, it is obvious that historical variables uniquely influence each client's behavior and thus need

¹ This uniqueness should extend beyond any other factors that might contribute to variety in case conceptualizations (e.g., level technicality in the language used, individual differences in therapist styles in forming the conceptualization).

to be described idiographically. Likewise, the unique interaction between a specific client's learning history and current context must be captured in a case conceptualization's identification of both the function and form of that client's behavioral targets. As a result, the specific proximal behaviors identified in a FAP case conceptualization, including client CRB1s, CRB2s, O1s, and O2s need to be idiographically defined (Kohlenberg & Tsai, 1991; Kanter et al., 2009).

In contrast, a widely applicable FAP case conceptualization may be possible, appropriate, and useful at more foundational level. As already noted, the primary outcome sought in FAP is the improvement of a client's quality of life. From a behavioral perspective, improvement in an individual's quality of life is primarily defined by increased access to positive reinforcement (Follette, Linnerooth, & Ruckstuhl, 2001). FAP is most fundamentally a process of shaping a client's interpersonal repertoires such that they allow the client to access more socially-mediated positive reinforcement. Because of this, a FAP case conceptualization must at least implicitly identify interpersonal repertoires² that are likely to be maintained by consistent positive reinforcement delivered by individuals the client contacts outside of the therapeutic environment. In general, these repertoires are the goal of the shaping process that is at the core of FAP. For example, a specific client improvement of attempting to describe one's emotional state is likely one step toward the broader repertoire of the client consistently and accurately expressing his or her emotions. Theoretically, if a client were to consistently display the identified goal repertoires, he or she would contact the maximum amount of interpersonally-mediated positive reinforcement potentially available to him or her.³ Therefore, these repertoires represent a client's maximal level of interpersonal functioning.

It is at this level (i.e., end goal client interpersonal repertoires) that a broadly applicable, universal FAP client case conceptualization (hereafter referred to as a *universal case conceptualization*) might be possible. The question under consideration in the present paper is whether such a universal case conceptualization actually exists. In particular, the present paper addresses the question of whether there is a set of interpersonal repertoires that should be promoted in all FAP clients.

FAP writings have traditionally stated that, like his or her proximal therapy targets, the behavioral repertoires promoted in FAP should be idiographically determined (see, e.g., Kohlenberg & Tsai, 1991; Kanter et al., 2009). The FAP literature has identified two issues that a therapist must consider when identifying these repertoires: (1) the client's values and (2) the client's social community. Both of these will now be discussed in turn with particular emphasis on their implications for case conceptualization, including the possibility of a universal case conceptualization.

2 For the present purposes, these repertoires should be understood as involving both the capacity to emit a functional form of behavior in the moment and the appropriate discrimination of when to emit that particular behavior.

3 This represents cases in which therapy is unlimited by any constraints (e.g., time, cost to client, client willingness to engage the change process). More typically, a client has a specific goal for therapy (e.g., improved functioning in a romantic relationship, reduced depression) that is much more constrained when compared to the broad changes in interpersonal functioning suggested here. It is still the case, though, that treatment targets in these more constrained therapeutic contexts would be based on a conceptualization of these broad changes.

■ VALUES

According to the behavior analytic perspective underlying FAP, values are broadly defined as "verbal statements specifying reinforcers and the activities that produce them" (Baum, 2005; Skinner, 1971; as cited by Tsai, Kohlenberg, Bolling, & Terry, 2009; p. 199-200). When clients enter therapy they often make a number of idiographic statements of values (e.g., what is personally important to them, their individual goals for therapy). The general consensus in the FAP literature is that these statements should be used by a therapist to identify the general direction of therapy and prioritize what behaviors should be targeted first in therapy (see, e.g., Kanter et al., 2009). This activity is directly related to the identification of the interpersonal repertoires targeted for a specific client in FAP.

This is a common approach to client values and reflects the most common interpretation of the American Psychological Association (APA) Code of Ethics (2002; see Bonow & Follette, 2009). However, we (Bonow & Follette, 2009) have argued that this approach is untenable within a behavior analytic approach to psychotherapy. When defined operationally (see Skinner, 1945), values can be understood as: (1) one's behavior (i.e., *valuing*), (2) the functional consequences maintaining that behavior (i.e., *functional values*), and (3) statements identifying those functional consequences and the behaviors that are likely to be met with those consequences (i.e., *statements of values*; Bonow & Follette, 2009). Given this understanding of values, successful therapy (i.e., therapy leading to meaningful client behavioral change) by necessity influences and changes a client's values. As a result, it is not logical to rely solely on a client's pre-therapy values to direct the full course of psychotherapy.

This is especially true if a client has previously had limited contact with potential reinforcers and is likely to experience dramatic changes in behavior when exposed to new learning histories during the course of therapy (i.e., his or her values are likely to evolve during the course of therapy). Because of this, a therapist should attempt to influence a client's values in the service of allowing that client to access additional potential sources of positive reinforcement (especially in novel forms) so that a client will be able to behaviorally "choose" among sources of reinforcement (Bonow & Follette, 2009). Thus, when identifying a client's ultimate therapy targets, a therapist must attempt to determine what values will be functional for a client in the long-term and support the evolution of these values in a client.⁴

Arguments by Tsai, Kohlenberg, Bolling, and Terry (2009) extend even further the bounds of the appropriate influence of a therapist on a client's values. They note that a therapist's own personal values typically influence the therapeutic process in ways that may not be apparent to the therapist or the client. As a result, they encourage greater transparency in the therapist's own personal values and the manner in which they influence interactions with a client. This includes allowing, with a client's consent, an individual therapist's personal values to influence the process of identifying the values that should be espoused by a client (Tsai, Kohlenberg, Bolling, & Terry, 2009).

4 Bonow and Follette (2009) argue that the influencing of a client's values in this manner should only be undertaken when the consequences of holding particular values is known (i.e., can reasonably be predicted based on empirical evidence).

The above arguments suggest that it may be appropriate for FAP therapists to promote universal values that are functional for all clients (or even all people) in the long-term. Identifying a set of universal values (i.e., a universal set of therapeutic goals) would obviously have a consistent, direct impact on each client's individual case conceptualization. At the same time, a set of universal values has yet to be identified.⁵

Two general assumptions underlying FAP may suggest universal values to be engendered in clients. These assumptions are that: (1) socially-mediated events are consequences functioning to influence a client's behavior, and (2) clients are motivated to learn more effective interpersonal repertoires. Based on these assumptions, one might conclude that a client should value interpersonal relationships and should want to be interpersonally adept. This would be an incorrect conclusion. According to the original FAP book, "there are no models of what a healthy person should be like or what kinds of goal behaviors should be in his or her repertoire" (Kohlenberg & Tsai, 1991; p. 192). Any assumptions regarding the necessity of a client valuing interpersonal interaction for the success of FAP are generally descriptive rather than prescriptive; they identify conditions contributing to successful courses of FAP and do not identify values that clients should be encouraged to hold. In reality, some clients find interpersonal interaction reinforcing and others do not (i.e., some value interpersonal relationships while others do not). Kohlenberg and Tsai (1991) noted this in the earliest FAP writings, indicating that, for this reason, there are clients who are more or less appropriate for FAP. Thus, FAP is to be employed with clients who meet its assumptions, which is very different than making clients appropriate for FAP by manipulating their values.

To summarize, it is clear that FAP therapists typically hold to the principle that a client's values should direct therapy, including the identification of the specific client repertoires targeted in therapy. At the same time, there are convincing arguments that it is often in a client's best interest to influence him or her to hold or at least explore particular values. Because of this, it is currently concluded that a universal client case conceptualization based on an identified set of universal values is theoretically plausible, even if there is currently no agreement upon what those universal values might be. Until such a set of universal values has been identified, though, it seems advisable that therapists continue to adhere to the common practice of primarily relying on the client's wishes when determining the ultimate targets of therapy (realizing that those values may morph and expand as the client's improved interpersonal repertoire is likely to expose him or her to novel potential reinforcers, including those that he or she previously considered inaccessible).

■ SOCIAL COMMUNITY

One's social community refers to all individuals with whom one interacts. These individuals are the mediators of reinforcement for one's interpersonal behavior (more technically referred to as one's verbal community; Skinner, 1957), so it is essential that one is able to effectively interact with one's social community.

⁵ One example of a proposed set of universal values will be discussed below under the subheading "Green FAP" (Tsai, Kohlenberg, Bolling, & Terry, 2009).

While a client's social community technically includes the FAP therapist (during the course of therapy), the present discussion focuses on a client's social community outside of the therapy room (e.g., a client's family, friends, coworkers, etc.). This is because the FAP therapist is not intended to be a lasting member of an individual's social community. It is hoped that, at the termination of therapy, a FAP client will be able to effectively interact with his or her social community without continued interaction with a therapist. Thus, ultimate therapy targets in FAP should consist of interpersonal repertoires that are likely to be functional as a client has ongoing interactions with his or her social community outside of the therapeutic environment.

The importance of considering a client's social community was noted in early FAP writings. Kohlenberg and Tsai (1991) specifically highlighted the issue when discussing the distinction between natural and arbitrary therapist responding. They specifically encouraged therapists to consider the question, "How typical and reliable is the reinforcer in the natural environment for the behavior being exhibited [in the therapy session]?" (Kohlenberg & Tsai, 1991; p. 12). This question emphasizes the importance of the FAP therapist's awareness of the client's social community. If a therapist shapes behavioral repertoires that will not be reinforced by a client's social community, the client's gains in the therapy room will not be maintained and therapy will have been of minimal benefit to the client.

As is the case with a client's values, the FAP literature encourages therapists to idiosyncratically assess a client's social community when identifying repertoires to be targeted in therapy. Overall, this is a reasonable approach, as it seems likely that all people have social communities that are unique in some meaningful way (e.g., no two romantic partners are completely identical). At the same time, much of the discussion of a client's values with respect to the identification of therapy targets is pertinent to the topic at hand. For example, it is quite plausible that a client's social community will change during the course of therapy. This is especially likely if a client's values and interpersonal repertoires change in a manner that makes them in some way incompatible with the values and repertoires of his or her initial pre-therapy social community. It could even be argued that a therapist should encourage a client to expand or modify his or her social community so that it includes individuals who more readily provide socially-mediated reinforcement. Thus a therapist, after an initial assessment of a client's social community, should continue the assessment of that community throughout the course of therapy. This will allow the therapist to track any changes in the client's social community, including the entrance of novel persons into that community and changes exhibited by initial members of that community (e.g., changes exhibited by those in long-term relationships with the client such as the spouse or children of the client).

A separate issue to consider is whether there really are meaningful differences between the social communities of various clients. There certainly are a number of potential social communities that require different interpersonal repertoires. In fact, the clinical experiences of the present authors suggest that clients frequently enter therapy because they inappropriately exhibit a repertoire that is very effective in one social community when interacting with individuals in another social community (e.g.,

a police officer's "controlling" repertoire keeps him safe when he interacts with criminal offenders but feels overbearing to his romantic partner, a salesperson's storytelling repertoire allows him to quickly build trust with customers but hampers intimacy-building with his close friends).

Nevertheless, for purposes of the present discussion of the plausibility of a universal client case conceptualization, it is important to consider whether there is an identifiable set of interpersonal repertoires that, if exhibited by a client, would be sufficient for him or her to successfully interact with any person with whom he or she could come into contact. It certainly seems that there are a number of interpersonal repertoires that are universally functional across social communities (e.g., accurately expressing one's desires, showing an interest in the experiences of others, discriminating opportunities to build closeness). This means that a universal case conceptualization is still a theoretically plausible consideration. As was the case with client values, though, no such set of universally effective repertoires has been unanimously identified.⁶ Therefore, it currently seems advisable for therapists to continue to take an idiographic approach to the assessment of a client's social community when determining his or her therapy targets.

■ POSSIBLE UNIVERSAL CASE CONCEPTUALIZATIONS

The above discussions generally suggest that FAP therapists should continue to idiographically identify a specific client's values, social communities, and target repertoires. Yet, the above discussions also demonstrate that a universal FAP client case conceptualization is theoretically plausible. At this time, the primary barrier to the identification of a universally applicable case conceptualization appears to be the relative lack of thorough discussion and empirical investigation of the topic. The following attempts to promote such efforts by presenting a number of possible universal case conceptualizations. Each will be summarized and evaluated with respect to the issues highlighted above.

GREEN FAP

Tsai, Kohlenberg, Bolling, and Terry (2009) provide a possible universal case conceptualization for what they term *Green FAP*, a form of FAP in which a therapist directly promotes client's behavior in the service of the values of "caring and helping of others, social consciousness and responsibility, and using one's talents and passions to contribute to the world" (p. 199). According to this approach, a case conceptualization should universally target the following repertoires: (1) being more altruistic, (2) developing a sense of universal responsibility, (3) cultivating an open heart, (4) advancing a sense of purpose and personal mission, and (5) engaging in a daily practice.

Within this approach, Tsai, Kohlenberg, Bolling, and Terry (2009) argue that the world as a whole would benefit from all of its citizens behaving with respect to a specific set of values (e.g., altruism, universal responsibility). As a result, this case conceptualization should be universally applicable to clients. The specificity with which this approach identifies ideal client values, however, indicates that this would not be an appropri-

ate or useful universal case conceptualization. In particular, the values that are promoted are far too constrained. In presenting this approach, the authors demonstrate recognition of this fact when they suggest that Green FAP caters to a specific clientele and that it should be employed only with the explicit consent of the client (Tsai, Kohlenberg, Bolling, & Terry, 2009). Given this clear limitation in this approach as a universal case conceptualization, it will not be discussed further.

EXPERIENTIAL AVOIDANCE AND INTIMACY-BUILDING

While not intending to describe a possible universal case conceptualization, Tsai, Kohlenberg, Bolling, and Terry (2009) provide a list of client repertoires that are regularly promoted in FAP. These have been selected for discussion here as a possible universal case conceptualization because they provide an example of the target repertoires implied by many FAP-focused presentations and publications.⁷ Four separate behavioral repertoires of focus are included in this potential universal conceptualization: (1) reducing experiential avoidance, (2) improving attachment repertoires, (3) giving and accepting care, and (4) increasing a stable sense of self (pp. 202-203).

One positive aspect of this case conceptualization is that it targets the most common deficits observed in FAP clients (i.e., deficits in intimacy-building). Moreover, it follows FAP's assumption regarding client values (i.e., that all clients who would present for FAP value socially mediated reinforcement). As a result, this is very much a universal case conceptualization. At the same time, there are two potentially problematic aspects of this approach that make it untenable. First, the target repertoires within this conceptualization may be too constrained. By placing focus on what could be considered more "advanced" interpersonal repertoires related to mattering to others and allowing others to matter to oneself, it may cause a therapist to overlook more foundational interpersonal repertoires (i.e., basic social skills). Second and more important, the ultimate therapy targets identified in this conceptualization may not be functional for a given client. For example, a client may not actually find an intense intimate relationship to be reinforcing, or the client's long-term romantic partner may not appreciate a client's more expressive repertoire. Thus, while this case conceptualization may frequently be worth considering for use in FAP, it is not truly universal.

FIAT-DERIVED

An alternative possible universal case conceptualization can be derived from the Functional Idiographic Assessment Template (FIAT; Callaghan, 2006), an assessment system specifically designed for FAP and other interpersonally-focused psychotherapies. In order to streamline functional behavioral assessment of client interpersonal functioning, the FIAT broadly organizes client interpersonal behaviors into five different topographically-defined areas. Tsai, Callaghan, Kohlenberg, Follette, and Darrow (2009; p. 170) identify optimal repertoires for daily interpersonal functioning within each of the five areas of the FIAT: (1) "To identify and authentically assert one's thoughts, feelings, and needs. To speak truths compassionately and to

⁷ Any critical discussion of this list as a possible universal case conceptualization should be read with the understanding that the authors' points have been adapted for the present purposes and does not reflect a criticism of their original work.

⁶ Possible universally effective repertoires will be presented below.

take risks appropriately.” (Assertion of Needs), (2) “Ability to discriminate one’s impact on others and vice versa.” (Bi-Directional Communication), (3) “Engaging in healthy conflict and conflict resolution effectively with others.” (Conflict), (4) “Appropriately engaging in disclosure and interpersonal closeness with others. To be interpersonally intimate and effective. To create close relationships, to give and receive love.” (Disclosure and Interpersonal Closeness), and (5) “To discriminate, experience and express one’s feelings with others.” (Emotional Experience and Expression). While the authors were primarily focused on therapist self-development (i.e., were identifying optimal therapist daily life interpersonal repertoires), these recommendations can be applied to clients as well. Thus, from within this approach, a client’s target repertoires would consist of those listed above.

This FIAT-based case conceptualization provides a comprehensive framework for identifying a client’s ultimate therapy targets. By design, any possible client dysfunctional repertoires (and more functional alternative behaviors) could be incorporated into this framework. As a result, this case conceptualization is universally applicable. An additional positive aspect to this approach to case conceptualization is that it allows for more flexibility with respect to a client’s goals for particular interactions (as demonstrated by the use of words such as “appropriately” and “effectively”). While this flexibility is present, there are still undertones that a client should generally behave in a manner that creates intimacy with others. This implication makes this approach subject to the criticisms of the previously presented possible universal case conceptualization. In other words, it may promote repertoires that may not be functional for particular clients (e.g., an intense intimacy-building repertoire that is not supported by close members of one’s social community).

Related to this, successful use of this FIAT-based conceptualization seems to depend upon a client already having a relatively rich and responsive social community available. For example, this approach generally assumes that a client’s expressed needs will be met by the environment and fails to provide guidance for a client’s behavior under circumstances in which his or her current social community is unresponsive to these requests (e.g., dissolution of unsupportive relationships and forming a social community more likely to reinforce one’s new repertoires). This limitation prevents this FIAT-based case conceptualization from being considered truly universal, as not all clients will have contact with a rich and responsive social community.

GOAL-DIRECTED FLEXIBILITY

A final possible universal case conceptualization has been derived from the clinical practice and experience of the present authors (i.e., the target repertoires typically underlying the authors’ FAP case conceptualizations). According to this approach, the goal of FAP is to teach a client three broadly applicable behavioral repertoires: (1) the accurate identification of one’s values and goals in a given situation, (2) engaging in interpersonal behavior that attempts to enact those values or achieve those goals, (3) noticing the degree of success of one’s behavior with respect to one’s values and goals and adjusting accordingly (e.g., discriminating opportunities to engage in particular kinds

of interpersonal behavior, changing the form of one’s behavior to increase the likelihood it will be reinforced).

This approach to case conceptualization adequately addresses the two issues related to the identification of target client repertoires: a client’s values and a client’s social community. Teaching clients to accurately assess their own values promotes their engagement in values-consistent behavior (regardless of what their values are) and is respectful of a client’s autonomy (i.e., does not assume or promote specific values). The promotion of client behavioral flexibility allows clients to effectively interact with their individual social communities (i.e., does not prescribe particular behaviors in which clients should always engage). Thus, this case conceptualization uniquely focuses on repertoires that are likely to allow most clients to access additional and novel positive reinforcement, which the reader will recall is the ultimate goal of FAP.

While this proposed universal case conceptualization has many benefits, it has some important limitations. The primary of these is that it may be difficult for a FAP therapist to practically implement. The three repertoires highlighted in this case conceptualization are extremely broad and potentially very complex. For example, if a client is to successfully adapt to his or her environment, he or she must be able to identify his or her specific goal in a given situation, identify a behavior that is likely to meet that goal within that situation, and skillfully emit that behavior. Thus, this approach to case conceptualization requires a FAP therapist to have a sophisticated assessment repertoire.

Unfortunately, rather than being easily remedied, this issue is primarily a reflection of the difficulty in the manualization or dissemination of a principle-based therapy like FAP. In order to prevent a therapist’s inflexible engagement in rule-governed behavior (Hayes, 1989), the therapy must be described in terms of principles, the application of which are not always readily apparent.⁸ Readers interested in strategies for developing a client-specific case conceptualization are encouraged to reference previous works related to that topic (e.g., Callaghan, 2006; Kanter et al., 2009).

A second potential limitation of this proposed universal case conceptualization is that it may create a context in which a client is not exposed to novel forms of potential positive reinforcement. While some of the approaches discussed above were criticized for their assumptions regarding the reinforcing qualities of particular kinds of behaviors and relationships (e.g., intense intimate interactions, altruism), one strength stemming from those assumptions is that they are likely to promote client exposure to novel ways of interacting, which the client may indeed find reinforcing.⁹ If, as is the case with the specific case conceptualization currently under discussion, the client is given the responsibility of identifying his or her own values and goals, then the therapist must be responsible for exposing the client to interpersonal contexts that will allow that client to make informed “choices” regarding his or her values and goals.

⁸ See, however, Weeks and colleagues (2011) for an example of an attempt to describe the application of FAP principles using concrete examples.

⁹ An obvious but important point related to this is that if there is a specific set of universal client values (e.g., intimacy) or a specific set of behaviors functional in all social communities, then a universal case conceptualization would be best if it directly incorporated them.

The third and most important limitation of the proposed universal conceptualization is that, while it focuses on interpersonal repertoires that are necessary (i.e., identifies repertoires that are universally required for a client's successful functioning), these repertoires may not be universally sufficient for successful functioning. Many of the repertoires specifically targeted within the frameworks of the other possible universal case conceptualizations could be essential therapy targets for particular clients. For example, a client's consistent engagement in experiential avoidance could consistently impair his or her interpersonal functioning, making this an important specific target on his or her case conceptualization. As a result, there is potential that this proposed universal case conceptualization may need to be supplemented by other approaches, preventing it too from being considered truly universal.

While this case conceptualization has some important limitations (in particular, that it may not provide a case conceptualization sufficient for all clients), it does identify broad target repertoires essential for all clients. It also encourages therapists to appropriately address two key considerations in the development of a FAP case conceptualization: a client's values and social community. As a result, it might best be considered a *foundational framework* for FAP case conceptualization that can assist therapists in their development of a functional, idiographic case conceptualization to guide their work with individual clients.

■ FURTHER CONSIDERATIONS AND CONCLUSIONS

There are a number of issues related to the evaluation of possible universal case conceptualizations worth considering at this time. The first of these is a caution that individuals need to be aware of the influence of their values and social community on their evaluations of potential universal case conceptualizations. As noted by Tsai, Kohlenberg, Bolling, and Terry (2009), a therapist's own learning history significantly impacts what he or she considers "good" or "effective." Just as these variables influence a therapist's assessment activities (Kanter et al., 2009), they are likely to influence any individual's (including the present authors and the reader) evaluation of components of a universal case conceptualization. Thus, it is important for there to be a wide variety of individuals participating in any ongoing or future discussions of possible universal FAP client case conceptualizations.

Related to this, clients should always be involved in the process of identifying their treatment targets (Kohlenberg & Tsai, 1991; Kanter et al., 2009). Just as therapists and FAP theorists are likely to display wide variety in their evaluation of possible treatment targets, so too will clients display this type of variety. A client will likely have his or her own unique values and goals as well as a unique language for talking about those values and goals. Moreover, a client's ideas about treatment targets are especially likely to initially differ from a FAP therapist's given that the client may have had no prior exposure to psychotherapy and, more specifically, a behavior analytic approach to psychotherapy. As a result, it is important to gain a client's fully in-

formed consent to the therapist's treatment plan, particularly if it is based upon a "universal" case conceptualization.¹⁰

A final issue worth considering is the possibility that there are relatively specific case conceptualizations specially suited for use with particular client populations (i.e., universal case conceptualizations for specific client populations).¹¹ Consider as an example clients who meet diagnostic criteria for Asperger's Syndrome, a pervasive developmental disorder characterized by significant deficits in interpersonal functioning (American Psychiatric Association, 2000). It is possible that there is a set of relatively specific repertoires (e.g., showing interest by attending to and directly responding to the communications of others, discriminating one's impact on others in the moment) that should always be targeted in these clients. Further consideration of the appropriateness¹² and feasibility of population-specific conceptualizations is prevented by present space limitations, but future discussion of universal case conceptualizations and development of FAP interventions targeting specific client populations should pursue this possibility further.

This serves as one final reminder of the primary function of the case conceptualization, namely, guiding therapist contingent responding to client behavior. The case conceptualization is an essential part of FAP, and it must be accurate enough to usefully contribute to successful therapy. Given its importance, much time is often spent in the process of FAP assessment (see Kanter et al., 2009). Because of this, development of a universal case conceptualization would have the primary benefit of the more efficient assessment of client functioning (in addition to the benefit of better outcomes for clients), making this an important topic for future discussion.

In conclusion, while the possibility of a universal client case conceptualization is a novel consideration, the issues related to it (a client's values and social community) have been discussed since the earliest of FAP writings (cf. Kohlenberg & Tsai, 1991). It is very likely that the discussion of all of these issues will continue for some time. Currently, it is concluded that a universal FAP client case conceptualization is theoretically plausible. However, because FAP involves the functional idiographic application of behavioral principles, the identification of a truly universal FAP case conceptualization will continue to be extremely difficult (and may even be impossible). The difficulty of this task has been demonstrated by the present failure to identify a truly universal case conceptualization. Despite the generally negative results of the above consideration of possible universal FAP case conceptualizations, the present evaluation of various possible approaches has been fruitful in its identification of what is best thought of as a foundational framework for FAP case conceptualization. Overall, it is hoped that the present paper will spark continued theoretical debate on this important topic. Not only that, it is hoped that these discussions can serve

¹⁰ During this process therapists are cautioned to consider whether a particular client is especially deferential to the expressed wishes of others (e.g., because of a cultural heritage). In such a case, a client's verbal agreement to a presented treatment plan may not actually represent informed consent as it is typically defined.

¹¹ For specific discussions of the application of FAP with a wide variety of client populations, see Kanter, Tsai, & Kohlenberg (2010).

¹² Particularly given the behavioral foundations of FAP, which emphasize building functional repertoires rather than reducing psychopathology (see Follette et al., 2001).

as the starting point for an empirical investigation of the utility of this foundational framework for FAP client case conceptualization and, more generally, the potential for a truly universal FAP client case conceptualization.

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