

# Functional Analytic Psychotherapy (FAP) in Ibero-America: Review of current status and some proposals

Amanda Muñoz-Martínez, Mónica Novoa-Gómez, & Rochy Vargas Gutiérrez  
*Pontificia Universidad Javeriana- Bogotá, Colombia*

## Abstract

Functional Analytic Psychotherapy (FAP) has been making an important rise in Ibero-America in recent years. This paper presents a review of different contributions, problems and some proposals. Three principal topics are reviewed: (a) general characteristics and theoretical bases of FAP, (b) the uses of FAP and its relationship with other therapies, and (c) FAP's empirical research. A number of major papers were found on the first and second topic, but there were few articles related to the third theme. In general, authors in Ibero-America emphasize epistemological and conceptual aspects of FAP and its relationship with other interventions from Third Wave Behavior Therapies, especially Acceptance and Commitment Therapy (ACT). With regard to the third topic, FAP is an effective therapeutic perspective, but it is important to increase the research in this area.

## Keywords

Functional Analytic Psychotherapy, Third Wave Behavior Therapy, Behavioral Analysis and Clinical Psychology

In recent years, the Third Wave Behavior Therapies have made an important impact on the field of clinical psychology, becoming an alternative to treating clients with personality disorders or serious behavioral problems, difficulties not as frequently focused on by cognitive-behavioral therapists (Rodríguez-Naranjo, 1998). The third generation behavior therapies provide contextual explanations for clinical problems, fostering more clarity on involved in maintenance and change without using hypothetical constructs or categories that the therapist cannot control (Forsyth, Lejuez, Eifert & Hawkins, 1996).

Functional Analytic Psychotherapy (FAP) has achieved an important place in this third generation behavior therapy movement, with its coherent conceptual framework and its empirical developments. Thus, studies relating FAP benefits and contributions to clinical psychology have allowed therapists access to effective treatment strategies (Beckert, 2002; Brandão, & Silveira, 2004; Callaghan, Summer & Weidman, 2003; Ferro, 2008; Ferro, Valero & López, 2009; López, Ferro & Calverley, 2010; Novoa-Gómez & Santolaya, 2010).

Such developments have led FAP to transcending the psychological community in which it was originally proposed (in geographical and idiomatic terms), so that, researchers in other contexts, such as Latin America, have conducted studies and written articles to strengthen FAP's empirical and conceptual base.

Four central topics in FAP have been addressed in Ibero-America: (a) its foundations in behavioral analysis, (b) clinically relevant behaviors (CRBs), (c) the therapeutic relationship as central to analysis and change, and (d) clinical supervision and training.

The authors in Ibero-America (Fernández & Ferro, 2008; Ferro, Valero & López, 1999; Parada, Sarmiento & Urbina, 2008; Rodríguez-Naranjo, 1998; Virués, Descalzo & Venceslá, 2003) based their studies on the behavior analytic and contextual prin-

ciples and therapeutic rules described by Kohlenberg and Tsai (1991).

As indicated by Parada, Sarmiento and Urbina (2008), FAP is based on the findings of the Experimental Analysis of Behavior, from which established the principles of radical behaviorism and based on which they derived both as Applied Behavioral Analysis and Clinical Behavioral Analysis (Dougher & Hayes, 1999). Virués, Descalzo & Venceslá (2003) have reported that the theoretical basis of the FAP is derived not only from the tenets of radical behaviorism, but is also based on current developments in verbal behavior and Relational Frame Theory (Kohlenberg, Tsai, Ferro, Valero, Fernández & Virués-Ortega, 2005; Gómez-Martin López-Rios, Mesa-Manjón, 2007), which may provide an explanation for the way that clients' explanations change their behavior.

Pérez-Alvarez (2006) noted that in third wave therapies, including FAP, the explanation of behavior occurs in relation to contextual factors and causal relationships are established in terms of their own behavior (such as thinking or feeling). This is differentiated from cognitive-behavioral therapies based on the metaphor of information processing where it is proposed that stimuli are perceived by the body and then subsequently processed by generating a response to them. Thus, the cognitive variables in cognitive behavioral or second wave therapies have the status of causality, which does not occur from the epistemological foundations of behavior analysis that are the basis of the third generation therapies, and in this case of FAP. In the article by Ferro, Valero & López (2009), however, they mentioned that some variables could interfere with cognitive intervention since as pointed out by Virués, Descalzo & Venceslá (2003), cognitive responses within a functional analytic perspective refer to instances of conduct that do not cause other responses, but that correlate with them.

Another differentiating aspect between the third and second wave therapies mentioned in the articles reviewed (Fernández & Ferro, 2008; Ferro, Valero & López, 1999; Kohlenberg, Tsai, Ferro, Valero, Fernández & Virués-Ortega, 2005; Gómez-Martin López-Rios, Mesa-Manjón, 2007; Parada, Sarmiento & Urbina, 2008; Rodríguez-Naranjo, 1998; Virués, Descalzo & Venceslá, 2003) is the idiographic approach of FAP, so that cases are analyzed with respect to individual histories and the context of the therapeutic relationship. This has been achieved through functional analysis, which identifies the particular functional relationships (antecedent and reinforcing stimuli) and also Clinically Relevant Behaviors (Barraca, 2009, Pérez-Alvarez, 2006).

The Ibero-American authors mentioned that Clinically Relevant Behaviors (CRBs) are perhaps the defining element of FAP, because given their functional equivalence with outside life behaviors, interventions focused on CRBs can lead to changes in the daily life behavior of the client (Fernández & Ferro, 2008; Ferro, Valero & López, 1999; Parada, Sarmiento & Urbina, 2008; Rodríguez-Naranjo, 1998; Virués, Descalzo & Venceslá, 2003). So the added value of FAP is that behavior emitted *in situ* often belongs to the same functional class as behaviors that occur outside the therapeutic context (Fernández & Ferro, 2008).

Some articles, however, present CRBs as independent responses from behavior classes (units of analyses<sup>1</sup>) identified out of session. They say that CRBs are private behaviors (e.g., cognitions, memories and emotions) that occur in session and that this is its main characteristic (Parada, Sarmiento & Urbina, 2008). Also, Fernández & Ferro (2008) suggest that analysis of verbal responses have to be separated from other behaviors during session, assuming an apparent independence between such behaviors.

Seeing as the main purpose of functional analysis in the clinical setting is to identify clinically relevant behaviors that are controlled by the same factors governing contextual responses outside therapy, CRBs therefore belong to the same functional classes. Thus, it is important to first identify the functions of these behaviors in the natural context and then identify topographies which can be shared in the client-therapist interaction. That way all the behaviors that occur in session while not necessarily clinically relevant will have behavioral significance.

The emphasis on these considerations is given in the context of adjusting them to the methodological criteria of behavior analysis, where the purpose of evaluation is the function. This contrasts cognitive-behavioral approaches, where the analysis often is given in terms of topographies of behavior isolated from the context. These approaches ignore the factors on which the behaviors depend, compromising the effectiveness of their applications in scenarios where the variables that control the behavior are unclear (Parada, Sarmiento & Urbina, 2008).

Ibero-American researchers too also subscribe to the three classes of clinically relevant behaviors: CRB1s refer to the problems and CRB2s, refer to the improvements in session that are functionally equivalent to the problem behaviors and objectives out of session, respectively. CRB3s are the explanations given by clients to explain their behavior. There is some disagreement about the importance of the role of CRB3s, as some authors in-

dicade that a focus on CRB1s and 2s are sufficient for change (Parada, Sarmiento & Urbina, 2008), whereas others say it is the modification of CBR3s that leads to change in CRB1s and CBR2s (Virués, Descalzo & Venceslá, 2003).

Related to the therapeutic relationship, the authors report that this is the context that promotes change in FAP (Fernández & Ferro, 2006) and generally show three elements that are involved: (a) the behavior of the client, (b) the therapist's behavior (Barraca, 2009; Virués, Descalzo & Venceslá, 2003) and (c) the therapeutic rules (Rodríguez-Naranjo, 2008).

The role of the therapist within FAP is to establish conditions for the behaviors to be analyzed, to modify the contextual factors that facilitate this change (Virués, Descalzo & Venceslá, 2003), and to promote generalization of CRB2s to the outside environment.

In this regard, Barraca (2009) evaluated the skills used by behavioral therapists and found important differences among the three generations of behavioral therapies. Also analyzed separately were two other third-generation therapies in addition to FAP --Acceptance and Commitment Therapy (ACT) and, Dialectical Behavior Therapy (DBT)-. He noted that FAP therapists have differential characteristics: (a) the ability to identify contextual factors both inside and outside therapy that control the behavior of the client (discriminative stimuli, conditioned stimuli, reinforcing stimuli, establishing operations), (b) the ability to view and alter the focus of intervention with respect to function identified in the session, and (c) the ability to respond effectively when client verbalizations or actions relate to presenting problems; this is often different from what a therapist in a highly structured and directive therapy would do. As mentioned, Virués, Descalzo & Venceslá (2003) state that a FAP therapist must be a creative person who achieves rapid change of focus when CRBs are observed; this implies that sometimes he or she will respond in an unconventional way to what happens in session.

In terms of therapeutic rules, different authors discuss those within the original guidelines of FAP: (a) to develop a series of observations which permit identification of CRBs, (b) to provide a therapeutic environment that give context to the occurrence of CRBs, (c) to positively reinforce improvements (CRB2s), (d) to observe potentially reinforcing properties of the therapist and (e) to describe functional relationships between contextual factors and CRBs. In this final rule, Virués, Descalzo & Venceslá (2003) report that facilitating the identification of functional relationships allows clients to understand the factors that control their behavior, and to observe the related conditions inside and outside of therapy.

## ■ FAP AND OTHER THERAPEUTIC APPROACHES FOUND IN THE IBEROMERICA CONTEXT.

Although FAP has been studied and used adjunctively with other therapeutic approaches (see for example, Kanter, Kohlenberg & Tsai, 2010) in North America, in the Ibero-America review conducted, we did not find FAP being used with therapeutic approaches other than ACT (Acceptance and Commitment therapy). So this is the relationship that appears in the Ibero-American context between FAP and other therapies.

<sup>1</sup> The analysis units are comprised of topographies of behavior, which may differ in shape, but that covary with the same contextual factors (Jhonston & Pennypacker, 1993)

FAP specifically is related to ACT as derivations of radical behaviorism and involve the component of acceptance (Ferro, 2000, Pérez-Alvarez, 2006; Virués-Ortega, Descalzo & Venceslá, 2003). The two therapies also call attention to the importance of verbal behavior and its characteristics when formulating and intervening in clinical cases (Kohlenberg, Tsai, Ferro, Valero, Fernández, & Virués-Ortega, 2005, Montgomery, 2008; Novoa & Guzman, 2008, Pérez-Alvarez, 2006; Virués-Ortega, Descalzo & Venceslá, 2003). In addition, FAP and ACT emphasize the importance of observing the impact of the therapist in interaction with clients (Ferro, Valero & López, 2007; Luciano, 1999, Montgomery, 2008; Virués-Ortega, Descalzo & Venceslá, 2003).

Authors such as Gómez-Martin, López-Rios & Mesa-Manjón (2007), emphasize the important role of social context (socio verbal context) in the development and maintenance of behavioral problems. This can be addressed in sesión through the identification of these problem behaviors, their evocation and shaping improvements in the therapeutic interaction (Kohlenberg, Tsai, Ferro, Valero, Fernández, & Virués-Ortega, 2005; Montgomery, 2008).

Importance of the socio verbal context and its function related to behavior constitutes a variable of interest in ACT and FAP, for example, in analyzing how that socioverbal context can be used by therapists trained in this type of intervention (for more information about the influence of socioverbal context and how it can influence the development of problem behaviors, see the Spanish article by Gómez-Martin, López-Rivers & Mesa-Manjón (2007), which addresses this issue from Relational Frame Theory (RFT) to explain how “we are verbal” in the interaction with a particular verbal community reference).

In several articles that discuss ACT, FAP is named as another most important third-generation therapy (Ferro, 2000; Gutiérrez & Luciano, 2006, Pérez-Alvarez, 2006), FAP’s analysis of the therapeutic relationship and its facilitation of changes from the therapist-client relationship to daily life is a useful tool in the application of therapies such as ACT, promoting changes in behavior both within and outside the context of therapy (Novoa & Guzman, 2008).

In Ibero-America, authors such as Martin-Murcia, Nieto & Ruiz (2012) point out the advantages of the integration of FAP and ACT in the treatment of behavior problems that can be complex to approach, because the literature indicates complementarity between these two therapies (Arco, López, Heilborn & Fernández, 2005) regarding the therapeutic stance and nonsyndromal classification of behavioral problems (García & Pérez, 2003; Olivencia & Llanes, 2005).

In the Spanish language and Ibero-America context, most articles about FAP and other related therapies link it with ACT (Ferro, 2000; Gutiérrez & Luciano, 2006; Pérez-Alvarez, 2006) although the relationship between the therapies is not specified clearly with the exception of Novoa & Guzman (2008), Luciano (1999) and articles that attempt to explore not only the applied aspects of these therapies but their theoretical links (Kohlenberg, Tsai, Ferro, Valero, Fernández & Virués-Ortega, 2005). Barraca (2009) suggests that the relationship established between ACT and FAP is in terms of methodology at the level of basic skills of the therapist, the importance of the therapeutic

context, and interest in the socioverbal context of clients and the functions that this context has acquired in their history.

## ■ EMPIRICAL STUDIES DESCRIBED IN THE IBERO-AMERICAN CONTEXT

Part of the contribution of contemporary behavior therapy, described in several reviews (Ferro, 2008), has been the focus on the reciprocal influence of behavior that occurs during therapy between client and therapist and its value in behavioral change (Brandão & Silveira, 2004; Silveira, Callaghan, Stradioto, Maeoka, Mauritius & Goulin, 2009, Mendes & Vandenberghe, 2009). FAP (Kohlenberg & Tsai, 1991) has recognized the context of the therapeutic session where client problems appear so that the therapist can be aware of them, and discriminate them to shape the desired change.

FAP strategies evoke and naturally reinforce client improvements, as well as provide functional descriptions and identify controlling variables related to their behavior (Kanter, Landes, Busch, Rush, Brown & Baruch, 2006). Pérez-Alvarez (1996) summarized this emphasis on the clinical session as a natural context and rules that govern the behavior of the therapist.

Thus, a body of literature is developing that analyzes the variables affecting the perception of the therapist’s own behavior in relation to client-related events (Callaghan, Stradioto, Maeoka Mauritius & Goulin, 2009) with implications of clinical supervision that focuses on behavior change in both therapist and client (Holloway & Neufeldt, 1995). In this sense, clinical supervision is a practice that seeks to identify the variables that affect the behavior of the therapist in relation to his or her client.

In Brazil and Colombia, clinical supervision of the behavior analyst has been addressed (Guilhardi & Oliveira, 1996; Vandenberghe, 1999; Vandenberghe, 2009, Sousa & Vandenberghe, 2007). Empirical studies have assessed the effects of supervision on therapist repertoire (Silveira, 2003; Ulian, 2007; Wielenska, 1989) and helped to develop strategies and models of clinical development for behavioral therapists (Caycedo, Ballesteros & Novoa, 2008, Muñoz-Martínez & Novoa-Gómez, 2011).

In a different context from Ibero-America, Beckert (2002) discussed the contributions of (FAP) to the supervisor/therapist/client interaction, noting that the therapist’s relationship with his supervisor could be a model for the relationship that is established with his client, so that FAP emphasizes the elements of supervision that occur in the here and now (Callaghan, 2006). Based on this formulation, Callaghan designed several tools that support this purpose: (a) the FAST--Functional Assessment Skills for Therapists (Callaghan, 2001); (b) FIAT--Functional Idiographic Assessment Template, for use with interpersonally-based interventions; (Callaghan, 2006a); and (c) the FASIT--Functional Assessment of Skills for Interpersonal therapists (Callaghan, 2006b), evaluates the skills of the therapist in relation to the supervisor.

Some studies conducted by researchers and behavioral therapists in Ibero-America (Hierro & Vandenberghe, 2005, López, Ferro & Calvillo, 2010; López, Ferro & Valero, 2010; Novoa-Gómez & Santolaya, 2010) reported on successful interventions in the use of FAP for various clinical problems, in combination with Acceptance and Commitment therapy (ACT) (Novoa-

Gómez & Santolaya, 2010) and Cognitive Behavioral Therapy (CBT). These empirical evaluations of FAP obtain the expected behavioral changes in individuals, couples (Vandenberghe, Nasser, Smith & Pereira, 2010), and groups (Vandenberghe & Ferro, 2005; Vandenberghe, 2009).

Kanter, Landes, Busch, Rush, Baruch & Brown (2006) evaluated the effect of social reinforcement during therapy on clients with depressive behaviors and personality disorders, and found significant changes in target behavioral classes on the FIAT (Callaghan, 2006a). Silveira, Callaghan, Stradioto, Maeoka, Mauricio & Goulin (2009) analyzed the effect of direct modeling by the therapist, and the interactions between the therapist and client that emphasizes FAP. These authors reported that in addition to the interaction between client and therapist, the degree of participation of the supervisors with their student therapists is very important in effectively addressing client attributes, behaviors, or stimuli that are evocative for the therapists (Silva Silvestre & Vandenberghe, 2008).

Studies in the field of psychotherapy and therapist-related variables also indicate that there is little correlation among behavior therapists in setting priorities for identifying client problem behaviors (Wilson & Evans, 1983). Thus, when the therapist fails to identify the problem and not apply the right treatment (Bergan & Tombari, 1976; Ruggill & Bootzin, 1988), it highlights the need for a proper assessment to reduce these risks (Ferro & López, 2009; Muñoz-Martínez & Novoa-Gómez, 2012).

From an operational standpoint, FAP has systematized a method of classification of client responses into clinically relevant behaviors (CRB) related to problems and clinical improvements. The proper identification of CRB is an important step towards the implementation of the FAP and is related to a successful formulation of the clinical problem. Martins da Silveira, Callaghan, Straioto, Maeoka, Mauricio & Gouli (2009) evaluated the effect of training in the identification CRBs in a case study involving a third year student of psychology and his client, a 25 year old man who complained of difficulties in interpersonal relationships. Findings indicated that FAP training sharpened therapist perception of CRBs, suggesting that modeling procedures can promote clinical change (Peron & Silveira, 2007).

Similarly, López-Bermudez, Ferro & Calvillo (2010) identified the benefits of FAP in the analysis of a case of a woman diagnosed with panic disorder without agoraphobia. The client's courage to take positive action correlated with reflection in the here-and-now of the client-therapist relationship, highlighting the need for the therapist to develop a repertoire of observation, identification and natural reinforcement of CRBs, and to establish functional relationships between CRBs and daily life, as proposed by Kohlenberg & Tsai (1995). This study is valuable in terms of reported case studies because of its full description of the psychotherapy that took place. Its limitations, however are that no measures were taken during treatment and follow-up, making it difficult to compare its effectiveness with other therapies.

Another variable, related to the participation of the client in the process of therapy, to become independent of it as soon as possible (Skinner, 1953/1978, Goldiamond, 1975). Clients can leave therapy when they have learned to be analysts for their

own behavior, that is, to make their own functional analyses. Corroborating this idea, Ulian (2007) emphasizes that clients should learn to observe their own behavior and identify reinforcers and discriminative stimuli associated with it.

In order for these skills to be developed by clients, Ulian (2007) noted the importance of using functional analysis by the supervisors of therapists in training. The literature, however, indicates a lack of research on the use of functional analysis in clinical training. To remedy this situation, Ulian implemented a research program to analyze case reports published by behavioral therapists to identify what they do with their clients. The results of this study are consistent with the findings of a similar study conducted by Muñoz-Martínez & Novoa-Gómez (2011) in which there was consensus among behavioral therapists regarding the importance of functional analysis, although there is some controversy about this term and the inclusion of variables associated with the conduct of the client.

In short, the client's ability to become an analyst of his or her own behavior, seems to depend on therapists having clarity about the importance of this work and making use of functional analysis and case formulation, as is proposed by FAP.

## ■ CONCLUSION

This review of Ibero-American literature related to FAP allows one to see how the work in Ibero America has developed mainly in the presentation of FAP as a behavioral therapy framed within the third-generation therapies (Hayes, 2004) that are characterized by a functional contextualist perspective. Much of the therapeutic work is based on the functional equivalence between CRBs and client behaviors out of session, which is why the authors assert that this is the fundamental and distinctive element of the FAP with respect to other therapies (Fernández & Ferro, 2008; Ferro, Valero & López, 1999; Parada, Sarmiento & Urbina, 2008; Rodríguez-Naranjo, 1998; Virués, Descalzo & Venceslá, 2003). It is important, however, to increase the number of studies to validate this intervention through replication procedures (Sidman, 1980) in order to establish definitively that functional relationships exist between CRBs and behaviors outside of session.

The role of CRB3s within FAP, are noted by empirical and theoretical studies, indicating they are important in order for clients to understand the explanations of their problems (Rodríguez-Naranjo, 1998). These claims, however, are not based on empirical research, so it is advisable to develop research on the role that CRB3s play in therapy, because these are the utterances that describe the behavior and relationships of causality (Virués, Descalzo & Venceslá, 2003). Although they involve the verbal context of the individual and appear to facilitate the transfer of learning to other contexts (Parada, Sarmiento & Urbina, 2008), there is no research yet that supports this claim.

In the Ibero American context, the articles reviewed with respect to integration or relationship between FAP and other therapies (Arco, López, Heilborn & Fernández, 2005; Barraca, 2009, Ferro 2000, Ferro, Valero & López, 2007; García & Pérez, 2003, Gutiérrez & Luciano, 2006; Kohlenberg, Tsai, Ferro, Valero, Fernández, & Virués-Ortega, 2005, Luciano, 1999, Martín-Murcia, Nieto & Ruiz, 2012; Montgomery, 2008; Novoa &

Guzmán, 2008; Olivencia & Cangas, 2005, Pérez-Alvarez, 2006; Virués-Ortega, Descalzo & Venceslá, 2003) are related only related to ACT. It would be important to investigate the interaction of FAP with other therapeutic approaches as has been done in the North American context

## ■ REFERENCES

- Arco, J., López, S., Heilborn, V. & Fernández, F. (2005). Terapia breve en estudiantes universitarios con problemas de rendimiento académico y ansiedad: eficacia del modelo "la cartuja". *International Journal of Clinical and Health Psychology*, 5, 589-608.
- Barraca, J. (2009). Habilidades Clínicas en la Terapia Conductual de Tercera Generación. *Clinica y Salud*, 20, 109-117.
- Beckert, M. (2002). Relação supervisor-supervisionando e a formação do terapeuta: contribuições da Psicoterapia Analítico-Funcional (FAP). Em: H. J. Guilhardi, M. B. B. P. Madi., P. P. Queiroz. & M. C. Scoz. (Orgs.). *Sobre o Comportamento e Cognição: contribuições para a construção da teoria do comportamento*, pp. 245-256. ESETec Editores Associados.
- Bergan, J. & Tombari, M. (1976). Consultant skill and efficiency and the implementation and outcomes of consultation. *Journal of school psychology*, 14, 3-14.
- Bootzin, R. & Ruggill, J. (1988). Training issues in Behavior Therapy. *Journal of Consulting and Clinical Psychology*, 56, 703-709.
- Brandão, M. & Silveira, J. M. (2004). Manejo de Comportamentos Clínicamente Relevantes. Em: C. N. Abreu e H. J. Guilhardi (Orgs). *Terapia Comportamental e Cognitivo-Comportamental: práticas clínicas*, pp. 194-204. São Paulo: Roca.
- Callaghan, G. (2001). *Functional Assessment Skills for Therapists: the FAST manual*. Unpublished manual. San Jose State University.
- Callaghan, G. (2006). Functional analytic psychotherapy and supervision. *International Journal of Behavioral and Consultation Therapy*, 2, 416-431.
- Callaghan, G. (2006a). The Functional Idiographic Assessment Template (FIAT) System: For use with interpersonally-based interventions including Functional Analytic Psychotherapy (FAP) and FAP-enhanced treatments. *The Behavior Analyst Today*, 7, 357-398.
- Callaghan, G. (2006b). Functional Assessment of Skills for Interpersonal Therapists: The FASIT System: For the assessment of therapist behavior for interpersonally-based interventions including FunctionalAnalytic Psychotherapy (FAP) or FAP-enhanced treatments. *The Behavior Analyst Today*, 7, 399-433
- Callaghan, G., Ruckstuhl, L. & Busch, A. (2005). Manual for the functional analytic psychotherapy rating scale (version 3). Unpublished manual.
- Callaghan, G., Summer, C. & Weidman, M. (2003). The Treatment of Histrionic and Narcissistic Personality Disorder Behaviors: A Single-Subject Demonstration of Clinical Improvement Using Functional Analytic Psychotherapy. *Journal of contemporary psychotherapy*, 33, 321-328
- Caycedo, C., Novoa, M. & Ballesteros, B. (2008) Análisis de un protocolo de formulación de caso clínico desde las categorías de bienestar psicológico. *Universitas Psychologica*. 7, 231-250
- Dougher, M. & Hayes, S. (1999). Clinical Behavior Analysis. In: M.J. Dougher (Ed). *Clinical Behavior Analysis*. (pp. 11-25). Reno: Context Press.
- Fernández, A. & Ferro, R. (2006). Psicoterapia analítico-funcional: una aproximación contextual-funcional al tratamiento psicológico. *EduPsykhé*. 2, 203-229.
- Ferro, R. (2000). Aplicación de la Terapia de Aceptación y compromiso en un ejemplo de evitación experiencial. *Psicothema*, 12(3), 445-450.
- Ferro, R. (2008). Recent studies in functional analytic psychotherapy. *International Journal of Behavioral Consultation and Therapy*, 4, 239-249.
- Ferro, R., Valero, L. & López, M. (2009). La conceptualización de casos clínicos desde la psicoterapia analítico funcional. *Papeles del psicólogo*, 30, 255-264.
- Ferro, R., Valero, L. & López, M. (2007). Novedades y aportaciones desde la psicoterapia analítica funcional. *Psicothema*, 19, 452-458.
- Forsyth, J., Lejuez, C. Hawkins, R. & Eifert, G. (1996). Cognitive vs. contextual causation: different world views but perhaps not irreconcilable. *Journal of Behavior Therapy and Experimental Psychiatry*. 27, 369-376.
- García, J. & Pérez, M. (2003). Reivindicación de la persona en la esquizofrenia. *International Journal of Clinical and Health Psychology*, 3, 107-122.
- Goldiamond, I. (1975). Alternative sets as a framework for behavioral formulations and research. *Behaviorism*, 3, 49-85.
- Gómez-Martín, S., López-Ríos, F. & Mesa-Manjón, H. (2007). Teoría de los marcos relacionales: algunas implicaciones para la psicopatología y la psicoterapia. *International Journal of Clinical and Health Psychology*, 7, 491-507.
- Guilhardi, J. & Oliveira, W. (1996). Manuscrito não publicado.
- Gutiérrez, O. & Luciano, C. (2006). Un estudio del dolor en el marco de la conducta verbal: De las aportaciones de W.E. Fordyce a la Teoría del Marco Relacional (RFT). *International Journal of Clinical and Health Psychology*, 6(1), 169-188.
- Hayes, S. (2004). Acceptance and commitment therapy, relational frame theory, and the third wave of behavioral and cognitive therapies. *Behavior Therapy*, 35, 639-665.
- Holloway, E. & Neufeldt, S. (1995). Supervision: Its contributions to treatment efficacy. *Journal of consulting and clinical psychology*, 63, 207-213.
- Johnston, J. & Pennypacker, H. (1993). *Strategies and tactics of behavioral research*. 2a Edición. Hilldale, NJ: LEA.
- Kanfer, F. (1985). Target selection for clinical change programs. *Behavioral Assessment*, 7, 7-20.
- Kanter, J., Landes, S., Busch, A., Rush, L., Brown, K. & Baruch, D. (2006). The effect of contingent reinforcement on target variables in outpatient psychotherapy for depression: a successful and unsuccessful case using functional analytic psychotherapy. *Journal of applied behavior analysis*, 39, 463-467.
- Kanter, J., Schildcrout, J., & Kohlenberg, R. (2005). In vivo process in cognitive therapy for depression: Frequency and benefits. *Psychotherapy Research*, 15, 366-373.
- Kanter, J., Tsai, M. & Kohlenberg, R. (2010). *The Practice of Functional Analytic Psychotherapy*. USA: Springer.
- Kohlenberg, R. & Tsai, M. (1991). *Functional analytic psychotherapy. Creating intense and curative therapeutic relationship*. New York: Plenum Press. (traducción en español en el Servicio de Publicaciones Universidad de Málaga, 2007).
- Kohlenberg, R., Tsai, M., Ferro, R., Valero, L., Fernández, A. & Virués-Ortega, J. (2005). Psicoterapia Analítico-Funcional y Terapia de Aceptación y Compromiso: teoría, aplicaciones y continuidad con el análisis del comportamiento. *International Journal of Clinical and Health Psychology*, 5, 349-371.
- Kohlenberg, R. & Tsai, M. (1995). Functional analytic psychotherapy: a behavioral approach to intensive treatment. In W. O'Donohue and L. Krasner (Eds.), *Theories of behavior therapy. Exploring behavior change*, Washington: APA. (pp.: 637-658).
- López-Bermúdez, M., Ferro, R. & Calvillo, M. (2010). An Application of Functional Analytic Psychotherapy In a case of Anxiety Panic Disorder Without Agoraphobia. *Internacional Journal of Behavioral Consultation and Therapy*, 6, 356-372.
- López-Bermúdez, M., Ferro, R. & Valero, I. (2010). Intervención en un trastorno depresivo mediante la Psicoterapia Analítica Funcional. *Psicothema*, 22, 92-98.
- Luciano, M. (1999). Terapia de aceptación y compromiso (ACT) y Psicoterapia analítico Funcional (FAP). Fundamentos características y precauciones. *Análisis y modificación de conducta*. 25, 497-584.
- Martín-Murcia, F., Nieto, L. & Ruíz, J. (2012). *Principios básicos de las terapias de tercera generación aplicados al tratamiento de trastornos del comportamiento alimentario resistentes*. Trabajo presentado para el XII congreso virtual de Psiquiatría. com, Interpsiquis 2012. Disponible in: [www.interpsiquis.com](http://www.interpsiquis.com).
- Martins da Silveira, J., Callaghan, G., Straioto, A., Maeoka, B., Mauricio, M. & Gouli, P. (in press). Efeitos de um treino em Psicoterapia Analítica Funcional sobre a identificação feita pelo terapeuta de comportamentos clinicamente relevantes de seu cliente. *Revista Brasileira de Terapia Comportamental e Cognitiva*. 11, 345-365
- Mendes, A. & Vandenberghe, L. (2009). O relacionamento terapeuta-cliente no tratamento do transtorno obsessivo compulsivo. *Estudos de Psicologia (Campinas)*, 26, 545-552

- Montgomery, W. (2008). Comunicación clínica y Terapia Conductual dentro del Consultorio. *Revista Peruana de Psicología*, 2, 197-206.
- Muñoz-Martínez, A. & Novoa-Gómez, M. (2011). Confiabilidad y validación de un modelo de formulación clínica conductual. *Universitas Psychologica*, 10, 501-519.
- Muñoz-Martínez, A. & Novoa-Gómez, M. (2012). Motivos de consulta e hipótesis clínicas explicativas. *Terapia Psicológica*, 30, 25-36.
- Novoa-Gómez, M. & Santolaya, F. (2010). Psicoterapia Analítica Funcional en un caso de conductas parasucidas. En: *Psicoterapias breves y focales contemporáneas: teoría y práctica*. (pp.: 227 – 261). España: Editorial Manuscritos.
- Novoa, M. & Guzmán, D. (2008). Aplicación Clínica de Modelos Terapéuticos No Mediacionales en un Caso de Trastorno Mixto del Afecto. *Terapia Psicológica*, 26, 263-275.
- Olivencia, J., & Cangas, A. (2005). Tratamiento Psicológico del Trastorno Esquizotípico de la Personalidad. Un Estudio de Caso. *Psicothema*, 17, 412-417.
- Parada, M., Sarmiento, M. & Urbina, I. (2008). Panorama general, elementos, aplicaciones y rasgos distintivos de la psicoterapia analítico-funcional. *Informes Psicológicos*, 10, 225-243.
- Pérez-Álvarez, M. (1996). *La psicoterapia desde el punto de vista conductista*. Madrid: Biblioteca Nueva.
- Pérez-Álvarez, M. (2006). La Terapia de Conducta de Tercera Generación, *Ed-uPsykhé*, 5, 159-172.
- Perón, F. & Silveira, J. (2007). *Descrição de uma mudança clínica: categorização de dimensões do responder diferenciadas em uma classe de comportamento clinicamente relevante*. Manuscrito não publicado. Universidade Federal do Paraná. Curitiba.
- Rodríguez-Naranjo, C. (1998). Principios terapéuticos y posibilidades clínicas de la "psicoterapia analítica funcional". *Psicothema*, 10, 85-96.
- Sidman, M. (1980). *Tactics of scientific research. Evaluating experimental data in psychology*. USA: Lawrence Erlbaum Associates
- Silva Silvestre, R. & Vandenberghe, L. (2008). The therapist's feelings. *International Journal for Behavioral Consultation and Therapy*, 4, 355-359.
- Silveira, J. (2003). *Avaliação de um treino de habilidades elementares de terapeutas comportamentais infantis*. Tese de doutorado. Instituto de Psicologia da Universidade de São Paulo. São Paulo.
- Skinner, B. (1953/1978). *Ciencia y Comportamiento Humano*. São Paulo: Martins Fontes. (trabalho original publicado em 1953).
- Sousa, A. & Vandenberghe, L. (2007). Posibilidades da FAP como método de supervisão de terapeutas com clientes borderline (Possibilities of FAP in the supervision of therapists with borderline clients). *Revista Brasileira de Terapia Comportamental e Cognitiva*, 9, 1-12.
- Ulian, A. (2007). *Uma sistematização da prática do terapeuta analítico comportamental: subsídios para a formação*. Tese de doutorado. Instituto de Psicologia da Universidade de São Paulo. São Paulo.
- Vandenberghe, L. (1999). Uma abordagem contextual da supervisão clínica. Em: R. A. Banaco (Org). *Sobre Comportamento e Cognição, aspectos teóricos, metodológicos e de formação em Análise do Comportamento e Terapia Cognitivista (2ª Ed.)* (pp. 510- 515). Santo André: ESETec Editores Associados.
- Vandenberghe, L. (2009) Keeping the focus on clinically relevant behavior: Supervision for Functional Analytic Psychotherapy. *International Journal for Behavioral Consulting and Therapy*, 5, 209-221.
- Vandenberghe, L. (2009). A functional analytic approach to group therapy. *The Behavior Analyst Today*, 10, 71-82.
- Vandenberghe, L. & Ferro, C. (2005). Terapia de grupo baseado em psicoterapia analítico funcional como abordagem terapêutica para dor crônica. *Psicologia*, 7, 137-152.
- Vandenberghe, L., Nasser, D., Silva, K. & Pereira, D. (2010). Couples therapy, female orgasmic disorder and the therapist-client relationship: Two case studies in functional analytic psychotherapy. *Counseling Psychology Quarterly*, 23, 45-53.
- Virués, J., Descalzo, A. & Venceslá, J. (2003). Aspectos Funcionales de la psicoterapia analítico funcional. *Revista de la asociación española de Neuropsiquiatría*, 23, 49-69.
- Wielenska, R. (1989). A investigação de alguns aspectos da relação terapeuta-cliente em sessões de supervisão. Dissertação de mestrado. Instituto de Psicologia da Universidade de São Paulo. São Paulo.
- Wilson, F. & Evans, I. (1983). The reliability of target-behavior selection in behavior assessment. *Behavioral Assessment*, 5, 15-32.

## ■ CONTACT INFORMATION

### AMANDA MILENA MUÑOZ-MARTÍNEZ, MSC.

Pontificia Universidad Javeriana  
Carrera 5 No. 39-00. Of: 214  
Tel: +57 13208320. Ext:5745  
E-mail: [amanda.munoz@javeriana.edu.co](mailto:amanda.munoz@javeriana.edu.co)  
Bogotá-Colombia

### MÓNICA MARÍA NOVOA-GÓMEZ, MSC.

Pontificia Universidad Javeriana  
E-mail: [mmnovo@javeriana.edu.co](mailto:mmnovo@javeriana.edu.co)  
Bogotá-Colombia

### ROCHY MERCEDEZ VARGAS GUTIERREZ, MSC.

Pontificia Universidad Javeriana  
E-mail: [r.vargas@javeriana.edu.co](mailto:r.vargas@javeriana.edu.co)  
Bogotá-Colombia