

FAPRS MANUAL

Manual for the Functional Analytic Psychotherapy Rating Scale

Glenn M. Callaghan & William C. Follette

ABSTRACT

The Functional Analytic Psychotherapy Rating Scale (FAPRS) is behavioral coding system designed to capture those essential client and therapist behaviors that occur during Functional Analytic Psychotherapy (FAP). The FAPRS manual presents the purpose and rules for documenting essential aspects of FAP. The FAPRS codes are exclusive and exhaustive for FAP essential behaviors but also include codes for generally effective therapy behaviors by both client and therapist. Client behaviors identified include those that are FAP-specific such as Clinically Relevant Behaviors (in-session improvements and problems), specification of controlling variables, and discussion of outside problems and improvements that have been identified as targeted behaviors. Therapist behaviors that have been identified as theoretically essential for conducting FAP are included such as discussions about the therapeutic relationship, responding effectively and ineffectively to in-session client behaviors, and evoking client behavior in-session. For each behavioral code a definition is provided along with examples and counter examples of how the code might be applied to client or therapist behaviors. A decision hierarchy is provided for those cases when a client or therapist behavioral event (called a turn) may receive more than one possible code. The FAPRS can be used as a tool in research (e.g., to provide evidence for the proposed mechanism of change for FAP) or as a method for assisting the training of psychotherapists. The FAPRS has demonstrated acceptable psychometric properties (demonstrated by Callaghan, Follette, Ruckstuhl, & Linnerooth, this issue).

Keywords: Functional Assessment, Behavioral Therapy, Functional Analytic Psychotherapy, Behavioral Rating Scale, Behavioral Coding.

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I. INTRODUCTION

This Ratings Manual includes the Functional Analytic Psychotherapy Rating Scale (FAPRS). It is designed for rating audio tapes or videotapes of psychotherapy conducted according to the principles of functional analytic psychotherapy (FAP) to code the existence of particular therapist and client behaviors and to document the changes in client behavior as a function of the therapist’s contingent responding.

It is essential that the rater be familiar with the material in the Ratings Manual and the principles of FAP as outlined by Kohlenberg & Tsai (1991; see also Callaghan, Naugle, & Follette, 1996; Follette, Naugle, & Callaghan, 1996) before making ratings on the scale. Although it is the intention of the author that this manual be used in conjunction with training FAP, it is not to be used as a replacement for the original text by Kohlenberg & Tsai. The manual presumes a familiarity with the Kohlenberg & Tsai text and a basic understanding of a functional analysis and the principles of behaviorism.

The Manual begins with *General Comments* and instructions to raters which are important in rating using this system. The remainder of the Manual is organized according to codes for effective, ineffective, and neutral impact therapist behaviors, as well as codes for client behaviors. Each item contains (when applicable):

- (1) The exact wording and format of the item as it appears in the scale.
- (2) A restatement of or elaboration on the item’s purpose.
- (3) Definitions of terms used in the item.
- (4) General guidelines for rating a turn using that code.
- (5) Important distinctions to be made between codes through the use of marginal examples of the code.
- (6) Counter example(s) of the rule.

II. GENERAL COMMENTS

1. *Coding Therapist Behaviors:* This scale is designed to rate the behavior of both client and therapist. It is important to distinguish therapist behavior (as much as possible) from client response. That is, in rating therapist behavior, the rater should consider the function of client and therapist behavior (i.e., the actual effect that behavior has on the other member of the dyad). Raters should not code what it appears the therapist attempted to do but should instead code whether those attempts met with success or failure.

2. *Prerequisite Knowledge for Rating This Scale*: Raters are required to be familiar with the principles of Functional Analytic Psychotherapy (FAP; Kohlenberg & Tsai, 1991) and should have a basic knowledge of behavior analysis. It is also recommended that coders have additional experience with FAP outside of knowledge based on readings through seeing clients while implementing this therapy and being supervised by a knowledgeable supervisor. This Ratings Manual will not provide all of the specific background needed in order to code client and therapist behavior. In the event this manual is used to supplement training, the therapist must continue to obtain supervision as is appropriate according to the ethical principles of psychologists and consistent with the training guidelines set forth by the training facility or institution.

When using the scale, the rater must be careful and conscientious in listening to and rating the taped therapy sessions. Because rating is a complex task, it requires the rater to be thoughtful and to exercise good judgment. Tapes are not to be listened to or viewed by individuals not bound legally and ethically by the rules of confidentiality and should not be viewed or listened to by individuals not involved in the coding of tapes.

3. *Coding Each Turn when Using Transcripts using the Decision Hierarchy*: While it is likely that each functional unit corresponds to a floor change or turn (i.e., an utterance, sentence, paragraph, or paragraphs by either member of the client-therapist dyad), where distinct codeable units exist during a turn, the rater is required to code the turn using the decision hierarchy included in this manual.

The use of transcripts is not a requirement of this manual, but likely helps reliability between raters. In the event that coders rate audio or video tapes without transcripts, it is highly recommended that all raters adhere to a rule about what units are to be coded as events (i.e., floor changes, the last statement made by the speaker).

4. *Two Word Utterances*. One and two word utterances by either the client or therapist when they are affirmations (uh-huh, um-hmh, no, yeah, yes, etc.) have been embedded in the turn of the other speaker and are not coded. When a one or two word utterance is determined to be a codeable response it will remain in the body of the text. In the event a transcript is either not used or does not have the utterance embedded, the rater should ignore such one and two word utterances.
5. *Avoid Haloed Ratings*: The scale was designed to describe therapist and client behavior in session. To use the scale correctly, it is essential that raters code what is heard or seen on the transcript, NOT what raters think OUGHT to occur (i.e., code each unit independently).

The rater must be sure to apply the same standards for coding a unit regardless of:

- (a) what other behaviors the therapist or client emitted during the session;
- (b) what ratings were given to other behaviors that occurred just prior;
- (c) how skilled the rater believes the therapist to be;
- (d) how much the rater likes or dislikes the therapist or the therapist's style;
- (e) how skilled or ineffective the rater believes the client *should* be;
- (f) how much the rater likes or dislikes the client or the client's style;
- (g) whether the rater believes he or she would have done something similarly or differently than either the client or therapist did.

- a) *Rater halo resulting from a consideration of other therapist behaviors during the session*:

In deciding what rating to assign a turn, the rater erroneously bases his/her ratings on behaviors similar to the target behavior or on behaviors that are likely to covary with the target behavior. For example, if the therapist engaged in a high number of effective therapist behaviors during the session, the rater must continue to evaluate each therapist behavior as it occurs. The rater should

not allow early behaviors to unduly influence the code assigned to later behaviors based on the positive or negative valence of those previous behaviors.

b) *Rater halo resulting from ratings given to other items:*

In deciding what code to assign a behavior, the rater erroneously bases her/his rating on ratings given to other events. This is likely to occur when the rater believes the code assigned to another item affects the rating given to the item currently being rated. *Each turn must be rated independently.* For example, in this system, when a client emits a problem behavior in-session (a CRB1), the rater should not assume that the therapist will respond to that client behavior (e.g., TRB1) in a particular way.

c) *Rater halo resulting from rater's judgment of the therapist's level of skill:*

The rater may feel that the therapist is highly skilled in a particular strategy and assumes that the turn being rated should be reflected in what the therapist has done while implementing a particular strategy. Based on these assumptions, which may be erroneous, the item could be coded inaccurately. Similarly, if the rater judges the therapist to be less skilled, the item might also be coded inaccurately. *Each turn must be coded according to the turn itself, not according to the skill level of the therapist.* This is especially true when rating behaviors of therapists who are at either end of the skill continuum (e.g., those who are particularly advanced in training and those who are more novice).

d) *Rater halo resulting from how much the rater likes the therapist:*

The rater might assign codes inaccurately simply because he or she has a positive affective reaction to the therapist while the same behavior by a different therapist would not receive the same code. Turns must be coded according to the behavior, as specified in this Ratings Manual, regardless of whether or not the rater likes the therapist.

e) *Rater halo resulting from how skilled or ineffective the rater believes the client should be:*

The rater might assign codes inaccurately if he or she erroneously believes the client should be more or less skilled or effective in an interpersonal interaction than the client actually is. This is especially likely to happen when a therapist codes his or her own tapes without additional reliability data from another rater or when the rater has information about the order of sessions being coded.

f) *Rater halo resulting from how much the rater likes the client*

The rater assigns codes inaccurately simply because he or she has a positive or negative affective reaction to the client while the same behavior by a different client would not receive the same code. As with criterion (d) above, Events must be coded according to the behavior, as specified in this Ratings Manual, regardless of whether the rater likes the client.

(g) *Rater halo resulting from rater believing he or she would have done something similarly or differently:*

The rater might assign a code to a turn because the rater believes he or she would have done a similar thing in therapy or something differently. This coding system is designed to assess the impact a therapist has on a client and vice versa. It is not designed to measure whether coders agree or disagree with a therapist's behavior. *Judgments of similarity* to what a rater would have done are *not* part of this coding process and will corrupt the data. The rater must avoid these mistakes assiduously.

This needs to be conceptually distinct from noticing how a client or therapist behavior is believed to impact the other member of the dyad. If, for example, the rater determines the client behavior

functions as a problem behavior in session and should have impacted the therapist this way, but the therapist did not respond to that behavior, the rater should code this behavior accordingly. If, on the other hand, the rater notices the therapist responds to a client behavior topographically differently from the way the coder would, the rater must code the therapist's behavior as it impacted the client, not as a dissimilar response from one the rater would have chosen to emit.

6. *Use of Guidelines:* The descriptions and definitions of items in this Ratings Manual are intended to be guidelines for use in coding. In all cases, there is information about what code should be given. The guidelines also specify marginal or "borderline" cases and how to determine if a particular code should be assigned. This information is very important.
7. *Use of Examples:* For many of the items in this Manual, we have given examples of therapeutic exchanges as guidelines for rating therapist and client behavior. Nevertheless, the examples are only guidelines. This is because the examples are only brief interchanges that might occur in the larger context of an on-going session and are absent of a case conceptualization. When providing code to behaviors in a taped session, the rater must consider the context of the behavior and, most importantly, the case conceptualization. This is not to confuse the importance of avoiding halo effects. Raters are to code the behavior of the client and therapist based on the specific information they are given about each person and the potential functional classes of behaviors in which clients might engage. The examples will not be based on this idiographic data particular to the client-therapist behavior being coded.

The examples are provided merely as illustrations of the code. Raters will realize that each of the examples may have other interpretations of which code should be applied if a more thorough description of the client were provided. Still, lacking this information, the rater should let the example illustrate the code given the way the function of the client or therapist behavior is described.

Most importantly, the examples must serve as roughly functional examples of the client or therapist behavior relevant to the code. If the rater begins to look in tapes for topographical similarities to the examples provided, the rater will likely code the turn in question inaccurately. The rater needs to attend to the impact the behavior of the client or therapist has on the other person, not to how the behavior appears or is similar to the examples provided.

8. *Examples in the Manual can occur in three different forms:*
 - (1) list of relevant aspects of the code which should be considered;
 - (2) therapy exchange or exchanges which are marginal examples of the code;
 - (3) therapy exchange or exchanges which are counter examples of the code.

When dialogue is given in an example, it is italicized. The letter "T" indicates the therapist as speaker, and the letter "C" indicates the client as speaker.

9. *Response Class Decision Hierarchy:* A case conceptualization will accompany any tapes that you code. These will outline the different functional classes that are believed to result in the client's distress. Sometimes, these classes of clinically relevant behaviors are not mutually exclusive. Rather, there is a functional overlap whereby the success of one class of behaviors is dependent upon the client achieving success in a more basic repertoire class. If success at the more base level has not been achieved, then client improvement in the more advanced class of behaviors cannot be coded. An example would be a client who has difficulty producing clear speech when talking about emotional issues. When their speech is unclear, it is considered to mitigate or reduce the impact of their interpersonal disclosures *even if those disclosures would be considered improvements for another response class!*

10. *Multiple Code Decision Hierarchy*: Because turns can sometimes appear to be assigned more than one code, a decision hierarchy has been developed. These rules are abbreviated by the number for the code and are explained to the right in text. It is essential that this hierarchy be followed if it is unclear which of two (or more) codes should be assigned. This decision hierarchy is included at the end of this Manual. Only one code is given even if a turn appears to have multiple functions.
11. *Overlap Between Current and Prior Sessions*: Often an issue that was discussed in an earlier session is implicitly or explicitly referred to in the current session. For example, a client might refer to a turn in a previous session when the therapist objected to her coming late. Code only therapist and client behavior that takes place in the current session as clinically relevant behaviors (CRBs). For example, if the therapist pursued the matter of lateness further, after the client mentioned it, such behavior has indeed occurred in the current session and should be coded based on the impact it has during the current session. Otherwise, talk about past therapy interactions is simply focusing on the therapy relationship and not actively engaging in treatment.

III. INSTRUCTIONS TO RATERS

1. *RATE EVERY TURN*. This scale is designed so that every turn is rated using one of the codes. **DO NOT LEAVE ANY TURNS UNRATED.**
2. *CODE THE APPROXIMATE FUNCTION OF EACH TURN*. This rating system is designed to be functional, or at least quasi-functional with respect to the codes that are assigned to each client or therapist behavior. Therefore, when coding a turn, watch the impact that that turn has on the other person to determine the approximate function that the behavior might have. If the client appears to be engaging in a problem behavior, note that on the transcript as a CRB1 and then continue to watch how the behavior functions on the therapist. If the client's behavior appears to have the effect of a CRB1, then leave the code as written, if the client's behavior instead actually functioned as a CRB2 based on how the therapist was impacted by this, adjust the code to accurately reflect the function that behavior had. Similarly, if the therapist appears to engage in behavior coded as responding to a CRB1, note this on the transcript and watch the following turn to determine the impact the therapist had on the client. If the client responds in such a way as to support the previous code of effectively responding to a CRB1, the code remains. If, however, the client's response indicates that the behavior the therapist emitted was ineffective (perhaps too affect laden) and serves to confuse the client or stop all responding, the rater should correct the code to indicate that the therapist's behavior is coded as Ineffective Contingent Responding.

By attending to the function that the client's and therapist's behaviors actually have on the other person, this system approximates a functional coding system and better identifies the behaviors of interest to functional analytic psychotherapy.

The number of turns examined to determine a code should be kept to a minimum. A total of six turns, three separate turns for client and therapist, is set as the limit to provide context to the rater. If, for example, a rater determines that a code was given inaccurately to a therapist's behavior two turns earlier the rater could go back and adjust this code. The purpose of limiting the number of turns is to help keep raters on task, coding behaviors as they occur during a session, and so that a limited amount of session information is provided about later events (to prevent biasing the coding of earlier behaviors).

Natural responses by either therapist or client may be subtle. Notice how the impact of a therapists' seemingly subtle or even casual response functions as a specifically codeable FAP response.

3. *READ CODE DEFINITIONS WHEN THERE IS A QUESTION ABOUT CODE ASSIGNMENT.* Raters should periodically review the manual, particularly when the coders has been informed of potential criterion drift on codes, when there is a question about which code to assign. When there is a question about code assignment, the coder should review the relevant code(s), marginal and counterexamples, and review the decision hierarchy.

Careless errors may result when raters code a turn based on reading only the code name and not the code as defined in the manual. This is especially important when raters are being trained to use this rating system. Because of the complexity of the codes, it is also essential that the rater be completely familiar with the information in the Manual for each code before applying it. It is important that the rater continually refer to the Manual, even after she/he has become familiar with it, in order to prevent rater drift.

4. *ATTEND TO MANUAL NOTES.* Commentary following each scale item in the manual may specify conditions under which an item should be given, examples where it is difficult to know how to apply a code, and counter examples of each code.
5. *LISTEN BEFORE RATING.* Do not apply and code to a behavior until the turn has occurred (i.e., do not anticipate what the client or therapist is about to say and decide how that should be coded).
6. *TAKE NOTES.* We recommend that the rater take notes while listening to the session. This procedure enhances the accuracy of ratings both because it helps remind raters of information relevant to rating, and because it helps keep the rater focused. Because the rater is required to make many fine distinctions, it is essential that the rater not attempt to do any other task when listening to tapes to be rated. This is especially valuable when training.

ABBREVIATION OF CODES, NAMES, NOTES, AND LOCATION IN MANUAL

LIST OF CLIENT CODES

Code Abbr.	Full Name of Code	Brief Description	Special Notes	Page # in Manual
CRB1	Clinically Relevant Behavior 1 (problems in session)	client engages in problematic behavior in-session in the context of the therapeutic relationship	subscript as A,B, C, etc. or Z for class of CRB	13
CRB2	Clinically Relevant Behavior 2 (improvements in session)	client engages in improved behavior in-session in the context of the therapeutic relationship	subscript as A,B, C, etc. or Z for class of CRB	16
CRB3	Clinically Relevant Behavior 3 (description of important controlling variables)	client describes how different controlling variables impact the client's behavior and when the client makes these functional descriptions		18
CTR	Client Focus on the Therapeutic Relationship	client focuses on the therapeutic relationship	Behavior is not codeable as a specific FAP response	20
O1	Discussion of Clinical Problems Outside the Therapeutic Relationship ("outside CRB1s")	client discusses or describes problem behaviors that have been the focus of treatment but that occur in other situations outside of session	subscript as A,B, C, etc. or Z for class of "outside" CRB	22
O2	Discussion of Clinical Improvements Outside the Therapeutic Relationship ("outside CRB2s")	client discusses or describes improvements that have been the focus of treatment but that occur in other situations outside of session	subscript as A,B, C, etc. or Z for class of "outside" CRB	24
CPR	Client Positive Session Progression	client discusses or describes problems as they occur in situations other than the therapeutic relationship, or clarifies or provides context about problems		26

The above list of Client codes should be used only as reference and reminders for code abbreviations and special notes for each code. When raters have questions about codes, they must consult the manual.

LIST OF THERAPIST CODES

Code Abbr.	Full Name of Code	Brief Description	Special Notes	Page # in Manual
TTR	Therapist Focus on Therapeutic Relationship	therapist continues focus on therapeutic relationship including sharing the therapist's feelings in response to the client		28
ERB	Therapist Evokes a CRB by Client	therapist evokes a clinically relevant behavior by the client, either CRB1, 2, or 3	subscript as 1,2, or 3 for type of CRB	30
TRB1 (effectively)	Therapist Responds Effectively to CRB1 (problems in session)	therapist's response is to in-session client problem behavior	subscript as A,B, C, etc. or Z for class of CRB	32
TRB2 (effectively)	Therapist Responds Effectively to CRB2 (improvements in session)	therapist responds effectively to in-session improvements	subscript as A,B, C, etc. or Z for class of CRB	35
TRB3 (effectively)	Therapist Responds Effectively to CRB3 (description of controlling variables)	therapist responds to the client describing how different controlling variables impact the client's behavior; therapist shapes or models CRB3 for client		38
RO1	Therapist Responds to Client's Discussion of Clinical Problems Outside the Therapeutic Relationship (to "outside CRB1s")	therapist comments on problem behaviors the client describes having engaged in outside of the therapy session	subscript as A,B, C, etc. or Z for class of "outside" CRB	40
RO2	Therapist Responds to Client's Discussion of Clinical Improvements Outside the Therapeutic Relationship ("to outside CRB2s")	therapist provides verbal reinforcement in response to the client describing improved behaviors outside of the therapy session	subscript as A,B, C, etc. or Z for class of "outside" CRB	41
TPR	Therapist Positive Session Progression	therapist engages in generally effective or facilitative behavior	cannot be coded using one of the specific FAP codes outlined above	43
M1	Therapist Misses/Does not Respond to CRB1	Therapist misses an opportunity to respond to a CRB1	subscript as A,B, C, etc. or Z for class of CRB	47
M2	Therapist Misses/Does not Respond to CRB2	Therapist fails to reinforce an instance of a client's CRB2 or a reasonable approximation of a CRB2	subscript as A,B, C, etc. or Z for class of CRB	49
M3	Therapist Misses/Does not Respond to CRB3	therapist misses an opportunity to respond to a client's description of important controlling variables or reasonable approximation		51

List of Therapist Codes Continued

IRB1	Ineffective Response to a CRB1	Therapist emits a contingent response that was ineffective in reducing the frequency of a CRB1	Subscript as I, II, III for type ineffective therapist behavior	53
IRB2	Ineffective Response to a CRB2	Therapist emits a contingent response that was ineffective in increasing the frequency of a CRB2	Subscript as I, II, III for type ineffective therapist behavior	55
IRB3	Ineffective Response to a CRB3	Therapist emits a contingent response that was ineffective in increasing the frequency of a CRB3	Subscript as I, II, III for type ineffective therapist behavior	56
IN	Generally Ineffective Therapist Responding	Therapist engages in generally ineffective behavior	cannot be coded using one of the specific FAP codes outlined above	57

The above list of Therapist codes should be used only as reference and reminders for code abbreviations and special notes for each code. When raters have questions about codes, they must consult the manual.

CLIENT BEHAVIOR CODES

1. Clinically Relevant Behavior 1: Client Problems In-Session (CRB1)

Definition: Code CRB1 when the client engages in problematic behavior in-session, as it occurs in the context of the therapeutic relationship. Do not code a CRB1 when the turn is problem behavior the client describes as it occurs in other relationships outside therapy, unless the function of that describing behavior operates as a CRB1 with the therapist.

CRB1s are defined based on their functional relation to the impact the behavior has on the therapist. CRB1s are not defined solely on their topographical features with one exception. The problem behavior needs to be in direct relation to the therapist, unless the case conceptualization specifies otherwise. The case conceptualization is what distinguishes the threshold for CRB1s and O1s.

Distinguish CRB1s based on the functional class of which they are examples and are denoted by a subscript letter (A, B, C, etc.) based on the case conceptualization. For instance, CRB1_As may include behaviors such as avoidance of negative affect during session, and CRB1_Bs may be defined as client behaviors that function to prevent the client from accessing important interpersonal social reinforcers from the therapist.

A list of CRB1s (e.g., CRB1_{A,B,C}s etc.) should be made based on the case conceptualization and raters should code each CRB1 consistent with the functional class of which each CRB1 is an instance.

Therefore, code a **CRB1** using the appropriate subscript for that CRB1 (e.g., **CRB1_A**) to distinguish the specific CRB1s as they occur.

In the event that both a CRB1_A and a CRB1_B occur in the same turn, indicate that both have occurred by making both subscripts, that is, CRB1_{AB}

A case conceptualization may not be complete, and a rater could note the occurrence of an additional class of CRB not provided. If a CRB occurs that is not indicated by the conceptualization, the rater should mark that code as CRB1_Z, where the Z subscript indicates that the CRB is not part of the conceptualization but is an important CRB, nonetheless. When a rater utilizes the CRB1_Z code he or she should notify the project manager when the session is finished being coded. The manager will discuss the issue with the rater to determine the appropriateness of continued use of the code.

EXAMPLES

In this example, a brief case conceptualization is provided to illustrate why the codes would be applied. Readers should assume the client has presented for problems with interpersonal relationship difficulties and has specific problems with accepting that others care about her and inaccurately tacts how others are feeling towards her (CRB1_A). She also tends to underestimate her ability to be in a close relationship with someone, a discrimination deficit (CRB1_B). When these behaviors occur in the context of the therapy relationship, they function as CRB1s. CRB2s are the corresponding improvements in therapy with these problems. For example, when the client recognizes that the therapist cares about her, accurately identifies this, and she tacts how this makes her feel, this would be a CRB2_A. A CRB3_A would be approximations at identifying the important controlling variables that impact how she is able to engage interpersonal relationships more effectively or those contingencies that make it difficult to do so.

The following are examples of a **CRB1** code:

The client engages in behavior with the therapist that is similar to those behaviors the client exhibits in other relationships outside therapy which cause problems in interpersonal relationships

T: How are you feeling right now? (ERB₁)

C: I feel like you don't care about me, that's how I feel. Like you don't care. (CRB1_A)

Client engages in behavior that severely limits the therapist's response options to the client

T: So, do you think you might be able to try that with me next time? (ERB₁)

C: Oh, I don't know. I'll never be good in relationships. I'm just no good at this at all. (CRB1_B)

MARGINAL EXAMPLE

T: Tell me more about what you're feeling. (ERB)

C: I hate talking about this, being in a relationship is really difficult. Talking about my feelings with you is difficult. (?)

T: Yeah, this is hard stuff, I know... (depends on code given to client behavior)

In the event that the client's behavior functions to distance the therapist from him or her, this client behavior would be coded a **CRB1_A**. However, if the client is merely pointing out that talking about emotions is difficult for him or her, it may be a **CRB3**. This would more likely be the case if the client was not able to identify or disclose that talking about emotions is difficult as indicated by the case conceptualization. In this example, based on the decision code hierarchy would assign the code CRB3 if he or she were unsure whether the behavior functioned as a CRB1 or CRB3.

COUNTER EXAMPLE

T: Tell me about your week, what's been going on. (TPR)

C: Well, John and I really got along great. We were able to talk about the rough spots we've been having and how to maybe have less of those. I was really able to, you know, open up to him and let him know how I have been feeling lately. I even talked about how I felt right then, like you've been telling me all this time. (O2)

In this example the client refers to the therapist but is clearly discussing issues in outside relationships. This turn would be coded as a client improvement outside of session (O2). Coders should not assign a code of CRB when the talk is focused on issues outside the therapeutic relationship unless the client behavior functions as a problem or improvement specific to the CRBs outlined by the case conceptualization (see description of codes O1 and O2 below).

2. Clinically Relevant Behavior 2: Client Improvements In-Session (CRB2)

Definition: Code CRB2s when the client engages in improved behavior in-session in the context of the therapeutic relationship. A CRB2 is not improved behavior that the client describes as it occurs in other relationships outside therapy, unless the function of that describing behavior operates as a CRB2 with the therapist.

CRB2s are defined based on their functional relation to the impact the behavior has on the therapist. CRB2s are not defined solely on their topographical features with one exception. The improved behavior needs to be in direct relation to the therapist, unless the case conceptualization specifies otherwise. The case conceptualization is what distinguishes the threshold for CRB2s and O2s.

Distinguish CRB2s based on the functional class of which they are examples and denote each by a subscript letter (A, B, C, etc.) based on the case conceptualization. For instance, CRB2_As may include behaviors such as not engaging in avoidance of negative affect during session, and CRB2_Bs may be defined as client behaviors that function to allow the client to access important interpersonal social reinforcers with the therapist.

A list of CRB2s (e.g., CRB2_{A,B,C}s etc.) should be made based on the case conceptualization and raters should code each CRB2 consistent with the functional class of which each CRB2 is an instance.

Therefore, a **CRB2** should be coded using the appropriate subscript for that CRB2 (e.g., **CRB2_A**) to distinguish the specific CRB2s as they occur.

In the event that both a CRB2_A and a CRB2_B occur in the same turn, the coder should indicate that both have occurred by making both subscripts, that is, CRB2_{AB}

If a CRB occurs that is not indicated by the conceptualization, the rater should mark that code as CRB2_Z, where the Z subscript indicates that the CRB is not part of the conceptualization but is an important CRB, nonetheless.

EXAMPLES

The following are examples of a **CRB2** code :

The client engages in useful behavior, improving his or her ability to relate closely and interpersonally to the therapist and others

T: Tell me how you felt before coming in here today. (ERB₂)

C: Well, to be honest, I was nervous. Sometimes I feel worried about how things will go, but I am really glad I came in even though I was feeling that way. (CRB₂)

The client engages in improved behavior in such a way as to be at least a successive approximation to a **CRB2**.

T: Tell me how you felt before coming in here today. (ERB₂)

C: Well, I don't know what to say. I felt, well, nervous I guess. (CRB₂)

Both examples are difficult to code without a conceptualization. However, if the client were assumed to have difficulty sharing any negative affect in the context of the therapeutic relationship, the first would be a **CRB2**. The second is coded as a **CRB2**, as the client is tacting an emotional experience. These are examples and should not be treated as rules. Statements that might serve as **CRB2**s early in therapy would not necessarily be coded as such in later sessions as the threshold for approximations is higher as therapy nears its end.

MARGINAL/COUNTER EXAMPLE

T: Do you want to talk with me about something in particular? (ERB₁)

C: Well, I was wondering if there was anything you'd like to talk about? (see below)

This is another example where the conceptualization will determine the code for the client's behavior. In the event that the client is unable to assert his or her needs, the therapists has presented the client with an opportunity to do so, and the client has deferred to the wishes of the therapist; raters code this as a **CRB1** for the client behavior. However, if the client were unable to acknowledge the needs of others in a relationship, typically overlooking opportunities to have input about the needs of others, this would be an example of a **CRB2** by a client.

Again, the case conceptualization will determine the code for the client's behavior.

3. **Clinically Relevant Behaviors 3: Client Description of Important Functional Relationships among controllable variables (CRB3)**

Definition: Code client verbal behavior as **CRB3** when the client describes how different controlling variables impact the client's behavior and when the client makes these functional descriptions. These descriptions of controlling variables are **CRB3s** whether the client describes in-session variables, or those contingencies outside the therapy setting. Code **CRB3s** when the client paraphrases the therapist's description and appears to alter the description in his or her own words. Also code **CRB3s** when the client makes an approximate functional description of important controlling variables as part of a three term contingency, but misses one of the terms in that relationship.

EXAMPLES

The following are examples of a **CRB3** code:

The client describes events in his or her life that lead to more successful interactions or satisfaction.

C: I get so worked up beginning relationships, I try to force my values on my partner before he is ready. The next thing I know, the relationship is over. (CRB3)

In this example the client has identified all of the variables, antecedent events, identified behaviors, and the consequences of that behavior (here, punishing effects).

The client could describe this functional relationship, but leave out a term and still receive a CRB3 code.

C: I get so worked up beginning relationships, I try to force my values on my partner before she is ready. (CRB3)

Note that while the client has left off the final term of this analysis he or she has identified an important controlling variable over his or her behavior that can be manipulated to produce a different outcome.

MARGINAL EXAMPLE

C: When I'm around women, I get so nervous, I just can't stay around long enough to have a conversation. (see below)

This is potentially an approximation of a CRB3 as it does not adequately describe the relationship between the client's behavior and variables that can be manipulated or otherwise altered. When coding sessions in linear order, the rater can accept this as a **CRB3** in that it is an approximation of a CRB3. However, future descriptions of variables by the client would have to be more elaborate.

When coding sessions out of order (as in most research using the manual), the coder will have to use his or her judgment as to whether the client behavior in question is elaborated enough to be considered an approximation of a **CRB3** at that time.

COUNTER EXAMPLE

C: I just can't be around men. (CRB1/CPR - see below)

In this example, the client's behavior is not elaborated enough to be considered an approximation of a description of controlling variables. The client is simply stating that as a fact. If the case conceptualization indicated that the client had difficulties with very contrasting or "black and white" styles of thinking, this would be a **CRB1**, as the impact it has on the therapist and client is to limit available reinforcers and other ways of engaging this problem.

If the rater does not determine this behavior to be a CRB1 nor a CRB3, the code that would be assigned is Client Positive Session Progression (CPR, see p. 26) because the client is relating difficulties he or she is having in relationships outside of therapy.

4. Client Focus on the Therapeutic Relationship (CTR)

Definition: Code CTRs when the client focuses on the therapeutic relationship (i.e., his or her feelings in the moment about the therapist) but when this behavior is *not* codeable as a specific FAP response (e.g., a CRB1, 2, or 3).

Code client behavior as CTR when the client continues focusing on therapeutic relationship including sharing the client's feelings in response to the therapist. This

code is also given when the client focuses on the discussion of in-session behaviors as pointed out by the therapist.

This code is also given when the client discusses with the therapist the purpose of focusing on the therapeutic relationship during treatment (i.e., a discussion about how FAP works).

Lastly, use this code to categorize client talk that talks about past therapy sessions when the function of those sessions isn't currently present.

EXAMPLES

The following are examples of a **client focus on the therapeutic relationship** code (**CTR**):

The client continues to describe how he or she feels about the therapist or the therapeutic relationship, but this behavior is *not* a CRB for the client

C: I like talking to you. You make me feel safe here. (CTR)

The client discusses with the therapist the fact that therapy is a relationship

T: Therapy is like other relationships you have, like we've been talking about, but it is not like others in some important ways. Can you think of some of those? (TTR)

C: Yeah. Well one is that I only see you for an hour a week and another is that there are limits about what you can say to other people about what goes on in here. (CTR)

MARGINAL EXAMPLE

C: Sometimes I get pretty upset with people. (CPR)

T: Do you get upset in here, with me? (ERB)

C: Yeah, I do. Sometimes I really do.

In this example, the first client behavior is talk about problems outside the relationship and would be coded as **CPR** (described below). The therapist then brings the focus of the discussion on the therapeutic relationship (**ERB**) and the client responds affirmatively. This could be coded as a **CRB2** only if the conceptualization indicated that any discussion by the client with the therapist about the therapeutic relationship and engaging the therapist honestly about such feelings were a clinical improvement. If the conceptualization did not indicate the client had any problem with doing this with the therapist, the code would then be a client focus on the therapeutic relationship (**CTR**).

This is another example of the importance of the case conceptualization determining the coded response.

COUNTER EXAMPLE

T: I'm glad you can share this with me. It makes me feel close to you when you do that. (TTR)

C: Yeah. You know, it feels good to finally open up about this to someone. (CRB3)

If the client engages in a clinically relevant behavior as determined by the case conceptualization, then the client behavior is coded as that type of **CRB**, in this case a **CRB3**. Again, this **CRB** is only coded as such if, based on the case conceptualization and the ongoing information provided in therapy, the behavior functions as a **CRB**.

5. Client Discussion of Problems Outside Session (O1)

Definition: Code client behavior using O1 when the client discusses or describes problem behaviors that have been the focus of treatment but that occur in other situations outside of session. These problems are not considered CRB1s because the behaviors are not problems evidenced in-session in the context of the therapeutic relationship. They should provide clear descriptions of the problem behavior or it is coded as CPR.

Distinguish O1s based on the functional class of which they are examples and denote each by a subscript letter (A, B, C, etc.) based on the case conceptualization. For instance, O1_As may include behaviors such as engaging in avoidance of negative affect outside of session, and O1_Bs may be defined as client behaviors that function to prevent the client from accessing important interpersonal social reinforcers with others outside therapy.

Therefore, **O1** should be coded using the appropriate subscript for that O1 (e.g., O1_A) to distinguish the specific O1s as they occur.

If an O1 occurs that is not indicated by the conceptualization, the rater should mark that code as O1_Z, where the Z subscript indicates that the “outside” CRB is not part of the conceptualization but is an important O1, nonetheless.

EXAMPLES

The following is an example of a **Client problems outside of session** code (**O1**)

C: I had a fight with my partner last week, I told him he could go to hell. I wasn't going to talk to him anymore. (O1)

In this example, the client's behavior is assumed to be problematic based on the case conceptualization (e.g., the client avoids interpersonal conflict by terminating the discussion. The behavior does not occur in the context of the therapeutic relationship and would be coded as a problem behavior outside of session.

MARGINAL EXAMPLE

C: I don't know, I just didn't want to tell her how I felt. I guess that's how I feel in here sometimes. (CTR - see below)

Here, the client is describing outside problems but has briefly linked those problems to the therapeutic relationship. Based on the decision hierarchy, the rater would assign the code of client focus on the therapeutic relationship (CTR). If the rater believed that the client's behavior was for any reason a clinically relevant behavior (i.e., CRB1 or CRB2), the rater would assign that code, provided the case conceptualization indicated the behavior could function in that way (i.e., as a problem behavior or as an improvement in-session).

COUNTER EXAMPLE

C: I realized that when I talk to my father like that, you know, being demanding, he just won't listen to me at all. (CRB3)

In this example, the client is specifying functional relationships between the variables of his behavior with respect to the consequences that behavior has. This is an approximation to a CRB3 and should be coded as such.

6. Client Discussion of Improvements Outside Session (O2)

Definition: Code client behavior as O2 when the client discusses or describes improvements that have been the focus of treatment but that occur in other situations outside of session. These improvements are not considered CRB2s because the behaviors are not improvements evidenced in-session in the context of the therapeutic relationship. They should provide clear descriptions of the improved behavior or it is coded as CPR.

Distinguish O2s based on the functional class of which they are examples and denote each by a subscript letter (A, B, C, etc.) based on the case conceptualization. For instance, O2_As may include client description of behaviors such as not engaging in avoidance of negative affect with others outside session, and O2_Bs may be defined as client behaviors that function to allow the client to access important interpersonal social reinforcers with others.

Therefore, a **O2** should be coded using the appropriate subscript for that “outside” CRB (e.g., O2_A) to distinguish the specific O2s as they occur.

If an O2 occurs that is not indicated by the conceptualization, the rater should mark that code as O2_Z, where the Z subscript indicates that the outside CRB is not part of the conceptualization but is an important O2, nonetheless.

EXAMPLES

The following is an example of a **Client improvements outside of session** code (**O2**)

C: I just faced my fear of confronting him, that he was wrong, and I told him how I felt. (O2)

T: I think that's terrific. You really said how you felt. (RO2)

Provided the case conceptualization indicated this, the client in this example is describing an improvement outside of session she displayed. Note that the behavior occurs in the context of a relationship, but it is not the therapeutic relationship.

MARGINAL EXAMPLE

C: I did what I do in here, I told him how I felt, and we had a long talk about our relationship. (O2 - see below)

Here, the client is describing outside improvements but briefly brings the focus on the therapeutic relationship, then takes it back out to the original problem. The rater could either code this as a client focus on the therapeutic relationship (CTR) or as an improvement in session (O2). If the coder is not sure which code to assign, the CTR takes priority. In this example, the client is only alluding to the therapeutic relationship and is not focusing on this issue as would qualify the CTR code. This example should employ the O2 code.

C: I talked to her and I really opened up. I felt, well, like I feel now talking to you, really safe. I know that opening up to you won't make you want to not see me anymore. I feel really safe with you now. (CRB2)

T: That's really great. (TRB2)

In this example the client is assumed to have difficulties with talking about trust and being open emotionally with the therapist. Here the client has begun with a description of an outside improvement (O2), but focused on feelings in the room with the therapist that function as a clinical improvement in session, a CRB2.

COUNTER EXAMPLE

C: I just faced my fear of confronting him, that he was wrong, and that he could go to hell. (O1)

This is an example where the client's behavior likely was a problem behavior outside of session. The code that should be assigned is O1. Although it begins as a potential improvement, and the client did say to the other person how she felt, the client was (we will assume for this example) not engaging in effective behavior outside session (coded as O2).

7. Client Positive Session Progression (CPR)

Definition: Code **CPR** when the client engages in generally on-task behavior that is facilitative to discussion and that **cannot** be coded using one of the specific FAP codes outlined. This code is provided when the content of the client's verbal behavior functions to keep the discussion focused on the task in-session without impacting the function of the therapist's behavior.

These can include: when the client discusses or describes problems as they occur in situations other than the therapeutic relationship; when the client clarifies or provides context to the therapist about the problems he or she is discussing; when the client and therapist discuss homework assignments (that are not CRBs on the part of the client).

The CPR code is *not* assigned when client behavior is considered a CRB and is not a clinical problem or improvement that occurs outside therapy (O1 & O2).

As with all other codes, this cannot be given based strictly on the topography of discussing outside issues. Discussing problems may be considered a CRB1, CRB2, O1, or O2 depending on the conceptualization. The code must be given based on the case conceptualization and on the context in which the behavior occurs.

In the event that a coded response contains both **CPR** and another specific FAP response, the specific FAP response is coded.

CONTINUATION: CPR sometimes functions to continue the speech of the therapist but does not directly impact the next therapist utterance. When this occurs, the therapist codes that precede and follow the CPR code would be identical (see example).

EXAMPLES

The following is an example of a continuation **CPR** code:

T: It seems when I mention your improvement that you become...(TRB1)

C: Anxious. I know. I know. (CPR)

T: And that this isn't what I intended at all. (TRB1)

The following are examples of a **CPR** code:

The client describes difficulties at work, home, school etc. that do not impact the therapeutic relationship directly, but warrant consideration and addressing by the therapist but that cannot be coded specifically as discussion about clinical improvements or problems occurring outside that have been a focus of treatment.

C: So how was your week? (TPR)

T: Well, my roommates got in a fight, and my car broke down, other than that, well, not much. (CPR)

Provided this behavior did not function as a CRB, and that the roommate fight or car problems have not been a focus of treatment, this client behavior is coded as discussion about problems.

Code as **CPR** any client behavior that functions to clarify or provide context for what a discussion about outside problems.

T: So this was your father that said that?

C: Yeah. OK. What you need to know about him is that he rarely interrupts my mother. When he does, it's like, everyone sit up and listen. This is going to be big. So that's really key, you know.

MARGINAL/COUNTER EXAMPLE

T: Were you able to complete your homework assignment this week? (TPR)

C: No, I didn't. My mom fell ill and I spent most of my time home caring for her. (O2)

This is an example where the client's behavior would be coded as **O2** if the client's conceptualization included too much rule-governance. Because she let the contingencies in her life appropriately dictate her behavior, it would not be coded as CPR.

C: When my boss said to do that, well, I don't know, I just froze. I knew I shouldn't do it, it's not even my job, but I just couldn't tell him no. (O1)

T: So he really put you in a bad spot. But this is an issue we've been working on isn't it. What could you've said to him? (RO1)

In this example the client is discussing problems in asserting him or herself, an issue that has been a focus of therapy. The behavior is an outside problem and could be coded as **CPR**, but the description of the problem is sufficient and can be coded as an "outside" CRB1 – **O1**.

THERAPIST BEHAVIOR CODES

EFFECTIVE THERAPIST BEHAVIORS

1. **Therapist Focuses on the Therapeutic Relationship (TTR)**

Definition: This is the therapist's response to in-session client behavior such as the client's feelings in the moment about the therapist that is not codeable as a specific FAP response (e.g., response to a CRB1, 2, or 3).

To receive this code the therapist continues focusing on the therapeutic relationship including sharing the therapist's feelings in response to the client

This code is also given when the therapist describes the purpose of focusing on the therapeutic relationship during treatment (i.e., a discussion about how FAP works).

Lastly, use this code to categorize therapist talk that talks about past therapy sessions when the function of those sessions isn't currently present.

EXAMPLES

The following are examples of a **Therapist Focuses on the Therapeutic Relationship** code (**TTR**):

The therapist encourages the client to describe how he or she feels about the therapist

T: So can you tell me more about what you're feeling about me right now? (TTR)

The therapist discusses the fact that therapy is a relationship

T: The reason I'm asking you these questions, ones about how you feel in here right now, is that I think this relationship is an important one. It's not like other relationships you have in some important ways we can talk about, but it is a relationship even still. (TTR)

The therapist describes FAP and the importance of the therapeutic relationship in effecting change in client behavior

T: You know, I can best help you work on the problems you're having in other relationships by focusing on what goes on between you and me in here...(TTR)

The therapist discloses his or her feelings about the client that is not in response to a CRB1

T: And I think about you between sessions. I care about you and what happens to you, and I look forward to us meeting each week. (TTR)

The therapist notifies, clarifies, or makes a connection between how the client's in-session behavior is like his or her behavior out of session

C: We really got along great. I opened up to her and she really seemed to listen to me.

T: That's great. Do you feel like I listen to you, you know, so that you can open up in here? (TTR)

MARGINAL EXAMPLES

C: ...So I told him that I think this is an important relationship...(O2)

T: Like this one. (TPR)

C: and he really didn't listen to me...

Here, the therapist attempted to point out that the client is describing a relationship that has features similar to those the client is describing in another relationship outside therapy. However, this is not a

discussion in any way about those similarities, and would not be rated using this code. This response would have to be rated as a **Therapist Positive Session Progression (TPR)** code because it fails to meet the criteria for the **TTR** code.

C: and he really didn't listen to me. That made me pretty upset. (CPR)

T: Do you ever feel like I don't listen to you in here? (TTR)

In this continued example, the therapist is now bringing the focus of the discussion to the therapeutic relationship and how the client feels in-session with the therapist. This example would be coded using the **TTR** code.

COUNTER EXAMPLE

C: It really feels good to finally open up about this to someone. (CRB2)

T: You know, it's good to hear you share that with me. (TRB2)

If the client engages in a CRB and the therapist responds to that by sharing how this behavior impacts the therapist, this is a Response to a CRB2 (**TRB2**). Again, this response to a CRB is only given if, based on the case conceptualization and the ongoing information provided in therapy, the behavior functions as a CRB. This is not a **TTR** code because the specific response to the CRB by the client.

2. Therapist Evokes a CRB (ERB)

Definition: Code ERBs when a therapist attempts to evoke a clinically relevant behavior by the client, either CRB1, 2, or 3. However, the code is not dependent upon the client behavior that follows the ERB. For example, the therapist could attempt to evoke a CRB, but the client needs clarification of the question (CPR) or misunderstands the therapist's request and provides an answer that is unresponsive to the question (CPR). Each of these examples could be considered as possible CRB1s depending upon the case conceptualization (e.g. avoidance).

An ERB code is typically not given in response to a series of CRBs (coded as TRB1, 2, 3). The exception would be if the therapist clearly attempted to shift the focus of the session to a different response class and this shift would not be better coded as a TRB1, TRB2, or TRB3.

There are two common forms of ERBs.

1) The first is when the conversation is focussed on events outside of the current therapy session and the therapist shifts the conversation onto the client/therapist relationship in the current session. The therapist redirects the focus of the session from comments concerning past therapy sessions (CTR/TTR), instances of the client's outside problems/improvements (O1/O2), or progressive talk (CPR/TPR) to the therapeutic relationship, presumably to elicit in-session client behavior (CRBs) that the therapist might respond to.

2) The second common form is when the therapist clearly shifts the discussion from one client response class (as specified by the case conceptualization) to a different client response class during the course of FAP-specific responding (see example).

ERB3s are direct mands for behavior by the client to identify controlling variables. When CRB3s are being reinforced or modeled, the behavior is coded as TRB3.

Distinguish the type of ERB by the client's response that follows as a CRB1, CRB2, or CRB3 using a subscript for that CRB number, i.e., **ERB₁** or **ERB₂**.

EXAMPLES

TYPE 1 Example

C: You know, she made me feel, well, I'm not sure. (O1)

T: What are you feeling right now? (ERB)

Here, as with most ERB codes, the therapist could be evoking a CRB1 or CRB2 and possibly a CRB3. It is not known what behavior the therapist will elicit until the client responds. When the client responds, the rater should add the appropriate subscript to indicate whether the ERB was followed by a CRB1, 2, or 3. In the event that the client did not respond with a CRB, the coder does not need to indicate the subscript.

TYPE 2 Example

C: So I've been noticing that I've really come to depend on your support and caring. (CRB2_A)

T: Are there things you aren't happy with in here? (ERB_B)

Here, the conceptualization is vitally important as the distinction between classes A and B would have to be delineated. In this example, class "A" would be tacting reinforcers and class "B" would be tolerance of interpersonal conflict.

MARGINAL/COUNTER EXAMPLES

C: Oh, this is just stupid! (CRB1)

T: OK, why don't you try something different than that. (TRB1)

In this example, it will be assumed that the client's behavior is a CRB1. The therapist's response can be taken to be a response to a CRB1 (**TRB1**) as well as evoking a CRB2 (**ERB₂**) depending on what followed. The definition of the code, however, necessitates that the **TRB1** code be given in place of the **ERB** code when the therapist's response follows a client CRB.

C: I'm thinking I probably won't come back to therapy. (as CRB1)

T: I see. Tell me more about what you're feeling about therapy right now. (M1)

In this case the therapist is seeking more information about the client's behavior. It is difficult in just this interaction to determine whether the therapist is missing an opportunity to respond to the client's behavior (**M1**), or if he or she is attempting to determine the function of the client's behavior (coded as **TPR**). In this case, the therapist's response is coded as missing a CRB1 (**M1**), because the decision hierarchy indicates that a specific FAP behavior takes priority over a general response by the therapist.

3. Therapist Responds (Effectively) to CRB1 (TRB1)

Definition: Code TRB1s when the therapist's response is to in-session client problem behavior (as defined in the case conceptualization).

This code is given when the therapist responds to the client when he or she engages in behavior that has been defined earlier by the therapist as functioning to interfere with or prevent more effective client behavior. The therapist does not need to

comment specifically on the function that the CRB has on him or her and may respond less explicitly or more naturally to the impact that behavior has on the therapist.

Even though the therapist will make some type of response to the CRB1 by the client, coders should not assume that the therapist has responded effectively to a CRB1 when it occurs.

Distinguish CRB1s based on the functional class of which they are examples and denote each by a subscript letter (A, B, C, etc.) based on the case conceptualization. For instance, CRB1_As may include behaviors such as avoidance of negative affect during session, and CRB1_Bs may be defined as client behaviors that function to prevent the client from accessing important interpersonal social reinforcers.

A list of CRB1s (e.g., CRB1_{A,B,C}s etc.) should be provided based on the case conceptualization and raters should code each CRB1 consistent with the functional class to which each CRB1 is an instance.

Therefore, a therapist's response to a CRB1 should be coded using the appropriate subscript for that CRB1 (e.g., **TRB1_A**) to distinguish the therapist's responses to specific CRB1s as they occur.

In the event that both a TRB1_A and a TRB1_B occur in the same turn, the coder should indicate that both have occurred by making both subscripts, that is, TRB1_{A,B}

If a CRB occurs that is not indicated by the conceptualization, the rater should mark that code as TRB1_Z, where the Z subscript indicates that the CRB is not part of the conceptualization but is an important CRB, nonetheless.

EXAMPLES

The following are examples of a **Therapist Responds to CRB1** code (**TRB1**):

The therapist conveys to the client how that response impacts the therapist (i.e., serves to distance the therapist from the client). The therapist shares his or her feelings about the way that an interaction is impacting him or her

C: Well I think this sucks, I think I've had as much as I can take from you. (CRB1_A)

T: This doesn't feel good to me—The way we're relating to each other here. (TRB1_A)

C: Oh, well, I guess I am kinda yelling at you when I'm really mad at Tom for what he did. I'm so angry. (CRB2_A)

The therapist tells the client directly that that response will not work to get the client what he or she needs from the therapist in this moment. The therapist asks the client what he or she expects will happen in response to what the client did and follows this with a comment about the impact the behavior actually has on the therapist.

C: I'm just a closed person. I'm defensive, and I've always been that way. There's nothing you can do about it so don't try. (CRB1)

T: OK, I want to tell you something. When you do that, tell me how you are, defensive, closed, and that you're unchangeable, I kind of sit here not knowing what to do. I don't feel like you even want me to try to help you. Is that what you want, for me to leave you alone? (TRB1)

The therapist responds naturally or subtly to the impact that the client's behavior has on him or her.

C: Well anyway, I think next week will be a better week, Sherry will be out of town, I'll see a film, there's a new one opening this week. It looks good. (CRB1)

T: Are you doing that thing again? - Distracting us from talking about how you feel after fighting with Sherry? (TRB1)

MARGINAL EXAMPLES

C: Oh, I don't know why you even care about me (to therapist) (CRB1)

T: What do you mean? (TPR)

Here, the therapist may be responding to the impact of the client's behavior, but he or she has not supplied a specific response to a CRB1. This would instead need to be coded as **Therapist Positive Session Progression (TPR)** because it does not meet any other criteria defined in this system, and it fits the criteria of clarification by the therapist for the **TPR** code.

If the therapist were to simply continue with:

C: Oh, I don't know why you even care about me (to therapist) (CRB1)

T: What? I really feel like you're discounting an important relationship to me, here. (TRB1)

Then the code would be a **Therapist Response to a CRB1** because the therapist is sharing how the client's behavior is impacting the therapist in a manner that is not functioning to provide the client with more opportunities for social reinforcement (provided that this is a CRB1 in this example).

COUNTER EXAMPLE

C: Let's just talk about something else (in response to the therapist's attempt to continue a difficult discussion). (CRB1)

T: I really appreciate you having stayed with this for a while. (M1)

In this example, the therapist missed an opportunity to respond to a **CRB1** by the client. This therapist response would be coded as a **Missed CRB1 (M1)** due to the decision hierarchy defined below. In no way is this a contingent response to the CRB code because the therapist has not described or discussed how the client's problem behavior has impacted the therapist. (See below for a description of **Missed CRB1** code.)

4. **Therapist Responds (Effectively) to CRB2 (TRB2)**

Definition: Code TRB2s when the therapist responds effectively to in-session improvements in client behavior as defined in the case conceptualization.

Assign this code when the therapist responds to the client when he or she engages in more effective behavior in the therapeutic relationship. The therapist does not need to comment specifically on the function that the CRB has on him or her and may respond less explicitly or more naturally to the client impact that behavior has on the therapist.

The therapist should make some type of response to the CRB2 emitted by the client, but coders must not assume that the therapist has responded to a CRB2 effectively when it occurs.

Distinguish TRB2s in the same manner as TRB1s by categorizing each based on the functional class to which it belongs (e.g., CRB1_{A,B,C,S}, etc.).

Therefore, a therapist's response to a CRB2 should be coded using the appropriate subscript for that CRB2 (e.g., **TRB2_A**) to distinguish the therapist's responses to specific CRB2s as they occur.

In the event that both a TRB2_A and a TRB2_B occur in the same turn, the coder should indicate that both have occurred by making both subscripts, that is, TRB2_{A,B}.

If a CRB occurs that is not indicated by the conceptualization, the rater should mark that code as TRB2_Z, where the Z subscript indicates that the CRB is not part of the conceptualization but is an important CRB, nonetheless.

EXAMPLES

The following are examples of a **Therapist Responds to CRB2** code (**TRB2**):

The therapist reinforces the client's behavior that may include not avoiding feelings, talk that is not superficial, staying with difficult discussions, etc. and reinforces specific approximations toward more effective in-session behavior.

C: This is just really hard to talk about. (CRB2)

T: Yeah, it is, but I'm glad you're talking about it with me today. (TRB2)

The therapist responds to the client by conveying the positive impact that the client's behavior had on the therapist in a more natural way.

T: That was neat that you were able to tell me that. That's just great. (TRB2)

The therapist conveys how this client behavior is more effective in helping client meet his or her needs and/or goals with respect to the goals of therapy.

C: OK, OK, I don't mean to yell at you, and I really do want you to help me with this stuff. Can you, can you help me figure out what to do? (CRB2)

T: I'd be glad to help you, and you know, when you ask me like that, telling me what's going on for you, it makes me lots more happy to do that with you. (TRB2)

The therapist does not need to comment specifically on the function that the CRB has on him or her and may respond less explicitly or more naturally to the client impact that behavior has on the therapist.

C: I really do care about you, you know. (CRB2)

T: Thanks, the same goes for me. (TRB2)

MARGINAL EXAMPLES

T: So, I'll see you next week? (TPR)

C: Actually, I'd like to change my appointment time. (CRB2 -see below)

T: That's no problem. Let's see what I can do. What time were you thinking of? (TRB2)

This is an example of the need to be clear on the case conceptualization for the particular client-therapist dyad being rated. In the event that the client has a history of being unable to assert his or her needs, even

over more minor issues in the therapeutic relationship, the client's behavior here would be understood as a CRB2. The therapist's response to this is a **TRB2** because he is making accommodations to the client given his or her request. If the therapist had responded by saying:

T: That's really not possible. Sorry about that. (M2 - see below)

This would be considered a missed opportunity to reinforce a CRB2 (see **Missed CRB2** description below), and would be coded accordingly.

If however, the therapist responded by saying:

T: That's really not possible. Sorry about that, but that was really great of you to ask me to do that given it's not easy for you to assert your needs sometimes. (TRB2 - see below)

This would be considered a TRB2 using this system. The two therapist behaviors that receive a rating of Responds to a CRB2 (the first and third) are different with regard to natural versus arbitrary responding by the therapist (e.g., Ferster, 1967).

COUNTER EXAMPLE

If the client has a history of making excessive demands of others in interpersonal relationships and this is an example of that behavior (CRB1), then the raters must code the client and therapist behavior accordingly. In the example above:

T: So, I'll see you next week? (TPR)

C: Actually, I'd like to change my appointment time. (CRB1 - see below)

T: That's no problem. Let's see what I can do. What time were you thinking of? (M1 - see below)

The therapist's response to the client's CRB1 (using the above conceptualization) would not be a TRB2, but would be **Missed CRB1 (M1)**, defined below). It is essential to note that this response is immediately tied to the way the client's behavior is defined based on the conceptualization. If the client emits excessive demands that function as CRB1s, this does not indicate that all demands the client engages in are excessive, some demands may be requests or reasonable demands. This is essential to remember, as all client behaviors are understood as they function in the therapeutic *relationship based on the case conceptualization*.

5. Therapist Responds to CRB3 (TRB3)

Definition: Code TRB3s when the therapist responds effectively to the client describing how different controlling variables impact the client's behavior. Additionally, this code captures when the therapist models this description for the client.

This code is given when the therapist responds to the client when he or she makes these functional descriptions. The code is also given when the therapist describes them for the client. The code is given if the client paraphrases the therapist's description and appears to alter the description in his or her own words, *and* the therapist responds to this client behavior with support or assistance in the analysis of the specific client behavior. This code can also be given when the therapist provides general descriptions of the importance of the client conducting basic behavioral analyses on his or her own, noticing how variables interact and examining functional relationships between variables.

EXAMPLES

The following are examples of a **Therapist Responds to CRB3** code (**TRB3**):

The therapist reinforces the client's verbal behavior that includes a description of the controlling variables that likely bring about more effective client behavior.

C: The one thing I do know is that when I tell someone how I feel, you know, when I feel like I might really like them, that if I say it too strongly or too much, they tend to back away from me. That makes me feel pretty lousy. (CRB3)

T: It sounds like you've really picked out the important things going on there with respect to the things we talked about, what comes before and after the particular thing you do that you're interested in. (TRB3)

The therapist assists the client in his or her analysis by suggesting different controlling variables to attend to, or otherwise helps strengthen the client's own analysis of his or her behavior or models a CRB3 for the client, describing the important variables the client should consider.

C: I don't know, he just leaves. I say how I feel, and he leaves. (CRB3)

T: Well, tell me what's going on for you when you want to say how you're feeling, you know, what comes before you saying what you feel. Let's tease that apart. Are you feeling anxious when that happens? (TRB3)

MARGINAL/COUNTER EXAMPLES

C: I just can't be around other people. (CPR - see below)

T: That's really great that you can identify that. (IN)

While this may be an example of a very general approximation that will at some point lead to a CRB3, in its current state, the client's behavior is not a **CRB3**. Therefore, the therapist's response to that behavior cannot be considered a **TRB3** code. The client's behavior in this interaction, provided it is not a CRB1, would be coded as discussion about problems (**CPR**) as it fails to meet the criteria for any other code at this point. The therapist's response to the client discussing problems is rather poorly matched and would likely receive a Generally Ineffective Therapist behavior code (**IN**). If the client's behavior were a **CRB1**, the therapist clearly missed an opportunity to respond to that **CRB1** and the therapist turn would be coded as **M1**.

If the interaction had appeared as follows:

C: When I'm around other people, I get so nervous that I leave the room really fast, and I don't end up ever getting to know any of them. (CRB3)

T: That's really great that you can identify that. (TRB3)

This interaction would be coded as a **TRB3** because the client's behavior is an approximation to, if not a full **CRB3**.

6. Therapist Responds to Client Problem Behaviors Outside Session (RO1)

Definition: Code RO1 when the therapist comments on problem behaviors the client describes having engaged in outside of the therapy session. This code cannot be given when the therapist comments or responds to in-session behavior (TRB1 or IRB₁)

Distinguish RO1s based on the functional class of which they are examples and denote each by a subscript letter (A, B, C, etc.) based on the case conceptualization. For instance, RO1_As may include responses to client behaviors such as engaging in avoidance of negative affect outside of session, and RO1_Bs may be defined as therapist responses to client descriptions of behaviors that function to prevent the client from accessing important interpersonal social reinforcers with others outside therapy.

Therefore, a **RO1** should be coded using the appropriate subscript for that RO1 (e.g., RO1_A) to distinguish the specific RO1s as they occur.

If an RO1 occurs that is not indicated by the conceptualization, the rater should mark that code as RO1_Z, where the Z subscript indicates that the response to that “outside” CRB is not part of the conceptualization but is an important RO1, nonetheless.

EXAMPLES

The following are examples of a **Therapist Responds to Client Problem Behaviors Outside Session** code (**RO1**):

The therapist comments on how the client engages in problems outside of session that have been a focus of treatment.

C: So I told him if he didn't like it, he could go to hell. (O1)

T: Now, do you think that's the best thing you could have done, I mean, did everything turn out the way you'd hope when you told him that? (RO1)

MARGINAL/COUNTER EXAMPLES

C: They were all really ganging up on me, I just left, I couldn't take it when I was the focus of that kind of attention. (O1)

T: So, let's talk about what things were going on when you felt like you had to leave, what kind of things were going on in the environment, like we've been talking about, that made it so you couldn't tell them how you felt about what was going on. (ERB3)

In this example, the client was engaging in talk about problems outside of the therapeutic relationship (**O1**), and the therapist focused the talk on describing the functional relationships between variables, modeling CRB3 behavior (**ERB3**), even though the client did not appear to be engaging in this behavior.

7. **Therapist Provides Reinforcement for Client Improvements Outside Session (RO2)**

Definition: Code RO2 when the therapist provides verbal reinforcement in response to the client describing improved behaviors outside of the therapy session. This code cannot be given when the therapist comments or responds to in-session improved behavior (TRB2 or IRB₂).

Distinguish RO2s based on the functional class of which they are examples and denote each by a subscript letter (A, B, C, etc.) based on the case conceptualization. For instance, RO2_As may include responses to client descriptions of behaviors such as not engaging in avoidance of negative affect outside of session, and RO2_Bs may be defined as therapist responses to client

descriptions of behaviors that function to allow the client to access important interpersonal social reinforcers with others outside therapy.

Therefore, a **RO2** should be coded using the appropriate subscript for that RO2 (e.g., RO2_A) to distinguish the specific RO2s as they occur.

If an RO2 occurs that is not indicated by the conceptualization, the rater should mark that code as RO2_Z, where the Z subscript indicates that the response to that “outside” CRB is not part of the conceptualization but is an important RO2, nonetheless.

EXAMPLES

The following are examples of a **Therapist Provides Reinforcement for Client Improvements Outside Session** code (**RO2**):

The therapist provides verbal reinforcement (e.g., praise) to the client when he or she engages in more effective behaviors outside of the therapeutic relationship.

C: I was able to really assert myself with my partner when she told me I was being unreasonable. (O2)

T: That’s great. Sounds like you were able to stand up for yourself there. (RO2)

MARGINAL/COUNTER EXAMPLES

C: I was able to really assert myself with my partner when she told me I was being unreasonable. (O2)

T: So you were able to assert yourself? (TPR)

In this example, the therapist has chosen to paraphrase the client’s statement, possibly in order to encourage the client to describe more about the interaction, a therapist positive session progression behavior (**TPR**). It is possible, that this type of therapist response will serve to evoke a CRB if the client responds to the question as a lack of support or some other reason. If this occurs, the rater can change the code to **ERB**. In either case the therapist’s response is not reinforcing the description of improvements outside the therapeutic relationship (**O2**).

8. **Therapist Positive Session Progression (TPR)**

Definition: Code TPR when the therapist engages in generally effective behavior that **cannot** be coded using one of the specific FAP codes outlined above.

This code is given when the therapist responds to or facilitates talk about problems the client has in other relationships or in other situations outside therapy including discussions about homework.

In the event that a coded response contains both **TPR** and another specific FAP response, the specific FAP response is coded.

EXAMPLES

The following are examples of a **Therapist Positive Session Progression** code (**TPR**):

The therapist clarifies what client has said.

T: Can you tell me more about what you’re feeling now? (TPR)

Therapist goes over **client homework** and client does not emit CRB behavior requiring response by therapist, nor is the client describing clinical improvements or problems in situations outside session that should be followed-up by the therapist.

T: Did you run into any problems when you did the homework assignment we talked about? (TPR)

Therapist encourages or facilitates the client's continued discussion (note: one and two word utterances are not coded in this manual). Therapist uses "microskills" and techniques such as reflecting what client has stated, "mirroring" or paraphrasing client's previous statement, asking open ended questions to facilitate continued discussion.

C: I felt sad when he told me that. (O2)

T: It made you feel sad. (TPR)

The general rule for this code is that the therapist initiates or continues discussion with client about issues outside of therapy provided these behaviors *do not function* to miss a CRB1, 2, or 3 (i.e., not related to the therapeutic relationship or the impact the client has on the therapist). When the therapist responds to client problems outside of session, they are coded using the **RO1** code. When the therapist responds to improvements that occur outside of session and reinforces those, the behaviors are coded using the **RO2** code. *Therefore, not all outside of session talk is coded as TPR. TPR is reserved for behaviors that cannot be coded using other, more specific codes when the therapist is engaging in generally effective responding.*

MARGINAL/COUNTER EXAMPLES

C: When I'm around other people, I get so nervous that I leave the room really fast. (CRB3 - see below)

T: Tell me more about that. (TPR)

The client's behavior in this example could be considered an approximation to a CRB3. In this example the therapist is simply encouraging the client to continue with that approximation, but has not expressly responded to it. This would be coded as a **TPR**, not a **TRB3**. If the rater determined the therapist never responded to the CRB3, he or she could adjust the code to M3 to reflect this therapist error (provided no more than 3 therapist turns have passed).

C: I just can't do this job. (CRB1)

T: Sounds like that job is really hard for you to do right now. (M1 - see below)

This behavior could be considered a CRB1 or CRB2 depending on the client and the corresponding case conceptualization. In this example, assume that the client's behavior was a CRB1, the therapist missed the opportunity to respond to that behavior. In this case the behavior would be coded as a missed CRB1 (M1, described below).

(In the event the client behavior was not coded as a CRB1 or 2, the therapist's response would be coded as **TPR**.)

C: What do you think she meant by that? (CRB1 - see below)

T: Why don't you make a guess about what she meant first. (TRB1 - see below)

This example is similar to that given above in that the therapist's response depends on the client's behavior as it is coded. If the client's behavior is coded simply as question asking and not as a specific CRB, then the therapist's behavior would be considered **TPR**. If the client's behavior was considered a CRB1, the therapist's response would be considered a TRB1 because the therapist has prevented the client's problem behavior (i.e., not answering his or her own question) from continuing to occur. If, on the other hand, the client's behavior was understood to be a CRB2 (because the conceptualization

suggests the client is unable/unwilling to ask others for their feedback about interpersonal behavior), then the therapist's behavior would be considered a missed opportunity to respond to a CRB2.

C: Tell me what to do. I just need someone to tell me what to do here. (CRB - see below)

T: It sounds like you need me to tell you what to do. (M1 or M2 - see below)

The therapist's response again is determined by the client's behavior. In this example it is likely the client's behavior, because it is a mand (or command) for a response by the therapist, the therapist's code would be in response to the CRB and would not be considered TPR. The therapist's response here is one of no action. If the client's behavior was either a CRB1 or 2, the therapist's behavior was not in direct response to that behavior and would likely be given a **Missed CRB1 or 2** code (depending on the conceptualization for the client) described below.

INEFFECTIVE THERAPIST BEHAVIORS

Codes 9, 10, and 11 are considered errors of omission as opposed to errors of commission by the therapist (i.e., the therapist fails to make a therapeutic response based on the client's previous behavior.)

9. **Therapist Does not Respond to/Misses CRB1 (M1)**

Definition: Code M1s when the therapist does not respond to or misses an opportunity to respond to a CRB1 (e.g., story-telling by client; changing topic; client avoidance behaviors). This code is also given when a therapist allows discussion to drift away from the therapeutic relationship and relevant issues. Here, the therapist is passively or actively strengthening the client's problematic behavior.

The focus of this code is that the therapist doesn't recognize the occurrence of a CRB1 or gives no overt impression of that recognition either naturally or arbitrarily.

This code is used anytime CRB1s occur and the therapist fails to address this as a problem behavior. There may be times where this miss is intentional. Regardless of the therapist's intent, if the therapist's commission or omission resulted in strengthening the client's problem behavior, it is coded M1. The lone exception is if the therapist makes clear that it is useful to shift the discussion away from the client's ineffective repertoire in session and this shift isn't arbitrary.

This is different than IRB1. IRB1s are when the therapist's behavior indicates that they recognize an occurrence of a CRB1, but their response isn't as effective as it could be.

Distinguish M1s in the same manner that CRB1s and TRB1s are categorized - based on the functional class to which each belongs (e.g., CRB1_{A,B,C}S, etc.), the therapist's behavior of not responding to or missing CRB1s should be coded based on the category of client CRB1.

Therefore, when a therapist does not respond to or misses a CRB1, that behavior should be coded using the appropriate subscript for that CRB1 (e.g., **M1_A**) to distinguish the therapist's responses to specific CRB1s as they occur.

EXAMPLES

The following are examples of a **Therapist Does not Respond to/Missed CRB1** code (**M1**):

The therapist misses an opportunity to respond to a client's problem behavior in-session. The therapist may respond with some other codeable response, but in the absence of a specifically effective FAP behavior the response is coded as **M1**.

C(angrily): I don't know why I even come to therapy with you. (CRB1)

T: Sounds like you're having a bad week. (M1)

Here, the therapist provides the client with general support and generally effective therapist responding codeable as Positive Session Progression (TPR). However, the client's behavior is a CRB1 (in this example), and should have been contingently responded to by the therapist. In this case, the code M1 (as a specific FAP behavior) takes priority over the code TPR (generally effective therapist responding).

M1 is also applied if the therapist inadvertently supports (provides verbal reinforcement for) client behavior that is a **CRB1** (for example, if the therapist believed the client's behavior to be a **CRB2**, but the rater coded the client behavior as a **CRB1**).

C: I hate talking about this stuff with you. I just hate this. (When this is a CRB1, not a CRB2)

T: O.K. What would you like to talk about, then? (M1)

Clearly, the therapist has not responded to the client's problem behavior, and instead supports it by providing the natural reinforcer for the client's mand (command) to change the subject.

MARGINAL EXAMPLES

If the therapist simply fails to respond to a **CRB1** in an apparent effort to extinguish the **CRB1** behavior, this will be difficult to code. It is more likely that a **M1** code will be given when it is clear by the rater's judgment that the therapist either should have responded to the client behavior when it occurred, or the therapist simply did not notice the presence of a **CRB1**.

C: I hate talking about this stuff with you. I just hate this. (as CRB1)

T: Mmm, hmm. Why don't you go ahead and keep talking about it with me, though. (TRB1)

Again, in this example, the client's behavior is taken to be a **CRB1**. The therapist here has chosen not to respond to the client's behavior directly and instead briefly acknowledges it and asks the client to continue. This would result in a **TRB1** code.

COUNTER EXAMPLE

C: I'm thinking I probably won't come back to therapy. (as CRB1)

T: Where is this coming from? I don't understand this at all. (TRB1)

While the therapist is asking a question here, he or she is responding to the problem behavior by asking why the client is saying this in as much as it is having an odd impact on the therapist at the moment. In this case the therapist would be responding to the impact of the **CRB1** and the therapist behavior would be coded as a **TRB1**.

10. Therapist Does not Respond to/Misses/Stops a CRB2 (M2)

Definition: Code M2s when the therapist fails to effectively reinforce (naturally or arbitrarily) an instance of a client's CRB2 or a reasonable approximation of a CRB2. This code is also given when the therapist punishes a CRB2 (e.g., disclosing) as it occurs.

The focus of this code is that the therapist doesn't recognize the occurrence of a CRB2 or gives no overt impression of that recognition either naturally or arbitrarily.

This is different than IRB2. IRB2s are when the therapist's behavior indicates that they recognize an occurrence of a client improvement, make a response that is in the class of strengthening the client's improved behavior, but their response isn't the most effective in strengthening client responding.

Distinguish M2s in the same manner that CRB2s and TRB2s are categorized - based on the functional class to which each belongs (e.g., CRB2_{A,B,C}S, etc.), the therapist's behavior of not responding to or missing CRB2s should be coded based on the category of client CRB2.

Therefore, if a therapist does not respond to, misses, or stops a CRB2 that behavior should be coded using the appropriate subscript for that CRB2 (e.g., **M2_A**) to distinguish the therapist's responses to specific CRB2s as they occur.

EXAMPLES

The following are examples of a **Does not Respond to/Misses/Stops a CRB2** code (**M2**):

The therapist fails to respond to a CRB2 when one is present or while it is occurring.

C: I really need you to listen to me, I need your help. (Where the client requesting assistance is a CRB2).

T: Mm hm. So it sounds like you need my help. (M2)

In this example the therapist is repeating the client's request back to him or her, but the client had engaged in a clinical improvement in-session and the therapist did not respond to it at all.

MARGINAL EXAMPLES

C: I really felt belittled in the argument I had with my wife. (as a disclosure, in this case a CRB2)

T: That sounds important, but we need to get back on track. (M2 - see below)

This is a difficult type of therapist response because the therapist is technically responding to the client's CRB2, but is quickly shifting topics and is stopping the CRB2 from continuing. In this case the therapist behavior under consideration is predominantly stopping the CRB2 (disclosing) from continuing in an effort to hold to a pre-established agenda. This therapist behavior would be coded as **M2**.

C: I really like talking to you. (CRB2)

T: Mmm hmm. I enjoy talking to you, too. I'm glad you said that. (TRB2)

Here, the therapist begins the interaction with an acknowledgment of what the client has said. The therapist continues with the natural reciprocation and a brief statement of how that impacted the therapist. The therapist's behavior in this case would be coded as **TRB2**. If the therapist had stopped at just the acknowledgment of "Mmm hmm" and the topic of conversation moved to a less relevant area for therapy, the response would be coded **M2**.

COUNTER EXAMPLES

C: [Client continues struggling with some difficult issue during session, experiencing emotional responses in front of the therapist—coded as a CRB2]

T: I really feel closer to you when you show me how you feel like this. (TRB2)

In this example, the therapist is clearly conveying to the client how his or her behavior is impacting the therapist and how that behavior functions to create interpersonal closeness. This would be coded as a **TRB2**.

C: [Client expresses continued emotion disproportionate to the circumstances in a way that functions to distance the client from the therapist— coded as a CRB1]

T: It's hard for me to be here with you right now, when you do this. (TRB1)

Because the client's behavior was a **CRB1**, the therapist's response was appropriate (a **TRB1**). *If* the client's behavior had been coded as a **CRB2**, the response to the client's behavior would have been coded as **M2** because the therapist clearly tried to stop that behavior as it occurred.

11. **Therapist Fails to Respond to a CRB3 (M3)**

Definition: Code M3 when the therapist misses an opportunity to respond (i.e., reinforce) or takes an opportunity to punish client responding when a client engages in a description of important controlling variables or a reasonable approximation thereof. This code can also be given when the therapist misses an opportunity to model CRB3 behavior.

The focus of this code is that the therapist doesn't recognize the occurrence of a CRB3 or gives no impression of that recognition either naturally or arbitrarily.

EXAMPLE

The following are examples of a **Therapist Fails to Respond to CRB3 code (M3)**:

The therapist misses a CRB3 when it occurs or stops one while it is occurring.

C: Like in with Jim, I know, when I get anxious about talking to Jim about how I feel, if I just persist, I can tell him about that, and then I usually end up feeling better. (CRB3)

T: OK, what about in here? (M3)

The therapist in this example has pulled the focus of the discussion on the therapeutic relationship (**TTR**) which is a goal for therapy, but the therapist has missed an opportunity to reinforce the client's **CRB3** when it occurred. This therapist turn would be coded as **M3**.

MARGINAL/COUNTER EXAMPLES

C: When I'm around men, I get so nervous that I leave the room really fast. I never get the chance to really connect with anyone, much less get to know him or her. (CRB3)

T: Sounds like you shouldn't be around men (laughs). (M3 - see below)

While humor is an important part of therapy and a part of naturally responding to a client, in this case the client was engaging in or approximating a **CRB3**. The therapist did not reinforce this response by the

client and stopped it from continuing. This would be coded as **M3** for this therapist response. The therapist may go on in a few turns to support that **CRB3** (**TRB3**), but that response would receive a separate code. If after watching the client's behavior after the therapist responds, the rater notices that this response actually functions to have the client continue engaging in **CRB3** behavior, the rater could go back and change the code.

C: I wanted to tell you this. I realized that when I'm around men, I get so nervous that I leave the room really fast. (when coded as CRB1 - see below)

T: O.K., that sounds like some important stuff there, but you just changed topics on me. We were talking about how you feel when you see your ex-husband. (TRB1)

In this case, the therapist noticed that the client's approximation to a **CRB3** came as a **CRB1** in that the client changed topics in response to a difficult discussion. Here the client's behavior would be coded as **CRB3**, and the therapist' response as **M3**. If the rater coded the client's behavior as a **CRB1**, the therapist's behavior would be coded as **TRB1**.

12. Ineffective Response to a CRB1 (IRB1)

Definition: Code IRB1 when the therapist supplies a contingent response that is clearly less than ideal at achieving the therapist's apparent goal in the interaction (as judged by the coder or by viewing the client's reaction). This code can include examples of when the therapist supplies grossly non-contingent or artificial reinforcement (e.g., gratuitous verbal praise of client behavior), or when the therapist responds to a **CRB1** with feedback that could not achieve the goal of reinforcing an improved response by the client.

EXAMPLES

The following are examples of a **Ineffective Response to a CRB1** code (**IRB1**):

C: I really don't feel like you care for me. (CRB1)

T (condescendingly): There you go again. (IRB1)

Here, the therapist is not supplying feedback effectively that will provide the opportunity for the client to emit a more useful response. Instead the therapist's response is likely more punishing and may temporarily prevent client responding or result in an escalation of **CRB1s**. This therapist response would receive an **IRB1** code.

MARGINAL EXAMPLE

C: I think I hate coming to therapy. (CRB1)

T: Well, why don't you tell me what you mean by that? (TPR)

This is a more difficult interaction to code, and it would be useful to have access to a larger history of the therapist's behavior to determine whether this is a more extreme response and has a more punitive impact on the client than the therapist's typical responding. (Although, if a therapist were typically providing punitive responses to client behaviors, all such behaviors should receive this code.) However, in this example, the therapist's behavior is more consistent with clarifying the client's statement and would be coded as **TPR** (session progression). In the event that the client persisted in what could be coded in this

case as a **CRB1**, and the therapist continued simply clarifying or asking questions, the therapist's behavior would be coded as **M1** (missing a CRB1).

COUNTER EXAMPLE

C: I just hate everybody right now. Everybody. (CRB1)

T: So, when you say this kind of thing, it's really hard for me to be close to you, and really know how to be here for you. (TRB1)

This is an example of the therapist supplying difficult feedback to the client in a way that simply puts the client in contact with the problematic behavior he or she is displaying in-session. Although this feedback would be difficult for the client to hear, it does not possess the more punitive properties described by this code in the first example above. The interaction just provided would be coded as **TRB1**.

This is an important distinction, while contingent feedback would be difficult to hear for some clients, it is not the straightforwardness of the therapist's responding that will necessitate a **IRB** code. Instead, it is when this behavior is responded to in a manner that is functionally problematic for the therapist, that the **IRB1** code would be used.

13. Ineffective Response to a CRB2 (IRB2)

Definition: Code IRB2 when the therapist supplies a contingent response that is clearly ineffective at achieving the therapist's apparent goal in the interaction (as judged by the coder or by viewing the client's reaction). This code can include examples of when the therapist supplies grossly non-contingent or artificial reinforcement (e.g., gratuitous verbal reinforcement of client behavior), or when the therapist responds to a CRB2 with feedback that could not achieve the goal of reinforcing an improved response by the client.

EXAMPLES

The following are examples of an **Ineffective Response to a CRB2** code (**IRB2**):

C: You know, I feel a lot closer to you. (CRB2)

T: That's great. You said that you feel a lot closer to me. This is a big step for you. (IRB2)

While this type of therapist response is attempting to reinforce a CRB2 (**TRB2**), the therapist is supplying very arbitrary reinforcement that serves largely to distract the client from hearing how that behavior impacted the therapist. This would receive an **IRB2** code.

MARGINAL EXAMPLE

C: I can't meet at our regular time next week. I'd like to meet later next week, though. (CRB2)

T: What is different today that you can ask that? (ERB3)

The therapist could have a myriad of responses that might be useful. Here, they are asking for controlling variables of the client's behavior. If it seemed out of place, it might be considered an **IRB2** or **IRB3**. However, if it works in the interaction to elicit statements of controlling variables, **ERB3** would be the appropriate code.

COUNTER EXAMPLE

C: Every time you ask me how I'm feeling, I panic inside. It's like I need to give you some right answer instead of how I may be feeling. (CRB3)

T: That's a very interesting connection. Could you tell me more about it? (TRB3)

This is an example of the therapist recognizing the client's tacting of the impact of the therapist as a CRB3 and making an attempt to encourage the client's further disclosure coded as a **TRB3**.

14. **Ineffective Response to a CRB3 (IRB3)**

Definition: Code IRB3 when the therapist supplies a response to the client's talk about controlling variables that serves to mitigate the effectiveness of the therapist. This can be in response to a client's CRB3 or could be a poor attempt at modeling controlling variable talk.

EXAMPLES

The following are examples of a **Ineffective Response to a CRB3** code (**IRB3**):

C: This pattern just puzzles me. (CPR)

T: Well, it seems that there can be plenty of opportunities for certain things to come up which have a strange effect on people sometimes. (IRB3)

Here, the therapist fails to discuss manipulable variables. Instead, they say things with such generalities that no point of intervention can be determined and no useful is provided to or modeled for the client. It would be coded **IRB3**.

MARGINAL EXAMPLE

C: It makes me sad when my wife doesn't consider my opinions. (CRB3)

T: This sounds like what happens with us sometimes. (ERB1)

The client is articulating distinct controlling variables and responses. The therapist is attempting to move the focus of the conversation onto the relationship between the therapist and client. It would be coded **ERB1** if it was eliciting client problem behavior. You might consider **IRB3** if the therapist seems to be getting at the controlling variables of the client's feeling as though their feelings aren't considered by others, but does it too obscurely.

COUNTER EXAMPLE

C: How long should I wait until I decide that my boyfriend is a putz? (CRB1)

T: This sounds like you not wanting to make decisions again. (TRB1)

Here the therapist is recognizing the occurrence of a problematic client behavior that emerges at different points in therapy. The interaction just provided would be coded as **TRB1**.

15. **Generally Ineffective Therapist Responding (IN)**

Definition: Code IN when the therapist engages in generally ineffective behavior that *cannot* be coded using one of the specific FAP codes outlined above.

Therapist behaviors rated using this code also include when the therapist engages in more plainly topographical responding that does not achieve its desired function (e.g., rule-following on the part of the therapist, adhering to an agenda, despite the inappropriate conditions for following that rule - perhaps given by a supervisor).

In the event that a coded response contains both IN and another specific missed FAP response, the specific missed FAP response is coded (i.e., M1, M2, M3).

EXAMPLES

The following are examples of a **Generally Ineffective Therapist Responding** code (IN):

The therapist engages in responding that is determined to be ineffective for reasons other than missing or not responding to a CRB1 (M1), missing or stopping a CRB2 (M2), or missing or stopping a CRB3 (M3).

C: I just can't be around other people. (CPR)

T: That's really great that you can identify that. (IN)

As discussed above, this is an odd therapeutic response to what could be later shaped into a **CRB3** by the client, but given the (assumed) context in therapy it is coded as **CPR**. This therapist response is coded as IN, as the therapist did not miss a **CRB3** (M3), and provided that the client's behavior did not function as a **CRB1**.

The therapist adheres to a prearranged agenda that prevents him or her from attending to in-session client behavior.

C: Well, my dog died, and I broke up with my girlfriend. (CPR)

T: OK, so today we're really going to focus on how you identify what goes on in the environment when you just, how did you put it, "shut down." (IN)

The therapist is moving the session toward discussing CRB3 related issues, but the client has listed several key issues that need to be addressed and discussed before going on, the TRB3 code here is not appropriate given the client's list of important events that should be dealt with in session.

This code is also given when the therapist allows the client to continue with Fill Talk () for too long and is also continuing in Fill Talk () and is not engaging in a productive treatment strategy during session (i.e., therapist is wasting session time)

MARGINAL/COUNTER EXAMPLES

C: I was wondering what you wanted to talk about today. (CRB1 - see below)

T: OK, I see. (M1)

In this example, the therapist has emitted a very brief response that appears to not be contingent on what the client has said. In the event that the conceptualization about the client indicates that the client's response is a **CRB1**, the therapist has responded by not reinforcing that **CRB1**, but has not responded to the impact of that comment, per se. An M1 code would be given because the therapist failed to comment on the impact of this problematic behavior.

If this is simply fill talk, the therapist has not reciprocated with continued fill talk, and if the tone of the therapist's response were difficult to determine or even less cordial, the code would be ineffective therapist responding (IN).

Ultimately, it will be the judgment of the rater that will determine the code. It is helpful in these instances to allow any knowledge of the case, the therapist, and the client inform the type of code given. The tone of the therapist's verbal behavior as well as any observable nonverbal behavior (in the event coding is based on videotaped material) could also influence the code. The general guideline to be taken from this example is to let the case conceptualization guide the type of response each has emitted.

MULTIPLE DECISION CODE HIERARCHY

When it appears that a turn contains more than one codeable response by either client or therapist, the following decision hierarchy must be consulted to determine what code should be applied over other possibilities.

CLIENT CODES :

CRB1, CRB2, CRB3 > CTR, O1, O2, CPR

Specific FAP-related client behaviors are coded over less specific (client focus on the therapeutic relationship) or non-FAP behavior (discussion of problems in outside relationships, discussion of improvements in outside relationships, discussion of other problems, question asking/clarification, client fill talk)

CRB2, CRB3 > CRB1

When a client engages in CRB2 or CRB3 behavior (i.e., more effective behaviors), these are coded over a CRB1 if it occurs in the same turn.

CRB2 > CRB3

If a CRB2 and a CRB3 occur in the same turn, a CRB2 (improvement in the context of the therapeutic relationship) is coded over a description of relevant controlling variables.

CTR > O1, O2, CPR

Focus on the therapeutic relationship (CTR) is coded over all other non-FAP specific client behavior

O1, O2 > CPR

Discussion of problems (O1) and improvements (O2) which occur outside of session, that have been a focus of treatment, are coded over general discussion of other problems (CPR), facilitative discussion by the client (CPR), and other non-FAP specific client behaviors

O2 > O1

Improvements that occur outside (O2) the therapeutic relationship are coded over problem behaviors outside the therapeutic relationship (O1)

THERAPIST CODES :

TRB1, TRB2, TRB3 > M1, M2, M3, IRB1, IRB2, IRB3

Specifically effective FAP behavior takes precedent over specifically ineffective FAP behavior

TTR, ERB, TRB1, TRB2, TRB3 > RO1, RO2, TPR

Specifically effective therapist behaviors (General Contingent reinforcement, Focus on therapeutic relationship, Responds to CRB1, Responds to CRB2, Responds to CRB3)

take priority over generally effective therapist behaviors (responds to outside problems, responds to outside improvements, positive therapy progression)

TRB1, TRB2, TRB3 > TTR, ERB

Specific contingent responding (Responds to CRB1, 2, 3, respectively) is coded over general FAP responding (General Contingent reinforcement, Focus on therapeutic relationship, evokes CRBs)

TRB2, TRB3 > TRB1

Responding to a CRB2 or CRB3 is coded over responding to a CRB1 if both behaviors occur in one turn

TRB2 > TRB3

Responding to a CRB2 is coded over responding to a CRB3 if both occur.

ERB > TTR

Evoking a CRB is coded over a therapist focusing on the therapeutic relationship because ERB assumes TTR

M1, M2, M3, IRB1, IRB2, IRB3 > TTR, RO1, RO2, TPR

Specifically ineffective therapist behaviors (Miss CRB1, Miss CRB2, Miss CRB3, ineffective contingent feedback) take priority over generally effective therapist responding codes (GCR, TTR, RO1, RO2, TPR)

M1, M2, M3, IRB1, IRB2, IRB3 > IN

Specifically ineffective therapist behaviors (Miss CRB1, Miss CRB2, Miss CRB3, ineffective contingent feedback) take priority over generally Ineffective Therapist Responding (IN)

IRB1, IRB2, IRB3 > M1, M2, M3

Specifically ineffective delivery of therapist responses takes priority over the failure to recognize the occurrence of therapeutically relevant client responding

IRB2 > IRB1, IRB3

Specifically ineffective delivery of therapist responses to a CRB2 is coded over specifically ineffective delivery of therapist responses to a CRB1 or CRB3 if both occur in the same turn.

IRB1 > IRB3

Specifically ineffective delivery of therapist responses to a CRB1 is coded over specifically ineffective delivery of therapist responses to a CRB3 in the unlikely event both occur.

M2 > M1, M3

Missing or failing to respond to a CRB2 is coded over missing a CRB1 or CRB3 if both occur in the same turn.

M1 > M3

Missing or failing to respond to a CRB1 is coded over failing to respond to a CRB3 in the unlikely event both occur.

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Author Contact Information:

Glenn M. Callaghan, PhD.
Department of Psychology
San Jose State University
San Jose CA 95192-0120
Phone: 408.924.5610
Email address for first author:
Glenn.Callaghan@sjsu.edu

William C. Follette, PhD.
Department of Psychology/298
University of Nevada, Reno
Reno, NV 89557-0062
775-682-8699
Follette@unr.edu