

Equifinality in Functional Analytic Psychotherapy: Different Strokes for Different Folks

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Abstract

Functional Analytic Psychotherapy (FAP) is an interpersonal behavior therapy that relies on a therapist's ability to contingently respond to in-session client behavior. Valued behavior change in clients results from the therapist shaping more effective client interpersonal behaviors by providing effective social reinforcement when these behaviors occur in or between sessions. One crucial discrimination for therapists to make is the distinction between the topography or physical form of their behavior versus how well or poorly it actually functions to shape client behavior. We notice that there are times when some therapists may focus too sharply on how similar their behavior is to that of a supervisor or prototypical therapist rather than focusing on how effectively their behavior functions as reinforcement. A review of some traditional psychotherapy adherence and competence literature suggests that therapists and supervisors may overly attend to the topography of behavior in assessing treatment fidelity. This paper will suggest strategies to minimize an over-reliance on topography, including shifting the focus from technique to principle.

Keywords

Functional Analytic Psychotherapy, adherence, competence

"Use what talents you possess; the woods would be very silent if no birds sang except those that sang best."

—Henry van Dyke

An important component of evaluating treatment efficacy is developing a way to address therapist adherence and competence (Waltz, Addis, Koerner, & Jacobson, 1993). Adherence refers to how closely a therapist follows the intervention outlined in a manual and is typically evaluated using a checklist of important therapist behaviors. Competence refers to how skillfully the interventions are performed and often includes skills thought to be universal across therapeutic approaches (e.g., forming therapeutic relationship; Norcross & Goldfried, 2005).

Within functional analytic psychotherapy (FAP; Kohlenberg & Tsai, 1991; Tsai, Kohlenberg, et al., 2009), the therapeutic relationship, adherence, and competence are intrinsically linked. FAP is based on the premise that client behavior change is best effected through socially mediated contingencies. Therefore, establishing relationships with various clients is a necessary, though not sufficient, skill to competently implement this treatment. Furthermore, many adherence models in use cannot easily be adapted for use in FAP. As a principle based intervention, a checklist of particular behaviors important to FAP does not suffice. The focus on principles rather than specified techniques proves a challenge when training therapists and judging their behavior.

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Imagine that a 35 year-old female depressed client is tearful while discussing an upsetting intimate encounter with her boyfriend. The case conceptualization hypothesizes that she has assertion difficulties and an ineffective repertoire for discussing sexual intimacy. Imagine further two scenarios. In one this female client's FAP therapist is a mid-fifty year old male therapist, while in the other the therapist is a mid-twenty year old attractive female. Would one expect that each therapist would say the same things (e.g., "I know how you feel."), use the same body language, utilize self-disclosure, or ask for more specific details? It is readily apparent that a supervisor would be hard pressed to give the same guidance to each of these therapists to make the same topographical response and predict that it would have the same effect. However, a common goal that the therapists could both accomplish could be identified – create an interaction where the client is reinforced for efforts to describe the situation, however ineffectively, while making it safe for the client to explore other ways of describing the situation that may be more useful with the therapist and with her partner.

Readers familiar with the behavior analytic framework in which FAP is grounded will recognize the emphasis on function rather than topography in the preceding example (see Follette & Darrow, 2010). Although this issue may be familiar, the goal of this paper is to discuss just how challenging it is to focus on function within interpersonal relationships. Specifically, we will focus on the equifinality of therapist behavior, that is, how various topographies of therapist behavior work to accomplish the same goal.

To start this discussion, the goals towards which FAP therapists are working must be defined. There are two main goals: establishing a meaningful relationship and shaping effective interpersonal client behavior while maintaining this relationship.

In FAP, a meaningful relationship is one in which the therapist's responses matter to the client; in other words, the therapist's responses function as consequences in shaping client behavior. Follette, Naugle, and Callaghan (1996) offer a detailed analysis of how a therapist establishes this relationship. A FAP therapist needs to be a salient source of reinforcement in order to compete with outside contingencies and support difficult client behavior change. To become a strong source of reinforcement, therapists will likely need to provide meaningful statements of affection or concern. The therapist must support change, appreciate the difficulty in changing, and help the client discriminate when it has or has not occurred.

However, a functionally important relationship may look very different across therapist-client dyads. For example, a person could present to therapy depressed as a result of proximal environmental changes (e.g., recent end of a romantic relationship). From a FAP perspective, both building rapport and expression of affect will be important. However, unlike a client who has difficulties with intimacy, this person will only need to describe her emotional reactions to the extent that it orients the therapist and the client to important variables related to her feelings of depression (e.g., loss of social support). The relationship with a client working on intimacy issues will appear more intimate (i.e., discussions will include topics that are generally shared with fewer people). Thus, the outcome by which we judge how well a relationship is established is by how well the therapist can impact important client behaviors rather than the extent to which the client makes affective disclosures of particular topographies.

Understanding this functional view of the therapeutic relationship clarifies the relationship to the second goal: shaping clinically relevant behaviors (CRBs). CRBs are the target behaviors identified in the case conceptualization; CRB1s are ineffective behaviors and CRB2s are effective behaviors (see Kanter, et al., 2009 for more about assessment in FAP). The working hypothesis is that decreasing CRB1s and increasing CRB2s will make possible more clinically significant change in clients' lives. Thus, the goal of FAP is to create a sufficiently significant therapeutic relationship in order to shape clinically relevant behavior in such a way as to improve client functioning.

When applying the concept of equifinality to therapist behavior, one level of analysis to examine is the ultimate outcome of therapy (i.e., whether different therapists through different paths are able to shape a client repertoire that will function in the client's social community). While this is an important consideration, a more fine-grained analysis is also important. Shaping behavior implies intermediate goals. Thus, how a particular therapist behavior functions in any moment in therapy is the crucial point to consider.

With this in mind, the following sections relate examples to illustrate the variety of topographies within different functional classes of therapist behavior that can accomplish the goal of FAP. Additionally, we will offer some strategies that may help prevent an emphasis on topography rather than function in implementing FAP.

■ FUNCTIONAL CLASSES OF THERAPIST BEHAVIOR

STIMULUS CLASSES: ANTECEDENTS

In delineating FAP therapist behaviors, one important question to ask is, "How does a therapist create stimulus conditions necessary to evoke the repertoires he or she is trying to shape?" Of course this will depend on the individual client and the particular iteration of the case conceptualization. However, there are some important characteristics worth discussing. Events are established as discriminative stimuli based on their participation in a contingent relationship. Thus, there are two main pathways for therapist's responses to function as antecedents for clinically relevant behavior.

One way is through stimulus generalization processes: therapist's responses may function as discriminative stimuli based on their similarity to events in the client's history.¹ A therapist may ask, "What do you need from me right now?" when trying to help a client better express her needs to others. If this is a question often posed by her partner in an exasperated tone when he wants to be left alone, its use is unlikely to evoke the assertive behavior in-session. Rather, the question may serve to evoke behaviors similar to those engaged in by the client with her partner (e.g., apologizing). The second way events become discriminative stimuli is through therapists and clients creating their own learning history together, such that therapist stimuli come to evoke client behavior in reliable and predictable ways. A seemingly casual therapist inquiry, such as "how's it going", may evoke a meaningful response given a history where the therapist has reinforced this intimacy-building behavior. Therapists should attend to both pathways when attempting to evoke certain behaviors and assessing their effectiveness in doing so.

When new FAP therapists are confronted with the task of shaping in-the-room behavior, they typically want directives regarding how they get clinically important behaviors to occur (i.e., how to evoke CRBs). Since FAP therapists are targeting interpersonal repertoires and often dealing with issues related to intimacy, it is tempting to make prescriptions about how therapists will need to take risks and push their intimacy boundaries in order to evoke relevant client behaviors. Although this may be true with certain clients and within particular interactions, there are many ways that therapists can functionally evoke CRBs that may not involve therapists taking risks. That said, FAP asks therapists to bring their best, natural repertoires into the therapy room and this can feel risky. The following section describes some examples of topographically diverse responses that may function as discriminative stimuli for CRBs.

Beginning FAP therapists may initiate therapy in a way that is comfortable for them given their training histories. Some therapists will provide psychoeducation while others will take time for an in-depth discussion of the client's family history. It is likely that these efforts to be helpful will be noticed by the client. This could lead to a meaningful interaction that could include CRBs (e.g., expression of appreciation or discomfort regarding

¹ A discussion of the how the distinction between formally similar events and arbitrary relationships relates to shaping client behavior in FAP is beyond the scope of this paper. See Skinner (1957) and Hayes, Barnes-Holmes & Roche (2001) for more information on this distinction.

demonstrations of caring). The critical issue here is whether the client responds to the therapist's behavior as genuine caring and trying to understand the client's concerns. Any therapist behaviors that achieve those functions are consistent with FAP. Any behavior that makes the client feel objectified or like a witness on the stand, regardless of the topography, fails.

An obvious part of the setting conditions in FAP will be a therapist's stimulus properties that may be formally similar to others in the client's history (e.g., age, gender, ethnicity, and race). Consider a situation where a client is working on expressing her needs (i.e., increased manding in interpersonal relationships). When the client relates an interaction between herself and her partner, both a female and a male therapist may attempt to evoke this repertoire by pointing out opportunities for the client to tact an emotion and then prompt for a corresponding mand.² However, the client may withdraw from the conversation with the male therapist. Reflecting on this interaction, the client and therapist may discover that some way the therapist behaved evoked this withdrawal due to the similarities between the therapist and the client's partner. They could then identify a change in the therapist's (and ultimately the partner's) behavior that may help the client stay engaged in future conversations. This sequence may never occur with the female therapist. Yet it is likely that the female therapist may be able to strengthen a manding repertoire in such a way that it will function in the client's outside relationship as well.

One therapist stimulus property that may evoke different client behaviors is therapist attractiveness. Consider a client whose goal is to improve his emotional tacting repertoire. An attractive therapist of the client's preferred gender will likely evoke topographically different client behaviors compared to interactions with a therapist to whom the client is not attracted. Interacting with the attractive therapist may evoke more feelings of vulnerability. The client may also express desires to present himself favorably. Alternatively, the client could work on expression of other emotions with the therapist to whom he is not attracted. He could tact appreciation of the therapist's support, increased closeness upon sharing feelings about a partner, annoyance with the therapist's agenda setting, good wishes for the therapist's vacation, and so on. Functionally, all of these types of interactions could lead to the same end: the client improving his expression of emotions to important individuals in his life.

Another consideration is a therapist's natural response style. A soft-spoken therapist might evoke emotional disclosure of a much different nature than a more direct, louder therapist. A client may become agitated or not feel heard when a soft-spoken therapist does not react strongly to his expressions of frustration with a coworker. Alternatively, a client may feel belittled by a therapist who actively encourages him to express his emotions in a different way. Evoking either of these responses may be important in shaping effective interpersonal client behavior.

² Tacting and manding are two important classes of verbal behavior (Skinner, 1957). A tact is a verbal operant that specifies the antecedent conditions and is reinforced by understanding (general conditioned reinforcement). A mand is a verbal operant that specifies the reinforcer. Both are important for interpersonal relationships and are closely related (e.g., tacting feelings is important to access supportive behaviors; manding for a certain type of supportive behavior may enhance intimacy.)

Especially towards the beginning of therapy, therapists may make direct attempts to evoke CRBs. Therapists may express caring or other affect in order to evoke behaviors relevant to intimate relationships. However, the way in which the therapist expresses herself may vary greatly from how the client's verbal community expresses affect. Attributing the client's failure to respond appropriately to a client deficit could be a mistake. Rather, the topography of the therapist's expression is not one the client has learned to discriminate as an occasion to build intimacy (i.e., therapist response is an S^Δ).

Alternatively, therapists may engage clients in some type of experiential exercise as a way to evoke CRBs. How well these attempts function towards this end will depend on many factors. Similar to the above example, the stimulus situation created may be one that varies greatly from the client's outside environment and the client's deficits may need to be interpreted with this difference in mind.

STIMULUS CLASSES: CONSEQUENCES

In thinking about the topographically diverse ways to reinforce behavior, it is useful to reflect on the different ways people have given influential responses in our various relationships. Parents, coaches, teachers, friends, and colleagues are likely to differ in the way they pay attention to the things which we hold important. There is even more variability on an individual level. As with antecedents, certain stimulus properties or response styles may have natural reinforcing effects with particular clients.

Similarly, there is no reason to make prescriptions about the tone of a response, whether it is meant to reinforce or punish. Of course, aversive consequences should be used with care since part of the goal is always to maintain the relationship. However, punishment just means doing something that decreases the probability of a behavior and many diverse response topographies can have this function. Simply stating, "that was unclear", may function to punish behavior. An expression of caring, if not viewed as genuine may also function to punish a response. Furthermore, the timing of a response may change its function. A therapist might say, "I feel like I understand you so much better knowing your frustrations with your boss." This might function as a punisher if the client was manding for help with how to confront his boss. Likewise, we know that what we would describe topographically as negative attention can function to reinforce rather than punish behavior.

There has been debate in the broader field of behavior analysis as to the usefulness in distinguishing between positive and negative reinforcement (Baron & Galizio, 2005). It is beyond the scope of this paper to comment on this issue, but what appears clear regardless of whether this distinction is made is that reinforcement occurs with a noticeable change in the environment. Thinking of therapist behavior from this perspective helps highlight how different topographies may function for different therapists. If therapist A is typically soft-spoken and generally warm, a slight variation in her tone may work to decrease a client response. This type of presentation can be thought of as providing a lot of reinforcement (i.e., warm smiles, expressions of caring and encouragement, etc.) that can help a client feel safe and emit much behavior in the room. However, it may be harder for this therapist to provide a "stronger" reinforcer when the cli-

ent engages in some new behavior. To do this, therapist A may need to provide a stronger expression of affection or excitement for a client than what therapist B might.

Furthermore, a certain topographical response may function as a reinforcer or a punisher depending on the situation, or the therapist. A therapist's response may not function as intended if it is modeled based on a supervisor that has a very different set of stimulus properties or response style. For example, it might be awkward for a typically lighthearted therapist to model her expressions of caring on a supervisor whose response style is more serious. The client might interpret this awkwardness as the therapist not being genuine and this could result in this response functioning as a punisher. Additionally, it is important to adapt ways of expressing oneself to what is familiar to the client. It might not function to reinforce a client's improvement if the therapist chooses language that is more sophisticated than the client's. For example, "I feel connected to you in a deep way" may not function as a reinforcer for a lower functioning client who has never thought of "being connected" as an important interpersonal state.

Additionally, how certain therapist responses function may vary as a result of past interactions with the client. When initially building a relationship with a client, a therapist may provide more obvious signs of caring (e.g., "I feel special that you shared such a meaningful part of your experience with me"). After the therapist and client have established a working relationship, more subtle responses (e.g., changes in tone, body language, nods of understanding) may have the same function. The initial responses may appear "over the top" and no longer have the same function at a later time point.

Finally, it may be tempting to make statements regarding how a client should feel if a therapist is successful at reinforcing the client's effective behavior. However, behavior analysts have avoided equating pleasure with reinforcement (or aversive contingencies with pain) as this attributes causal status to mental events. Additionally, when viewing expressions of pleasure as a learned behavior, there will likely be variability in whether certain interactions are similar to ones in which clients have learned to express pleasure. Many interactions in FAP are likely to involve clients trying some new behavior, and they may be awkward at first. Although a therapist may functionally respond in a way that increases the frequency of the client trying out this new behavior, it may be that neither the client nor the therapist describes this as a pleasurable experience. Therefore, therapists need not limit their responses to ones that reliably lead to expressions of positive emotions.

NOTICING REPERTOIRES

In order to shape CRBs, FAP therapists must notice their occurrence. Some clients may naturally exhibit these behaviors in-session. Other clients may describe engaging in problematic or effective behavior in their natural environment but not emit these behaviors in the room with the therapist. Thus, the therapist's noticing repertoire is crucial to create opportunities to respond contingently to the client's behavior such that desired behavior increases and undesired behavior decreases.

At one level, noticing entails observing topography. More importantly, therapists must notice their personal reactions to

client behavior as a measure of how effective that behavior is in the client's natural environment. If the therapist finds she is becoming unfocused or is losing interest in the conversation, she might hypothesize that this experience is common to other people who engage in conversation with the client. It is important to accurately assess how representative the therapist's response is of the reactions of other people in the client's life. A lack of correspondence can lead the therapist to focus on changing behavior that is functional for the client while not attending to behavior that is not functional.

Noticing repertoires may differ in terms of to what parts of a client's narrative different therapists attend, or how they orient to things the client identifies as important. For example, imagine that a client mentions wanting to increase his repertoire for expressing love to his children. A therapist whose father was hard-working and independent may not readily recognize the importance of shaping client behaviors such as being physically affectionate with one's children or directly telling one's children they are loved. Whereas a therapist with a loving, expressive father might be naturally inclined to look for sophisticated, emotionally expressive behaviors in her client.

Different therapists will identify different client behaviors as important means or obstacles to a given end. In therapy there are many paths from point A to point B. What is crucial is that the therapist can notice when a given goal is achieved and when it is not. If a therapist can accurately identify behaviors that indicate the goal has been reached and those that indicate the goal has not been reached, it may not matter precisely which forms of the behaviors are noticed. Thus two therapists may notice and respond to different subsets of ineffective behavior and still conduct effective therapy that achieves a desired end-state. Consider a case where the client's goal is to develop an effective manding repertoire. It is crucial that there is agreement about what it would look like for the client to achieve this end (e.g., consistently stating his needs clearly to the therapist, reporting instances of this behavior in his interactions with his wife, boss, and others using language that would be effective in that social community). Therapist A might notice behaviors such as the client getting angry or accusatory when the therapist does not do what the client wants, while therapist B may attend more to instances when the client appears sullen or depressed. Both of these sub-sets of behaviors present opportunities for the client to learn to describe his needs (i.e., mand), and it may not be crucial to which members of this response class different therapists attend.

Throughout the course of therapy, interim goals are often identified and therapists may differ in how high they set the bar during the various stages of therapy. When working on developing tacting repertoires, one therapist might reinforce a subtle change in the client's description of a situation (e.g., use of the word "I", which indicates inclusion of the client's perspective) while another therapist may identify the client's use of short, concise descriptions as the next successive approximation to reinforce. As long as the selection of these different criteria results in successful progression through therapy and the achievement of the desired end-state, such differences in noticing repertoires may not be important.

The field of psychology as a verbal community may also encourage an emphasis on form over function by valuing some therapist topographies more than others. For example, active listening skills are taught in clinical training programs, and these behaviors are sometimes thought to be central to conducting effective therapy. In FAP, noticing involves more than just listening and making note of what the client finds important. Instead, noticing is key to providing opportunities for the contingent responding that is the backbone of this therapy.

■ CAVEATS: NOT ALL BEHAVIORS ARE CREATED EQUAL

While it is important to recognize the wide variety of behavioral topographies that can have the same function, some aspects of therapists' behaviors are not equivalent with regard to achieving the goal of FAP: to create a sufficiently significant therapeutic relationship in order to shape CRBs in such a way as to improve client functioning.

TIMING AND LENGTH OF RESPONSES

A lot of basic research in the experimental analysis of behavior examines the timing of reinforcement relative to the occurrence of the behavior of interest (Pierce & Cheney, 2008). One general conclusion is that consequences that occur close in time to the response of interest will have a greater impact than more distal consequences. This is something to consider in evaluating therapists' responses that are meant to affect CRBs.

Some FAP therapists may recognize important behavior occurring in the midst of a longer client response (e.g., improved affective expression while the client relates a story about work). Figuring out how to interrupt this stream of behavior to reinforce an improvement is a tricky but important skill. If the therapist waits until the end of the story, it may take her a lot of effort to describe the behavior she thought was an improvement and this may dilute the reinforcing function of her response. Alternatively, she may respond in a way that reinforces the storytelling behavior, rather than the specific instance of improvement.

Additionally, it is not uncommon for therapists to realize that important behavior occurred once the moment has passed (i.e., at the end of session or in between sessions). Attempts to recreate a particular interaction (i.e., "when you told me about that interaction with your wife last week...") are not optimal for shaping behavior (although this type of interaction may have other important functions as a demonstration of caring). This is why therapists are encouraged to notice and respond to CRBs *in the moment*.

A related issue is whether therapists should attempt to reinforce every instance of clinically relevant behavior (i.e., FR1 schedule). Approximating a schedule of continuous reinforcement may be ideal when a client is acquiring a brand new skill. However, this skill will be strengthened if the schedule is changed to a variable ratio schedule; this schedule is also more likely to be similar to the contingencies in the outside social environment, increasing the likelihood the behavior will generalize to this environment.

VARIABILITY

Although natural response styles can have certain stimulus functions, it is important to encourage therapists to have a variety of ways to respond to clients for many reasons. Considering the discriminative functions that therapists want to have, variability and changes in their behavior are more likely to evoke CRBs than perpetually responding in a similar way. This might be counter to a rule that some therapists may follow in attempting to build a therapeutic relationship: "important people listen to me". While this may be true, a steady stream of listening behavior is not likely to evoke the same types of behaviors evoked within a client's outside relationships. Additionally, it will be difficult to figure out contingent relationships; functional analysis requires varying the stimulus conditions, both antecedents and consequences.

Similarly, a therapist's repertoire should include ways to respond to both ineffective behavior and client improvements. Some therapists may naturally pay more attention to improvements whereas others consistently apply consequences to ineffective behavior. As of now, there are not any data to suggest that a certain proportion of therapist's responses should be reinforcing improvements versus applying consequences to ineffective behavior. Of course, the schedule of reinforcement has to be one that will function to maintain the relationship. However, this schedule will affect the speed at which client behavior changes and time constraints may result from client impatience or costs. A therapist who only responds to improvements will likely take longer to reach the same outcome as a therapist who actively responds to ineffective behavior. Imagine, for example, a client's CRB1s include excessive, tangential speech and dominating the conversations, while CRB2s include building pauses into the conversation and allowing the therapist to participate. In this scenario, the therapist has very few natural opportunities to reinforce CRB2s. If the excessive talking is providing automatic reinforcement for the client, the effect of reinforcing any CRB2s that do show up is likely to be diluted. Unless the therapist also blocks or punishes the excessive talking, the competing contingencies are likely to impede progress.

NATURAL VERSUS ARBITRARY

A very important distinction first emphasized by Ferster (1967) is that of arbitrary versus natural reinforcement. Providing natural reinforcement in FAP requires the therapist to create situations and provide reinforcing responses that are similar to those that occur in the client's outside social environment. Thus, some knowledge of the environment to which we want client's behavior to generalize is a necessity. There are not many environments outside of clinical psychology where "how did you feel about that" is provided as an occasion to tact emotion. Similarly, "thank you for sharing your anger with me" is not a likely consequence for an individual expressing anger. Rather, it is necessary to create opportunities where tacting an emotion will have a meaningful impact on an interaction (e.g., increase understanding of how a dyad can interact that leads to a better outcome). Importantly, therapists may respond in an arbitrary way toward the beginning of therapy. This may be necessary to strengthen a new client repertoire for which there is minimal or no support in his social environment. As the client becomes

more proficient, it is crucial for the therapist to provide consequences that are similar to the client's social environment in order for generalization to occur.

■ STRATEGIES FOR IMPROVING FAP ADHERENCE AND COMPETENCE

Expanding the therapist's knowledge of basic behavioral principles is crucial to keeping the focus on the function rather than the form of behavior. A working understanding of stimulus and response classes can help prevent an overemphasis on topography. Suppose a therapist notices that several of her behaviors (e.g., sharing the story of a personal failure with the client, telling the client she appreciates his being open with her) serve to increase the client's tendency to be more honest and vulnerable in therapy. This observation that several of her behaviors have a similar impact on the client (i.e., participate in same functional class) can serve to broaden her response repertoire. This can be invaluable in increasing the client's sensitivity to the behavioral variability that characterizes the natural environment. In addition to noticing the variety of behaviors making up a functional class, therapists should be encouraged to actively try out different responses to accomplish the same goal. A more thorough understanding of equifinality can be fostered through this experiential exercise.

An invaluable function of group supervision in FAP is that of the Greek Chorus (Tsai, Callaghan, et al., 2009). Peer supervisors from diverse backgrounds can offer feedback as to how the therapist's behavior functions both with the group and with different clients. This is important in preventing the therapist's repertoire from being constrained to those behaviors that may have worked for her in past relationships but might not be functional with a particular client. For example, joking or teasing may have increased closeness felt by the therapist in her relationship with her father. However, if these same behaviors function to distance others on the supervision team, this may be an indication that the therapist's joking may not lead to a desired goal in relationships outside of her family of origin. The Greek Chorus can also provide a broader range of reactions to client behavior than just that of the therapist. Thus the group's reaction may be more representative of the reactions of people in the client's natural environment. This will help the therapist notice and attend to those client behaviors that will most efficiently lead to a successful therapeutic outcome as well as notice instances of ineffective behavior the therapist might have missed.

Another function of the Greek Chorus can be to highlight the importance of and increase topographical variability on the part of the therapist. Different people will have different reactions to the therapist's behavior and this can prevent the therapist from becoming locked in a pattern of responding that functions well only with a narrow range of people. Topographical variability is crucial not only in preparing the therapist to work with a diverse client population, but also in expanding the repertoire of effective responses which can be used with a single client. A broad range of responses can allow the therapist to better represent the variety of reactions the client is likely to encounter in his natural environment.

Supervision can also be a place where the therapist publicly identifies his own strengths and weaknesses (T1s and T2s) in relation to a given case. Therapists should be encouraged to become aware of these (e.g., a tendency to respond in a favorite but inflexible way, a propensity for noticing only those client problems he is competent in addressing) and share them with the group. Then, the other members of the team can watch for these behaviors, remind the therapist of things to work on, and hold the therapist accountable for the impact of the behavior he brings into the therapy room. In addition, this process may help expand each therapist's appreciation of how a wide range of topographical responses may have the same function. A given member of the team may identify his ability to use humor to make the client feel connected as a T2. Another therapist may not have been aware that this behavior could have the same function as her own preferred method of increasing closeness (i.e., direct expressions of caring).

■ CONCLUSION

The purpose of this article is to promote appreciation for the various ways that therapists may accomplish the goal of FAP: to create a sufficiently significant therapeutic relationship in order to shape clinically relevant behavior in such a way as to improve client functioning. This variability may occur across therapists as well as across clients seen by the same therapist.

There is one final caveat: there may be some outcomes that not everyone can produce. A male therapist may help the majority of his client's improve their interpersonal repertoires but may not be able to help a female client express her existential angst to the same extent that a very patient, caring female therapist could achieve. In other words, there may be some differences in the ultimate outcome reached by different approaches. If a therapist often finds himself curtailed in reaching important outcomes, we would recommend he seek more training. However, it is not likely or necessarily problematic that all therapists will be exceptional with all clients. The important message is that we adhere to the principles of behavior analysis by continually assessing how we are functioning, noticing if our behaviors functioned in a way not intended, and being willing to adjust our future behavior based on this assessment.

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