Integrating Functional Analytic Psychotherapy and Behavioral Activation for the Treatment of Relationship Distress

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The following case study demonstrates the potential for an integrated behavioral treatment to improve interpersonal functioning, specifically within a romantic relationship. This integrated treatment utilizes strategies from both Functional Analytic Psychotherapy (FAP) and Behavioral Activation (BA), and thus is termed FAP-Enhanced BA (FEBA). This case study represents an initial attempt to apply FEBA to a 22-year-old female undergraduate, Megan, presenting with relationship distress. Megan and her partner both completed a pretreatment and posttreatment assessment that included self-report questionnaires in addition to a conflict-interaction task that was later coded for the presence of specific emotions. After the pretreatment assessment, Megan participated in 8 sessions of FEBA. Session-by-session descriptions and data will be presented, as well as data from the pretreatment and posttreatment assessments.

Keywords: behavioral activation; functional analytic psychotherapy; couples; emotion

1 Theoretical and Research Basis

Behavioral activation (BA) treatments for clinical depression have gained considerable interest and empirical support in the years following a component analysis of Cognitive Therapy (CT; Beck, Rush, Shaw, & Emery, 1979) by Jacobson et al. (1996). This component analysis found that the BA component of CT produced equivalent outcomes to the full CT package at the end of acute treatment (Jacobson et al., 1996) and at a 2-year follow-up (Gortner, Golla BA manual by l to target depre: including postt
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(Görtner, Gollan, Dobson, & Jacobson, 1998). This led to the development of a stand-alone BA manual by Martell, Addis, and Jacobson (2001). Although originally BA was developed to target depression, recently the BA model has been applied to a variety of difficulties, including posttraumatic stress disorder (PTSD), bipolar disorder, dementia patient caregivers, smoking cessation, drug and alcohol problems, and medical adherence (Kanter, Busch, & Busch, in press).

The basic BA model is based on the view that environmental factors lead to losses of or chronically low levels of positive reinforcement, which in turn lead to the affective and behavioral symptoms of depression (Kanter, Busch, Weeks, & Landes, 2008; Kanter et al., in press; Martell et al., 2001). To combat this, clients are taught to take active steps to solve the environmental problems that precipitated their depression using techniques such as daily activity monitoring and activity scheduling. Such simple activity scheduling was the focus of early behavioral treatments (Cuijpers, van Straten, & Warmerdam, 2007). Current BA goes beyond early behavioral treatments, however, by adding a focus on negative reinforcement. Behavioral Activation views depressed individuals as engaging in repeated, excessive attempts to avoid negative affect, which leads to short-term relief but also (via negative reinforcement) leads to continued avoidance and increased difficulty solving the problems that precipitated depression and may create new problems.

One of the primary techniques used in BA (Martell et al., 2001) is the TRAP acronym (Trigger, Response, and Avoidance Pattern) to facilitate client understanding of avoidance behaviors. Triggers may consist of major negative life events (e.g., terminating a relationship or large relationship difficulties) or an accumulation of smaller chronic negative life events or stressors (e.g., financial stress, minor disagreements), as well as stimuli related to these negative life events (e.g., reminders of these negative events). Responses to these triggers can consist of behavioral and emotional responses such as negative affect, crying, fatigue, and anhedonia, as well as other symptoms (e.g., anger, frustration, etc.). When clients experience these symptoms, it is crucial that the BA therapist express to the client that given the context, these responses make sense, that is to say, given the triggers, the individual should feel the way he or she is feeling. Instead of focusing on the response itself, the BA therapist typically focuses on the Avoidance Pattern that may ensue in response to these symptoms (e.g., staying at home, socially withdrawing, not addressing interpersonal conflict). Behavioral Activation therapists work with clients to replace this avoidant coping with Alternate Coping, with the ultimate goal in BA being to “get out of the TRAP and get on TRAC[TK]” (Martell et al., 2001, p. 102). Additional techniques, such as mindfulness and acceptance, skills training, and role-playing are used as needed (Martell et al., 2001).

As stated above, although the original model was developed for depression, it may be broadly applicable. Specifically, to the extent that a client’s presenting problems are characterized by negative life events, lack of positive reinforcement, and avoidant behaviors, the model may apply. In fact, there is evidence for avoidance as a broad psychopathological dimension that cuts across a variety of diagnostic categories (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). Therefore, BA more recently has been applied to a wide range of presenting problems, as listed above, with the overarching theme being a focus on activity scheduling to increase contact with positive reinforcement, and other techniques to identify and address avoidance.
The current case study presents an adaptation of BA for the treatment of relationship difficulties. The basic logic of the approach was to identify excessive attempts to avoid negative affect produced by negative interactions with one's romantic partner, which if unaddressed would result in continued and often additional relationship problems, and to introduce more positive, relationship-enhancing interactions. Behavioral Activation in this context involves teaching clients to actively solve the problems that perpetuate relationship difficulties, rather than avoiding them. Thus, the triggers are the negative events affecting the relationship, responses are negative private events (e.g., an internal experience of disappointment or anger), and avoidance patterns are avoidance of or withdrawal from interactions with one's partner. The behaviors encouraged (or “activated”) by BA as alternate coping behaviors in this case are behaviors that actively work to solve relationship difficulties and improve the relationship quality. As is the case in all BA treatments, the ultimate goal is that these new, activated behaviors will be positively reinforced by the environment, thereby becoming stable and maintained over time (Hopko, Lejuez, Ruggiero, & Eifert, 2003).

When interpersonal behaviors are the focus of activation attempts in BA, the techniques of Functional Analytic Psychotherapy (FAP; Kohlenberg & Tsai, 1991) have been suggested as enhancements to BA (Busch, Manos, Rusch, Bowe, & Kanter, in press; Kanter, Manos, Busch, & Rusch, 2008). Functional Analytic Psychotherapy aims to improve interpersonal functioning by augmenting existing treatments with techniques based on basic behavioral principles, such as reinforcement and shaping, within the framework of the therapeutic relationship. In particular, FAP aims to use these principles within the therapeutic relationship to decrease avoidance of intimacy, to build intimate relating skills, such as genuine expression of emotions and compassionate responding to others, and to increase acceptance of vulnerability and risks that are involved in genuine, caring, trusting, loving, relationships (Tsai et al., 2008). These relationships may be romantic in nature but are not restricted to such.

In FAP, in-session target behaviors, termed clinically relevant behaviors (CRBs), are identified. There are two types of CRBs: CRBs are in-session occurrences of client repertoires deemed problematic according to the client's treatment goals and the case conceptualization, whereas CRBs are the corresponding in-session occurrences of improvements in these repertoires. The goal, then, is for the therapist to evoke more CRBs and fewer CRBs over the course of treatment by applying natural, contingent reinforcement to CRBs and blocking, ignoring, punishing, or otherwise extinguishing CRBs. In BA terms, CRBs generally would consist of active, relationship-enhancing behaviors with the therapist or in the context of the therapy relationship, and CRBs would consist of avoidance or passivity with respect to the therapist or therapy relationship (Kanter, Manos, et al., 2008).

The therapeutic relationship in FAP is a genuine and real relationship in which therapists provide natural feedback to clients, contingent on the occurrence of targeted behavior. The provision of natural feedback in FAP is accomplished by amplification of the therapist's private emotional reactions (Follette, Naugle, & Callaghan, 1996). The assumption is that CRBs resemble the types of behaviors that constitute out-of-session problematic and improvement behaviors, which enables the CRBs shaped in session to generalize to improvements in the client’s relationships outside of session.
ent of relationship empts to avoid the partner, which if problems, and to Activation in this event relationship ve events affecting nal experience of withdrawal from rated") by BA as solve relationship 3A treatments, the reinforced by the Lejuez, Ruggiero, 3A, the techniques have been suggested ss; Kanter, Manos, prove interpersonal n basic behavioral of the therapeutic n the therapeutic ing skills, such as rs, and to increase g, trusting, loving, nature but are not viors (CRBs), are urrences of client oals and the case n occurrences of voke more CRB2s gent reinforcement ng CRB1s. In BA behaviors with the would consist of p (Kanter, Manos, n which therapists cted behavior. The of the therapist’s assumption is that problematic and to generalize to

As discussed by Kanter, Manos, et al. (2008), FAP and BA are uniquely suited to integration. Specifically, although BA focuses on out-of-session behavior, and the goal is to activate new behaviors in the client’s natural environment to promote sources of positive reinforcement, FAP focuses on in-session behavior, and the goal is to naturally reinforce improved behaviors as they occur in the therapeutic relationship. Adding FAP to BA should therefore create a stronger contextual treatment by bringing the focus on reinforcement into the session and providing means for immediate contingent reinforcement to occur between the therapist and the client that can then be applied to out-of-session activation assignments. Thus, the integration of FAP and BA, referred to as FAP-Enhanced BA (FEBA), maintains BA’s TRAP model and case conceptualization, but attempts to activate improvement behaviors in the therapeutic relationship so that these behaviors can be shaped through natural, contingent therapist reinforcement. After this occurs, and the behavior has been shaped sufficiently to have a high likelihood of being reinforced out of session, standard activation assignments may be used. Thus, in FEBA, initial treatment strategies and conceptualization stem from BA, but the therapist takes note of ways in which BA targets (i.e., maladaptive behaviors) may be present in the therapeutic relationship. At the point where BA targets are occurring in-session, the shift to FAP and focus on CRBs occurs, with a shift back to BA techniques to generalize successful in-session improvement to out-of-session relationships.

Although FEBA for relationship difficulties makes theoretical sense (Busch et al., in press; Kanter, Manos, et al., 2008), it has not been tested. The current case study applied FEBA to the treatment of one member of a couple experiencing relationship distress. An additional novel feature of the current case study was that both members of the couple completed a pretreatment and posttreatment assessment. This assessment included methodology that has been used to assess couple functioning in previous basic research (Levenson & Gottman, 1983; Waldinger, Schulz, Hauser, & Crowell, 2004). Specifically, at pretreatment and posttreatment, both members of the couple came to the research laboratory and engaged in a facilitated conflict interaction. These interactions were video-recorded and coded by a blind rater to provide an objective, observation-based assessment of the emotional behaviors displayed by both members of the couple during the interaction. An advantage of this assessment methodology is that it captures couple behavior live, rather than relying on self-report, and thus removes many of the biases and shortcomings of self-report outcome assessment (Kazdin, 1980). It also allows for the assessment of the effects of therapy with one member of the couple on both members of the couple. In other words, can the results of individual therapy generalize to the couple? This question is particularly relevant to FEBA, because the theoretical goal of FEBA is to generate improved client behavior in the therapy relationship (using FAP techniques), and then to facilitate the generalization of that behavior to outside relationships (using BA techniques).

2 Case Introduction

At the pretreatment assessment, Megan (not her real name) was a 22-year-old female of White and Puerto Rican descent, who was attending college full-time. She was in a 5-year
relationship with Chris (not his real name), who was a 21-year old White male attending the same college full-time. Megan and Chris resided together, but they had never been married nor had any children. Megan and Chris responded to an advertisement for a treatment study aimed at improving romantic relationships. The study was approved by the university’s institutional review board.

3 Presenting Complaints

Megan presented with concerns about frequent arguments with Chris about his disorganization in their apartment and his inability to remember where he left things (e.g., keys, wallet). According to Megan, Chris had not improved his organization and cleanliness despite her frequent complaints, as Chris felt that Megan was being unreasonable in her requests. Megan reported that having a disorganized apartment was very stressful for her and led to her spending long periods of time cleaning and ruminating about Chris’s lack of compliance with her requests, often instead of completing homework assignments.

After several sessions, Megan reported that she had been mugged while departing a bus approximately 1 year prior to treatment. She reported that the mugging was a brief but traumatic physical attack during which her purse was stolen. Although she did not meet full criteria for PTSD, Megan reported experiencing great distress, including fear of riding the bus alone, avoiding certain bus routes, and avoiding the bus altogether when possible. When Megan did have to ride the bus, she often asked Chris to accompany her. Megan’s reluctance to ride the bus alone was another source of interpersonal conflict between them.

4 History

Megan reported that she was raised in a rural area in the United States and that her parents were divorced when she was 11 years old. Chris reported (based on a demographics questionnaire) that he was raised in an urban area in the United States. Chris’s parents were divorced when he was 13, and his father remarried that same year. Megan and Chris both reported on the demographics questionnaire (completed separately) discussing their future often, being very committed, and being in love. Megan reported that during their 5 years of dating she and Chris had experienced occasional difficulties, and that many centered on Megan’s concerns about Chris’s disorganization. This had become increasingly problematic since they began living together. At first, Megan and Chris lived with one of Chris’s family members, who was also disorganized. When they moved into an apartment, Megan reported that she expected Chris’s organization and cleaning habits to improve but they did not. This led to frequent arguments.

5 Assessment

As part of a larger study, Megan and Chris both completed pretreatment and posttreatment assessments, consisting of self-report measures and participating in a conflict interaction that was coded for measure of active

Self-Report Measures

Dyadic Adjustment Scale of relation. Instructions on the form to indicate behavior and your partner 151, with higher scores demonstrating ability (Spanier, treatment. Pretreatment distress, according to the score of 107 at the distress.

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that was coded for the presence of a variety of emotions. In addition Megan completed a measure of activation at the beginning of each treatment session.

**Self-Report Measures**

*Dyadic Adjustment Scale (DAS).* The DAS (Spanier, 1976) is a 32-item self-report measure of relationship adjustment in either married or unmarried cohabiting couples. Instructions on the DAS state, “Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the list” (Spanier, 1976, p. 27). Scores range from 0 to 151, with higher scores indicating greater levels of relationship adjustment. The DAS has demonstrated adequate content, criterion, and construct validity as well as high scale reliability (Spanier, 1976). Megan and Chris completed the DAS at pretreatment and at posttreatment. Pretreatment scores (Megan = 101, Chris = 107) indicated mild relationship distress, according to recommendations by Crane, Allgood, Larson, and Griffin (1990) that a score of 107 should demarcate the distinction between subclinical and clinical levels of distress.

*Behavioral Activation for Depression Scale (BADS).* The BADS (Kanter, Mulick, et al., 2006) is a 25-item self-report measure of avoidance and activation developed to measure changes in activation and avoidance over the course of BA. Instructions state, “Please read each statement carefully and then circle the number which best describes how much the statement was true for you during the past week, including today.” Each item is rated using a 7-point scale ranging from 0 (not at all) to 6 (completely). Total scores thus range from 0 to 150, with high scores indicating more activation and less avoidance. A community sample of depressed women evidenced a mean total score of 70.44 (SD = 20.93; Kanter, Rusch, Busch, & Sedivy, in press). Although not directly related to relationship functioning, the items on the BADS are written to be generally applicable across different domains of functioning, including relationships, and are thus consistent with the types of behaviors expected to change over the course of Megan’s treatment. For example, items include “There were certain things I needed to do that I didn’t do,” “I did something that was hard to do but it was worth it,” and “I pushed people away with my negativity.” It is also the case, however, that items on the BADS may relate to general goal-directed activation or avoidance/escape behaviors related to aspects of Megan’s life other than her relationship with Chris. Megan completed the BADS at the pretreatment and posttreatment assessments and prior to each FEBA session.

**Conflict Interaction and Emotional Behavior Coding**

Both members of the couple participated in a 15-min conflict interaction at the pretreatment and posttreatment assessments (following procedures outlined in Roberts, Tsai, & Coan, 2007). After Megan and Chris separately completed a questionnaire about areas of disagreement in their relationship, a research assistant examined their responses and chose the strongest area of disagreement as a topic for the conflict interaction. Based on this process, the research assistant chose to explore disagreements about cleanliness/
organization. This research assistant was trained in leading a conflict facilitation in which Megan and Chris explored their disagreements about cleanliness and organization in a structured manner, allowing both Megan and Chris to explore their side of the disagreement and also to respond to their partner's comments about it. This was done to help the couple begin their conversation. Then, the research assistant left the room, and the couple had a 15-min conversation about their disagreements about cleanliness and organization, and worked toward resolving their disagreements.

Conversations were recorded with a small digital video camera, and these recordings were later coded to examine rates of emotional behaviors exhibited during the interaction. Coding was completed by a research assistant who was trained to code couples' emotional behavior using a system developed by Waldinger, Schulz, Hauser, & Crowell (2004) and was reliable with other coders using this system (Manos, Roberts, Kanter, & Levenson, 2008). Waldinger's system uses naive coders' intuitive judgments of 22 possible emotions that are reduced to 4 factors: Hostility, Empathy, Affection, and Distress (Waldinger et al., 2004). For each 30-sec segment of the 15-min conversation, each of 22 emotion variables (e.g., sadness, anger, humor) was rated on a Likert-type scale from 0 (not at all) to 9 (extremely) for each member of the couple. Multiple emotions could be rated as occurring within the same segment. A total score for each emotion was calculated by summing the scores for each 30-sec segment. Emotions contributing to each factor were then averaged to obtain factor scores for Hostility (the average of the codes angry, contemptuous, criticism, defensiveness, domineering, and irritable), Empathy (the average of the codes acknowledges partner's perspective, interested in understanding partner, and tuned in to partner's feelings), Affection (the average of the codes affectionate, humorous, and warm), and Distress (the average of the codes sad, withdrawn, and afraid).

At the pretreatment assessment, Megan and Chris discussed their disagreement about the organization and cleanliness of their apartment. Emotion coding data indicated that Megan and Chris both demonstrated higher levels of hostility (Megan: $M = 0.817, SD = 1.541$; Chris: $M = 0.644, SD = 1.280$) and empathy (Megan: $M = 0.889, SD = 1.386$; Chris: $M = 0.756, SD = 1.257$), with relatively lower levels of affection (Megan: $M = 0.367, SD = 1.033$; Chris: $M = 0.556, SD = 1.210$), and distress (Megan: $M = 0.189, SD = 0.598$; Chris: $M = 0.011, SD = 0.105$); see Table 1). Although these numbers are low, they are comparable to other research using the same coding system to code a conflict interaction among relationship partners (Waldinger et al., 2004). Based on the pretreatment assessment, a goal for treatment was to decrease expressions of hostility and increase expressions of affection in their interactions. This was consistent with previous research on couple emotional behavior that has indicated that increased expressions of negative emotion (e.g., hostility) and decreased expressions of positive emotion (e.g., affection) are predictive of marital instability and divorce (Gottman & Levenson, 1999; Gottman & Notarius, 2000; Matthews, Wickrama, & Conger, 1996; Waldinger et al., 2004).

### 6 Case Conceptualization

The case conceptualization was based on guidelines for integrating BA and FAP provided by Kanter, Manos, et al. (2008). Thus, it was necessary to identify avoidance patterns both in terms of relationship. In the pretreatment assessment, Chris was seen as highly anxious and avoidant, often avoiding the topic of their arguments, particularly those related to cleanliness and organization. His behavior during the assessment was characterized by minimal eye contact, limited verbalization, and a general withdrawal from engaging in deep and meaningful conversations. Chris's responses were brief and often consisted of passive-aggressive remarks, which suggested a pattern of disengagement and avoidance. Megan, on the other hand, was highly responsive and emotional, often expressing her feelings directly and engaging in heated debates. Her behavior was characterized by frequent outbursts of anger and a desire for attention and validation.

Megan's behavior was characterized by a sense of frustration and a lack of understanding of Chris's perspective. She often felt that Chris did not listen to her or understand her point of view, leading to recurring arguments and a lack of progress in resolving their conflicts. Chris's defensive and rejecting responses further contributed to the cycle of arguments, making it difficult for Megan to feel heard and understood.

The relationship between Megan and Chris was further characterized by a pattern of circularity in their interactions. For instance, Megan's direct expression of her feelings often led to Chris's avoidance, which then triggered Megan's frustration and anger. This cycle of reactions and responses continued, with both partners appearing to be unable to break the pattern of negative interactions.

The case conceptualization highlights the importance of understanding the dynamic interplay between emotional expression, avoidance, and relationship outcomes. It underscores the need for interventions that target the emotional patterns and communication strategies employed by both partners, aiming to develop more effective and constructive ways of addressing their disagreements.
agreement about the indicated that Megan: $M = 0.817, SD = 1.541$; Chris: $M = 0.367, SD = 0.598$; they are comparable interaction among assessment, a goal ppressions of affection on couple emotional notion (e.g., hostility) predictive of marital rius, 2000; Matthews, patterns both in terms of the client's romantic relationship and in terms of the therapy relationship. In the present case, the objective was to decrease Megan's avoidance patterns in session through in vivo shaping and then generalize these improvements to her relationship with Chris.

Based on Megan’s presenting complaints, several avoidance patterns were identified, including avoiding conflicts that required emotional disclosure and avoiding contact with anxiety-eliciting stimuli. These patterns were defined broadly and in functional terms, allowing for specific examples to cut across different domains of Megan’s life, no: just those restricted to her relationship with Chris. For example, Megan reported that when she thought about her unfinished homework (Trigger) she would become anxious (Response) and avoid this response by cleaning (Avoidance Pattern). Also, Megan’s awareness of an unclean apartment (Trigger) elicited frustration (Response) and led to passive, indirect attempts to persuade Chris to clean (Avoidance Pattern) rather than assertively stating her needs. Megan’s passive and indirect attempts to persuade Chris often aggravated him and provoked him to act negatively toward her, creating unwanted conflict and continuing a cycle of arguments.

Megan also experienced difficulties with Chris in relation to her prior mugging. In this case, Megan had stopped discussing the event with Chris because she thought that he was disinterested and bothered by her attempts to talk with him about it. Thus, Megan’s attempts to talk with Chris and his negative reaction (Trigger) resulted in her feeling greater guilt and shame about the event and its affect on her (Response) and led to her avoiding the topic with Chris in the future (Avoidance Pattern). Based on these TRAPs, treatment goals for Megan focused on her not avoiding conflict but rather approaching it in an appropriate manner, and increasing her emotional disclosure with Chris.

Taken together, Megan’s avoidance patterns were broadly viewed as avoidance of directly expressing her emotions related to difficult topics, and therefore appropriate alternate coping behaviors included calmly but assertively expressing her emotional

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<td>Emotion Coding Factor Scores for Megan and Chris</td>
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<td>Hostility</td>
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<td>Empathy</td>
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<td>Affection</td>
<td>0.37</td>
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<td>Distress</td>
<td>0.19</td>
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Note. Hostility behaviors = composite of the behaviors defensiveness, criticism, angry, irritable, contemptuous and demining expressed during couples’ 15-min conversation. Empathy behaviors = composite of the behaviors acknowledges partner’s perspective, interested in understanding partner, and tuned in to partner’s feelings. Affection behaviors = composite of the behaviors affectionate, humorous, and warm expressed during couples’ 15-min conversation. Distress behaviors = composite of the behaviors sad, withdrawn, and afraid.
reactions to personal and difficult topics, and expressing her desire to discuss these topics and receive support from Chris.

In-session manifestations of these TRAPs (i.e., CRBs) included avoidance of emotionally difficult topics. For example, in Session 3, after discussing Megan's avoidant behavior with Chris, the therapist asked Megan if there was anything she was avoiding in session. She responded, “Yes, but it is not important.” In fact, Megan was avoiding telling the therapist about the mugging. In FAP terms, this avoidance was seen as a CRB and, in turn, directly approaching and actively engaging in situations that would elicit aversive emotions (e.g., talking about the mugging with the therapist) would be seen as a CRB2. It is important to note the functional similarities of her problem behaviors in and out of session.

7 Course of Treatment and Assessment of Progress

Therapy was provided in a university psychology clinic. Treatment consisted of eight 50-min individual sessions. Megan’s therapist was a licensed clinical psychologist with extensive experience implementing BA and FAP treatments. Treatment followed suggestions for implementing FEGA provided by Kanter, Manos, et al. (2008), but was modified to focus on self-reported relationship difficulties, rather than depression. The main goal of implementing FEGA was improving relationship functioning.

Session 1

In FEGA, the client is presented with a rationale explaining that avoidance and emotion-focused coping may be beneficial in the short-term in reducing aversive feelings, but that this may create additional relationship problems or at least not solve the original problems that led to the aversive affect in the first place. This rationale was presented to Megan in the first session, and was clarified using BA’s TRAP model (Martell et al., 2001) described above. Megan responded positively to the treatment rationale. At the end of the session, Megan was given an activity log and asked to log interactions with Chris on an hour-by-hour basis and also to rate each event in terms of satisfaction.

Sessions 2 and 3

In Session 2, the therapist and Megan role-played ways for Megan to interact with Chris more directly, and she was assigned homework to initiate a direct conversation with him concerning cleanliness. Starting in Session 2, Megan was also given a TRAP record that asked her to identify triggers, responses, and avoidance patterns in specific situations occurring between her and Chris during the course of the week. This also enabled the therapist to assess Megan’s understanding of the TRAP model in subsequent sessions. In Session 3, Megan reported that she did attempt a conversation, but Chris responded poorly. After discussing this in more depth, the therapist learned that Megan’s attempt at initiating the conversation was quite indirect, which may have been part of the reason for Chris’s negative response. Unfortunately, his negative response essentially punished Megan’s activation attempt. This interaction indicated that Megan’s repertoire for initiating conversations with Chris activation assignments v additional role-playing differently in the future.

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Sessions 4 and 5

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conversations with Chris was not quite sufficient and needed shaping before similar
activation assignments were given. In stand-alone BA, this may have been addressed with
additional role-playing and discussion of ways in which Megan may address the issue
differently in the future. In FEBA, however, FAP techniques were used to provide a method
for improving Megan’s repertoire via in vivo shaping. For example, to bring Megan’s
avoidance of asserting her needs, including her desire for emotional support in response to
the mugging and other difficult topics, into the therapy session, the therapist asked, “Is
there anything you’re avoiding in here?” Megan responded that there was, but that it was
not important. In this example, the initial evoking of a CRB2 (emotional disclosure of any
needs related to the therapist, including discussing with him emotionally charged, difficult
topics) produced immediate avoidant behavior (CRB1), but further prompting (discussed
next) led Megan to emotionally disclose (CRB2), which the therapist naturally reinforced.
Thus, in vivo shaping had the advantage of giving the therapist control over the consequences
that followed Megan’s attempts to be assertive.

Sessions 4 and 5

After Megan’s initial activation attempt failed, she stopped additional activation attempts
and her BADS scores decreased during the fourth and fifth weeks of treatment, reflecting
this decrease in activation (see Figure 1). During this time, the therapist focused on in vivo
shaping by continuing to encourage Megan to discuss difficult topics, especially because it
was evident that she was holding back from disclosing something that seemed to be
important. The therapist was then able to gradually work toward (i.e., shape) the types of
emotional disclosure that would be successful with Megan’s boyfriend. These prompts
were successful in gradually lessening Megan’s avoidance of the key topic (i.e., the
mugging) in session. In Session 4 when the therapist brought it up she said, “I’ll get upset
talking about it, but I feel comfortable and willing to talk about it with you,” and in Session
5, when the therapist suggested discussing the mugging during the upcoming session, she
responded, “It’s scary, but I will.” Also during this time, Megan became more comfortable
and willing to discuss areas of outside avoidance, including avoiding interactions with
professors regarding completion of papers. In all of these cases, the therapist responded
with natural and positive reinforcement to Megan’s CRB2s.

Session 6

Session 6 was a catalyst for Megan’s outside activation. She engaged in complete
emotional disclosure by discussing the mugging in detail with the therapist. Initially, she
reported considerable anxiety as she began to tell the story. She reported the event in detail
and became somewhat dysregulated at key moments (e.g., crying uncontrollably) but in
general remained composed. In the end, she reported, “It was not as bad as I thought it
would be.” In an attempt to be naturally reinforcing, the therapist asked Megan what she
needed from him in response to hearing that story, and Megan reported that she did not
know. The therapist responded by stating that he was very moved by her story and by her
willingness to share it with him. The therapist also provided some psychoeducation about
the nature of trauma and how he was not surprised that telling the story was not as bad as
she feared. In FAP terms, Megan telling this story was a CRB2 (emotional disclosure of an important, but difficult, topic rather than avoidance) and the increased emotional openness from the therapist hopefully functioned as a reinforcing response. At the end of the session, the therapist encouraged Megan to discuss the mugging with her boyfriend in a similar manner. This was especially important because she had attempted to do this in the past but had done so ineffectively and subsequently stopped trying.

Sessions 7 and 8

Following the interpersonal gains from Session 6, Megan’s BADS scores dramatically increased (from 81 to 121) and remained stable until the termination of treatment, indicating that Megan was actively addressing problems outside of session. Her weekly logs indicated high rates of TRAC behaviors across both weeks. Not only did she express herself directly to her boyfriend, but she also approached her professor for an extension and began a school assignment in advance. As she aptly summarized in the final session, “I’m active. I’m feeling better.”

Assessment of Progress

Regarding DAS scores, Megan’s pretreatment score increased slightly from 101 to 104 at posttreatment. Similarly, Chris’s pretreatment score increased slightly from 107 to 116 at posttreatment. These changes may not be clinically significant; however, it is clear that their adjustment either remained the same or improved slightly. Similarly, Megan’s BADS score increased from assessment, indicating behavior. It is notable that depressed women’s scores did not demonstrate improvement as discussed in the posttreatment assessment. In-session discussions were encouraging her to discuss it with the therapist.

Table 1 presents the interactions at pretreatment and posttreatment. Affection also increased for Chris. Distress in distress is not necessarily a sign of distress; it is a sign of distress that did, in fact, in line with Chris’s instance, regardless of how willing to change his life that were.
score increased from a 106 at the pretreatment assessment to a 114 at the posttreatment assessment, indicating an increase in behavioral activation and a decrease in avoidance behavior. It is notable that Megan’s BADS scores initially decreased and approached levels of depressed women found in previous research (Kanter, Rusch, Busch, & Sedivy, in press). Her scores did not improve until Session 6, suggesting that BA alone was not producing activation as discussed above. After Session 6, however, Megan demonstrated dramatic improvement in her total BADS score, and that improvement was maintained through the posttreatment assessment. It seems most likely that this happened as a result of the in-session discussion of the mugging, with the therapist responding positively and encouraging her to discuss the event with Chris in a similar manner to how she had discussed it with the therapist. It also appears that this activation generalized to other areas of her life that were not related to the mugging in terms of content but were similar in terms of avoidance behavior (e.g., Megan’s schoolwork).

Table 1 presents the changes in emotional behavior observed during Megan and Chris’s interactions at pretreatment and posttreatment. Hostility markedly decreased for both Megan and Chris, whereas empathy markedly increased for both Megan and Chris. Affection also increased considerably for Megan, but remained low and decreased slightly for Chris. Distress remained low for Megan and increased slightly for Chris. This increase in distress is not necessarily problematic, in that displays of more “tender” negative emotions, such as sadness, by men are often found in more satisfied marriages (Waldinger et al., 2004); however it also may have signaled that changes in Megan’s behavior forced Chris to focus on himself or otherwise changed the couple dynamic (Steinglass, 1987) in ways that did, in fact, create more distress for Chris (see Follow-Up section). It is possible that Megan’s attempts to be more assertive and emotionally expressive with Chris were not in line with Chris’s goals for the relationship or for how he wanted Megan to behave. For instance, regardless of how effectively Megan asserted her needs, Chris may not have been willing to change his behavior or put forth more effort toward meeting Megan’s needs.

8 Complicating Factors

One of the complicating factors in this case was the discovery of subclinical PTSD symptoms related to Megan’s mugging. In addition to its impact on their relationship, the mugging and its effect on Megan needed to be addressed unto itself. Session 6 allowed Megan to directly explore the mugging and her emotions associated with it, which the therapist felt was important simply for Megan alone. In addition, the therapist and Megan addressed how her avoidance of discussing the mugging with Chris was consistent with her relationship difficulties with him. By conceptualizing Megan’s avoidance of discussing the mugging with Chris as functionally similar to her other avoidance behaviors (e.g., avoidance of discussing emotionally charged topics and being assertive in presenting her need to talk about these issues and receive support), the therapist was able to work within the goals and framework of the present treatment. As Megan shared the details of her mugging, the therapist was able to provide natural reinforcement for the disclosure, which in turn was able to shape emotional disclosure in Megan to improve her relationship with Chris. In this way, Megan’s exploration of the mugging in session with the therapist may have functioned
as both an exposure, in line with exposure treatment for PTSD symptoms (Foal, Keane, & Friedman, 2000), and as in vivo activation, in line with FEBA. In fact, many activation assignments may be simultaneously conceptualized as exposure assignments, and thus BA may potentially offer a protocol for comorbid depressive and anxiety symptoms (Hopko, Lejuez, & Hopko, 2004), or as this case illustrates, for comorbid relationship difficulties and anxiety symptoms.

Another complicating factor is that FEBA was implemented in only 8 sessions, which may be insufficient for clients with more severe presenting problems. The brief 8-session protocol was agreed on by Megan and the therapist in advance, with the understanding that treatment was to focus on relational difficulties rather than diagnosed Axis I or II disorders. However, 8 sessions is still quite brief, especially for a treatment that requires a fully formed psychotherapeutic relationship in which clinical problems will arise and be addressed. In the current case, the therapist was experienced in both BA and FAP and was able to form a good working relationship with Megan quickly. Additional applications of FEBA, however—especially with clinical disorders—may require more sessions. Nonetheless, the current case suggests that a brief FEBA protocol may be useful for targeted, nonsevere relational problems.

9 Follow-Up

One year after the posttreatment assessment the therapist contacted Megan for follow-up. Megan reported engaging in more direct and effective communication with Chris over the past year, however the couple broke up 1 week prior to the follow-up. Megan reported that Chris initiated ending the relationship because he was depressed and felt the need to concentrate on himself more and not have to worry about pleasing other people. Megan reported improved communication with others as well, and she no longer had problems approaching professors about assignments and procrastinating less.

10 Treatment Implications of the Case

This case presents an example of the integration of BA and FAP. Although the final outcome in this case was negative for the relationship, indications are that it was positive for Megan, and the relationship outcome should not discourage additional exploration of FEBA. In fact, one difficulty with FAP is ensuring that the way in which the therapist responds to the client is similar to the way in which other important individuals in the client's environment will respond. In this case, Megan wanted to improve her ability to be assertive and to express her emotions with Chris to have her needs met. This was effectively shaped in session. However, it ultimately may not have matched Chris's goals when he became depressed and ended the relationship, in part, because according to Megan he did want to worry about pleasing other people. Alternatively, it may be the case that shaping Megan to be more assertive was an effective relationship strategy when Chris was not depressed, but when he became depressed Megan may have needed to adjust her behavior, which she did not do.

Changes in engaging in FEBA suggesting that implication of ti produce observa in his expres a exhibited decrea the couple by p often impracti powerful individu therapy, has rea encouraging an area. An addic the current case studies, as the r objectively trac
Changes in Megan’s BADS scores demonstrated that she was being more active and engaging in fewer avoidance behaviors, which is consistent with in-session events, suggesting that BA alone would not have been successful for Megan. An important implication of this case is that individual psychotherapy with one member of a couple can produce observable changes in both members of the couple. In this case, Chris did increase in his expression of empathy and decrease in his expression of hostility, although he also exhibited decreased expressions of affection and increased expressions of distress. Therefore, Chris may have been unprepared or unwilling to deal with Megan’s needs and with her emotional disclosure, although he was able to better empathize with her, which may have contributed to the decrease in hostility behaviors. This ability to impact both members of the couple by providing therapy to only one is important because, for many reasons, it is often impractical or impossible for both members of the couple to come to therapy and a powerful individual therapy that could produce changes in the couple, in lieu of couple’s therapy, has real value. Although the current case is far from definitive on this issue, it is encouraging and suggests that FEBA may be a promising avenue for future research in this area. An additional implication for researchers is that the outcome methodology piloted in the current case (i.e., use of couple observational coding) also may prove useful for larger studies, as the results of the coding data suggest that such a methodology can be used to objectively track changes in important relationship variables.

11 Recommendations to Clinicians and Students

There are several recommendations for clinicians and students dealing with similar cases. First, this case demonstrates the importance of the therapeutic relationship in BA and of paying attention to the ways in which targets of treatment may be relevant in the context of the therapeutic relationship (Kanter, Manos, et al., 2008). This recommendation may be obvious to those trained in interpreting transference reactions, but less so to those trained in cognitive and behavioral therapies in which the therapeutic relationship certainly is seen as important (Waddington, 2002) but not central to the mechanism of action of the treatment. In fact, although cognitive and behavioral therapists often discuss the importance of the therapy relationship, previous research involving observation of actual therapist behavior in session (including BA therapists) reveals that they rarely focus on the relationship in ways recommended by FEBA (Kanter, Rusch, Landes, Holman, Whiteside, & Sédivy, 2008; Kanter, Schildcrout, & Kohlenberg, 2005). It is important to note, however, that when applying FEBA to relationship distress, it is of course possible that the problem behavior in the relationship, or even behaviors functionally similar to the problem behavior in the relationship, may not appear in the therapy session. In this case, FAP interventions would not be appropriate.

In addition, this case demonstrates the importance of case conceptualization in BA (or FEBA) that is based on broad, functional definitions of client problems, rather than specific instances. This allows for increased therapist flexibility in responding to specific instances of problems that at first might be seen as irrelevant to the conceptualization. For example, when Megan disclosed to the therapist that she had been mugged, and it became obvious that she had some symptoms of PTSD, the therapist decided that it would be important to
include some elements of exposure in the treatment. The flexibility of the conceptualization allowed the therapist to conceptualize the problem as avoidance and the target as activation, thus folding exposure into treatment and remaining consistent with the FEBA model.

Although originally based on a behavioral theory specific to depression (Lewinsohn, 1974), BA techniques focused on blocking avoidance and engendering activation may be broadly applicable when based on a broad, flexible conceptualization of activation and avoidance (Kanter, Busch, & Rusch, in press), demonstrated by a growing body of literature on BA for a variety of problems (Daughters et al., 2008; Jaksapcak et al., 2006; Mulick & Naugle, 2004). The current case also suggests that BA may be easily augmented by FAP because of its parallel theoretical underpinnings and treatment techniques. Thus, in addition to adding to the literature on BA, the current case adds to a growing body of literature on FAP as an enhancement to existing cognitive-behavioral treatments, including Acceptance and Commitment Therapy (Baruch, Kanter, Busch, & Juskiewicz, 2008; Busch, Kanter, Landes, & Kohlenberg, 2006; Callaghan, Gregg, Marx, Kohlenberg, & Gifford, 2004) and Cognitive Therapy (Kanter, Landes et al., 2006; Kohlenberg, Kanter, Bolling, Parking, & Tsai, 2002).

References


