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USEFUL CONSTRUCTIONS OF THE CLIENT-THERAPIST RELATIONSHIP

GLENN M. CALLAGHAN, AMY E. NAUGLE, & WILLIAM C. FOLLETTE
University of Nevada, Reno

Although different theories of psychotherapy emphasize the importance of the therapeutic relationship, these perspectives diverge when considering why this relationship matters clinically. This article proposes that different verbal constructions or definitions of the therapeutic relationship result in very different approaches to treatment and affect the way the client and therapist interact. An understanding of this relationship using a contemporary radical behavioral therapy, Functional Analytic Psychotherapy (FAP), is discussed and is contrasted with different conceptualizations of this relationship. This discussion emphasizes how specific constructions provide advantages to therapists that facilitate treatment and offers a distinction between the therapeutic relationship and a friendship. A discussion of why it is important for the therapist to understand and convey this definition to the client during treatment is included along with a brief description of how supervision helps the therapist gain an understanding of this relationship.

Regardless of one's theoretical approach to therapy, there are important considerations for psychologists and therapists-in-training to make about how they define or construct the therapeutic relationship. Different constructions of this relationship provide unique verbal stimuli or setting conditions (i.e., establishing stimulus functions; Michael, 1982) to which different therapists and clients respond (Follette, Naugle, & Callaghan, in press). Regardless of one's theoretical approach to treatment, such constructions are useful reminders for therapists and facilitate their ability to conceptualize their task in treatment and to enlist client participation consistent with the agenda for therapy.

Recent literature (e.g., Wright & Davis, 1994) describes the importance of the therapeutic relationship, offers empirical support for a link between a positive client-therapist relationship and outcome, and emphasizes important therapist variables such as ability to express warmth and empathy. This literature, while grounded in an empirical analysis, does not discuss how therapists define this relationship nor why it is important to do so. This article suggests reasons why the therapist should carefully define the client-therapist relationship and approaches the topic consistent with a contemporary behavioral treatment paradigm.

We consider some examples of basic verbal constructions of the client-therapist relationship as understood from other perspectives and describe a radical behavioral understanding of the therapeutic relationship. Although we discuss a construction of the client-therapist relationship consistent with the principles of radical behaviorism, we believe that these views are broadly exportable to treatments based in other theoretical paradigms. Additionally, we discuss why it is important for the therapist to understand and convey this particular functional understanding to the client throughout the course of treatment. We close with a brief description of the role of supervision in helping the therapist more usefully conceptualize the therapeutic relationship.

Correspondence concerning this article should be addressed to Glenn M. Callaghan, Department of Psychology/298, University of Nevada, Reno, Nevada 89557. Correspondence via electronic mail on Internet may be sent to gmc@scs.unr.edu.

Examples of Basic Constructions of the Therapeutic Relationship

Different schools of psychotherapy emphasize, at least in general terms, the therapeutic relationship as an important aspect of treatment. Still, these perspectives diverge when considering specifically how the client-therapist relationship is defined. In this section we attempt only to outline the potential types of constructions that may occur when clinicians approach treatment. The constructions given here are not meant to oversimplify or characterize any one way that practitioners attempt to effect change in client behavior. Instead, we attempt to convey the different extremes with which one might approach treatment.

For example, practitioners from a particular perspective might conceptualize the therapeutic alliance between client and therapist as an essential component to effectively treat the client (e.g., Horvath & Luborsky, 1993). Though this concept has undergone considerable debate, and some authors state that constructions of the therapeutic alliance are lacking in conceptual clarity (Hougaard, 1994), one understanding of this alliance is that it allows many more possibilities to process negative transference to the therapist as a result of unresolved relationships the client has had with others. The therapist may construct his/her role in the therapeutic relationship as an observer and decide to comment on expressions of transference as they occur, helping clients gain insight and understanding about their problems. The manner in which the therapist constructs his/her relationship with the client in this more extreme situation may then be understood as a professional, objective analyst. Again, this is not to state that all therapy conducted within psychodynamic frameworks are characterized as distant or detached; we are merely pointing out the basic construction one could take from within that approach.

In a psycho-educational approach or in a type of behavior therapy where only targeted behaviors are addressed, clients may view the therapist as an instructor or educator. From these perspectives, therapists may, for example, understand the relationship as important in that it promotes clients' compliance with homework assignments (Last & Hersen, 1994). This type of construction of the therapeutic relationship impacts the way a therapist interacts with a client in that the therapist may be more directive and task focused, rather than looking for opportunities to express acceptance of a client's unwillingness to comply with an out of session task. In contrast, therapists working from within a humanistic or person-centered approach may conceptualize therapeutic progress to be a result of the therapist's ability to express empathy, congruence, and most importantly, unconditional acceptance to the client (Rogers, 1951). The therapist may define his/her role in this relationship not as analyst nor advice giver but as conveyer of noncontingent feedback to the client.

After constructing his/her role in the therapeutic relationship, the therapist can then behave consistently within that role, given his/her theoretical understanding of that position, and use that construction to check his/her progress during the course of therapy. Each of these positions, even at their extreme, are valuable approaches to treatment. We attempt next to show how a type of radical behavioral treatment builds upon past and current strategies and offers a unique explicit construction of the client-therapist relationship.

Functional Analytic Psychotherapy and the Therapeutic Relationship

Functional Analytic Psychotherapy (FAP) is an interpersonal approach to therapy based on radical behavioral principles (Kohlenberg & Tsai, 1991). Like other forms of therapy, FAP emphasizes the client-therapist relationship and understands the therapeutic relationship as the mechanism of effecting change in client behavior. FAP emerged as an approach to treat clients who present with longstanding interpersonal problems where a single targeted behavior was not identifiably treatable using a standard or empirically validated approach to therapy and where a selected standard approach did not bring about client change. Clients treated with FAP frequently meet criteria specified under Axis II disorders under the current Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association, 1994) as well as less specified Axis I disorders. FAP has not yet been empirically validated; however, one of its strengths rests with its ability to lend itself to empirically testable hypotheses based on its theoretical framework (e.g., Follette & Callaghan, 1995). In addition, studies are currently being designed to gather this type of validation.

A technical analysis of FAP is available elsewhere (see Follette et al., in press) as are useful summaries of this approach (Callaghan, 1996; Kohlenberg, Hayes, & Tsai, 1993; Kohlenberg & Tsai, 1995). We will attempt here to provide the

reader with a brief description of FAP relevant to the discussion about constructions of the therapeutic relationship. From a behavior analytic perspective, the therapist only has reliable, direct access to client behavior that occurs in the therapy session. Initially, the therapist generates a number of hypotheses about groups, or classes, of behaviors that are clinically relevant. Clinically relevant behaviors (CRBs; Kohlenberg & Tsai, 1991) refer to (1) problem behaviors in-session that are like those the client engages in outside therapy (CRB1s), (2) client improvements that occur in session (CRB2s), and (3) client descriptions of what variables affect their behavior, leading to those problems or improvements (CRB3s). It is the therapist's task to look for occurrences of CRBs, to relate the impact that CRB1s have on the therapist, and reinforce alternative ways of interacting, CRB2s, that have a more positive impact and help meet the client's goals of improved interpersonal relationships. The role of the therapist is to provide social support, or reinforcement, for a client's effort to change and differentially reinforce more effective behavior in-session (Follette et al., in press). To become a salient provider of social reinforcement, the therapist establishes a history of relating with the client where he or she feels cared about and supported. This history of caring, and an identifiable reinforcement history in therapy where client attempts to do things differently have been previously rewarded, help create a context in which clients are supported in their efforts to engage in more effective behaviors.

In addition to expressing support and caring toward the client, the therapist responds *contingently* to client behavior (a CRB) as it impacts him/her. It is important that the therapist responds to the client in a manner similar to how others respond outside therapy[1] as well as in a way that is more productive for the client. By responding contingently, the therapist responds to the impact that the client has on him/her by sharing how the client's behavior affects the therapist. We use the term "contingently" to differentiate other types of noncontingent feedback the therapist may choose to give such as interpretations, support for telling the therapist how the client feels, and so on. Again, this contingent responding can only occur when the therapist has established a larger history of support for coming to therapy and attempting to work on difficult issues in treatment. (See Follette et al., in press for a more thorough description of this process.)

For example, when a client engages in behavior that functions to distance the therapist from the client and limits the therapist's ability or desire to respond usefully to him/her (a CRB1) , the therapist needs to provide immediate feedback to the client about how this behavior impacts the therapist and their relationship. When the therapist identifies that a client's behavior is producing the same problem situation in therapy as it does in other relationships for the client, such as preventing both from developing a close interpersonal relationship, the therapist could respond, "When you say you just don't care about this [relationship], I feel like I don't matter to you, and you don't want me to talk to you." Given the client has discussed that relating to others is a problem, the therapist then helps to establish a more effective repertoire in the client by eliciting and strengthening approximations of more useful behavior for building relationships and reinforces new attempts, ultimately leading to a behavior that the client finds effective in his/her relationship with the therapist (a CRB2) and could try in other relationships outside of treatment.

As in other interpersonal therapies, in FAP the therapist's task is to remain "in the moment" with the client, to respond contingently to client behavior as it impacts the therapist, and to take advantage of opportunities to relate what the client says about problems that occur outside of session to the therapeutic relationship. Problem-solving around issues the client brings into session that appear not to relate to the therapeutic relationship will occur during treatment, and the therapist needs to allow time to work on these topics during session with the client. However, even in role-playing solutions, the therapist has immediate access to how the client's strategies impact him/her and can help shape more effective client responding in-session.

The Benefits of Constructing the Therapeutic Relationship from a FAP Perspective

The therapeutic relationship and the role of the therapist in FAP are different from the examples of

[1] Responding contingently to clients in a way that is consistent with the way others respond outside of therapy is discussed by Ferster (1967) as natural reinforcement. Natural reinforcers function to increase the generalizability of responses that are learned in-session to outside of therapy.

basic constructions highlighted above because the mechanism of changing client behavior is the therapist's effective contingent responding to the client (i.e., shaping more effective behavior). We will now distinguish a FAP conceptualization of the client-therapist relationship from the other basic constructions outlined above to highlight the potential benefits.

Different constructions of the therapeutic relationship bring about different responses by the therapist to the client[2]. In other words, therapists orient to and behave toward clients consistently with their understanding of the relationship and how the relationship can bring about behavior change. Clear and useful definitions of the role of the therapeutic relationship are necessary across all theories of psychotherapy to help therapists understand their role and respond consistently within that role. From a radical behavioral perspective, verbally constructing the therapeutic relationship as one where the therapist's task is to remain more objectively detached or purely analytical decreases the opportunities for therapists to effectively respond to and modify client in-session behaviors. If therapists believe their role is to remain more objective, the material they can comment on is limited to the client's reports of experiences outside session or to making interpretations of the client's behavior during session; both approaches diminish the importance of the therapist's reactions to the client in the moment.

When therapists construct the relationship so that they feel they should be objectively detached, they will provide very little contingent feedback about how what the client is saying impacts them. Although therapists may reinforce client responses that are consistent with their perspective (e.g., "That represents good insight."), these types of responses may be idiosyncratic to the therapist and are probably not the kind of responses that will be supported outside of therapy. The type of reinforcement provided by the therapist from this perspective is not likely representative of the same set of reinforcers that clients experience outside therapy, and improvements may not generalize to situations outside of session (see Ferster, 1967). This is not to say that making interpretations or pointing out to clients when insight has occurred lacks clinical utility. However, we suggest that from within a FAP construction of the therapeutic relationship, those are not sufficient to bring about change. To continue to provide interpretations incurs risk for the therapist to not provide contingent feedback, the elementary principle of FAP.

Similarly, from within a FAP construction, when therapists construct their role in the therapeutic relationship as advice-giver or as educator, their ability to respond contingently to the client will also be limited. This latter construction emphasizes a task-oriented approach to therapy where the clinician's role is as an advice-giver or educator with the responsibility to find solutions to the problems clients bring to treatment. These approaches may fail to recognize how problematic client behaviors impact the client-therapist relationship. From a FAP perspective, the problems that bring clients into treatment are generally expected to occur during the therapy session as a result of interacting with the therapist, and these behaviors can be directly modified. This is not to say that direct instruction represents an incorrect or even ineffective strategy to help clients change. Rather, we are adding to these assumptions by stating that when therapists understand their task as contingent responder, they position themselves to effect change more immediately and across a broader range of interpersonal interactions.

The Therapeutic Relationship as Distinct from a Friendship

Because the emphasis FAP therapists place on the role of the therapeutic relationship during treatment, and because this topic has arisen in most (if not all) of our own experiences in conducting FAP, we dedicate a section of this article to how FAP constructs the therapeutic relationship differently than a friendship.

Therapy is both a professional and a close, interpersonal relationship. However, therapy is very different from other relationships that either the client or clinician has. A friendship can be understood as a relationship both partners enter into

[2] Although a thorough analysis of the process by which verbal constructions produce different responses is beyond the scope of this article, this process can be understood several ways consistent within a behavior analytic framework. For example, from a Skinnerian perspective, these words may come to have discriminative stimulus functions (Skinner, 1957), while from a more contemporary analysis of verbal behavior, responses are evoked based on membership in functionally equivalent classes through relational responding such as proposed by relational frame theorists (Hayes, Gifford, & Wilson, in press; Hayes & Hayes, 1992).

mutually, often based on similar interests, a shared history, or any number of other reasons. Members of the dyad often provide a wealth of noncontingent reinforcement or general contingent reinforcement simply for being an enjoyable person with whom each interacts. Neither member necessarily requires the other to behave differently or more effectively, and because feeling comfortable with one another would seem a reasonable prerequisite for a friendship, neither member requires the other to be different. This definition differs greatly from the agenda for therapy: It is the therapist's role to help the client bring about desired change. Although friendships can also adopt this as a shared goal it is not often the basis of the relationship, and the manner in which feedback is given would be very different than in therapy.

If a therapist understands his/her role as akin to a friend to the client, he or she may convey noncontingent acceptance of the client effectively, and the therapist may even provide general support and encouragement for client efforts to change. However, it would be very difficult to provide the necessary contingent feedback to clients if part of the therapist's agenda was to keep both members feeling comfortable. A willingness to create discomfort in a situation where both members can recognize and identify a history of support and caring is a necessary part of therapy. Of course, not all moments of all sessions need to be difficult for both members. If this were the case, clients would not have any motivation to come back to treatment nor would the therapist remain a very salient mediator of social reinforcement. Still, providing contingencies that motivate and directly bring about client change is the therapist's central responsibility. From our perspective, constructing this relationship more casually as a friendship will not allow this change to occur.

The distinction is also relevant when considering the construction of the client-therapist relationship from a more humanistic approach. Rogers (1951) advocated that in order for clients to realize their full human potential, therapists convey unconditional positive regard independently of what clients say or do, and that they provide an accepting and empathetic environment. Unconditional positive regard can be understood as an attempt by therapists to noncontingently reinforce client behavior as often as possible (Schmitt, 1985). Although we agree that noncontingent reinforcement occupies an important role in successful therapy, it is not the primary mechanism by which change occurs. Instead, noncontingent reinforcement or general support of the client helps establish therapy as a context in which a variety of behaviors may be reinforced (Follette et al., in press). According to FAP, contingent reinforcement of alternative behaviors is the process to effect change.

The Importance of Conveying an Understanding of the Therapeutic Relationship to the Client

Conveying an understanding of therapy and the nature of the therapeutic relationship has implications for the client-therapist relationship throughout the course of treatment. The words therapists use to talk about the nature of the relationship, as well as how clients and therapists feel in response to their interactions are important for a number of reasons. Conceptualizations of the client-therapist relationship not only impact the behavior of therapists, they also influence the way clients view therapy and respond to the therapist. In this section we discuss how a FAP construction of the therapeutic relationship affects clients when beginning therapy, as issues arise further into therapy, and as clients and therapists prepare to terminate the therapeutic relationship.

Beginning therapy. Clients often present for therapy with preconceptions regarding how they should engage therapy as well as what they expect from a therapist. These ideas may come from a variety of sources such as a client's previous experiences in therapy, sociocultural biases, or media representations (Wright & Davis, 1994). There are a few potential problems in assuming the client has a sufficiently useful or accurate understanding of therapy and the therapeutic relationship. The information the client brings with him/her to therapy may not accurately correspond to the way the clinician conducts treatment and can hinder the development of the therapeutic relationship. For example, if the client views the therapist as a detached, objective authority figure, the client will engage therapy from this vantage point. He or she may provide the therapist with a great deal of information, solicit advice, and even look to the therapist to provide rules for how to interact, viewing therapy as a means for elementary problem solving rather than as a situation to try new and more useful interpersonal behaviors. The client may become frustrated when the therapist focuses instead on his/her reactions to the client and

emphasizes what is occurring in-session. A client may believe that the therapist will listen to his/her presenting problems and provide direct advice about how to make the situation better. The FAP therapist, however, views the problem as one that is more interpersonal in nature, noncontingently supports the client for being in therapy, but offers no direct advice, though he or she does give direct feedback. In this case, without clarification or elaboration from the therapist, the client may feel as though he or she is floundering and may become disenchanted with therapy early in treatment.

Therapists can avoid these pitfalls by clearly stating to the client what he or she can expect from therapy. Primarily this involves explaining the basic premises of FAP and emphasizing the role of the therapeutic relationship. It is essential that the therapist describes the important elements of FAP clearly and in as nonthreatening a manner as possible. Given the interpersonal difficulties clients present, therapists cannot assume that describing the therapeutic relationship as "similar to relationships you have outside of therapy" or as a "close, intimate relationship" is either comforting or accurately illustrates what the therapist is intending to convey. The basic message that a therapist wants to convey at the beginning stages of therapy is that he or she views the therapeutic relationship as an interaction between two people that simultaneously shares features of other relationships and is also quite distinct from other relationships.

Therapists then provide examples of the shared features in both general terms and as related to the client's unique situation. For example, if a female client tells her male therapist that she is often unhappy in relationships because her partners do not understand her emotional needs, the therapist can identify in specific terms how, although the therapeutic relationship is different than the ones she describes (i.e., that it cannot be a romantic one), it is also similar in that she may feel as though he is not "understanding her emotional needs" at times over the course of treatment. In addition, the therapist should convey to the client in general terms how he or she approaches therapy, outlining the premises of FAP. It is also necessary that therapists outline the professional, ethical, and clinical constraints that distinguish the therapeutic relationship from other relationships the client may have.

Another important difference the between the therapy relationship and others the client has had that the therapist conveys to clients concerns the wide range of responses that they can engage in during session while the therapist will still remain to help the client. For example, if the client is unable to tolerate sad affect during periods of apparent emotional vulnerability, he or she may respond to the therapist strongly with a response like, "I hate that you make me sad. You just like to do that because you get some pleasure out of it." This example is not meant to be absurd but is intended to point out the strong type of response that can come from clients during difficult sessions. The response that others may have to a person telling them this outside therapy might be to walk away from the client and not talk to them in the near (or distant) future, and this may be a more natural response, that is, one shared by others in settings outside of therapy. However, the therapist is committed to working with the client during these difficult points in treatment, and he or she will respond to the impact this has on him/her (more generally in the beginning of treatment and more specifically later on; Follette et al., in press) and attempt to evoke more effective client responses. In this case, the therapist might share with the client how that makes him/her feel, and ask if that is what the client means, or if perhaps the client is responding to the difficulty of the session. Especially early on, but also throughout treatment, the therapist should emphasize that he or she will be there for the client in times of difficulty and that even when other people might not be able to listen to what a client is saying, the therapist is committed to helping the client find more useful ways of interacting.

Reemphasizing Constructions During Treatment. As therapy progresses and the client gains an experiential understanding of the importance of the therapeutic relationship, additional issues regarding the relationship between client and therapist become evident. In addition to reiterating elements of what has been said about the role of the relationship in earlier sessions, the therapist provides additional and more refined clarifications. These clarifications become necessary to prevent or diminish clients' confusion across a number of domains such as goals for treatment, the role of the therapist, and the purpose of contingent responding. For example, a client may react with discomfort, bewilderment, and even anger to a therapist's contingent, yet perhaps acutely aversive feedback if the client is not clear that the agenda of therapy is

to help the client behave more effectively by shaping in-session responding. In addition, the client may have difficulty understanding the therapist's gestures of either noncontingent acceptance or general contingent reinforcement for his/her willingness to struggle with change. For example, when a therapist demonstrates caring or communicates acceptance toward a client, the experience may be a novel one. Either the client may never have experienced feeling cared for in a way that resembles what occurs in the therapeutic relationship, or similar expressions of caring may have occurred only as part of other relationships such as during a romance (Bem, 1967). Therefore, therapists must be able to express their reactions and feelings in their interactions with clients while being sensitive to how this impacts the individual clients with whom they work.

A related issue concerns the style of language the therapist uses to characterize the therapeutic relationship as well as the words used to describe the therapist's reactions to a client. Words like "intimacy," and "caring" for example, posses unique functions for clients based on idiosyncratic learning histories which may differ from that of the therapist. It is essential that the therapist assess how such words function for the client and whether or not they serve to reinforce client responding, or whether they are punishing and decrease particular client behaviors (Skinner, 1945). When words have multiple meanings for clients, such terms may confuse the client or interfere with the therapeutic relationship. For example, a word like "intimacy" may participate in larger functional classes for expressing love, feeling loved, and even feeling sexual attraction as occurs in relationships outside of therapy. While some words used to let clients know that the therapist cares about them may produce responses in clients other than therapists intend, they should not completely refrain from expressing that they do indeed care, because to us it is necessary to care about a client to function as an effective mediator of social reinforcement.

As a part of the therapeutic process of FAP, clients will also learn to discriminate the reactions of others. If during the course of an ongoing therapeutic relationship, clients are not comfortable discussing how each person feels (within the confines of appropriate and ethical behavior; Kohlenberg & Tsai, 1991), therapists should address how this behavior impacts a client's abilities to form meaningful relationships outside of treatment. Therapists' appropriate expressions of caring are essential to create the context described above that allows effective contingent responding and shaping more effective client behavior.

In addition to providing contingent feedback about his/her reactions and feelings with the client, the therapist encourages, listens, and responds to the client's feelings and reactions to him/her. While some clients may talk directly about caring for the therapist and enjoying therapy, other clients may have more difficulty talking aloud about related issues. Therapists assume the responsibility of reinforcing clients' expressing feelings and labeling them as well as understanding with clients the multiple meanings or multiple functions of particular words and emotions. At the same time, therapists balance how the client is feeling about them with the relevant ethical, professional, and clinical issues that define the therapy relationship. For example, a client may express sexual feelings toward the therapist, and the therapist will talk openly with the client about these feelings while also conveying the boundaries of the relationship that prevent acting on those.

Further, with clients who have difficulty relating to others without sexualizing the interaction, the therapist discusses openly the importance of the client being able to have a non-sexual relationship with the therapist, despite the fact that it may seem impossible to the client to do this. Creating or expanding this aspect of a client's interpersonal repertoire allows him/her more opportunities to experience support or reinforcement from a variety of people rather than only from those with whom the client relates sexually.

Termination. As clients prepare to terminate therapy, similar issues concerning the nature of the relationship may recur and new issues may emerge. The therapeutic relationship is unique in that the relationship is sustained for a circumscribed period of time, given the agenda of therapy (i.e., to bring about client change); however, over the course of therapy, the relationship becomes important to both the client and the therapist. Both participants may experience sadness and reservations about therapy ending and may even be interested in continuing the relationship. Clients may experience confusion with what can appear ironic to them: When the

client relates to the therapist in a close interpersonal way that is meaningful to both members, and when the client is able to create and sustain relationships outside treatment which include aspects he or she values, then treatment is completed. Of course, therapists do not terminate therapy in one session. This process takes some time and brings opportunities for clients to describe what they have learned and to openly discuss feelings about ending treatment.

Clients often share their feelings about terminating treatment with therapists, and may even attempt to negotiate ways of continuing contact. Although it may be tempting to continue seeing clients in therapy even though treatment is complete, it is essential that therapists maintain a clear understanding about the purpose and agenda of the relationship and talk openly with clients about this. This does not preclude a therapist from sharing with the client his/her feelings about the process of therapy or their experience of the relationship; indeed, this would most likely be very beneficial to treatment. It does, however, require that the therapist have a clear understanding of his/her role and can impart that to the client. Reminding and describing again the nature and purpose of the therapeutic relationship can help both participants better understand that the therapy relationship is terminating because of the progress the client has made.

Allowing sufficient time to terminate treatment is important because CRB1s that brought the client to therapy can often resurge or present again under stressful circumstances. By focusing on in-session and in the moment client behavior, the therapist can continue to challenge less effective client behavior while strengthening more effective interpersonal relating. It is important to discuss that this is part of the process of completing treatment and that these older, less effective responses cannot be a means of simply prolonging therapy.

The Role of Supervision

We agree with Wright and Davis (1994) that a therapist's "training should include intense supervision on relationship issues" (p. 42). At a minimum, two components comprise a FAP therapist's ability to accurately construct the therapeutic relationship in the way that we have outlined: (1) an understanding of the basic principles of behaviorism with at least some understanding of Skinner's analysis of verbal behavior (Skinner, 1957)[3]; and (2) an intact interpersonal repertoire for conducting FAP. With respect to the first requirement, therapists need to be introduced to the concepts of radical behaviorism, whether it be through reading the original works by Skinner and others or by studying abbreviated versions of this body of literature through authors such as Kohlenberg and Tsai (e.g., Kohlenberg & Tsai, 1991). Because FAP is strongly rooted in theory, it is important that therapists understand its underpinnings by learning the technical aspects of behavior analysis. This first prerequisite, though time consuming, often appears to be the easier of the two requirements for therapists to meet. The second, that of an intact repertoire, is sometimes more difficult to train.

While a supervisor can impart general rules to the therapist about how to talk about the relationship early on in therapy, the issues surrounding continuing treatment and termination require the therapist to have a more sophisticated verbal repertoire for conveying what makes the relationship important, how he or she feels about the client, and what his/her role is in the interaction. The complexity of these issues requires the therapist to clearly conceptualize the role of the therapeutic relationship and how the interactions between the client and the therapist differ from relationships either has outside of therapy. An inadequate therapist repertoire may hamper the therapist's willingness to address feelings and related issues with respect to his/her interpersonal relationship with a client. Because the therapeutic relationship is the primary mechanism of effecting change, it is important that reservations and repertoire deficits be remedied in training.

Supervision can provide opportunities to both assess the ability of therapists to understand their role in therapy consistent with a FAP approach as well as opportunities to expand a therapist's repertoire. Supervisors may offer direct instruction about how to talk about the therapeutic relationship with the client and role-play situations with the therapist in the supervision session. The role-played interactions, direct observation of sessions,

[3] We recognize that Skinner's (1957) analysis of verbal behavior is not the only one, and that it may not be completely adequate to understand the important aspects of therapy (see Zettle & Hayes, 1982; see also Hayes et al., in press). Still, Skinner's provides a useful analysis for the purposes of this discussion.

and even a therapist's reports of what occurs in the therapy session provide the supervisor with information regarding strengths and limitations of the therapist's repertoire for constructing the therapeutic relationship in a way that is useful for both client and therapist.

Supervisors can also shape more effective therapist responding during the course of the supervisory session. FAP supervision shares a premise similar to that of FAP with clients. The supervisor identifies therapist problem behavior, as well as effective responding, and responds contingently to the supervisee's behavior during supervisory sessions (Kohlenberg, 1995). For example, a therapist may have difficulty recognizing and expressing their own feelings during therapy as well as during supervision. The role of the supervisor is to help the therapist identify instances when they are responding with affect to what occurs during supervision and to reinforce the supervisee's expressions of emotion. The goal in this type of supervision parallels that of therapy and attempts to have improvements in the supervisee's therapy-relevant behavior generalize beyond the supervision session and enhance the supervisee's effectiveness in therapy. Helping the therapist behave more effectively with clients and explicating how the process by which the therapist changes in supervision is similar to what occurs during FAP assists therapists to better understand how the process of this therapy works. In addition, having therapists recognize the important aspects of the supervisory relationship that promote change helps them identify and later describe how the therapeutic relationship brings about client improvement.

Conclusion

In this article, we have addressed several of the issues related to usefully constructing the client-therapist relationship consistent with behavioral principles and a functional analytic approach to psychotherapy. The FAP therapist conceptualizes the therapeutic relationship as one of tremendous caring and support for the client struggling and attempting to change, attempts to become an important and salient mediator of social reinforcement, and focuses on behaviors the client displays in-session, responds to the way that behavior impacts him/her, and reinforces alternative, more effective behaviors when needed. Sometimes this can be very difficult for both members of the relationship, but it seems essential to achieving good outcome. What is unique to this relationship, making it distinct from other constructions of the therapeutic relationship or a friendship, is that clients can try a variety of different strategies, can express a wide range of feelings and opinions, and the therapist will respond to and support the client's efforts. When therapists verbally construct the client therapist relationship this way, they create a manner of relating to the client that, is not only empirically testable (Follette & Callaghan, 1995), but from a functionally analytic psychotherapy perspective, maximizes their ability to help clients change.

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