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Functional Analytic Psychotherapy as an Adjunctive Treatment for a Client Meeting Criteria for PTSD

Annabel Prins

*San Jose State University & National Center for PTSD,
VA Palo Alto Health Care System*

Glenn M. Callaghan

San Jose State University



Introduction

- Empirically-supported treatments for PTSD appear to be most effective in reducing re-experiencing and hyper-arousal symptoms (Foa, et al., 1999)
- Difficulties with interpersonal relationships, particularly those with higher levels of emotional intimacy, are often present in individuals with PTSD and are rarely targeted in treatment.
- Functional Analytic Psychotherapy (FAP) provides a cognitive behavioral approach to psychotherapy that allows the therapist to focus on those interpersonal skills and deficits that contribute to client suffering.



Introduction (continued)

- This poster presents data for a 41 year old female veteran with PTSD symptoms related to several sexual assaults and a robbery at gun-point.
- In addition to meeting CAPS criteria for a PTSD diagnosis, this client presented with significant dysthymia, alcohol dependence, bulimia, and dependent personality features.
- Treatment during the first 3 years (described here as Stage 1) included exposure to her trauma history, intensive outpatient treatment for substance abuse, cognitive-behavioral treatment for bulimia, as well as medications (primarily trazodone and fluoxetine).



Introduction (continued)

- Treatment was successful in reducing re-experiencing and hyperarousal symptoms of PTSD (See Figure 1). The client was successful in maintaining sobriety for 3 years and purging behavior was eliminated.
- *Figure 1* shows that Stage 1 treatment was less successful in targeting the client's interpersonal avoidance and detachment.
- At the start of year 4, the client experienced a relapse of substance abuse and reported significant isolation and detachment from others.
- Stage 2 of treatment was initiated using FAP.



Method: Functional Analytic Psychotherapy

- Patient consented to initiation of FAP
 - Targeted area for therapy: Interpersonal closeness through disclosure
- Case conceptualization developed for targeted behaviors presented in *Table 1*
 - *CRB1s and Outside 1s*: Problem client behaviors in and outside of session, respectively
 - *CRB2s and Outside 2s*: Improved and more effective prosocial behaviors in and outside of session, respectively
- Provided FAP for 9 months as Stage 2 treatment
 - Focus on reduction of problematic interpersonal behaviors and development of more effective pro-social behaviors
- Therapist provided FAP once per week for 1 hour
 - Weekly supervision provided by experienced FAP clinician



Method: Assessments

- PTSD Symptom Checklist (PCL) administered pre-treatment and every three months thereafter
- Functional Idiographic Assessment Template - Questionnaire (FIAT-Q) used to monitor progress for targeted interpersonal behaviors every three months
- FIAT Daily Assessment used in last two months for monitoring experiences with interpersonal closeness (to examine targeted improvements and difficulties)

Table 1. Case Conceptualization for Class D
(Interpersonal Closeness and Disclosure)

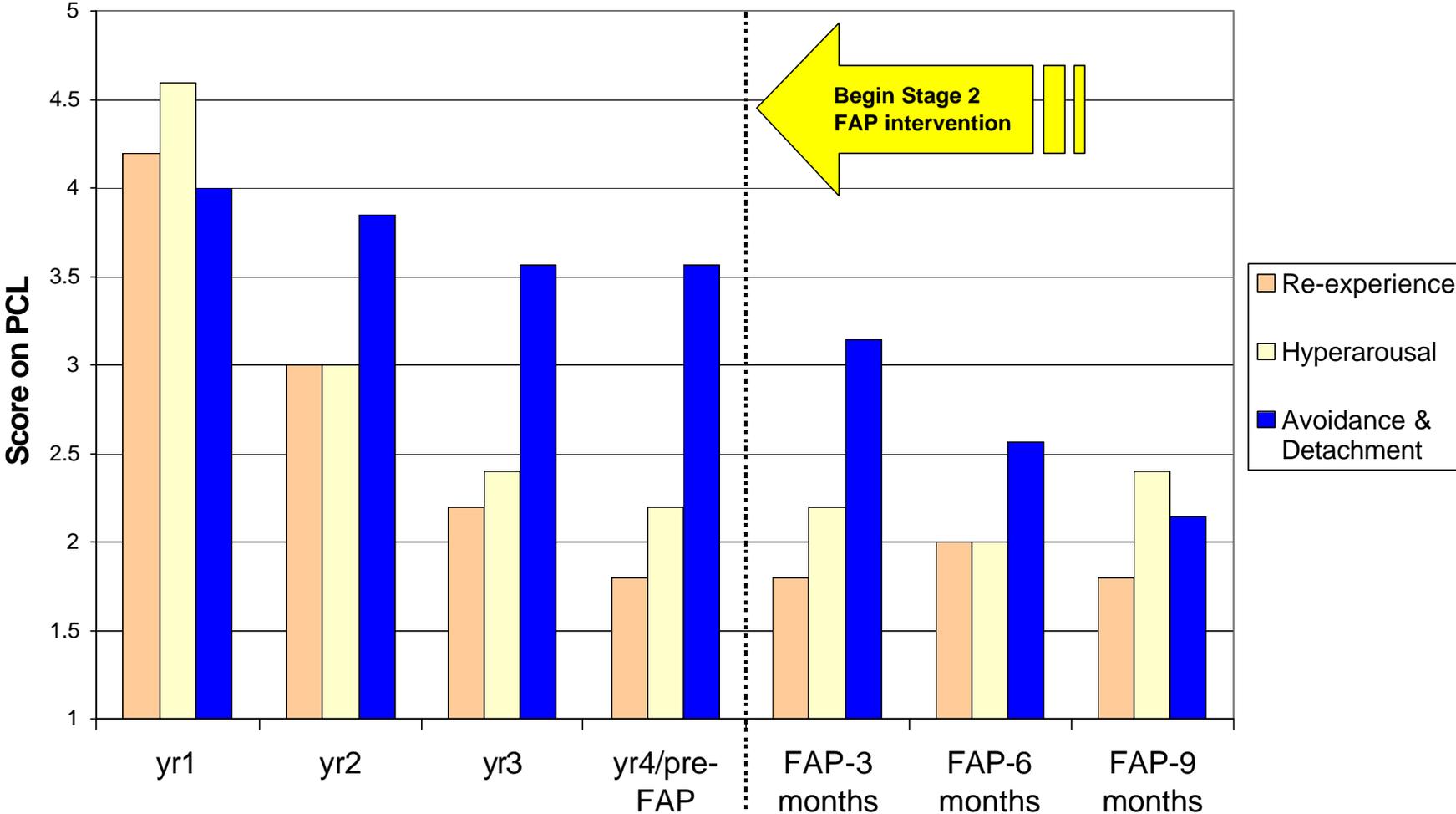
	Problems with under-disclosing (contextual control)	Failure to Disclose (escape or avoidance)	Failure to solicit or respond to others' disclosure
Problem responses: CRB1s and Outside 1s	Cannot identify appropriate context to disclose Social isolation related to non-disclosure	Engages in partial disclosure and then escapes Avoids opportunities to disclose	Changes focus of conversation when others disclose about themselves (turns focus on self or unrelated topic)
Improved responses: CBR2s and Outside 2s	Discriminate opportunities for disclosure Increased social interaction with self-disclosure	Discusses both positive and negative experiences with others to build intimacy	Asks others what they would like or how she can be supportive States appreciation for disclosure



Results: Changes in PCL

- *Figure 1* shows changes in Avoidance and detachment behaviors measured by PCL before and after implementation of Stage 2 FAP intervention
- Avoidance behaviors decreased over the 9 months with FAP
- Re-experience and Hyperarousal symptoms remained stable

Figure 1. Changes in PTSD Symptomology over Time using the PCL: Pre- and Post-FAP Intervention

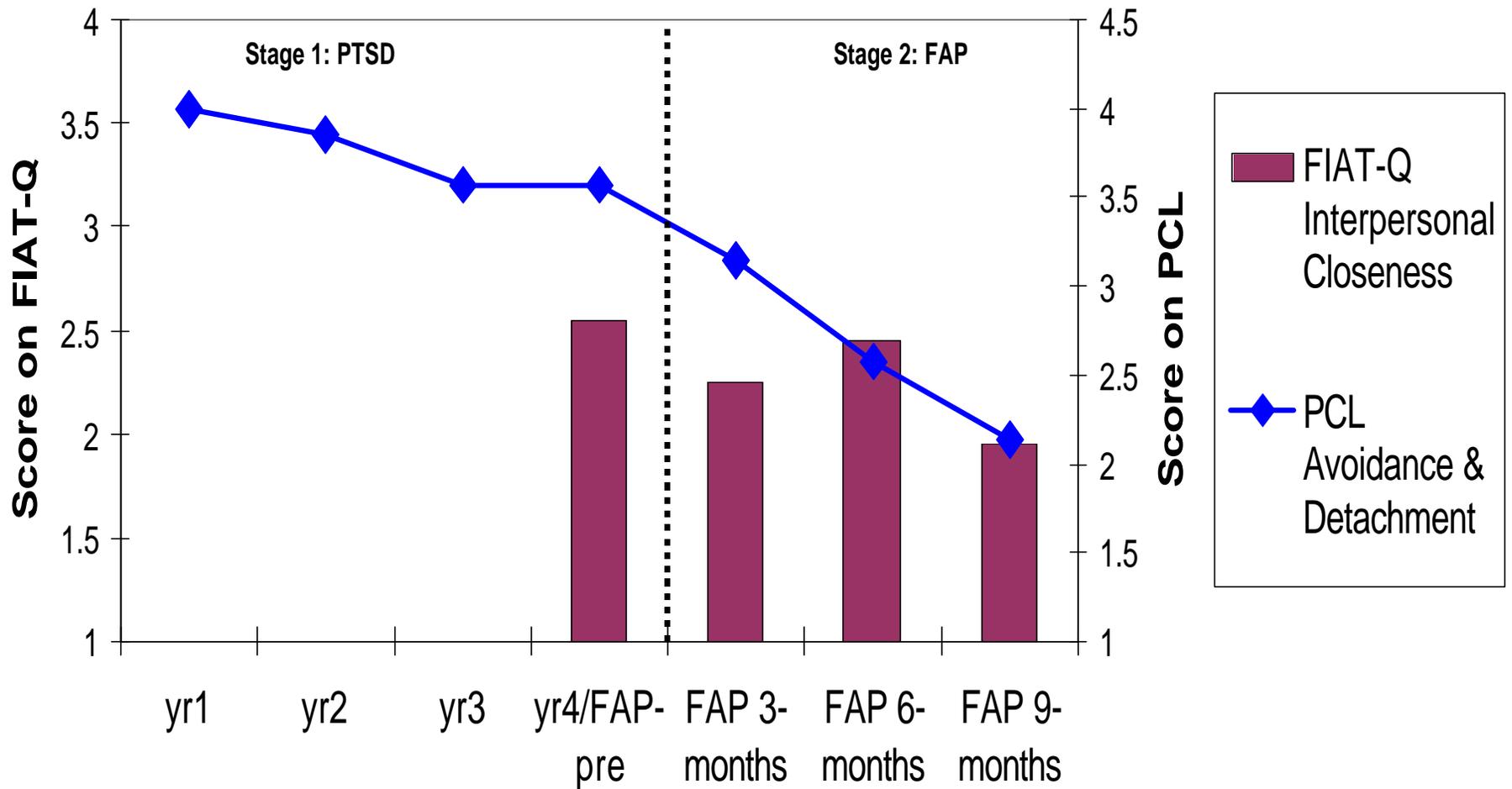




Results : Changes in FIAT-Q

- *Figure 2* shows changes in FIAT-Q assessment of interpersonal closeness and disclosure behaviors (Class D) after implementation of FAP as plotted against changes in PCL Avoidance/Detachment symptom scores
- As problems with interpersonal closeness (i.e. disclosure) decreased, so did interpersonal avoidance and detachment

Figure 2. Changes in Targeted Areas for FAP: Interpersonal Closeness and Avoidance

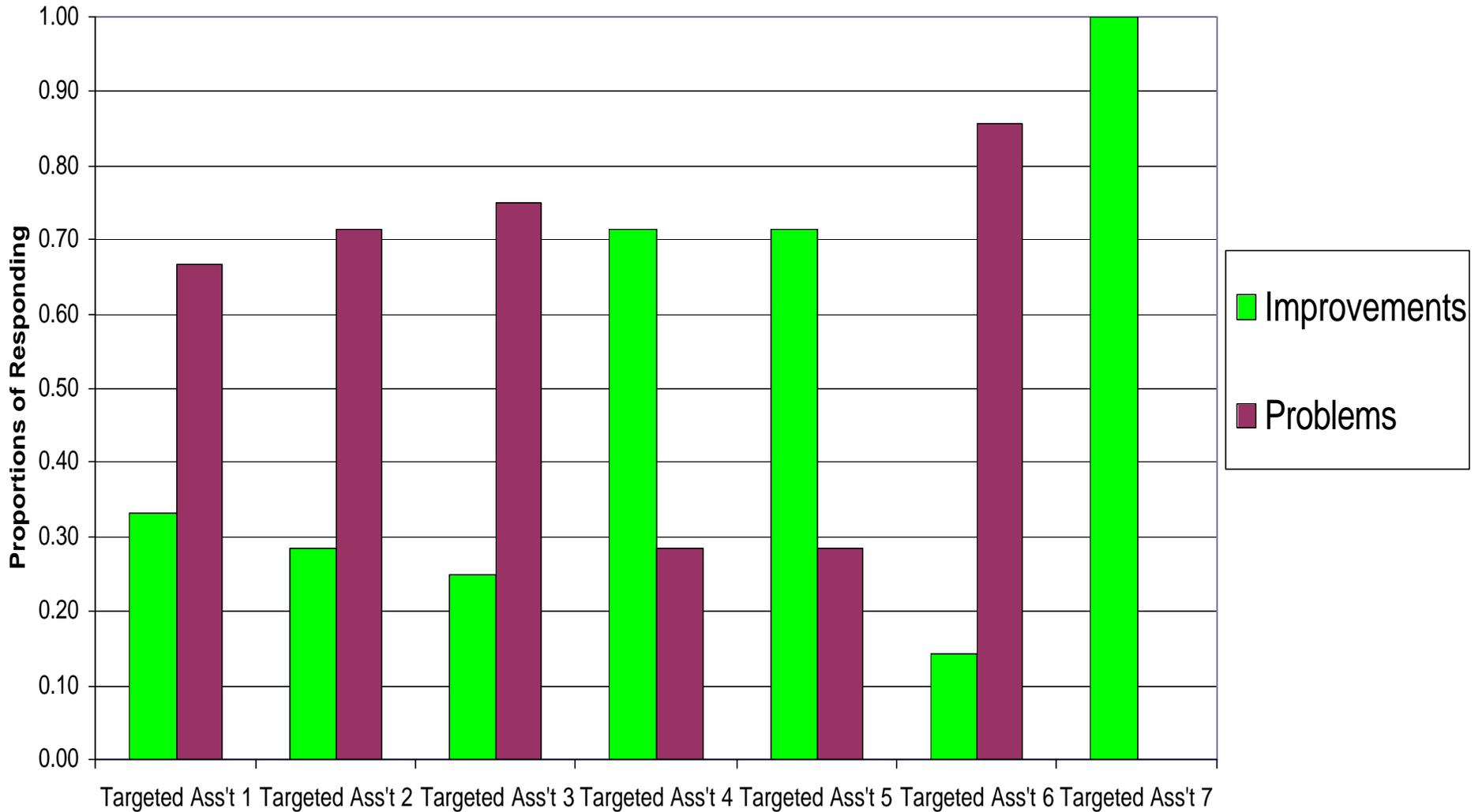




Results: Target Behaviors

- Figure 3 shows changes in proportions of responding for problematic and prosocial behaviors for one specific targeted domain of interpersonal behaviors of the FIAT (Class D)
- Assessment occurred daily by client for last 2 months of treatment using FIAT-DA
- Figure 3 shows decrease in amount of non-disclosing and increase in frequency of disclosure of both positive and negative aspects of self
- Significant difficulties with disclosure as reflected in Targeted Assessment 6 were addressed in session, and improvements were observed in Targeted Assessment 7

**Figure 3. Changes in Targeted Behavior (Failure to Disclose)
using FIAT Daily Assessments**





Results: Broad Assessment

- After initiation of FAP, client increased her overall frequency and effectiveness in social contacts
- Other improvements included:
 - Complete abstinence from alcohol
 - Decreased utilization of health care services
 - Decreased dependence on therapist
 - Increased responsibility for her own choices and well-being



Discussion

- This study demonstrates the use of FAP as a Stage 2 treatment approach to address the problematic interpersonal behaviors often found in clients who meet criteria for PTSD.
- Because empirically supported treatments of PTSD may be limited in their ability to address complex interpersonal problems, this single case design supports the further exploration of FAP as an adjunctive or second stage treatment.
- FAP's focus on interpersonal deficits helps decrease the understandable detachment and avoidance behaviors that may result from interpersonal trauma and promotes a more effective social repertoire.



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