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A functional analytic perspective of therapist intimacy in and out of session

Lindsey E. Knott[1], Chad T. Wetterneck[2], Dave Derr[1], and Rachel Tolentino[1]

1 University of Houston - Clear Lake
2 Rogers Memorial Hospital

Abstract

Functional Analytic Psychotherapy (FAP) proposes that the therapeutic relationship is a social microcosm for both the client and therapist's lives. The present study addresses this proposition in regards to therapist relationships by examining intimacy and self-disclosure within personal and therapeutic contexts. Eighty therapists from various training backgrounds completed self-report assessments separately examining intimacy within and outside of the session, including the FAP Intimacy Scale and the Functional Idiographic Assessment Template. Overall, results indicate that specific intimacy-promoting behaviors (expressing positive emotions and genuineness) are related across relationship contexts ($p < 0.05$). When comparing groups of FAP-trained vs. FAP naïve therapists, FAP trained therapists utilize more intimacy behaviors within session than FAP naïve therapists ($p < 0.05$), suggesting that trainings in FAP cultivate a repertoire for intimate behavior. These results suggest that therapists' behave in similar ways within and outside of session and that FAP training may increase therapists' comfort with intimacy within session. Further clinical implications and future directions are discussed.

Keywords

intimacy, self-disclosure, therapist variables, functional analytic psychotherapy

The therapeutic relationship is integral to the process of psychotherapy. Norcross (2010) calls the therapeutic relationship the "cornerstone" of the factors that account for success in therapy. He pinpoints factors from the literature within the therapeutic relationship that have been studied, demonstrated to "work," and are associated with positive therapeutic outcomes. These factors are: empathy, alliance, cohesion, goal consensus and collaboration, positive regard, congruence/genuineness, feedback, repair of alliance ruptures, self-disclosure, management of countertransference, and quality of relational interpretations. Norcross (2010) highlights the importance of these factors within the therapeutic relationship, but his compilation of research lacks a concrete behavioral rationale for why the relationship contributes to change within individuals.

Another study suggests that the therapist role within the therapeutic alliance offers many qualities of an attachment figure (e.g., providing attention and emotional support) and can facilitate a corrective emotional experience for clients (Mallinckrodt, 2010). In fact, a secure attachment style with the therapist predicted greater progress in treatment when compared to other attachment styles between client and therapist. In a study conducted by Sauer, Anderson, Gormley, Richmond, & Preacco, (2010), secure attachment between the therapist and client, as measured by the Clients Attachment to Therapists scale (Mallinckrodt et al., 1995), was associated with significant reduction in distress over time, as measured by the Outcome Questionnaire—45.2 (Lambert et al., 1996). Avoidant-fearful and preoccupied attachments between the therapist and client were not associated with positive outcomes. As demonstrated by these studies, there is clearly some relationship between the therapeutic relationship and therapeutic outcome; however there is little investigation into the mechanism of change within the therapeutic relationship that is related to positive outcomes. Furthermore, some argue that there is more to the therapeutic relationship than present theory or research conveys and suggest that research focus on intimacy as a factor of influence within the therapeutic relationship (Kohlenberg, Yeater, & Kohlenberg, 1998).

More recent research attempts to focus on intimacy as a target of client treatment and in the formation of the therapeutic relationship (Bailey, 2002). However, a problem encountered with studying intimacy within multiple domains (e.g., romantic relationships, therapeutic relationship, friendships, etc.) is establishing an operational definition that is sufficient for measurement across all domains. We believe that many of the various definitions of intimacy within the literature are not effective definitions for a behavioral approach to research (see. Mosier, 2006; Reis & Shaver, 1988). This paper will define intimacy according to the behavior analytic perspective, operationally defined by Cordova and Scott (2001) as events "in which behavior vulnerable to interpersonal punishment is reinforced by the response of another person" (p. 75). For example, suppose a client tells the therapist of his or her victimization in a past sexual assault, exposing him or her to possible interpersonal punishment (e.g., therapist avoiding conversation, providing aversive statements to client, or invalidating client's experience). The therapist then responds in a way that may cause the client to feel validated (reinforcement from perhaps acknowledging the client's painful experience, offering a safe place to disclose, and/or demonstrating a willingness to listen and be present with the client). This response may then increase the likelihood of further disclosure.

Cordova & Scott (2006) also propose that intimacy cannot exist without punishment or risk of punishment and note the importance of monitoring an *intimacy ratio,* which compares reinforcement to punishment during the change process. In order to maintain an intimate relationship the reinforcement of vulnerable behavior must be greater than punishment of vulnerable behavior and the reverse ratio can lead to relationship dissolution. The potential for loss of intimacy, reinforcement, or a relationship makes intimacy promoting behaviors considerably risky. This suggests that the development of intimacy engages both parties in this behavioral sequence with the intention to seek connectedness while acknowledging the existence of risk in the relationship. Since intimacy develops from contributions by both members of the relationship, it is important that research examine the specific contributions of the client and the therapist in the development of the therapeutic relationship. Research on the client's contribution to the therapeutic relationship shows that a client's vulnerable disclosures lead to more empathetic responses from the therapist and are associated with better treatment outcome (Greaves, 2006). Additionally, clients who open up to their therapists beget reciprocal openness from their therapist, which is associated to a stronger bond within the therapeutic relationship (Knox & Cooper, 2010). Likewise, positive client interpersonal behaviors within the therapeutic relationship (e.g., ability to clearly express oneself, animated affect, the presence of intimacy seeking behaviors, and display of positive emotions) were related to positive treatment outcomes (Ablon & Jones, 1999). It appears that the level of intimacy the client brings into the relationship affects the course and outcome of therapy and influences therapist responding. Likewise, we suggest that similar processes of interpersonal intimacy and risk taking on the part of the therapist impact the course and outcome of therapy. Research examining therapist factors that contribute to the relationship is limited to focus on attachment style, personality traits, and technical skill and ability (Barber, Muran, McCarthy, & Keefe, 2013). To our knowledge researchers have yet to explore therapist intimacy behaviors by comparing differences in therapists' personal relationships and therapeutic relationships. Investigating this contribution of intimacy might not only further research and an understanding of precisely how the therapeutic relationship facilitates change, but also address whether or not training in specific therapies may contribute to the use of intimacy promoting behaviors.

Considering the definition of intimacy by Cordova & Scott (2006) and the *intimacy ratio* theory that greater reinforcement in intimacy suggests greater maintenance of intimacy and the relationship, we assume that increased intimacy behaviors might contribute to a stronger therapeutic relationship, which in turn might be useful for the treatment of interpersonal issues and problems of intimacy in clients. Wetterneck & Hart (2012), suggest that a focus of intimacy in Axis I disorders is important because interpersonal issues and deficits in intimacy are present in most disorders; however, typical transdiagnostic treatments, like CBT, do little to promote interpersonal change specifically targeting intimacy. One therapy that focuses on the therapeutic relationship in the treatment of client interpersonal issues and is concerned with the intimacy promoting

Rogers Memorial Hospital, 34700 Valley Road, Oconomowoc, WI 53066, Telephone: 262-646-3158, Email: ocdspectrum@yahoo.com

behaviors of both the therapist and the client within the therapeutic relationship is Functional Analytic Psychotherapy.

Functional Analytic Psychotherapy (FAP) is an approach to individual psychotherapy rooted in interpersonal exchange that is designed to improve client's interpersonal functioning through the application of behavior analytic principles like shaping and reinforcement within session (Tsai, Kohlenberg, Kanter, Kohlenberg, Follette, & Callaghan, 2009). FAP aims to distinguish, target, and change behaviors that are seen as barriers to the client's improvement and non-functional to the client's goals (i.e., clinically relevant behavior 1—CRB1), and replace them with behaviors that are more adaptive and effective for the purpose of the client (i.e., clinically relevant behavior 2—CRB2). The FAP therapist uses the therapeutic relationship and a set of guidelines to shape client CRB1s into CRB2s, which when paired with natural reinforcement over the course of therapy can be generalized to external relationships. In order to utilize the relationship in this way, the FAP therapist is encouraged to be aware of his or her own impact on the client as well as the functional and non-functional therapist relevant behaviors (TRBs) that arise within the therapeutic relationship.

In addition to targeting and shaping client behavior, FAP contains other basic elements, such as self-disclosure and intimacy, suggested to help strengthen the therapeutic relationship. Tsai et al. (2009) further Cordova's definition of intimacy and propose that intimacy is "an interpersonal repertoire that involves the disclosure of one's innermost thoughts or feelings, and results in a sense of connection, attachment and close relationship with another," (pg. 131). In typical relationships, intimacy is a mutual exchange of disclosures where both parties share innermost thoughts or feelings. FAP conceptualizes therapist self-disclosure as a part of genuine interaction and as a means of natural reinforcement. For example, when a client discloses an experience of trauma that may have been difficult to reveal, a FAP therapist might share his or her innermost feelings and reactions in hopes of encouraging the client to share again in the future. This interplay might reinforce intimacy whereas offering a generic or typical therapist statement, such as, "thanks for sharing," or "telling me this will be helpful to you," may not be reinforcing for the client. While these factors are not exclusive to FAP, they are essential to developing a genuine therapeutic relationship and required for authentic interchange between the therapist and client within a FAP framework.

Few therapeutic modalities emphasize therapeutic self-disclosure and some therapists may in turn be reluctant to disclose to clients. Although research on therapist self-disclosure has shown that a majority of therapists do disclose with their clients (Edwards & Murdock, 1994), there is little examination in the use of intimacy promoting behaviors, like disclosure, in session related to therapists' comfort or difficulty with disclosure in personal or therapeutic contexts. Since research from a variety of contexts demonstrates that self-disclosure and intimacy assist in achieving a client-therapist relationship that is fulfilling for both parties as well as in accomplishing significant client improvement (Barrett & Berman, 2001; Knox, Hess, Petersen, & Hill, 1997; Tsai, Plummer, Kanter, Newring, & Kohlenberg, 2010), it is important to understand if a therapist's overall difficulty with disclosure in their own relationships carries over into session and is related to the use of intimacy promoting behaviors with clients.

From a FAP perspective, the development of a natural relationship that effectively alters interpersonal processes may necessitate the use of intentional intimacy promoting behaviors between the client and therapist. The therapeutic context becomes a safe environment for the client to develop a strong behavioral repertoire of functional interpersonal behaviors prior to generalizing to the client's out-of-session relationships. Examples of interpersonal behaviors that may be of clinical interest and may promote intimacy include the disclosure of hidden thoughts and feelings, giving and/or receiving feedback, expressing emotions, asserting a need, or resolving conflict (Callaghan, 2006). When therapist behaviors appear contrived they may not be as well received and may not function to fulfill their intent of promoting intimacy or reinforcing client behavior. As such, FAP proposes that honesty and genuineness with these behaviors facilitates a more natural development of intimacy (Tsai et al., 2009). With this in mind, trainings in the use of FAP are in part driven by the goal that the therapist-in-training builds courage to engage in a more honest and genuine way that might facilitate the establishment of an authentic therapeutic relationship. In order to meet this goal, FAP trainings have been designed to incorporate not only basic principles and guidelines but an experiential component where trainers step away from didactics, act as therapists, and encourage therapists-in-training to take interpersonal risks in an environment that mirrors a therapeutic relationship (Kanter, Tsai, Holman, & Koerner, 2012). This practice in risk taking and courage building not only offers a "client's perspective" for the therapist-in-training but may result in a byproduct in which the therapist experiences improvement in his or her own interpersonal behaviors used to promote intimacy. As stated previously, intimacy entails reciprocity between two people and it appears that the therapists' intimacy behaviors contribute to the therapeutic relationship; however, current research does not yet support that training in therapy that targets intimacy in relationships effectively alters therapists' intimacy in their personal and therapeutic relationships. Therefore, examination into the therapist's role in this relationship and whether differences exist in therapeutic intimacy behaviors between FAP trained and non-FAP trained therapists is warranted. Moreover, the operational definition of intimacy by Cordova and Scott (2001) has yet to be examined within the therapeutic relationship, and as a personal construct of the therapist in both personal and therapeutic contexts.

To our knowledge the current literature lacks research that demonstrates direct relationships between a behavioral interpretation of intimacy within the therapeutic relationship and therapeutic outcome. However, previous researchers link specific intimacy behaviors (e.g., self-disclosure, expressing positive emotions, honesty) to relationship satisfaction and the therapeutic alliance (see Duff, 2010; Laurenceau, Barrett, & Pietromonaco, 1998; Rubin, Hill, Peplau, & Dunkel-Schetter, 1980). Likewise, other researchers link the therapeutic alliance to therapeutic outcome (see Horvath & Luborsky, 1993; Norcross, 2010). We believe this transitive relationship justifies further investigation through studies that will help elucidate the relationship between intimacy and treatment outcome. This supports the purpose of this study to examine specific intimacy behaviors in therapists and fill the need for foundational research in Functional Analytic Psychotherapy. Since therapeutic modalities like FAP typically consider intimate connection and therapist self-disclosure as important in the deliberate and natural shaping of client functional behaviors, it is important to understand therapists' comfort, utilization, and personal aptitude for self-disclosure and intimacy. Likewise, it is important to understand how these constructs influence the therapeutic relationship. This study seeks to examine the constructs of intimacy and self-disclosure as a characteristic of therapists through several broad exploratory hypotheses. We hypothesize that a positive relationship exists between therapists' use of specific intimacy behaviors as endorsed in their personal lives and use of specific intimacy behaviors endorsed within the therapeutic context. This relationship may be associated with the theoretical proposition that the therapeutic relationship is a social microcosm for client and therapist interpersonal behaviors (Tsai et al., 2009). Additionally, we hypothesize that therapists' difficulty with self-disclosure in general will be inversely related to endorsement of overall intimacy within therapists' personal lives and within therapeutic contexts. The literature has previously demonstrated that therapist self-disclosure has been helpful in the development of a therapeutic relationship and promotes intimacy (Barrett & Berman, 2001; Knox et al. 1997; Tsai et al., 2010), and we believe self-disclosure and intimacy are related across contexts. Furthermore, we hypothesize that therapists who have received training in FAP will endorse more intimacy promoting behaviors within the therapeutic context than therapists not trained in the use of FAP. FAP trainings encourage therapists to take more interpersonal risks toward intimacy within session and we believe demonstrated differences may be related to this notion (Kanter et al., 2012).

Method

Participants and procedure

Upon approval by the Committee for the Protection of Human Subjects at the University of Houston-Clear Lake, participants were recruited through psychotherapist Listservs and to other mental health groups on LinkedIn and Facebook. We were particularly interested in examining characteristics and behaviors of therapists trained specifically in FAP in comparison with therapists trained in other modalities. As such recruitment fliers were distributed to the following Listservs: Functional Analytic Psychotherapy Yahoo! Groups Listserv, Association for Behavior and Cognitive Therapies listserv, and the Association for Contextual Behavior Science listserv. Recruitment fliers indicated that the researchers were interested in examining therapists'

Table 1. Correlations between factors of intimacy in personal and therapeutic relationships

	1. FAPIS TC	2. FAPIS TC	3. FAPIS TC
1. FAPIS PL hidden thoughts/feelings	0.27*	–0.03	–0.13
2. FAPIS PL positive emotions	–0.13	0.32**	0.24*
3. FAPIS PL honest/genuineness	–0.03	0.36**	0.28*

* $p < 0.05$; ** $p < 0.01$

intimacy behavior through the use of a brief online survey. Participants included practicing licensed therapists and graduate student therapists in training in the field of counseling, clinical psychology, or other mental health related fields (e.g., social work, psychiatry). Participants completed an online questionnaire assessing demographics, intimacy, and self-disclosure, and participation was voluntary with no compensation provided. In order to ensure that participants were practicing therapists either licensed or in training, participants were asked to provide their chosen therapeutic modality and the average amount of hours per week clients are seen. Participants were excluded from the study if they had never seen clients or had less than one year of experience in practicing therapy.

Of the original 135 participants surveyed, 55 participants were excluded in the current study due to failure to complete all assessments (n = 36) or reporting less than one year of therapeutic experience (n = 19) resulting in a final sample size of 80. The sample was 65% female (n = 52) and 91.3% Caucasian/White (n = 73). The mean age was 41.89 years (SD = 12.79; range from 24 to 74 years). In order to compare groups of clinicians who were trained in FAP with clinicians who were not trained in FAP, participants were asked, "How familiar are you with Functional Analytic Psychotherapy?" Participants then selected any of the following response options that applied: *I have only hear the name, I have read an article on FAP, I have read a book on FAP, I have attended a talk or a presentation on FAP, I have had training in FAP, I have done FAP related research, I have supervised the use of FAP with supervisees,* and *I have used FAP in therapy.* Groups were qualified according to whether participants had endorsed having had a training in FAP and reported having used FAP with clients. Two groups were established and named *FAP Trained Therapists* (n = 26) and *Non-FAP Trained Therapists* (n = 54). Pearson's Chi Squared analysis found a significant difference in licensure status between groups, where more *FAP Trained Therapists* (n = 6) were non-licensed that *Non-FAP Trained Therapists* (n = 4) (χ^2 = 3.94, $p < .05$). No further significant demographic differences were found.

Table 2. Correlations between disclosure and intimacy in personal and therapeutic relationships

	FIAT-QD	FAPIS PL total	FAPIS TC total
FIAT-Q disclosure	1	–0.49**	–0.10
FAPIS PL total		1	0.19
FAPIS TC total			1

* $p < 0.05$; ** $p < 0.01$

Measures

Demographics questionnaire. The demographics questionnaire assesses gender, relationship status, years of therapeutic practice, FAP training, age, religious affiliation, and ethnicity.

Functional analytic psychotherapy intimacy scale (FAPIS; Manos et al., under review). The FAPIS is a 14-item self-report measure that examines the presence of intimacy promoting behaviors within relationships as well as in the following three factors of intimacy: 1) *Expression of hidden thoughts and feelings*, 2) *Expression of positive feelings*, and 3) *Honesty and genuineness*. The FAPIS total score indicates an overall endorsement in the use of intimate behaviors while the subscales capture more specific intimate behaviors. Each item is rated on a scale ranging from 0 (not at all like me) to 6 (completely like me). Participants were administered this measure twice within the survey and were discriminated nominally as FAPIS-Personal Life (FAPIS-PL) and FAPIS-Therapeutic Context (FAPIS-TC). FAPIS-PL was used to measure intimacy promoting behaviors in a therapist's personal life and asked participants to answer questions in regards to the closest person in their life. FAPIS-TC was used to measure intimacy promoting behaviors within a therapist's client-therapist relationship and asked participants to answer the same questions in regards to their most recent client. Internal consistency of FAPIS-PL in the current study was excellent (Cronbach's α = 0.91). Internal consistency of FAPIS-TC in the current study was good (Cronbach's α = 0.89).

Functional idiographic assessment template: disclosure subclass (FIAT-QD; Callaghan, 2006). The FIAT-QD is a 24-item subclass examining difficulties with self-disclosure and interpersonal closeness pulled from an idiographic assessment of interpersonal behaviors known as the *Functional Idiographic Assessment Template: Questionnaire* (FIAT-Q). The FIAT-Q is a clinical tool sensitive to assess problematic interpersonal behaviors based on the function within the following 5 classes: *Assertion of needs, Bi-directional communication, Conflict, Disclosure and interpersonal closeness, Emotional expression and experience*. Higher scores within subclasses of the FIAT-Q may indicate overall difficulty in behavior within the particular class. Each item is rated on a scale of 1 (strongly disagree) to 6 (strongly agree). In a study by Darrow, Callaghan, Bonow, & Follette (in press, 2014), the FIAT-Q is currently undergoing validity and reliability testing and demonstrates good psychometric properties with use of the entire measure (e.g., excellent internal consistency—Cronbach's α = 0.94). The Disclosure subclass demonstrated appropriate reliability and construct validity (Darrow, Callaghan, Bonow, & Follette, in press 2014). In the present study, internal consistency was acceptable (Cronbach's α = 0.74).

Data analytic plan

Pearson's correlations were utilized to examine relationships between FAPIS-PL and FAPIS-TC for the initial hypothesis. Additional Pearson's correlations were utilized to examine relationships between FIAT-QD and FAPIS-PL and between FIAT-QD and FAPIS-TC to address the second hypothesis. Student's independent t was utilized to examine mean differences in intimacy behaviors between the two groups (i.e., *FAP Trained Therapists* and *Non-FAP Trained Therapists*) and a paired samples t test was utilized to examine within subject comparisons for the total sample between FAPIS-PL and FAPIS-TC scores to address the third hypothesis. Additional statistical analyses were run post-hoc as a result of interesting findings in the second hypothesis. Pearson's correlations were used to examine relationships between self-disclosure and intimacy within groups of FAP trained and non-FAP trained therapists. Fisher's z transformation was then employed to examine the magnitude of difference between the correlations within the therapeutic context of these two groups.

Results

Results from the Pearson's correlations are presented in Table 1 and 2. The first hypothesis, which stated that a positive relationship exists between therapists' use of specific intimacy behaviors in their personal lives and use of specific intimacy behaviors within the therapeutic context, was found only to be partially demonstrated in the data. The findings indicated a significant correlation for *expression of positive feelings* between the FAPIS-PL and FAPIS-TC with a medium effect size. Additionally, a significant correlation was found for *honesty/genuineness* between the FAPIS-PL and FAPIS-TC with a medium effect size. However, no significant correlation was found for *expressing hidden thoughts and feelings* between the FAPIS-PL and FAPIS-TC, which does not support the first hypothesis.

In regard to the second hypothesis, which stated that therapists' general difficulty with self-disclosure will be inversely related to overall intimacy within therapists' personal lives and within therapeutic contexts, we again found partial support. A significant negative correlation was indicated between the total FAPIS-PL and with FIAT-QD and the effect size was large. However, no significant correlation was found between total FAPIS-TC and with the FIAT-QD.

Results from independent samples t-test and corresponding effect sizes are presented in Table 3. For the final hypothesis, which stated that FAP trained therapists will endorse more intimacy-promoting behaviors within the therapeutic context than non-FAP trained therapists, the results supported our assertion. There were significant differences in mean scores for the FAPIS-TC between FAP trained therapists and non-FAP trained therapists, where FAP trained therapists scored greater in endorsing intimacy behaviors within the therapeutic context

Table 3. Means, *t*-scores, mean difference, and effect sizes for disclosure, overall intimacy, and factors of intimacy for total sample, FAP trained therapists, & non-FAP trained therapists

	mean	*SD*	FAP trained mean	non-FAP trained mean	*t*	mean difference	Cohen's *d*
FIAT-Q disclosure	50.49	11.08	53.69	48.94	−1.82	−4.75	−0.41[b]
FAPIS PL total	69.48	11.83	69.08	69.67	0.21	0.59	0.05
FAPIS TC total	44.26	14.50	49.12	41.93	−2.12*	−7.19	−0.48[b]
FAPIS PL: hidden thoughts/feelings	22.68	5.43	21.81	23.09	0.99	1.28	0.22[a]
FAPIS PL: positive emotions	21.20	4.00	21.65	20.98	−0.70	−0.67	−0.16
FAPIS PL: honesty/genuineness	25.60	5.13	25.62	25.59	−0.02	0.02	−0.00
FAPIS TC: hidden thoughts/feelings	17.54	6.09	18.12	17.26	−0.59	−0.86	−0.13
FAPIS TC: positive emotions	13.61	6.07	15.73	12.59	−2.22*	−3.14	−0.50[b]
FAPIS TC: honesty/genuineness	13.11	5.90	15.27	12.07	−2.33*	−3.19	−0.53[b]
FAPIS PL total – FAPIS TC Total					13.36**	25.21	1.49[c]

* $p < 0.05$; ** $p < 0.01$; a = small; b = medium; c = large

(Cohen's $d = -0.48$). No significant differences in mean scores were found for FAPIS-PL between FAP trained therapists and non-FAP trained therapists. Further examination within the three factors showed significant differences in mean scores between FAP trained therapists and non-FAP trained therapists for the subscales *expression of positive feelings* and *honesty/genuineness* within the FAPIS-TC. Both of these relationships had medium effect sizes (respectively, Cohen's $d = 0.50$, Cohen's $d = 0.53$). However, no significant difference was found for *expression of hidden thoughts and feelings* within the FAPIS-TC between FAP trained therapists and non-FAP trained therapists.

Post hoc analyses

In an attempt to further examine the second hypothesis (i.e., FAPIS-TC scores are correlated to FIAT-QD scores) within specific groups, the sample was split into FAP trained therapists and non-FAP trained therapists. We hypothesized that FAP trained therapists would demonstrate greater correlations between difficulty with self-disclosure and intimacy due to the intentional use of self-disclosure as a means of increasing intimacy and reinforcing client behavior. Post hoc analysis correlations are presented in Table 4. Although Pearson's correlations were not significant for either group, FAP trained therapists had greater correlations between FIAT-QD and FAPIS-TC scores than did non-FAP trained therapists demonstrating a medium effect size (i.e., FAP trained therapists Pearson's $r = -0.37$, $p = 0.06$; non-FAP trained therapists Pearson's $r = -0.00$, $p = 0.98$). In order to assess the magnitude of difference between the correlations for the two groups within the therapeutic context, Fisher's *z* transformation was conducted and is presented in Table 4. Although the difference between the two correlations did not reach the level of significance for this sample, Fisher's *z* may rise above the level of significance with greater power.

Discussion

The purpose of the study was to examine whether a correlation exists between reports of intimacy and self-disclosure within therapists' personal and therapeutic relationships. Results indicated that the endorsement of specific intimacy behaviors in the therapeutic context, as measured by the FAPIS-TC, was related to the endorsement of intimacy behaviors in the personal life, as measured by the FAPIS-PL. Difficulty with self-disclosure, as measured by the FIAT-QD, was significantly negatively related to the endorsement of intimacy within therapists' personal lives, as measured by the FAPIS-PL. However, difficulty with self-disclosure, as measured by the FIAT-QD, was not significantly related to intimacy within therapeutic contexts, as measured by the FAPIS-TC. Furthermore, there were significant differences in FAPIS-TC scores, which measures intimacy within the therapeutic context, between groups of therapists; FAP trained therapists endorsed more use of intimacy behaviors than non-FAP trained therapists.

The significant correlations between intimacy in therapists' personal and therapeutic relationships (FAPIS-PL and FAPIS-TC, respectively) support the hypothesis that intimacy is related across relationship types. Individuals that endorsed greater use of intimacy behaviors within their personal relationships endorsed a greater use of intimacy behaviors within the therapeutic relationship. This finding may help support a theoretical concept of FAP that proposes that individuals bring into the therapeutic relationship the repertoire of behaviors that are used in their personal relationships (Tsai et al., 2009).

Although a significant negative correlation was found between therapists' difficulty with self-disclosure (FIAT-QD scores) and ratings of intimacy within personal relationships (FAPIS-PL scores), there was no significant negative correlation found between therapists' difficulty with self-disclosure (FIAT-QD scores) and intimacy within therapeutic relationships (FAPIS-TC scores), and the second hypothesis is not supported. Since the FAPIS was developed to measure several specific intimacy promoting behaviors including self-disclosure, these other variables (i.e., *honesty/genuineness*, and *expression of positive feelings)* might account for a lack of relationship between difficulty with disclosure and ratings of intimacy. In order to understand potential variables that may be contributing to a lack of relationship between these two constructs, we performed Post hoc analyses to investigate difficulty with self-disclosure in relation to intimacy between groups of FAP trained and non-FAP trained therapists.

Although the Post hoc analyses did not result in either significant correlations or statistically different magnitudes of correlations between the two groups, we believe further research with increased power might produce a significant relationship between difficulty with self-disclosure and intimacy within the therapeutic context between groups. Since FAP trained therapists are encouraged to use intimacy promoting behaviors, such as self-disclosure, within session and trainings in FAP entail the practice of these behaviors (Kanter et al., 2012), it could be reasoned that FAP therapists' difficulty with disclosure would be more inversely related to the intimacy behaviors that arise in session than other therapists that do not undergo trainings in this manner. Furthermore, it may be beneficial for future researchers to investigate whether a training focus in developing intimacy behaviors, like self-disclosure, heightens therapist self-awareness and the degree to which this training focus impacts error in self-report measurement for intimacy and interpersonal measures. It may also be beneficial to utilize the FIAT-QD to examine the function of difficulty with disclosure as it relates to intimacy.

The significant difference in mean scores of the FAPIS-TC and corresponding medium effect sizes between FAP trained therapists and non-FAP trained therapists support the third hypothesis that FAP trained therapists report more intimacy promoting behaviors within session (FAPIS-TC) than non-FAP trained therapists. This finding may be attributed to the structure of FAP trainings. FAP trainings are designed to emphasize therapist interpersonal risk-taking and the use of intimacy promoting behaviors in order to facilitate the development of therapeutic intimacy and enhance shaping of client maladaptive behaviors (Kanter et al., 2012).

These overall results indicate that a therapist's repertoire for intimacy may be related to the intimacy behaviors evoked outside of session. Furthermore, these findings suggest that trainings in FAP are related to a therapist's comfort and utilization of such behaviors. These findings are consistent with a FAP perspective, which suggests that therapists

Table 4. Correlations between disclosure and intimacy in personal and therapeutic relationships

	FAPIS PL & FIAT-QD	FAPIS TC & FIAT-QD
FAP trained therapists	−0.54**	−0.37
Non-FAP trained therapists	−0.46**	−0.00
Fisher's *z* between FAP and non-FAP groups	−0.43	−1.55

* $p < 0.05$; ** $p < 0.01$

who practice FAP may attempt to utilize intimacy behaviors, such as self-disclosure and genuineness, to evoke CRB1s, reinforce CRB2s, and block CRB1s (Follette, Naugle, & Callaghan, 1996). The evidence provided in this study for a relationship between intimacy behaviors and FAP trained therapists may be useful for future research to examine the ways in which therapists' intimacy behaviors assist in developing curative relationships for client interpersonal issues and the degree to which intimacy contributes to change.

There are several noteworthy limitations within the present study. Participant data was collected through online surveys containing self-report measures; these measures rely on participant self-perception and may not reflect actual behaviors of therapists. Furthermore, therapists may have endorsed behavior according to how they value behaving in relationships rather than accurately endorsing actual behavior. In order to accurately study the presence of intimacy promoting behaviors within session, observation and coding of behaviors in addition to self-report might be necessary to demonstrate more concrete findings. Additionally, the data from the present study may contain a selection sampling bias as data was collected online, which may have limited our sample to those who have experience with the internet. The data collected may also have limited generalizability since collection was limited to therapists from specific online Listservs and contained therapists-in-training. Also, the sample size was small, which may have limited the statistical analyses. Limitations are also present within the development and structure of the survey. In order to assess therapists' client relationships using the FAPIS, we asked therapists to think of their most recent client rather than all client relationships. Most recent client relationships may have been limited in duration and in the development of the case conceptualization, limiting the generalizability within client relationships. Finally, participants were not asked to provide duration of personal relationships or client relationships examined within this study, which may further limit findings and generalizability.

Despite the limitations and its self-report nature, the present study provides some support for one of the theoretical underpinnings within FAP, which states that the therapeutic relationship acts as social microcosm for personal relationships for both clients and therapists. Furthermore, these results propose that certain qualities of FAP trainings (e.g., the encouragement of authenticity in the therapeutic relationship, or encouragement of interpersonal risks) are associated with therapist intimacy in session. Since FAP trainings focus on developing interpersonal risk-taking, encourage practice in utilizing intimacy behaviors, and may entail the contingent responding to trainee risks by the trainers (Kanter et al., 2012), perhaps these characteristics help therapists to develop more functional intimacy promoting behaviors and behave more authentically in personal and therapeutic contexts. Further research to determine the specific qualities of FAP trainings that are related to the use of intimacy and directionality of these finding is warranted. Future research might address observable differences in intimacy for FAP trained and non-FAP trained therapists and compare strength of therapeutic alliance. Also, since recent FAP researchers examined the impact of FAP training on therapists in an online setting (Kanter et al., 2012), it might be useful to look at differences in training settings, quality, and amount of training as related to therapists' use of intimacy in developing the therapeutic relationship. Furthermore, these findings emphasize the need for more research in therapist self-awareness and personal impact within the therapeutic relationship as influenced by personal history, beliefs, and interpersonal behaviors. Research with other therapeutic modalities (e.g., Cognitive Therapy, Schema Therapy) demonstrated significant benefits within both the supervision relationship and in training outcomes when training and the supervision relationship included a focus on therapist self-awareness of the presence and impact of personal beliefs and behaviors in the therapeutic relationship (Haarhoff, 2006). Moreover, therapists who engaged in self-practice and self-reflection within training and the supervision relationship demonstrated greater levels of competency and were more likely to employ the use of other therapies for both professional and personal use (Bennett-Levy, Turner, Beaty, Smith, Paterson, & Farmer, 2001). As such, it might be beneficial for future FAP research to focus on the personal benefits of trainings in FAP, TRBs, and intimacy behaviors as they interact within the therapy context. ■

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