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## Functional Analytic Psychotherapy (FAP) for Sport Psychology: Enhancing Performance Enhancement

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# Functional Analytic Psychotherapy (FAP) for Sport Psychology: Enhancing Performance Enhancement

## Abstract

The field of applied sport and performance psychology has seen remarkable growth and innovation over its relatively short history. Current sport psychology models have shown promising outcomes, but largely focus on addressing performance from an intrapersonal perspective. Functional Analytic Psychotherapy (FAP) is part of a third wave of behavioral therapies that has been found to be effective in ideographically addressing client issues through an interpersonal lens utilizing the client-therapist relationship. FAP has been deployed as both a standalone intervention and as an enhancement to several existing theoretical orientations, including those most commonly used by sport psychology professionals. This paper proposes FAP as a unique approach for enhancing performance and outlines the process for applying FAP to the context of sport.

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Functional Analytic Psychotherapy (FAP) for Sport Psychology:  
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DOCTOR OF PSYCHOLOGY

BY  
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## Abstract

The field of applied sport and performance psychology has seen remarkable growth and innovation over its relatively short history. Current sport psychology models have shown promising outcomes, but largely focus on addressing performance from an intrapersonal perspective. Functional Analytic Psychotherapy (FAP) is part of a third wave of behavioral therapies that has been found to be effective in ideographically addressing client issues through an interpersonal lens utilizing the client-therapist relationship. FAP has been deployed as both a standalone intervention and as an enhancement to several existing theoretical orientations, including those most commonly used by sport psychology professionals. This paper proposes FAP as a unique approach for enhancing performance and outlines the process for applying FAP to the context of sport.

### Introduction

The following case illustrates a real client example where progress was limited by current performance psychology interventions. Identifying client information has been changed. Kevin's frustration was palpable, but masked. He sat upright in the chair across from the sport psychology professional as they began their seventh session together. The sport psychology professional asked Kevin when his next tournament would be, to which Kevin responded that *the golf team* would be flying to California the next day. The implication was clear: Kevin had failed to qualify for the tournament and would be staying at home as the rest of his team competed.

A collegiate golfer, Kevin had initially sought sport psychology consultation to address inconsistencies in his performance. One moment, he would be the best player on the course and the next, a missed putt would lead to a double bogey and then another, beginning to unravel his performance. He was extremely motivated to engage in sport psychology services and took the interventions learned through his individual sessions into his on-course performance. Prior to seeking services, Kevin had done limited work to address the mental side of his game. Most of his attempts to help himself psychologically revolved around a belief that the negative thoughts he experienced on the course were a threat to his performance and that he needed to rid himself of them to perform at the level he knew he could.

The sport psychology professional suggested to Kevin that they approach his internal experiences from a standpoint of acceptance rather than suppression. Taking this approach, their work aligned with an acceptance and commitment therapy (ACT) framework for performance enhancement. Kevin took well to the interventions, demonstrating understanding of the skills and a willingness to move towards the antecedents that had previously elicited his unwanted internal

## FAP FOR SPORT PSYCHOLOGY

experiences; however, the situations that Kevin had previously reported derailing his performance still seemed to be disrupting his ability to execute in tournaments.

The sport psychology professional only saw Kevin in the context of his office, but there were aspects of his presentation in the consulting relationship that seemed to be related to the challenges that Kevin described experiencing on the course. In sessions, Kevin's body language conveyed an air of rigidity as he attempted to stifle his emotions. He was frequently observed attempting to play the role of a "good client" with consciousness to what he said and discomfort displaying his vulnerabilities. In one instance when Kevin was particularly stressed, he responded to the consultant's question by stating "yes sir," a noticeably formal shift in the relationship. Given his history of unsuccessful attempts at controlling his thoughts and feelings, the sport psychology consultant was resolve in his belief that ACT was the proper framework for Kevin to better learn how to navigate his internal experiences (thoughts, emotions, urges, and physical sensations) more effectively, but wondered if there were ways that their work together could be enhanced based on what the consultant was seeing in the room.

### **Purpose of Paper**

In a relatively short amount of time, the field of sport and performance psychology has grown from a small offshoot of applied psychology to an established field with its own growing body of literature. Along with the expansion of the field has come the adoption of various frameworks that have been applied and subsequently researched in the context of sport and performance. Of particular interest as of late has been the adoption of third-wave therapies built on behaviorist principles (Henriksen, 2019). While these models have been found to be effective in helping athletes perform, the skills taught to high performers only address their presenting issues from an intrapersonal standpoint and rely on change to occur through contingencies that

## FAP FOR SPORT PSYCHOLOGY

happen outside of the consulting relationship. This paper introduces a novel intervention in the context of sport and performance psychology that addresses gaps in the current applied models and can be used as a standalone intervention or as an enhancement to existing models.

### **Layout and Scope of This Paper**

This paper outlines the argument for Functional Analytic Psychotherapy (FAP) as an intervention that can enhance the field of applied sport psychology, following the path by which previous theoretical orientations have transitioned from a clinical to performance context. First, an overview of the history and current trends in sport psychology will be provided with particular attention to the existing gaps that FAP is suggested to address. Next, key theoretical components of FAP will be introduced and the existing research into FAP across domains will be addressed. Readers will then be led through FAP as a new model to sport and performance psychology as both a standalone intervention and as an enhancement to existing models. The paper concludes with a case example to help exemplify the application of this novel approach to performance enhancement.

### **History and Current Trends in Sport Psychology**

Sport psychology represents a rapidly growing field that encompasses the application of psychology to the promotion, maintenance, and enhancement of sport (Rejeski & Barlow, 1988). Since its earliest origins in the late 1800's, the field of sport psychology has relied on established psychological principles to be novelly applied to the context of sport with research into its impact on performance ensuing.

The beginnings of sport psychology came to be in the late 1800's and early 20<sup>th</sup> Century with interest in the application of psychology to activities of daily life. Early research focused on the reaction times of athletes, leading to the burgeoning belief that psychology can impact

## FAP FOR SPORT PSYCHOLOGY

athletic performance (Murphy, 2012). Since the earliest years of the field, sport psychology has dynamically grown and expanded.

The next phase of sport psychology's development occurred between 1920-1940 and involved the creation of research labs around the world with interest into the constructs that make athletes successful. During this period, Coleman Griffith, dubbed "America's first sport psychologist," opened the first sport psychology lab in the United States and began to consult with high-level athletic teams. From there, the number of labs conducting tests on athletes and professionals providing expertise to athletic teams and the military began to expand.

By the mid 1900's, psychologists were readily applying interventions based in clinical psychology, such as progressive muscle relaxation, hypnosis, Cognitive-Behavioral Therapy (CBT), and positive affirmations, to their work with athletes. The field of sport psychology began to further formalize moving into the second half of the 20<sup>th</sup> century with the inception of the International Society of Sport Psychology (ISSP) in 1965, leading several countries to create their own organizations. Included in the formalization of the field was the creation of new graduate programs focused on training future sport psychology professionals.

1972 marked another significant year for the field of sport psychology when Richard Suinn applied the increasingly popular theoretical model of CBT to the context of sport (Whelan, Mahoney, & Meyers, 1991). The focus of CBT interventions in performance contexts was targeted at altering athletes' internal experiences to ones believed to be better suited for performing (McArdle & Moore, 2012). The set of CBT interventions and the premise of altering internal experiences to impact performance served as the foundation for Psychological Skills Training (PST), a broad term that has come to encompass the range of mental skills used to impact performance (Lange-Smith, et al., 2023).

## FAP FOR SPORT PSYCHOLOGY

Traditional PST had largely not been challenged until the early 2000's, when Frank Gardner and Zella Moore introduced the Mindfulness-Acceptance-Commitment-Based Approach to athletic performance enhancement (Gardner & Moore, 2004). The authors premised their new approach to performance on research pointing to the mixed literature on PST and a premise that changing internal experiences is counter to known motor control principles of what leads to successful execution of a learned skill. Instead, the authors proposed adopting an acceptance-based model towards internal states which had begun to gain attention in the clinical world as part of a set of third wave of behavioral therapies. Developed from behavioral principles, Acceptance and Commitment Therapy (ACT) introduced a functional analytic model of conceptualizing performance breakdowns and a path to developing more adaptive behaviors that could benefit performance (Gardner & Moore, 2004).

Since first introducing a challenge to PST, ACT and mindfulness-based approaches have become more adopted in the performance context, showing strong empirical support as a performance enhancement tool (Moore, 2009). While the introduction of ACT to the world of performance enhancement marked an important development in the field, it was also another model focused on impacting performance through intrapersonal processes. To date, the most common psychological models for performance enhancement focus on the individual to make changes within themselves with little attention paid to the impact of interpersonal dynamics, seemingly shocking given the fact that almost all of performance occurs in the presence of others. Still missing from the literature is a readily used interpersonal model for performance enhancement.

Another noteworthy oversight that exists in current sport psychology models is a framework for conceptualizing and intervening with a performer's behaviors as they occur in

## FAP FOR SPORT PSYCHOLOGY

session. Sport psychology professionals are reliant on clients to report their presenting issues as they occur outside of session and then take the discussed intrapersonal interventions out into the world, a cognitive process that is hoped to translate to behavioral change in a completely new context. The basketball player that is dismayed that their coach has limited their playing time and experiences a drop in confidence is left to learn about reframing in session and then attempt to enact this skill the next day when they step on the court. Problematically though, the sport psychology professional may not be there to help the client utilize this skill when they face their challenging antecedents or help shape the reinforcement they receive from this new behavior, decreasing the likelihood that this change will maintain in the future.

FAP harnesses the well-established phenomenon of transference between client and therapist to help create lasting behavioral change in the here-and-now. Evidence for transference's occurrence has been empirically supported in both clinical and performance context (Strean & Strean, 1998). By addressing a client's behavior in session, the sport psychology professional can immediately respond, increasing the likelihood and rate at which a new way of being can be developed.

### **Functional Analytic Psychotherapy**

FAP is a therapeutic approach originally developed by the behavioral scientist practitioners Mavis Tsai and Robert Kohlenberg to harness the unexpectedly positive outcomes they witnessed in their patients that were engaged in CBT treatment, who seemed to benefit from the uniquely strong therapeutic relationship that had formed (Kanter, Tsai, & Kohlenberg, 2010). The practitioners conceptualized that behavioral analytic principles were at work through the therapeutic relationship and leading to the clinical benefits they witnessed in their clients. From this experience, Tsai and Kohlenberg created the FAP model based on the use of reinforcers to

## FAP FOR SPORT PSYCHOLOGY

harness in session interactions between the therapist and client and to enact targeted change in their clients (Callaghan et al., 2009). The originators of FAP came to believe that the majority of issues that clients present with stem from problematic interpersonal dynamics and can be directly addressed in therapy through a strong and secure therapeutic relationship. Since its original founding, FAP has been utilized and researched as a standalone framework and as an enhancement to a wide range of therapeutic approaches (Baruch et al., 2008).

FAP has been considered to be a “bridge” between the practice of behavioral and psychodynamic therapies (Rosenfarb, 2010, p. 83). As is true and established in psychodynamic therapies, fundamental to FAP is a belief that the issues that clients report experiencing in their everyday lives will eventually be present in the therapy session, a process commonly referred to as transference (Kanter, Kohlenberg, & Tsai, 2010). Additionally, drawing from psychodynamic therapies is FAP’s emphasis on the therapeutic alliance and recognition of the potential for healing to occur through the relationship formed between client and therapist (Baruch et al., 2008). FAP then takes a behavioral approach to understanding and intervening with client’s behaviors as they occur in the client-therapist relationship. From a behaviorist perspective, FAP emphasizes the context in which behaviors occur, the ability for stimulus classes to generalize, the role of verbal behaviors, and the impact of reinforcers (Hopko & Hopko, 1999). In FAP, client’s behaviors are harnessed and adjusted to a more adaptive way of responding through Clinically Relevant Behaviors (CRBs) or actions that occur in vivo and are related to an issue that the client wants to work on in therapy. CRBs can be divided into three categories: those that emulate the issues that bring the client to therapy (CRB1s), behaviors that demonstrate the client’s healthy improvements (CRB2s), and the client’s interpretations of their behavior (CRB3s). Aligned with the radical behavioral philosophy from which FAP was developed,

## FAP FOR SPORT PSYCHOLOGY

clients' behaviors encompass those that can be overtly seen and those that covertly occur as internal experiences (O'Donohue & Ferguson, 2001).

CRB1s occur when the client engages in a behavior in session that matches one of the presenting issues that has brought them to therapy. As is true in psychodynamic theory, these interactions that occur in session can be reenactments of other relationships. FAP also watches for all contingencies that are present in these moments, drawing from contextual behavioral theory. At the onset of the therapeutic relationship, the FAP therapist discusses with the client the rationale for FAP work and the collaborative approach of recognizing when CRB1s arise and how they relate to the client's presenting concerns. An example of a CRB1 is represented when a client that struggles with anxiety from a fear of being unproductive comes to session with an agenda for the day. Or when a college student who reports feeling that no one understands them fails to correct the therapist when the therapist misattunes to their emotions.

CRB2s are instances of a client demonstrating an in-session improvement on a CRB1, refining their ability to respond to challenging antecedents. This new set of behaviors are emblematic of the change process in action. Unlike models that have a list of pre-prescribed behaviors that are considered dysfunctional, like cognitive distortion in CBT or negative transference in psychodynamic, FAP considers all behaviors as contextual and based on client's history. Hence, actions are not considered to be "good" or "bad," but are rather conceptualized through the function they serve. For example, a client that comes to therapy feeling alone in their romantic relationship and doesn't see being honest with their partner as an option engages in a CRB2 when they inform the therapist that an intervention doesn't seem like a good fit for them. Examining the same behavior, a different client who wants to work on being more trusting and

## FAP FOR SPORT PSYCHOLOGY

open in their relationships engages in a CRB1 when they refuse to attempt to utilize an intervention suggested to them by their therapist because they do not think that it will work.

The therapist utilizes CRB3s to gain additional insights into the client's behaviors through the client's understanding of their actions. In describing why they struggle to be vulnerable in session, the client might share that their father punished them for crying throughout their childhood, adding insight into the protection that hiding emotion has served for the client. From this perspective, FAP operates as a very nonjudgmental approach. The client and therapist cocreate an understanding of how the behavior has benefitted the client in the past and how it is no longer serving the same desired function for the client. From the therapist's perspective, the insights gleaned from CRB3s help to shape the therapist's responses to CRB2s in ways that will be most reinforcing. For example, the client who has failed to receive acceptance for their vulnerability will be most impacted by receiving acceptance as a reinforcement from the therapist.

Thus, FAP is focused on decreasing the instances of CRB1s that occur in session and increasing CRB2's, demonstrating change towards the client's goals. This change occurs through the therapist's adherence to the five rules of FAP (Callaghan et al., 2009).

Rule 1 – Watch for CRBs: Core to FAP is an acknowledgement that transference will occur in the therapeutic relationship and the issues that clients report struggling with in their daily lives will appear at some point in their work with the clinician. The FAP practitioner must be particularly attuned to these behaviors as they occur in their work with the client as these behaviors serve as a bedrock for change. Common categories of CRB1s for the therapist to be aware of include difficulties identifying and expressing needs, giving and receiving feedback,

## FAP FOR SPORT PSYCHOLOGY

navigating interpersonal conflict, revealing internal processes, responding to attempts at closeness by others, and experiencing and expressing emotions (Callaghan, 2006).

Rule 2 – Evoke CRBs: While clients will inevitably act in ways that match their reported struggles, the therapeutic relationship can also be used to intentionally elicit CRB1s and CRB2s from the client. To prompt a CRB, the therapist may perpetuate an antecedent that has previously been challenging for a client, for example sharing a vulnerable personal disclosure to a client who struggles to respond to the emotions of others. CRBs are also frequently evoked by addressing the client's experiential avoidance, a common CRB1, defined as “the phenomenon that occurs when a person is unwilling to remain in contact with particular private events (e.g., bodily sensations, emotions, thoughts, memories, and behavioral predispositions) and takes steps to alter the form or frequency of these events and the contexts that occasion them” (Hayes et al., 1996, p. 3). By blocking the client's experiential avoidance, the therapist can create a situation in which the client is forced to make a move towards a CRB2. For example, a therapist can ask a client to share their reaction of shame as it manifests in session instead of pivoting to a new topic, blocking the client from avoiding their emotions and helping them to be more authentic.

Other specified techniques that the FAP therapist can utilize to evoke CRBs include having the client free associate, engage in writing their thoughts without censorship and sharing it with the therapist, empty chair techniques, connecting with their bodily sensations, and practicing behaving in line with their best self (Callaghan et al., 2009).

Rule 3 – Respond to CRBs that occur in session: Rule 3 is the key mechanism of change in FAP as the practitioner is tasked with providing the reinforcement for the client's behaviors. Integral to the development of rule 3 in FAP is the behavioral principle that a response is strengthened the closer the consequence occurs to the behavior, making FAP a uniquely powerful

## FAP FOR SPORT PSYCHOLOGY

tool in helping clients create change. Because the FAP therapist is responding in session, they are in the best place to directly affect the client's behaviors, a deviation from other therapy models that rely on clients to enact behaviors between sessions (Callaghan et al., 2009). FAP emphasizes that the reinforcement provided by the clinician must be natural, similar to a response the client may experience outside of therapy, rather than contrived, which are unlikely to occur in the client's daily life. Natural reinforcers often stem from the therapist sharing their genuine reaction to the client. These natural reinforcers can range from the therapist leaning in to listen intently to the client sharing something that they haven't before in therapy to the therapist reflecting to the client that they now feel closer to the client as a result of the client's disclosure. An example of a contrived reinforcer would be the sport psychology professional stating "nice work" to a client working on their assertiveness after the client tells the sport psychology professional that their words hurt them, since this is unlikely to happen in other interpersonal relationships they experience outside of therapy.

Besides providing positive reinforcements to clients' CRB2s, FAP therapists must also thoughtfully respond to clients' CRB1s. Rather than punishing the behavior, the FAP therapist seeks to block the CRB1 or point out the behavior to the client as a means decreasing the behavior and allowing them to choose a more adaptive action. For instance, when a therapist does not provide the client that constantly seeks reassurance with validation that the decision they made to miss work when the client was feeling sick was a responsible choice and ask them to attempt to trust themselves.

Rule 4 – Observe potentially reinforcing effects of therapist behavior in relation to client CRBs: Rule 4 serves as a check on the function that the therapist's reinforcement served. If the reinforcement leads to behavioral change for the client, then the reinforcement served its

## FAP FOR SPORT PSYCHOLOGY

function; however, continued CRB1s indicate that the intervention provided by the therapist is not impacting the behavior in the intended ways and should be adjusted.

Rule 5 – Provide functional interpretation of client’s behavior and apply outside of therapy: In accord with the behavioral principles underling FAP, the goal is for client’s change in therapy to generalize to other contexts. To help facilitate this process, the therapist verbalizes to the client their functional analysis of the process that occurred in session. The therapist and client can then discuss how to transfer the process that just occurred to a homework assignment that the client applies in other contexts between sessions.

To succinctly summarize the process of enacting the five rules of FAP, a CRB arises naturally or is intentionally evoked during session. Once a CRB is present, the clinician provides a reinforcement to the client’s behavior. The client’s behavior is then monitored for change. Finally, the process that occurred is openly discussed with the client and transferred to a homework assignment that the client can work on outside of the therapeutic relationship.

### **Evidence Supporting FAP**

To date, no research has been conducted into the application of FAP with athletes; however, this is nothing new for the field of sport psychology with many of the skills and techniques that now make up the repertoire of applied sport psychology interventions originating from clinical and counseling psychology origins. Many of the current models in the field of sport psychology grew from empirically supported interventions in other contexts and a theoretical belief that the interventions could benefit performance. As new models and interventions have become adopted by sport psychology professionals, research into their efficacy with athletes has tended to follow, leading to wider adoption. Hence, the subsequent discussion on the existing empirical evidence in support of FAP will predominately focus on the literature that currently

## FAP FOR SPORT PSYCHOLOGY

exists, highlighting the breadth of its application and theoretical underpinnings that point to its viability in sport.

FAP is still in its relative infancy as part of the third wave of behavior therapies that includes acceptance and commitment therapy (ACT), dialectical behavior therapy (DBT), cognitive behavioral analysis system of psychotherapy (CBASP), and integrative behavioral couples therapy (IBCT), with a growing effort to build research in support of its therapeutic benefits (Ost, 2008). Among the challenges in researching FAP is the difficulty with conducting a controlled experiment, given the idiographic nature of its interventions (Follette & Banow, 2009). Authors defending the viability of FAP are quick to acknowledge both the need for additional research into FAP as well as the very well-established interpersonal theories and behavioral principles from which it was developed (Baruch et al., 2008). From an interpersonal theories perspective, the framework that serves as the foundation for FAP emphasizes the importance of the therapeutic relationship as vital to the change process, one of the most well-documented predictors of positive outcomes in therapy (Barber et al., 2000). Inherent to the change process in FAP is the occurrence of transference, another fundamental counseling principle found to be present in both clinical and performance contexts (Strean & Strean, 1998). From a behavioral perspective, each of the five rules of FAP are based on lasting behavioral principles. Rules 1 and 2 harness the concept of stimulus control. Rules 3 and 4 draw from principles of reinforcement. And Rule 5 reflects generalization (Kanter et al., 2017). Foundational to all of FAP is the functional contextualism doctrine that all behavior is contextually based and influenced by an individual's personal history.

The research in support of FAP's clinical outcomes thus far has been wide ranging, cutting across presenting concerns and demographics, highlighting its transdiagnostic appeal.

## FAP FOR SPORT PSYCHOLOGY

Early research into FAP relied mostly on case studies, indicating therapeutic benefits for disorders including depression (Wagner, 2005), chronic pain (Vandenberghe et al., 2004), and obsessive-compulsive disorder (Kohlenberg & Vandenberghe, 2007), among others. Further support has been contributed by single-case studies that have been pivotal in investigating and a validating therapist responding to CRBs as the mechanism of change in FAP (Kanter et al., 2017).

While limited in numbers, a handful of clinical trials have been conducted to examine the effectiveness of FAP with various issues. In the largest controlled study to date on FAP, Gifford and colleagues (2011) examined 303 smokers comparing objective and self-report outcome measures for participants that received either bupropion or bupropion combined with ACT, another behavioral therapy that focuses on acceptance, and FAP (Gifford et al., 2011). Results indicated a significant improvement in the group that received a combination of ACT and FAP over the group that received the medication alone. Therapeutic benefits held across post-treatment, 6-month, and 1-year follow ups. In the first randomized control trial into FAP as a standalone intervention, Maitland and colleagues (2016) found that FAP outperformed a control group in decreasing symptomology and diagnostic measures (Maitland et al., 2016). Follow up analysis of mediating variables found that FAP's purported mechanism of change was responsible for group differences.

In the first comprehensive review of research on FAP, investigators pointed to promising support for FAP in the existing literature (Kanter et al., 2017). Their review found evidence for FAP as an effective intervention for change on targeted idiographic behaviors and that FAP's proposed mechanism for creating change is "active and valid." To increase the consistency of FAP treatment and standardize interventions to improve research into FAP, the FAP Rating Scale

## FAP FOR SPORT PSYCHOLOGY

(FAPRS) was developed as a means of coding client behaviors and reinforcers provided by the therapist (Callaghan et al., 2008). Research stemming from the FAPRS has provided evidence that FAP therapists are able to reliably respond to client behaviors (Busch et al., 2009) and that therapist reinforcements lead to positive client outcomes (Landes et al., 2013).

The versatility of FAP and its adaptability as a therapeutic process can be seen in its adoption as an enhancement to CBT (Kohlenberg et al., 2010), ACT (Kohlenberg & Callahan, 2010), DBT (Waltz, Landes, & Holman, 2010), psychodynamic therapies (Rosenfarb, 2010), and feminist therapies (Terry et al., 2010). In one noteworthy study of FAP as an enhancement to CBT, the researchers compared a group of participants diagnosed with Major Depressive Disorder that received either cognitive therapy or FAP-enhanced cognitive therapy (FECT) (Kohlenberg et al., 2002). Results demonstrated that those that received the FECT intervention experienced improved interpersonal functioning, better outcomes on depression measures, and subjective improvements over the group that only received cognitive therapy.

Further, FAP has been deployed as an effective intervention for improving general well-being in nonclinical populations. Macias and colleagues (2019) sought to improve mental health in a workplace by providing employees with 3 sessions of a treatment approach that combines FAP and ACT, known as FACT (Macias et al., 2019). The study's results found that the employees that received the FACT intervention demonstrated statistically significant improvements over a control group in measures of distress, burnout, anxiety, and psychological flexibility.

The most recent research into FAP has largely focused on exploring its efficacy as an intervention for specific conditions. Such literature has included evidence that FAP is beneficial in improving interpersonal intimacy (Rincón et al., 2023), its application to victims of

## FAP FOR SPORT PSYCHOLOGY

interpersonal partner violence (Muñoz-Martínez & Aguilar-Cacho, 2022), treatment of schizophrenia (Sengupta & Singh, 2021), application to child therapy (Rossi et al., 2022), and as an enhancement to treatments for substance dependence (Aranha et al., 2021).

### **Application of FAP as a Performance Enhancement Intervention**

A coach thinks that a player needs critical feedback to perform better and delivers it right after the player strikes out for the third time that game, contributing to the player's sense that they are failing everyone. The basketball player wants to advocate for having an expanded role, but has been taught to never challenge authority. The team captain takes it upon themselves to confront the star player on a soccer team about their selfish play that goes against the team's strategy. The wide receiver hasn't been targeted as much as they think they should and interprets it as a personal attack, leading them to decrease their effort on the field. The hockey player doesn't utilize any of their organization's support staff because they have learned that people only care about them for self-serving purposes. The volleyball player feels embarrassed about their performance while reviewing video with their coach.

The world of competitive sport occurs in interpersonal contexts, whether it is the direct interactions between athletes and others or the experience of performing in front of tens of thousands of fans that cheer, boo, and directly attempt to influence the performance of an athlete. The experience of these interpersonal interactions is known to directly impact performance, but the conceptualization of these experiences from an interpersonal lens is largely ignored by the prominent intrapersonal models of performance enhancement that dominate the field of applied sport psychology (McHenry et al., 2021; Plessner & Thomas, 2006; Goumas, 2014). FAP offers a new avenue for sport psychology professionals to effectively target, conceptualize, and impact performance through an interpersonal frame.

## FAP FOR SPORT PSYCHOLOGY

In addition to its benefit as a model for recognizing and addressing the social context of sport, FAP also offers sport psychology professionals an in vivo avenue to directly shape their client's behaviors and increase the likelihood of behavioral change occurring. While behaviorism and models that have developed from behaviorism are not new to the field of sport psychology, current models fail to utilize in-session processes as a means of targeted change (Martin & Thomson, 2011). By incorporating FAP's focus on in vivo interventions, sport psychology professionals can more directly and effectively work with the athletes to decrease the behaviors that are negatively impacting their performance and increase those that lead them towards their goals.

The pathway for FAP's indoctrination into the world of sport psychology can follow the process set by the two most common models of sport psychology intervention currently in use, CBT and ACT. These models began to be employed in performance settings by clinicians based on their conceptual and mechanistic underpinnings that indicated that they may be promising options for targeting the psychological components of performance (Gardner & Moore, 2004). FAP's orientation as a process for addressing idiographic behaviors, rather than a prescription for specific set of symptoms, has contributed to its broad efficacy across populations, presenting issues, and contexts (Lopez-Bermudez et al., 2021). Given the current evidence supporting FAP as an intervention with broad application and the principles on which it has been developed, FAP presents as a highly viable model of applied sport psychology intervention.

As a sport psychology model, the deployment of FAP is similar to that of the clinical contexts in which it has previously been utilized: the clinician adheres to the five rules of FAP, only now with attention to CRBs as they relate to performance. The following is a discussion of the principles of FAP in a performance context.

## FAP FOR SPORT PSYCHOLOGY

**CRBs:** The behaviors that are relevant to the clinical issues that bring a client into therapy are shifted in the sport psychology context to those behaviors that impact an athlete's performance.

While on the surface it may seem that many performance issues do not have an interpersonal component, further consideration for the context of sport reveals that almost all competitive sport behaviors occur in the presence of others. Thus, social components that impact the client's athletic experience are likely to present in the consulting relationship.

CRB1s represent instances of problems that the athlete has discussed experiencing in their sport context and manifest in the sport psychology consulting relationship. The following are examples of CRB1s that may exhibit for an athlete:

- An athlete that was referred to you by a coach because the athlete doesn't follow instructions disengages from the conversation when you teach them mental skills.
- A soccer player that has difficulty trusting their teammates to have their best interest seems more antagonistic after you are late to start a session.
- A baseball player that comes to work on perfectionism is observed to be trying to be a "good" client.
- A basketball player that passes the ball instead of taking shots for fear of missing, frequently respond to your questions by saying "I don't know."

CRB2s in the sport psychology context take on the role of examples of behaviors that the client demonstrates in session that are a more adaptive way of relating to antecedents and will presumably benefit their performance. The following are examples of CRB2s in a performance context:

## FAP FOR SPORT PSYCHOLOGY

- A triathlete that struggles with the rigidity of their pre-performance routine spontaneously chooses the topic to focus on in session that day, rather than planning ahead for the topics to be covered.
- A soccer player that struggles to voice their needs to coaches informs the sport psychology consultant that they disagree with an interpretation and voices what they actually think is happening.
- A tennis player, afraid of missing their second serve, shares something they have kept hidden for fear of being judged.
- A lacrosse player that is overly identified with their sport speaks with pride about other domains of their life.

As previously discussed, context is vitally important in FAP and the same holds true for athletes. Thus, athletes bring with them their whole set of experiences with others involved in their sport, including coaches, teammates, parents, spectators, and support staff. All these individuals play a central role in how an athlete views their identity, processes mistakes, responds to feedback, works with others, and develops their skills. CRB3s represents the athlete's interpretation of how their behaviors came to be shaped by their experiences in these relationships. Examples include:

- In discussing their reaction of anger, your client shares that their high school coach rewarded the athletes that yelled after striking out because it "showed that they cared."
- A gymnast explains that they check your face for a reaction every time they share something personal because their parents would ignore them the rest of the night when they did not perform well.

## FAP FOR SPORT PSYCHOLOGY

- In questioning why they don't engage during team sport psychology sessions, a football player shares that they were always the best player on their team, leading them to never work harder than they want to.
- While discussing why they always put a positive spin on their situation when revealing something that bothers them, a basketball player explains that their parents were "toxically positive."

The five rules of FAP overlay well onto a performance context and can fit any range of presenting issues that the client may seek to address through sport psychology consultation. To incorporate FAP into their practice, the sport psychology professional must begin by recognizing when CRBs are manifesting in session (Rule 1). While CRBs will naturally occur through the consulting relationship, the consultant and client can tactfully plan for how the context of the consulting relationship can intentionally evoke CRBs (Rule 2). Examples of ways that CRBs can be intentionally evoked in the sport psychology consulting relationship include:

- Blocking the client from pivoting from a conversation when you attune to the hurt they seems to feel that their coach does not recognize how hard they are working.
- Having the client that is afraid to choose the wrong club on the golf course pick which issue to address that day, rather than relying on the consultant to lead the session.
- Working with the client that internalizes responsibility for every team loss to stop apologizing for their actions that occur in session.
- Agreeing that sessions will no longer begin with a discussion of how the client that overemphasizes outcomes performed in their last competition.

## FAP FOR SPORT PSYCHOLOGY

When one of the athlete's CRBs does present in session, the process of change occurs when the consultant authentically provides a reinforcement to the client's CRB (Rule 3). Examples of a sport psychology professional providing a natural reinforcer to an athlete's CRB include:

- The sport psychology consultant observes an athlete that struggles with emotional avoidance laughing after each statement they make about their disappointing performance and points out the behavior.
- After a football player that is worried about seeming weak for their emotions discloses a vulnerability to the consultant, the consultant responds by stating "This feels like the strongest I've ever seen you."
- A baseball player that struggles to trust others, discloses something personal to the consultant that they haven't shared with anyone and the consultant responds by saying "I feel like our relationship became much stronger after you shared this with me."
- A skier that is always worried about their future is observed in session to be checking the clock and the consultant suggests turning the clock around, so that neither can see the time.

Rule 4 greatly benefits from the context in which many sport psychology consultants work versus the clinical context of outpatient therapy from which FAP was originally developed.

While therapists working in traditional therapy settings are only privy to observing the reinforcing effects of their interventions in the therapy room, many sport psychology consultants work in embedded settings in which clients' behaviors can be observed in their performance context. This enhances the depth of the consultant's work as they are able to observe the effectiveness of the interventions in session as well as whether they have generalized to other

## FAP FOR SPORT PSYCHOLOGY

contexts that the client is targeting. The benefit to FAP therapists' ability to observe these behaviors has been documented in other settings (Hoekstra & Tsai, 2010).

Rule 5 focuses on helping the performer to understand the function of their behavior. This is particularly important in the context of sport as several psychological constructs can prove to be adaptive or maladaptive for athletes, such as perfectionism (Gotwals et al., 2011) and anxiety (Meijen et al., 2020). Through the application of rule 5, the consultant can conceptualize not only how the client's behavior came to take shape, but also the benefit the client may still be gaining from it. Given the additional stressors and impact that changes to an athlete's routine can have during a competitive season, the consultant should then weigh whether a change in behavior at this time may have a negative short-term impact on performance and instead decide to suggest a change during the off-season. Finally, rule 5 may be particularly important to a high-performance population, given their strong propensity to self-criticism (Ferguson et al., 2015). The collaborative and nonjudgmental process of rule 5 can help the performer to better understand how their problematic behaviors came to be adopted and move towards a stance of greater self-compassion.

### **FAP as an Enhancement to Existing Performance Psychology Models**

Among the benefits that adopting FAP offers to the field of sport psychology is its versatility as a standalone intervention and as an enhancement to already established models, in particular, CBT and ACT which are already solidified in the performance world as by far the two most prominent theoretical orientations currently utilized by sport psychology professionals (Rosen & Lipkins, 2016). These approaches are well-researched in sport, but lack in their application to the interpersonal issues of performance, especially relevant given the social contexts in which competitive sport occurs. FAP offers an interpersonal and in vivo model for

## FAP FOR SPORT PSYCHOLOGY

creating idiographic behavioral changes that can include those impacting performance. The theoretical integration of ACT with FAP, referred to as FACT, and cognitive therapy with FAP, known as FECT have already been established and researched in the clinical literature (Callaghan et al., 2004; Kohlenberg et al., 2010). By combining these models, the benefits of each approach can be maximized, creating a model sport psychology professionals can follow to comprehensively benefit clients. The key conceptual considerations between CBT, ACT, and FAP are outlined in Table 1.

| Approach                                | Basic Concept  | Goal   | Locus of Change | Orientation to in Session Behaviors                | Prominence in Sport Psychology |
|---|--|--|-----------------|--|--------------------------------|
| Cognitive Behavioral Therapy (CBT)      | Thoughts and feelings lead to maladaptive behaviors.   | Change problematic thinking patterns.  | Intrapersonal   | Provide opportunities for change                   | Most used orientation          |
| Acceptance and Commitment Therapy (ACT) | Psychological pain is part of the human experience. Trying to change or avoid thoughts and feelings increases suffering. | Allow for unwanted thoughts/feelings to occur and behave in line with personal values                                      | Intrapersonal   | Provide opportunities for change                   | Second most used orientation   |
| Functional Analytic Psychotherapy (FAP) | Most issues that clients experience are interpersonal in nature.   | Recognize problematic interpersonal patterns and develop more adaptive ways of being through the therapeutic relationship. | Interpersonal   | Key to the therapeutic process and enacting change | Currently nonexistent          |

Table 1: Key differences between CBT, ACT, and FAP

Several authors have written about the benefits of incorporating ACT and FAP, given the theoretical underpinnings of the two approaches (Callaghan et al., 2004). As singular approaches, ACT provides a framework for clients to effectively navigate internal experiences through acceptance and behaving in line with their values, while FAP engenders new ways of being in relation to others. As a combined model, FACT takes the in vivo experience techniques of FAP and incorporates the skills and principles of ACT. Clients continue to learn and utilize the core skills of ACT that create psychological flexibility: acceptance, present moment focus, self-as-

## FAP FOR SPORT PSYCHOLOGY

context, committed action, and values clarification. These skills that clients learn conceptually are transferred in a FACT protocol part of the in-session work between client and provider. In FACT, in-session behaviors of approach and avoidance are monitored by the therapist as CRBs. The client then utilizes ACT skills as a means of increasing CRB2's. For example, the client with a CRB1 of criticizing their performance utilizes the skill of defusion to better relate to the thought that "if I give myself credit, I'll stop working hard," and instead allows themselves to feel pride in session, demonstrating a CRB2. Aligned with the FAP process, the client's CRB2 is then reinforced by the sport psychology professional with particular attention to the client's values. Finally, the ACT Matrix serves as the process for incorporating CRB3s to conceptualize the client's behavior and creating ACT-based interventions that the client can institute in other contexts.

Similar to the delivery of FACT, FECT maintains the core components of cognitive therapy and enhances it through the use of the client-therapist relationship and in vivo techniques. While CBT has benefitted from unrivalled abundance of research in the sport psychology field, gaps still exist in the issues that it is best served to address and questions have been raised into its efficacy (Moore, 2009). FAP has been suggested as a strong enhancement to CBT given its ability to expand upon CBT's adherence to cognitions as the primary mechanism of change (Kohlenberg et al., 2010). In traditional CBT, it is theorized that an antecedent leads to a cognitive response, leading to an action or emotion. To change a behavior in CBT, cognitions and then emotions must be altered; however, this process may not hold true for the experience of all clients. For example, those that intellectually understand that their cognitions are irrational, but still experience an emotional response. In FAP, all overt actions and covert internal experiences are considered behaviors; thus, FECT adopts this view and is open to the possibility

## FAP FOR SPORT PSYCHOLOGY

that adaptive behaviors can be created from changes to both cognitions and other internal processes. Similar to a clinical CBT frame, FECT would conceptualize that clients present to performance work with automatic thoughts and core beliefs, which represent CRBs. The role of the sport psychology professional incorporating FECT becomes to recognize when these cognitions and behaviors show up as CRB1s. Clients learn traditional CBT skills for enhancing performance and then practice incorporating these into their experience in session when antecedents show up through the sport psychology professional-client relationship. The sport psychology professional continues to evoke CRBs and reinforces client improvements. Through this change process, the client's more adaptive cognitions become their CRB2's. Rule 5 occurs through the process of generalizing in session beliefs to other relationships in the client's life and can involve common homework utilized in CBT.

### **Case Example**

To exemplify the FAP framework in action, a case example is provided to demonstrate how the present paper's author incorporates FAP into his performance work. Working primarily from an ACT-based model for performance, I have found FAP to be a significant benefit to my work with clients. The following case illustrates FAP as an enhancement to an ACT framework.

Peter was a skier on his country's national team. He initially sought sport psychology services in the middle of his season to address inconsistencies in his performance that had increased since he been selected for the national team. He reported that he had been struggling with pre-performance anxiety which manifested both cognitively and somatically. He described that he had always been "an anxious skier", but the effect of his anxiousness did not noticeably impact his performance until the combination of the increased pressure from his sport becoming his sole focus and a higher level of competition collided.

## FAP FOR SPORT PSYCHOLOGY

Up until the point of attending performance psychology sessions, Peter had attempted to manage his performance anxiety through control tactics. When somatic anxiety showed up, he would attempt to distract himself from the unwanted sensations. With negative thoughts, Peter tried to push them away or replace them with a more positive thought; however, Peter's unwanted internal experiences always returned, leaving him feeling more anxious than before. Only now, with the sense that he could not control them and shame stemming from the messages he had been taught throughout his life that he "should" and "needs" to be confident. Additionally, Peter's shift in attention to his internal experiences versus task-relevant external cues and his obsession with his form, rather than allowing for his body to repeat his mechanics as he had trained, were clearly contributing to his performance breakdowns.

During the initial sport psychology consultation, Peter seemed anxious and uncomfortable speaking about his internal experiences. He was introduced to an ACT-based model for addressing his performance concerns, emphasizing that he would learn to allow his internal experiences to be there, rather than control them. He expressed alignment with this approach and during subsequent sessions was led through experiential exercises to demonstrate the unworkability of trying to rid himself of internal experiences as well as relevant ACT-based skills that he could incorporate into his performance: acceptance, defusion, mindfulness, and committed action.

In the subsequent sessions, Peter would begin by describing his recent performance in meets and practices. He continued to present as highly anxious, evidenced by rigidness in his posture, avoiding eye contact when discussing the thoughts and feelings weighing on him, fidgeting in his chair, and difficulty discussing the emotional impact of his experience. From his description of his behaviors before races, it seemed evident that Peter was still attempting to

## FAP FOR SPORT PSYCHOLOGY

control for unwanted outcomes by focusing on his mechanics and spending his time leading up to races trying to rid himself of anxiety. We revisited the impact that avoidance was having on Peter's performance, his unwillingness to allow his anxiety to be present, and the values that are so important to Peter that he is willing to have these unwanted experiences. Peter continued to agree with our shared conceptualization that the need to control his emotions was causing more issues than the presenting emotions themselves; however, we still struggled with the disconnect between his understanding in the room and his ability to enact the discussed skills in his performance.

During our fifth session together, Peter reported that he had received his most disappointing news of the season: he had not been selected to represent his country in an upcoming event. While discussing his reaction to the news, Peter was observed to be trying to stifle his emotions and changed the topic when I would attune to the emotions of disappointment and sadness he must be feeling. He clearly was deeply hurting and trying to do everything he could to keep from crying. Peter's CRB1s were on full display and were readily apparent to me (rule 1). He had come to sport psychology consulting with difficulty allowing his emotions to be present and now he was trying to move away from them in our work together. As Peter tried to control his internal experiences, I asked him to make a move in the other direction (rule 2). To allow his emotions to be present and share with me what he was feeling. Peter began to cry and explained the frustration he feels with himself that his mind is keeping him from having the athletic experiences he has dreamed of his whole life. Further, he felt a deep sense of loss from not having the experience of being at the race with his family and teammates. After Peter had shared with me the depth of his emotions, I told Peter that from seeing vulnerability, I felt much closer to him in our consulting relationship and that I thought we were finally making significant

## FAP FOR SPORT PSYCHOLOGY

progress in our work together (rule 3). Peter sat back in his chair, his body finally at ease, and said that he felt much better.

Peter came to our next session with a completely different presentation. Gone were his anxiousness and guardedness, replaced with an openness and vulnerability that he had such difficulty reaching during previous sessions. It was clear that our interaction during the previous session had a significant effect on Peter (rule 4). I reflected to Peter the changes I was observing. Peter shared that he felt much more comfortable coming into our session together that day and was excited for our work. He spoke about the loss of his mother in high school. During this trying and impactful time in his life, Peter reached out for comfort from his family, but was met with isolation as his family grieved in their own ways. From this formative experience, Peter learned to push his pain away and as deep as possible. He explained that avoiding emotions was further reinforced by his ski coaches, who emphasized to Peter to never show weakness and that emotions were a threat to his ability to be successful not just in skiing, but also in life. Peter and I identified the messaging he had received and contrasted this with his observations from his real-world experiences (CRB3).

I shared with Peter that we can and will certainly continue to discuss how he can implement skills in his time on the slopes, but that I thought our most impactful work would come from how he related to his thoughts and emotions and the actions he took during our sessions together. We discussed how Peter could practice utilizing the ACT-based skills to better relate to his internal experiences that present during our time in session and choose behaviors aligned with his values, rather following his pull towards avoidance. Peter had one last ski race left in the season. Our session closed out by discussing how Peter could apply his experience of

## FAP FOR SPORT PSYCHOLOGY

allowing his emotions to be present during our recent sessions to the feelings of anxiety we anticipated showing up in the time prior to and during his next race (rule 5).

Peter returned following his race and described experiencing a previously unreachable ability to allow his anxiety to be present, ironically leading his anxiety to soften. We transitioned our work throughout the offseason to primarily focusing on the development of Peter's in session behaviors and growing his ability to apply them to the relationships he encounters outside of the room. As our work deepened, Peter further revealed the extent to which he felt other interpersonal relationships suffering. He described wanting so badly to be genuinely loved and cared for by others, yet this need felt very elusive to him. Peter recounted how he always tries to please others, but is left feeling anxious in many of his interactions as a result. In his romantic relationship, he struggled to fully experience connection to his partner for fear that she did not meet his family's standards.

The strength of the therapeutic relationship built through our work together during the season seemed to allow Peter to reveal the depths of his emotional pain. We were able to use these insights to help identify when the interpersonal behaviors that were plaguing Peter in other relationships manifested in our work together. Peter began to take risks both in and out of session to create the relationships that he most desired in the world. By the time of termination, Peter was coming to sessions describing steps that he had taken on his own to overcome previous patterns and apply skills learned through our work together. As we said goodbye for the last time, Peter was able to directly and openly share with me the impact that our work had had on him. Gone were the shame and anxiousness that were so apparent at the start of our relationship together, replaced with authenticity and genuine connection.

### Conclusion

The field of applied sport psychology has seen remarkable growth and advancements. With this expansion has come the incorporation of theoretical models and interventions to enhance performance even further. Currently, the most prominent models utilized by sport psychology professionals are intrapersonal approaches, neglecting to fully recognize the social context in which performance occurs. Further, many sport psychology professionals are limited in their ability to enact adaptive behavioral change with athletes by failing to harness the in vivo behaviors clients manifest with in session.

Utilizing Functional Analytic Psychotherapy as a standalone model or as an enhancement to one of the existing sport psychology models can greatly benefit the field by addressing the interpersonal nature of performance and providing practitioners with a direct means of shaping client behavior. FAP harnesses the client's in session instances of their presenting issues and utilizes the therapeutic relationship to help him develop more adaptive ways of responding. The behavioral principles from which FAP was developed make it an effective intervention tool for a range of presenting issues and populations, including those surrounding performance. With a client's newly developed interpersonal functioning and insight into the purpose of their previous behaviors, the athlete can readily begin to apply their new behavioral set, enhancing their performance.

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