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Research Article

Functional Analysis in Cognitive Behavioral Solution Focused Brief Therapy

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Abstract. Recently it has been published evidence of the successful implementation of the integration of solution focused brief therapy and behavioral cognitive therapy as a model of brief therapy that is currently used as the basis for the Master of Brief Therapy in the Autonomous University of Nuevo Leon. However, in the application some process have showed some issues that could be systematized, some of them include the use of functional analysis as a basis for the design of treatment and to specify the minimum elements to consider that the therapeutic model used corresponds to the integration of the two approaches. Thus, the aim of this paper is to systematize the practice model integrating behavioral cognitive therapy and solution-focused therapy and to propose a guide to the practical integration of these approaches based on functional analysis.

Keywords: *behavioral cognitive therapy; Solution focused therapy; Brief therapy*.

A. INTRODUCTION

The practical integration of the cognitive-behavioral and solution-focused approaches has been promoted for some years in the Master of Psychology with orientation in Brief Therapy at the Autonomous University of Nuevo León. Although the premises of both therapeutic approaches have elements in common, they also differ in some aspects, which has made, in the application, the supervisors of the trainee therapists lean towards one of the two approaches and the integration is not appropriate. balanced form.

The implementation of this solution-focused brief cognitive-behavioral therapy has had successful results, Ramírez and Rodríguez-Alcalá (2012) speak of 11 cases addressed with the integration of both models, in addition to the cases published by Garza (2013) , for stress management in a caregiver of a patient with aphasia; by Guajardo and Cavazos (2013), in a case of dating violence; by Ruiz (2013), for two cases of emotional dependence and; by Carvajal (2014), in a case of bulimia nervosa. Likewise, the patients cared for by the therapists in training of the aforementioned masters are cared for under this integrated approach, with good results.

Although it is true that the use of techniques from both approaches is not completely balanced in the cases attended by the master's therapists (Ramírez and Rodríguez-Alcalá, 2012), the use of the common elements of both has been promoted approaches described by Ramírez and Rodríguez-Alcalá (2012), which include for the first session: rapport, normalization of problems, establishment of objectives and establishment of tasks; and for subsequent sessions: update, review of what happened previously and establishment of tasks.

However, there is still no guide on the practical integration of both therapeutic models. Thus, as a continuation of the work of Ramírez and Rodríguez-Alcalá (2012), the purpose of this document is to provide a frame of reference for the use of a solution-focused cognitive-behavioral brief therapy model, whose central axis is the functional diagnosis or functional

analysis; since functional analysis is a systematic strategy for clinical decision-making that increases the validity of the formulation of clinical cases (Virues-Ortega and Haynes, 2005).

The functional analysis methodology emphasizes the importance of applied research to contribute to the understanding of the determinants of behavior as the basis for identifying effective treatments that produce generalizable results (Hanley, Iwata & Mccord, 2003). It is considered an integral part of behavioral assessment, although its use is not limited to applied behavioral analysis, it extends to related fields (Beavers, Iwata & Lerman, 2013). In recent years, the evidence of its application has increased with publications of studies based on functional analysis, only from 2001 to 2012 Beavers et al. (2013), identified 158 articles in various scientific journals from different areas.

In behavioral psychology the term functional analysis was originally used as a reference to an empirical demonstration of the control of behavior by consequent events (Skinner, 1953; in Virues-Ortega and Haynes, 2005). Kanfer and Saslow (1965) indicated that an effective functional analysis, as a diagnostic procedure, would make it possible for therapeutic methods to be directly related to the information obtained from a continuous evaluation of the patient's behaviors and the stimuli that control said behavior.

Haynes et al. (1993) define it as the identification of relevant, controllable, causal-functional and non-causal relationships that apply to particular behaviors of an individual.

Within the framework of functional analysis, the case is formulated in terms of the relationships between behavioral characteristics and associated events; Information about these relationships is derived from assessment methods, guided by previous empirical research with similar behavior problems. From this approach, it is considered that the problems covary with different events or situations for their occurrence, intensity or duration; that is, a functional relationship between variables implies that both share variance (Virues-Ortega and Haynes, 2005).

The variables and causal relationships of the problems and the objectives of the intervention are important components of the case formulation, since the intervention often tries to modify the hypothetical variables that influence them; thus, the functional analysis emphasizes the most relevant problems and the most important and modifiable causal variables (Keawe´aimoku Kaholokula et al., 2013).

Furthermore, it should be considered that functional relationships are dynamic and when there is a change in any variable, new variables can moderate the variable of interest; likewise, functional relationships are not exclusive; There may be several important causal relationships for a behavior problem and in the evaluation, the different variables should be highlighted including the behavioral, environmental, cognitive and physiological variables involved (Virues-Ortega and Haynes, 2005).

B. METHOD

As mentioned, the functional analysis seeks to identify the variables that show a covariance with the variable of interest, in this case the situation, complaint or reason for consultation, which would be worked on in therapy, beyond that, the antecedents are detected and consequent that when modified will cause variations in the behaviors that will be worked in therapy.

Thus, the model proposed for use in solution-focused brief cognitive-behavioral therapy would be the axis of the treatment to be designed. The elements to include in the functional analysis were proposed by Dr. José Cruz Rodríguez-Alcalá (personal communication) and have been widely used in clinical practice by different therapists.

C. RESULT AND DISCUSSION

The model proposed by Rodríguez-Alcalá includes the evaluation of the following elements:

1. Predisposing factors: as part of the antecedents of the behaviors to work in therapy, aspects of the patient's history, personality characteristics, previous experiences, resources or lack of resources and skills, among other aspects that made him vulnerable, will be identified. to present the problems for which they go to therapy. In cognitive behavioral therapy, the detection of predisposing factors can be extended and explored, through the interview, many aspects of the patient's history. In the practical integration of the solution-focused and cognitive-behavioral approaches, it should not be forgotten that this is a brief therapy model, in which some aspects of the patient's history may not be delved into. However, it is important to identify as many predisposing factors as possible and include them in treatment. Thus, for example, in the treatment the development of some skills in the patient can be worked, or the reinterpretation of previous experiences.
2. Triggering factors: as part of the history, identify the situation or event from which the problems for which the patient decided to seek therapy began or worsened. This will allow a better prognosis of the case and in some occasions, focus the cognitive restructuring to a particular event. In some cases it is not easy to identify an event or situation that triggered the patient's problem, in other cases, the patient remembers it in detail. The therapist must pay attention to the patient's speech to detect events temporarily related to the onset of the problem situation, these will be considered as hypotheses of the triggering events and throughout the sessions these hypotheses will be confirmed or rejected.
3. Control factors: refer to the situations in which the patient's problems are currently manifested. Keawe´aimoku Kaholokula et al. (2013), emphasize that functional analysis looks for causal variables and that these can include behaviors, emotions and cognitions, immediately antecedents to the problem or environmental circumstances and contingencies of external or internal responses. These aspects should be explored to identify and differentiate triggers and control factors. For the therapist-in-training, it is sometimes confusing to differentiate between triggers and control factors. In brief therapy, the emphasis would be on control factors, exploring when, with whom, where, when the cognitive, behavioral and / or physiological symptoms associated with the problem situation occur or worsen. It helps to identify it that the patient describes in detail the last time the problem situation occurred, including what happened before, during and after.
4. Problem situations: even when the therapist focuses on solutions, it is very useful to obtain a detailed description of the problem situations that lead the patient to therapy. Thus, without losing sight of the solution-centered approach, the cognitive-behavioral part is retaken in which it is necessary to know the cognitive, behavioral and physiological aspects of the patient's problems. According to Keawe'aimoku Kaholokula et al. (2013), the functional analysis focuses on the client's main behavioral problems or treatment goals; helps to make decisions describe the problems reflected in function of the response system (cognitive, physiological or motor) and according to different dimensions (frequency, duration or severity). The variables that influence the different response systems or dimensions may not be the same. It is about letting the patient talk about the problem, feeling validated by the therapist and not disqualified by asking him to ignore the problem and talk only about exceptions or solutions. O'Hanlon and Beadle, (1999) and O'Hanlon (2003),

emphasize the importance of giving the patient space to describe in detail the situation that led him to therapy and it is in this description that the therapist will be able to identify exactly as the problem situation is presented in the particular case.

5. Maintenance factors: refers to everything that makes the problem or situation that led the patient to therapy continue to occur. Considering that the strength of a causal relationship reflects the degree to which changes in one variable are associated with changes in another variable (Keawe'aimoku Kaholokula et al., 2013), a maintenance factor would be a consequence that when modified it will change the problem situation. To identify them, the therapist should pay attention to the description of the problem that the patient makes, especially what usually happens after the problem situation. Sometimes the maintenance factors are recurring thoughts, at other times they are reinforcing consequences for the patient that the environment, family or friends provide, sometimes without realizing it. It does not mean that the patient has control of their situation, if so, they would not attend therapy, on some occasions, this pattern around the problem has been repeated for a long period of time and the patient is not fully able to identify what happens, but by describing the last time the problem occurred, the therapist will be able to hypothesize about it. In the intervention, the modification of patterns around the problem that O'Hanlon describes as characteristic of the work carried out by Milton Eickson helps (O'Hanlon and Weiner-Davis, 1990 and O'Hanlon and Beadle, 1999).

The presentation of the information obtained for the functional analysis can be done graphically, as proposed by Keawe´aimoku Kaholokula et al. (2013), which allows the functional analysis to be clearly communicated to other people, to teach how to formulate clinical cases and to choose the best approach to treatment. The benefits of using functional analysis for science and practice are recognized by the extension of its application to a wide variety of problems and treatment analyzes, including the advantages of speaking from a functional approach to understand and treat important behaviors, of any kind. type of problem and any population studied (Beavers et al., 2013).

Applied Integration Proposal Of Cognitive-Behavioral Approaches And Focused On Solutions

A guide for the therapist is that, just a guide, it should not be taken as a strict pattern of what should be done in therapy, since the therapy must be adapted to the rhythm of the patient and the requirements of the case. However, it is necessary to establish that it characterizes one therapeutic model and differentiates it from another. Based on the above, the following elements are proposed as minimum aspects to consider that the applied therapy model corresponds to the integration of cognitive-behavioral and solution-focused approaches. Detect the elements for the functional analysis previously explained, giving priority to these aspects in the first sessions, in order to plan a treatment according to this analysis. Using questions focused on what happens before, during and after the situation that led the patient to therapy occurs, asking why specifically at this time they sought psychological counseling and what they expect from therapy, a dialogue can be initiated that will lead to detect some of the elements of functional analysis. Give the patient space to talk about the problem, recognize and validate their emotions and perceptions O'Hanlon emphasizes the importance of recognition and validation of internal experience, of feelings, and proposes that patients must, first of all, feel understood and heard before solutions can be discussed or changes in their actions occur , in the context, perceptions, or feelings (internal experience) (González and Alfonso, 2005). Recognizing and validating is necessary so that the patient feels heard and understood, although

if it were the only thing that was done in therapy, most patients would not make much progress (O'Hanlon and Bertolino, 2001).

Detect resources and skills of the patient, as well as previous attempts to solve and not only exceptions to the problem. Exceptions are defined by de Shazer (1991), as those occasions in which, contrary to expectations, the problem behavior does not occur. Catching exceptions is critical in solution-focused approaches. Considering a practical integration with Cognitive-Behavioral Therapy, it is important to detect previous attempts at a solution, as well as resources and skills. Evaluation with instruments that have adequate psychometric properties and not only use the scale question advance, so that other references are available for the evaluation of treatment. The progress scale question was defined by O'Hanlon and Weiner-Davis (1990), as a therapeutic instrument, where clients are asked to rate, on a scale of 1-10, their problem situation for which they went to therapy, likewise, the patient is asked to indicate the number to which he would have to reach to report satisfaction. In the solution-focused approach, the scale question is often used in all sessions and is the benchmark used by therapists to determine the success of therapy. It is recommended that other forms of evaluation are also used, preferably with inventories, questionnaires or scales with adequate psychometric properties. Establishment / negotiation of objectives in terms of process. To achieve change it is necessary to know the direction in which the change is headed. When there is no agreement with the patient where the treatment is going, it is not possible for the patient and the therapist to know if the goal has already been reached. Therefore, it is important to set goals for treatment. The objectives or goals must be achievable, that is, they are objectives that can be reached through therapy. Mutual Is negotiated between the patient and the therapist, as well as legal and ethical, specific, observable and quantifiable. In short, the goals must be designed in such a way that it can be identified when they have been achieved (González and Alfonso, 2005). Work plan aimed at modifying control factors and maintenance factors, not only at expanding the exceptions or reducing the cognitive or behavioral symptoms that led the patient to seek psychological help. To be considered a model for the integration of the two approaches, at least one cognitive strategy, which is usually cognitive restructuring, a behavioral intervention strategy, and a solution-focused approach intervention strategy must be included in the treatment plan. just be the scale question, since it is used more as an evaluation than as an intervention. Evaluation of the fulfillment of therapeutic objectives. Preferably with the use of assessment instruments with adequate psychometric properties. Follow up.

D. CONCLUSION

The practical integration of the solution-focused approach and cognitive behavioral therapy is feasible and its results have been shown to be successful. However, in view of the need to clarify when it is possible to speak of this integration and how to apply it, this work was prepared. It is important to emphasize that a patient should not adjust to one type of therapy, the therapy should be tailored to the specific needs of the case in question. The proposal that is presented should be taken as a flexible guide to the work to be done and not as a rigid pattern of what the therapeutic process should be. The emphasis of this proposal is the use of functional analysis in brief therapy models, specifically in the practical integration of the solution-focused approach and cognitive-behavioral therapy, which is the model to follow in the Master of Psychology with an orientation in Brief Therapy of the Autonomous University of Nuevo León.

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