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Article

Reciprocal Contributions Between Functional Analytic Psychotherapy (FAP) and Acceptance and Commitment Therapy (ACT)

Renzo Aguilar-Cacho & Gianina Bravo-Plasencia

Unidad Peruana de Ciencias Aplicadas (UPC), Peru

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ABSTRACT

Functional Analytic Psychotherapy (FAP) and Acceptance and Commitment Therapy (ACT) are representative approaches of contextual therapies and, at the same time, belong to Contextual Behavioral Science (CBS). Although the two share behavioral roots, they are based on distinct philosophical traditions: FAP is based on radical behaviorism, while ACT is developed from functional contextualism. These differences generate tensions in the conceptualization of the client, language, and therapeutic change, which have rarely been discussed critically. However, their integration is promising: FAP provides tools to intervene in clinically relevant interpersonal patterns, while ACT offers strategies to address intrapersonal processes from a perspective of psychological flexibility. This theoretical article seeks to explore the integration of FAP and ACT, highlighting both the potential and limitations of this combined approach. Finally, directions for future research and recommendations for therapist training are proposed.

Contribución Recíproca entre Psicoterapia Analítica Funcional (FAP) y Terapia de Aceptación y Compromiso (ACT)

Palabras clave
Psicoterapia analítica funcional
Terapia de aceptación y compromiso
Terapias contextuales
Ciencia conductual contextual

RESUMEN

La Psicoterapia Analítica Funcional (FAP) y la Terapia de Aceptación y Compromiso (ACT) son enfoques representativos de las terapias contextuales y, al mismo tiempo, pertenecen a la Ciencia Conductual Contextual (CCC). Aunque ambas comparten una raíz conductual, se sostienen en tradiciones filosóficas distintas: FAP se fundamenta en el conductismo radical, mientras que ACT se desarrolla desde el contextualismo funcional. Estas diferencias generan tensiones en la conceptualización del consultante, el lenguaje y el cambio terapéutico, que rara vez han sido discutidas críticamente. No obstante, su integración resulta prometedora: FAP aporta herramientas para intervenir en patrones interpersonales clínicamente relevantes, y ACT ofrece estrategias para abordar procesos intrapersonales desde la flexibilidad psicológica. Este artículo teórico busca explorar esta integración, señalando tanto su potencial como sus límites. Finalmente, se proponen líneas de investigación futura y recomendaciones formativas para terapeutas.

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Correspondence: Renzo Aguilar-Cacho pcpsragu@upc.edu.pe

Contextual therapies, also known as third-generation cognitive-behavioral therapies, emerged in the 1990s as alternatives for addressing complex cases. However, due to their proven effectiveness in treating various psychological problems, their application in the clinical setting has increased in recent years (Hayes et al., 2015; Hayes, 2004). These therapies offer a transdiagnostic view of mental health, focus on the context and function of emotions, feelings, and thoughts, and strengthen the therapeutic relationship (Hayes et al., 2011; Pierson & Hayes, 2007). In addition, they are part of contextual behavioral science, a movement that seeks to implement scientific methods to accurately and profoundly predict and influence individual or group actions, considering the environment in which they take place (Levin et al., 2015).

Within this framework, two philosophical traditions converge that—while sharing a pragmatic basis—diverge in epistemological and conceptual aspects: radical behaviorism and functional contextualism (Ruiz Sánchez, 2021a). The former considers that private events such as thoughts and emotions are behaviors that operate in the same way as observable behaviors (Skinner, 1994). In contrast, the latter emphasizes the function of human language in specific historical and social contexts (Hayes & Hayes, 1992; Hayes, 1993; Gifford & Hayes, 1999) and is based on relational frame theory (Hayes et al., 2001). This distinction can be seen in the different ways in which contextual therapies understand human suffering, the processes of change, and the role of language in psychotherapy (Ruiz Sánchez, 2021a).

Functional Analytic Psychotherapy (FAP) is based on the principles of radical behaviorism (Kohlenberg & Tsai, 2007). Its objective is to improve the client's interpersonal interactions through functional analysis of behaviors and the shaping of alternative behaviors in session that can be generalized to other areas of their life (Callaghan, 2006a; Kohlenberg & Callaghan, 2010). During the psychotherapy session, three types of clinically relevant behaviors (CRBs) may occur: CRB1s, which are the client's problem behaviors that appear in the session; CRB2s, which are the improvements observed during the session; and CRB3s, which consist of the client's functional interpretations of their behavior (Kohlenberg & Tsai, 1995). The behaviors displayed by the therapist during the session (T1, ineffective; T2, effective) are also identified, as well as relevant behaviors displayed outside the session by the client (O1, ineffective; O2, effective) and by the therapist (TI1, ineffective; TI2, effective) (Reyes-Ortega & Kanter, 2017; Sanabria Herrera et al., 2024). As shown in Figure 1, the behaviors are grouped into CRB and T, distinguishing their effectiveness and whether they occur inside or outside of session.

To guide the intervention, five rules are established in FAP: R1, the therapist must be attentive to the appearance of CRBs; R2, if these do not appear spontaneously, they must be evoked; R3, the therapist must genuinely reinforce behaviors that reflect improvement (CRB2); R4, they must ask about the impact of their intervention; R5, they must help the client generalize what they have learned in session to other contexts through functional interpretations and homework assignments (Tsai et al., 2016; Tsai et al., 2017).

Tsai et al. (2009b) proposed the concepts of awareness, courage, and love (ACL). Awareness implies that the therapist is attentive to their own thoughts, emotions, and feelings, as well as those of the client; courage refers to acting while taking personal and interpersonal risks; and love represents self-care and care for others (Reyes-Ortega & Kanter, 2017). ACL has expanded not only in the clinical setting but also at the community level with the ACL Global Project (2025) and in the field of research with the Center for the Science of Social Connection (Gustafsson, 2015). Despite this, ACL presents different points of view on its components (Kanter et al., 2014; Muñoz-Martínez & Follette, 2018; Ferro-García et al., 2023).

Based on contributions from FAP and social learning theory, Callaghan and Follette (2020) developed Interpersonal Behavioral Therapy (IBT). This technology emphasizes the importance of conducting a functional assessment to conceptualize the client's problem and identify the control variables (interpersonal and intrapersonal) of the behavioral repertoire on which the intervention will focus. In this way, the therapist helps the client learn more adaptive ways of relating to others. Unlike the original FAP model (Kohlenberg & Tsai, 1987), which focused exclusively on the interpersonal, IBT also proposes considering the functional analysis of intrapersonal behaviors, since clinical cases may involve difficulties at both the interpersonal and intrapersonal levels (Callaghan & Follette, 2020).

Acceptance and Commitment Therapy (ACT) is a psychotherapeutic intervention based on the philosophy of functional contextualism and Relational Frame Theory (Hayes & Smith, 2005). Its aim is to promote psychological flexibility, cultivated through six core processes: acceptance, which involves opening up to uncomfortable internal experiences; cognitive defusion, allowing one to differentiate thoughts from their context; present-moment contact, oriented to awareness of current stimuli; self-as-context, referring to the sense of self as perspective; values, which direct action toward meaningful goals; and committed action, which means acting in accordance with those values. Each of these

Figure 1

Organization of the Client's Behaviors (Crbs) and Those of the Therapist (T) According to Their Effectiveness (Ineffective or Effective) and Context (in Session or Outside of Session). Adapted From Reyes-Ortega and Kanter (2017), and Sanabria Herrera et al. (2024)

	Ineffective behaviors	**Effective behaviors**
In session	**CRB1 / T1** Ineffective behaviors in session (client and therapist)	**CRB2 / T2** Effective behaviors in session (client and therapist)
Outside of session	**O1 / TI1** Ineffective behaviors outside of session (client and therapist)	**O2 / TI2** Effective behaviors outside of session (client and therapist)

processes has a counterpart in psychological inflexibility: experiential avoidance, cognitive fusion, disconnection from the present, self-as-content, unclear values, and inaction (Hayes et al., 2013; Hayes et al., 2015; Hayes & Smith, 2005).

Luciano (2016) suggests that these six processes can be worked on in an integrated manner: through combinations such as defusion-values (Wilson & Luciano; 2002); groupings into three processes or pillars (Strosahl et al., 2012); or using four quadrants in the ACT matrix (Polk & Schoendorff, 2014). The latter uses a horizontal axis to distinguish between avoidance and approach behaviors (D1) and a vertical axis that separates sensory experiences from mental experiences (D2). The resulting quadrants allow us to visualize: (Q1) values of the individual; (Q2) internal obstacles; (Q3) actions to avoid those obstacles; and (Q4) committed actions aligned with values (Polk et al., 2016). In addition, Törneke et al. (2015) propose three strategies for training psychological flexibility: (1) identify the function of problem behaviors, (2) clarify values and open up to internal experiences, and (3) adopt an external perspective of the self to link actions with long-term goals.

In this context, FAP and ACT have relevant similarities: they both share a contextual-functional root, use functional analysis, and adopt an idiographic view of psychological problems (Dougher & Hayes, 2004). However, they differ in their theoretical-conceptual emphasis and model of change. FAP, from a radical behaviorist perspective, emphasizes the shaping of observable behaviors through contingencies in session (Kohlenberg & Tsai, 2007). ACT, on the other hand, promotes a transformation in the individual's relationship with their internal experience, based on arbitrarily applicable relational responses (Hayes et al., 2015). This difference reveals a tension between the operant function focused on observable behavior and the symbolic function focused on language and cognition.

In recent years, Process-Based Therapy (PBT) has emerged, which seeks to integrate various cognitive-behavioral interventions without introducing new techniques, but rather organizing them based on empirically validated processes (Hayes & Hofmann, 2018). This proposal identifies processes characteristic of ACT, such as defusion, acceptance, and working with values, but it does not explicitly mention FAP, although stimulus control and shaping can be considered fundamental processes within this interpersonal behavioral therapy. For this reason, FAP is compatible with the PBT model (Maitland, 2024; Muñoz-Martínez et al., 2024).

There are multiple studies documenting the integrated application of ACT and FAP for different problems: mixed depression and anxiety (Brem et al., 2020), emotional symptoms after romantic breakups (Alvarez García, 2020), academic performance and (Arco-Tirado et al., 2005), positive psychotic symptoms (Baruch et al., 2009), eating and personality disorders (Martín-Murcia et al., 2011), compulsive sexual behaviors (Paul et al., 1999), gender violence (Vaca-Ferrer et al., 2020), smoking (Gifford et al., 2011), education (Macías-Morón & Valero-Aguayo, 2021b; Macías-Morón et al., 2022), and work environments (Macías-Morón et al., 2019; Macías-Morón & Valero-Aguayo, 2021c, 2021d, 2024).

Finally, considering the historical development of first-, second-, and third-generation behavioral therapies (Hayes, 2004), there has been an evolution toward more integrative and flexible models (Abreu & Abreu, 2017). In this regard, the critical articulation between radical behaviorism and functional contextualism is not only possible but necessary in order to advance toward a psychotherapy that is consistent with the principles of contextual behavioral science and adapted to the complexities of contemporary human suffering (Valenzuela Hernández & Oliva Femenia, 2023).

FACT: Integrating ACT and FAP

Kohlenberg and Gifford (1998) first presented at the 24th Annual Meeting of the Association for Behavior Analysis, held in Orlando, Florida, on how FAP and ACT could complement each other. Subsequently, Callaghan et al. (2004) proposed a model with three approaches: (1) using the therapeutic relationship of FAP to achieve the intrapersonal outcomes proposed by ACT; (2) employing ACT therapeutic strategies to help the client establish more meaningful interpersonal relationships; (3) applying ACT and FAP techniques according to the therapist's clinical judgment (Kohlenberg & Callaghan, 2010).

FACT can also be understood based on the principles of the ACT Matrix, placing clinically relevant behaviors in the corresponding quadrants, as shown in Figure 2. Olaz (2015) retained all the components of the ACT Matrix and incorporated CRB1s on the left side of the diagram (internal obstacles and avoidance actions), and identified CRB2s on the right side (values and approach actions). In this way, interpersonal behaviors are integrated with the four ACT processes.

In recent years, there have been various FACT group programs developed. Macías-Morón and Valero-Aguayo (2021a) proposed a brief three-session intervention, although the duration can be adjusted according to the client's needs. In this approach, each session should be treated as if it were the last, in order to promote intense and lasting change. Ruiz Sánchez (2021b) designed a 12-session, two-hour FACT group intervention, in which two interrelated dimensions are distinguished: the intrapersonal dimension, worked on from ACT, and the interpersonal dimension, approached from FAP. Both are integrated with the ACT Matrix (Polk & Schoendorff, 2014), using metaphors and questioning as the main therapeutic tools.

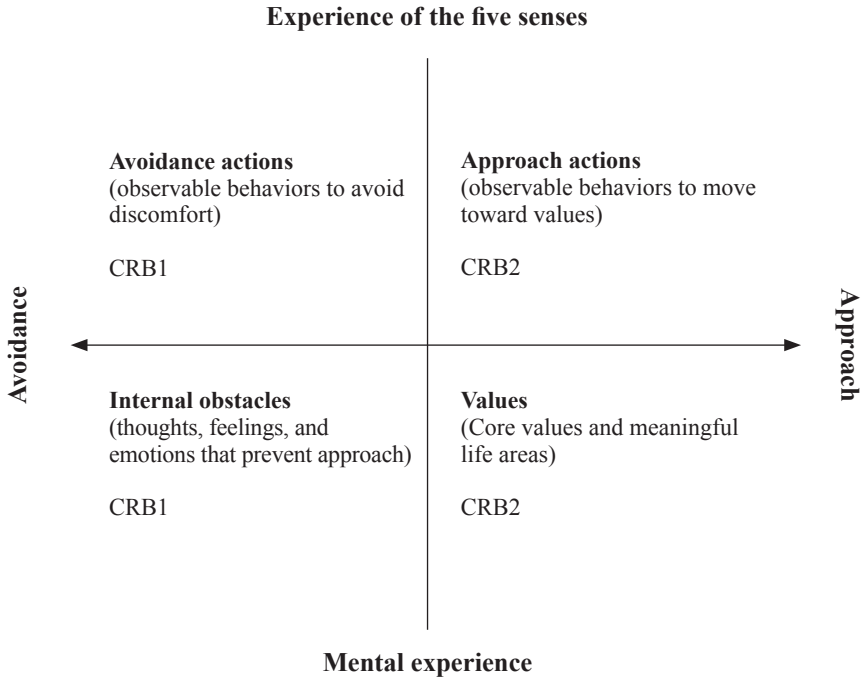
Contributions of FAP to ACT

Integrated Case Conceptualization

Functional analysis in FAP and ACT differs in terms of the origin of antecedents and consequences: in FAP, they are predominantly interpersonal; in ACT, they are intrapersonal (Callaghan et al., 2004). Therefore, it is essential to investigate the client's goals and analyze how their behaviors affect these consequences, which allows us to determine their clinical functionality (Callaghan, 2006a; Guerrero-Solano & Lemos-Ramírez, 2024).

The first step involves conducting the therapeutic framework, in which the client is presented with the approach to be used. In FAP, this is called “FAP RAP” or “FAP rapport” (Schultz & Mariani, 2024), and it can be complemented by the principles of ACT. Next, the case conceptualization is formulated. An integrative model, such as the Functional Idiographic Assessment Template (FIAT; Callaghan, 2006b) can be used, which considers

Figure 2
The ACT Matrix Classifies the Client's Internal and External Experience According to Avoidance or Approach. CRB1s Represent Avoidance Behaviors and Internal Obstacles, and CRB2s Represent Approach Behaviors and Values. Adapted From Olaz (2015)



five types of interpersonal behaviors (assertion of needs, two-way communication, conflicts, self-disclosure and interpersonal closeness, and emotional experience and expression), together with the six functional types of the ACT hexaflex model by Hayes et al. (2015). This integration allows the therapist to develop a broad and comprehensive understanding of the case that can be reformulated as the sessions progress (Abreu & Abreu, 2017; Ruiz Sánchez, 2021a).

Figure 3 presents a case conceptualization that links the FAP and ACT components. In this way, clinically relevant behaviors of interpersonal and intrapersonal origin can be differentiated. For example, avoiding expressing annoyance to the therapist about a schedule change (interpersonal CRB1) differs from being fused with thoughts about a mortgage debt while the therapist is speaking (intrapersonal CRB1). Intrapersonal CRB1 and CRB2 can be located in the ACT Matrix, as can T1 and T2, interpreted from an intrapersonal perspective. For example, a T1 behavior would be the therapist's difficulty in staying with their emotions while listening to a difficult story, while an intrapersonal T2 could be the therapist remaining fused with a self-as-content perspective and not accessing self-as-context when needed.

Five Rules of FAP

The therapist can apply the five rules of FAP to work with ACT processes. For example, if they observe a deficit in the process of contact with the present moment, they can evoke that process. When faced with a client who looks away during the session, the therapist could inquire about their presence in that moment. If the client is attentive, the therapist can reinforce this behavior (R3), explore the impact of the reinforcement (R4), and assign a task for the client to practice returning to the conversation in similar situations outside of the session (R5). In addition, the therapist can draw parallels, exploring whether this attentional difficulty occurs in other contexts.

Figure 3
This Conceptualization Considers the Relevant History, Variables That Maintain the Problems, the Behaviors of the Client (O, CRB) and the Therapist (T), Distinguishing Between Interpersonal and Intrapersonal Behaviors, and Their Relationship With FIAT and the six ACT Processes. Adapted From Tsai et al. (2009b) and Leal-Hernández & Montaño (2024)

<table>
<tr><td colspan="3">Relevant history (includes unpleasant and pleasant situations, interpersonal behaviors, and private events related to the reason for consultation)</td></tr>
<tr><td colspan="3">Variables that maintain problems (behaviors in the social and verbal context of daily life that reinforce O1s)

- Interpersonal variables (social context)
- Intrapersonal variables (verbal context)</td></tr>
<tr><td>O1 (ineffective behaviors of the client in daily life)

- Interpersonal behaviors (related to FIAT)
- Intrapersonal behaviors (related to the six ACT processes)</td><td>CRB1 (ineffective behaviors of the client in session)

- Interpersonal behaviors (related to FIAT)
- Intrapersonal behaviors (related to the six ACT processes)</td><td>T1 (ineffective behaviors of the therapist in session)

- Interpersonal behaviors (related to FIAT)
- Intrapersonal behaviors (related to the six ACT processes)</td></tr>
<tr><td>O2 (effective behaviors of the client in daily life)

- Interpersonal behaviors (related to FIAT)
- Intrapersonal behaviors (related to the six ACT processes)</td><td>CRB2 (effective behaviors of the client in session)

- Interpersonal behaviors (related to FIAT)
- Intrapersonal behaviors (related to the six ACT processes)</td><td>T2 (effective behaviors of the therapist in session)

- Effective interpersonal behaviors (related to FIAT)
- Intrapersonal behaviors (related to the six ACT processes)</td></tr>
</table>

End of Therapy

The end of therapy in FAP offers a unique contribution: in addition to reviewing progress, the client is invited to reflect on their emotions at the end of the therapeutic relationship and how these relate to previous experiences of loss. The therapist also asks reflective questions, the answers to which can be turned into a letter for the client (Tsai et al., 2017). From an ACT perspective, this phase allows for the distinction to be made between the interpersonal and intrapersonal aspects and the application of what has been learned in everyday life. It also represents an opportunity for the therapist to self-evaluate their clinical skills.

Contributions of ACT to FAP

Psychological Flexibility Processes

ACT also considers the therapeutic relationship, recognizing that both the therapist and the client can experience psychological flexibility or inflexibility (Pierson & Hayes, 2007). For the relationship to be effective, both must demonstrate psychological flexibility, which involves present-moment awareness, cognitive defusion, and committed action, among other processes (Hayes et al., 2015). In the ACT Matrix, flexibility processes are considered CRB2s, while inflexibility processes are considered CRB1s (Olaz, 2015).

From the ACL model, awareness, courage, and love are distinguished in their interpersonal and intrapersonal components (Reyes-Ortega & Kanter, 2017), which allows them to be compared with the processes in ACT. Awareness relates to acceptance, cognitive defusion, present moment awareness, and self-as-context; courage and love relate to values and committed action. For example, a therapist may be aware of their thoughts and emotions (awareness), evoke emotionally challenging exercises (courage), and verbally reinforce the client's behaviors (love).

Acceptance is key for the development of functional behavioral repertoires. A client who avoids discussing their vulnerability can be approached in FAP through direct questioning and reinforced when they show openness. In ACT, avoidance can be gently pointed out and a new perspective proposed: "It seems that talking about this makes you uncomfortable. Would you like us to explore that discomfort?" Additionally, cognitive defusion allows the client to distance themselves from their thoughts and thus engage more fluidly with the therapist. In FAP, therapeutic mindfulness encourages this capacity by inviting the client to observe their thoughts and emotions without avoidance (Kohlenberg et al., 2009).

The present moment allows us to work with whatever arises in the session. However, therapists new to ACT may forget its interpersonal dimension. Hayes et al. (2015) caution that the six-process model should not be applied rigidly; if the problem is specific, it can be worked on with targeted interventions focused on functional classes. In this sense, self-as-context in ACT allows for the development of functional repertoires by adopting new perspectives. According to Kohlenberg and Tsai (2007), clients initially limit the expression of thoughts and emotions for fear of therapist judgment. Techniques such as pointing out public stimuli, structured free association, and guided imagery help reduce this barrier. Likewise, a therapist may be fused with self-as-content and, by adopting a self-as-context perspective, they can reestablish an authentic connection with the client.

In FAP, values are oriented toward care, responsibility, and social awareness, working with those that emerge both during and outside of sessions. In ACT, values are chosen by the client to guide their behavior, which allows the therapist to understand their motivations and CRB1. ACT also helps reduce experiential avoidance and foster self-compassion and compassion toward others (Tsai et al., 2009a). Furthermore, committed action can be worked on using a goals, actions, and barriers form, which facilitates the identification of value-related goals, necessary actions, and potential obstacles (Hayes et al., 2015). This resource allows CRBs to be identified and interpreted functionally (CRB3), and it increases CRB2, thereby facilitating the generalization of behaviors outside of sessions (R5).

Metaphors, Experiential Exercises, and Explanations

The two approaches share therapeutic skills such as explanations, information, analysis, exposures, social skills training, contingency management, response function discrimination, etc. However, ACT prioritizes metaphors, experiential exercises, paradoxes, and defusion from the literal meaning of language, while FAP focuses on the five therapeutic rules (Barraca, 2009). Therapeutic goals are compared according to FAP and ACT techniques in Table 1.

Table 1

Comparison of Clinical Techniques in FAP and ACT According to Therapeutic Objectives

Objective	FAP techniques	ACT techniques
Defusion	Therapeutic mindfulness	"Carry it with you," "Sing your thoughts," "Name your mind," bus passengers metaphor
Approach to uncomfortable experiences	Inventory of losses	The impossible game, "Say yes," "Practice opposites"
Practice presence	Awareness, relaxation, and acceptance (ARA) exercise	Body sensations scan, "Leaves in a stream" metaphor
Clarify and define values	Personal mission	Write your story, Put your values in writing, "I have a secret"
Self (Identity and self-awareness)	Internal voices exercise	"I am/I am not me," rewriting your personal history, observing the self as context
Evoke clinically relevant behaviors	Appreciations or complaints, review of previous session, identification of behavioral patterns inside and outside the session	Experiential exercises that mobilize relevant behaviors
Committed actions	List of valuable activities	"Practice just because," implementation of small changes, association with SMART goals

Note: Adapted from Brem et al. (2020), Nelson et al. (2016), Kohlenberg et al. (2009), and Hayes (2019).

The metaphors used in ACT are clinical tools for promoting psychological flexibility by facilitating perspective-taking and defusion from the literal meaning of language. However, their effectiveness depends on the cultural, linguistic, and experiential suitability of each client, so their selection must respond to a specific context (Hayes et al., 2015; Villatte et al., 2016). The best metaphors are those proposed by the client themselves, as they promote experiential learning (Blackledge, 2015). In FAP, there are no specific guidelines for therapeutic interaction, as the focus is on the client's reaction. The interaction can be understood as a therapeutic dance, where the therapist, as the more experienced dancer, shapes the client's steps towards a fluid and genuine interaction (Muñoz-Martínez & Leal-Hernández, 2024).

Limits and Clinical Challenges of Integration

As previously evidenced, although there are several publications dedicated to integrating FAP and ACT (Abreu & Abreu, 2017), there are few studies that critically examine the clinical challenges that may arise in such integration. Ruiz Sánchez and Díaz Garrido (2023) suggest that this omission may be due to institutional or commercial interests, which constitutes an obstacle for rigorous development of the approach, making it difficult to discern clearly when and how it is clinically viable to integrate ACT and FAP.

According to Ruiz Sánchez (2021a), effective integration of the two therapies requires a deep theoretical and practical mastery of both their philosophical foundations and the learning principles that underpin them. Although transdiagnostic approaches offer useful frameworks, it is essential to carry out idiographic functional analyses, focused on the particular contingencies of the client. This perspective helps avoid mechanical applications where techniques replace individualized processes of change (Abreu & Abreu, 2017; Macías-Morón & Valero-Aguayo, 2021d). In this process, supervision is crucial, especially for therapists in training, as it encourages the exploration of therapeutic styles and the strengthening of skills (Callaghan et al., 2004; Callaghan, 2006a; Ruiz Sánchez, 2021a).

Additionally, Clemente (2023) proposes that contextual therapies should not be limited to intrapersonal or interpersonal contexts, but should include an explicit sociopolitical dimension. Although ACT and FAP recognize the importance of context, they tend to conceptualize it abstractly, without addressing how structural phenomena such as poverty, discrimination, or inequality directly impact problem behaviors. From this critical perspective, it is necessary to analyze how institutions and policies reinforce contingencies that perpetuate human suffering. Incorporating this approach not only enables interventions that are more attuned to the client's social reality, but also promotes psychotherapy committed to transforming conditions of vulnerability.

On the other hand, despite the existence of numerous manuals and studies on ACT and FAP, the literature offers little information on the institutional, organizational, and social factors that affect their implementation in real clinical settings. This gap limits the applicability of contextual models, especially in public mental health services where scarce resources, pressure to provide care, and institutional rigidity create a complex environment (Ruiz Sánchez, 2021a; Ruiz Sánchez & Díaz Garrido, 2023).

Conclusions

The application of contextual therapies in the clinical field has grown significantly in recent years due to their effectiveness in addressing various mental health problems (Hayes et al., 2015; Hayes, 2016; López-Pinar et al., 2024). Among these therapies, Functional Analytic Psychotherapy (FAP) and Acceptance and Commitment Therapy (ACT) stand out, both based on functional contextualism and functional behavior analysis. FAP provides valuable tools such as the conceptualization of cases from an interpersonal perspective, the use of the five therapeutic rules to guide interventions in ACT, and a process of reflective termination. In turn, ACT contributes with its six processes of psychological flexibility, enriching the understanding of intrapersonal phenomena in the therapeutic relationship.

In terms of evidence, ACT is supported across various disorders according to the evidence-based therapy classification system (Sociedad de Psicología Clínica [Society of Clinical Psychology], 2022), whereas FAP, although less present in randomized clinical trials (RCTs), has shown efficacy through meta-analyses with single-case designs (López-Pinar et al., 2024). In this regard, Callaghan et al. (2004) emphasize the relevance of integrative interventions such as FACT (FAP + ACT), aimed at addressing both interpersonal and intrapersonal processes in the therapeutic relationship, suggesting the need for future research exploring the client's experience in such approaches. Also, there is a need to develop instruments that discriminate between interpersonal and intrapersonal phenomena in sessions (Callaghan & Follette, 2020; Guerrero-Solano & Lemos-Ramírez, 2024).

As a future research agenda, the publication of studies in journals such as the Journal of Contextual Behavioral Science is encouraged, promoting the development of integrative models consistent with Contextual Behavioral Science. In training, fostering peer communities of practice, such as those offered by the Association for Contextual Behavioral Science (ACBS, 2025) is recommended as they facilitate access to ACT-certified trainers and special interest groups in FAP. The official FAP website (https://functionalanalyticpsychotherapy.com) also provides a list of trainers certified by the FAP Certification, Ethics, and Policy Board. Additionally, communities such as the ACL Global Project offer opportunities to develop interpersonal skills focused on awareness, courage, and therapeutic love outside the formal therapeutic setting.

In sum, the integration of ACT and FAP represents a promising path to advance systematization, evaluation, and training in contextual therapies. Promoting spaces for collaboration, empirical research, and ethical training will contribute to strengthening the clinical applicability of this integrative approach.

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Conflict of Interest

There is no conflict of interest.

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