# ~~A unified contextual behavioral science approach based on FACT applied in the workplace~~

# *FACT: A pilot study of process-based therapy to promote occupational well-being*

Comentado [MOU1]: New title after reviewers suggestions

## Abstract

The current study test the effects of a brief intervention program based on the contextual therapies (Acceptance and Commitment Therapy and Functional Analytic Psychotherapy) to enhance the well-being and interpersonal relationships in the workplace. This research represents a unified model (FACT) based on functional contextualism. As pilot study, we present the application with two workers with relational and emotional problems between them. We use a single-case design measuring pre, post and follow-up after six months. The assessment was made with various questionnaires and direct measurement of clinically relevant behaviors. The total intervention was carried out individually for a month and a half. The results revealed improvements in both employees about their personal and professional relationships, and producing functional generalization in other areas (intimacy, personal relationships, family, friends). The study has implications for the role of behavioral analysis and process integration of contextual therapies to produce quick results in non-clinical settings is emphasized. Lastly, the in-depth insight into the change processes triggered by the interventions with FACT as a way to include this approach based on evidence philosophy applied in the workplace.

**Keywords:** Occupational health, workplace, Functional Analytic Psychotherapy (FAP), Acceptance, and Commitment Therapy (ACT), case study.

## Highlights:

- ´This pilot study uses a contextual intervention approach based on FACT in the workplace.
- The integration of the Acceptance and Commitment Therapy (ACT) and Functional Analytic Psychotherapy (FAP) extend the results of both therapies.
- The FACT philosophy could be a process-based approach to prevent psychological distress at work.
- The intervention showed improvements in both employees' personal and professional relationships in a month an a half.

## Theoretical and empirical basis of intervention with contextual therapies

Since their inception in the 90s, contextual therapies have shown (and continue to show) their efficacy for the intervention of multiple settings and conditions (Hayes et al., 2016). This success is based on an intervention focused on the contextual variables (public and private) that underlie the problems. Rather than focusing on the topography of the “symptoms” that are usually described in the various psychopathology categories, these interventions focus on the common elements, the root of the problems, which are usually in the history of people's learning. This history is conceptualized and acts from the language that establishes a context that sustains behavior patterns with harmful effects for the individual, such as "experiential avoidance" or "psychological inflexibility." In other words, “psychological inflexibility is a pattern in which behavior is excessively controlled by one’s thoughts, feeling and other internal experiences, or to avoid these experiences, at the expense of more effective and meaningful actions” (Levin et al., 2014). Acceptance and Commitment Therapy (ACT, Hayes, et al., 2012) and Functional Analytic Psychotherapy (FAP, Kohlenberg, and Tsai, 1991; Tsai et al., 2009) have demonstrated their efficacy for addressing different clinical conditions (A-Tjak et al., 2015; Hayes et al., 2006; Kanter et al., 2017; Mangabeira et al., 2012). Moreover, the integration of this therapy corresponds with the arrival of a generation of therapies based on functional contextualism with common philosophical roots, which use functional analysis and idiographic work (Dixon et al., 2020; Callaghan & Darrow, 2015; Hayes & Hofmann, 2019; Sturmey, 2020).

Although both therapies were developed independently, they nevertheless share a significant contextual component in their conceptual foundations, and both use basic

principles of functional analysis of behavior to modify the behavioral repertoire of the human being. Moreover, ACT and FAP therapies not only share their philosophical roots based on functional contextualism but also share similarities in the intervention: (1) both share their desire for clients to discriminate their behaviors in terms of effectiveness and ineffectiveness to achieve their objectives; (2) both encourage people to expand their behavioral repertoire instead those ineffective strategies by their own experience; (3) both have a strong interest in signaling the struggle with "negative" private events ( thoughts, feelings, sensations, emotions) and their avoidance responses in the client's life and the session itself; and (4) both therapies also understand suffering to be part of life and are very compassionate towards this human suffering, understanding the discomfort concerning the personal history of each client.

For these reasons, both therapies can be used together for the intervention or prevention of psychological difficulties in different contexts (Callaghan et al., 2004; Gifford et al., 2011; Luciano et al., 2009); as well as in the workplace context (Authors, 2019). This symbiosis of ACT and FAP has given rise to what is known as FACT (Functional-Analytic Acceptance and Commitment Therapy), an acronym resulting from the union of both terms (Callaghan et al., 2004; Authors 2022). FACT enhances the utility of FAP or ACT alone by extending the horizons in therapy. ACT focused on intrapersonal changes: how people relate with their internal events, acceptance, values etc. FAP focused and include interpersonal and social connection through therapeutic relationships. Human beings live in society, so if we only work on the intrapersonal areas, where do human beings apply these improvements? Only in society, so the remaining 50% of improving how people relate to their inner experiences requires the implementation in the world. That is why FACT understands the human being-in-context or DASEIN by being-in-the-world in a existential viewpoint as Heidegger's hinted out (Heidegger, 1962). Each of the

therapies creates the appropriate context for integrating the other and vice versa without losing its essence and fundamental principles, coexisting simultaneously throughout the processes underpinning positive outcomes. This integrative model supports the premise that people are social beings and, therefore, most of the behaviors we carry out are a consequence of social reinforcement. In turn, it argues that, to a large extent, human suffering is due to the functions of language and the social nature of the human condition. Furthermore, social support, social relationships, social connectedness, and social network they can be a source of well-being but also the opposite. Evidence showed with multiple measures of health and well-being how relevant is human relationships (Raymo & Wang, 2022). Therefore, in the therapeutic context, the therapist is responsible for regulating the client's behavior through the continuous reinforcements available in session to create a more flexible repertoire while using acceptance exercises to promote their values.

In this context, and since FACT is postulated as a therapeutic model that unifies two of the most representative third-generation therapies (Callaghan et al., 2004; Kohlenberg & Callaghan, 2010 Authors et al., 2019), this approach has recently been used to improve the occupational and psychological health of workers. Thus, applying the FACT to the work context extend our knowledge and principles to other arenas in order to produce rapid changes with an evidence-based model as we performed with students and employees previously by using FACT processes of change (Authors, 2019/2021/2022).

In this study, we set out to test whether it was possible to improve the relationships among the workers of a company along with their occupational health. At the beginning of any novel field of research, small-scale studies are needed to test the working hypotheses before designing more extensive, comparative, and generalizable

studies with multiple people. To do this, we designed a single-case study to test FACT and their processes underpinning clinical outcomes. Although single-case studies are viewed with suspicion and regarded as "non-experimental" due to the RCT's tyranny (Roitberg, 2012). Clinical case studies are one of the most valuable contributions of this type of method in the clinical field for a detailed study of behaviors in controlled situations, which makes it possible to isolate and investigate the factors that affect the dependent variable, obtaining qualitative or quantitative data on the effect (Kazdin, 1992; Onken et al., 2014).

Thus, in this study on the efficacy of the FACT processes, two cases are presented in which it is applied in the work environment, in two different employees from the same company, using a single-case design with pre, post, and follow-up tests. Although generalization of the findings is limited, this study would allow us to confirm the utility of FACT philosophy for improving the occupational well-being of these workers by obtaining promising results in relatively few sessions. As well as examining the processes that underlie change to further enhance health in the workplace as a way of preventing future maladaptive repertoires.

## Method

### Design

The organisation approached the author to promote strategies that could improve both personal and work performance. Both the employees and the management team desired to make their process transparent, including promoting occupational health, so there was no conflict of interest. After that, a single-case design was performed, replicated in two different participants, in which repeated pre-intervention measures

were taken in the first session before starting the intervention. Post-intervention measures were taken in the third session when the intervention was considered finished; and a follow-up session was held six months after completion. The total duration of the intervention was five weeks. During the interviews and sessions, notes were taken of the participants' impressions and verbatim phrases to obtain qualitative information on the changes taking place throughout the sessions and subsequent evaluations.

**The two cases: the effective employee**

Two employees of an agricultural company participated in this study. Both were part of a chain of command in which teamwork was essential to manage the other workers. The disputes between them and the discussions had negatively impacted the quality of the product, hindering their work performance, and spreading the discomfort to other colleagues. Moreover, this working environment promotes an unfavorable image of the company, while poor performance and productivity affects the other employees.

In the first case, *Employee 1* (whom we will call Jesús), was 31 years old, married, and had no children. He had worked in the company for three years and was the technician responsible for a key department of the company due to his university training. He was responsible for overseeing the efficient functioning of that department, which required several important tasks that would have consequences for their work, such as coordinating groups of employees each morning, assigning daily tasks, preparing a work plan, managing pests, and taking orders.

*Employee 2* (whom we will call Jaime) was 41 years old, married, and had two children. He had worked in the company for four years and was responsible for a department that had an impact on Jesus's work role.

The relations between the two workers of the company were very tense and hostile. Jesús maintained a distant and quarrelsome relationship with Jaime since he was his boss. While Jaime considered that he had more knowledge and more experience in the company, he occupied a lower position in the hierarchy than Jesus. Jaime's relationship with his supervisor (Jesus) was not good; he expressed that he tries to gain his attention in an impolite manner. The thoughts he used to have the most were about dealing with his boss, of the type "I feel like he's coming for me," "he hates me," "everything is wrong for him." Given this, Jaime never expressed how he could perform his duties more effectively, for fear of criticism from the head of the organization and the others teamwork.

Employee 1 (Jesus) was dissatisfied with the position he held. He admitted that he had quite a few difficulties with the employees he supervised and did not handle many situations in the right way. He claimed that they always questioned his decisions and never rewarded him for doing his job well. His thoughts were of the type "they do not value me," "I do not know if I do my job well," "my colleagues do not want me to be the boss," "I am not qualified to be the boss." Faced with these private thoughts, he avoided controversy, ate in isolation, and limited himself to doing his work and going home. Lately, he was having sleep problems and was more sensitive to criticism, both from his partner and peers. He withdrew and became defensive, avoiding conflict and contact with others.

Employee 2 (Jaime) stated that he was not comfortable in that position as he considered it a very monotonous job and it did not allow him to feel fulfilled. With his workmates, he kept his distance, barely held conversations, and limited himself to saying hello and goodbye to them. He had adopted the "I turn up, work, and go home" attitude. This prolonged situation over time had led Jaime to experience feelings of

isolation, overwhelm, and apathy. He confirmed that he often felt hatred towards his colleagues and that he would prefer to ignore them all. This situation had affected him in his family context, where he had more and more arguments with his wife. He was constantly in a state of alert and became irritable with any event that caused him any discomfort. Sometimes he even did things wrongly with the express intention of harming his colleagues.

Regarding their work histories, both employees had previous jobs, and their relationship as colleagues had begun four years earlier when Jaime joined the company. In the beginning, the relationship was cordial and professional. The disagreements started because of Jesús's method of issuing orders and Jaime's non-compliance, who believed he had more knowledge and training, even though he had a lower position. Progressively, the problems increased, and in the last two years, relations had become very tense, decreasing performance, and affecting the clients and other employees who observed their arguments. This situation affected the two employees at the same time, with both showing responses such as the dependent variables measured: behavioral activation, general health and well-being at work as described previously.

**Assessment**

Various questionnaires were used for the evaluation, selected according to the variables that we aimed to change in terms of general health and occupational health, which could be specific due to their occupational nature.

*The General Health Questionnaire* (GHQ-12) was developed by Goldberg and Williams (1988) and adapted to Spanish by Sánchez-López and Dresch (2008) to evaluate the general health of employees. This scale is a 12-item self-report questionnaire used to measure psychological well-being and detect non-psychotic

psychiatric problems. Items were scored using a four-point scale from "better than usual" to "much less than usual." The Likert scoring method (0, 1, 2, 3) was used. Higher scores on this 12-item questionnaire indicate poor psychological health, establishing a cut-off point of 12 points to indicate the risk of suffering from psychological problems. The Cronbach's alpha coefficient for this scale is .76, indicating good internal consistency for a unidimensional scale.

*Environmental Reward Observation Scale* (EROS) was developed by Armento and Hopko (2007) and adapted to Spanish by Barraca and Pérez-Álvarez (2010). This one-dimensional instrument comprises ten items and measures behavioral activation and reinforcement obtained from the environment. Items are answered using a four-point Likert scoring method ranging from 1 (strongly disagree) to 4 (strongly agree). Higher scores on this questionnaire indicate greater behavioral activation and satisfaction in the activities carried out by the person. An item example: The activities I engage in usually have positive consequences. The scale obtained a Cronbach's alpha of .85 and high correlations with scores on other questionnaires that evaluate psychological problems, in addition to showing significant differences between clinical and non-clinical participants.

*The Workplace Well-being subscale* (WWS) scale developed by Sánchez-Cánovas (2013). This is a questionnaire that evaluates the degree of happiness and satisfaction that people have with their lives. It consists of 65 items divided into 4 subscales: subjective well-being, material well-being, work well-being, and well-being in partner relationships. For this study, only the occupational well-being subscale was used due to the purposes of our research. This scale consists of 10 items and measures job satisfaction and dissatisfaction. The items are answered using a 5-point Likert-type scale ranging from 1 (never or almost never) to 5 (always). High scores on this subscale

reflect high job satisfaction. An item example: my work gives meaning to my life/ I enjoy my work. The Cronbach's alpha coefficient of this subscale (for internal consistency) is .87.

**Case conceptualization**

The assessment session allowed us to draw up an outline and conceptualization of the problem by the first author who conducted the intervention. The author had more than 10 years of experience doing ACT plus FAP.

Both employees had moderate levels of discomfort and demotivation at work. Faced with discomfort, the two employees used various topographically different strategies, but with the same function, that is, to reduce or eliminate the private thoughts that were causing them discomfort. Thus, from a contextual-functional perspective, that function could be identified as "experiential avoidance" (Hayes et al., 2012; Luciano et al., 2009). Table 1 shows the various internal events both employees had experienced and how they reacted to the everyday work and social behaviors they displayed, indicating the consequences as possible reinforcers that maintained that behavior in both cases. We have included structural changes in the organization, for example: increase mutual reinforcement between the employees, environment where they could eat together, system of rewarding etc. Having identified the variables maintaining the problem, along with the antecedents and consequents, an action plan was drawn up through several FAP + ACT therapeutic processes.

Since the selection of objectives emerged from an FAP framework, evaluating the clinically relevant behavior (CRB) is a certain conduct which is having the same function within as well as outside the therapy sesion). The CRB1 are the behaviors which are manifested in sessions which represent the client's negative behaviors in real-

life situations while CRB2 are the client's real-life improved behaviors. These were chosen based on their statements, what the therapist observed in the first session, and what the therapist observed about the employees. These CRB1 and CRB2 were the behaviors that would change progressively, reinforcing or extinguishing them in each case through shaping with the therapist. Table 2 shows examples of these problem behaviors (CRB1) and those appropriate for work or therapeutic collaboration that changed positively in the participants (CRB2). Those behaviors inside and out-of-session were recorded by therapist noting the occurrence or non-occurrence of each behavior on that list during the session. Of course, out-of-session CCR were recorded from the information of clients.

----- Insert here Tables 1 and 2 -----

**Procedure**

Initially, an individual interview was conducted to gather information on problem behaviors, and a detailed functional analysis was then carried out for each employee. In that first session, the indicated questionnaires were administered. Thus, GHQ-12 was used to assess general health, EROS measured environmental reward, and the WWS questionnaire was used to evaluate psychological well-being at work. In that session, they also signed the informed consent, after being informed of the intervention process, confidentiality, and data collection throughout the process. Likewise, the research was approved by the ethics committee of the University [blind for review] following the guidelines regulated by the APA.

The sessions took place in an office within the workplace, where privacy was always assured. After completing the pretest measurements, the two employees began the intervention with the FACT model for three sessions. The first three sessions were carried out in consecutive weeks and the last after ten days. The intervention lasted five

weeks in total. At the end of the third session, both employees completed the post-test with the same questionnaires. The sessions were individual and lasted approximately 90 minutes. Homework was assigned to complement each session. Finally, three months after finishing the intervention, the two participants were invited to session where they completed the questionnaires again, and their progress was assessed based on the information given and descriptions about their work and personal life.

The combination of contextual therapies in the FACT process based approach was designed with the aim of deactivating aversive functions to avoidance attempts or the control agenda. With the aim to connect the discomfort in a valuable direction. In all sessions, we worked on incorporating elements of ACT and FAP at the same time to make the behavior of both employees more flexible, thus fulfilling the therapeutic objectives of generating a state of acceptance and defusion with “negative” private events; establishing the differentiation between the "I context and the self-contained"; establishing behaviors aligned with their values; learning to identify problematic behaviors or CRB1 and developing collaborative behaviors or CRB2, and to generalize the latter to the other contexts of the employee’s life. Thus, the elements or processes that were worked on in both therapies were the following:

*Generate a state of creative hopelessness:* This process consisted of working with employees on avoiding being in contact with private events that caused them discomfort, emphasizing how attempts to control, eliminate, or reduce private events are really what constitutes the problem. The objective was to modify these behaviors and to replace them with others more congruent with their values, helping them to move in the right direction towards the person they wanted to be. To achieve this objective, the "man in the hole" metaphor was used (Wilson & Luciano, 2002).

*Clarification of values, commitment, and action*. A fundamental part of the intervention was clarifying values with the employees. This process is a fundamental component of ACT. Values are the main driver for people to maintain a path towards their values, despite discomfort. This aspect was worked on through the metaphor of "birthday," "the garden," and "the bus driver and the passengers" (Hayes et al., 2012; Wilson & Luciano, 2002). The work on values made it possible to channel the discomfort in a helpful way so that discomfort was not a barrier, but something else that is involved in the process of becoming the professional they wanted to be. They were faced with questions designed to identify their values, such as: "You are here to pay your bills, to feed your children. Does it make sense for you to come to work every day?"

*Develop a state of defusion*. Another objective was to dismantle the literal context in which employees responded to their private events as actual events or absolute truths (Wilson & Luciano, 2002). The defusion process involves being aware of private events (thoughts, feelings, sensations, emotions) and differentiating these from their content. This differentiation is also known as "I context" and "I content." The purpose of this process was to ensure that the content of the employees' thoughts did not control their behavior, leaving it at the service of their values. For this, "the waves on the beach," "the house and the furniture," and "the chessboard and the pieces" metaphors were used, in addition to exercises such as "the leaves floating on the current" and "write thoughts" (Hayes et al., 2016)

*Acceptance*. The term acceptance means "being willing" to contact those internal events that generate discomfort without trying to modify them. With this premise, we worked with the employees to recognize the thoughts and emotions that caused them discomfort in their jobs, establishing a new relationship of openness towards them and

abandoning the fight to eliminate them. The metaphor of "welcome all," "the annoying guest," and the metaphor of "quicksand" were used (Wilson & Luciano, 2002).

*Behavior shaping*. The functional analysis carried out within the first sessions revealed a range of clinically relevant behaviors that were cataloged as CRB1, which were functionally equivalent to the problems that they showed outside the session. For example, Jaime was unable to maintain a normal conversation; giving only monosyllabic answers, and often saying, "I don't know." These behaviors were progressively shaped by reinforcing those behaviors that approach the target behavior (CRB2), that is, behaviors of collaboration with the therapist, using open dialogue.

*Useful generalization*. This implies that the progress made within the session is generalized to the actual context of the individual's daily life. To this end, we worked with the employees to establish functional equivalences between the CRBs inside and outside the sessions in an intense way, at the risk of evoking all types of clinically relevant behaviors, even if they were unpleasant. For example: "I see that you hardly speak to me and that you usually answer very briefly, is this something that also happens to you when you are with your boss or your partner?". In addition, to improve generalizability, the third session was conducted with employees directly at their workstations. This allowed for direct intervention by shaping the clinically relevant CRB1 and CRB2 behaviors in the natural context where the problem occurs (Kohlenberg and Tsai, 1991, Tsai et al., 2009).

Table 3 shows the scheme of the main processes of the FACT model applied in these two employees, with the description of activities, exercises, and metaphors used during intervention.

----- Insert Table 3 here -----

## Results

For both participants, the questionnaires revealed that changes had taken place after the intervention, with improvements in general health, psychological, and work well-being. The results also show it at the six-month follow-up, the data were similar to those recorded at the end of the intervention, thus indicating that the results were maintained over that time, even though there was no intervention. These data generally indicate greater behavioral activation and greater job satisfaction. Figure 1 shows the changes in CRB during each stage, and in both employees, it can be observed how CRB2 increased on the post-test and was even somewhat higher at follow-up, while CRB1 had decreased on the post-test and was almost zero at follow-up.

In the case of Jesús, the score on the GHQ-12 questionnaire showed a decrease from 16 to 4 points, which was maintained at follow-up (see Figure 2). This indicates that the initial problems reported by this participant were relatively high because they were above the cut-off point (12), but they had disappeared after the intervention, obtaining a score below that cut-off criterion. Moreover, scores on the EROS questionnaire increased from 33 to 35, and subsequently reached 44 at follow-up, indicating that he obtained more significant sources of reinforcement from his environment. Moreover, there is also a slight increase in the scores on the WWS questionnaire, increasing from 41 points to 44, and 45 at follow-up, which indicates an increase in work well-being (see Figure 3).

In Jaime's case, high scores were also obtained on the GHQ-12 questionnaire (12 points), indicating general health problems, which was reduced to three points following the intervention and maintained at follow-up (see Figure 2). A slight increase was also observed in the EROS questionnaire scores, from 34 to 36, and 37 at follow-

up, which suggests that he obtained greater reinforcement from his social and work environment. Finally, the WWS questionnaire scores increased from 33 points to 47, which was also maintained at follow-up (see Figure 3). This indicates that Jaime's work and psychological well-being had notably increased after the intervention.

----- Insert here Figures 1, 2, and 3 -----

After finishing the intervention, six months later the two employees were interviewed again. They completed the questionnaires and talked about their work and personal situation after that time. Also, during that session, the CRB1 and CRB2 were re-evaluated.

In the follow-up session, the scores remained stable and psychological well-being, behavioral activation, and job satisfaction increased. Moreover, the improvement of collaborative behaviors or CRB2 of the employees were observed both in session and in the work and personal context. Both employees showed improvements in their interpersonal relationship, speaking more cordially to each other, facilitating the tasks they had to perform between them, and even ate together on occasion. The company management even congratulated the employees for such an improvement, as he told us directly.

## Discussion

These results suggest that third-generation therapies, and specifically the FACT strategies that has been tested in these two individual cases may be effective in improving psychological well-being, increasing behavioral activation or reinforcement

in activities that are beneficial for employees and their job satisfaction. Furthermore, this study also shows how ACT and FAP can be combined synergistically to improve psychological health at work. As shown by other interventions using only ACT at work (Bond et al., 2008; Flaxman & Bond, 2010) and with FACT (Callaghan et al., 2004; Authors et al., 2019).

The novelty of this intervention comes from the use of FAP principles: the therapist's response is therapeutic according to the functional analysis of each employee. We achieved an effective and intense relationship between the therapist-client and to change the problem behaviors within the session itself, using the shaping and reinforcement skills of the therapist during the human's encounters by being natural. The improvements that occurred may be due to the therapeutic relationship that was established with the employees as a vehicle for change, as the authors of the model (Kanter et al., 2020; Kuczynski et al., 2019) point out about the impact of the therapeutic alliance for client improvements. The functional analysis modeling was highly systematic, generating the best conditions for positive outcomes and functional equivalence between these interactions within the sessions and the those of the employees and their families and daily work context. Both volunteers were also very open to change because they wanted to do something about their lack of enthusiasm and job dissatisfaction, which facilitated the intervention.

The results obtained in this study should be interpreted with caution since it is a single case design; and although follow-up measures were included, there was no control group with which to compare the effects of the intervention. The authors suggested that the findings could not be generalized to other employees or situations in the work context because further studies have to be conducted to replicate these findings. Nevertheless, other studies have made with FACT in others fields using the

same processes with positive outcomes (Authors, 2019; Authors 2022). These findings they are still taken with caution but may highlights the utility of a generation of therapies based on functional analysis as an idiographic manner under the paradigm of third-generation therapies with common philosophical principles (Callaghan & Darrow, 2015; Hayes et al., 2016, 2019).

This intervention was conducted with employees whose scores do not reflect psychological problems categorized as “clinical” or that fall within a certain psychopathological category. However, the problems were a detriment to the organization, themselves, the productivity system, and the company's image. This also implies the advantages of the FACT skills for promoting more adaptive and rapid action strategies without the need for significant clinical severity (Glover et al., 2016). This intervention aims to prevent and improve contingencies so that maladaptive repertoires do not emerge at work that could lead to greater suffering. B. F. Skinner was not particularly interested in psychotherapy as a means of behaviour modification. Psychotherapy is a remedy for an existing problem, the key would be prevention and the design of more effective cultural patterns in which the reinforcement of "psychopathological" topographies would not occur (Skinner, 1965). Finally, FACT has been used as a way of prevention and improvement of future work-related problems, given in some countries only small proportion of distressed employees will access individualised psychotherapy.  To sum up, companies can have an integral philosophy based on evidence based therapy as continuous training/supervision, which allows distress and interpersonal problems to be resolved and these improvements can be transferred to the personal level and, therefore together we build a prosocial society (Rinner et al., 2022).

**Availability of Data and Materials**

The data are not accessible in an online repository, but they can be requested from the first author.

**Ethical Compliance Section**

*Founding:* This study did not receive founding and it was self-financed.

*Compliance with Ethical Standards:* This study was performed in accordance with the ethical standards of APA, the Declaration of Helsinki in 1964, and [Blind for review]. This study was approved by Ethics Committee of University of [Blind for review]

*Conflict of interest:* The authors have no conflict of interest about this study.

*Informed Consent:* All the participants were informed about the intervention process, the data recorded, and they signed the informed consent. Personal information has been altered so that it cannot be identified and is completely anonymous.

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*Table 1.*

Functional analysis of Jesus and Jaime's behaviors.

| **Jesús** | | |
|---|---|---|
| ***Private Events*** | ***How do I cope?*** | ***Consequences*** |
| Fear<br>"I am going to fail"<br>I am not good enough<br>"I can't do it"<br>"I am an idiot"<br>"The others are better than me"<br>Distress<br>Anxiety<br>Laziness<br>Shame<br>Apathy<br>Guilt | Sleep<br>Drink Alcohol<br>Pills<br>Stay at home<br>Use the mobile phone<br>Isolate<br>Decrease performance<br>Procrastinate<br>Lie<br>Don't speak<br>Watch Netflix and YouTube<br>Other avoidance behaviors functionally related | ***Short term:***<br>Rf+ Control and Relief<br>Rf+ Following verbal rules<br>("I have to remove this unpleasant thought")<br><br>Rf- Avoidance<br><br>***Long term:***<br>It does not work<br>Boomerang effect |
| **Jaime** | | |
| ***Private Events*** | ***How do I cope?*** | ***Consequences*** |
| I feel burnout<br>I am useless<br>They do not appreciate me<br>My life does not make sense<br>It is not my fault<br>Shyness<br>Depression<br>Laziness<br>Apathy<br>Guilt | Sleep<br>Alcohol consumption<br>Sick leave<br>Pills<br>Blame others<br>Stay at home<br>Use the mobile phone<br>Isolate<br>Procrastinate<br>Lie<br>Don't speak<br>Listen to the radio<br>Other avoidance behaviors functionally related | ***Short term:***<br>Rf+ Control and Relief<br>Rf+ Following verbal rules<br>("I have to remove this unpleasant thought")<br><br>Rf- Avoidance<br><br>***Long term:***<br>It does not work<br>Boomerang effect |

*Table 2.*

Behaviors categorized as CRB1 and CRB2 for Jesus and Jaime.

| Jesús | |
|---|---|
| ***Problem Behavior CRB1*** | ***Target Behavior CRB2*** |
| • Constant movements<br>• Adopts a tense posture and sits on the edge of the chair.<br>• Takes the mobile in session.<br>• Looks at the ground.<br>• Take detours when communicating something.<br>• Is tense and overwhelmed when verbalizing annoying private thoughts.<br>• Eats away from colleagues and avoids establishing conversations (outside session) | • Realizes when he is restless and stops moving.<br>• Sits by leaning on the back of the chair comfortably.<br>• Puts the mobile in silent mode and does not answer calls.<br>• Maintains eye contact.<br>• Says what he wants directly.<br>• Speaks naturally and laughs his annoying private thoughts<br>• Eats with colleagues and starts a conversation with them (outside session). |
| **Jaime** | |
| ***Problem Behavior CRB1*** | ***Target Behavior CRB2*** |
| • Avoids eye contact.<br>• Apathy<br>• Head down, face dull.<br>• Short replies.<br><br>Outside session:<br>• Does not interact or communicate with the rest of his colleagues<br>• Does not communicate with the manager, "swallow".<br>• Firmly follows the supervisor's guidelines, even if he disagrees. | • Improved communication skills<br>• Maintains eye contact<br><br>Outside session:<br>• Expresses discomfort at work<br>• Suggests alternative ways of doing the job with the supervisor<br>• Greater involvement with work<br>• Proactive attitude<br>• Joy and pleasure with work<br>• Says hello, talks to colleagues, and makes jokes |

Note: CRB1 (problem behavior) CRB2 (target behavior). Mechanism of change: Shaping target behaviors towards values.

*Table 3.*

Description of the main activities and processes involved in the intervention.

| **First contact:** |
| --- |
| Program promotes intervention adherence and motivates employees. |
| **First session (assessment):** |
| Building empathy, awareness, courage, and love (ACL Model of FAP) |
| Emphasis on the therapeutic alliance, emotional validation, and positive reinforcement |
| Individual functional analysis |
| **First session (intervention):** |
| Evokes CRB1 and reinforces different target behaviors (CRB2) |
| Creative hopelessness. Metaphor: "Shifting sands", "Welcome to all and the rude". Video: "The fly meditation" |
| Control as the problem. Exercises: "Pink Elephant", "Forget the numbers: 1,2,3" |
| Self as context. Metaphor: "Chessboard", "The radio", "Two pc's" and "Thank your mind" |
| Clarification of values (meaningful life) and commitment. Metaphors: "Birth" and "Garden" |
| **Second session (intervention):** |
| Brief recapitulation of the last session. Values clarification and act with barriers. Metaphor: "Demons on the boat" |
| Defusion. Exercises: I notice that I'm having the thought that; "Leaves on a stream"; "Repetition: Lemon", "Text messages on your mobile phone" |
| Perspective-Taking (hierarchical deictic relations and distinction). Acceptance exercise: "Physicalizing" |
| **Third session (intervention):** |
| Relapse prevention. Metaphor: "The rider"; "Japanese Bamboo" and "The mud" |
| Home practice assignments seeking functional generalization and CRB3. Act with barriers (thoughts, feelings) towards values. |
| Awareness in daily life and physicalizing |

*Figure 1.*

Frequencies of CRB1 (decrease in problematic behaviors) and CRB2 (increase in target behaviors) across pretest, post-test, and follow-up assessment of Jesús and Jaime.

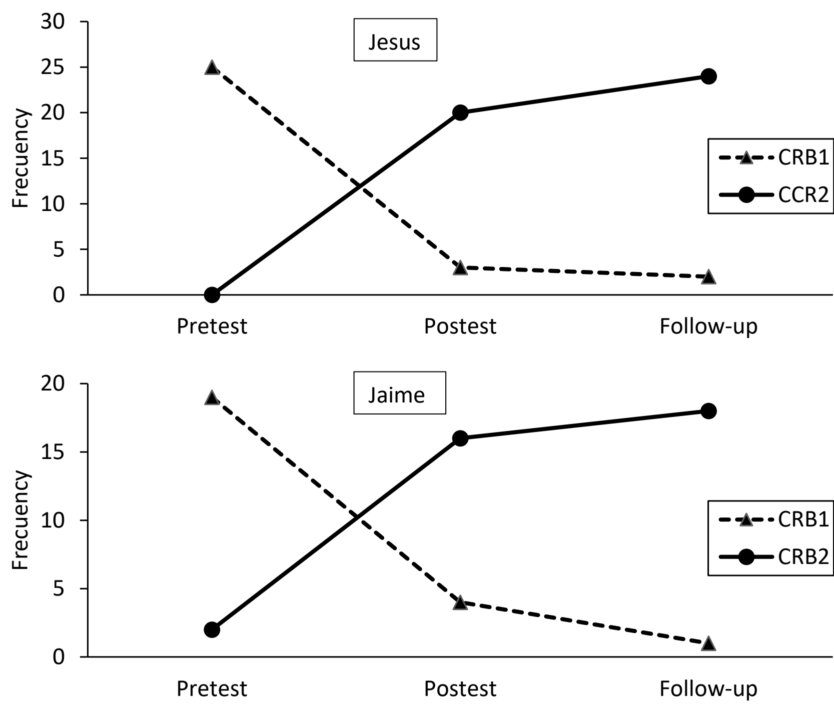

*Figure 2.*

Scores obtained by Jesus and Jaime on the GHQ-12 questionnaire at the different pre-post-follow-up measurement points.

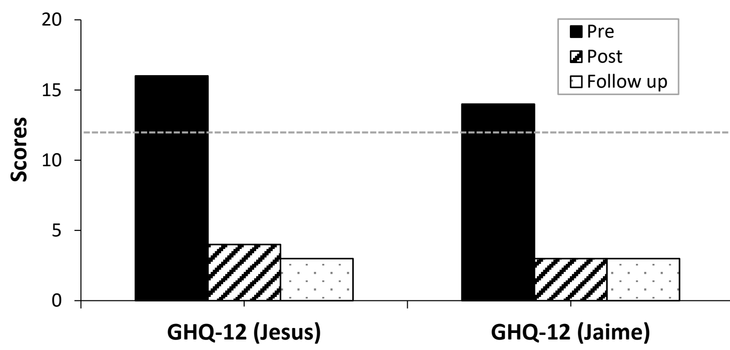

*Figure 3.*

Scores obtained by Jesús and Jaime on the EROS and WWS questionnaires at the different pre-post-follow-up measurement points.