

RRS ENACTMENTS
RESOLVING THREATS/RUPTURES TO
THE THERAPEUTIC ALLIANCE IN CAT

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OVERVIEW

- What does the literature say about alliance & ruptures
- What useful conclusions can we draw
- How do CAT therapists work with alliance ruptures
- A research based/empirically derived model
- Examples of good practice
- What happens when it goes wrong – missed or avoided
- Why?
- Going forward

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WHAT IS THE THERAPEUTIC ALLIANCE?

- Bordin (1979) developed transtheoretical concept of the alliance consisting of interdependent components
- Tasks, Goals and Bond
- Strength of alliance determined by degree of agreement on tasks & goals & quality of the bond
- Suggests we should explicitly discuss and negotiate goals & tasks
- Alliance quality is consistently the strongest predictor of outcome in psychotherapy

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WHAT DO WE MEAN BY RUPTURE?

- Breakdown in collaborative process between T & C
- Poor quality of T & C relatedness
- Ruptures vary in intensity from minor tension to major breakdown
 - e.g. Late to a session walking out
- Potential ruptures may be
 - One off events (e.g. at contracting)
 - or frequent enactments (e.g. tasks 'must then won't')
 - or something that runs across the therapy (e.g. pleasing)

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USEFUL RESEARCH FINDINGS AS TO WHAT MAY HELP 1

- T assessment of quality of alliance bore little relationship to outcome (Orlinsky 1994)
- Ts tend to rate strength of alliance as greater than C
- Gaston (1990) outcome associated with
 - C's report of positive affective 'bond' with T
 - C's report of T empathic understanding & involvement
 - C's report that there is agreement on goals & tasks
- The alliance isn't stable over therapy
 - Experienced therapists get caught in negative hostile cycles (Strupp 1980 – Vanderbilt study II)

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USEFUL RESEARCH FINDINGS AS TO WHAT MAY HELP 2

- In these poor outcome therapies – failed to find a single instance in which difficult C hostility/negative cycles were successfully confronted or resolved
- Experienced Ts *after* rupture focused training performed worse
- Following a manual leads to mechanical adherence?
- The more self critical/self blaming therapists are, the more hostile (?self protective) and unsuccessful they were in resolving tension
- How do we identify what helps Ts to work with ruptures?

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CAT'S TAKE – FLUCTUATIONS/THREATS/RUPTURES TO ALLIANCE

- Likely to reflect problematic RRs / patterns
- Rupture resolution or repair is an opportunity for therapeutic change (consistent with Safran)
- At times, not just an opportunity to learn about RRs
- but essential to maintain the alliance
- Particularly, as some clients have more difficulty in making & maintaining an alliance & more sensitive to therapist errors

SO ...irrespective of therapy type, competence & skilfulness in resolving alliance threats is key to helping clients towards good outcome

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HOW DO CATS RESOLVE ENACTMENTS?

- Vital to understand how therapists who successfully work with challenging clients, resolve enactments
- CAT lends itself to research as we have an explicit focus on patterns & the reformulation helps us to anticipate enactments
- Our focus is *not on ruptures but on all RR enactments* but
- we are alert to those that 'threaten' the alliance (e.g. controlling to rebellious) in a way that risks an actual 'rupture'
-
- NB In CAT, RR enactments - *the difficulty not located within the client but seen as fully relational or dialogical*

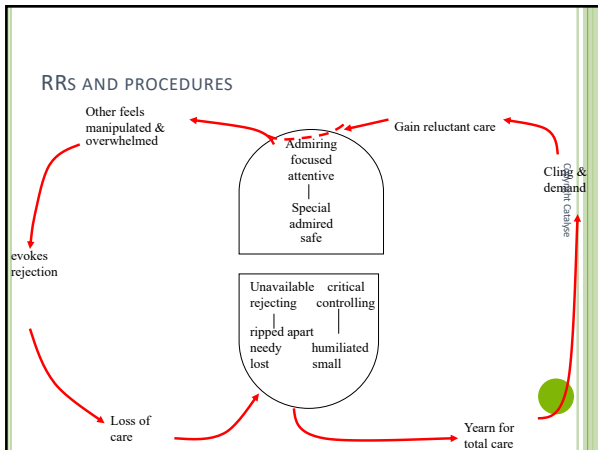
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AN ILLUSTRATION FROM TRANSCRIPT
Is this skilful CAT practice?

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EXAMPLE SESSION 1

- T: I was thinking about this time thing. I hate being constrained by time ... do you think it has anything to do with my mum never being there I used to see her 10-12
- T: That sense of having to limit yourself and all that waiting as well. mm,
- C: It just came into my mind
- T: Sure, it might make it hard to be patient and very hard to feel limited
- C: Don't know what my problem with time is. Don't know what time it is but I assume it's coming to an end
- T: Yeah. We're running over
- C: yeah and I don't want to go. I get it with Rob too

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WHAT DID THE THERAPIST DO?

- 1.
- 2.
- 3.
- 4.

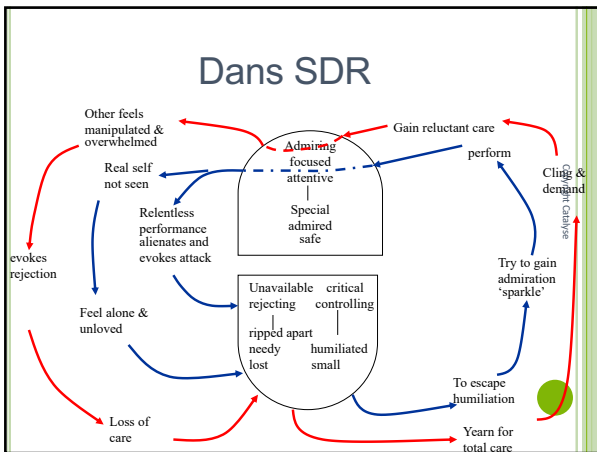
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EXAMPLE SESSION 3

- o C: We have late in the day sessions, we could run over
- o T: Ok if it were a relationship, how would it equate?
- o C: I know I hold onto Rob, I don't let him get away
- o T: Have you noticed I don't respond much
- o C: Yes it's then end of the time and you're a trained counsellor
- o T: I wonder where it may lead you, where we may go on tis map when we're doing this
- o C: Ummm I wonder if it is here, reluctant care
- o T: Yes I think it is. Reluctant care, the other person is at risk of feeling overwhelmed and manipulated and you end up here. How can we break this?

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SMALL GROUPS

WHAT DID THE THERAPIST DO?

- 1.
- 2.
- 3.
- 4.

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WHAT THERAPISTS SEEM TO DO

- Contain and manage their own emotional reactions
- Don't retaliate but focus on the process
- Find a way to explore the process with the client
- Comment on what is happening between them, in a non-attacking way
- Once named, use this to explore habitual pattern of relating (in CAT, reciprocal role procedures)

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GENERALISING THIS PROCESS

- What the therapist did is an illustration of what competent therapists do in CAT
- I will outline the key features of psychotherapy process research looking at how CAT therapists work with enactments
- Aim was to build a model of skilful practise
- From **good outcome cases**, we derived a model of how therapists resolve RR re-enactments which threaten the therapeutic alliance (and remaining in therapy)
- Then examined **poor outcome cases** to see if therapists followed the same process

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RESEARCH BASED MODEL IN CAT

- Examine what do therapists do in CAT to manage enactments?
- Methodology called Task Analysis
- Step 1: Propose a 'rational ideal model'
- of how based on theory & clinical experience CAT therapists work to keep clients 'in therapy' whose difficulties threaten and endanger a therapeutic alliance
- i.e. How do CATs resolve RR enactments
- (Bennett, Ryle & Shapiro)

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METHOD

- Select sessions likely to contain competent resolution of 'reciprocal role enactments'
 - good outcome cases
 - alliance threatening events

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METHOD CONTINUED

- Identify markers of the alliance-threatening reciprocal role enactments
- The first sign that something was happening and if it was 'on the map'
- High inter-rater agreement found
- Task analysis (Greenberg 1984)
 - Rational analysis
 - Empirical analysis
 - Rational-empirical comparison
 - sample until nothing more can be added
 - used three expert raters to achieve consensus

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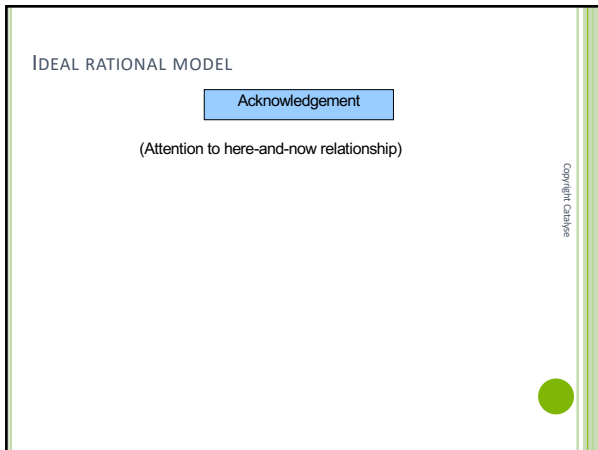
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RR ENACTMENT RESOLUTION

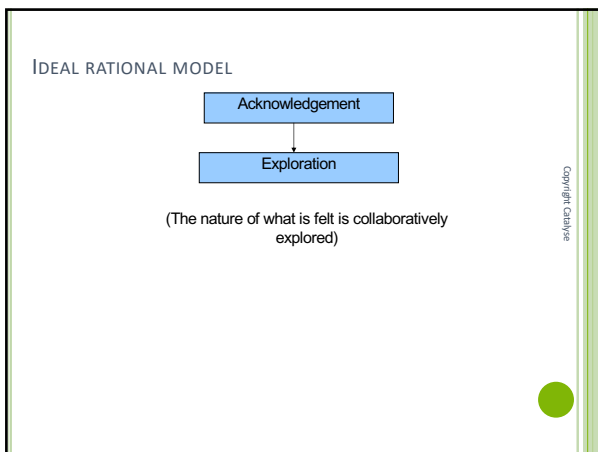
- What do we think therapists should do?

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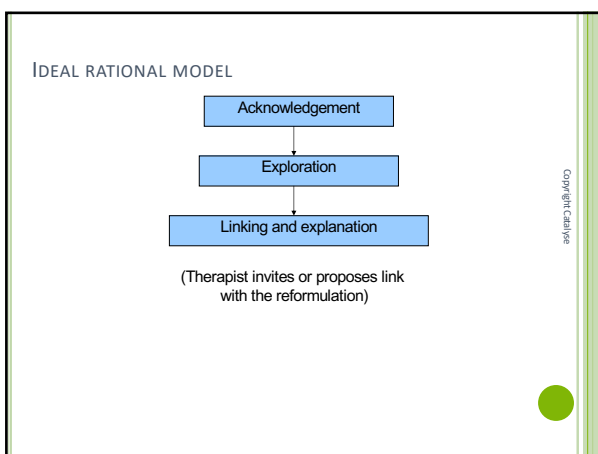
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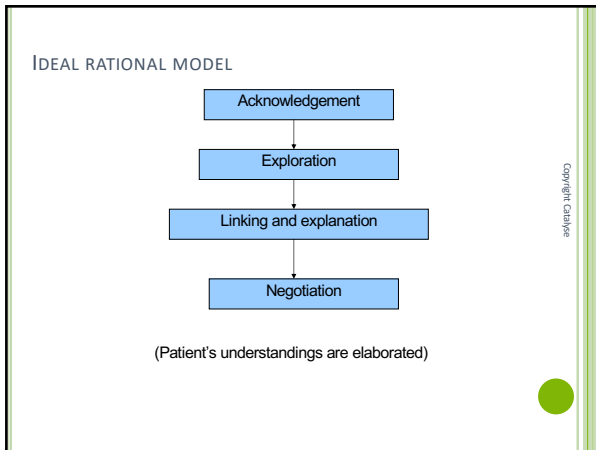
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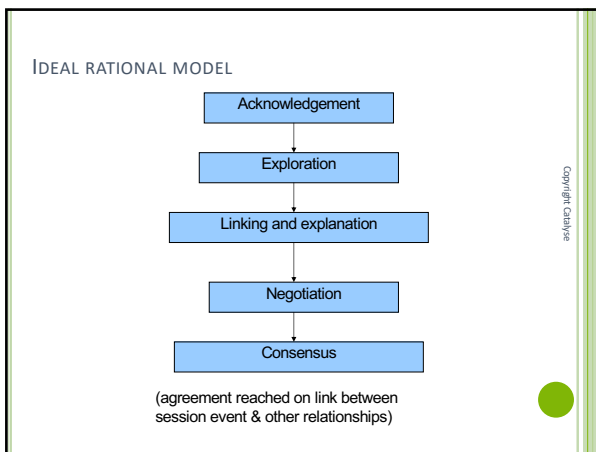
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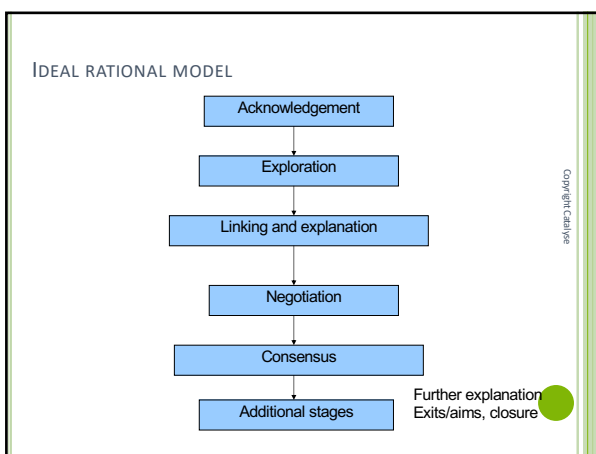
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RESEARCH BASED MODEL IN CAT

- Step 2: Test out this model
- The Empirical Analysis
- Took a series of good outcome CAT therapies with clients diagnosed with 'BPD/EUPD'
- *The rationale for this being that they benefited so the therapist was 'doing something right'*
- Identified significant sessions
- Identified 'enactments' ... such as those today
- Mapped, described and coded what the therapist did

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RESEARCH BASED MODEL IN CAT

- Step 3: Refined the ideal model with actual performances
- The Rational-Empirical comparison
- Did the therapists do what was predicted?
- Did they do anything else?
- Sample case after case until nothing further could be added
- Leading to The 'Empirical Model'

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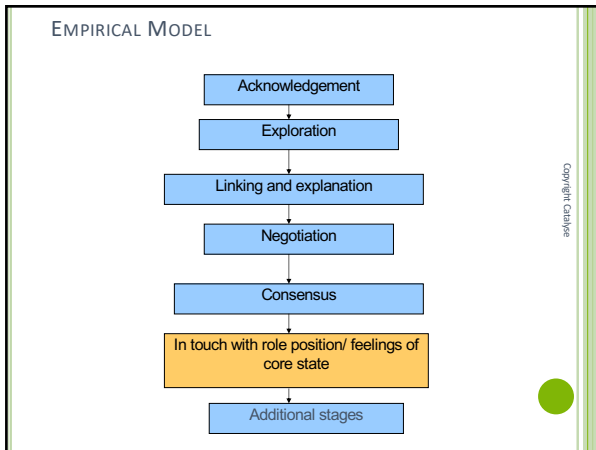
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STEPS 2 & 3: MODEL BUILDING

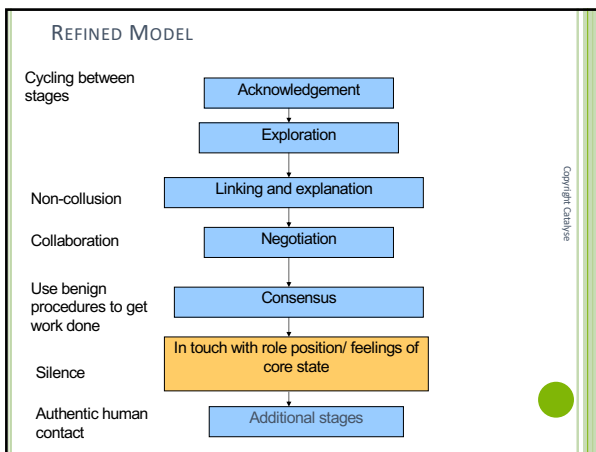
- Looked at 107 'enactments' across 66 sessions from four 'good outcome' therapies
- 52% resolved, 34% partly resolved, 14% unresolved
- Resolution: explicit statement by patient and affective shift
- 20 refinements were made to ideal model
 - 'when-then' steps
 - a new stage
 - additional components
 - heuristic guiding principles
 - cycling occurred between stages

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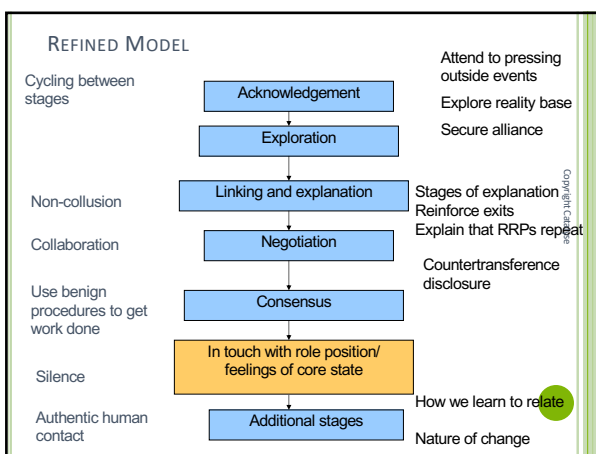
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WE WILL LOOK AT EXAMPLES, GUIDED BY THE MODEL

- The model is far too much all at once, we return to it in yr 2
- If you are interested read
- Bennett, D. & Parry, G. (2004). Maintaining the therapeutic alliance: resolving alliance-threatening interactions related to the transference. pp 251-272. In D. Charman (Ed.) Core Processes in Brief Psychodynamic Psychotherapy. Lawrence Erlbaum
- Bennett, D., Parry, G. & Ryle, A. (2006) Resolving threats to the therapeutic alliance in cognitive analytic therapy of borderline personality disorder: A task analysis. *Psychology and Psychotherapy: Theory, Research and Practice*, 79, 395-418
- A replication Daly, A.M., Llewelyn, S, McDougall, E. and Chanen, A.M. (2010). Rupture resolution in cognitive analytic therapy for adolescents with borderline personality disorder. *Psychology and Psychotherapy: Theory, Research and Practice*, 83, pp 273-288.

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FILM 7 WHAT DID LISA DO?

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VERIFICATION

- Is this model predictive of good outcome?
- Do therapists need to do this?
- Test it to check if therapists in poor outcome cases fail to resolve enactments
- We could predict that their work is inconsistent with the model
- Event sampling
 - 35 enactments, 16 sessions, 2 poor outcome cases
 - 3% resolved, 20% partly, 77% unresolved
- *Therapists in poor outcome cases did not adhere to this model*

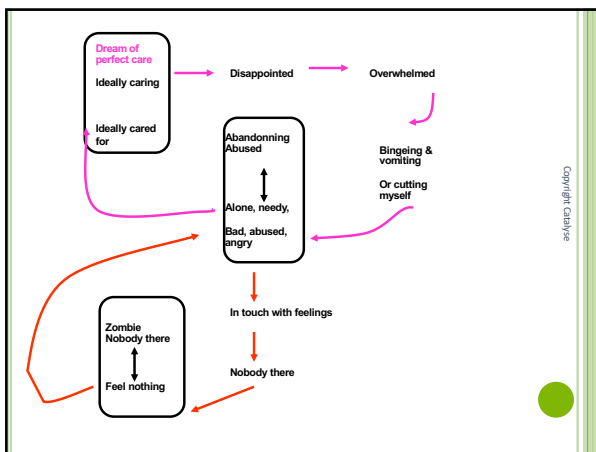
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AN ILLUSTRATION FROM A POOR OUTCOME CASE

Is there evidence of model consistent performance when faced with a threat to the therapeutic alliance?

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THERAPIST PERFORMANCE IN POOR OUTCOME CASES 1

- o Majority of enactments were not picked up
- o Ts didn't notice ruptures even when the C commented directly on the relationship
- o T didn't notice that their interventions were significant triggers for the C

- o if identified, resolution did not proceed beyond the linking stage
- o T closed down exploration too early, before C had made an affective shift
- o So for example, C left with angry feelings


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THERAPIST PERFORMANCE IN POOR OUTCOME CASES 2

- absence of negotiation at points of C disagreement, or failure to engage
- little evidence of consensus stage
- little evidence of guiding heuristic principles being applied
 - such as tentativeness and collaboration
 - became more rigid technically
- evidence of unrecognised collusion
- Ts assumed the rupture reflected a repeat of the C's interpersonal patterns and didn't involve themselves

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HOW WE HAVE USED THE MODEL

- As a supervision and clinical audit tool
- NB Not rigidly prescriptive but a guide for therapists
 - sensitising therapists to identify alliance-threatening transference enactments
 - awareness of skillful intervention associated with better outcome
- Empirically based model as a basis for multi-dimensional rating scale
 - to identify if therapists have reached criterion
 - incorporate into standard CAT training
 - 'micro-supervision' - a training method with BPD

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REFLECTIONS ON WORKING WITH ENACTMENTS

- The following are reflections on why working with the process in this way can be challenging yet at times crucial and also rewarding

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THE CHALLENGES TO SPOT & RESOLVE ENACTMENTS

- Why do Ts not **notice** tension or difficulties in alliance?
- Wanting to do a good job could lead to bias in perception of Alliance
- May associate ruptures as confrontation or expression of criticism
- We are human and there is a tension between wanting to be a good T and protecting the self from vulnerability

- **Avoidance** of rupture may reflect uncertainty or not bringing self into the work
- T relationship with own vulnerability is important and sense of shame if have high standards
- Real risk of missing tensions and not actively tuning in

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CAT AND 'USE OF SELF'?

- Working with enactments we are 'using our self' as
- The therapist is attending to the relationship
- What is experienced and felt in the relationship
- We are working to maintain a relationship when this is under threat

- The resolution model focuses on the reflective use of CAT tools without detriment to the therapeutic alliance
- And it supports using the 'self'
 - as 'counter-transference' role disclosure
 - offering a new RR experience for internalisation (self-self RR)
 - as a 'human' authentic encounter

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AREAS FOR DEVELOPMENT

- Encouraging us to know our own RRs/patterns 'buttons'
- And to be appropriately vulnerable in our work
- Skills in metacommunication – talking about the process
- easy to do tasks that facilitate using emotional responses, eg ask C how they feel at the start and end of session
- Use our responses as sources of info to be curious about
- Invite dialogue about reactive responses to transform them into reflective responses

- Our own patterns are important mediators of how training is internalised and how we respond
- e.g harsh self criticism could lead T to be overly focused on following guidance as a 'manual'

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GETTING FAMILIAR WITH THE MODEL

Another example
Applying to examples from your own practice

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