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

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

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)

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)

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?

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

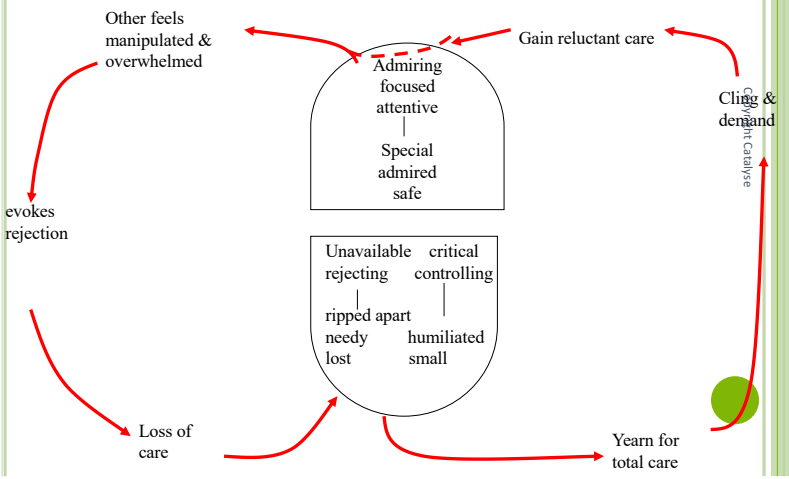
HOW DO CATS RESOLVE ENACTMENTS?

- 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*

AN ILLUSTRATION FROM TRANSCRIPT

Is this skilful CAT practice?

RRS AND PROCEDURES



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

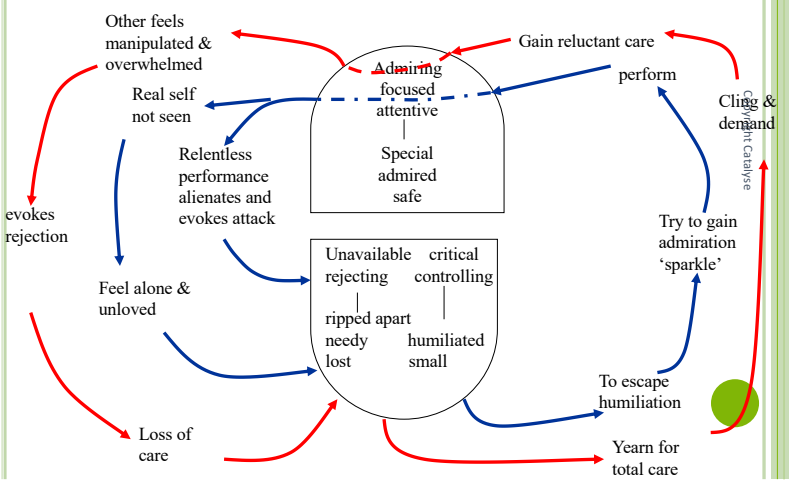
WHAT DID THE THERAPIST DO?

1.
2.
3.
4.

Example session 3

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

Dans SDR



Small Groups
What did the therapist do?

1.
2.
3.
4.

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)

Generalising this process

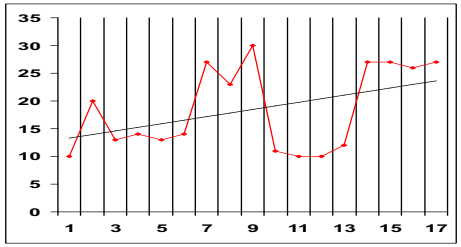
- What the therapist did is an illustration of what competent therapists do in CAT
- I will outline the key features of psychotherapy process research looking at how CAT therapists work with enactments
- Aim was to build a model of skilful practise
- From **good outcome cases**, we derived a model of 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

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)

Method

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



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

RR ENACTMENT RESOLUTION

- What do we think therapists should do?

IDEAL RATIONAL MODEL

Acknowledgement

(Attention to here-and-now relationship)

IDEAL RATIONAL MODEL

Acknowledgement

Exploration

(The nature of what is felt is collaboratively explored)

IDEAL RATIONAL MODEL

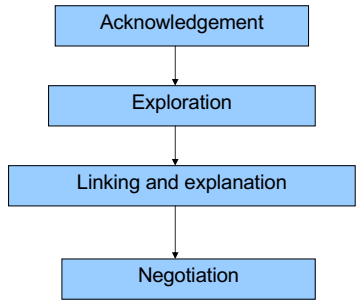
Acknowledgement

Exploration

Linking and explanation

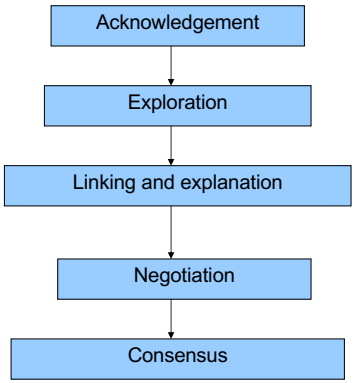
(Therapist invites or proposes link with the reformulation)

IDEAL RATIONAL MODEL



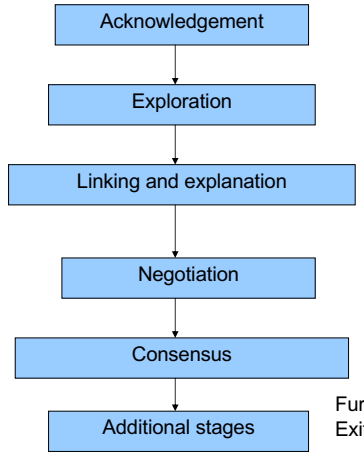
(Patient's understandings are elaborated)

IDEAL RATIONAL MODEL



(agreement reached on link between session event & other relationships)

IDEAL RATIONAL MODEL



Further explanation
Exits/aims, closure

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

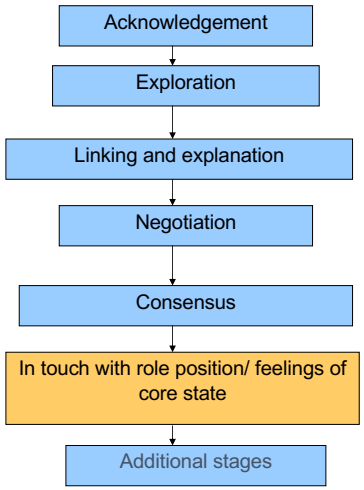
Research based model in CAT

- 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'

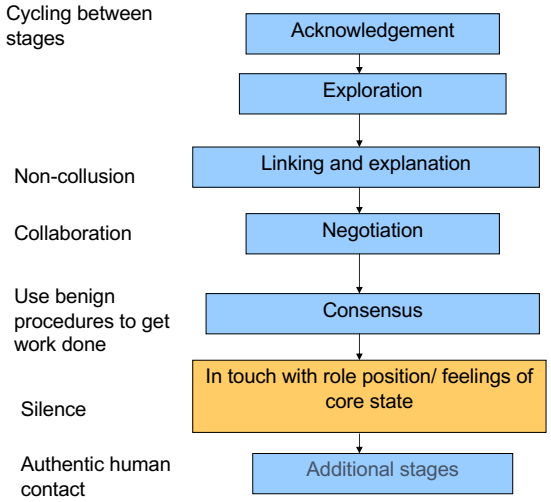
Steps 2 & 3: Model building

- 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

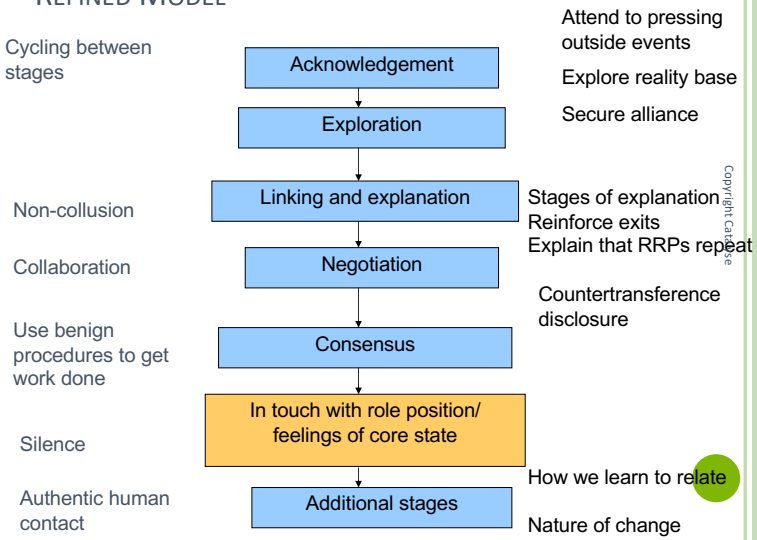
Empirical Model



Refined Model



Refined Model



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.

Film 7 what did Lisa do?

Verification

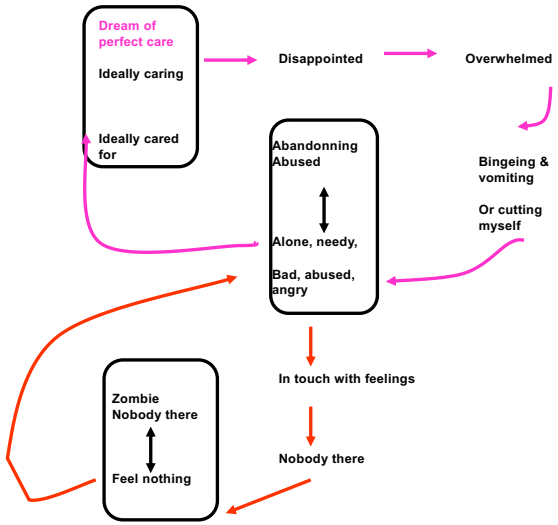
- Is this model predictive of good outcome?
- Do therapists need to do this?
- Test it to check if therapists in poor outcome cases fail to resolve enactments
- We could predict that their work is inconsistent with the model

- 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*

An illustration from a poor outcome case

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



Therapist performance in poor outcome cases 1

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

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

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

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

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

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

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

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'

Getting familiar with the model

Another example

Applying to examples from your own practice