



UNIVERSITY
OF MINNESOTA

Person Centered Practices: Building a Therapeutic Alliance

MNCAMH Webinar
Second Friday Webinar
August 10, 2018
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About Us



Clinical Training, Research, and Innovation

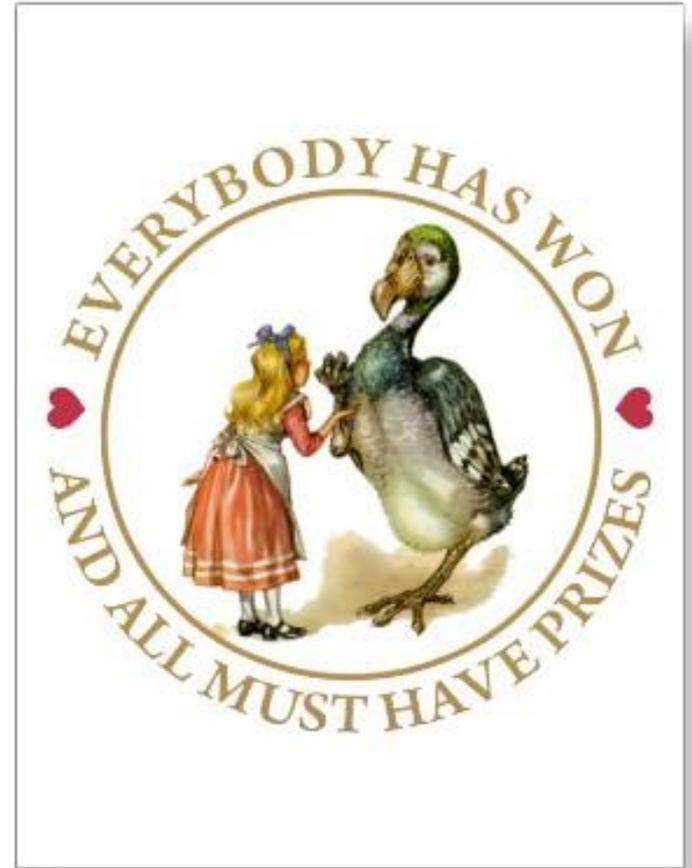
Agenda for the day



- The Therapeutic Alliance
- BRIEF History of Person Centered Practices
- Assessment- Good Day/Bad Day Tool
- Bond – Language choice
- Goals – Valuing Important TO and Important FOR
- Task – the 4+1
- Questions??

Why is engagement important?

There isn't only
one effective
model



Relationship factors are important

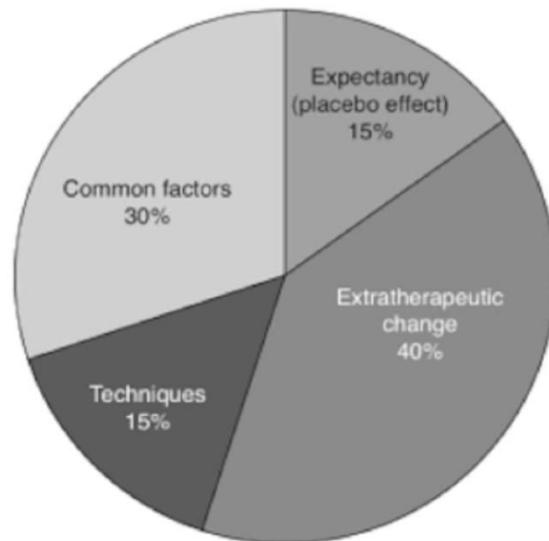


Fig. 1.1 % of Improvement in Psychotherapy Patients as a Function of Therapeutic Factors.

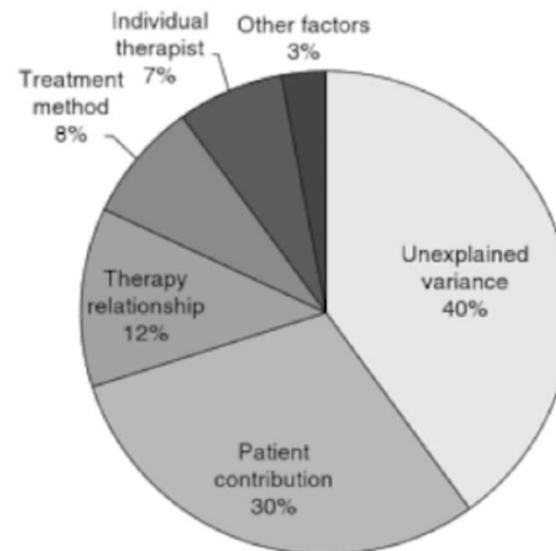


Fig. 1.2 % of Total Psychotherapy Outcome Variance Attributable to Therapeutic Factors.

Norcross 2011, Psychotherapy relationships that work

Therapists value engagement

Table 3. Most common categories of research findings (with examples and approximate percentage of total)^a

<p>Research on the therapeutic alliance and ruptures in the therapeutic alliance (24%)</p> <p>Early alliance predicts outcome and retention Recognizing and addressing alliance ruptures Alliance repair methods can work and improve outcome</p>	<p>Research on the effectiveness of behavioral and cognitive behavioral interventions (17%)</p> <p>Cognitive therapy for relapse prevention in depression Efficacy of exposure-based treatments for anxiety Dialectical behavior therapy for borderlines</p>
<p>Psychodynamically oriented research (15%)</p> <p>Addressing defenses and its relation to outcome The potential dangers of transference interpretations Research on accuracy of interpretations</p>	<p>Research on psychotherapy process and/or mechanisms of change (12%)</p> <p>Impact of negative therapeutic process Various types of task analysis research Findings on client deference</p>
<p>Therapist or treatment intervention by patient type (7%)</p> <p>Family intervention and schizophrenia Client-therapist racial matching Treatment for impoverished, depressed women</p>	<p>Research demonstrating therapeutic equivalence (8%)</p> <p>The "Dodo bird" effect Lay therapists equally effective as trained therapists IPT and CBT equally effective for moderate depression</p>
<p>Attachment and developmental research (4%)</p> <p>Attachment research Research on reflective functioning/mentalization Mother-infant attunement research</p>	<p>Emotion (3%)</p> <p>Emotion precedes cognition Affect regulation research Experiencing level in specific contexts</p>
<p>Psychotherapy and medication (3%)</p> <p>CBT has lower relapse rates for depression than antidepressants Severe depression responds best to therapy plus medication CBT performs as well as medication in various studies</p>	<p>Neuroscience research (3%)</p> <p>Neurobiological impact of psychotherapy Brain research on amygdala and trauma Brain research on how memory functions</p>

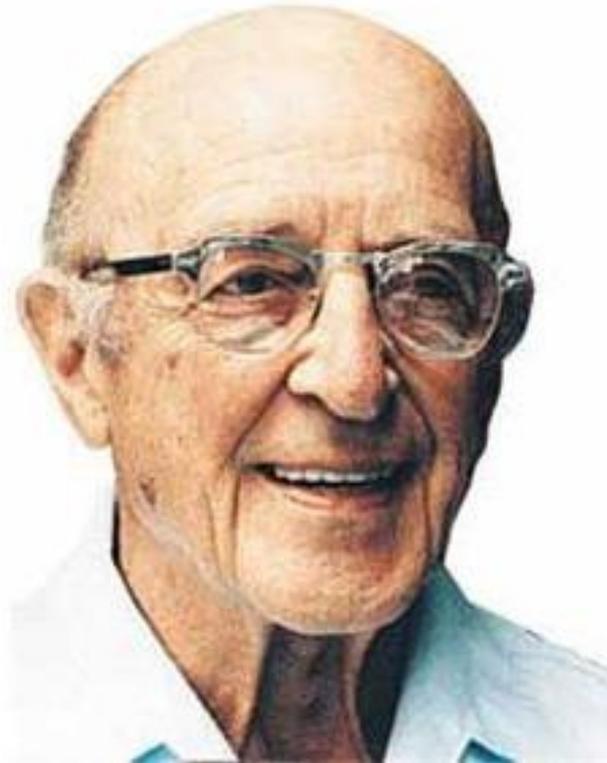
Safran et al. 2011, Clinical Psychology: Science and Practice

Freud

- Transference and Counter Transference = Therapeutic Alliance



Carl Rogers - 1951



Congruence!

Empathy!

Positive Regard!

Strong's Interpersonal Influence

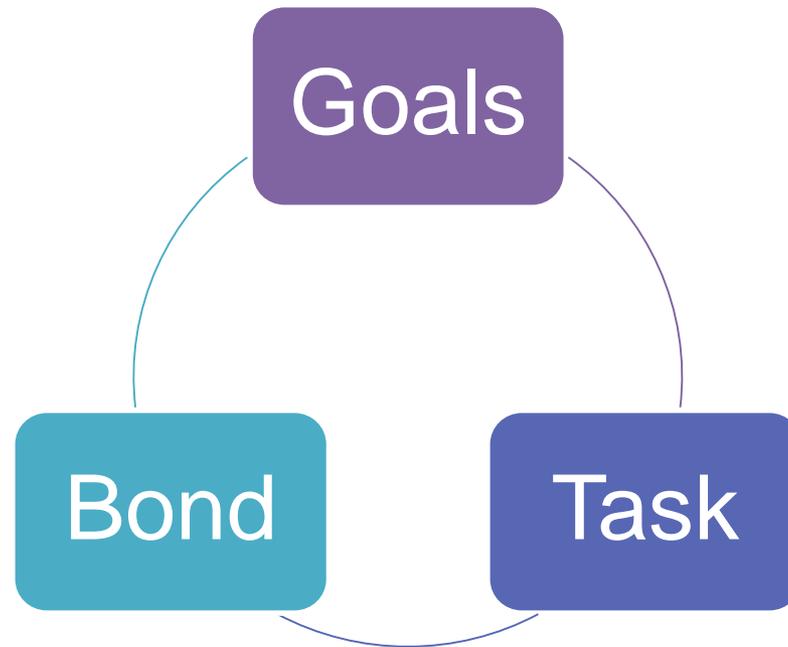
Trustworthy
Expert
Attractive



Likelihood of a
successful outcome

Focus is on **client's perception** vs.
counselor's ability to offer conditions

Bordin's Theory of the Working Alliance - 1979



Across treatments

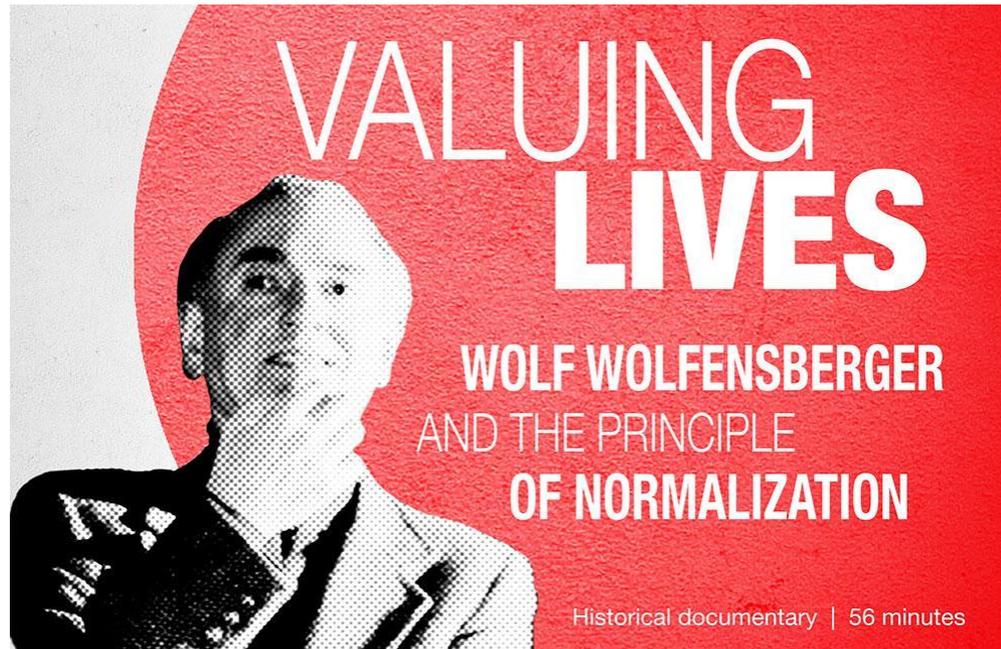
Personal Attributes	Technique
Flexible	Exploration
Experienced	Depth
Honest	Reflection
Respectful	Supportive
Trustworthy	Notes part therapy successes
Confident	Accurate interpretation
Interested	Facilitates expression of affect
Alert	Active
Friendly	Affirming
Warm	Understanding
Open	Attend to patients experience

Ackerman and Hilsenroth 2003, *Clinical Psychology Review*

Bordin was working on the Therapeutic Alliance....



Normalization and Social Role Valorization....

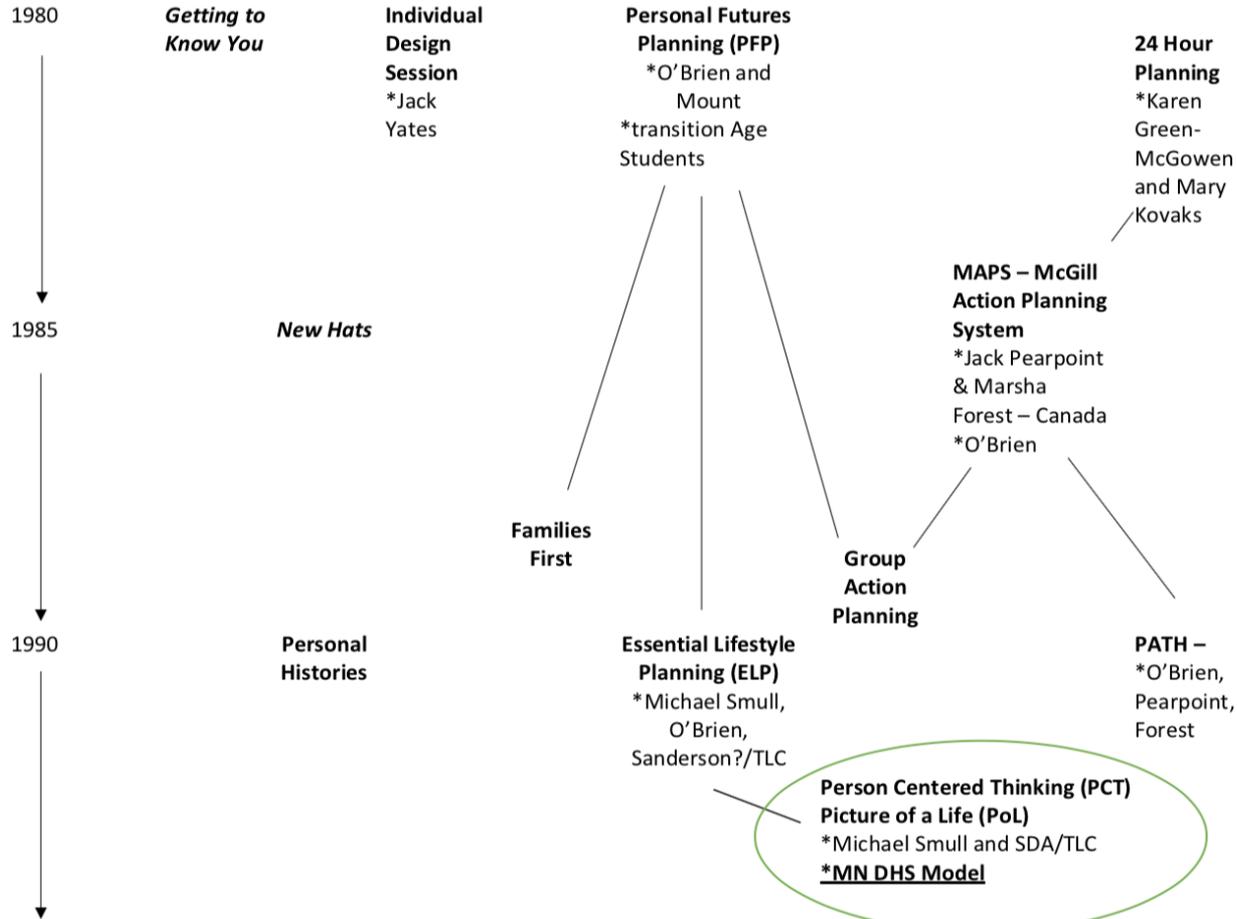


“the insight that the creation of valued social roles for people at risk of social devaluation was the epitome of Normalization”

(Wolfensberger, 1983, p. 237)

https://www.youtube.com/watch?v=ug_Q10llwws

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- See people first rather than diagnostic labels
- use ordinary language and images
- actively search for a persons gifts and capacities in the context of community life
- strengthen the voice of the person and those who know them person best
- evaluating present conditions in terms of valued experience
- and defining desirable change for their lives



Beth Mount 1992

Core Concept of Person Centered Practices

Important “TO”...

Those things that help us to be content, happy, comforted & fulfilled.

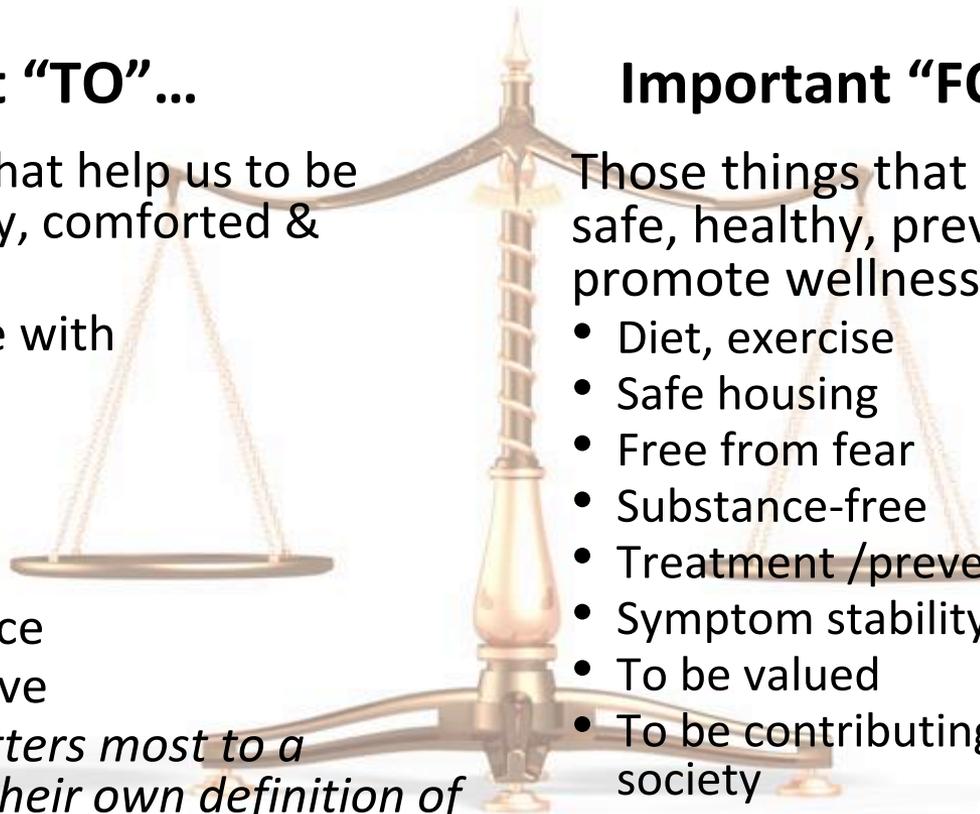
- People to be with
- Things to do
- Places to go
- Rituals
- Status
- Independence
- Things to have
- *What matters most to a person—their own definition of ‘quality of life.’*

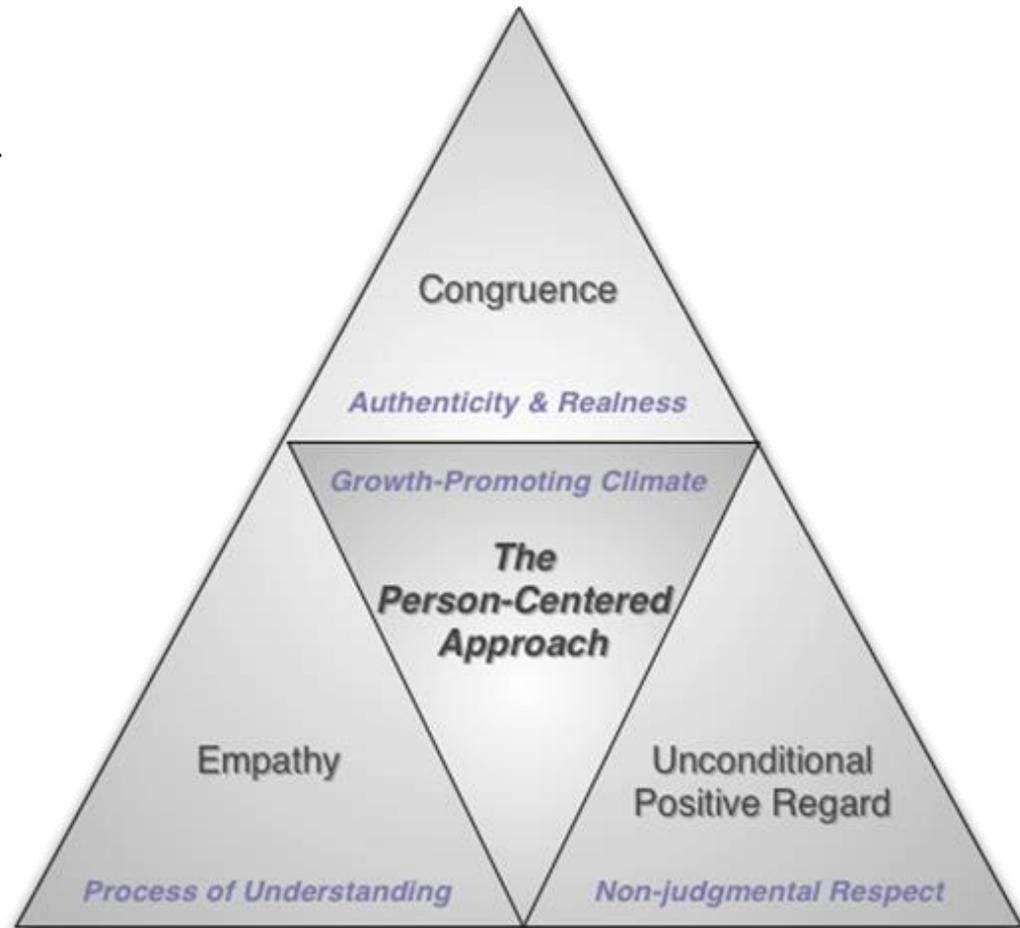
Important “FOR”...

Those things that keep a person safe, healthy, prevent illness & promote wellness.

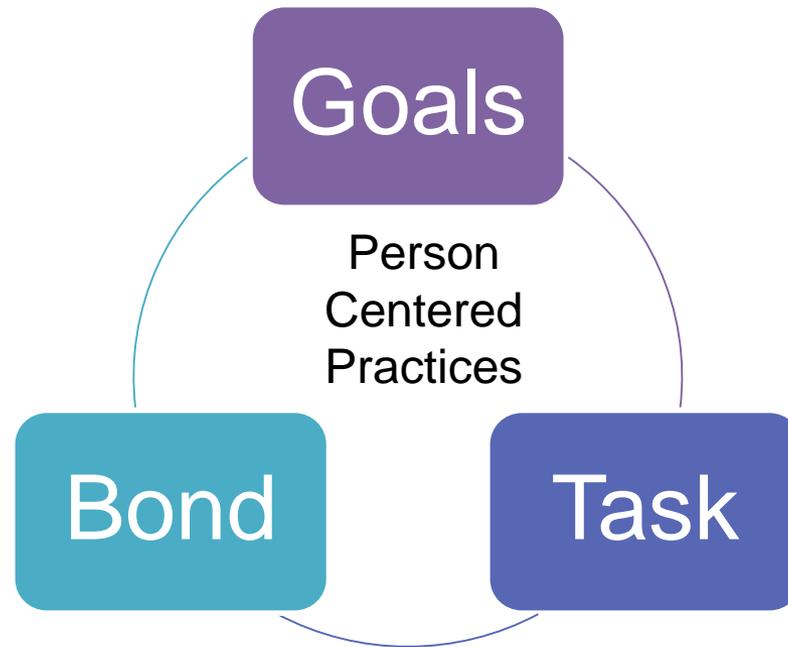
- Diet, exercise
- Safe housing
- Free from fear
- Substance-free
- Treatment /prevention of illness
- Symptom stability
- To be valued
- To be contributing members of society

Can be what others want or see as most important for a person





Bordin's Theory of the Working Alliance - 1979



So how do they work together?!



It starts at the beginning... Assessment

You have 100ms to make a good first impression!

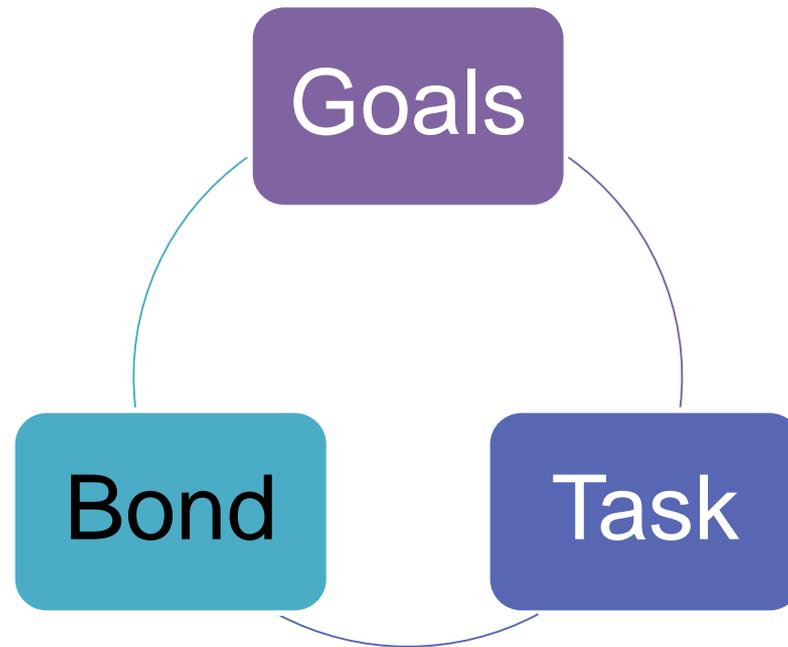
But after that.....

Good Day/Bad Day

Time Of Day	Typical	Better	Worse
Morning at home			
Commute			
Morning at work			
Lunch			

Time of Day	Typical	Better	Worse
Afternoon at work			
Commute			
Evening			
Overnight			

Bordin's Theory of the Working Alliance - 1979



POWER
OVER
vs

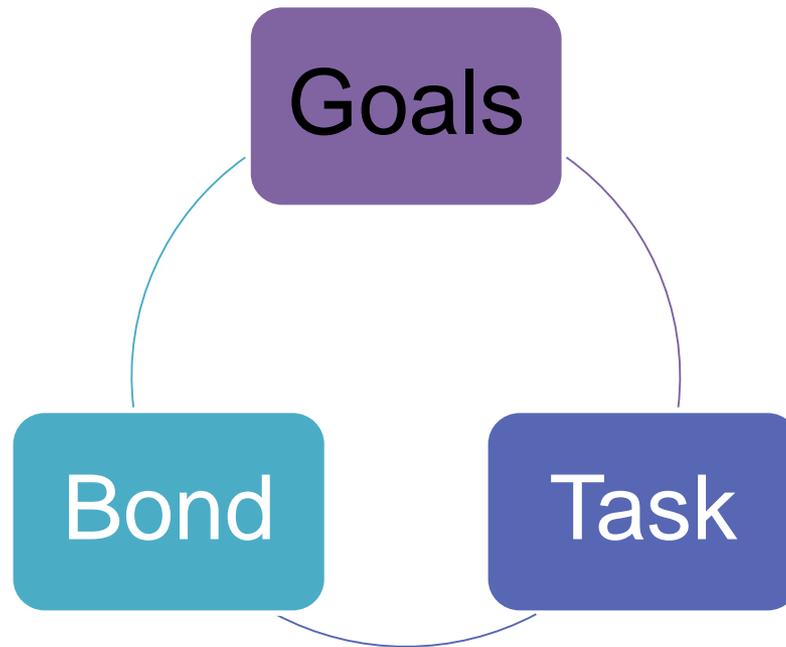
Power With

Words matter.

Focus on the person, not the condition.

- The basic concept is that the mental health condition (or physical or other condition) is only one aspect of a person's life, not the defining characteristic.
 - *Preferred: She is a person with schizophrenia.*
 - *Not preferred: She is schizophrenic.*
- Be specific. Mental illness is a general condition. Specific disorders are types of mental illness and should be used whenever possible.
 - *Preferred: He was diagnosed with bipolar disorder*
 - *Not preferred: He was mentally ill*
- Avoid derogatory language. Terms such as psycho, crazy and junkie should not be used. In addition, avoid words like "suffering" or "victim" when discussing those who have mental health challenges.
 - *Preferred: She has a mental health illness. She has a substance use disorder.*
 - *Not preferred: She suffers from mental illness. She's a drug abuser.*

Bordin's Theory of the Working Alliance - 1979

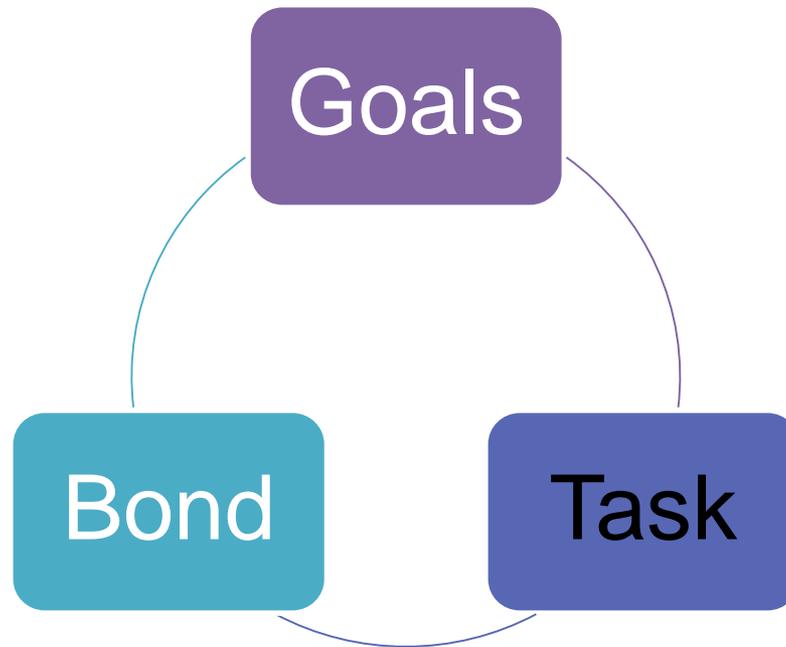


Buy In!

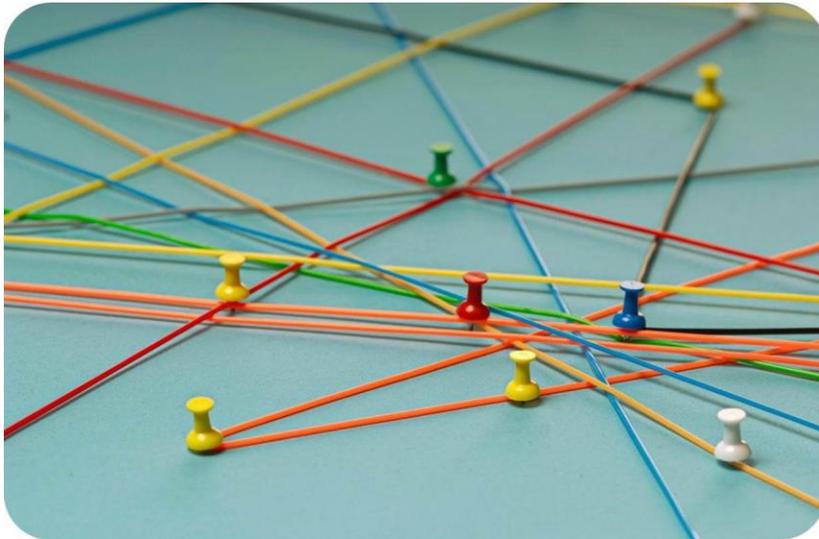


<https://youtu.be/SSKatciX3hA>

Bordin's Theory of the Working Alliance - 1979



PCT Tool -4+1



- Feedback about the change process
- Regular check-in's about the alliance
- NOT the therapist's perspective that matters!

Pose the question that needs to be answered

What did you try?	What did you learn?	What are you pleased about?	What are you concerned about?
<ul style="list-style-type: none"> ▪ What did you do? ▪ When did you do it? ▪ Who else was there? 	<ul style="list-style-type: none"> ▪ What did you learn from your efforts? 	<ul style="list-style-type: none"> ▪ What did you like about what you tried? ▪ What went well? ▪ What worked well for you? 	<ul style="list-style-type: none"> ▪ What challenges did you encounter? ▪ What didn't you like about what you tried? ▪ What didn't work for you?
<p>+1: Given your learning, what will you do next?</p>			

Person Centered Practices Survey



Help us understand what's working and what's not working with person centered practices!

Questions?

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Thank You!