

Module 2

The Therapeutic Relationship

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FUNDAMENTALS OF PAT

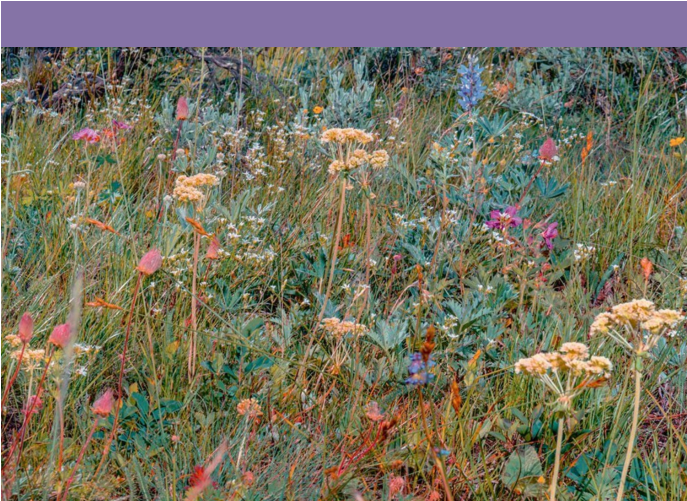


AGENDA

| | |
|--|----|
| Welcome and agreements | 01 |
| Arrival practice in small groups | 02 |
| Guided practice: therapeutic stance | 03 |
| Discussion: intimacy and boundaries in PAT | 04 |
| Attachment styles and the therapeutic relationship | 05 |
| Embodied communication | 06 |
| Therapeutic ritual: guided breath practices | 07 |
| Close | 08 |

Group Agreements

CENTRE



CONFIDENTIALITY



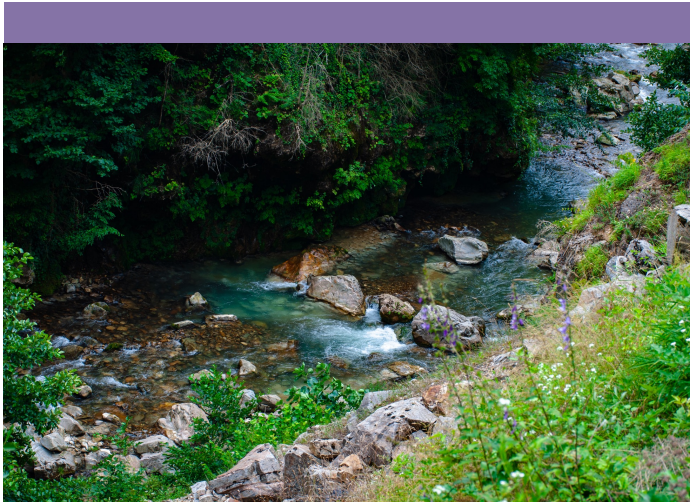
ENGAGEMENT



NON-JUDGMENTAL
LISTENING

Group Agreements

CENTRE



TIMELINESS

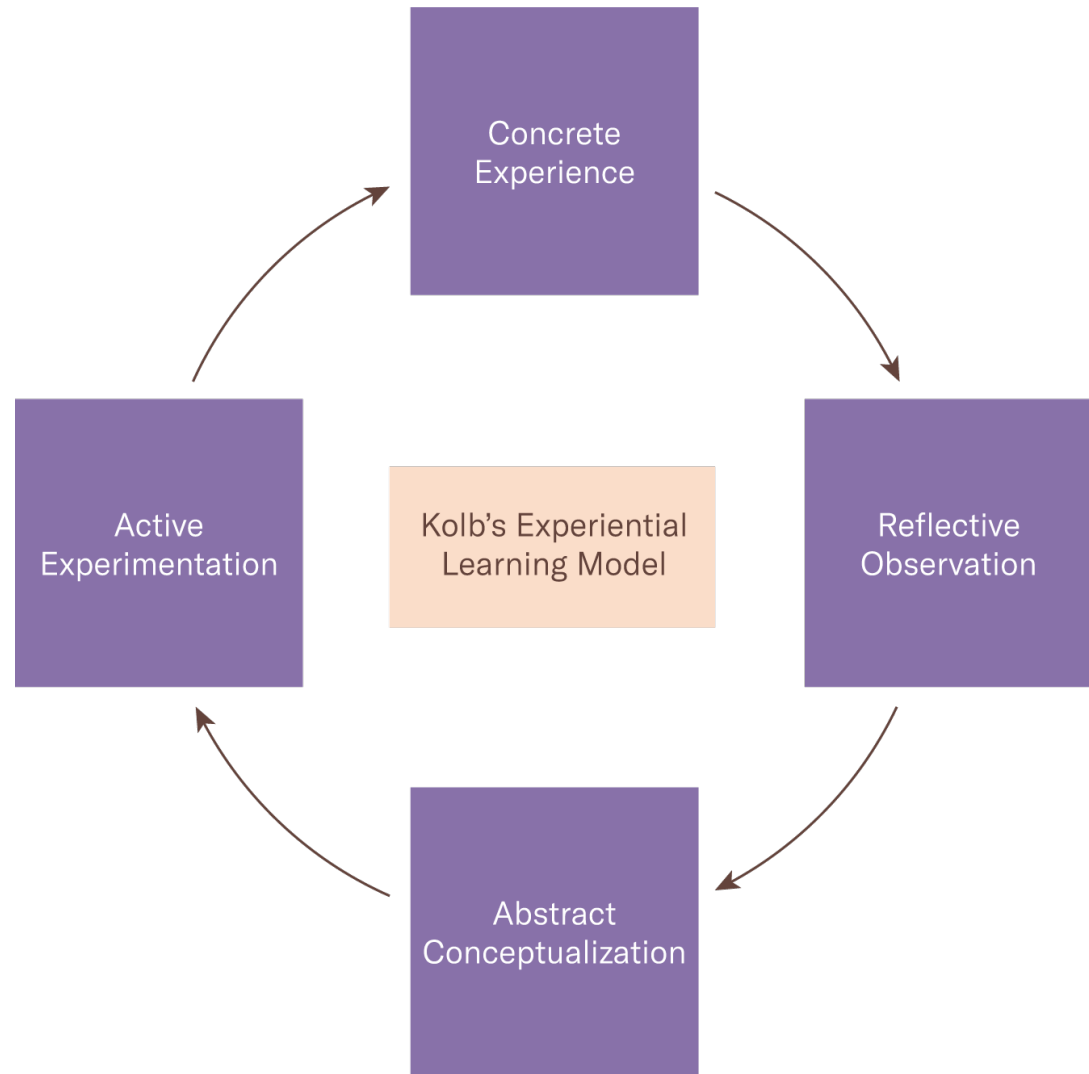


RIGHT TO PASS



EQUITY

KOLB'S CYCLE OF EXPERIENTIAL LEARNING

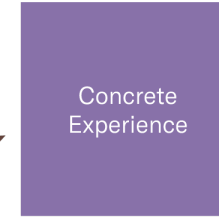


CONSTRUCTING & MAINTAINING THE LEARNING ENVIRONMENT IN PAT

Facilitating
Experimentation
& Application of
Learning



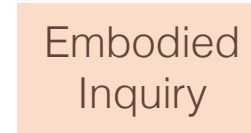
Facilitating Experience
through Prep, Medicine
Session, Integration,
Embodied Inquiry



Inquiry
Layer 1



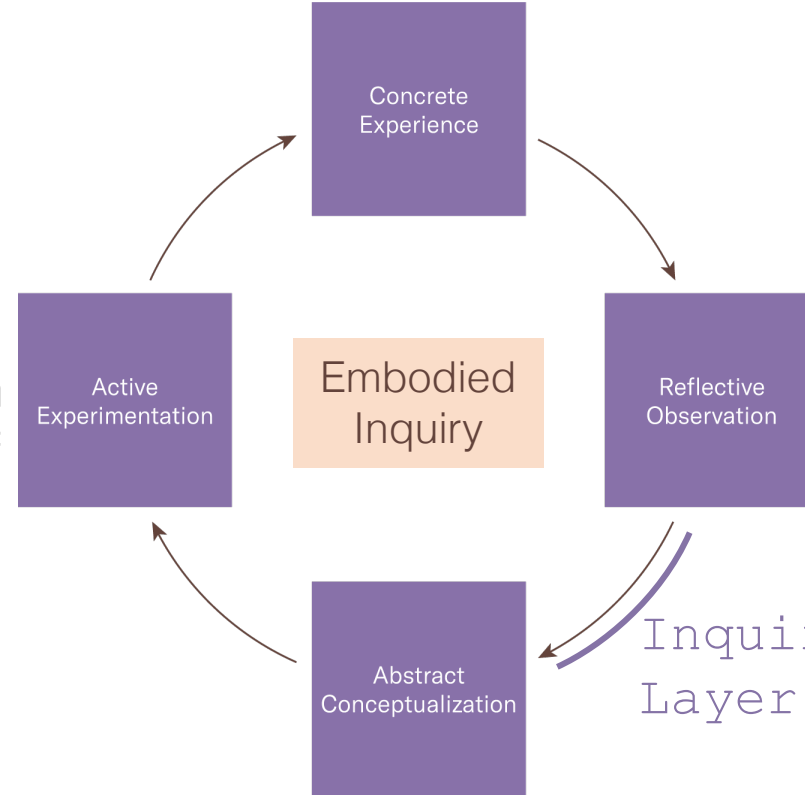
Facilitating
Reflection &
Description
of
Experience



Inquiry
Layer 2

Facilitating Abstract
Conceptualization &
Generalization of Experience

Inquiry
Layer 3



Therapist Embodiment

PRESENCE



- Visible
- Non-verbal/verbal
- Demeanor
- Behaviour
- Body language
- Words
- Tone
- Pace

PRESENT MOMENT ORIENTATION



- Meta-awareness
- Self/other

STEADY ATTENTION



- Self/other-listening
- Curiosity and tracking
- Self as context/process

Therapist Embodiment

OPEN MONITORING



- Awareness
- Receptive
- Witnessing

DISCERNMENT



- Relating to experience
- Skillful responding

ATTITUDINAL FOUNDATIONS



- Patience
- Trust
- Beginner's mind
- Non-judging
- Acceptance
- Non-striving
- Letting go (Kabat-Zinn, 1990/2013)
- Curiosity and compassion (Woods, Rockman, & Collins, 2019)

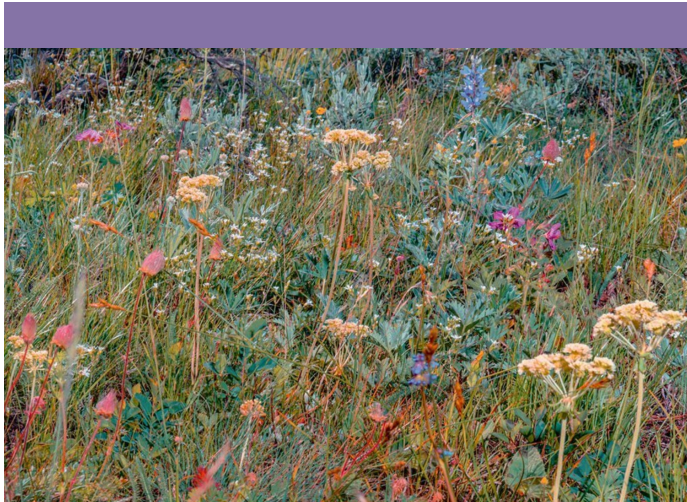
THERAPIST STANCE

| | |
|-------------------------------|---|
| Embodiment | Therapist presence, present moment focus, mindfulness attitudes |
| Inner-directed therapy | Allowing, present moment orientation |
| Unconditional positive regard | Non-judgment, acceptance |
| Loving kindness | Compassion, active listening |
| Presence | Empathetic abiding, focused attending/listening |
| Self-regulation | Mindful awareness, language, neutral stance |

THERAPIST STANCE

| | |
|----------------------------|--|
| Phenomenology | Direct experience, objects, T, E, B, B |
| Relationship-centered care | Inquiring, listening, reflecting |
| Appreciation of suffering | Compassionate witnessing, reflecting |
| Ethical integrity | Therapist practice, mindful awareness |
| Bottom-up processing | Inquiry into present moment experience |

Insecure Attachment Styles



AVOIDANT



PREOCCUPIED



DISORGANIZED

| Attachment Style | Parenting Style | Corresponding Adult Attachment Characteristics |
|------------------|---|--|
| Secure | <ul style="list-style-type: none"> ● Connected and Attuned to the child's emotions and needs | <ul style="list-style-type: none"> ● Ability to empathize with others and set boundaries ● Tendency towards stable and meaningful relationships |
| Avoidant | <ul style="list-style-type: none"> ● Emotionally unavailable or tendency to reject the child's emotions and needs | <ul style="list-style-type: none"> ● Tendency to avoid close relationships or emotional connection ● Rigid, critical and/or intolerant |
| Ambivalent | <ul style="list-style-type: none"> ● Inconsistent parenting ● Intrusive or harsh communication | <ul style="list-style-type: none"> ● Anxious and insecure ● Controlling ● Blames others ● Unpredictable ● Charming at times |
| Disorganized | <ul style="list-style-type: none"> ● Ignored or oblivious to child's needs ● Parents behavior was frightening or traumatizing | <ul style="list-style-type: none"> ● Chaotic, explosive and/or abusive ● Insensitive ● Lack of trust even when seeking closeness to others |
| Reactive | <ul style="list-style-type: none"> ● Extremely unattached or dysfunctional | <ul style="list-style-type: none"> ● Cannot establish positive relationships ● Frequently misdiagnosed |

| | Anxiety High |
|--|---|
| <p>SECURE ATTACHMENT (ADULT ATTACHMENTS - COMFORTABLE) <i>Positive Thoughts of Self</i> <i>Positive Thoughts of Others</i></p> <ul style="list-style-type: none"> ● High Self Esteem ● Able to set appropriate boundaries ● Accepting ● Able to be vulnerable ● Creates meaningful relationships ● Comfortable with intimacy ● Learning ● Parent to child: aligned and attuned ● As an adult: empathetic, responsive, engaged and responsible ● "I am worth of love" and "I am capable of getting love and support I need" ● "Others are willing and able to love me" | <p>AMBIVALENT ATTACHMENT (ADULT ATTACHMENTS - PREOCCUPIED) <i>Negative Thoughts of Self</i> <i>Positive Thoughts of Others</i></p> <ul style="list-style-type: none"> ● Low Self Esteem ● Overly concerned about others thoughts ● Clingy ● Seek validation & approval ● Wants excess intimacy ● Grasping ● Parent to child: inconsistent ● As an adult: controlling, blaming, erratic, unpredictable ● "I am not worthy of love" and "I am not capable of getting the love I need without being angry and clingy" ● "Others are capable of meeting my needs but might not do so because of my flaws." |
| <p>AVOIDANT ATTACHMENT (ADULT ATTACHMENTS - DISMISSIVE) <i>Positive Thoughts of Self</i> <i>Negative Thoughts of Others</i></p> <ul style="list-style-type: none"> ● High Self Esteem ● Independent ● Doesn't show emotions readily ● Uncomfortable with intimacy ● Avoids closeness ● Blaming ● Parent to child: unavailable or rejecting ● As an adult: distant, critical, rigid, intolerant, frustrated ● "I am worth of love" and "I am capable of getting love and support I need" ● "Others are either unwilling or incapable of loving me." and "Others are not trustworthy; they are unreliable when it comes to meeting my needs." | <p>DISORGANIZED ATTACHMENT (ADULT ATTACHMENTS - FEARFUL) <i>Negative Thoughts of Self</i> <i>Negative Thoughts of Others</i></p> <ul style="list-style-type: none"> ● Low Self Esteem ● Dependent ● See self as helpless ● Fearful of intimacy ● Expects to be hurt ● Ruminating ● Parent to child: ignored ● As an adult: chaotic, explosive, abusive, untrusting ● "I am not worthy of love" and "I am not capable of getting the love I need without being angry and clingy." ● "Others are unable to meet my needs." and "Others are not trustworthy or reliable." and "Others are abusive, and I deserve it." |

Source: <https://www.collaborativemn.com/issues-we-specialize-treating/attachment-issues>

Source: <https://shop73002.leyla-ev.com/category?name=relationship%20attachment%20styles>

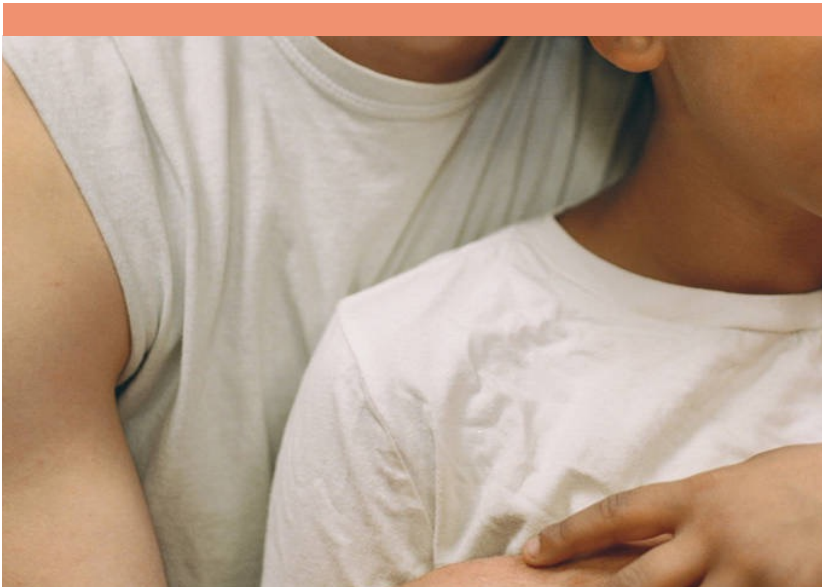
| Attachment style | Patient's attitude to care seeking and the 'sick role' | Impact on doctor-patient relationship | Pitfalls for the doctor | Predicted patient outcomes |
|--|--|---|---|--|
| Secure style | Trusting, collaborative, positive towards seeking help, comfortable with 'sick role' as appropriate | Patient is collaborative, confident, values help and advice Doctor feels sympathetic to patient's needs, valued, confident that advice will be followed May challenge some doctors by being assertive | Problems are uncommon. However, because these patients tolerate uncertainty and ambiguity the doctor may not attend enough to providing clear and consistent advice and recommendations, or miss problems in service delivery that need to be addressed | These patients work most comfortably with doctor and the clinical team(s), maximising the chance of good outcomes |
| Insecure styles | | | | |
| Preoccupied style | Low trust in own worth and decision-making, preoccupied with relationships and pleasing others, show high emotional reactivity, seek reassurance from others, presents as 'anxious', 'needy' | Doctor feels a need to reassure patient, but this can lead to exasperation if repeatedly asked for reassurance on same matters | Patient expresses anxiety, may ask doctor to make decisions – 'I can't... you know best, you decide', which leads to overriding patient in interests of time | Patient is needy but co-operates after reassurance They may show resistance ('yes, but...'), increased anxiety ('you don't understand...'), leading to helplessness, loss of confidence, patient may give up, leave |
| Dismissing/distrustful style | Wary, distant, does not trust clinician, misses appointments | Patient appears to display a lack of involvement, lack of engagement, unreliability, or can be avoidant because of a tendency to show themselves in a good light, minimise problems and need for treatment | Doctor may become frustrated, override patient when they repeatedly state: 'I can't...'; 'I forgot...' or 'I don't need to do anything... it's not that bad really' | Increased withdrawal from care, bottling of problems and emotional issues, possibility of crises when strategy of self-reliance breaks down |
| Derogating (angry-dismissing) style | Denigrates help offered, nothing good enough If extreme, distant, disdainful, nonengaging due to hostility about being dependent | Doctor feels 'put down', unappreciated for clinical input, angry If extreme, doctor can lose patience and confidence, find ways to avoid patient, may see patient as 'hateful' | Doctor can get angry and confront, challenge patient who says 'What's the use... you can't help me anyway...' Doctor and team may decide to walk away | Anger/resistance, low frustration tolerance, tends to storm out, make complaints, threats, including self-harm May sabotage treatment, drive clinicians away by hostile attitude |
| Fearful style | Low trust in self and others, afraid of intimacy, expect rejection, but high emotional reactivity Present as wary, testing out doctor and relationship, ambivalent style | Doctor feels confused by alternation of approach and avoidance, patient's unpredictability | Doctor may get upset with patient's inconsistency and pulling away when help is given | Increased anxiety, depression, threats of self-harm, may withdraw, miss appointments or leave |
| Disorganised style | Typified by low trust and tendency to become disorganised when in stressful situations | Patient may be frightened by doctor and treatment, may also re-experience other earlier traumas Doctor may become fearful for patient, panic about ability to contain patient's overwhelming emotions | Doctor may feel a failure, keep trying harder, doing more, go beyond professional boundaries The seemingly overwhelming nature of patient's problems can split or fragment clinical teams | Patient and doctor may reinforce feelings of being overwhelmed, loss of personal control, leading to poor outcomes, chaotic care provision, and medical and mental health crises |

Source: <https://shop73002.leyla-ev.com/category?name=relationship%20attachment%20styles>

Small Group Exercise

ATTACHMENT AND THE
THERAPEUTIC
RELATIONSHIP

HAPPY, MAD, SAD EXERCISE
One person guides the second person
through 3 different emotions.



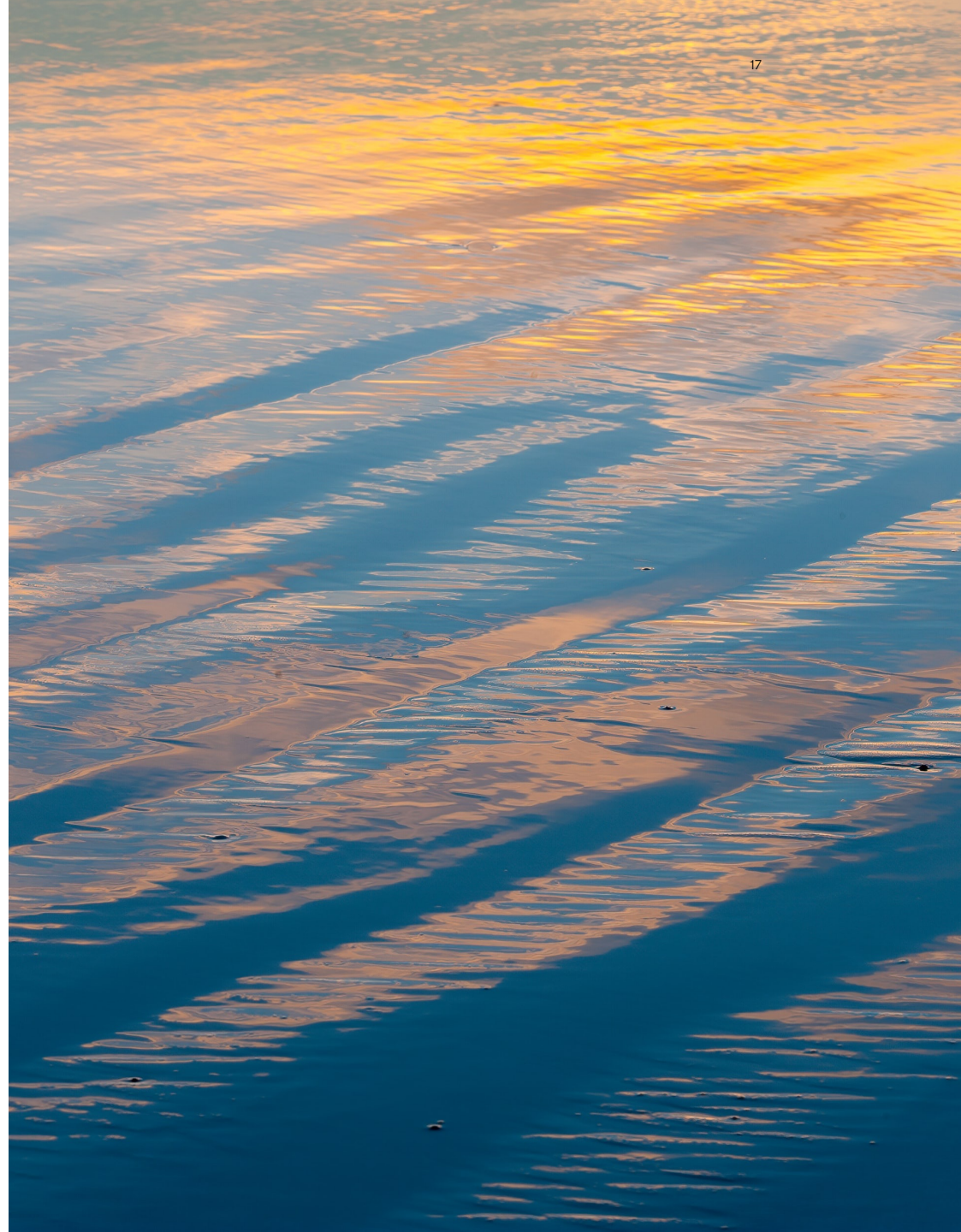
Therapeutic Ritual: Breath Practices

DOWNREGULATING

Box breathing (in for 4, out for 8)

UPREGULATING

Conscious connected breathing



Module 2

- Identify your personal attachment style(s) and assign a percentage to each knowing that these can change in different contexts. For example, you can develop different styles with different caregivers; you can also start developing earned secure attachment but sometimes revert to an insecure style under stress
- Notice a time during the week when an insecure attachment style(s) surfaced relationally. When did you become aware of this (i.e. in the moment, or later upon reflection), how did it impact your interaction, if it did?

Module 2

- In your small group, share your reflections, discuss any insecure attachment style(s), and discuss how are you working on developing greater security (if at all)? How might this be helpful for your self-awareness and growth?

Honouring and Witnessing

