


Building Rapport with Avoidant Clients with Complex Trauma Histories



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Presentation Objectives

- Learn strategies to develop rapport with avoidant clients that can be utilized immediately.
- Understand how to develop rapport in a trauma-informed way with clients with complex trauma histories; including those who are mandated for services.
- Increase understanding of borderline personality disorder and antisocial personality disorder and how to effectively develop rapport with those clients.

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Trauma Defined

Exposure to an actual or threatened death, serious injury, or sexual violence

American Psychiatric Association. (2013). Trauma- and Stressor-Related Disorders. In *Diagnostic and statistical manual of mental disorders* (5th ed.).

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Trauma Exposure

- Experiencing the event directly
- Witnessing the event in person as it occurred to others
- Learning an event occurred to a close family member or friend
- Experiencing repeated or extreme exposure to aversive details of an event (first responders)

American Psychiatric Association. (2013). Trauma- and Stressor-Related Disorders. In *Diagnostic and statistical manual of mental disorders* (5th ed.).

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Complex Trauma

- Repetitive, prolonged, or cumulative
- Most often interpersonal
- Often occur at developmentally vulnerable times in the victim's life

Courtois, C. A. (n.d.). Understanding Complex Trauma, Complex Reactions, and Treatment Approaches. Retrieved from <http://www.gifffromwithin.org/html/cptsd-understanding-treatment.html>

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Avoidance

Diagnostic criteria for a diagnosis of Posttraumatic stress disorder

- Avoiding memories, thoughts, or feelings about or closely associated with the traumatic event(s)
- Avoiding external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s)

- American Psychiatric Association. (2013). Trauma- and Stressor-Related Disorders. In *Diagnostic and statistical manual of mental disorders* (5th ed.).

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Avoidance

- Emotional avoidance
- Behavioral avoidance
- The distraction can be helpful in the short-term
- Using it as a coping mechanism can affect daily activities and become detrimental

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Extreme Avoidance

Frantic avoidance

- Interpersonal issues
- Self-harm
- Overextending self
- Substance use

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Defining Empathy

- Empathy and sympathy are sharply differentiated
- <https://youtu.be/1Evwgu369Jw>

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Empathy

“Therapist’s sensitive ability and willingness to understand the client’s thoughts, feelings, and struggles from the client’s point of view. . . to see completely through the client’s eyes, to adopt his frame of reference. . . Entering the private perceptual world of the other. . . Being sensitive, moment by moment, to the changing felt meanings which flow in this other person. . . Sensing meanings of which he or she is scarcely aware.” (Rogers, p. 85, 142)

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Empathy

- Higher order process
- Establishment of *rapport* and support
- Therapist exhibits a benevolent compassionate attitude toward the client and demonstrates understanding of the client’s experience
- *Communicative attunement*: active effort to stay attuned on a moment by moment basis with the client’s communications and unfolding experience.

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Empathy – Key Points

- Do not parrot clients’ words back or reflect only the content; instead understand their moment-to-moment experiences in the session, and their unspoken nuances and implications.
- Continually adjust therapist assumptions and understandings, attending to the leading edge of client experience to facilitate awareness of emerging feelings and perspectives.

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Empathy – Key Points

- Empathy is shown in how well the therapist receives, listens, respects, and attends to the client; more so than in what the therapist does or says.
- Therapists should neither assume they are a psychic or that their experience of the client will fit the client’s experience.

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Empathy – Key Points

- Empathy is best offered with humility and held lightly, ready to be corrected.
- Empathy is not only something that is “provided” by the therapist as if it were a medication, but is a co-created experience between a therapist trying to understand the client and a client trying to communicate with the therapist and be understood.

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Empathy- Key Points

- Offer empathy in the context of positive regard and genuineness.
- It is not effective unless derived from authentic caring for the client.
- Value empathy as both an ingredient of a healthy therapeutic relationship and a specific, effective response that promotes strengthening of the self and deeper exploration.

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Empathy in Practice

When have you had difficulty offering empathy with a client?

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Intercultural Empathy

<https://youtu.be/rHkZiNwY6UE>

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Intercultural Empathy and Genuineness

<https://www.youtube.com/watch?v=MTIihYVAmRQ>

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Elements of Genuineness

“Therapist is freely and deeply himself, with his experiences accurately represented by his awareness of himself” (Rogers, 1957, p.97)

- Genuinely and mindfully present in interactions with the client
- Personal awareness and authenticity are of the utmost importance

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Client Perspective

- Therapist fully at ease within the relationship and openly him or herself
- Attuned to the moment
- Open to sharing this experience with the client
- Does not avoid uncomfortable feelings and impressions

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When Genuineness is Lacking

Rogers (1967) suggests introspection- “Often it was quite personal. I was stupid, rude, hurrying, embarrassed, avoidant, on the spot;”

<https://www.youtube.com/watch?v=Cu5F2Z9mKmo>

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Self-Disclosure

- A controversial subject
- Defined as: “statements that reveal something personal about the therapist” (Hill & Knox, 2002)
- Traditionally, therapists are encouraged to be a “blank screen” (Hill & Knox, 2018) allowing clients to project their feelings and perceptions onto their therapist
- More recently, the idea that therapists can facilitate the therapeutic process by self-disclosure and talking about the relationship.

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Self-Disclosure

- Is not personal chatting
- Can be:
 - Talking about feelings
 - Similarities
 - Insight
 - Strategies

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Immediacy

- Asking about current feelings and thoughts
- Expressing immediate feelings
- Drawing parallels with other relationships
- Making the covert, overt
- Acknowledging a breach in the relationship
- Trying to repair ruptures

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Immediacy

- Encourages clients to express unstated feelings
- Attempts to negotiate, enhance, or repair the therapeutic relationship
- Models appropriate methods of interacting with others during times of conflict

AKA: metacommunication, relational events, in vivo work, present-focused work

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Research Conclusions

- Improved mental health functioning
- Overall enhanced therapy relationship
- Clients more open
- Less problems in the therapeutic relationship
- Clients can sometimes react negatively
- Therapists can feel vulnerable and incompetent
- Should be used deliberately, with mindful intent

Hill, Knox, and Pinto-Coelho 2018

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Validation

- Validation is acknowledging the truth in another person's perspective or situation.
- Validation is communicating that we understand the other person's perspective.

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Validation

- Validation does not equal agreement. It means understanding where the other person is coming from.
- Validation does not mean agreeing with something that is not true. Example: You can validate someone’s feelings about a situation without agreeing with them.

Adapted from Marsha Linehan’s Skills Training Manual for Treating Borderline Personality Disorder, Guilford Press, 2015

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Validation

<https://www.youtube.com/watch?v=BDIBjJkRscg>

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Six Levels of Validation

- **Level 1** = Pay attention
- **Level 2** = Active reflection; reflective listening
- **Level 3** = “Read minds”; validate the unspoken thoughts and feelings (nonverbals)

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Six Levels of Validation

- **Level 4** = Understand; validate based on past learning experiences
- **Level 5** = Acknowledge the valid; validate what's normal given the current context
- **Level 6** = Show equality; radical genuineness (self-disclose, experience emotion)

From DBT Skills Training Handouts and Worksheets, Second Edition, by Marsha M. Linehan. Copyright 2015 by Marsha M. Linehan.

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Validation in Practice

How would you offer validation to these clients?

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Validation in Practice

“I continue to make attempts to get changes to my medication but my doctor says he won't make changes. I feel like I should know my body better than anyone.”

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Validation in Practice

“The family who adopted my children doesn’t want me to be around my kid, they think I am a bad influence on her.”

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Validation in Practice

“I feel so much shame and sadness over my daughter’s death but I feel like I don’t deserve to have feelings about it, since it is my fault that she died.”

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Validation in Practice

“I am never in control of anything—when I am here the officers control everything, on the streets my agent controlled everything and my mom has my children so I have to do everything the way she wants to as well.”

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Irreverence

- “Irreverent communication indicates to the patient that any idea or belief held by either the therapist or the patient is ultimately open to question, exploration, and change”
- Provoke the patient to “jump the track”
- Push the patient “off balance” so that rebalancing can occur

Linehan, M. (1993). *Cognitive behavioral treatment of borderline personality disorder*. New York: Guilford Press.

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Effective Use of Irreverence

- Must be genuine
- Built from compassion, caring, and warmth
- Used to get the patient’s attention
- Used to shift the patient’s affective response
- Used to get the patient to see a completely different point of view

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Examples of Irreverence



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Irreverence in Practice

<https://www.youtube.com/watch?v=ltNhwj-F7c8>

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Humor in Therapy

Use humor carefully

- Defense mechanism
- Minimizing experiences
- Embarrassment or shame
- Dissociation

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Humor in Therapy

- Benefits health
- Enhances therapeutic alliance
- Builds trust
- Gets clients unstuck by helping them process

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Humor in Therapy

- Combats fear
- Provides comfort
- Relaxes
- Spreads happiness

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Laughter

<https://www.youtube.com/watch?v=80hcQJuo6NE>

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Therapist Self-Care

- Make time for it!
- Do something *you actually* enjoy!
- Set boundaries!
- Consultation!

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Questions

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