Engagement

Goal

The overall goal at the beginning of therapy is to create an alliance with each person in the therapy room; that is, create a relationship with each individual in which the therapist is warm, supportive, understanding, genuine, and empathic. In other words, all individuals in the room will feel that the therapist really ‘gets’ their experience and is someone with whom they will be able to explore new behaviors and new ways of interacting with each other.

Interventions & Mechanisms

The creation of an alliance occurs through joining with each person in the room then exploring each person’s experience of the problem.

Engagement, an ongoing process throughout therapy that should be actively monitored, is characterized by the therapist being:

§ Empathically and authentically attuned to and connected to each individual on a personal level

In order to facilitate joining and engaging all individuals, the therapist takes a moment after meeting each person in the room and hearing a bit about them to ask herself, “What would it be like to be this person living in these circumstances with these types of problems? What would I be feeling, doing, and thinking?”

It is absolutely imperative that by the end of the first session everyone in the therapy room feels as if the therapist really understands their experience, particularly their felt experience.

§ Genuine in his/her interactions with the clients, which may include admitting mistakes in interpreting their experiences

§ Validating, normalizing, and reflecting the clients’ responses in terms of affect, behavior, and cognition so that everyone begins to feel that they are entitled to their emotional experience and emotional responses and that they are not crazy.

Everyone’s experience must be validated and normalized. No one in the room should feel that they are ‘crazy’ or ‘bad.’ That, given the circumstances, what has happened to them has happened to others and that many people would have had similar reactions.

The definition of the presenting problem is jointly created by the therapist and the individuals in therapy by:

§ Assessing the goals and agendas of all individuals in the therapy room

But, it is essential to remember that in the therapy room the therapist is the one who will be assessing and diagnosing what the focus of therapy will be and sharing that plan with the participants.

§ Noting key pivotal past events

Therapist: I would like to start by hearing from each of you what you see as the problem. Can you tell me what has been going on between all of you?
Make sure to focus on the interactions (PROCESS) among the individuals in the room, not on the content of this. It is how the content is managed that is MOST important. If it is an individual, the process will be with YOU.

Therapist: When you were growing up to whom did you go when you were hurt or upset? Who took care of you?

This is another important question to ask in the first session to begin to assess the attachment quality of the clients. Ask everyone in the room.

Beginning to reframe the cycles that are observed in this first session by:

§ Reframing everyone’s individual experience from the attachment perspective—This is part of the process of making sure that you are ‘getting’ the clients’ experiences.

Therapist: So Lois (mother), what you are telling us is that you feel frustrated that you have given Jennifer chance after chance and it feels like she is always letting you down. You kind of sit there thinking “Why do I let her do this to me?” And then you get angry at her and a little angry at yourself, is that right? (wait)
Therapist: You are angry, but perhaps also a little bit sad? You want to be a good mother. You want to provide for and take care of Jennifer, but you can’t find any way to get through to her. (wait)
Therapist: In addition, Jennifer, it sounds like your frustration has a bit of hurt in it. Sometimes your mother is so angry that you’re afraid to tell her the truth, because you don’t want her to be angrier with you and you don’t want her to be disappointed in you or turn away from you. (wait)
Therapist: And Jennifer (daughter), it sounds like what you’re saying is that when you see your mom getting angry and yelling at you, it feels to you that no matter how hard you try you can’t seem to do anything right. You don’t think she would ever understand how hard it is to say ‘no’ to your best friends. And so you think “I will never be able to meet her expectation, so why bother even trying?” You sort of just give up; (wait) am I hearing it right?

Therapist: So Shauna (female partner), it sounds like you feel that Fred doesn’t pay enough attention to you when you are out together. You get a little angry at him and a little angry at yourself because you keep thinking it will change and it feels like it doesn’t. Right? (wait)
Therapist: Fred (male partner) when Shauna was talking about what she saw as the problem, you seemed to shut down a little and sort of turned away. Almost like you might have been saying to yourself and maybe to me that you have heard this all so many times you don’t think you can hear it again. (wait)
Therapist: (still to Fred) That makes sense because couples do sometimes get into these cycles that they have a hard time getting out of and at some level, make them feel a bit overwhelmed and maybe even a bit sad. Does this make sense? (wait)
Therapist: So, maybe both of you feel unheard in a way and a bit angry about that.
(Turning to Fred then Shauna)

End State

At the end of session one and all of the rest of the sessions, each person in the room should feel safe and accepted by the therapist, have some hope that the therapist will be able to help, and agree to return to therapy. In addition, the therapist has an initial idea about the major conflicts and interactional cycles as well as the attachment positions of each individual.
Assessment and Diagnosis

Goal

The overall goal of assessment and diagnosis is to identify the negative interactional attachment cycles that occur and the feelings (overt and vulnerable) that everyone experiences during these cycles. Then, describe these cycles.

Intervention & Mechanisms

To identify the negative interactional cycles and the resulting feelings the therapist needs to:

§ **Track and reflect the cycles** by identifying the process and structure of the interactions in terms of affect, attachment positions, and attachment behaviors (distance-withdrawer, pursuer), piecing them together from both the individuals' descriptions and direct observations, and then reflecting the process of these interactions back to individuals in the room.

*Therapist:* So, Diane, today when your father yelled at you to shape up, you just shut him out because it must have hurt too much to hear such disappointment from someone who is so important to you. (Turning to father) And when Diane shut you out, George, you just kept nagging her more because it seemed that she was rejecting you as a father and you just couldn’t let her do that to you. You want her to re-open the door for you.

*Therapist:* John, I noticed that when Marta was talking about how she felt you never tell her when you are going to be coming home late, you turned away with a big sigh. Almost as if you were saying, “Sometimes I feel like I can never do anything right.” Was that correct?

*John:* Yeah. No matter what I do, I’m always seen as never following the rules.

*Therapist:* So, John, that must make you feel a bit upset, right? (wait) The two of you are caught in one of those vicious cycles. (wait)

*Therapist:* Marta, you’re irritated because it seems like such a simple thing you’re asking John to do and you’re disappointed that he cannot do that. (wait)

*Therapist:* And, you, too, John, are in a quandary about how to keep the peace without giving up your sense of autonomy.

§ **Interrupt and redirect** the conversation when the any individual in the room talks about things other than the interactional cycle of focus.

*Therapist:* Courtney, if I can just interrupt you for a second. It seems like you have some strong feelings about the rules your parents have for you and you can’t wait to tell me. I’d like to hear about that in a moment because your opinion is very important, too. However, for now, I’m wondering if we could go back to what your sister just said about feeling left out. Would that be okay with you? Thanks for being patient.

End state

§ All individuals in the room have an expanded view of the problem and acknowledge to a certain extent how their interactions contribute to the problem

§ All persons in this therapy feel safer, more comfortable, and more accepted by the therapist.
Reframing Interactional Cycles

Goal

The goal of reframing is to access the unacknowledged vulnerable feelings of all participants in therapy in the context of their defensive emotional experiences that hold their interactional cycle in place (distance-fear/pursuer-anger). Most people are usually unaware of these vulnerable emotions (fear, sadness, anger, shame) and do not explicitly express them in their interactions. In most intense interactional cycles, the feelings that commonly are overtly expressed are anger, rage, stonewalling (fear), among other defensive ones; the vulnerable feelings of hurt, sadness, fear, anger, and shame that are hidden frequently are not accessed or acknowledged. The expression of feelings of anger by one person tends to encourage one of two responses in the other individuals in the room; either they disengage by lapsing into silence or sullenness or they re-engage by responding with similar anger and rage. Either response tends to escalate the cycle further. These two responses often relate to the attachment positions of the individuals. That is people who attempt to connect to others by taking an angry, pursuing, or critical position in the interaction often are experiencing vulnerable feelings of panic, fear, and sadness that denote their fears of abandonment and/or rejection. On the other hand, people who take a more withdrawn position are more likely to be experiencing vulnerable feelings of intimidation, anger, and incompetence. These feelings engender fear or panic that they will be unable to please others or they engender a paralyzing sense of helplessness that no matter how they respond to others they will not elicit any positive response or they engender anger that others only see their faults. The purpose of reframing is to access and unearth these vulnerable feelings that are hidden by the overt and defensive angry or stonewalling ones, making them an explicit part of the therapeutic dialogue.

Interventions & Mechanisms

Vulnerable feelings are accessed by focusing on the actual emotional experiences of the individuals in the room that occur during the therapy sessions. Therapist actively invites all in the room to engage in and focus on these emotional experiences, then expands and reprocesses these experiences by using the following techniques:

§ **Validation:** Validation of each person’s responses and emotions as legitimate and understandable is crucial during this stage of therapy. Validation helps them to stay in contact with their emotional experiences and removes one major block to their engagement with their emotional states – self blame.

§ **Heightening of emotions:** Heightening is a way of helping individuals fully experience and resonate with their vulnerable emotions (and ONLY vulnerable ones); in addition, heightening is a way of creating powerful emotional experiences in the session. **Change only occurs in the context of high arousal of vulnerable affect.** Therapist highlights and intensifies key vulnerable emotions that arise in session and are related to the attachment positions of each person in the room. These vulnerable feelings that individuals are defending against showing others seem to play a crucial role in maintaining an individual's destructive interactions. This heightening of vulnerable feelings helps people to engage with their emotional experience more intensely and create a new way of interacting with other people. Heightening can be achieved by:

1. Maintaining a consistent and persistent focus on key vulnerable emotional responses. The therapist blocks exits or changes in the flow of experience that are likely to lessen the emotional intensity of the vulnerable feeling in that moment. **This is not “venting”**
of emotion. Venting is harmful and punishing to all in the room. We only heighten vulnerable emotion.

2. Repeating a phrase to heighten its impact, usually this is a “catch” phrase used by the person.

3. Using clear, poignant images or metaphors that crystallize experience, for example, “heart-sinking,” “the floor dropping out from under you,” “it burns you to see him do that.” The therapist should use each person’s own language.

4. Directing individuals to enact their vulnerable emotional responses again.

5. Referring to bodily/physical reactions (e.g., “I shake when I hear this.” “There is a catch in your voice as if it hurts to even put it in words.”)

   Therapist: “Diane, I keep hearing that phrase over and over again — ‘I don’t need you! I don’t need you! I don’t need you!’ Almost as if it is so painful and scary to feel that gap between the two of you that if you keep saying this over and over again, you will be able to keep it together and maybe stop that fear that keeps creeping up that he doesn’t want to be with you.” (repeating phrase.)

   Therapist: “Lee, when your dad told you that he doesn’t give a damn about you and you will have to deal with your problem on your own, it might feel like being dumped into a river in the winter. It’s so cold, and you are freezing and drowning. No one cares about you and no one wants to help you. It might feel like you are fighting for your life and he just stands on the river bank and watches you struggle.” (Using clear poignant images or metaphors.)

   Therapist: When I picture you hurting, I get a sense of a scared and lonely person who feels abandoned in the world. You want to reach out, but it’s like you’re too scared to try and reach out for help.

   Therapist: “So you seem to be telling your husband, ‘I’m not going to let myself be hurt by you again! Each time when I am feeling good about myself, I see that disapproving look on your face, or a frown...it crushes me! It crushes me! So I have decided I will keep you out, at a distance, because that’s the only way I can manage how scary this all feels. How scared I am of losing you.’ Can you tell him that?” (Directing a person to enact his/her vulnerable emotional response)

   Therapist: You have been trying so hard to be a good mother, to do the right things, and that’s all you want to do. After your daughter ran away from home several times, you started wondering what’s wrong with you, and that makes you sad and angry at yourself for not doing a good job. Every time she did something wrong, you blamed yourself. You have been trying everything you could, but you still fail. You feel so inadequate, so incompetent, so small, and so helpless.
§ Evocative responding: reflections and questions: This intervention focuses on the tentative, unclear, or emerging aspects of individuals’ experiences. The therapist may focus on the most poignant elements of an emotional/bodily response, the conflicting elements within that response, the action tendency inherent in the emotional experience, or how cues are perceived or processed by others in the room. The therapist may simply repeat certain phrases, offer an image or metaphor, or ask exploratory questions. These reflections and questions are offered tentatively, for the clients to accept, correct, or reject.

Therapist: So what is it about your Dad’s tone of voice right now that seems to trigger the sense of the floor dropping away?"

Therapist: Jim, what’s happening to you as your father describes how he sees you and how disappointed he is?

Therapist: I wonder what’s going on for you when you hear your grandma telling you how scared she is that she’s lost you and is afraid she’ll never find you again."

Therapist: You’re saying that it is disappointing, right? It is so painful to hope that your wife is going to change, as she promised. She broke her promise and let you down again. You want to stop hoping, but you can’t because you love her. So, you feel as if you are “breaking up” inside. What does it feel like to be “breaking up” inside? Can you tell me more about it?

§ Empathic speculation: In this intervention, the therapist makes inferences about an individual’s current state and experience from nonverbal, interactional, and contextual cues, from the therapist’s empathic immersion in the client’s experience and knowledge of the interactional positions and patterns of everyone in the room. Based on such inferences, the therapist offers a formulation of each person’s experience that adds a new element, or puts elements together in a new way, thus helping everyone to crystallize his/her experience and process this experience one step further. Inferences are typically around defensive strategies and core catastrophic attachment fears. Ideally, these inferences are offered in a tentative manner and are only one short step ahead of the client’s own framework. Inferences that are too far ahead of the person, if offered continually, will damage the alliance. The goal of this technique is not to offer insight or labeling, but to facilitate more intense experiencing through the new understandings about emotions, thoughts, and behaviors that will arise.

Therapist: “When you said, ‘I’m not a kid anymore,’ you sounded angry, but I see you moving toward your mother. I get the sense that this makes you pretty sad. Is that right?”

Therapist: “When you say, ‘This is the last time I’m doing this. I have told my husband that this is the last chance I’m giving him. I just can’t take it anymore,’ I hear some sadness and fear in your voice. I’m wondering if you are feeling sad because you are thinking of giving up an important thing that you have be treasuring for almost 15 years. You are sad because you may be losing him. And then you are scared for yourself, for your future. Am I hearing it right?”
Therapist: “You were saying that this is the last chance you would give your son. No more! If he ever got locked up again, you will just give up, as if you never had a son. But what I’m hearing is that you’ve tried so many different ways to help him, to wake him up, to help him understand the consequence of his action. Now, you are using your last weapon, you are hoping that the possibility of you leaving him will actually wake him up, and he will change. He is so important to you that you are willing to scarify your relationship with him in order to save him. Am I hearing it right?”

End State

All clients experience this reframing as risky and anxiety provoking, but also tremendously relieving. It feels risky because they face the fear of self-criticism (“I don’t like this part of me. I’m not being a good parent/spouse/person”), the fear of revealing aspects of self that they are unsure of and uncomfortable with, the fear of facing the anticipated negative responses of others, and the fear of unpredictable change in distressed relationships. The predicable support and direction of the therapist provides a secure base for continued exploration. And, even more importantly, change will only remain permanent if experienced in a highly arousing situation.

They also feel relief in being able to process and understand their own emotions and their relationship patterns; that is, they feel a sense of efficacy when they begin to realize that each person unwittingly has helped to create the relationship cycle (e.g., “If I created it, maybe I can make it different”).

Each person’s attachment longings emerge and begin to be clarified during this reframing. This is also the time when attachment wounds (past incidents that have damaged the attachment, and actively influence the way the relationship is defined in the present) are explored and clarified.
Choreographing Change

Goals:

The therapist is involved in choreographing a series of change events in which individuals who typically withdraw from interaction are able to express their own emotional experiences and attachment desires while staying engaged in the interactions. At the same time, the individuals who are typically critical or blaming are able to hear these expressions without shutting down their own vulnerable feelings and attachment desires. They, too, are able to remain fully engaged in the interactional cycles, expressing their own vulnerable feelings. In so doing, each person is explicitly taking a new position with the others in the room and this new position elicits a reorganization of the interactional cycles.

During this process of choreographing change, therapists focus on the attempts that individuals make to express their vulnerability directly to other people and help them to do so. For example, when individuals are unable to express their own desires, the therapist helps them to identify these and encourages the direct expression of them to other people. In addition, if individuals express what they want to the therapist, the therapist redirects them to share these feelings with the others in the room. As she does so, the therapist may continue to reflect and validate what they are saying. At the same time, the therapist facilitates the listening and responding process of other individuals in the therapy room. The therapist’s focus is to reflect and heighten all clients’ attempts to state their desires in non-defensive ways and reflect and heighten all clients’ positive responses to this process.

As more positive interactions emerge, the therapist tracks and reflects the changes to the original negative interactional cycles that have resulted in this more positive cycle. For example, as withdrawers experience their real fears of contact, process them, access more specific hurts, and directly express these to the others, the therapist validates and reflects this new behavior. The others in the therapy room may respond with some disbelief and detachment as they hear such a direct expression of the typically withdrawn members’ feelings and what they will and won’t do in the relationship. If this is the case, the therapist helps those withdrawers to stay focused on their own reactions and continue the dialogue with others in the room.

At the same time, the therapist helps the others in the room who tend to be blaming to hear and deal with their anxiety about this new behavior from the withdrawer. The therapist helps the others, particularly those who have been critical and blaming in the past, to focus on themselves rather than on the withdrawer, accessing their own attachment fears and experiences, and processing them. The therapist focuses them on their immediate and clear reluctance to engage with the withdrawer on any basis other than that of disbelief and anger. The therapist helps the pursuers to access both their longing for connection and real fear of the dangers of connecting. The therapist helps these more critical members to share these experiences with the withdrawer. They are then able to address their attachment positions from a more vulnerable stance.

For both the withdrawing and critical individuals in the room, the therapist reframes their difficulties in stating desires or accepting new expressions as their own vulnerabilities and fears arising from past experience of negative cycles.
By staying engaged with their own emotional experience, all clients are able to state their own desires in the relationship context. By being open to the other individuals’ emotional experiences, all persons in the room are able to state these desires in ways that increases the likelihood that they will be met by the others in therapy with them. For example, instead of a mother demanding that her daughter do something, she is able to ask the daughter. In turn, her daughter is able to respond honestly about whether or not she is able to comply at this time to this request. The mother is able to ask and the daughter is able to respond in a non-defensive manner. In this way, each person is able to present his/her specific requests in a manner that pulls the other person toward him/her and maximizes the possibility that the others will be able to respond.Attachment positions become flexible and attachment signals and emotions become clear.

The therapist monitors the acceptance by others in the room of the person who is expressing his/her new or vulnerable emotional experiences and trying to engage in new interactional patterns. Facilitate everyone’s hearing of, processing of, and response to these new experiences. De-escalate the old, destructive interactional cycles and restructure a new and intimate interaction.

Interventions & Mechanisms:

§ Restructuring interactions: The therapist choreographs enactments of present positions that are now more explicitly, consciously, and actively taken and shapes those interactions to include new elements from the newly synthesized experiences arising from engagement, thus turning new emotional experience into new interaction.

Examples of inviting withdrawer to restructure interactions:

ONE:

_Therapist:_ So, Mike, can you tell your mother, “I am so sad that I disappoint you. I let you down. I am afraid that I will never be able to meet your expectations and you will eventually stop loving me. So I turn away from you because I can’t bear to hear your disappointment. Your disappointment hurts me so much. As long as I shut you out, I don’t have to face the fact that I’m a failure.” Can you tell your mom that?

_Mike:_ I can’t! I can’t do it. I don’t want her to know that. She will used it to against me next time when I do something wrong. She is so good at saying something very mean and hurtful, and she never forgets. She even remembers very small things that I did wrong years ago.

_Therapist:_ I know it is very scary for you to say what you really feel to your mother, and it is not what you would usually do. You are so used to pushing her away, because you are afraid of hearing her disappointment and you don’t want to be hurt again. And you have been doing this for years, right? Pushing her away is a lot easier than taking the risk to let her know what you really feel. And sometimes you wonder if she cares enough about you to actually listen. You are afraid of being rejected if you take a big risk here, right? Can you give her a chance? Can you open the door slightly for her and invite her into your world? Can you help her to understand you better?

_Mike:_ I don’t want to give you another chance. I would rather push you away and just be by myself.
**Therapist:** Can you say that again to your mom, “I don’t want to give you another chance. I would rather push you away and just be by myself. I don’t need you. I can take care of myself. I will not give you the power to reject me and hurt me again.”

**Mike:** I don’t want to be hurt again.

**Mother:** I’m not trying to hurt you. I just don’t want you to get into so much trouble.

**Therapist:** What is happening, as you listen to your son talk like this? Can you hear how difficult it is for Mike to even think of trusting you, of opening his door for you?

**Mother:** I hear it!

**Therapist:** What happens for you when you hear it?

**Mother:** I feel sad. He sounds just like me. We are both hurt and afraid.

**Therapist:** Can you tell him that?

**TWO:**

**Therapist:** John, when your wife was talking about your inability to follow through on what you say you will do, I saw your sit back in the chair, close your eyes, and sigh. Almost as if, you were trying to shut her out. I wonder if when she says things like that, you feel as if you can never do anything right. Do you think you feel that way?

**John:** It does feel that way sometimes.

**Therapist:** If I were you, I’d probably end up feeling angry that no matter what I do it is never enough. Do you think you might be a bit irritated? Or angry?

**John:** Certainly irritated.

**Therapist:** Can you tell your wife that you feel a bit angry when she criticizes you over and over again? You feel like the gap between you gets wider and wider?

**John:** She won’t stop anyway. No point in my telling her.

**Therapist:** Well, it is also probably a bit scary to tell her that isn’t it? What if it just escalates everything, right? If you speak up and tell her you’re angry, it might just get worse.

**John:** Yeah, it does make me anxious.

**Therapist:** Can you tell her that? That you are angry when she criticizes, but you fear making it worse if you speak up. And, the gap is already too big between you two.

**John:** Phyllis, I am irritated when we get into this. I get worried that I will only make it worse.
Phyllis: I'm glad to hear that you can admit you are angry. I think that is part of why I keep going on and on. Just to get you to be engaged in some way.

Therapist: So, Phyllis, this is new information for you, right? John, has actually confirmed what you suspected and it makes you feel a bit better, right? At least, John is connecting with you in some way, not just moving away from you. And, Phyllis, this is what you really want isn't it; to be connected to him, right? You miss the connection you used to have.

Phyllis: Yes.

Examples of blamer softening:

ONE:

Wife: I don't understand what's happening here. You talk as if he's the victim and I scare him off. He's a totally different person at home, not as innocent as you see here.

Therapist: It must be hard for you to sit here and listen to this “stranger” talking. This is not the husband you are familiar with. He has never talked to you in this way. It's so new to you that you can't believe that it is true; can't believe that sometimes he's scared to say things to you, because he doesn't want to make things worse.

Wife: He is so good at fooling people. It is never his fault!

Therapist: (quietly) So, you are very scared to take a chance here and trust what he is saying. Too afraid that you will only be hurt again, right?

TWO:

Therapist: You feel so sad about what your daughter said; that what she experiences is that you don't care about her, you don't understand her, and you can't help her.

Mother: She is talking nonsense (looking down).

Therapist: (Noting non-verbal behavior of the mother). Something happened here. Something happened that was unbearable for you, is that right? (mother nods) You feel angry, like she's blaming you for her situation. You are angry with her, but you're also angry with yourself, and you're afraid that she might be right? You're feeling so angry, so scared, so sad, and so guilty; it is too much to bear, isn't it?

End State:
Each person in the therapy room sees the others differently and interacts with them in a new way. Withdrawn family members are fully engaged in interactions, experiencing their own vulnerable feelings and sharing them with others. The more critical individuals are fully softened and have acknowledged and shared their own attachment desires and vulnerable feelings. Contact between all individuals in treatment has become intense and authentic.
Emotional Engagement

Goal:
The primary goal of this step is to highlight the emergence of new solutions to relationship problems. By this time, a new way of interacting with one another based on reconnecting events during previous sessions has been developed. The therapist becomes less directive and is a guide to keep interactions on the new level of experiencing one another.

Interventions & Mechanisms:

Encouragement and support: As the therapist has been doing throughout the previous sessions, encouragement and support should be given when highlighting the changes that have occurred. It is important to validate each person’s movement toward change with specifics regarding what they have changed and what they should continue to strive to change. The therapist particularly supports individuals when they proactively own their part in the interactional cycle by helping other family members to be open and responsive to these new actions. In addition, continued observation of new attachment experiences and questioning about the feelings that are evoked by the new interactions is required. The therapist should invite more hesitant members to respond or more vocal members to be open to other’s perceptions. The use of modeling for family members is a potentially helpful mechanism to bring about these changes.

Therapist: You have gone a long way to making your relationships better. I can see the way you’re interacting with each other is very different now. Mike, when you first came, you tended to keep your mouth shut when you disagreed with your wife. You didn’t think arguing or discussing with her would help because you didn’t feel that you were important enough for her to listen to you. But now, even though you still need some time to make decisions, you eventually come back and tell your wife what you’re thinking. Jean, you would just blow Mike off in the past when he disagreed with you, because it was too scary and shameful to hear from him that you did something wrong. But now, you’re able to sit and listen to what he has to say because you know that he must trust and care about you enough to risk telling you what he really thinks.

Redirected. At this point, the therapist teaches participants to begin interrupting their own negative interactional cycles as well as practicing re-attachment strategies and self-softening/soothing techniques. The therapist should request that everyone begin doing this independently so that by practicing new interactions, they become natural.

End State:
Every individual should begin to feel able to carry out new tasks in their interactions with one another. They should describe feeling connected to one another in new ways. An atmosphere of trust and safety becomes evident as vulnerable feelings are exposed more readily and problem-solving becomes easier because conflict is at the level of differences in opinion rather than insecure attachment interactions.
Termination

Goals:
The goal of termination is to consolidate changes that have been made and look toward the future. All participants should be able to reflect on the changes they have witnessed and made as well as the feelings these changes have evoked. A discussion of the process of therapy is useful at this time as it pertains to memories of pivotal events that occurred for each of them.

Interventions and Mechanisms:

Encouragement and Support. Highlighting each person’s contribution to the changes in the relationships is key. The therapist will encourage participants to continue to validate each other’s feelings, desires, and wants.

Aftercare Teaching. A plan should be discussed with all clients for relapse management and prevention. The plan should be in the context of how they can expect feelings of disconnection again at times, but what ways can they reconnect with one another.

Example:

Therapist: Because it is very normal for people to do so, we can all expect that you all won’t feel so great about one another all the time later down the road. It may even feel like you’ve lost the connections you’ve all worked so hard to gain back. What do you think we can do if this happens?

Wife: “Come back to counseling” (laughing)

Therapist: “Well...that’s one option. But I’m thinking you all can manage most anything on your own at this point. Look how far you’ve done been and all the work you put into rebuilding what you felt was lost. Any other thoughts?”

Husband: “I may just need a kick in the butt by Mary [wife] reminding me that Teresa (daughter) is probably as scared as I am.”

Therapist: “Good thought. How can she remind you so you don’t feel overwhelmed or ganged up on like you had been feeling before.”

Husband: “Well...she can talk a little softer and ask me to take a couple breaths first.”

Therapist: “Great beginning.”

End State:
All participants in therapy should appear more flexible in their relationship positions to one another. There is risk-taking about vulnerabilities and responses are empathetic and emotionally receptive. All participants monitor and regulate negative affect in an emotionally engaged manner. A sense of connectedness exists between all participants as well as a decrease in negative cycles.
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