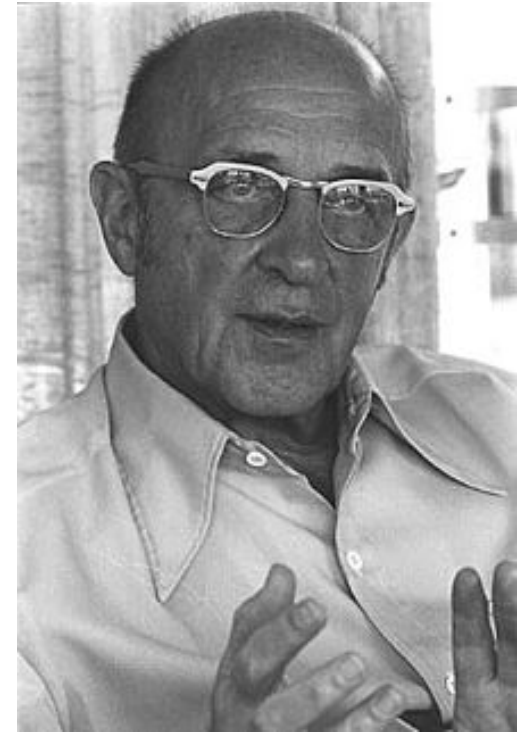


Supportive and expressive aspects of PIT

PIT-UK

Necessary and sufficient conditions?

Rogers 1957



Facilitating conditions

- Rogers (1957)
 - Necessary and sufficient conditions
 - Empathy
 - Congruence
 - Acceptance
- Facilitating conditions, (Truax and Carkhuff)
 - Empathy scale
 - Non-possessive warmth

Common factors model

Common therapeutic factors

• (Jerome Frank, *Persuasion and Healing*, 1961)

(a) an emotionally charged, confiding relationship;

(b) a therapeutic rationale accepted by patient and therapist;

(c) provision of new information by precept, example and self-discovery;

(d) strengthening of the patient's expectation of help;

(e) providing the patient with success experiences;
and

(f) facilitation of emotional arousal.

What do we mean by supportive and expressive

- Different models
 - Feedback model
 - Balance model
 - Foundations model
 - Target model
 - Gardening model
 - Football league model

Feedback model

Therapist “emits”
supportive conditions
(eg empathy)

Client responds with
Expressive content

Balance model

- Therapist delicately balances supportive and expressive elements to obtain optimal conditions for exploration
 - E.g. Hobson on the Yerkes Dodson curve

Foundations model

- Build up the supportive elements first to make a good alliance and then start to explore new structures above those foundations

Target model

The backdrop are the facilitating conditions and support rolling by

Every now and then a signal or cue is picked up and amplified

Gardening model

- Supportive conditions are the fertile soil in which growth occurs

Football league model

Top players aspire to the Premier league where only expressive techniques are used in a “non-gratifying environment

Below that are the other leagues where the clients and therapists focus on adjusting rather than change

Luborsky's model of therapy

Supportive techniques are ones developed by the therapist to create a positive, helpful and empathic relationship with the patient.

Expressive techniques are those used by the therapist that are aimed at helping the patient to express and to understand and change problems.

Supportive techniques

- **From Pinsky, 1998**
 - **praise,**
 - **encouragement,**
 - **reassurance,**
 - **advice,**
 - **instruction and**
 - **anticipatory guidance.**
- **Contrasted with exploratory techniques**
- **E.g. interpretation (particularly of the transference)**

Supportive therapy, relationship, and techniques

These are confused in the literature:

Supportive therapy

- Preventing relapse, overcoming symptoms but not personality change
- Client is too fragile or lacking reflective capacity so this is a second-best

Supportive relationship:

- Acceptance, respect, interest

Supportive techniques occur in (almost) all therapies

- They determine timing, tact, optimisation
- for example evidence on therapeutic alliance in CBT

“Neutral” techniques?

Some techniques do not fall neatly into either category

Clarification:

- Summarising, paraphrasing, restating, rewording, organising without elaboration or inference

Confrontation

- Bringing to the patient’s attention a pattern of behaviour, ideas or feelings that has not been recognised or is being avoided

To make sense of these we have to consider the therapists “intent” and client experience

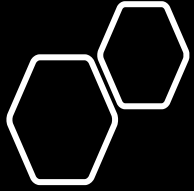
Balancing
supportive
and
expressive
components

“Be as supportive as you can be so that you can be as expressive as you will need to be!”

- (Paul Wachtel, 1993)

In expressive model therapy the therapist only gives up as much neutrality as is necessary

In supportive therapy the therapist is no more neutral than is necessary



Paradigm shift

- “Instead of applying the expressive model to all but the most supportive end of the psychotherapy spectrum, the supportive model should be paramount in all but the most expressive treatments” (Hellerstein et al , 1994)

PIT approach

- Hobson explicitly talks about an “optimal balance” model (See Forms of Feeling p. 235)
 - “In psychotherapy it is important to maintain as far as possible an optimum level of arousal and motivation... I try to make mental drawings of the [Yerkes Dodson] curves of both the patient and myself (for it is important that neither I nor the patient go over the top).”



Optimal state

To keep an optimal state the therapist must have some ways of increasing or decreasing the “level” of the session

- Calming soothing
- Galvanising, motivating

To do that effectively we need to “test the ground”

Gradual increase of intensity from cues, through understanding hypotheses

Negotiation and acknowledging error are crucial in charting the course of the session

Pivot statements

Understanding hypotheses are examples where the therapist pushes beyond what is already “known” and acknowledged into tentative new territory



If the session goes beyond the optimal point the therapist can

Acknowledge error

Shift to more
supportive strategies

Use the understanding hypothesis to hold the uncertainty

- before moving on to links and explanations

Recap

