# Interpersonal Process in Therapy

## AN INTEGRATIVE MODEL

Edward Teyber | Faith Holmes Teyber

SEVENTH EDITION

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# INTERPERSONAL PROCESS IN THERAPY

## An Integrative Model

SEVENTH EDITION


**Edward Teyber**

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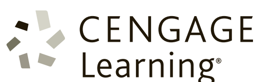
*San Bernardino*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*Dedicated to those who are struggling to change;*

*To our children, who have strengthened our commitment to making a difference;*

*And to all those who have come before and taught about the power of relationships to bring about change.*

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# PREFACE

## WHO ARE WE AND WHAT IS OUR PURPOSE?

We are both practicing therapists and clinical instructors who feel so fortunate to have spent our careers doing this work. Throughout the 80 collective years we have been practicing, we continue to find this work deeply meaningful. We have spent our careers involved in every aspect of clinical work: seeing clients, supervising graduate student therapists, directing treatment/training clinics, conducting psychotherapy process research, and carrying out empirically validated intervention projects. As we have grown older, we hold even more respect for the clients we see—often feeling genuine admiration for many who are coping and living as well as they are despite having grown up with so little help for the very big problems they are still contending with.

We find that the problems most clients bring to treatment are not simple or superficial but often complex, painful, and not so easily resolved. However, with helpful training and supervision, student therapists can learn much about how to help and make a meaningful difference in their clients' lives. We have been privileged to have taught and supervised so many rewarding graduate students, most of whom have gone on to become practitioners, teachers, and clinical supervisors. We love this work, feel honored to have had the privilege of entering deeply into our clients' lives, and believe that therapists help clients change through the reparative relationships they offer.

## WHO IS THIS BOOK FOR?

*Interpersonal Process in Therapy: An Integrative Model, 7/e,* is a clinical training text for those who are seeing clients: graduate student therapists in practicum, internship and other applied practice courses. It is also suitable for advanced students in upper division and pre-practicum courses that provide an in-depth, applied introduction to counseling and therapy. Foundational clinical concepts are introduced throughout each chapter and illustrated with numerous clinical vignettes and sample therapist-client dialogues that student therapists will find informative and compelling. Clinically authentic and personally engaging, this text will help developing therapists understand the therapeutic process and how change occurs.

Clinical training is stressful for many new therapists because they are painfully uncertain of what to do and how to proceed with their clients. Although they take helpful courses on counseling theories, helping/micro skills, and psychopathology, student therapists need more specific help as they approach their first clients in session. Fully cognizant of their limited experience and knowledge, and sometimes receiving contradictory input from different supervisors and practicum instructors, these trainees are often aware that they do not really know what to do or how to help their clients. Although bright and caring, many feel inadequate and worry about making mistakes or



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doing something wrong that could hurt their clients. New therapists need a conceptual framework to help them understand where they are trying to go in treatment, and why, in order to help their clients change. One of the primary goals of this foundational text is to replace the ambiguity that students often have about treatment with a well-developed framework for understanding how change occurs and what role the therapist-client relationship plays in the change process.

## WHAT IS THIS BOOK ABOUT?

We believe that the relationship between the therapist and the client is the foundation for therapeutic change. Thus, this text offers an integrative treatment approach that draws from different theoretical approaches and teaches student therapists how they can use the therapeutic relationship as a focus for understanding and intervening with their clients. In order to help, developing therapists need guidance learning how to make sense of the complex interactions taking place in the therapeutic relationship, and to find effective ways to talk with clients about what may be transpiring between them. With a better understanding of what is going on between the therapist and the client, the therapist is able to intervene effectively by providing clients with a new and reparative relationship that disconfirms clients' early maladaptive schemas and maladaptive relational patterns. With this in vivo or experiential relearning, we are teaching student therapists how to understand and intervene in the current interaction or interpersonal process that is occurring between the therapist and client to provide a corrective emotional experience.

Specifically, this text aims to help developing therapists learn how to use process comments and other immediacy interventions, such as metacommunication, self-involving statements, and interpersonal feedback to intervene in the here-and-now, current interaction with clients. Written in a direct and conversational tone, this text provides an integrative treatment approach that highlights how new therapists can use the process dimension—talking sensitively yet forthrightly about "you and me" and what may be going on between the therapist and client, right now, to facilitate change.

The model teaches readers to (1) identify significant relational themes and cognitive patterns in the client's behavior; (2) help the client recognize how these patterns function both for better and for worse in the client's life—that is, what they provide and what they cost; (3) change how these maladaptive relational patterns and outdated coping strategies that are causing problems with others are also coming into play during sessions in the real-life relationship between the client and therapist; and (4) generalize the in vivo relearning from this experience of change with the therapist to others beyond the therapy setting. This treatment model demonstrates a way of being with clients in session that is genuine, actively engaging but not directive, empathic, and highly collaborative. It encourages therapists to explore with clients what is going on between them so they can work together to change faulty patterns that are being enacted with the therapist and others, and provide the experiential relearning that will help clients change.

Describing the course of treatment from the initial session through termination, this text provides practical intervention guidelines for working with the primary issues that emerge during different stages of treatment, and shows how theory leads to practice. With clarity and immediacy, it highlights the challenging clinical situations that new therapists are facing, and captures the questions and concerns that are salient for student therapists as they begin seeing clients. The interpersonal process model is an integrative approach that incorporates client-centered, cognitive-behavioral, family systems, interpersonal-dynamic, and attachment theories; uses the therapeutic relationship as an organizing focus for treatment; and encourages student therapists to draw flexibly from varying theoretical perspectives and develop their own personal styles. This text presents a comprehensive treatment approach

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that teaches student therapists how to use themselves, and the relationships they establish with their clients, as the most important way to help clients change.

## WHAT'S NEW IN THIS SEVENTH EDITION?

The goal for improving this foundational text on clinical training has always been the same: to make it simpler, clearer, and more practical for new therapists. Because this material is clinically authentic and so personally evocative for student therapists, we have tried to make the Seventh Edition more concise. Every chapter is shorter. However, we also wanted to develop more fully certain core concepts that run throughout the text, especially empathic understanding, working collaboratively, rupture and repair in the working alliance, and further guidelines for engaging clients in more depth. The Seventh Edition has thoroughly integrated the burgeoning literature linking attachment theory to clinical practice, especially adult attachment styles and clinical presentation. There is further attention to the trans-diagnostic role of shame in many clients' symptoms and problems, and to its role in resistance and premature termination.

This new edition also provides more attention to case formulation and treatment planning, and empirical support for treatment guidelines. A revised and expanded reference section provides improved access both to classic and current clinical and research literature. Finally, it is challenging for new therapists to work "in the moment" with clients and try out the process-oriented interventions that can be so helpful yet intimidating in the beginning. To assist with these immediacy interventions and other core concepts, many new therapist-client dialogues and case vignettes have been added in every chapter to illustrate effective and ineffective intervention. In conjunction with new video demonstrations that accompany the Seventh Edition, these illustrative dialogues will help trainees "see" concepts and apply them to practice. We hope this will help trainees become more effective clinicians as they sort through their own identities as therapists and choose their own personal styles for working with clients.

## SUPPLEMENTAL MATERIALS

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In addition to the benefits of the platform, MindTap for *Interpersonal Process in Therapy: An Integrative Model, 7th Edition* also includes self-assessments, case studies, practice exercises, a chapter quiz, and video demonstrations by the authors. These demonstrations show both authors applying core concepts from the text in clinical situations. The videos focus on critical practice issues discussed in the text that are often challenging for new therapists.

## Instructor Supplements

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# ACKNOWLEDGMENTS

I (Ed) started percolating on this text 40 years ago while working at the Student Counseling Center at Michigan State University. I have learned much from good mentors and been fortunate to continue finding wise friends and colleagues over the years who keep teaching me about counseling relationships and helping clients change. Most importantly, I would like to thank my wife, Faith Holmes Teyber, for teaching me so much over the years—usually by her example rather than words. She joined me as a co-author for the Sixth Edition of *Interpersonal Process in Therapy,* and has enriched this Seventh Edition with her understanding and compassion. She is a gifted therapist and supervisor, and a uniquely loving person who offers every child a trustworthy friend. I also wish to thank my family and three loving sisters for their lifetime of support—oldest sister Julie typed my dissertation for me in 1976 and, still typing, helped with this manuscript in 2016! I am especially thankful for two caring and creative sons, Ted and Reed—I am immensely proud of the person each has become. Finally, I wish to thank the clients I have worked with over the years. They have honored me by taking the risk of letting me become someone who mattered to them, and thereby giving me the simple pleasure of being able to help.

I (Faith) have been privileged to have the support of a nurturing family, loyal friends, and affirming mentors. My friends, especially Laura Kamptner, have provided both personal and intellectual fuel over the years. I am deeply grateful for the partnership I have with Ed Teyber—he is a master therapist and provides tremendous safety to those who have the pleasure of being in his circle. I am especially thankful to my sons, Andrew and Cameron, who have taught me so much about the power of relationships. I am also thankful to the many children and families who have given me the honor of letting me into their lives and allowing me to help them with their problems. I have been fortunate to find this meaningful work.

Together, we would like to thank our friend and colleague, Dr. Rayna Markin at Villanova University for her significant help in making this edition better. We would also like to thank four helpful graduate students, Nicoletta Dragan, Cadisha Gravesande, Chelsea Lamb, and Jenn Rizk, who have offered us skillful editing with this revision and helped us stay close to the experience of the beginning therapist. We also would like to thank Chris Vallejo for his help with videotaping. We appreciate how much they, and many other rewarding graduate students over the years, have given us. It will be a great pleasure to watch and share in all they are going to accomplish and offer to others in the years ahead. Additionally, we would like to thank the reviewers who made many helpful suggestions for this revision: Jeffrey Bulanda, Aurora University; Arthur Clark, St. Lawrence University; Matthew Domico, Lewis University; Jeffrey Cornelius-White, Missouri State University; Randi Smith, Metro State University of Denver; Lorraine Guth, Indiana University of Pennsylvania; Mary Houston-Vega, University of Texas at San Antonio; and Michael Chovanec, St. Catherine University/University of St. Thomas.

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**Edward Teyber** is Professor of Psychology Emeritus, director of the Psychology Clinic, and president of the Foundation Board of Directors at California State University, San Bernardino. He received his Ph.D. in clinical psychology from Michigan State University. Dr. Teyber is also the author of the popular book *Helping Children Cope with Divorce*, and co-author with Dr. Faith H. McClure (now Teyber) of *Casebook in Child and Adolescent Treatment: Cultural and Familial Contexts*. His work has focused on the effects of marital and family relations on child adjustment, attachment and psychotherapy, and counseling relationships. He is interested in clinical training and enjoys maintaining a private practice.

**Faith Holmes Teyber** is Professor of Psychology Emeritus at California State University, San Bernardino, and provides consultation to organizations serving the mental health needs of children. She grew up in South Africa during apartheid and received her Ph.D. in clinical psychology from the University of California, Los Angeles. Her clinical and research interests are in the areas of attachment and psychotherapy and at-risk children, families, and adults, with a particular focus on factors that promote resilience in those who have experienced trauma. She is currently conducting an attachment-based, parent-child therapy intervention project with incarcerated parents. She is co-author with Dr. Edward Teyber of *Casebook in Child and Adolescent Treatment: Cultural and Familial Contexts*. Her publications are in the area of coping with stress and trauma.



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# PART I

# Introduction and Overview

## CHAPTER ONE

The Interpersonal Process Approach



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# The Interpersonal Process Approach

*Claire, a first-year practicum student, was about to see her first client. She had been looking forward to this event for a long time. Like many of her classmates, Claire had decided to become a therapist while working on her undergraduate degree. Counseling* had always been intrinsically interesting to her. For Claire, being a therapist meant far more than having a "good job"; it was the fulfillment of a dream. How meaningful, she thought, to make a living by helping people with the most important concerns in their lives.*

*At this moment, though, Claire felt the real test was at hand: Her first client would be arriving in a few minutes. Worries raced through her mind: What will we talk about for 50 minutes? How should I start? What if she doesn't show up? What if I do something wrong and she doesn't come back? Claire also worried if her client—a 45-year-old Hispanic woman—would have difficulty relating to her, a Caucasian woman in her mid-20s. Needless to say, Claire was anxious. And even though she was painfully uncertain about how to proceed, she was still committed to finding a way to help this client with her problems. She had learned something about therapy in her undergraduate psychology classes and a good deal more from her volunteer experience with callers on the local crisis hotline. But even with these experiences and a supervisor to guide her, Claire was keenly aware of her novice status and the fact that she didn't know very much about actually doing therapy.*

*Claire's classmates shared her excitement about becoming a therapist. Many of them were older than Claire and more experienced in life. Some had raised children; others had already had careers as teachers, nurses, and businesspeople. These new therapists were often coming from life roles in which they had already been successful and felt confident. A counseling career held new hopes for these classmates as well but also evoked anxiety about their ability to become effective therapists. Like Claire, they knew that realizing their hopes and plans for a rewarding new career would also depend on their ability to establish their credibility with their clients in order to work effectively with them. And with the arrival of their first clients, their ability to help was about to be tested.*

---

*The terms "*counseling*" and "*therapy*" are used interchangeably throughout the text.



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## THERAPISTS-IN-TRAINING STRUGGLE WITH PERFORMANCE ANXIETIES

It is indeed really difficult to begin seeing one's first clients. Those initial sessions can be both exciting and intense for new therapists like Claire, who often struggle with performance anxieties and fears about their own inadequacy. We recall how worried we were, years ago, about making mistakes and as clinical supervisors, we often listen to bright and caring practicum students express concerns about somehow "hurting my client." If new therapists are too worried about making a mistake, or become overly preoccupied about what their supervisor might want them to say or do, they often become too quiet or passive—and the client doesn't feel heard, helped, or responded to. Similarly, when they are trying too hard to figure out what they are going to say or what they are supposed to do next, or grasp the key meaning in what they just said, therapists cannot listen intently and actively engage with the client. In this way, performance anxieties can significantly impede the treatment process. These unwanted performance pressures are generated when new therapists frame what they don't know or can't do yet as a "deficit" or as evidence of their inadequacy, rather than more realistically regarding it as just their own inexperience. A useful starting point for learning how to use the therapeutic relationship to help clients change is to gain a better understanding of these initial performance anxieties that diminish therapists' effectiveness. Let's look at some of the typical concerns practicum students express as they begin seeing their first clients.

Jessica expresses concerns that are fairly realistic for a new therapist: "*My biggest anxiety about being a student therapist is that I really don't have any idea what I am doing—and feel like I've been thrown headfirst into the water! Don't get me wrong, I am definitely enjoying the chance to start seeing clients, but it's just a little scary taking other people's problems into my own hands and trying to help them without a clue of where to go next. I'm OK with exploring things, but when it comes to the "action stage" and actually trying to help somebody change, well, that concerns me most.*"

Chanté brings a more personal concern to her initial sessions—the fear of being found out or exposed as an imposter: "*My biggest anxiety stems from a fear of failing or being incompetent—a feeling that somehow I have managed to sneak through my educational career and land in this great training program without anyone figuring out that I'm really not cut out for this. Perhaps I am just as afraid myself of realizing that I may not be very good at this work. That would be devastating for me because the more I see my clients, the more I enjoy and appreciate every aspect of this. And even though I'm aware that I'm going to make mistakes as I go along, I am afraid of doing more harm than good sometimes. So, with every new case that gets passed out, the first thing I think about is all the reasons why I may not be the right therapist to help that person.*"

Carol connects how the anxiety that she experiences in her new role as a counselor links to a problematic role she played in her family. "*My biggest anxiety about becoming a therapist is feeling that I am inadequate. My instructors reassure me that this is a normal feeling, that most therapists experience this in their first year or two of training, and that we're not expected to be perfect. But it doesn't make any difference—it remains my biggest anxiety. I believe it's because I was always second best in my family of origin. No matter what I did, my sister was always smarter…more creative. I learned to feel really uncomfortable whenever I wasn't in complete command and didn't know just exactly what I was supposed to do. So, even though some part of me knows that I'm really not inadequate, it still churns my stomach when I am not good at something right away.*"

Dennis relays how his performance anxieties keep him from grasping, in the moment, what his client is really saying or meaning. "*My anxiety level goes way up when I feel lost*

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*in the session. Sometimes I feel so lost in there, like I'm going in circles, and I just don't know what to do. And that just makes my anxiety even worse. Then I start wracking my brain about what to do next and I start missing even more issues. It just kills me when I review the videotape after the session and then, when it's too late, I* 'get' *what they were really saying or think of what I could have said. But why couldn't I get it during the session, right then when it was happening…it's so frustrating!*"

As these promising student therapists are telling us, counselor training certainly is challenging. But new therapists need to be patient with themselves and appreciate that learning to be an effective therapist is a long-term developmental process (Rizq, 2009). It often takes three or four years to find one's own professional identity and feel competent in this work. Within a year or so, most new therapists do become more confident, start to feel like they can be themselves in the session, and begin to enjoy the hour as they find that they can indeed help their clients. Lorraine, a second-year student, captures this rewarding transition: "*Everything considered, I have enjoyed conducting therapy this year. Instead of being nervous in the room, like I felt last year, I feel at home now. I'm actually able to enjoy my clients instead of being caught up in my fear of failure. I'm not nearly as worried about making mistakes, and I view the misunderstandings or ruptures that occur as opportunities to develop a better relationship with my client. So, the best part of therapy this second year is that my performance anxiety has decreased exponentially. I spend a lot more time thinking about what's going on with the client and conducting therapy, and a lot less time thinking about myself and waiting to fail.*"

What helps therapists like Lorraine resolve their initial performance anxieties so they can begin responding more effectively to their clients? We introduce three suggestions here, and will return to this important developmental issue throughout the chapters ahead. First, new therapists are encouraged to question the unrealistic performance expectations they often place on themselves, accepting that it is OK to make mistakes—all therapists do. Often, *this means they need to focus more on what they are learning rather than on how they are performing*. This will progress readily for some, especially those who can be non-defensive, learn from their mistakes by being open to constructive feedback from supervisors, and move on. In contrast, this will be more difficult for other practicum students who may have grown up in families where they received too much criticism from their caregivers, were expected to be perfect and could not make mistakes, or were judged too frequently. An important consideration to keep in mind is that we are human; we are all going to make mistakes with our clients. We will be most effective if we focus instead on how to recover from them and can grasp that our mistakes are not indicative of being inadequate. Join in this thought exercise:

Right now, think of the professional you regard as the single most effective therapist you have known—a particular instructor or supervisor, or perhaps a personal therapist you have worked with, whom you trust and admire. Pause now, and reflect for a moment on the reality that this esteemed and seasoned therapist makes mistakes in her or his practice every day. (If you don't think they do, then ask them.) The therapist you are thinking about probably is highly skilled, in part because s/he can recover from mistakes (the inevitable misunderstandings that occur in every relationship or "ruptures in the working alliance") by being non-defensive. That is, she/he regularly checks out potential problems by asking clients about potential misunderstandings, is willing to look at his/her own contribution to whatever problem may be occurring, and is able to talk through or sort out these misunderstandings that occur. For example:

**THERAPIST:** "You seem more distant, Jason. Maybe I said something, that doesn't feel quite right.Can I check in with you about this?"

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Second, new therapists will do a better job of managing whatever anxieties they may be experiencing if they can set their intention to de-center and *focus more on the client and what the client is really saying rather than on themselves and their own performance*. Too often, new therapists are self-absorbed, which can, at times, develop to a state of painful self-consciousness or obsessive self-awareness (e.g., **Therapist**: "What should I say when she looks at me like that…what am I going to ask about next…I'm being way too quiet…I keep saying um hmm"). As new therapists develop a reflective self-awareness that is more balanced—that is, process both what is going on for the client, while simultaneously considering what might be going on between client and therapist as well—they will become more effective. We are going to explore this **participant/observer**** stance closely, because it is a challenging stance that involves being in the relationship experientially while simultaneously stepping out of it and observing and thinking about what might be going on between the therapist and client. This often feels elusive in the beginning, but it is an essential therapeutic skill that we will be helping you develop.

Third, to help with these normative and expectable performance anxieties, new therapists need active support from their supervisors and instructors. In particular, they need to be reassured about the acceptable reality that most new therapists do not really know very much about the change process, what to do in their sessions, or how to help clients change. Student therapists also need practical guidelines for how to proceed and suggestions that they can apply, especially in their initial sessions. This support and preparation often includes real-life illustrations or examples such as watching videotapes of instructors conducting intakes and initial sessions, watching actual sessions of your supervisor with a client, and role-playing with instructors who model effective ways to respond and conduct initial sessions. These real-life role models are especially effective and can go a long way toward diminishing the student therapist's initial anxieties about seeing clients and knowing "what to do."

In sum, new therapists' anxieties about their ability to help are not to be dismissed as just neurotic insecurity or obsessive worrying. It is realistic to be concerned about one's performance in a new, complex, and ambiguous arena. It is simultaneously important that new therapists like Claire not lose sight of the significant personal strengths they already have. Most trainees already possess sensitivity, intelligence, and a genuine concern for others. Such personal assets, and all they have learned from their own life experiences, will prove helpful to their future clients. Although proponents of different theoretical approaches often claim superiority of their approach over others, treatment outcome studies repeatedly find that success rates in treatment have far more to do with the personal characteristics and the skill of the therapist than the theoretical orientation (Norcross, 2002; Norcross & Beutler, 2014; Norcross & Lambert, 2014; Norcross & Wampold, 2011; Seligman, 1995; Wampold, 2011, 2006; Wampold & Budge, 2012).

Personal experience, common sense, good judgment, and intuition are useful indeed. However, in order for a therapist to be effective with a wide range of people and problems, these valuable human qualities need to be wed to a conceptual framework, which provides a compass for the work you are going to do with the client. It is from this compass that you develop a **case formulation** for your client. Therapists working within every theoretical orientation become more effective when they understand specifically what is wrong and where they need to go in treatment, in order to help clients change. When therapists have this kind of focus for treatment, and know where they are going in treatment and why, they can be more consistently helpful. Without a conceptual framework as a guide, however, therapists do not have a focus for treatment and, in each successive session, are just putting out the next fire or wandering around without direction. We will turn to this key competency in the next chapter.

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**Boldface terms are defined in the glossary.

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## THERAPISTS ARE MORE EFFECTIVE WHEN THEY HAVE A TREATMENT FOCUS

The interpersonal-process approach is fundamentally grounded in the **common factors** literature (D'Aniello, 2015; Imel & Wampold, 2008; Messer & Wampold, 2002; Wampold & Budge, 2012). They are necessary for change and essential to every brand of successful therapy (Wampold, 2015). For many clients, however, the core conditions of empathy, genuineness, and warmth are not enough, especially for those who have more significant problems such as being violated or betrayed by a primary caregiver. For these and other clients with complex and challenging problems, something more is needed. Therapists will have much greater impact when they are able to conceptualize or discern more precisely what this client's core problem really is, how it came about developmentally, and how it is being played out and causing symptoms and problems in daily life. The most widely used term for this key competency is a **"case formulation"** or **"case conceptualization."** Having a case conceptualization to guide treatment can prevent therapists from getting lost in the different stories the client brings in each week—not knowing how to find the unifying thread or recurrent themes as the clients keeps moving from topic to topic.

Clearly, the opportunity for more enduring and significant change is lost without a case conceptualization and the focus for treatment it provides (Ingram, 2012; Persons, Beckner & Tompkins, 2013). Without this focus, clients might feel understood or cared about by their therapists, and may like them very much, but often little change occurs. In support, a burgeoning research literature highlights that greater effectiveness is associated with more focused interventions (Roth & Fonagy, 2005). Distinguishing a general sympathy, warmth, friendliness, or benevolence from a more specific and accurate empathy or conceptual clarity, Allen et al. (2008) suggest the metaphor that "we should visualize psychotherapy as being less like lounging in a warm bath and more like swimming in a cool, crystal-clear lake. Warmth is easier; clarity is harder." Thus, while core conditions are necessary, they are insufficient—therapists also need to discern more clearly a focus for treatment that clarifies what's really wrong, how the central problem came about, and what needs to be done to change it. In the chapters ahead, we will further elucidate how therapists can hone in and clarify more precisely the themes and patterns that link together the different problems and concerns the client is presenting.

Additionally, the process of learning how to contextualize or make sense of a client's problems involves exploring various theoretical frameworks (Fernando, Cohen & Henskens, 2012). Before therapists can find their own professional identities and feel confident in their abilities, they need to integrate a theoretical framework that they can apply with diverse clients and that is congruent with their own personal values and life experiences. Developing therapists cannot claim their own professional identity by simply taking on the same theoretical approach as their mentor or adopting what their instructors and supervisors do. To work most effectively in whatever theoretical orientation they eventually adopt, and to enjoy being a therapist, student therapists are encouraged to actively explore and try out different approaches for several years—eventually integrating and *choosing for themselves* how they are going to work with clients.

Continuing with this concern for the therapists' personal development, one purpose of this book is to provide a conceptual framework for understanding the therapeutic relationship, and learning how therapists can use the interpersonal process or current interaction with their clients to intervene and help clients change. Throughout this text, readers will be actively encouraged to modify this framework to fit their own personalities and therapeutic styles. The interpersonal process approach is integrative and can be applied by therapists who choose to work within different theoretical orientations (Norcross & Lambert, 2014).

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With support from supervisors and instructors, new therapists will be able to personalize this model, integrate it with other theoretical approaches, and modify it to make it their own.

In this approach the emphasis is on providing clients reparative experiences with the therapist that will allow them to create self-narratives that are more coherent, affirming, and flexible. Many clients who come to therapy have suffered significant developmental wounds—their experiences lacked safety, protection, boundaries, and predictability, and in many cases their attempts to differentiate and develop autonomy were met with threats of abandonment or guilt inducement (Cassidy & Shaver, 2008; Lieberman & Van Horn, 2008). As a result, many were left to cope in a variety of symptomatic ways in order to manage developmental challenges and unmet needs—such as adopting rigid coping styles and living their lives in ways that can be characterized as being pervasively compliant or pleasing, strident or rigidly controlling, invisible or without needs, detached or demanding, and so forth. Thus, therapists working within a relational framework, whether they eventually come to identify as cognitive-behavioral therapists, interpersonal/dynamic therapists, existential-humanistic therapists, family systems therapists, narrative therapists, or others, can use the interpersonal process approach to work more effectively.

## CORE CONCEPTS

In the chapters ahead, we are going to apply three core concepts to understand clients and guide our interventions: the Process Dimension, a Corrective Emotional Experience, and Client Response Specificity. In this section, these three orienting constructs are introduced and then illustrated with a case example.

### The Process Dimension

The relationship between the therapist and the client is the foundation of the therapeutic enterprise and shapes the extent to which clients will be able to change (Markin & Hilsenroth, 2014). In order to utilize the therapeutic relationship as a vehicle for change, however, therapists need to understand the **interpersonal process** or the way that the client and therapist are interacting.

What do we mean by the process dimension? The therapist–client relationship is complex and multifaceted; different levels of communication occur simultaneously. It is helpful, for example, to recognize the subtle but important distinction between the overtly spoken *content* of what is discussed and the *process* dimension of how the therapist and client interact (Kiesler, 1988). In order to work with the process dimension, the therapist is making a perceptual shift away from the overt content of what is discussed and is beginning to track the relational process of how two people are interacting as well (Altenstein, Krieger & Holtforth, 2013; Thomas, Hopwood, Woody, Ethier & Sadler, 2014). This means that the process-oriented therapist is going to step beyond the usual social norms at times and talk more directly with clients about their current interaction or what may be going on between them right now. For example,

**THERAPIST:** Since I asked you about your canceling our session last week, and then coming late to our appointment today, you've become quiet. Maybe something about my question didn't feel quite right to you. Can I check in with you about that?

OR

**THERAPIST:** Right now, John, I'm having a little trouble keeping up with you. You're speaking fast, and sometimes it feels a little like we are almost jumping from topic to topic. Any thoughts here…what do you think might be going on between us?

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In both of these queries, the therapist is not addressing what the client is saying (content) but how the therapist and client are interacting with each other (the interpersonal process). Let's look at one more example but this time, we'll extend the therapist's initial process comment into a longer therapist–client dialogue and see how process comments like these can uncover important new issues to explore in treatment, resolve misunderstandings that arise between the therapist and client, and bring greater intensity to the therapeutic relationship by moving the dialogue beyond surface issues:

**THERAPIST:** I'm honored that you choose to share such an important part of yourself with me. What's it like for you to risk sharing this sensitive feeling with me?

**CLIENT:** Uh, I'm not really sure what you're asking me?

**THERAPIST:** You just said so much to me, and I'm wondering how that was for you. What do you think I might be thinking about you as you're telling me this?

**CLIENT:** Well, you probably have to be nice, you know, because you're a therapist so that's how you have to act. But maybe inside you're judging me or something.

**THERAPIST:** "Judging you." That sure wouldn't feel very good. Tell me more about how I might be judging you.

**CLIENT:** Well, come on, you can't possibly respect me now that I've told you about this.

**THERAPIST:** I'm so glad we're talking about this misunderstanding, because no part of me is feeling judgmental toward you. Actually, I was appreciating your courage to bring this up and talk with me so honestly. But maybe you're telling me that others have often judged you?

**CLIENT:** Oh yeah, I know my mom loves me but she was always so judgmental…and now, whenever my husband says something that's the least bit critical, I just shut down inside and completely go away…

We are going to call these types of here-and-now, present-focused interventions, which focus on "you and me" or explore what is going on between the therapist and the client right now, as **process comments** (**Hill, 2014**). Because it may conflict with familial rules or cultural prescriptions for new therapists to speak directly in these ways, it may feel awkward at first for some. For other therapists, it may seem impolite or disrespectful to use process comments and speak forthrightly or inquire in open-ended ways about what may be going on between "you and me." However, as new therapists become more confident and less concerned about performance anxieties, and their supervisors help them understand better where they are trying to go in treatment with this particular client, they will be ready to begin trying out and exploring these process comments. New therapists soon will see how helpful it can be when they link the problem that the client is talking about with others to their current interaction in the therapist–client relationship—that is, highlighting how the client is utilizing the same problematic thought processes, faulty expectations, or ineffective coping strategies with the therapist, right now, that have been causing problems with others in their lives (Kasper, Hill & Kivlighan, 2008). Or, similarly, the therapist is *non-defensive* and willing to explore and sort through with the client potential misunderstandings, inaccurate perceptions, "mistakes," or other interpersonal conflicts that may be going on between them in their real-life relationship; that is, "restoring **ruptures**" (Safran et al., 2002). Therapists can **meta-communicate** and talk with clients about how they are interacting together, and use a variety of other immediacy interventions, in an empathic and respectful manner. When we use process comments in this way, clients will welcome them as a collaborative invitation for genuine understanding and honest communication—something they want and need. This can be done in a way that does not make them feel uncomfortable, but brings them closer to their key concerns (Crits-Cristoph & Gibbons, 2002; Hill, 2014; Kiesler, 1996). Consider the following example.

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