Supplementary Materials

to

Improving Responses to Challenging Scenarios in Therapy:

A Randomized Controlled Trial of a Deliberate Practice Training Program

***Note: Videos of challenging Conversation Vignettes (CCV) used in the pilot and main study can be found in this link:*** [***https://bit.ly/dctplaylist***](http://bit.ly/dctplaylist)

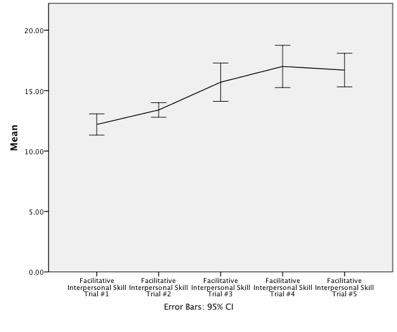
## **Pilot Study**

A pilot research study was conducted with 10 psychologists from IMH Adult Psychology Department in Singapore (Ethics Reference number: CRC 443-2014). Two Simulated Patients of angry clients were employed. they were told to respond to the “best of their ability, as though the person was seated across from you.”Therapists’responses to the videos were video-recorded and scored by two independent raters on four subscales of the Facilitative Interpersonal Skills measure: (1) emotional expression, (2)warmth, acceptance and understanding, (3) empathy,and (4) alliance bond capacity (FIS;Anderson, 2007).The study included a total of 5 trials. In the first four, the same video was shown.To examine what, if any impact self-reflection alone would have on improving performance, no feedback was given after the first. Following trials 2 to 4, principle-based feedback was provided to each participant based on their particular FIS scores from the preceding trial. In the fifth and final trial, an entirely different angry vignette was shown to assess whether participants could generalize the principle-based feedback to a novel, yet equally challenging clinical scenario. Results showed self-reflection alone led to a modest gain in clinicians’ability to respond warmly, empathically,and collaboratively. Larger improvements were observed following targeted, individualized principle-based feedback which generalized when participants were presented with the new clinical vignette. Another unexpected benefit we discovered was thateven though it was based on a particular scenario “angry client”, participants later informed us that they could generalise the feedback given to other types of challenging scenarios as well, as the feedback appear to provide mental models of representations for them to glean from. These inspired us to think about a module-based system of conducting the training online, which led us to consider implementing the present study to evaluate the efficacy of using this form of training and expanding the SP vignettes to a variety of challenging scenarios such a hopeless client, a reluctant client, an intellectualising client or an avoidant client.

**Participants**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Descriptive Statistics** |  |  |  |
| **Description** | | **N** | **%** |  |
| **Gender** | Male | 2 | 20 |  |
|  | Female | 8 | 80 |  |
|  |  |  |  |  |
| **Qualification** | ﻿Masters | 8 | 80 |  |
|  | PhD/Doctorate | 2 | 20 |  |
|  | Total | 10 |  |  |
|  |  |  |  |  |
| **﻿Primary Theoretical Orientation** | CBT | 7 | 70 |  |
|  | Behavioural | 1 | 10 |  |
|  | Systemic | 1 | 10 |  |
|  | Eclectic | 1 | 10 |  |
|  | Total | 10 | 100 |  |
|  |  |  |  |  |
| **Clinical Supervision** | *"Are you currently receiving regular supervision for any of your therapy cases?"* |  |  |  |
|  | Yes | 9 | 90 |  |
|  | No | 1 | 10 |  |
|  | **Total** | **10** | **100** |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **N** | **Mean** | **SD** |
| Age | 10 | 31.9 | 4.61 |
| Years of Clinical Experience | 10 | 6.4 | 4.22 |
| Integration: (“To what extend to do you regard your orientation as eclectic or integrative?”) (Scale of 1 to 6; *not at all to* *very greatly*) | 10 | 4.2 | 0.92 |
| How satisfied are you with your current supervision? (Scale of 1 to 5; *very dissatisfied* to *very satisfied*) | 10 | 4.2 | 0.63 |
| If currently receiving supervision, please say for how many cases? | 7 | 11.29 | 6.10 |
| In the last 12 months, how many hours of supervision have you received in total for any of your therapy cases. (No. of Hours) | 9 | 38.89 | 20.98 |
| Number of therapy sessions per week | 10 | 10.65 | 3.57 |
| Valid N (listwise) | 7 |  |  |



*Performance in FIS scores in 5 trials.*

**Further Details of Pilot Study**

**Experience of the Simulated Patient Video Vignettes:**

Despite the initial skepticism, the majority of participants in the pilot study how the SP video felt “real” and emotionally intense, even though it was not a “live” client. One of the participants informed the researchers that he needed time to step away from the room after the second trial. He was reported feeling overwhelmed by the emotional intensity he was experiencing from the SP video, and needed time to recompose himself. The researchers who were practicing psychologists helped the participant through, and informed the person that he can discontinue the study if he wanted to. The participant chose to continue and was able to graft learning and improvement in the way he handled an angry client, as simulated in the study.

# **MAIN STUDY**

## **Recruitment**

## Psychologists from Singapore were contacted via the Interhospital Psychology Seminars (which includes the various public hospitals, namely, the Institute of Mental Health, Kandang Kerbau Women’s and Children’s Hospital, Khoo Teck Puat Hospital, Singapore General Hospital, Jurong Health, National University Health System and Tan Tock Seng Hospital) email participant list, as well as therapists from the International Center of Clinical Excellence (ICCE). **Participants**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Descriptive Statistics** |  |  |  |
| **Description** | | **N** | **%** |  |
| **Gender** | Male | 30 | 45.8 |  |
|  | Female | 37 | 55.2 |  |
|  |  |  |  |  |
| **Age** | 26 to 40 | 34 | 50.7% |  |
|  | 41 to 55 | 18 | 26.9% |  |
|  | 56 to 60 | 7 | 10.4% |  |
|  | 61 or older | 8 | 11.9% |  |
|  | Total | 67 | 99.9 |  |
|  |  |  |  |  |
| **Qualification** | Bachelor’s Degree | 9 | 13.4 |  |
|  | Postgraduate Diploma | 5 | 7.5 |  |
|  | ﻿Masters | 40 | 59.7 |  |
|  | PhD/Doctorate | 13 | 19.4 |  |
|  | Total | 67 | 100 |  |
|  |  |  |  |  |
| **﻿Primary Theoretical Orientation** | Cognitive Behavioural | 21 | 31.3 |  |
|  | Humanistic/Person-Centered | 14 | 20.9 |  |
|  | Family/ Systemic | 9 | 13.4 |  |
|  | Others (E.g. Analytic/Psychodynamic, Solution-focused, or using an eclectic approach) | 23 | 34.3 |  |
|  | Total | 67 | 99.9 |  |
|  |  |  |  |  |
| **Clinical Supervision** | *"Are you currently receiving regular supervision for any of your therapy cases?"* |  |  |  |
|  | Yes | 45 | 67.2 |  |
|  | No | 22 | 32.8 |  |
|  | Total | 67 | 100 |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **N** | **Mean** | **SD** |
| Years of Clinical Experience | 67 | 11.6 | 9.37 |
| Integration: (“To what extend to do you regard your orientation as eclectic or integrative?”) (Scale of 1 to 6; *not at all to* *very greatly*) | 67 | 4.5 | 1.12 |
| How satisfied are you with your current supervision? (Scale of 1 to 5; *very dissatisfied* to *very satisfied*) | 67 | 3.5 | 1.09 |
| Number of therapy sessions per week | 67 | 13.6 | 8.06 |

**Facilitative Interpersonal Skills (FIS) Subscales**

***Verbal Fluency***

In both Study I and II, *verbal fluency* was omitted because we contend that speaking without “great ease” and sometimes with “choppy” speech is not uncommon in difficult situations (Stokoe, 2018). In fact, we would argue that a highly fluent delivery might unintentionally communicate over-confidence and lack of warmth. The *emotional expression* subscale was intentionally left out in Study II because this study was carried out across different countries instead of face-to-face, responses were provided in type-written form. Thus, assessment of vocal affect and prosody were not possible.

***Persuasiveness***

*Persuasiveness* subscale was previously not included because at the pilot study stage, we initially posited that being persuasive was not the primary aim in such difficult interactional pattern (i.e., angry scenario) in therapy. However, we learned through the pilot study initiative that *persuasiveness* had an impact on how a therapist facilitates such critical moments. Thus, we included this subscale into the Study II RCT design.   
***Hope and positive expectations***

*Hope and positive expectations* subscale was not included in the pilot study because participants didn’t provide any responses to this domain, and for the sake of brevity in providing real-time feedback. Like the *persuasiveness* subscale, we have included this into Study II, as we found out through the pilot study that building on client’s agency and facilitating pathways towards client’s goals to be critical components of the therapeutic endeavor.   
***Alliance-Rupture Repair***  
Finally, in our attempt for brevity, alliance-rupture repair was not included in the pilot because we initially felt that the alliance bond capacity subscale captured features of this. Like the Persuasiveness subscale, we included this into Study II, as we discovered that aspects of *repair* from therapeutic ruptures and direct discussion of the therapeutic relationship is crucial in certain types of scenarios.

**Are Demographic Factors Predictive of Improvement with Deliberate Practice?**

A multiple regression analysis was conducted to see if demographic factors were associated with the amount of improvement across all trials. No demographic characteristics were associated with improvement throughout the study protocol.

|  |  |  |  |
| --- | --- | --- | --- |
| **Table**  *Multiple Regression Analysis of Therapist Factors Predicting Change in FIS Scores* | | | |
|  | β | t | p |
| Average Client Load | .25 | 1.80 | > .05 |
| Gender | .19 | 1.80 | > .05 |
| Years in Practice | .08 | .54 | > .05 |
| Education | -.12 | -.89 | > .05 |
| Delib. Prac Hrs/Wk | .03 | .26 | > .05 |
| Ecclectiveness | .00 | .02 | > .05 |
| Perceived Effectiveness | -.06 | -.45 | > .05 |

\*Note: Total change was calculated by subtracting the FIS scores of each trial from the FIS score of the proceeding trial. The differences are then summed to indicate the total total amount of change in FIS scores from trail 1 to 8.

## **APPENDIX 1: DCT Pre-Training Questionnaire**

Thank you for completing this pre-workshop questionnaire. Please follow the instructions for each of the sections. Click on the most appropriate answers, and complete the open-ended questions.

As we are seeking ways to understand your work practices before we meet , we are aware that this questionnaire takes some time . It is estimated to take on average 30 mins to complete. It's in-depth. Rest assured that we have designed the survey such that the questions get easier to answer as you progress through. As some answers are difficult to recall, you may provide your best estimate. You may choose to save your responses by clicking on the NEXT PAGE button at the bottom, and then exiting this webpage at any point of the online survey, and return to complete it NO LATER THAN TWO WEEK'S TIME (i.e., from the date of the first entry), using the SAME computer. The percentage completed is listed at the bottom of each page.

Note: If you wish to continue your responses from a different computer, kindly email daryl@darylchow.com , and you will be provided a specific URL to complete your answers. Kind Regards, Daryl Chow Ph.D. Sharon Lu, PsyD, Geoffrey Tan, MBBS, Ph.D. & Scott Miller, Ph.D.

Q1 Do you currently work with clients in therapy/counselling? (individual, group, remote/online)

a) Yes (5)

b) No (6)

Q2 As you reflect on your work and personal life, what is the single biggest challenge that you face in your professional development right now? (Feel free to elaborate)

**Difficult Interaction in Your Clinical Practice.**

Q3 Recall of a most recent time when a client said something you deemed to be one of the most difficult/challenging to respond to. Briefly describe what the client said:

Q4 Please rate the level of difficulty based on what your client said in the above (0 – 10):

\_\_\_\_\_\_ Level of Difficulty (1)

Q5 Now, please indicate how you responded to this particular client in the past. (not how you wished you replied).

Q6 Please rate how well you think you responded to your client in the above response (0-10):

\_\_\_\_\_\_ How well did you respond? (1)

Q7 How many hours per week (on average) do you spend alone seriously engaging in activities related to improving your therapy skills in the current year?

Q8 Based on the answer above, Please SPECIFY the activities that you engaged in, and indicate how much time (hrs) was spent on it per typical work week.

\_\_\_\_\_\_ 1 (1)

\_\_\_\_\_\_ 2 (2)

\_\_\_\_\_\_ 3 (8)

\_\_\_\_\_\_ 4 (9)

\_\_\_\_\_\_ 5 (10)

Q9 How many of the above therapy related activities (not social/leisure activities) do you engage in at your leisure time (i.e., not during working hours)?

\_\_\_\_\_\_ 1 (1)

\_\_\_\_\_\_ 2 (2)

\_\_\_\_\_\_ 3 (3)

\_\_\_\_\_\_ 4 (4)

\_\_\_\_\_\_ 5 (5)

\_\_\_\_\_\_ ALL (6)

\_\_\_\_\_\_ None (7)

Instructions: Please complete the following questions for this section on Self-Assessment. You need not refer to your actual outcome results. Simply provide your best estimates.

**Past**

Q10 Compared to other mental health professionals within your field (with similar credentials), how would you rate your effectiveness when you first started (i.e., first year of practice), in terms of a percentile?

\_\_\_\_\_\_ Estimated Effectiveness at First year of Practice (1)

Q11 Compared to other mental health professionals, how would you rate your ability to form a good working alliance in therapy with a variety of clients during the first year of practice?

\_\_\_\_\_\_ Work Alliance Ability in First Year of Practice (1)

**Current**

Q12 Compared to other mental health professionals within your field (with similar credentials), how would you rate your current level of effectiveness in terms of a percentile?

\_\_\_\_\_\_ Current Estimated Effectiveness (1)

Q13 Currently, how many of your clients...

\_\_\_\_\_\_ Got Better (i.e., experienced significant symptom reduction) (1)

\_\_\_\_\_\_ Stayed the Same (2)

\_\_\_\_\_\_ Got Worse (3)

\_\_\_\_\_\_ Dropped Out (i.e., stopped therapy before experiencing positive change) (4)

\_\_\_\_\_\_ Cannot Judge (5)

Q14 Compared to other mental health professionals, how would you rate your current ability to form a good working alliance in therapy with a variety of clients?

\_\_\_\_\_\_ Current Working Alliance Ability (1)

Q15 FOS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Ratings | | | | |
|  | Strongly Disagree (1) | Disagree (2) | Neutral (3) | Agree (4) | Strongly Agree (5) |
| Feedback contributes to my success at work. (1) |  |  |  |  |  |
| To develop my skills at work, I rely on feedback. (2) |  |  |  |  |  |
| Feedback is critical for improving performance. (3) |  |  |  |  |  |
| Feedback from supervisors can help me advance in a company. (4) |  |  |  |  |  |
| I find that feedback is critical for reaching my goals. (5) |  |  |  |  |  |
| It is my responsibility to apply feedback to improve my performance. (6) |  |  |  |  |  |
| I hold myself accountable to respond to feedback appropriately.. (7) |  |  |  |  |  |
| I don’t feel a sense of closure until I respond to feedback. (8) |  |  |  |  |  |
| If my supervisor gives me feedback, it is my responsibility to respond to it. (9) |  |  |  |  |  |
| I try to be aware of what other people think of me. (10) |  |  |  |  |  |
| Using feedback, I am more aware of what people think of me. (11) |  |  |  |  |  |
| Feedback helps me manage the impression I make on others. (12) |  |  |  |  |  |
| Feedback lets me know how I am perceived by others. (13) |  |  |  |  |  |
| I rely on feedback to help me make a good impression. (14) |  |  |  |  |  |
| I feel self-assured when dealing with feedback. (15) |  |  |  |  |  |
| Compared to others, I am more competent at handling feedback. (16) |  |  |  |  |  |
| I believe that I have the ability to deal with feedback effectively. (17) |  |  |  |  |  |
| I feel confident when responding to both positive and negative feedback. (18) |  |  |  |  |  |
| I know that I can handle the feedback that I receive. (19) |  |  |  |  |  |

Q16 On a scale from 1 to 7 (1 = not at all; 7 very much so), how open are you to receiving feedback based on the upcoming training in the Difficult Conversations in Therapy (DCT) Project?

\_\_\_\_\_\_ Open to Feedback in this clinical trial (1)

Q17 Please indicate the number of clients that you have seen in the last typical work week

Q18 Out of the number of clients you've indicated above, how many clients were you surprised by their feedback about the session?

Q19 Instructions: Read each sentence below and then indicate the one number that shows how much you agree with it. There are no right or wrong answers. Using the scale below, please indicate the extent to which you agree or disagree with each of the following statements by clicking on the selection that corresponds to your opinion in the space next to each statement.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Ratings | | | | | |
|  | Strongly Agree (1) | Agree (2) | Mostly Agree (3) | Mostly Disagree (4) | Disagree (5) | Strongly Disagree (6) |
| You have a certain amount of intelligence, and you can’t really do much to change it. (1) |  |  |  |  |  |  |
| Your intelligence is something about you that you can’t change very much. (2) |  |  |  |  |  |  |
| No matter who you are, you can significantly change your intelligence level. (3) |  |  |  |  |  |  |
| To be honest, you can’t really change how intelligent you are. (4) |  |  |  |  |  |  |
| You can always substantially change how intelligent you are. (5) |  |  |  |  |  |  |
| You can learn new things, but you can’t really change your basic intelligence. (6) |  |  |  |  |  |  |
| No matter how much intelligence you have, you can always change it quite a bit. (7) |  |  |  |  |  |  |
| You can change even your basic intelligence level considerably. (8) |  |  |  |  |  |  |

Clinical Supervision

Q20 Are you currently receiving regular supervision for any of your therapy cases?

1. Yes (1)
2. No (2)

If No Is Selected, Then Skip To End of Block

Q21 Did your supervisor go beyond case discussions and help you to form an Individualized Learning Objective with regards to your professional development? (For example, your supervisor might help you pinpoint specific areas to work on for your overarching professional development, which is not just for a specific case)

1. Yes (1)
2. No (2)

Q22 If YES, please briefly describe what your supervisor has helped you identify in your learning objectives to work on

Q23 How satisfied are you with your current supervision?

1. Very Dissatisfied (1)
2. Moderately Dissatisfied (2)
3. Neither Dissatisfied nor Dissatisfied (3)
4. Moderately Satisfied (4)
5. Very Satisfied (5)

Q24 Age Range:

1. 25 or under (1)
2. 26 to 40 (2)
3. 41 to 55 (3)
4. 56 to 60 (4)
5. 61 or older (5)

Q25 Gender

1. Male (1)
2. Female (2)

Q26 How long is it since you first began to practice psychotherapy? [Count practice during and after training but exclude periods when you did not practice.] [IN YEARS AND MONTHS]

Q27 Profession:

1. Counsellor (1)
2. Psychotherapist (2)
3. Social Worker (3)
4. Counselling Psychologist (4)
5. Clinical Psychologist (5)
6. Educational Psychologist (6)
7. Health Psychologist (7)
8. Psychoanalyst (8)
9. Psychiatrist (9)
10. Physician (10)
11. Nurse (11)
12. Occupational Therapist (12)
13. Minister (13)
14. Student (14)
15. Others (please specify) (15)

Q28 Highest Academic Qualifications:

1. Diploma (1)
2. Bachelor (2)
3. Grad Diploma (3)
4. Post Grad Diploma (4)
5. Masters Degree (5)
6. PhD/Doctorate (6)
7. Others (please specify) (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q29 Current Theoretical Orientation

Primary Theoretical Orientation:

1. Analytic/ Psychodynamic (1)
2. Cognitive Behavioural (2)
3. Humanistic/Person-Centered (3)
4. Existential (4)
5. Interpersonal (5)
6. Family/ Systemic (6)
7. Somatic (7)
8. Expressive-Based (8)
9. Transpersonal (9)
10. Others (10)

If Primary Theoretical Orientation is indicated as Others above, please specify:

Secondary Theoretical Orientation:

1. Analytic/ Psychodynamic (1)
2. Cognitive Behavioural (2)
3. Humanistic/Person-Centered (3)
4. Existential (4)
5. Interpersonal (5)
6. Family/ Systemic (6)
7. Somatic (7)
8. Expressive-Based (8)
9. Transpersonal (9)
10. Others (10)

If Secondary Theoretical Orientation is indicated as Others above, please specify:

Q30 To what extent do you regard your orientation as eclectic/integrative?

1. Not at all (1)
2. Little (2)
3. Some (3)
4. Moderately (4)
5. Greatly (5)
6. Very Greatly (6)

Congratulations! You have come to the end of the survey. A big thank you for trooping on this far. If you have any queries or concerns, feel free to drop us an email.

Yours sincerely,

Daryl Chow Ph.D. Sharon Lu, PsyD, Geoffrey Tan, MBBS, Ph.D. & Scott Miller Ph.D.

## **APPENDIX 2: DCT Pre-Training Questionnaire**

"*Dear [insert first name],*

*Thank you for participating in Difficult Conversations in Therapy (DCT) clinical trial. We know that it's been a long time ago, but we are seeking your help to answer* ***5 brief questions****, so that we can learn from your experience in taking part in this study. This will also help us as we analyse the data*

*This will take you approximately 5mins.*

*Thank you so much for being part of this study. It means alot and you are adding towards a body of new knowledge to our field.*

***5 SURVEY QUESTIONS:***

*1. Recall during the pre-research questionnaire that you completed, you indicated about a client who said something you deemed to be one of the most difficult/challenging you’ve have experience*

*[Insert: "Here was the scenario you indicated in your pre-trial questionnaire:” (insert their ‘Difficult Interaction in your clinical practice response, Row AA here)].*

*[Insert: “Here was your rating of the level of difficulty (0-10) for the above scenario” (insert response from Column AB)]*

*[Insert: “Here’s your response given at the pre-trial questionnaire to the above scenario” (insert their response in Column AC)]*

*[Insert: “Here’s your rating of how well you thought you responded to your client in the above scenario” (insert their response in column AD)]*

*2. Based on what you’ve learned from the Difficult Conversations in Therapy research training module, please indicate how you would now respond to the person in this scenario*

*3. Now, please rate how well you think you responded to your client in the above response (0-10)*

*4. On a scale from* ***1 to 7*** *(1 = the least helpful; 7 = most helpful),* ***how helpful*** *was this training for you as a therapist?*

*5. If you choose to do so, kindly elaborate in the space given below:*

*6. Finally, for our learning purposes, what are some of the KEY learning points that you get from this exercise, that you foresee yourself applying to your clinical practice?*

*Thank you so much for your time. We wish you a splendid 2019 ahead.*

*Kind Regards,*

*Daryl Chow Ph.D. Sharon Lu, PsyD, Geoffrey Tan, MBBS, Ph.D., Scott Miller, Ph.D. & Tammie Kwek, B.Soc. Sci. (Hons.)*

## **APPENDIX 3: PRINCIPLE-BASED FEEDBACK**

**General**

|  |  |  |  |
| --- | --- | --- | --- |
| **Principle-Based Feedback** | **Definition** | **Rationale** | **Examples** |
| Elaborate on your response | Expand further on existing themes that you already have. | Even though the Difficult Conversations in Therapy (DCT) are based on actual therapy scenarios, your response to the client is not a dynamic dialogue, as it is inherent in the limitation of these video simulations. As such, we highly recommend you afford further elaboration in this context. Please state everything you think would be good to respond to, in one single shot. | NA |
| MAKE IT CONCISE | You have hit the key "notes" in helping to engage your client. To make it more impactful, make it more succinct. Focus on the essentials | By making it more concise, the essential parts of your response will stand out more. | NA |
| After communicating, explicit emotion, go deeper by identifying the IMPLICIT EMOTION | Explicit emotions refers to what is obvious/overt. Implicit emotions refers to what is implied underneath what is more obvious.Typically, it will be helpful to validate the obvious emotions first before going further to highlight the emotions that are more implicit or unsaid. | To connect more deeply with a client, based on the layers of emotions that he/she might be experiencing. | "You are angry at him for raising his voice at you. But inside, you are hurt by his insensitivity towards you during a really difficult time in your life..." |
| Take Specific Note of the Clinical Background | The clinical background is given at the start of the trial, as well as the beginning segment of the video. | The clinical background is designed to provide you adequate information to engage with your client in this situation. (Note: Sufficient information is already provided for this simulation, in order for you to give a therapeutic response.) | NA |
| Continue to Keep What You Did Well | Maintain the essence of what you have said in your previous response. | The ability to extract core principles you've employed in your previous responses, and to repeat and to generalise it, is at the heart of deep learning. | NA |

**Persuasiveness**

|  |  |  |  |
| --- | --- | --- | --- |
| **Principle-Based Feedback** | Definition | Rationale | Examples |
| DISARM BY AGREEMENT | Disarm By Agreement has two components. The first is to have the intention to disarm a heated situation. In a difficult situation, both parties are usually armed with their points of views, pressured to persuade their other person why their point of view matters. Once someone disarms, there is no opposing force to push.  The second component is to agree. It is not simply to agree with a pacifying or sarcastic stance. Once you disarm from pushing your point of view across, you’d take the other person’s point of view to heart, and speak from their absolute perspective. When this is done, then we can have alignment and agreement of what their experience is in that difficult situation. | The main purpose of Disarm By Agreement is to diffuse a tense situation. | “As I take in what you just said… It’s dawning on me that all I was doing was just sitting there and nodding. You are right. I must have failed you, just like your friends and past therapist.”  “You are right, your symptoms are real and debilitating” |
| IDENTIFY THE THEME/ Main Challenge | To state the obvious. In a challenging interaction, it is helpful to identify what is challenging in the communication pattern. Once both parties in the communication pattern are made aware of the challenge, it becomes a shared issue that both can work towards to overcome. | The main purpose is identify the obstacle which will give insight into why it is there in the first place, before rushing into how to overcome the obstacle. | "You are angry at me"; "You are doubting my credibility; you are avoiding painful emotions; you don't want to in therapy; you want so desperately to have a quick fix |
| "Sell" a Persuasive Rationale towards a specific goal/ need | Provide a believable rationale for why someone should step out of their comfort zone to experiment something that they typically wouldn't be inclined to do. Any kind of change is uncomfortable and therapy often involves change. The rationale is a bridge which helps the client take a leap from comfort zone to growth zone. Try to tie the rationale to the client's presenting goal or underlying core need. | To persuade clients to consider a different perspective and try something different. | "I recognise there’s an urgency of wanting to fix your problems so that you’ll be able to provide for your family. Your family means the world to you and I believe you’re not interested in a quick fix, you would want something secure and sustainable in the long run." |
| Honoring the symptoms (function of the symptoms) | Acknowledge and appreciate the function that the symptom serves. | To diffuse the pressure to fix and get rid of negative symptoms. To attempt to alter the client's averse relationship with their problems and develop a compassionate view towards understanding their problems. | "Depression is there to alert you that you've missed something important in your life..anger tells you something you hold dear to has been violated against" |
| To speak to what the person fears, is to give voice to the unspoken. This is often done not only with what's obvious, but with what's implicit. It's often got to do with the internal struggle the person is facing. | By identifying and speaking giving it a voice in a healing interpersonal context, communicates a deep appreciation for what the person struggles with internally. | "I recognise that in continuing therapy, you are fearful that you will have to confront the skeletons in your closet, the pain and all the overwhelming emotions and you don't want and don't feel you are ready to do that right now" |
| Raising the Possibility of Change vs No Change | To frame change as a choice for the client, that they can consider what would be involved and what the consequences of changing or not changing would entail. | To persuade the client to work towards change but not giving a "hard sell" which might polarise viewpoints. | "Stepping out of your comfort is hard and you may be disappointed again and it may not reap a good outcome. However, leaving things as status quo would definitely guarantee that you will continue to feel bad and things remain absolutely bleak. Would this be ok for you?" |
| Present a DIFFERENT understanding of the SOURCE of the person's distress | Reframe or provide an alternative perspective of understanding what is contributing to the client's distress. | To engender hope and help the client move out of a stucked situation. | "You think that numbing all negative emotions will make them go away but if you numb the bad, you numb the good as well." |
| Highlight What the person Avoids | Explicitly bring to the client's awareness what he/she avoids. | To help clients know what he/she needs to face up to. | avoid talking about emotions or receiving help from others |
| Validate the person's needs  Eg you need to find your own voice |  |  |  |
| "What if your worst fear is true?" | Tentative way of shaking certainty; rigidity vs flexibility |  |  |

**Warmth, Acceptance and Understanding**

|  |  |  |  |
| --- | --- | --- | --- |
| **Principle-Based Feedback** | Definition | Rationale | Examples |
| MAKE A COMPASSIONATE ATTEMPT TO RELATE | Express clear and obvious warmth, concern and acceptance, in light of what the client is going through in difficult times. This involves stepping into the client's shoes and demonstrating a deep understanding of how the client is feeling. Refrain from "therapist-speak" (i.e. "it sounds like..you are convinced that this is your experience") | We often have this in our minds and our reflections, but fail to explicate this in our interaction with our clients. By doing so, it communicates a depth of understanding of your client. It is important not to have a subtle detachment from the client's difficult experience, even if you may disagree with it. We need to find something that we genuinely agree with and validate. | "Come to think of it, If I were you, I would be so angry with me, and I’ll be so disappointed as this will be just another therapist that I have seen in the past..." |
| EXPRESS RESPECT & CARE FOR CLIENT | Explicit from a humanistic stance, your respect and concern for him/her as a person. | We often have this in our minds and our reflections, but fail to explicate this in our interaction with our clients. By doing so, it communicates a overt respect, equality and care for another human in front of you. | "Given who you are as a person, and what you are doing, I want you to know that I have deep respect for you..." "... I must admit, I do worry about you... I am concerned about you because (specify)..." |
| DISARM BY AGREEMENT | (see same cue card in Persuasiveness) |  |  |
| CLARIFICATION: CHECK FOR FIT |  |  |  |
| INTENTIONS VS EFFECTS |  |  |  |
| HONOURING THE CLIENT'S CHOICE | Expressing respect for the client's choice and autonomy, including the choice to continue therapy or not, but at the same time maintaining genuine interest in wanting to care for the client. | We need to balance between our wishes for the client to continue therapy with a clear respect of their decision to discontinue. Sometimes, we may appear too eager in "hard-selling therapy" or seem too nonchalant about the client's wishes to discontinue therapy. Either position may push the client away. | "I respect whatever decision you make in the end. I don't want to make you do something you don't want. However, if you do choose to continue to come, I would like to work on what is going to be useful for you." |
| Use of Personal Disclosure | Sharing how the client's response made you feel OR share a personal story that relates withe the client's struggle which might open some possibilities of new perspectives | Provide an authentic response that is both empathic, personal, and possibly offers a different perspective about the client's situation. | "I feel sad hearing that you are subjected to all these bullying in the past." |

**Hopes and Positive Expectations**

|  |  |  |  |
| --- | --- | --- | --- |
| **Principle-Based Feedback** | Definition | Rationale | Examples |
| CONNECT WITH CLIENT'S EMOTIONAL NEEDS | Emotional needs refer to factors that are core for a person to psychological function, thrive and connect with others. This could refer to one or more of the following: A need for autonomy, love and belonging/connection with others, freedom, growth/meaning/fun, or even simply, survival. | When a client's emotional need(s) is not met, psychological issues/challenges surfaces, both in the person's life, and may also manifest in the therapy interaction. | "I hear that you are conflicted between wanting to be left alone, and your need to feel connected with someone in a meaningful way..." |
| ACTIVATE CLIENT'S AGENCY | To make explicit client's specific strengths, abilities, &/or resources. it may involve looking deeply at what lies implicit and beneath the problems. Those strengths may not be obvious but the therapist can express belief in the client's potential. | This would help the client to enlist and activate his/her own agency, so as to promote willingness to work towards growth and change in a hopeful and realistic manner. | "Despite the odds, I hear that your anger is your protest to guard what you really need and what is really important to you. I wonder how you can continue to tap on this inner energy within you to keep going?" |
| PROVIDE CLEAR PATHWAYS NEEDED FOR THE FUTURE | Given the current challenge in therapy, provide a specific possible pathway for therapy to take and how to move forward from this challenging incident in therapy. | By hypothesising possible specific directions to take, gives clarity to the client, engenders more concrete hope, and create a climate of collaboration i.e., "we-ness" | "...Maybe we should spend more time to explore this (specify)... so that we can work through this issue together. Does this make sense? Would you be willing?" "Maybe I should that we take some time to clarify our goals before we begin each session..."  "You talked about having to suppress your ideas and you are frustrated with others for not taking you seriously. If you are willing to continue working together, I think we need to find your voice again and really hear what you have to say, that is very important". |
| HOPE BUILDING | Hope building that is expansive and not constrictive, generating possibilities, that has to be realistic, and not adopting a blind optimism. It involves expressing realistic optimism about the client's future and/or positive expectations about therapeutic work. | By expressing faith/ belief that change is possible, it engenders hope and helps motivate the client to consider what he/she finds hard to envision at the moment. | "I know it's so hard to see anyway out of this dark tunnel now and it may be easier to give up hope and stop the journey. However, I believe in us, that as long as we try to overcome this hurdle together and try different paths, hope may really be just round the corner. Are you willing to keep walking through this tunnel with me, even though we may not see the end of the tunnel yet?" |

**Empathy**

|  |  |  |  |
| --- | --- | --- | --- |
| **Principle-Based Feedback** | Definition | Rationale | Examples |
| EXPLICIT & IMPLICIT EMOTIONS | Explicit emotions refers to what is obvious/overt. Implicit emotions refers to what is implied underneath what is more obvious. Typically, it will be helpful to validate the obvious emotions first *before* going further to highlight the emotions that are more implicit or unsaid. | To connect more deeply with a client, based on the layers of emotions that he/she might be experiencing. Note: Make sure to label specifically what the explicit emotion and implicit emotion are. | "You are angry at him for raising his voice at you. But inside, you are hurt by his insensitivity towards you during a really difficult time in your life..." |
| TARGET OF CLIENT'S EMOTIONS | Emotions do not exist in a vacuum. Rather, emotions reside in an interpersonal domain. | There is more contextual clarity when emotions are specified to whom it is felt towards. | "You are upset with me" |
| DEEPENING OF SPECIFIC EMPATHIC RESPONSE | Often times, we are able to touch upon a core emotion in a challenging scenario. We can take one more further step to communicate our emotional comprehension of what the client is going through. Labelling the emotion is not enough but we need to demonstrate an understanding of why the client feels those emotions. | This helps to communicate a more nuanced empathic understanding of your client, so as to foster a deeper sense of relatedness | "You are angry with me for not understanding you when I didn't respond to you last session. It's like I am just sitting high up there, being very far and distant from you. I can imagine that you feel very alone in this". |
| POINT OUT RECURRENT THEMES | Recognise a repeated pattern in the client's life eg parallels between the therapeutic situation and their relationships | By pointing out recurrent themes, this may help a client to connect current and past events that has an emotional salience, that may in turn help a client to get "unstuck" in this feedback loop. Take caution to first take ownership of any potential client-therapist conflict, and empathise with the client, BEFORE pointing out recurrent themes. | "What has happened here with your partner, that triggered feelings of insecurities, is just like what happened with you in previous relationships..." |
| EMPATHISING WITH THE INTERNAL CONFLICT | Reflect the client's internal struggle to acknowledge a tension. | By acknowledging the client's ambivalence, this may help deepen the empathic response. | "I can see that there is a part of you that wants to get rid of the problem immediately but another part of you that wants a sustainable solution that addresses the deeper root issues". |
| CAPTURE THE "ESSENCE" | To be able to point out the key issue/struggle/pain-point | By being able to punctuate with an accurate understanding of the key issue at hand for your client, you communicate an exceptional comprehension of the client's experience. | "You say you'd feel like a dried up well... maybe this is time to take heed and find ways to nourish it..." |

**Alliance Bond Capacity**

|  |  |  |  |
| --- | --- | --- | --- |
| **Principle-Based Feedback** | Definition | Rationale | Examples |
| INVITATION FOR FUTURE COLLABORATION | There should be a sense that the participant is attempting to work with the other to create a "we-ness" that is implied in the participant's behavior | Such an invitation for "we-ness" despells any sense of isolation and creates a collaborative atmosphere | "With all the opposition that you are facing, it seems like you could use someone in your corner... we can take each step of the way together and work through each of the barriers that we face." |
| RECONNECTING WITH CLIENT'S GOALS |  |  |  |
| CLARIFICATION: CHECK FOR FIT |  |  |  |
| PROVIDE CLEAR PATHWAYS NEEDED FOR THE FUTURE | Given the current challenge in therapy, provide a specific possible pathway for therapy to take and how to move forward from this challenging incident in therapy. | By hypothesising possible specific directions to take, gives clarity to the client, engenders more concrete hope, and creates a climate of collaboration i.e., "we-ness" | "...Maybe we should spend more time to explore this (specify)... so that we can work through this issue together. Does this make sense? Would you be willing?" "Maybe we should some time to clarify our goals before we begin each session..."  "You talked about having to suppress your ideas and you are frustrated with others for not taking you seriously. If you are willing to continue working together, I think we need to find your voice again and really hear what you have to say, that is very important". |
| PUNCTUATE CRITICAL JUNCTURE OF THERAPY | A critical juncture in therapy typically refers to a point when the client makes overtly or subtly indicate that things are not improving or a lack of progress is being made. This is analogous having "one foot out of the door" of the therapy engagement. | It is critical to explicate and make it obvious that you "heard" the client that he/she has "one foot out of the door," so that this can be addressed, and options can be explored on which path to take. | "Given what you just said, you may be thinking that it's almost pointless to continue our work together..." |

**Alliance-Rupture-Repair Responsiveness**

|  |  |  |  |
| --- | --- | --- | --- |
| **Principle-Based Feedback** | Definition | Rationale | Examples |
| RECOGNISE & ADDRESS THE INTERPERSONAL CONFLICT (Therapist-Client) | In a challenging interaction scenario, there is often an interpersonal issue that involves the client-therapist relationship. The interpersonal rupture between client-therapist threatens the development of the alliance and subsequent therapy work. The rupture may be explicit (obvious) or implicit. | If the rupture or potential rupture is left unaddressed, and if the therapist is not responsive to the conflict, clients are likely to disengage from therapy. | "I'm sorry that the sessions are not working for you so far and I acknowledge your need for.." |
| TAKING OWNERSHIP OF THE CLIENT-THERAPIST INTERPERSONAL CONFLICT | In a challenging interaction scenario, there is often an interpersonal issue that involves the client-therapist relationship. The interpersonal rupture between client-therapist threatens the development of the alliance and subsequent therapy work.By taking this a step further, the therapist owns responsibility for how the relationship did not work out well. | If the rupture or potential rupture is left unaddressed, and if the therapist is not owning the responsibility to the conflict, clients are likely to disengage from therapy. | "I have failed you... " "I've let you down for not picking this up..." |
| ENGAGE IN DIRECT DISCUSSION ABOUT HOW TO REPAIR THE INTERPERSONAL CONFLICT |  |  |  |

## **APPENDIX 4: TIERED-LEVEL PRINCIPLE-BASED FEEDBACK FOR STUDY I**

**Angry Scenario Feedback**

|  |  |
| --- | --- |
| Tier 1 | Explicit & implicit emotions |
| Target of client’s emotions |
| Compassionate attempt to relate |
| Tier 2 | Disarm by agreement |
| Taking ownership of the client-therapist interpersonal conflict |
| Reconnecting with client’s goal(s) |
| Punctuation of critical juncture in therapy |
| Suggesting alternative/possibilities for the future |
| Tier 3 | Express respect and care for client |
| Point out recurrent themes. |

## 

## **APPENDIX 5: TIERED-LEVEL PRINCIPLE-BASED FEEDBACK FOR STUDY II**

**Hopelessness Scenario Feedback**

|  |  |
| --- | --- |
| Tier 1 | Compassionate attempt to relate |
| Recognise & address the interpersonal conflict (therapist-client) |
| Punctuate critical juncture of therapy |
| Explicit & implicit emotions |
| Deepening of specific empathic response |
| "Sell" a Persuasive Rationale towards a specific goal/ need |
| Tier 2 | Present a DIFFERENT understanding of the SOURCE of the person's distress |
| Taking ownership of the client-therapist interpersonal conflict |
| Tier 3 | Disarm by agreement |
| Activate client's agency |
| Hope building |

**Reluctant Scenario Feedback**

|  |  |
| --- | --- |
| Tier 1 | Honouring the client's choice |
| Make a compassionate attempt to relate |
| Recognise & address the interpersonal conflict (therapist-client) |
| Invitation for future collaboration |
| Tier 2 | Connect with client's emotional need |
| Honouring the client's choice |
| Honoring the symptoms (function of the symptoms) |
| Explicit & implicit emotions |
| Empathising with the internal conflict |
| Taking ownership of the client-therapist interpersonal conflict |
| Tier 3 | Speak to What the Person Fears or Avoids |
| Connect with client's emotional need |

**Abstract Scenario Feedback**

|  |  |
| --- | --- |
| Tier 1 | Take Specific Note of the Clinical Background |
| Connect with client's emotional need |
| Explicit & implicit emotions |
|  |
| Make a compassionate attempt to relate |
| Disarm by agreement |
| Tier 2 | Deepening of specific empathic response |
| Identify the theme/ main challenge |
| Activate client's agency |
| Tier 3 | Deepening of specific empathic response |
| Honoring the symptoms (function of the symptoms) |

**“Fix Me” Scenario Feedback**

|  |  |
| --- | --- |
| Tier 1 | Honoring the symptoms (function of the symptoms) |
| Disarm by agreement |
| Connect with client's emotional need |
| Tier 2 | Activate client's agency |

# Appendix 6

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | FIS Mean | FIS Mean (Adjusted) | SD | SD (Adjusted) | sample size | SE | SE(Adjusted) | 95% CI | 95% CI (adjusted) |
| Control Group | Trial 1 | 18.29 | 19.22 | 3.29 | 3.63 | 35.00 | 0.56 | 0.61 | 1.09 | 1.20 |
|  | Trial 2 | 18.47 | 19.23 | 3.22 | 3.88 | 32.00 | 0.57 | 0.69 | 1.12 | 1.34 |
|  | Trial 3 | 18.79 | 18.07 | 3.39 | 3.79 | 28.00 | 0.64 | 0.72 | 1.26 | 1.40 |
|  | Trial 4 | 17.83 | 17.42 | 3.50 | 3.66 | 30.00 | 0.64 | 0.67 | 1.25 | 1.31 |
|  | Trial 5 | 17.83 | 19.09 | 3.27 | 3.70 | 30.00 | 0.60 | 0.68 | 1.17 | 1.32 |
|  | Trial 6 | 17.93 | 19.15 | 3.39 | 3.75 | 29.00 | 0.63 | 0.70 | 1.23 | 1.36 |
|  | Trial 7 | 17.37 | 18.71 | 3.31 | 3.62 | 27.00 | 0.64 | 0.70 | 1.25 | 1.36 |
|  | Trial 8 | 16.04 | 16.55 | 3.13 | 3.43 | 25.00 | 0.63 | 0.69 | 1.23 | 1.35 |
| Feedback Group | Trial 1 | 16.56 | 18.09 | 2.77 | 3.49 | 39.00 | 0.44 | 0.56 | 0.87 | 1.09 |
|  | Trial 2 | 18.89 | 20.41 | 3.08 | 3.94 | 36.00 | 0.51 | 0.66 | 1.01 | 1.29 |
|  | Trial 3 | 20.00 | 21.36 | 3.36 | 4.12 | 25.00 | 0.67 | 0.82 | 1.32 | 1.62 |
|  | Trial 4 | 20.09 | 21.27 | 3.60 | 4.30 | 32.00 | 0.64 | 0.76 | 1.25 | 1.49 |
|  | Trial 5 | 22.00 | 23.59 | 3.90 | 4.47 | 30.00 | 0.71 | 0.82 | 1.40 | 1.60 |
|  | Trial 6 | 22.52 | 23.86 | 3.96 | 4.44 | 27.00 | 0.76 | 0.86 | 1.49 | 1.68 |
|  | Trial 7 | 23.15 | 24.38 | 3.93 | 4.44 | 26.00 | 0.77 | 0.87 | 1.51 | 1.71 |
|  | Trial 8 | 21.39 | 23.65 | 3.96 | 4.09 | 23.00 | 0.82 | 0.85 | 1.62 | 1.67 |