

**WHEN the ENGINE of TREATMENT STALLS**  
*A DEFT Approach to the Therapeutic IMPASSE*



DYNAMIC EMOTION FOCUSED THERAPY  
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**Therapeutic Impasse:**  
SLOW down or STOP in the therapy process

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**“After approximately a half century of psychotherapy research, one of the most consistent findings is that the quality of the therapeutic alliance is the most robust predictor of treatment success.”** (Impasse and Transformation: Negotiating Ruptures in the Therapeutic Alliance, Safran J.D., 2002)

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1. Mutually and collaboratively determined goals

2. Mutually and collaboratively determined means or methods

3. The Bond (Bordin, 1979)



"Emotional communications between therapist and patient lie at the psychobiological core of the therapeutic alliance..." (Schoore, 1994)

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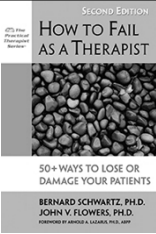
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**"When a solid goal and treatment consensus is built early in therapy, treatment outcomes measured months later are more likely to be positive."**  
(J. Dormaar, C. Dijkman, and M. de Vries, 1989)



**"...the first and second sessions should set the stage for the achievement of goal consensus. When this occurs, client expectations for success are greatly increased..."**  
(B. Schwartz and J. Flowers 2010)

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**"We do not begin to help a client towards a destination that has not first been defined within him."** --Susan Warren Warshow



Explore client's therapeutic goals with an intra psychic focus.  
Re-clarify client's goals whenever therapy stalls.

**"Hope has been defined as the 'perceived possibility' of achieving a goal."** (Stotland, 1969)

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**CREATING A FOCUSED ALLIANCE**



*For therapy to be effective, clients must link hope for improvement to specific processes in therapy.*

(Role Preparation & Expectation of Improvement in Therapy, --Wilkins 1979)

Recommend a partnership involving caring attention to feelings, bodily sensations, thoughts and images as they occur in present moment.

For many clients exposure is associated with danger. Show empathy for risk and conflict about forming an alliance.

Make explicit that therapist has no expectations and will honor client's choice.

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In DEFT, we view emotional closeness as primary to curative process. Susan Warren Warshow says, *“Without EMOTIONAL CLOSENESS, a felt connection between two people STAGNATES.”*

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Once we have...

1. collaboratively clarified the client's (meaningful and intra psychic) GOALS and
2. the MEANS to pursue them (including both partners' roles in that process),
3. we inquire into FEELINGS about a specific person and situation.

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**Therapist Affect Facilitation and Outcome:**

**“Our results indicate that the more therapists facilitate the affective experience/expression of patients in therapy, the more patients exhibit positive changes.”**

**“...therapist affect facilitation is a powerful predictor of treatment success.”** (Marc J. Diener , Ph.D. Mark J. Hilsenroth , Ph.D. Joel Weinberger , Ph.D.)

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**WHAT IS DEEP AFFECTIVE PROCESSING?**

- COGNITIVE (Naming the emotion)  
“I feel angry.” “I feel sad.” 
- PHYSIOLOGICAL  
“I notice pressure around my eyes.”  
“I feel heat rising in my chest, like a volcano.” 
- MOTORIC IMPULSE  
Tears appear. Urge to touch. Fists form. 

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**WHAT IS DEEP AFFECTIVE PROCESSING?**

**“There is accumulating evidence that both the *in-session* activation of specific, relevant emotions and the cognitive exploration and elaboration of the significance and meaning of these emotions are important for therapeutic change.”** (Whelton, 2004)


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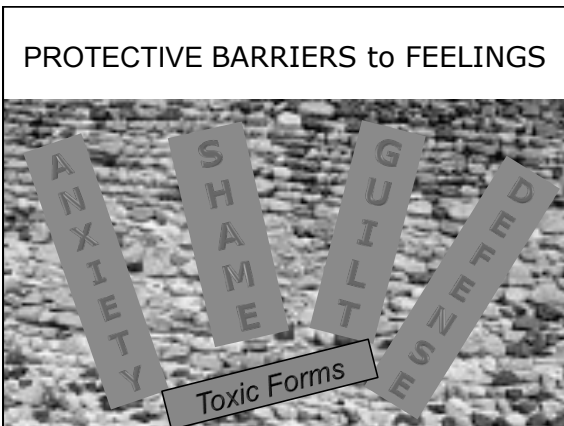
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**HEALING TRIAD**

1. **AWARENESS of BARRIERS TO FEELINGS**
  - a. Shame related to unworthiness
  - b. Fear of exposing emotions (anxiety)
  - c. Toxic guilt over rage
  - d. Defenses that create distance
2. **TRANSFER of COMPASSION FOR SELF over Cost of Barriers to Feelings**
3. **MOBILIZATION of the WILL to EMBRACE THE SELF and FREE FEELINGS**



Parasitical Vine  
Strangling Self

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Are you moving towards your goals?  
Or away from them?




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**Shame sensitivity and skillful work with shame are cornerstones of the DEFT model.**



*"It is only when shame reaches the light of day that the healing process can begin."*  
 --Shapiro & Powers

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**Activating Compassion**

- Recognize a mutual trauma reenactment is taking place.
- Feeling shame? Create space around it.
- Separate human flaws, shortcomings and limitations from the need to devalue (self or other).
- Make space for client to disagree or not follow your recommendations.

*"More effective therapists are more self-accepting."*  
 --Jeremy Safran

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**"Once SELF-COMPASSION over the cost of defensive processes is activated within the client, it becomes a living force that often ignites the WILL to FREE FEELINGS, allowing them to be experienced and expressed in healthy ways."**

--Susan Warren Warshow

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“I feel like I can stop running away. The feelings and memories that I carried from childhood have gone from a shame-filled mess that I tried to separate from and numb to something precious I want to embrace and protect.”

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“When the therapist can nurture a real relationship, one in which the **client repeatedly experiences that they are seen, known and felt in a way that emotionally impacts and is accepted** by the therapist **to a degree that typically has never been experienced before**, the capacity to create a **quality connection** to oneself and to others grows significantly.”

—Susan Warren Warshow

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Effective Therapists:

- a) Form alliances across a range of patients
- b) Have a sophisticated set of interpersonal skills that are revealed in challenging situations
- c) Express professional self-doubt
- d) Practice psychotherapy skills outside of delivering treatment to patients

*How and Why Are Some Therapists Better Than Others?: Understanding Therapist Effects Hardcover, 2017*

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"DEFT Training with Susan Warren Warshow has been the greatest gift I've ever given myself, my supervisees, and clients".

"It's a dream come true being a part of this stellar group!"

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