

## **Instructions for confronting detached clients later in therapy**

**Eckhard Roediger** (taken from “Contextual Schema therapy” published by New Harbinger)

Introduce your intention: If your client does not present with something urgent, then you can

1. take the lead and start your intervention.

*“Today, I’d like to talk with you about our therapy. You know that our work is a goal-directed and time-limited process. I want to reassess our progress together. If you look back over the last two months, what significant progress did you make to change behavior?”*

If your client is quickly activated, you reached your goal. You may consider a perspective change, such as standing up or asking the “best friend” a question, to soften the procedure and avoid being too confrontational. If the client remains stuck, continue confrontation in a slightly increasing intensity.

2. Split yourself up: *“If you agree, I want to give you some insight into what I think. To make this safer for you and me, I’ll put this ‘critical therapist’ on an extra chair beside me.”* Add an additional chair.

Therapist Tip: Avoid saying anything critical from your normal chair, which should remain clear for the “good therapist.”

3. The “critical therapist” confronts: Be sure to sit on the other chair. *“Talking from the critical side, this part in me is unhappy with how therapy is going. I feel paralyzed by the process so far, and we need to change things. My impression is that you try to avoid getting into deeper emotions and keep playing it safe. But this means we get nowhere. If we want to make progress, you’ll need to become more active. Otherwise I might need to end the therapy.”*

4. The “good therapist” empathically supports: Confrontation may distress your client, so move your normal “good therapist” chair quickly and sit down close behind the client

in a supportive way (see figure below). The “critical therapist” chair remains empty in front of the client in order to induce a reminder of this persona. *“Okay, how do you feel when that impatient therapist over there talks that way to you? How does that resonate in your body?”* [Don’t forget to ask the clients to close their eyes. Repeating the messages keeps the emotional activation up. If you “sharpen the edges”, the schema activation will be even stronger. Offer polar body sensations like described in the instruction for externalizing clients].

4. We finally do not know whether the confrontation will release fear or anger inside the clients. If fear pops up, continue like described in the instruction for the internalizing clients. To clarify the connections with the underlying schemas you might shift into an Imagery rescripting exercise. On the other hand, if the clients show nonverbal signs of anger, try your best to support the client to release his or her blocked anger: *“Please tell the therapist how he makes you feel!”* you can push him or her by “feeding them a line” (Perls, 1973): *“You’re right! Don’t be shy! He can stand that. Let it out; let your anger vent! What do you feel in your body now?”* The idea is to unblock hidden anger within your client in order to work with the blocked basic emotion. This will trigger your client’s anger. Constructive anger is the driver of assertiveness. It’s like gas in a tank: no gas, no driving!

5. Shift into solution-directed imagery work: Once the constructive anger is unblocked, ask the client to keep the eyes closed and picture a scene in which he or she can make all dreams come true. *“Imagine everything is possible, like in a fantasy movie. What would you like to do with this energy you feel?”* After this imagery ask the clients how they feel in their body now. You might add some self-disclosure: *“I like this tough [client’s name] much more than than your detached coping mode you were in the last sessions. I feel more connected. So let’s look for some ways to make good use of this energy together.”*

6. Look for the first steps to take: Once your client has an idea about what she would like to do, you can both stand up side by side as the “consultation team.” Consider what concrete first steps the client might take in the next week to achieve value-based goals. End the session with some small but clearly outlined homework assignments in terms of exercises to overcome the stuckness and reluctance to get more active.
7. You might record some instructions for the client’s Healthy adult mode to encourage the vulnerable side to keep going and giving it a try. For the angry (and sometimes undisciplined) Child mode add some messages to increase the compliance to the carry the experiments out you agreed on.

