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INTRODUCTION

Exploring Responsiveness and Attunement in Psychotherapy

JEANNE C. WATSON AND HADAS WISEMAN

Responsiveness in psychotherapy is recognized as a ubiquitous characteristic of therapist–client interaction and dialogue (Kramer & Stiles, 2015). Synonyms for responsiveness include *openness*, *alertness*, *sensitivity*, *approachability*, and having positive reactions toward another, whereas being nonresponsive is described by words such as *sluggish*, *slow*, *sleepy*, *unaware*, or giving no response. The synonyms for responsiveness convey the quality of being fully present and available in the moment, whereas the antonyms convey an absence or lack of attention and disregard for the other. Responsive therapists are attuned, fully alive, and present with their clients, letting go of their own concerns and conflicts to mobilize all their resources to focus on what the client is bringing to the session and how to respond most appropriately in the moment. Like Rogers's (1980) therapeutic conditions—empathy, acceptance, warmth, and genuineness—responsiveness is an attitude, a way of being with another characterized as a willingness or capacity to be flexible and fluid to align with and be attentive to their goals and needs. Indeed, responsiveness is key to all interpersonal interactions, the aim of which is to foster connection and build relationships to promote positive outcomes, the primary goals of most psychotherapy approaches.

https://doi.org/10.1037/0000240-001
The Responsive Psychotherapist: Attuning to Clients in the Moment, J. C. Watson and H. Wiseman (Editors)
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RESPONSIVENESS AS KEY TO RESEARCH AND PRACTICE

Responsiveness in psychotherapy has come into focus as research accumulates with respect to the complex relationships among emotional development, right brain functioning, psychopathology, and treatment options. Schore's (1994, 2003, 2019) work on the neurobiology of emotion highlighted the role that negative life experiences, including neglect and emotional and physical abuse, play in the emotional development of individuals. According to Schore, negative life experiences have a significant impact on the right brain—the seat of emotional learning—and its connections with the body, the autonomic nervous system, and the hypothalamic–pituitary axis. Research has highlighted that emotional learning is implicit and procedural rather than declarative and language based and thus less amenable to change with insight, rational knowledge, and thought processes alone. Facilitating change in emotional learning requires therapists to be highly attuned and responsive to clients' cognitive, emotional, and behavioral processes in the session to promote and encourage the acquisition of new emotional learning, interpersonal experiences, and memory reconsolidation in clients.

The landmark book *Psychotherapy Relationships That Work* (Norcross, 2002) broke new ground by focusing renewed and much-needed attention on the substantial research behind the crucial, but often-overlooked, client–therapist relationship. Subsequent editions have elaborated this focus to include a review of research on the effective elements of the therapy relationship and the particular aspects of treatment that support therapists to maximize their responsiveness and tailor their treatments for each patient (Norcross & Lambert, 2019; Norcross & Wampold, 2019). The evidence from the meta-analyses indicated that the client characteristics that are important to consider to fit treatments to particular individuals include attachment, coping styles, cultural adaptations, gender identity, preferences, reactance level, religion, spirituality, and sexual orientation, as well as clients' readiness to change. The identification of these variables as salient represents the state of the art in terms of those variables that are important to consider when tailoring treatments and being responsive to clients' intersecting identities and issues. However, these are higher order variables to guide practice and do not provide a fine-grained description or understanding of what therapists do in the session as they make moment-by-moment decisions and alterations to treatment manuals and principles to be maximally responsive to their clients.

Research shows that therapists' capacities to be responsive and tailor interventions and specific techniques to their clients' cognitive and affective states as they encounter them at different points in the session and

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across the course of treatment can make important contributions to treatment outcomes (Baldwin et al., 2007; Zuroff et al., 2010). Therapists' capacity to attune in the moment is key to enhancing optimal responsiveness and is essential to balancing the needs of clients with treatment procedures and techniques, as well as other process variables that compete for attention at any one moment in the therapy hour and across the treatment trajectory. Being responsive entails a complex type of responding that attends to and tracks shifts in clients' moment-to-moment process. It is much more than adherence to treatment protocols or the correct and adequate implementation of specific techniques. Rather, it requires sensitive, perceptive attention and a quality of listening that is alert to micro-shifts in clients' moment-to-moment behavior in the session, including their emotions, nonverbal behavior, and the content of their narratives, to facilitate access to their unconscious, implicit, and procedural knowledge. Access to implicit and procedural knowledge provides clients with opportunities for new learning in therapy.

With the increased recognition of the importance of responsiveness to treatment outcomes across different therapeutic approaches, along with ways of optimizing it to enable therapists to work more effectively with diverse clients by responding appropriately to the unique needs of each, we invited expert research clinicians from different approaches to share their expertise about what they attend to in the moment to steer the therapeutic process and be optimally responsive to their clients. We hoped that they would share their implicit procedural knowledge and make it more explicit to guide practice and research. Our aim was to highlight specific client and therapist processes along with specific signals or markers that alert clinicians to shifts in client process to be maximally attuned in the session and optimally responsive moment to moment in psychotherapy. Contributors were asked to discuss responsiveness within their approach and provide clear illustrations of what they attend to in the moment and to elaborate on the implications of responsiveness in terms of issues related to diversity and training to advance the understanding of the concept in practice and research.

Thus, the primary focus of this book is on therapist and client processes and the identification of specific signals that alert clinicians to shifts in clients' process and behavior in the therapy hour and over the course of therapy to be maximally responsive to their clients. It is recognized that therapists' responsiveness is important to facilitate new emotional learning and reconsolidate emotional memories to promote change in psychotherapy. In addition, to improve treatment effectiveness and work with diverse groups of clients with multiple intersecting identities, it is important for therapists to be able to monitor their interventions and ways of working to effectively

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tailor their interventions to clients' needs and objectives. We hoped to identify ways to enhance therapists' capacities to use the tools of psychotherapy more effectively. The book is written for both new and experienced therapists, with applications across a broad range of therapeutic approaches and issues pertinent to psychotherapy. We believe that meeting the challenge of responsiveness is crucial both for those involved in practice, training, and supervision, as well as for psychotherapy researchers in order to explore and design new research methods that will advance our understanding of responsiveness in relation to process and treatment outcomes.

OVERVIEW OF THE CHAPTERS

The book is composed of three parts. Part I provides an overview of the concept of responsiveness, including issues related to its definition and its differentiation from the working alliance, client engagement, and other constructs related to the therapeutic relationship. Part II focuses on the role of responsiveness in different therapeutic approaches, including psychodynamic therapies (psychodynamic relational psychotherapy and control-mastery theory), cognitive behavior therapy (CBT), emotion-focused therapy, narrative therapy, systemic-experiential psychotherapy, dialectical behavior therapy, and integrative therapy, as well as two approaches that focus on responsiveness in treatments for specific populations, including personality disorders and sexual and gender minority adults. To provide a common framework, contributors were asked to discuss the definition and conceptualization of responsiveness within their approach and identify signals or markers that therapists attend to in the moment to guide them in the session, along with clinical examples.[1] They were also asked to address the implications of responsiveness in their approach to issues of diversity and training. Finally, Part III integrates and synthesizes the different approaches to provide a rubric of the different signals and procedures that these research clinicians have identified as they try to meet the challenge of responsiveness. By pulling together the expertise of these research clinicians and developing a common lens through which to approach the concept, we hoped to elaborate our understanding of responsiveness, expand our clinical lexicons, offer support for training, and provide inspiration for further research.

[1]The identities of the clients in the case examples throughout this book have been disguised either by changing identifying information or using composites.

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Part I. The Case for Responsiveness

The first two chapters of the book present the formulation of responsiveness and its implications for research and practice. In Chapter 1, Stiles, who first defined and posed the responsiveness problem for psychotherapy research (Stiles et al., 1998), provides an updated overview of the theoretical and methodological underpinnings of the issue of responsiveness (Stiles et al., 1998). Stiles defines responsiveness as behavior influenced by emerging events, such as therapists being influenced by and responding to what clients do, and as something that occurs on all time scales (from months to milliseconds) in the human context. In this chapter, he discusses how responsiveness undermines psychotherapy research and proposes and elaborates on the suitability of existing evaluative measures to reflect appropriate responsiveness. He discusses the work on responsiveness in terms of the six ways that psychotherapy researchers have engaged conceptually and empirically with the problem (Kramer & Stiles, 2015) and concludes with three suggestions for future research: "unpack evaluative measures, focus on immediate effects, and build an explanatory theory."

In Chapter 2, Hatcher provides a wide lens to explore and critique the concept of responsiveness and deciphers its place in relation to the working alliance and related therapeutic relationship concepts, collaboration, and engagement. He offers an astute and expanded view on responsiveness as studied within the science of relationships (Reis, 2014) and in Bacal's (1998) writing on optimal responsiveness in psychoanalytic psychotherapy. He reviews relevant types of research (e.g., feedback on routine monitoring of treatment process and outcome, personalized approaches to treatment) that have implications for developing professional training that seeks to enhance therapists' responsiveness and suggests new directions for training and research.

The next two chapters in Part I present two pantheoretical frameworks that have been developed to inform and enhance responsiveness in the client–therapist relationship. In Chapter 3, Wiseman and Egozi present Bowlby's (1962/1982) attachment theory as a pantheoretical framework for conceptualizing responsiveness in clinical research and practice. They reference research on infant–parent interactions that has demonstrated the centrality of responsiveness in infant–parent bonds and discuss its implications for therapists, especially the importance of providing a secure base for clients to facilitate engagement and productive outcomes. These authors suggest that to enhance attunement and responsiveness, therapists need to regulate an appropriate distance in the therapeutic relationship tailored to clients' attachment styles and needs. The challenges faced by therapists in their efforts

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to regulate optimal distance tailored to their client's needs are illustrated through relational narratives that represent markers of lack of responsiveness and misattunement, as well as appropriate responsiveness and attunement.

In Chapter 4, Eubanks, Sergi, and Muran examine responsiveness in rupture–repair cycles in the therapeutic alliance as a pantheoretical construct, viewed through a two-person perspective. These authors view therapist responsiveness as essential to the development and maintenance of a positive working alliance in therapy and as beneficial to treatments at any stage. In their chapter, they highlight the role of therapist attunement and responsiveness in successfully repairing alliance ruptures and demonstrate how the latter can occur as a result of failures in therapist responsiveness. State-of-the-art research on alliance rupture and repair cycles is presented along with context-dependent rupture resolution strategies for how clinicians can be more optimally responsive to achieve and maintain productive working alliances.

Part II. Responsiveness in Different Therapeutic Approaches

The second part of the book examines responsiveness within different therapeutic approaches. In the first two chapters in this part, therapist responsiveness is considered within two contemporary psychodynamic approaches. In Chapter 5, Tishby defines and explores responsiveness in psychodynamic relational psychotherapy, highlighting key concepts in relational thinking such as two-person psychology, which sees the individual in the context of dyadic interactions with other subjects, mutual recognition, and implicit relational knowing. She provides illuminating clinical vignettes illustrating how relational therapists are attuned and responsive to the state of the alliance, ruptures and repair, the transference–countertransference matrix, enactments and patient's dissociated self-states, and subtle shifts in patient and therapist affect, as well as clients' nonverbal communications.

In Chapter 6, Silberschatz uses principles from control-mastery theory, an integrated cognitive–psychodynamic–relational theory, to elucidate the concept of therapeutic responsiveness. According to the plan formulation method, an approach to case formulation, therapist interventions that are compatible with the patient's plan are considered optimally responsive because they help to disconfirm the patient's pathogenic beliefs, thereby increasing feelings of safety, relaxation, and useful therapeutic work. The author discusses the implications of this approach for training and presents preliminary data showing that training in the plan formulation method enhances therapist responsiveness and plays an important role in the process and outcome of psychotherapy.

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In Chapter 7, Constantino, Goodwin, Muir, Coyne, and Boswell discuss context-responsive psychotherapy as applied to CBT. The authors make a strong case for paying attention to the therapists' responsivity across the course of treatment, referred to as the treatment "lifespan." The first step in being responsive focuses on getting off on the right foot, which is followed by during-session responsiveness, defined as doing more of the same or engaging in marker-driven departures. The authors provide research findings that support contextual responsivity, propose directions for future research, and offer strategies for training to maximize clinicians' responsiveness in a manner that applies not only to CBT but that can also be applied more pantheoretically within other approaches.

The next three chapters share an experiential–process view of responsiveness within a specific approach. Watson, in Chapter 8, examines responsiveness in emotion-focused therapy (EFT). In this approach, the therapeutic relationship, characterized by therapists' responsively attuning to clients' moment-by-moment process and moving between leading and following, is seen as an active ingredient of change. The author proposes a developmental model of the self, consisting of certain client capacities reflective of specific therapeutic zones of proximal development (TZPD), to guide therapists' responsiveness. Markers, located within therapists, clients, and the interpersonal process, are identified to guide therapists' attention and optimize their responsiveness in the session and across treatment. Suggestions for being responsive with clients from diverse backgrounds and multiple intersecting identities are presented, and the implications of responsiveness for EFT research and training are discussed.

In Chapter 9, Ribeiro, Gonçalves, and Pinto describe responsiveness and the therapeutic collaboration model in narrative therapy (TCM). Using the TCM, they offer a micro level perspective on responsiveness, focusing on the interactions in the therapeutic dyad moment to moment in the session. Appropriate responsiveness is viewed as an inherent property of therapeutic collaboration, which in turn is bounded by clients' TZPD, which is influenced by clients' characteristics, beyond diagnosis or the specific problems that clients bring to therapy. These concepts are illustrated in a session from narrative therapy at a moment-to-moment level. The authors review a number of studies that support their conceptualization of therapeutic responsiveness based on being sensitive and alert to clients' TZPD.

In Chapter 10, Diamond, Boruchovitz-Zamir, and Nir-Gottlieb focus on therapist responsiveness in attachment-based family therapy (ABFT), a manualized, experiential, emotion- and relationship-focused treatment designed for families in which parents have difficulty accepting their adult child's sexual orientation or gender identity. These authors delineate

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appropriate responsiveness as therapists using sensitive and effective interventions in the context of specific treatment tasks, including building a working alliance with the young adult, corrective attachment and identity episodes, and collaborative problem-solving, the client's characteristics, and the client's immediate, emerging behavior. Therapist responsive task interventions for this targeted population are illustrated and training issues are discussed with respect to applying ABFT in a responsive manner.

The next two chapters focus on responsiveness in treatments of personality disorders and, more specifically, borderline personality disorder. Kramer argues in Chapter 11 that treatment for clients with personality disorders represents a particularly fruitful context to demonstrate responsiveness effects, to find a context-appropriate definition of therapist responsiveness, and to show which interventions work with which client behavior to help therapists make productive use of opportunities that arise in the therapy process. He identifies three operationalizations of therapist responsiveness—generic, disorder specific, and individualized—and reviews studies using these operationalizations to examine the progression of the therapeutic alliance and outcome in borderline personality disorder.

In Chapter 12, Bedics and McKinley focus on enhancing therapist responsiveness in dialectical behavior therapy (DBT; Linehan, 1993), a cognitive behavior therapy initially developed for the treatment of suicidal behavior and later expanded for the treatment of borderline personality disorder with co-occurring Axis I disorders. These authors describe responsivity in the overall framework of delivering DBT (i.e., defining treatment goals and modules of interventions) and outline relevant principles guiding effective responsivity within DBT in outpatient individual psychotherapy.

In Chapter 13, the final chapter in Part II, Boswell, King, Schwartzman, Wasserman, and Constantino describe responsiveness as the raison d'être of integrative psychotherapies as therapists and clients use emerging information and contexts to modify their behavior in the service of optimizing therapy outcomes. They focus on two complementary meta-frameworks that can inform responsive integrative practice: the common principles of change framework that builds on common clinical strategies and putative mechanisms of action to guide clinician behavior and context responsive psychotherapy integration, an if–then framework supporting evidence-based clinical responsiveness in the form of matching therapist decision making and strategy to therapy contexts and clients' needs. Clinical examples of responsiveness are provided, and the intersection of the two meta-frameworks in responsive integrative psychotherapy is discussed.

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Part III. Integration and Conclusions

In the quest to meet the challenge of responsiveness in theory, practice, and research, in the final chapter of the book (Chapter 14), we offer readers an integrative, pan-theoretical rubric of the different signals and markers used to guide therapists moment to moment in the session and provide possible directions for further research and training. First, an overview of the conceptualization of responsiveness across different approaches is provided, followed by a compilation of signals. The signals, garnered from the different therapeutic approaches, are classified in terms of whether they originate in the therapist, the client, or the interpersonal process. Finally, responsiveness in relation to working therapeutically with diverse populations, implications for training, and directions for research are considered, amalgamating the wisdom and suggestions of each of the contributors. It is our hope that this text will prove useful to clinicians and researchers as they continue to explore this new frontier in psychotherapy.

It is only fitting that we mention the unusual context of the COVID-19 worldwide pandemic, during which the final stage of the book was completed. Being a responsive therapist became even more challenging given this unfamiliar terrain and the chaos surrounding the pandemic, as well as other issues that claimed our attention on the world stage. We hope that readers will find the ideas presented in this book valuable as a guide to *doing the right thing at the right time*.

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