

Treatment Planning

"A good therapist is a good technician, an artist, a loving human being, and an individual who values self-examination about her own motives and behaviour. When I first thought of these attributes, I put "loving human being" as the first one, in that a loving therapist can concern herself with others and be of help just by radiating a special kind of warmth which attracts even mistrustful people. But there's the catch! And this is why I list technique and art ahead of lovingness when I discuss a therapist rather than a person. To be a loving human being is a prerequisite for a therapist. However, without solid technique and a certain artistic flair, a therapist can be engulfed by the problems of her patients, and she can end up crucified or devoured by their cannibalistic needs when they seek ways to fill a certain emptiness within themselves." Fanita English: "What is a Good Therapist" TAJ: April 1997

Being a good technician requires that the therapist has a strategy for what lies ahead, this strategy acts as a guide in the difficult and obscure journey ahead... Not like a detailed OS map, you do not need to know where each wall and contour line is however you do need to have a general sense of how to cross the difficult terrain safely. Most of the psychotherapy guides are written as if they are linear going in a straight line however experience shows that it is often the case that the stages overlap and can be revisited as each new area is approached and dealt with in the therapeutic journey.

Building Rapport: Without rapport we are lost! None of the techniques will work without rapport! This is often talked about as gaining a connection, being in relationship with, being attached to.... However the key elements in gaining rapport are:

- Matching
- Pacing
- Leading

Matching & Pacing: This is mirroring the person you want to build rapport with:

- Using their favoured representational systems ... (Visual / kinaesthetic / Auditory, and from TA Feelings, thinking or Behaviours.).
- Matching their natural rhythms, speech volume, breathing depth and speed.
- Using their mannerism as an echo of them.

Leading: Going at the same pace as them to begin with then gradually leading them in the direction we wish to go with.

Contracts: Contracts are central to all therapeutic work and are seen to come into their full glory in brief therapy. Without a contract change will only happen by accident! Goals and Wants point the way towards an acceptable outcome, needs and shoulds tend to point the way to the impasse!

Definition: A contract is an agreement between therapist and client to a defined course of actions and achievable sensory based outcomes.

- **Wants** are not the same thing as treatment outcomes:
I want to be rich is not an acceptable treatment outcome.
- **Needs and shoulds** are not the same thing as treatment outcomes:
I need / should lose / gain wait is not an acceptable treatment outcome.

- **Goals** are not acceptable treatment outcomes :
My goal is to have a new job.

A treatment contract will have visible verifiable outcomes and will look something like:

- I will get a new job:
- I will apply for new jobs until I get one:
- I make this a two way process by agreeing what the client will do and what I will do as the therapist.

The above contract contains both the outcome (a new job) and the action.

Cure is seen as the fulfilment of the contract

Warning: Watch out for fake contracts, which are not about change....These include slippery words such as Try, able to. No change contracts are often ways used to maintain the client in a stuck place.

"I will try to make the changes I need so that I will be able to get the work I need."

Eric Berne: Four stages of Cure: (1961 TA psychotherapy in Action)

1. **Social control:** In this situation the client carries out the actions which were previously avoided.
2. **Symptomatic relief:** in which the client no longer feels the fear associated with the previous difficulty.
3. **Transference cure:** in which the client appears to reach autonomy, however this is only in response to the transference with the therapist.
4. **Script cure:** in which the person reaches autonomy. (Is this possible? Yes for many difficulties but I don't think we ever actually self-actualise... not unless we are a saint or an eastern master?).

Berne's 4 stages of the Treatment Sequence:

1. Structural Analysis
2. Transactional Analysis
3. Game Analysis
4. Script Analysis

Berne developed this theme in his writing to end with the following sequence:

1. Preliminary Phase:
 - Initial Interview
 - Business Contract
2. Script Analysis
3. Script Antithesis
4. Redecision:

Berne's (1966) Therapeutic Operations: (See also Charlotte Sills and Helana Hargadens's book... TA a Relational Therapy... where they have changed the name to empathic interventions and added an 9th intervention of holding)

1. **Interrogation** (Asking questions)
2. **Specification** (Repeating what the client has said to clear it and to add more information)
3. **Confrontation** (Pointing out inconsistencies)

4. **Explanations** (The therapist says what they think is going on)
5. **Illustrations** (Metaphors etc)
6. **Confirmations** (Confirming the clients Adult thinking)
7. **Interpretation** (Aimed at deconfusing the Child ego state)
8. **Holding** Therapeutic holding within the relational therapeutic work.
9. **Crystallisation** (Adult – Adult, bringing together all 3 ego states of the client preparing to make a redecision)

Ian Stewart (TA Counselling in Action) points out that treatment direction and planning is always based on the interplay between 3 aspects of the work:

1. The diagnosis
2. The contract
3. The choice of interventions, both long term and short term actions, noting the choice of attention to both process and content.
4. I add to a further trio: The 3 P's as: Crossman)
 - a. Potency
 - b. Protection
 - c. Permissions

Richard Erskine: Six Stages of Treatment: (TAJ July 1973)

1. Defensive
2. Anger
3. Hurt
4. Self as a Problem
5. Taking Responsibility
6. Parents are forgiven.

McCormick and Pulleyblank: 7 Stages of Redecision Therapy: Redecision Therapy expanded perspectives.

1. Contact
2. Contract
3. Exploration of Early transactions through experience.
4. Exploration of the early transactions and the decisions made
5. Exploration of advantages and disadvantages of staying with the early decision.
6. Redecision
7. Practicing the new decision.

Petruska Clarkson: TA Psychotherapy and Integrated Approach

1. Establishing a working relationship
2. Contracting
3. Decontamination (Adult ego state work)
4. Deconfusion (Child ego state work)
5. Establish an internal Nurturing Parent
6. Emotional fluency
7. Redecision work
8. Parent ego state work
9. Rechilding

10. Reorientation
11. Relearning
12. Termination

Woollams & Brown: Transactional Analysis

1. Motivation
2. Awareness
3. Treatment Contract
4. Deconfusing the Child
5. Redecision
6. Relearning
7. Termination

The four rules of therapy: (could be ... deal with the Process .. 1st , 2nd, 3rd, 4th etc....and I would add .. **Always trust the process!**)

- a) The therapist should remain in an Ok position during and after therapy.
- b) Deal with the structure of the relationship between therapist and client before dealing with the content of the contract.
- c) Deal with the transference and counter transference issues before dealing with the content of the contract.
- d) Deal with any here and now issues between the client and the therapist or other group members before dealing with the content of the contract....

Dave Spenceley:

1. Contact, establish a therapeutic relationship and alliance:
2. Motivation:
3. Specify the problem.
4. State the desired outcome:
5. Contract
6. Re-experience the past noticing the advantages and disadvantages of no change.
7. Experience the future noticing the advantages and disadvantages of no change.
8. Make the change: Redecision / decontamination / deconfusion and Parent ego state work.
9. Anchor the change in the future:
10. Practice it



Transference neurosis is discussed from a TA perspective. Mellor's (1980) developmental model of impasses is considered as a useful way to analyze transference and countertransference phenomena. Clinical examples are given and treatment planning is illustrated.

William F. Cornell TAJ: Jan 1986

Setting the therapeutic stage; The initial session.

This article addresses the question of what we teach our clients - directly and indirectly about the nature of psychotherapeutic work through the process of the initial interview(s). Three central purposes for the initial interview are discussed: engaging the client in a mutual

collaboration, establishing the therapeutic canon, and giving equal attention to assessing a client's strengths/competencies and difficulties. Notes on the clinical supervision of the initial interview are also included.

Vann Joines TAJ: July 1988

Diagnosis and treatment planning using a transactional analysis framework.

Transactional analysis is an excellent tool for effective diagnosis and treatment planning. When integrated with the concepts of individuation and attachment, script types, and personality adaptations, the OK Corral (Ernst, 1971) offers clinicians a comprehensive diagnostic and treatment guide. When combined with contracting, the therapist and client together can formulate a treatment plan that is clear, direct, and enjoyable.

Petruska Clarkson TAJ: July 1988

Script Cure? A diagnostic pentagon in different types of therapeutic change:

Although there are scattered references to different psychotherapy outcomes throughout Berne's work, nowhere does he bring them together for comparison, contrast, and confirmation; nor does he show how possible psychotherapy outcomes can be systematically identified and described. This article presents five possible outcomes: Script Cure, Making Progress, Disintegration, Disillusionment, and Counterscript Cure. These "faces of change" are discussed as five separate systems with their own frames of reference, including idiosyncratic motivations for seeking/avoiding future changes, characteristic response patterns, and differing capacities in managing stress. Each is associated with an archetypal or mythological image which may aid the psychotherapist in distinguishing, defining, and recognizing the five types of outcome so that he or she can facilitate life script changes that are genuine, stable under stress, and provide a fertile and resilient ground for future growth. A pentagon diagram summarizes these major points.

Landy Gobes TAJ: Jan 1993.

C4P4 A consultation checklist:

The C4P4 Checklist-(Contact, Contract, Context, Content, Process, Parallel process, Professional level of development, and Plan for the future)-is both an organizing technique and a memory aid for consultants. Consultation is differentiated from supervision and training.

Keith Tudor TAJ: July 1995

What do you say about saying goodbye? Ending Psychotherapy:

This article identifies issues related to ending psychotherapy and suggests an addition to Berne's (1966) three methods of termination. Drawing on the professional literature concerning transactional analysis, dying, death, mourning, and bereavement, the author outlines seven tasks in the process of ending TA psychotherapy.

Gordon Hewitt TAJ: July 1995

Cycles of psychotherapy

This article proposes a system for classifying psychotherapy, counselling, and supervision in terms of a cycle of four phases. The author describes each phase and the boundary condition that indicates the client is ready to move to the next phase, as well as the tasks of therapist and client at each phase. The effects of premature passage to the next phase of treatment or termination at an inappropriately early phase are also discussed. The phases, with their boundary conditions in brackets, are: contact (contract), content (decision or redecision), consolidation (integration), and conclusion (termination or reengagement).