Fostering Collaborative Capacity and Behavior

(Brown & Elliott, 2016)

All good therapy is collaborative.

When fostering collaborativeness is specifically part of treatment (the Third Pillar):

Therapist attends to patient's and his/her own non-verbal behaviors:

- Eye contact, gaze, and attention
- Head movements, hand gestures, touch
- Postural mirroring
- Face-to-face exchange
- Congruence of affect

Therapist attends to patient's and his/her own verbal behaviors:

- Vocal tone and pitch – e.g., ‘motherese’
- Vocal timing and rhythms – e.g., fast/slow
- Pauses and other vocalization patterns
- Turn-taking – promoting and noting when absent

Therapist attends to interaction between she/he and patient:

- Dyadic affective exchange – including matching and mismatching
- Timing, pacing
- Acknowledging, mirroring, empathy
- manifest content; affect; latent meaning and patterns
- Marking affectivity (e.g., "I see that you feel really [happy/sad/anxious]")

Therapist attends to congruence of patient's speech:

- Provides feedback about:
  - unclear meaning
  - incongruity of speech and affect and other non-verbal communication

Therapist enhances felt togetherness:

"Let's together try to understand what happened."

“I’m going to suggest something for you to imagine. Take that as a guideline, and develop it in your own way. And once you develop it in your own way, tell me what you’ve developed, and I’ll respond to that.”

“I’ll suggest something and you take it from there.”

“I know it’s hard for you now, and that’s why I’m encouraging you to try it – it opens up the possibility for learning something new.”

“Try it like this”

“Stay with it; stay with me on this” (from Diana Fosha)

“Work along with me”

Therapist and patient establish agreement about the treatment frame (e.g., scheduling; fees; roles and expectations of therapist and patient).