Developing Therapeutic Relationships

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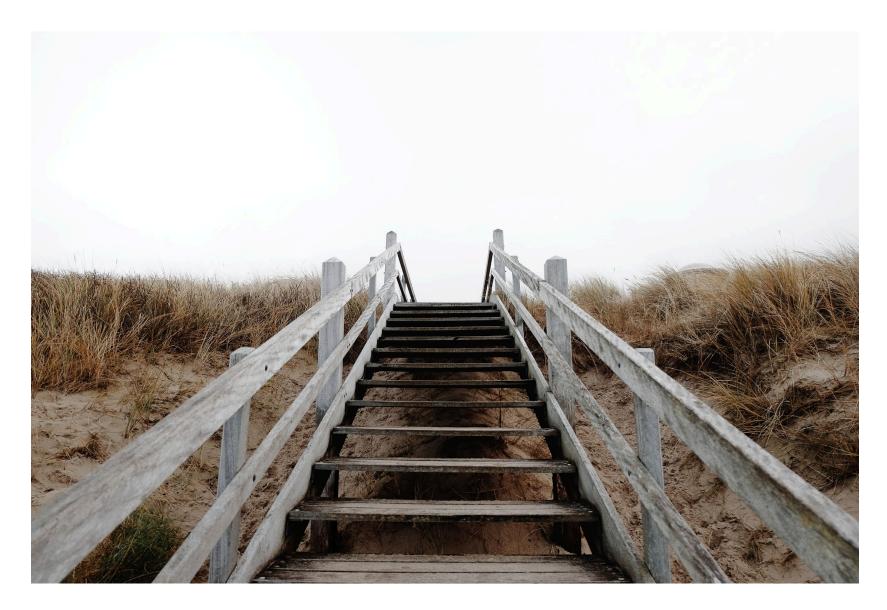


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- Evaluate our own behavior as clinicians
- Define and assess the quality of therapeutic relationships
- Maximize positive impact of interactions
- Develop strategies to improve rapport



Improved therapeutic rapport:

- Increases cooperation with treatment
- Decreases challenging behavior
- Improves quality of life







- 1. Define and assess therapeutic relationships
- 2. Review basic interaction skills
- 3. Maximize therapeutic value of interactions
- 4. Cultivate rapport building strategies

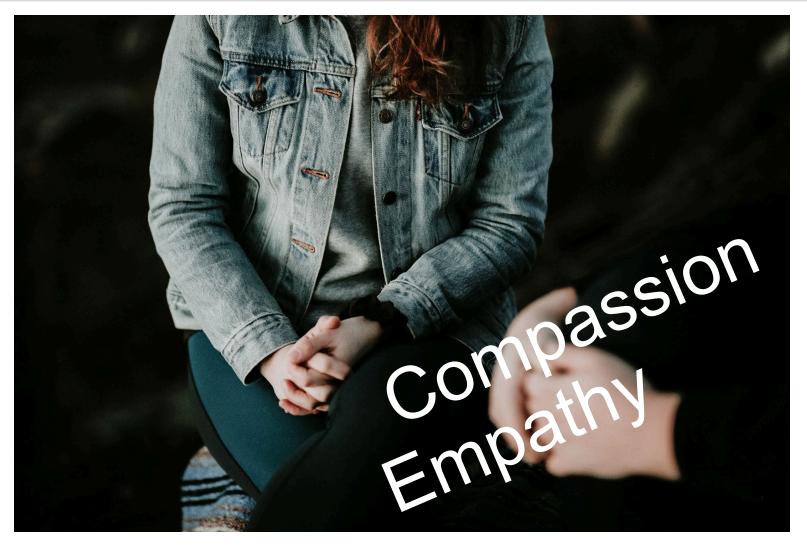


Therapeutic Rapport

- "...perceived by patients to encompass caring, and supportive nonjudgmental behavior, embedded in a safe environment during an often stressful period." (Kornhaber et al., 2016)
- "...genuine, mutually influential, interpersonal relationship between two people." (Bedics et al., 2012)



Therapeutic Rapport



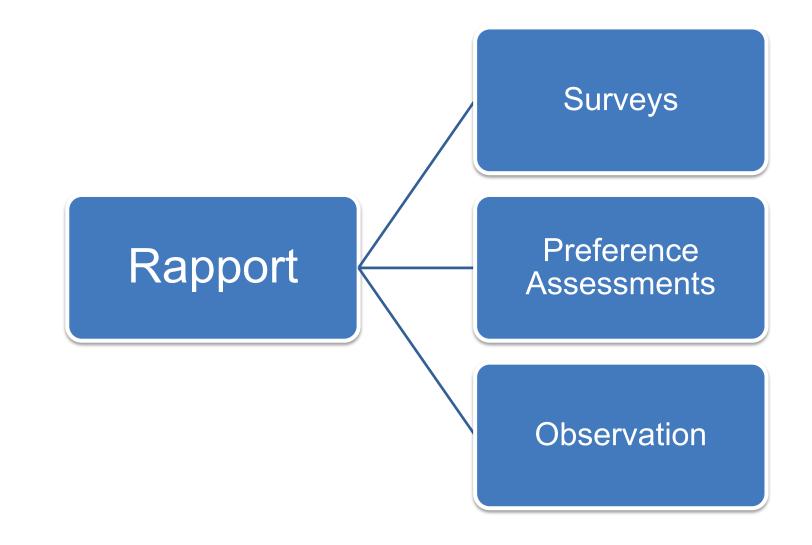


Therapeutic Rapport

Critical skills Lack of training for practitioners

(LeBlanc et al., 2020)







APPENDIX. Scale To Assess Therapeutic Relationships in Community Mental Health Care (STAR)

STAR-C: Clinician Version ^a	STAR-P: Patient Version ^a
1. I get along well with my patient.	 My clinician speaks with me about my personal goals and thoughts about treatment.
2. My patient and I share a good rapport.	2. My clinician and I are open with one another.
3. I listen to my patient.	3. My clinician and I share a trusting relationship.
4. I feel that my patient rejects me as a clinician.	4. I believe my clinician withholds the truth from me.
5. I believe my patient and I share a good relationship.	5. My clinician and I share an honest relationship.
6. I feel inferior to my patient.	6. My clinician and I work towards mutually agreed upon goals.
7. My patient and I share similar expectations regarding his/her progress in treatment.	7. My clinician is stern with me when I speak about things that are important to me and my situation.
8. I feel that I am supportive of my patient.	8. My clinician and I have established an understanding of the kind of changes that would be good for me.
9. It is difficult for me to empathize with or relate to my patient's problems.	9. My clinician is impatient with me.
10. My patient and I are open with one another.	10. My clinician seems to like me regardless of what I do or say.
11. I am able to take my patient's perspective when working with him/her.	11. We agree on what is important for me to work on.
12. My patient and I share a trusting relationship.	12. I believe my clinician has an understanding of what my experiences have meant to me.

^a Rate each item on the following scale:

Never	Rarely	Sometimes	Often	Always
0	1	2	3	4

(McGuire-Snieckus et al., 2007)

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Observation

Good Rapport	Not So Good Rapport
Chooses to be with you.	Chooses to be with others or alone.
Will do non-preferred tasks if requested.	Refuses to comply with tasks when requested.
Less likely challenging behavior.	More likely challenging behavior.
Indicates happiness (smiles, moves closer, makes jokes, etc.)	Indicates unhappiness (frowns, moves away, stops talking, etc.)
Positive statements (e.g. "I like you" or "you are my friend")	Negative statements (e.g. "I don't like you or "leave me alone")
More likely to cooperate with de- escalation	Less likely to cooperate with de- escalation



Uses for Rapport Assessments

- Target overall increase in therapeutic rapport
- Identify poor relationships and systematically target improvement
- Use information about rapport to be thoughtful in assigning client-staff dyads

2. Basic Interaction Skills





2. Basic Interaction Skills



- Respectful language
- Polite
- Age-appropriate
- Don't nag
- Concise, clear
- Friendly tone
- Moderate volume
- Listen, validate
- Be careful with humor



(Lennox et al., 2022)





Facial Expression

Desirable Behavior	Challenging Behavior	

Physical Behavior

- Non-confrontational
- Respect personal space
- Aware of touch
- Move moderate pace (Lennox et al., 2022)







Positive Interactions

- Pleasant greetings
- Preferred conversations
- Praise
- Polite
- Provide desired items



Positive Interactions

- Make interactions with you fun and easy
- Be a reinforcer
- Adapt for each person
- Interactions must be frequent enough to be noticeable

3. Maximize Therapeutic Value



Positive Interactions

Don't fake it.



Negative Interactions

- Corrective feedback
- Asking the person to do something
- Giving bad news, etc.

Negative interactions are necessary – without them, there would be no structure.



Negative Interactions

- First, assess safety
- Be respectful
- Best done privately
- Keep it brief
- Be consistent
- Clear, concise expectations
- Reinforce again as soon as possible

3. Maximize Therapeutic Value



Interaction Ratio





Plan Ahead



4. Cultivate Rapport Building Strategies)BS Plan Ahead Notice: How is the person's mood/behavior? What can I provide praise for? Will the individual need help with something? What does the person enjoy today? Do we need to modify the environment to make it safe?

Plan Ahead

Before we interact:

- Anticipate problems
- Consider how to adapt for the person's abilities and communication
- Break up large tasks
- Provide support
- Focus on the positive
- Reinforce desirable behavior



Be Intentional

Seek out the person to say "hi" and "goodbye"

Praise the person

Talk about a topic the person is interested in

Smile



Be Intentional

Activity Opportunities

Offer to play a game the person likes

Ask the person to teach you how to do something

Get involved in the activities the person engages in

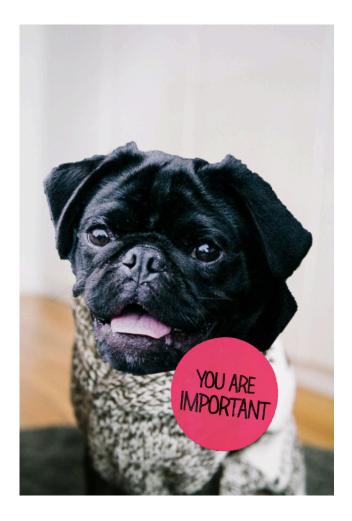
Go for a walk with the person

Identify reinforcers and provide them non-contingently

Anticipate situations the person may need assistance



Be Intentional



Seek out positive interaction opportunities

- Look for positives
- Don't wait for negatives

Reflect

• Support other staff

• Give and accept feedback

- Reflect on therapeutic relationship after an interaction
 - What went well?
 - Areas to improve?



Developing Therapeutic Relationships



Goals:

Improved therapeutic rapport:

- Increases cooperation with treatment
- Decreases challenging behavior
- Improves quality of life



Think of 1-2 individuals you work with.

How can you improve the therapeutic relationship?

- Assess the relationship
- Basic interaction strategies to improve
- List positive interactions to increase
- How will you be intentional to

Developing Therapeutic Relationships



Bedics, J.D., Atkins, D.C., Comtois, K.A., & Linehan, M.M. (2012). Weekly therapist ratings of the therapeutic relationship and patient introject during the course of dialectical behavioral therapy for the treatment of borderline personality disorder. *Psychotherapy,* 49, 2, 213-240.

- Kornhaber, R., Walsh, K., Duff, J., & Walker, K. (2016). Enhancing adult therapeutic interpersonal relationships in the acute health care: An integrative review. *Journal of Multidisciplinary Healthcare, 9*, 537-546.
- LeBlanc, L.A., Taylor, B.A., & Marchese, N.V. (2020). The training experiences of behavior analysts: Compassionate care and therapeutic relationships with caregivers. *Behavior Analysis in Practice, 13*, 387-393.
- Lennox, D., Rourke, D., & Geren, M. (2022). *Safety-Care Core Curriculum* (Version 7). QBS LLC.
- McGuire-Snieckus, R., McCabe, R., Catty, J., Hansson, L. & Priebe, S. (2007). A new scale to assess the therapeutic relationship in community mental health care: STAR. *Psychological Medicine, 37*, 85-95.



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