

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).