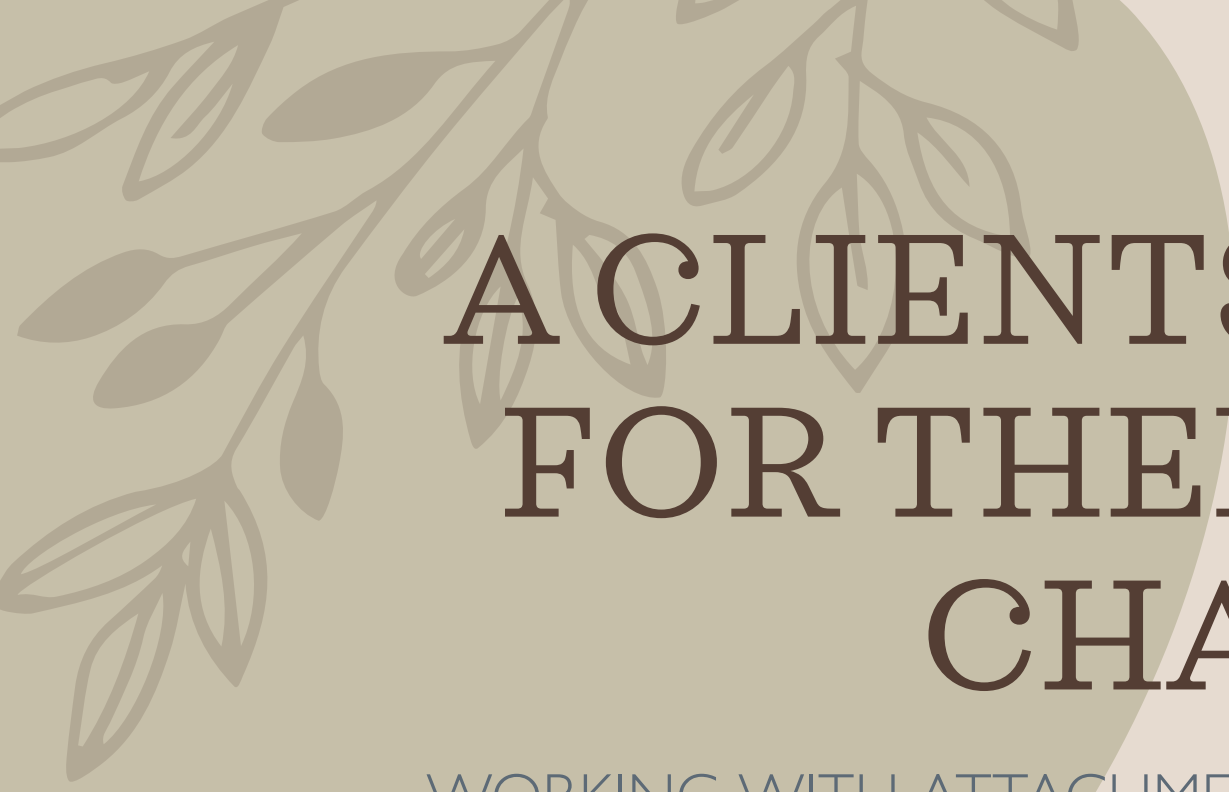
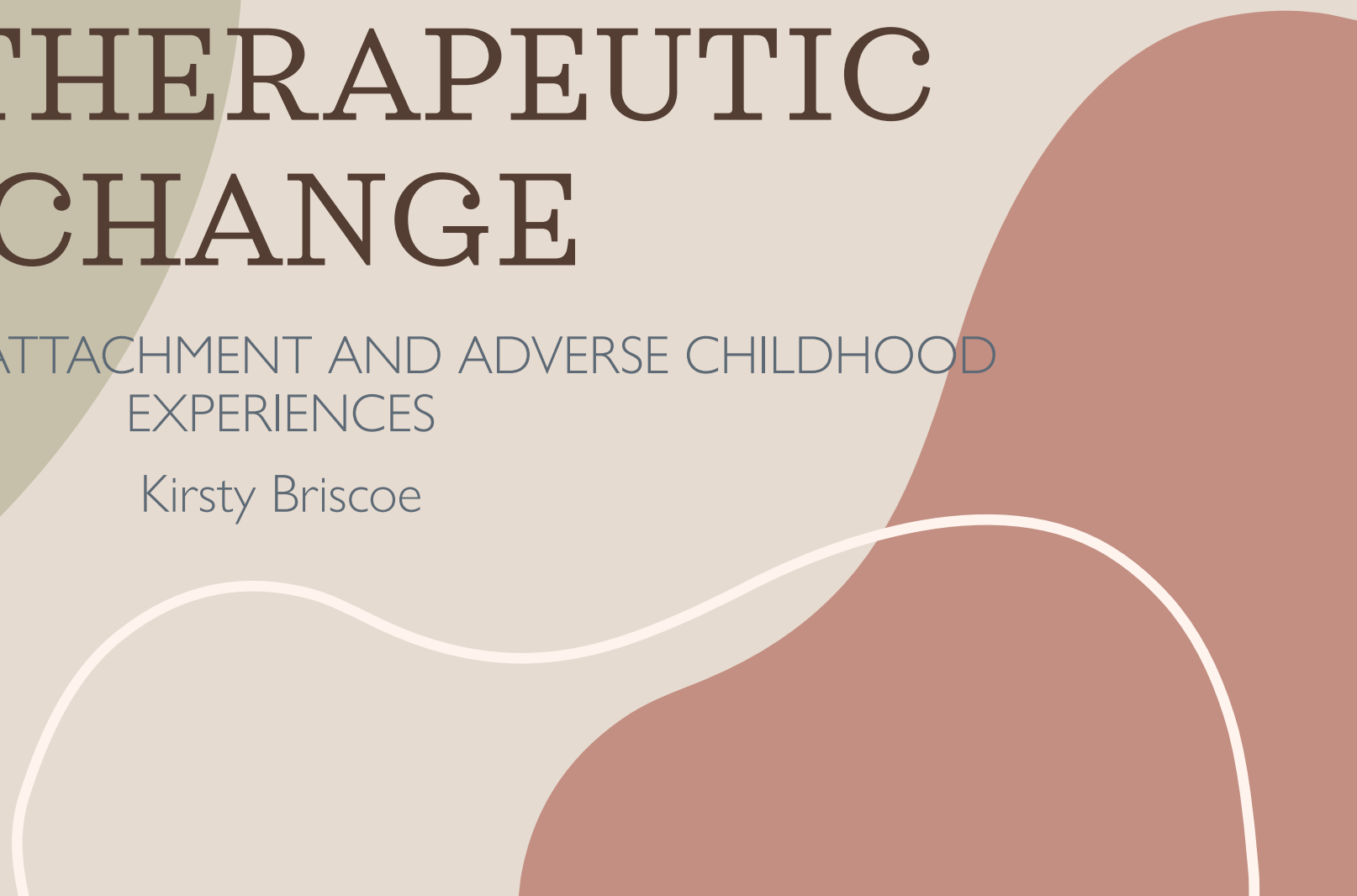




A CLIENTS JOURNEY FOR THERAPEUTIC CHANGE

WORKING WITH ATTACHMENT AND ADVERSE CHILDHOOD
EXPERIENCES

Kirsty Briscoe



Introduction

This presentation will look at the efficacy of humanistic modalities within a client's therapeutic journey when facing attachment and adverse childhood experiences.



What do we know about attachment?

We all form attachments for different reasons! And for different outcomes.



Insecure attachment styles



trust, stability, and a balance between intimacy and independence



overly worried that your partner/s or friends are going to suddenly leave you



individual's tendency to avoid emotional closeness



distrust others and withdraw from relationships to avoid rejection

ACE's Adverse Childhood Experiences



ACEs are associated with mood disorders, suicide, self harming behaviours, substance misuse, depression, anxiety, personality disorders and post-traumatic stress disorder.

The impact of insecure relational attachment

According to Andriopoulou (2021), characteristics of attachment bonds are normally met towards the later stages of the therapeutic relationship, however it is contested that if both client and therapist hold insecure attachment styles the capability for the therapeutic relationship can become limited.

Further to this a client that hold anxious attachments might form a deep dependency on the therapist and may exhibit heightened levels and anxiety if the therapist is not also readily available, this can also inhibit formulation of the therapeutic relationship.

PRESENTATION IN THERAPY

A client in the early stages of therapy might find it difficult to use their eye gaze flexibility, express facial cues, or moderate their tone of voice. The client may even lose their ability to speak, hear and regulate their emotions. (Mair, 2020)

Due to brain activity whilst these reactions are occurring the client might find self-awareness more challenging and may have difficulties connecting with their intuitive and empathic nature. Research further suggests that in times of need, danger or distress the neurological pathways in the brain will engage in primary attachment strategy, therefore resulting in a deviation from homeostasis. Initiating the fright, flight or freeze response. Long et al, (2020)

Efficacy of Humanistic Therapies



From studying the research from Carl Rogers in the 1950's to research carried out in the present day by Duffy et al, (2023) Shapiro et al (2021)& Hiles-Howard et al (2023)

It is understood that the therapeutic relationship is the bed rock that forms the secure, safe base that clients require when embarking on the therapeutic journey, the literature also alludes to non- directive therapies support the best outcomes for long term therapeutic changes.

Stages of Therapeutic Change

Research carried out by Renger & Macaskill (2021) suggested that by implementing a person-centred approach within the therapeutic space and follow the core conditions from Carl Rogers,

it is intended that the client would find the way to engage in self-learning, self – understanding and even self-counselling furthermore giving the client the tools to navigate through their emotions and achieve their own goals that they have set.

According to Rogers, (1957) most clients attend the therapy room with one immediate goal of understanding “who They are “ the therapeutic relationship is thought to be the answer in the clients' changing behaviours.

Further to this, De- Sousa (2023) implies the client will engage in the safety of the therapeutic relationship as a tool to self-awareness and change.

Stages of Therapeutic Change



- ❖ pre-Contemplation: awareness, the client may not understand that they have a problem or may not know how to address the issue.
- ❖ Contemplation: The client starts to give some thought towards the issue they may be facing.
- ❖ Preparation: The client prepares to make changes by gather information.
- ❖ Action: the client is now actively engaging in new behaviours.
- ❖ Maintenance: the client is now working to maintain new behaviours and not relapse
- ❖ Stable behaviour the goal has been met.

It is at this point we understand that the process does not always follow the linear pattern and there will be twists and turns for the client.

Stages of Therapeutic Change

Humanistic Interventions and Strategies.

Precontemplation: Raise the client's awareness of what the change looks like. Using active listening, self exploration

Contemplation: continue to provide a safe space for the client to explore the self. Using empathy and unconditional positive regard.

Action: providing space for the client to set the goal. Using mindfulness practice, empathy

Maintenance: allowing the client to explore the feeling of the change. Using mindfulness practice.

Relapse: revisiting the goal with self- awareness. using empathy, unconditional positive regard.

Stable behaviour: encourage the client to continue this pathway, Using unconditional positive regard,

Stages of Therapeutic Change

Humanistic Interventions and Strategies

- ❖ Be empathetic and actively listen to what the client is experiencing.
- ❖ Continue to provide a safe space for the client to explore the self
- ❖ Encourage the client to engage in their motivations and strengths
- ❖ Always be congruent with the client
- ❖ Reinforce the client's self belief, understanding, self- efficacy and resilience.

CONCLUSION

Research suggests that humanistic therapies provide a stable framework which supports client change. Whilst the therapist would be extending levels of empathy, active listening within a non-judgemental space, the client will be afforded the space and freedom to explore and engage within their own thoughts, actions and processes. Therefore, allowing the client to move through the cycle of change as many times as needed.

Furthermore, according to Moreira et al (2020) the person-centred approach to the transtheoretical model of change can add depth to individual differences providing individualised therapy to each client.

Being able to adapt in the therapy room is key to each client passage of change as each client asks each therapist for different things.

And with that we learn that throughout the process of humanistic therapy, whether that be gestalt, person-centred therapy or existential therapy the changes in client's behaviour can be learnt and taught, this is also the same for attachment, through self-exploration, empowerment and development of meaning therapeutic relationships change on many level could be inevitable.

The background features a light gray base with large, soft-edged organic shapes in muted red and olive green. A thin white line outlines a shape on the right. In the top left, there is a faint sketch of a leafy branch.

thank you

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