

Changing the Focus

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Since the time of Freud, therapists have been expected to make “process comments” in their sessions. A process comment is a description of how you and the patient are relating to each other. In contrast, a content comment has to do with what you’re talking about.

Many therapists find it difficult or frightening to make process comments, or may think that they need years of psychoanalytic training to do it. But with TEAM, you can learn to make these types of therapeutic interventions easily and effectively.

DBT therapists talk about “therapy interfering behaviors,” i.e., things patients do that prevent therapy from advancing. I would prefer to think of them as things that patients *and therapists* do that interfere with the therapy. You can use Changing the Focus to bring those patterns to conscious awareness. The focus should be on behaviors in the therapist-patient dyad that are obstructing therapeutic progress and preventing real TEAMwork.

One way to think about Changing the Focus is when you, the therapist, notice that you are uncomfortable in your work with a patient. There may be some tension in the room, or some feelings of awkwardness. Complete the assessment below, and indicate which feelings come up for you most frequently.

Therapist Feelings During Sessions				
Instructions. Use ticks (✓) to indicate which feelings that come up for you most frequently during therapy sessions.	0—Never	1—Rarely	2—Sometimes	3—Often
	1. Sad, down, unhappy			
2. Anxious, worried, insecure				
3. Guilty, ashamed				
4. Inadequate, incompetent, inferior				
5. Alone, unwanted, rejected, abandoned				
6. Embarrassed, self-conscious, humiliated				
7. Discouraged, hopeless, demoralized				
8. Frustrated, thwarted, stuck, defeated				
9. Angry, upset, annoyed, irritated				
10. Bored, unengaged, disinterested				
11. Other feelings: Trapped, overwhelmed, etc.				
Total				

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These feelings are often a signal that something in your relationship with the patient needs to be addressed. In addition, you may have the urge to ignore the tension, thinking that your feelings are somewhat inappropriate or “wrong.” – or hoping that they will naturally dissipate at some point.

On page 3, you’ll find a list of the kinds of patterns that can cause discomfort. Tick off the ones that you’ve encountered from time to time in your clinical work. The common theme in all of these scenarios is that you and the patient are not collaborating effectively—in other words, there’s a lack of TEAM-work.

Of course, in these situations, you always want to use the Five Secrets. But the unique feature of Changing the Focus, which is one of the three advanced communication techniques, is that you bring the log-jam or tension to conscious awareness in a gentle and non-blaming manner. As a general principle, the dysfunctional pattern often requires secrecy to remain alive and well. Once you bring the problem to conscious awareness, it typically loses much of its power.

One principle to keep in mind is that your worst therapeutic failure is often your greatest success in disguise. Once you grasp this, it makes it a little easier to welcome these therapeutic “failures.” This is an old idea, of course, and is based on the notion that the problem the patient experiences with you may be a problem he or she experiences in many relationships. When you and the patient dialogue about it skillfully, without trying to solve it, that very experience will tend to be healing for the patient. And, of course, the therapy can become more productive, too.

Another principle to keep in mind is that the attempt to solve the problem IS the problem, and the refusal to solve the problem is nearly always the solution. What this means, in practical, simple terms is to focus on feelings—your own and the patient’s—using the Five Secrets, and avoid trying to fix things. Of course, there are exceptions to this, or any, guideline.

Here’s one metaphor. You and the patient are involved in a non-productive pattern. For example, you and your patient may be arguing about something, both of you thinking that you are “right,” and feeling like it’s terribly important to “win” the argument. But the argument can probably never be won.

Underneath the intellectual debate, there is a river of emotions—your patient’s feelings, and your feelings. So instead of remaining on the surface, and continuing to argue about the intellectual content, you dip into the river of emotions, using the Five Secrets, so you can bring the feelings to conscious awareness, and encourage dialogue on the pattern that has emerged.

You will need to do this delicately and deliberately. You can overtly pause the conversation about the content of the session so you can shift the focus onto the dynamic of the session, with a stance of curiosity and joint discovery.

Surprisingly, Changing the Focus is one of the most difficult TEAM-CBT techniques. Therapists seem intimidated by talking about feelings, and intensely phobic about any potential failure in the therapeutic relationship. Perhaps this is similar to the phobia therapists seem to have about acknowledging the patient’s anger. It’s the idea, I guess, that if we ignore the problem it will go away.

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<p align="center">Patient Behaviors During Sessions</p> <p>Instructions. Use ticks (✓) to indicate how often you observe these patient behaviors during sessions.</p>	0—Never	1—Rarely	2— Sometimes	3—Often
1. The patient seems to want to talk, talk, talk without getting to work on anything specific.				
2. The patient seems to want to talk, talk, talk and tunes you out – or interrupts you - when you try to talk or make a point.				
3. You and the patient seem to argue or debate about things.				
4. You are trying to help, and the patient seems to thwart your efforts.				
5. The patient claims that you aren't helping or don't care.				
6. The patient claims that you don't understand.				
7. The patient seems reluctant to criticize you or tell you how s/he feels.				
8. You notice that you don't like the patient.				
9. You notice that you dread having sessions with the patient.				
10. The sessions seem boring or the patient seems boring.				
11. The patient seems to intellectualize without expressing emotion.				
12. The patient seems angry or critical of you.				
13. The patient seems to avoid the therapy—comes late, cancels at the last minute, “forgets” to do psychotherapy homework, etc.				
14. The patient makes excuses when you ask about his or her less than stellar ratings of you on the Evaluation of Therapy Session				
15. You sense some romantic / sexual tension in the therapeutic relationship.				
16. You feel like you are being held hostage by the patient. For example, s/he may make suicidal threats if you assign homework or try to make him or her accountable.				
17. You are working really hard but always falling short. For example, the patient may say that this or that techniques doesn't help, or I've already tried that.				
18. The patient doesn't want to talk, or refuses to talk.				
19. The patient seems to want help, but deflects attempts to engage with active work.				
20. The patient endorses emotional pain and distress, but smiles throughout the session (or vice-versa, any time that content and affect don't match).				
21. The patient wants to change the goal of the treatment every session, addressing the “crisis of the day.”				
22. The patient expects you to give advice or make decisions for them.				
23. The patient cannot articulate what s/he wants to achieve in therapy.				

If you can think of some other common patterns, feel free to list them here:

24.					
25.					
26.					
27.					
28.					
29.					

How do you do Changing the Focus?

- Step 1. Notice that you're uncomfortable.
 - Step 2. Notice that you may prefer to ignore your discomfort!
 - Step 3. Ask the patient if you could comment for a moment on some tension or awkwardness you sense, kind of like there's an elephant in the room.
 - Step 4. Assuming the patient says yes, mention that you've been feeling a little awkward, and ask the patient if s/he has been feeling uncomfortable, too.
 - Step 5. Use the Five Secrets of Effective Communication when the patient says how s/he has been feeling.
 - Step 6. Try to describe the pattern you sense, taking full blame yourself, and making sure the patient does not feel blamed or criticized. For example, you might say, "I've notice that you seem to have a need to talk, and that I've been kind of pushing you to get down to work on something. I'm really worried that I haven't done a good job of listening, and that I'm kind of pushing you too hard. Have you sensed that as well?"
 - Step 7. Continue the dialogue using the Five Secrets of Effective Communication.
- Remember to avoid blame. Convey the idea that this dialogue might feel a bit uncomfortable, but it can enhance our relationship and improve the quality of the therapy.