

Worksheet 12.1. Interpersonal Modes that Support Coordination or Lead to Load Conditions




Interpersonal Modes That Support Coordination		
Heart /Responsive Mode/Giving Self/Defer 	Hand/ Directive Mode/Assertive Self/Demand 	Head/ Reflective Mode/Private Self/Detach 
Parent follows the child's lead	Parent takes the lead	Parent takes observing stance
Parent can give to others and shift beyond own needs, modeling this shift when contextually appropriate	Parent can stand up for own needs in relation to others' needs, modeling this stance when contextually appropriate	Parent can self-reflect on personal meanings, using hindsight, insight, and foresight, modeling this reflective process when contextually appropriate
Parent provides warmth and engagement	Child asserts needs, wishes, desires	Child can wait and observe
Child follows the parent's lead	Parent provides structure	Parent can patiently gather information
Both parent and child listen while the other is talking	Parent sets boundaries, limits, and logical consequences in a firm and clear way	Parent can offer a neutral stance and can contain own reactions; is thoughtful of the big picture; makes appropriate cause-effect links; is fair, logical
Both parent and child can offer mirroring and empathy when appropriate	Parent provides expectations	Parent guides and models problem-solving skills
Mutual empathy is present	Mutual respect for needs is present	Mutual willingness to participate in problem-solving
Interpersonal Modes That Can Contribute to Load Conditions		
Overaccommodating/Defer to Child's Wishes or Anxiously Controlling	Demanding	Detaching
<p>Parent is consistently too permissive</p> <p>Parent "caves" under pressure</p> <p>Parent is chronically overanxious</p> <p>Parent is chronically overprotective of child</p> <p>Anxiously tries to please</p> <p>Anxiously shadows adult figure; clingy</p> <p>"Co-dependent" relationship</p> <p>Prone towards poor boundaries (e.g., adult placates abusive spouse; child complies with bullies)</p>	<p>Parent is consistently harsh with discipline</p> <p>Parent becomes increasingly rigid under pressure</p> <p>Too demanding (either child or parent or both)</p> <p>Explosive reactions (either child or parent or both)</p> <p>Reactions frequently escalate (either child or parent or both)</p> <p>Lacks empathy (either child or parent or both)</p> <p>Prone to abuse others (e.g., parent violates child's boundaries with harshness; child finds pleasure in harming others (or pets))</p>	<p>Parent is consistently avoidant</p> <p>Parent becomes increasingly unresponsive under pressure</p> <p>Parent remains detached toward child even when need is pressing</p> <p>Too cut off from emotions (either child or parent or both)</p> <p>Too detached (either child or parent of both)</p> <p>Shows pervasive indifference toward any relationship</p> <p>Lacks empathy and is disengaged (either child or parent of both)</p>

Table 9.3. Clinical Modes of Interaction and Use of Self

Therapeutic Modes of Interaction with Families		
Heart / Responding / Defer	Hand / Directing / Demand	Head / Reflecting / Detach
COORDINATION		
Follows the child/parent's lead	Therapist provides the lead or coaches a process	Therapist stands back
Allows the process to unfold; therapist may be "hands-off" in terms of providing directives	The process is guided by some type of structure from the therapist; therapist is "hands-on"	The process is co-defined by therapist and client and structured as it unfolds
Contains and mirrors feelings	Sets boundaries and limits	Stays even-handed, impartial while collecting information
Provides empathy, tracks emotional patterns	Provides direction, goals, guidance, skill building	Provides validation of experience and analysis of behavior patterns
Handles tender feelings; warm and engaging behaviors; tolerates closeness	Handles tough feelings; tolerates conflict	Handles staying neutral; tolerates reserve
Can repair a rupture	Can tolerate a rupture	Can problem-solve a rupture
Philosophical Traditions Underlying Clinical Modes		
Humanism – Heart	Behaviorism or Existentialism – Hand	Rationalism - Head
Examples of clinical models with a humanistic undertone: <ul style="list-style-type: none"> • Susan McDonough's Interactive Guidance (follow the parent's lead) • Victor Bernstein's Work • Floortime (follow the child's lead) 	Examples of clinical models with a behavioral undertone: <ul style="list-style-type: none"> • PCIT Examples of clinical models with an existential undertone: <ul style="list-style-type: none"> • DIR, Floortime 	Examples of clinical modes with a rationalistic undertone: <ul style="list-style-type: none"> • Child-Parent Psychotherapy
RISK FACTORS for LOAD CONDITIONS		
Combo Red/Blue	Demanding	Detaching
Overly permissive	Controlling, Demanding	Emotionally detached
Process lacks a coherent focus, chaotic	Process is so predetermined that relevant information is missed, rigid	Process stays at a meta-level, lacks real-world relevance, detached
Indulgent	Authoritarian	Overly intellectual
Highly accommodating	Highly confrontational	Highly impersonal