Editor's Note 1 for Botelho et al. article:

In their 2023 edited book, *Psychotherapy Skills and Methods That Work (*Oxford, pp. 2-6), Clara Hill and John Norcross surveyed the array of psychotherapy variables that have been researched and found to be associated with effectiveness, including: (1) the theoretical approach, (2) the therapy relationship, (3) client/patient factors, (4) the person of the therapist, (5) the responsiveness of the therapist to the client, and (6) therapist skills and methods. While the actual process of therapy involves all of these factors in dynamic interrelationship, it has been very valuable to focus on one particular set and investigate how it relates to the others.

The present article by Botelho, Sousa, Vaz, Rousmaniere, and Vlass concentrates on the fourth factor, the role of the person of the therapist. Specifically, Botelho et al. focus on three brief case studies of Erigoni ("Eri") Vlass, a therapist who in a previous, 2015 *PCSP* article by Hansen, Lambert, and Vlass was documented as being a "supershrink," that is, as a therapist who has exceptional outcome results as compared with other therapists with similar clients.

Complementing the earlier Hansen et al. article, the present article by Botelho et al. describes and analyzes in depth the factors that underlie the exceptional results that this one individual therapist, Eri Vlass, has been able to achieve. Taken together, the present article and the previous Hansen et al. article are a model of what can be gained by zooming in on the actions of a single "supershrink" therapist whose outstanding accomplishments have been documented with standardized quantitative measures and systematic qualitative analysis.

For access to the earlier Hansen et al. *PCSP* issue and article, along with two Commentaries and a Response to the Commentaries by Hansen et al., go to:
https://pcsp.nationalregister.org/index.php/pcsp/issue/view/290

Editor's Note 2 for Botelho et al. article: For the interested reader, an outline of the structure of the case studies of "Anne," "Mel," and "Susan" is shown in Appendix 1.

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# Answering the Call: Qualitative Analysis of an Exceptional Therapist Seeing the Mini-Cases of "Anne," "Mel," and "Susan"

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## ABSTRACT

While some therapists are consistently more effective than others (Heinonen & Nissen-Lie, 2020), there is very little investigation on the in-session processes of these highly effective therapists. One exception is the qualitative and quantitative study of 10 cases of the documented

"supershrink" Erigoni ("Eri") Vlass (Hansen, Lambert, & Vlass, 2015a), so defined on the basis of exceptional outcome data from Lambert et al.'s (1996) *Outcome Questionnaire-45* (https://www.oqmeasures.com/oq-45-2/).

The present project builds on the Hansen et al. study by providing detailed qualitative analysis, using Glaser & Strauss's (2017) "grounded theory" approach of the transcripts of three new, separate, therapy "mini-cases" seen by Eri, as an added resource to ongoing therapy with one of the authors (T.R.). The cases included "Anne" and "Mel," each seen for two sessions, and "Susan," seen for one session. The qualitative analysis explored supershrink Eri's clinical way of being and in-session approach as she carried out therapeutic actions that allowed for an optimized approach that is both unique to herself and adaptable to each client.

The results yielded two core categories: "(1) Keeping a natural, fluid rhythm during the session while balancing directive exploration, frequent associations, and interpretations with a sense of support, empathy and understanding;" and "(2) Fostering a sense of agency, mutual collaboration and positive expectation while co-constructing a credible narrative to be used in hypnosis." Further, the analysis yielded three sub-categories for category 1, and four subcategories for category 2.

*Keywords:* master therapists; therapeutic expertise; superior outcomes; "supershrink"; qualitative, grounded theory analysis; case study; clinical case study

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# 1. CASE CONTEXT

## *Introduction*

Clients seen by the most effective therapists show three times as much change as others (Brown, Lambert, Jones & Minami., 2005) and improve at a rate at least 50% higher and drop out at a rate at least 50% lower than those of average clients (Miller, Hubble & Duncan, 2008). Additionally, therapists whose clients showed the fastest rate of improvement had an average rate of change 10 times greater than the mean of the sample (Okiishi et al., 2003).

It seems the importance of the therapist cannot be overstated. How then might therapists be provided with specific ways with which to improve their effectiveness? One field of investigation that seeks to answer this question is the study of therapists with superior outcomes, that is, who they are, what they do and how they do it (Chow et al., 2015; Ericsson et al., 2018; Heinonen & Nissen-Lie, 2020; Vaz & Rousmaniere, 2021).

Therapists with superior outcomes have been referred to as "supershrinks," "master therapists," or even just "experts." While there is still considerable debate over the most apt criteria to define a master therapist (Tracey, Wampold, Goodyear & Lichtenberg., 2017; Tracey, Wampold, Goodyear & Lichtenberg., 2015; Hill et al., 2017; Reese, 2017), a prominent proposal was provided by Goodyear et al. (2017): "Experts are those for whom there is evidence of

improvement over time and who demonstrate superior performance as measured by something that is both agreed on and important, specifically client outcomes" (p. 56). It is possible to identify and learn from the performance of effective therapists, as demonstrated in Anderson and Strupp's (2015) case study on this topic. However, virtually no studies exist with the goal of identifying and investigating the in-session process and characteristics of those therapists with consistently superior outcomes.

A rare exception in the psychotherapy expertise literature is the study by Hansen, Lambert, and Vlass (2015a), focused on Erigoni Vlass ("Eri"), who was titled a "supershrink" after a full year (2009-2010) of her clients (N=248) was analyzed with the Outcome Questionnaire-45 (Lambert et al., 1996). The title "supershrink" was based on an unusually high number of "sudden gains" and unusually low number of "sudden losses" between two treatment sessions, that is, based on the 10% of statistically exceptional decreases or increases, respectively, in a client's symptoms and distress between two treatment sessions.

In the Hansen et al. study, qualitative investigation of therapeutic alliance factors with several of Eri's clients was presented. Of that year's caseload, 85 clients were found to have completed three or more sessions of therapy and, of these 85, 43 (51%) were found to have experienced sudden gains ("blue cases"), and 6 (7%) experienced sudden losses ("red cases"). Out of the existing definitions for this phenomenon, the authors chose to categorize "sudden gains" as the most extreme 10% of client sessions. Impressively, Eri had over five times the expected rate of sudden gains in her caseload, and about a third less of the expected rate of sudden losses.

Eri's results for sudden gains and sudden losses were statistically exceptional and Eri could thus be characterized as a "supershrink." In terms of Eri's overall caseload for the year (N=248), her status of "supershrink" was again confirmed, with over 4.3 times the number of clients in the top 10% of response, and only 0.70 times the number of clients expected in the bottom 10% of response. From the year's caseload, a randomized sample of five of Eri's blue cases and five of Eri's red cases were selected and their results compared with quantitative and qualitative data collected at a two-year follow up. Between their final session and follow up, both blue and red cases remained, on average, at a similar level of distress, suggesting stable long term therapy effects (Hansen, Lambert, & Vlass, 2015a). Four out of five blue cases achieved their sudden gains in session 2, with the last patient having such gains in session 4.

It is our belief that understanding remarkable therapists such as Eri, chosen via outcome-based criteria, holds great value. As Miller, Hubble and Duncan (2008) have stated, should "supershrink" talents prove transferable, the implications for training, certification, and service delivery would be dramatic.

Hansen, Lambert, and Vlass (2015b) subsequently published a follow-up article titled "Calling for More Case Studies of Exceptional and Efficient Psychotherapists" wherein they respond to some constructive criticism of their research (see Laska & Federman, 2015; Pereira & Barkham, 2015) and state that they hoped this work had sparked the curiosity of other researchers, who could build upon it.

In light of the above, and specifically having established Eri Vlass as a person deserving of the "supershrink" title, capable of effecting great therapeutic change in a short time, the present study is designed to learn in more detail about Eri's therapeutic process. Specifically, in this study we qualitatively analyze Eri's therapeutic interventions in three mini cases comprised of two sessions of two clients, and one session of another. Presently, no study exists comprising qualitative analysis of in-session therapeutic actions of a master therapist chosen by a superior, OQ-45 outcome definition. Therefore, we focused on the following investigative question in our qualitative analysis: What clinical way of being and what specific actions, carried out in session, characterize a therapist with superior outcomes' clinical approach?

### *The Grounded Theory Method Used for the Qualitative Analysis*

In order to explore the fluid, interacting, and dynamic nature of a therapeutic treatment, to "see the world from the participant's perspective" and derive the intention and meaning underlying every therapeutic action, as well as to closely explore an area not yet thoroughly researched, the chosen method was that of qualitative analysis (Corbin & Strauss, 2014). The specific form of qualitative analysis was Grounded Theory (Glaser & Strauss, 2017).

Grounded theory is a form of qualitative research developed by Glaser and Strauss (2017) for the purpose of constructing theory grounded in data. These authors aimed to move qualitative inquiry beyond descriptive studies into the realm of explanatory theoretical frameworks, thereby providing abstract, conceptual understandings of the studied phenomena (Charmaz, 2006). To develop a comprehensive understanding of this therapist's approach, simply describing what actions were undertaken without also understanding how and why they were carried out, that is, integrating them into a larger framework of the therapist's overall clinical approach and personality, would not achieve a desirable level of understanding.

In Grounded Theory, research analysis and data collection are interrelated. After initial data are collected, the researcher analyses that data, and the concepts derived from the analysis form the basis for the subsequent data collection. Data collection and analysis continue in an ongoing cycle throughout the research process (Corbin & Strauss, 2014). This cyclical nature of Grounded Theory was necessary in order to grow more familiarized with the therapist and grasp the meaning and intention of her therapeutic actions, which had to be derived from an integral perspective that took into account the differences and similarities of the same therapeutic actions

applied to different clients. This is known, in Grounded Theory literature, as *constant comparisons*.

Data (therapeutic actions) that are similar in nature (referring to something conceptually similar but not necessarily a repeat of the exact same action) are grouped together under the same conceptual heading. Through further analysis, concepts are grouped together by the researcher to form categories. Each category is developed in terms of its properties and dimensions, and eventually the different categories are integrated around a broader, core category. The core category describes in a few words what the researcher identifies as the major theme of the study. Taken together, the core category and other categories provide the structure of the theory (Corbin & Strauss, 2014). This method allowed the derivation of meaning and intent, in the form of core categories, from descriptive coding of therapeutic actions.

### *Selecting the Clients*

The three clients who underwent the therapy sessions analyzed in the present investigation were part of caseloads of one of the authors (T.R). We have named these "Anne," "Mel," and "Susan." All three were women of working age with different ethnic backgrounds.

The clients were chosen, by T.R., based on these criteria:

a) The clients seemed to be "stuck" in therapy, meaning that their symptoms were not improving and/or they were not achieving their goals for treatment, and

b) There was a sufficiently strong therapeutic working alliance with TR so that he felt it was safe to ask them to try something different and out of the ordinary.

To understand the context of each therapy, below is a short description, by T.R., of what each client was told about the brief therapy with Eri, and what Eri knew about each client at the beginning of her treatment with them:

> I told clients that I was consulting with a highly effective therapist from Australia who was visiting the United States and the clients had an opportunity to do up to two sessions of therapy with her for no fee and that the sessions would be videotaped for clinical training and research purposes. After receiving client consent for participation, I told Eri a brief verbal summary of each clients' presenting problem, relevant history, and present life circumstances.

## 2. THE CLIENTS

"Anne" is an engineer, born and raised in China, who had moved to the United States a few years prior to this session. The "triggering event," i.e., an event that was causing strong emotions, that she chose to discuss in the therapy was the decision as to whether to marry her boyfriend or not.

"Mel" is an American woman in her 40s who is married, with a young daughter. The triggering event that she chose to discuss in therapy was her continuing distress and anger about a traumatic sexual assault by a medical professional that she experienced 20 years ago and that continues to impact on her relationships.

"Susan" is a married American woman with a young son. The triggering event she wanted to discuss in therapy was a distressing change at work, which would require her to gain a new skill that she was worried she would not be able to master, jeopardizing her position at work and what her co-workers would think of her.

## 3. GUIDING CONCEPTION AND TREATMENT MODEL

Below is a description of Eri's guiding conception and treatment model, as quoted from the earlier study of her therapy (Hansen et al., 2015a, pp. 163-165).

> Eri is a master's level, registered clinical psychologist with a background in language and education. She shares a practice in Sydney, Australia with a small group of general practitioner physicians from whom she receives referrals for individual and couples counselling.
>
> A description of Eri's guiding conception and treatment model was written up below by the first author (BPH) based on an interview with Eri in May of 2009. …
>
> Eri assesses each client prior to the first session with the following assessments: the OQ-45 (https://www.oqmeasures.com/oq-45-2/); a Sleep for Health Questionnaire, which collects information about the client's sleep patterns; and a clinical interview. (She continues to give the OQ-45 at the beginning of every subsequent session.) She then spends a major portion of the first session educating patients on several different aspects of mental health. The following steps take place in every first session of therapy:
>
> 1. Eri allows the client to tell his or her story, as she begins from session one to develop an ever-evolving narrative of the patient's holistic complaints and feelings as they emerge within the greater context of the patient's life history and experience.
> 2. Eri provides many of her clients a handout on her brain-based therapy approach. The graphical handout highlights the stress response cycle, the function of the amygdala and hippocampus in storing emotional memories, and the body's ability to acquire new information, thereby reducing high stress responses.
> 3. Every client is then educated regarding the cognitive-behavioral model of emotions. Eri explains how physiological arousal is linked with cognitive patterns, which then culminate in a behavioral response and associated emotional reaction.
> 4. Clients are next educated on the allostasis stress response in the hypothalamic–pituitary–adrenal axis. Eri discusses how there is a feedback loop starting with the hypothalamus, which interprets stressors and which in turn sends information to the anterior pituitary,

which then culminates in the release of stress hormones in the adrenal cortex. Eri elaborates on the role of the hypothalamus and amygdala, and the role that each neuroanatomical structure plays in memory, stress, and emotional regulation. She reviews how traumatic experiences and stressors affect these structures, and how exposure to feared stimuli can result in habituation as well as the acquiring of new information.

5. Eri also educates her clients regarding sleep hygiene, and she provides principles for increasing quality and quantity of sleep. In addition, she also explains the relationship between poor sleep and mood problems/lack of motivation.

6. She finishes the psychoeducation portion of treatment by explaining the role of nutrition, counselling her patients about the effects of alcohol, coffee, and other drugs. She also stresses proper bedtime nutrition and its effects on restful sleep.

7. An important aspect of Eri's initial approach to therapy is an individual tailoring of the treatment plan to the particular client's needs. For example, she often suggests medical treatments, such as chiropractic work for somatic and neurological problems, or recommends certain nutritional supplements for sleep and mood disorders. If sleep problems, anxiety, or depressive symptoms could possibly be better explained by medical factors, she refers the patients to physicians who specialize in thyroid, anxiety, or sleep disorders. She also begins the process of identifying themes that are important for the particular client's improvement, and notes these factors in order to add them to a consolidated, mindfulness CD. This CD includes elements of the client's history, an explanation for the client's suffering, and a believable ritual for alleviating the distress. All of these factors are driven by Eri's ongoing assessment (both qualitative and quantitative) of the client's response or non-response to treatment.

Instead of passively waiting for therapy to take effect, Eri is an active problem solver, always open to new possibilities to improve patient outcome while gathering data on the client's response to treatment. This dynamic, frequent feedback loop between the client's responses and Eri's interventions serves to rapidly adjust therapeutic techniques to meet the current needs of the client. In sum, Eri takes an eclectic, holistic, and highly individualistic approach to the client and the therapy process that begins in the first session. Moreover, she holds at the forefront of her mind the principle that clients are largely in control of their own change processes, and she values this autonomy and independence.

Eri combines two different, but complementary theories in her approach to therapy, cognitive behavioral therapy (CBT; Beck, 1993) and compassionate mind training (CMT; Gilbert & Procter, 2006). The overall purpose of CBT lies in identifying and challenging irrational beliefs. As a result, a client develops a new schema with a resultant change in affect, mood, and behavior. Practitioners of CBT view assessment, psychoeducation, cognitive restructuring, exposure, relaxation, and modeling as six of the most important domains in this approach (e.g., Beck, 1993; Kendall, 1993). CBT has been shown to be

> effective in the treatment of a variety of mood and affective disorders, eating disorders, psychosis, chronic pain, and substance abuse (Southam-Gerow & Chorpita, 2007).
>
> Compassionate mind training (CMT) is an intervention aimed at alleviating high levels of shame and self-criticism (Gilbert & Procter, 2006). The founders of this modality postulate that early childhood experiences with primary caregivers potentiate a disposition towards guilt, shame, and poor self-images of oneself. Thus CMT claims to borrow from both cognitive and dynamic approaches, in that it emphasizes the importance of early childhood experiences while helping the client become aware of ineffective protective mechanisms that have been erected to help him or her cope with the emotional pain (Mayhew & Gilbert, 2008). Cognitive approaches include helping the patient become aware of the thoughts and beliefs they are holding on to that lead to shame and guilt, and cognitive restructuring takes place as one is able to recognize the genesis of such beliefs and work towards a more compassionate view of the self. Gilbert and Procter (2006) argued that self-condemning approaches to one's perceived weaknesses can actually be unlearned. CMT has been shown to reduce stress, increase self-esteem, and reduce distress in individuals with psychosis (Lee, 2005; Mayhew & Gilbert, 2008).

In addition Eri employs hypnosis, which she describes as "a form of meditation." She expands on this as an author of this article:

> Clinical hypnosis is used to induce a relaxed state in the client or patient to facilitate learning. It is introduced towards the end of sessions to consolidate whatever strategies the client requires to manage triggering events; to manage emotions and fears which have been identified during the therapeutic process. It is a very effective and powerful form of learning when the client listens to the recorded session daily on their mobile [cell]. The best time for learning is just as the client is falling asleep.

In terms of "Unique Therapist Qualities," clients from the previous Hansen et al. study have commented on factors related to Eri's personality and approach that they considered helpful, using adjectives such as "lovely, very welcoming, soothing, compassionate, non-judgmental, open and welcoming;" and feeling "an ease of connecting," "easy rapport," "comfortable," "understood," and "supported" as well as "validation" and "reassurance" (Hansen, Lambert & Vlass, 2015a, p. 176-177).

Finally, the reader can hear Eri talk in a 2020 YouTube video in which she was interviewed by podcaster and psychotherapist Dr. Jordan Harris. The topics covered include the background of Eri as a person, how she became a subject in Hansen et al.'s 2015a study, and the nature of Eri's therapy theory and process (see https://www.youtube.com/watch?v=v3-XMYkmTuw). Here is a quote from the interview listed on Harris' podcast website:

> I think it's the listening. You listen you hear. You do not actually let one detail go. You're completely there. And this is why as therapist we need to be accountable. We need... to look after our own physical and mental health. We need to be alert all the time. We cannot

actually bring outside issues into our work. We have to be there 150 percent.

## 4A-6A. ANNE'S ASSESSMENT, CASE FORMULATION, AND COURSE OF THERAPY (TWO SESSIONS) [1]

### *Session 1*

As mentioned above, Anne is an engineer, born and raised in China, who had moved to the United States a few years prior to this session.

When Anne first arrived in therapy, Eri asked her how she slept, which allowed Eri to gather information on some of Anne's worries and provided an opportunity for psychoeducation on sleep. Eri then explained the rationale of the work they would be doing together, and asked Anne if there were any specific problem she would like to work on with Eri.

Anne chose to discuss the difficulty she's been experiencing regarding the decision to marry her boyfriend or not. With Eri's help, they come to identify the influence of Anne's childhood experience on this current dilemma. When Anne was a child, her father would be unfaithful to her mother who, in turn, would take Anne and her sister to catch her father in the act. Anne developed the fear of making the wrong decision, as her mother had done by choosing a man who would betray her, as well as the fear of herself being unfaithful. After identifying these fears, Eri and Anne identified negative coping behaviors which stemmed from her relationship with her critical and demanding parents, namely self-criticism and high expectations of self. Before ending the first session, Eri asked Anne to think of a "triggering event" (an event which triggers strong emotions) to bring to the second session the following day.

### *Session 2*

In the second session, Anne addressed the triggering event she chose for this session: starting a job at a startup shortly before receiving a job offer from a large and well-established company, creating a dilemma about which company to choose. Anne took the job at the large, more established company, but felt guilt and regret about leaving the startup, which she came to appreciate. Eri identified the fear of making the wrong decision, as well as the fear of hurting others, mainly in the form of betrayal, which led to the safety behavior of emotional torture (what Eri called "the shoulds," or obsessive thinking).

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[1] The next 3 sections are numbered 4A-6A, 4B-6B, and 4C-6C, respectively, to indicate their parallel to sections 4-6 of a typical pragmatic case study (Fishman, 2013)—specifically: 4) Assessment of the Client's Problems, Goals, Strengths, and History; 5) Formulation and Treatment Plan; and 6) Course of Therapy. In line with this, 4A-6A is the case of Anne; 4B-6B, the case of Mel; and 4C-6C, the case of Susan.

Together, they identified Anne's fears, thought patterns, and safety behaviors related to leaving the start-up, such as: "They will think that I cheated on them, betrayed them, and took advantage of them." These thoughts were associated with Anne feeling anxious, scared, unsure, and ambivalent, as well as the safety behavior of self-criticism. All of these relate back to Anne's relationship with her critical and demanding parents.

The Hypnosis. After developing rapport and an empathetic view on these subjects, Eri asked Anne to start recording on her phone and began the hypnosis. Eri began by placing Anne in a state of relaxation and reenforcing by way of repetition that Anne would use what she would now learn whenever she felt any of the negative emotions they had identified together. Anne also described the qualities of compassion and their scientific validity. Next, Eri addressed the triggering event, when Anne had to make the decision between the start-up and the large company, along with all the previously identified emotions regarding that decision, including the downward spiral of negative emotion and safety behaviors, reinforcing that it is in these moments that Anne should intervene using self-compassion. Eri then taught compassion both by modelling this behavior, that is, by showing compassion for Anne's fears, as well as stating concrete examples of what Anne might say to herself to be self-compassionate in moments such as these, confidently reenforcing how this will help.

Eri then switched the focus to the "historicals," that is, all the identified fears beyond the triggering event, such as those related to Anne's family history, as well as the identified reasons for the development of each of these fears. Eri then individually addressed each fear—regarding family, intimate relationships, and work—and the challenges of each of these fears by referencing Anne's own resources which Eri and Anne had identified together. Eri then addressed the maladaptive coping behaviors in similar fashion, telling Anne she can now let go of these behaviors and replace them with compassion. Lastly, Eri reenforced the importance of listening to this recording every night before bed and ended the hypnosis.

## 4B-6B. MEL'S ASSESSMENT, CASE FORMULATION, AND COURSE OF THERAPY (TWO SESSIONS)

### *Session 1*

As mentioned above, Mel is an American woman in her 40s who is married, with a young daughter.

As Eri and Mel sit down, Eri asks about Mel's sleep, which prompts Mel to address trouble sleeping after quitting her job a few weeks prior. Eri takes the opportunity to explain the therapeutic rationale and the physiological stress response generally and asks Mel if she could identify a triggering event that she would like to work on.

Mel chooses the triggering event of having been sexually assaulted by a medical professional 20 years prior. This event now causes anger towards the doctor, but also towards women with whom she had disclosed this event, who did not validate her. Mel also comes from a religious background which does not accept sexual intimacy before marriage, which further complicated her ability to cope and process the sexual assault. Months after this traumatic event, Mel went on to develop an intimate relationship. Given the nature of her religious practice at the time, Mel would confess this relationship to a representative of her religion, who claimed she had a sex addiction problem, further compounding the trauma she had experienced. Eri showed empathy for Mel's experience, and together they identified the emotions of anger, shame, regretfulness, helplessness and powerlessness.

Other fears started to emerge in session, namely relational fears, such as the fear of abandonment and the fear of abandoning others that would have stemmed from Mel having been abandoned by her parents at a very young age. Eri also explores and identifies Mel's difficulties in attachment and safety behaviors, such as "clinging," being panicky at the end of relationships, rescuing others, being fiercely independent, and avoidance. These events also seemed to have caused in Mel the fear of not being worthy of having her needs met; the belief that being sexually intimate is bad; the fear of being alone; and the fear of being seen completely.

Before ending the session, Eri summarized all the main points discussed, making use of the CBT rationale, and explained the rationale behind the hypnosis they would be doing together the next day.

### *Session 2*

At the start of the second session, Mel brought up a behavior her adoptive father would engage in with Mel that Eri considered overly intimate and inappropriate in a father-daughter relationship. Eri acknowledged Mel's feelings and went on to co-construct a narrative in which all of these experiences would have naturally left certain impressions on Mel's relationship with her own body. Eri also highlighted how Mel came to overcome, challenge, and face many of these fears; and all the progress she has made in doing so. In addition Eri pointed out Mel's nurturing side as well as the nurturing she had allowed herself to experience from others, which then connects to the Compassionate Mind Training rationale via the importance of the qualities of compassion.

The Hypnosis: Eri then asked Mel to start recording on her phone and began the hypnosis by putting Mel in a state of relaxation and heightened suggestibility. Eri began by describing the qualities of compassion, the physiological basis of this work, and how this training would be helpful when dealing with negative emotions in the future. Eri reenforced that Mel could use what she has learned whenever she feels the identified negative emotions.

Still in the hypnosis, Eri then recapped every life event addressed in session and showed empathy for the respective thoughts and emotions Mel had developed and experienced as a reaction to these events. Eri thus taught compassion by modelling. Eri then made use of the clients' resources and positive life experiences to challenge the fears relative to these experiences and finished the hypnosis by reenforcing the importance of listening to the recording daily.

## 4C-6C. SUSAN'S ASSESSMENT, CASE FORMULATION, AND COURSE OF THERAPY (ONE SESSION)

As mentioned above, "Susan" is a married American woman with a young son.

Eri began the session with Susan by doing a quick recap of the physiological stress response and explaining her therapeutic approach. Eri asked Susan to choose a "triggering event" (an event which triggers strong emotions), and Susan chose to discuss a change that would occur at work. Susan would be changing departments, and that change would require her to gain a new skill. However, Susan worried that her skill wouldn't be up to par with her colleagues, which could jeopardize her opportunity to gain a permanent position in this new department. Susan also worried about what her co-workers might think of her.

Eri and Susan identified Susan's tendency to have high expectations of herself, her self-attacking, and Susan's fear of not getting a permanent position.

Eri then asked Susan if they could quickly go over Susan's history, leading by asking if her parents had high expectations of themselves.

Susan recounted her early relationship with her parents. She had a father who had abandoned the family and a mother who was imprisoned, both events occurring before Susan reached 10 years of age. Susan had to move out to live with another relative when she was a teenager.

Together, Eri and Susan identified Susan's fear that her depression would get in the way of her being a good mother, or that something bad might happen to her son.

After some discussion, partly of Susan's history as well as her current sleep habits, Eri developed the hypothesis that Susan would have been in a hypervigilant state given the instability in her household, which impacted her sleep then as it does now. As time went on, her impacted sleep would have led to symptoms of depression and anxiety. In this rationale, the way to improvement would be achieved by their work together, given that Compassionate Mind Training and hypnosis would decrease her state of stress. To reenforce this rationale, Eri also stated all the resources and successes Susan had had so far in her work, in her relationships, and in motherhood; and empathized with her need to develop worrying as a safety behavior in her childhood home.

Eri identified the fear of repeating history and the fear of something bad happening, the latter of which might have been present from an early age, and now would have been transposed to something bad happening to her son.

After using this opportunity to explain the therapeutic rationale and how hypnosis and Compassionate Mind Training could help, Eri summarized the identified fears and safety behaviors.

The Hypnosis: Finally, Eri asked Susan to start recording on her phone and began her hypnosis. After the initial relaxation, reenforcing the empirical validity of compassion and the Compassionate Mind Training method and the impact of self-compassion on the physiological stress response, Eri began addressing the triggering event, as well as the downward spiral of negative thinking along with the associated emotions and safety behaviors.

Eri then addressed the "historicals" (historical events) behind the development of Susan's fears, empathizing with their origin, and challenging them by use of Susan's present resources and competences. Eri then substituted the presently identified safety behaviors by compassionate behaviors and reinforced that, in the future, when such fears arise, Susan would use compassion to challenge them.

Eri then finished the hypnosis and reenforced the importance of listening to the tapes every day before ending the session.

## 7. MONITORING OF THE THERAPY

While Eri did not specifically monitor her therapy with Anne, Mel, and Susan, she has a history of engaging in activities that support her therapeutic deliberate practice. Examples are opening her therapy to intensive outside review with detailed feedback (see the Hansen, Lambert & Vlass, 2015a study), and regularly having her clients complete the OQ-45 at the beginning of each session, providing ongoing feedback as to how she is doing in each case (Lambert, Burlingame, et al., 1996; Umphress, Lambert, Smart, Barlow, & Clouse, 1997).

## 8. THERAPY OUTCOME

While no quantitative or detailed qualitative outcome assessment was made of Eri's three mini-therapies, informal feedback was provided by the therapist to the original referring therapist, co-author T.R. Specifically, Anne, Mel, and Susan all reported to T.R. that their sessions with Eri were very helpful. All three clients also commented on how attentive Eri was in their sessions and how quickly they felt trust for Eri. All three clients showed improvement in life functioning after the sessions. For two of the clients these improvements lasted throughout the rest of treatment with TR. For one of the clients the improvements disappeared after about two months.

## 9. PROCEDURES FOR CROSS-CASE QUALITATIVE ANALYSIS OF ERI'S THERAPEUTIC PROCESS WITH ANNE, MEL, AND SUSAN

I (first author L.B.) completed the qualitative analysis. For the analysis, audio recordings and transcripts of these from the mini-therapies with Anne, Mel, and Susan were employed. After the initial transcripts were completed, the audio recordings were listened to again, in full, and any necessary corrections to the initial transcripts were made.

The transcripts were coded and analyzed according to the procedures suggested in Grounded Theory Coding (Charmaz, 2006). Thus, the analysis was divided into two main phases. An initial phase consisted of line-by-line coding by descriptively naming each line or segment of data (one phrase or utterance of Eri at a time). In the second phase categories were developed at higher abstraction levels (Charmaz, 2006).

In the initial phase, the intent was to have the codes be as descriptive as possible to reduce investigative bias. In the second phase, a higher level of abstraction was achieved by identifying the most apparent intent in each therapeutic action and the potential influence of each action in the patient's treatment, by virtue of constant comparisons, grouping codes into categories. An example of this was having as an initial descriptive code *"Identifying client's behavior (avoidance) in response to emotion (guilt)"* develop, along with similar descriptive codes, into a more general category *"Identifying Behaviors and Relating them to Life Experiences/Family Members/Symptoms and Complaints";* and then having those categories grouped into an abstract category *"Offering a Credible Narrative/Rationale for Suffering/for Improvement,"* which finally became a sub-category of a larger core category.

Groupings were made in this sequential manner until an appropriate level of abstraction was derived to minimize subjectivity and maximize consistency. The coding also relied on the audio recordings and considered full sequences of dialog between therapist and patient to reflect the therapist's intention as accurately as possible. I attempted to reduce investigative bias via several steps of the process of analysis. First, I read through each transcript multiple times both before and after coding to allow for maximal coherency and consistency between the various sessions analyzed. Second, and in the same fashion, I did the coding through a process of constant comparisons, to ensure maximum consistency between codes throughout the process. Third, I used line-by-line coding, that is, coding of each piece of dialog, most often one phrase or utterance of Eri's at a time, in a descriptive fashion, so as to reduce the influence of the coder's subjectivity in his first approach to the material.

After the above process, I then grouped together the codes into increasingly more abstract categories in a sequential manner, to ensure that each step into greater abstraction did not lose Eri's original intent to my subjectivity. Final categories were achieved after multiple coding

sessions with constant comparisons between and within each case, resulting in two core categories and seven sub-categories.

## 10. RESULTS OF THE CROSS-CASE, QUALITATIVE ANALYSIS

The final categories are summarized in Table 1. Each is described below.

***Core Category 1*: *Keeping a natural, fluid rhythm during the session while balancing directive exploration, frequent associations, and interpretations with a sense of support, empathy and understanding.***

Keeping in mind that each patient had one to two sessions with Eri, it is fundamental that enough meaningful and relevant information was properly collected. Therefore, Eri must have directed the session in such a way that the patient addressed meaningful life history as well as several points that fit Eri's CBT oriented method of identifying anxiety inducing events, fears, and other emotions; and subsequent behaviors to then address in the following hypnosis. This is possible due to Eri's directed questions, frequent interpretations, and associations and slight interjections, which motivated the clients to talk about emotionally meaningful topics. At the same time, Eri allowed the client enough freedom to navigate their own self-exploration while providing subtle cues to keep the client focused on what seemed most relevant, along with constant and genuine reassurance, empathy, and support.

Sub-Category 1.1. Rhythm and Fluidity

This code refers to actions undertaken by Eri to maintain fluidity and directiveness in the session, which allow for rapid gathering of information. Most commonly Eri uses reflections, clarifications, short validations, and bullet point summaries of identified behaviors/issues/fears/emotions. Some examples are below.

> Anne: Uh, we don't have the best relationship. They're not the best parents. I mean, they are in the fact that they do financially support me when I first came here. They pay for my tuition and everything but…
>
> Eri: Financially you get help but not emotionally. *(Eri keeps* **Rhythm and Fluidity** *by quickly clarifying the client's speech.)*
>
> **********
>
> Eri to Anne: And sometimes we do that. But remember, that you actually have had a pretty difficult upbringing. You've developed these fears which are very, very entrenched. So, there's a fear of betrayal, fear of repeating history, fear of making the wrong decision, fear of hurting your boyfriend too, because you don't want to hurt him. And you could see how much your father hurt your mother. *(Eri keeps* **Rhythm and Fluidity** *by quickly summarizing the fears identified up to that point of the session, keeping the patient organized.)*

**********_

Eri to Mel: Emotions! You know the amygdala? *(Eri stimulates* **Rhythm and Fluidity** *by showing genuine excitement in the patient's knowledge and participation.)*

Mel: Yes!

Eri: Excellent! How did you know? *(Eri consistently uses encouraging adjectives such as "Excellent." They also serve to create a safe and supporting atmosphere.)*

Mel: From reading and I also have a masters in community health. I took physiology and I had some anatomy.

Eri: Oh! Excellent! *(The energy and enthusiasm brought on by Eri motivates the client, which allows for a productive yet friendly pace in the conversation.)*

Sub-Category 1.2. Exploration

This code refers to directed exploratory questions to better learn and understand meaningful information about the client. This information might be purposefully sought out by Eri or brought up by the patient. Some examples are below.

Anne: …Ever since then, my boyfriend, I feel the same level of love from him. I feel like he's the only one out there in this world that makes me feel that I am not orphaned or… like there's someone caring about me, you know…

Eri: What about your parents? *(***Exploration:** *Eri directs the exploration to parental relationships.)*

********

Anne: No. And I would say I was emotionally abused by them.

Eri: Yes? *(***Exploration:** *Eri incentivizes the client to develop a relevant theme. Parental relationships are usually given a good deal of attention in Eri's consultations.)*

Anne: Oh, you want to hear…

Eri: Emotional abuse? *(***Exploration**: *Eri echoes the client's words to incentivize her again.)*

Sub-Category 1.3. Creating a Safe, Supportive and Understanding Atmosphere

Eri consistently validates and supports her clients, especially in moments when they are addressing difficult situations. Eri will also show genuine excitement in the patient's progress, not only through words but in her tone of voice as well. Some examples are below.

Anne: Yes. And my dad would constantly cheat on my mom with different women and then my mom would… one time she dragged us along to catch him in bed…

Eri: So, my goodness, that must have been really hard for you! As a child, you would actually go with your mother? To try and catch him out? *(***Creating a Safe, Supportive and**

**Understanding Atmosphere:** *Eri provides empathetic validation before continuing the Exploration.)*

Anne: Yeah. I've known that he would cheat on her ever since I was ten or something. My mom is not the best mom either. Like she can't have her life in order and that means she can't take care of us either.

Eri: Absolutely! Absolutely! So, your mother was preoccupied with your father all the time? *(***Creating a Safe, Supportive and Understanding Atmosphere:** *Once more, Eri provides empathetic validation before continuing the* **Exploration**.*)*

*********

Mel: Thank you for acknowledging me. I have felt [?] for a long time.

Eri: I'm sure you have. *(***Creating a Safe, Supportive and Understanding Atmosphere:** *Eri provides empathetic validation.)*

Mel: Like it was me, like there was something wrong with me.

Eri: I guess, when you are abandoned as a very tiny, tiny baby, I think that is understandable (…) The thing is that you know yourself that you are able to discriminate and can actually see what is right and what isn't. That is a wonderful ability that you have. That's a strength that you have. And it has probably kept you very safe (…) And you've only actually been in relationships where there is love. I think that is admirable. *(***Creating a Safe, Supportive and Understanding Atmosphere:** *Eri validates the patient's feelings by relating them to her early childhood experiences and subsequently highlights the patient's own resources and capabilities in a supportive and caring way.)*

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Eri to Susan: And how old is your little boy?

Susan: He will be two and a half in January.

Eri: Do you have a photo of him?

Susan: I do. About probably five thousand of them.

Eri: We can look at five thousand.

Susan: That would take the two hours. I will show you.

Eri: Oh! How gorgeous! One beautiful photo! Oh how cute is he? You look so gorgeous together.

Susan: Thank you!

Eri: He is absolutely gorgeous. And I'm not just saying that. He is so cute!

Susan: Thank you!

Eri: You got other photos as well?

Susan: Do you want me to show you one more?

Eri: Just one more.

Susan: Thank you for looking.

Eri: Oh! That is my privilege.

Susan: This one is cute.

Eri: Oh, how gorgeous is he. Oh, he is so pretty!

Susan: Thank you!

Eri: Isn't he? He is really intense.

Susan: He is a goofball but that is really intense photo.

Eri: Yes, look at his beautiful eyes, he is just gorgeous. You should bring him to a baby shower, to a child show, or something. He's got real character. He looks very happy.

Susan: He is, he is a very happy boy.

Eri: Well then you are obviously doing something right. (**Creating a Safe, Supportive and Understanding Atmosphere:** *Eri deepens the relationship with the client by showing a genuine interest in her and her son that goes beyond the psychotherapeutic intervention spectrum).*

***Core Category 2*: *Fostering a sense of agency, mutual collaboration, and positive expectation while co-constructing a credible narrative to be used in hypnosis.***

At the beginning of each session, Eri offers a considerable amount of psychoeducation regarding sleep habits, physiological stress responses, and a summary of the cognitive behavioral model of emotions. Eri also consistently explains her therapeutic framework and what both she and the client are attempting to accomplish, which allows the client more agency in the therapeutic process.

While the necessary information for hypnosis is being collected, Eri constantly motivates clients to have an active role in their own improvement, often asking them to identify their own fears, emotions, and behaviors. She will also directly ask what the best words are to describe each of these phenomena.

Eri is quite open to the possibility of not having completely grasped the patient's narrative at any given moment, often using interpretations, associations, and reformulations as a scaffolding, which the patient has enough freedom to shape or simply refute, to which Eri is open and flexible, thereby building a shared understanding of the patient's world. Lastly, she repeatedly fosters positive expectation, often using the patient's own resources to do so.

Sub-Category 2.1 Fostering Agency, Collaboration and Developing Resources

Eri consistently finds moments to foster agency in the patient, motivating them to have an active and collaborative role in the therapeutic process; in their own healing; in being more compassionate toward themselves; and in past actions and future endeavors. The noticeable focus on providing psychoeducation on psychological and physiological principals seems designed to purposefully provide tools which the patient can use for their own therapeutic benefit. Eri will also foster agency via positive reinforcement or actively inviting the clients' collaboration in the therapeutic process, thereby creating a collaborative atmosphere with the shared purpose of helping clients to better understand themselves. Some examples are below.

> Eri to Anne: No? Well, you can tell me about specific problems that you're having so we could look at the historicals [historical factors], the key fears, the way you have managed those fears. Because we avoid a lot, ok? And then there's the unintended consequences of that. But then, we're looking at triggering events, something that triggers off emotion in you. Then what happens is that we start to—because we're going in a downward spiral of negative thinking, what happens is that it becomes a vicious cycle of thinking, going round and round and round, circles, circles, circles. That all leads to a set behavior which is avoidance, some people drink, smoke, do all sort of things. So, is there anything that you would like to work on? *(***Fostering Agency, Collaboration and Developing Resources:** *Eri explains her therapeutic framework and what is the purpose of the work they are about to embark in together).*
>
> ********
>
> Eri to Anne: Good! Excellent! You're doing very well here. Actually, giving me a lot of information here. Lot of information. Yes. *(***Fostering Agency, Collaboration and Developing Resources:** *Eri provides positive reinforcement for the patient's role in the therapeutic process.)*
>
> ********
>
> Eri: So that's a safety behavior, emotional torture?
>
> Anne: Not me torturing myself but the situation tortures me.
>
> Eri: Yeah, but you are actually creating a situation where the situation is torturing you. You are responsible for that torture, aren't you? You can choose not to torture yourself, that is your choice. *(***Fostering Agency, Collaboration and Developing Resources:** *Eri empowers the client by referring to the agency in her choices and develops resources by teaching her patient to be more mindful of her behaviors.)*
>
> ********

Eri: What other fears. So, we've got fear of abandonment and fear of abandoning others. We've got these fears. Do you have a fear of intimacy? *(***Fostering Agency, Collaboration and Developing Resources:** *Eri asks the client to identify her own fears.)*

Mel: I don't think so, I think I am just afraid that I'm not good at relationships or somehow, I'm not loveable or not marriage material.

Eri: Is it a fear of not being lovable? *(***Fostering Agency, Collaboration and Developing Resources:** *Eri considers the patient's input and continues exchanging ideas with her in a collaborative way.)*

*********

Eri: So, the way that you have managed these fears is to be clinging in relationships, panicking at the end of the relationships, rescuing others and [being] fiercely independent? Are there any other safety behaviors that you have?

Mel: Any what?

Eri: Safety behaviors. Safety behaviors are the way we actually manage our fears. Through abandonment, understandably, you would be clinging and then panicky at the end of the relationships and then rescue others. *(***Fostering Agency, Collaboration and Developing Resources:** *Eri provides useful psychoeducation so that the patient can have a more active role.)*

*********

Eri to Susan: Okay! Excellent! Alright! So more hypervigilant and worry basically?

Susan: Yes.

Eri: And you actually have high expectations of yourself and you self-attack?

Susan: Yes.

Eri: Would you like self-attack or self-critical? What would you prefer?

Susan: Maybe self-critical.

Eri: I think so... Now, emotions. Anxious, fearful, what other emotions?

Susan: Disappointed.

Eri: Yeah, disappointed?

Susan: I am often disappointed with myself. That is what I'm working a lot with Tony (author T.R.). I am really trying to kind of turn around those, but I have been doing it for the vast majority of my life as long as I can remember so it's going to take some time.

Eri: I am so pleased with you. You are amazing! You are very aware, you are very mindful, you can see that that is a skill you certainly have. So you are starting to be really mindful of what is going on physically. Excellent! You're halfway there. (**Fostering Agency,**

> **Collaboration, and Developing Resources:** *Eri asks for the clients' input to summarize all the points that will be addressed in hypnosis, and finally expresses her contentment for the client's collaboration.*)

Sub-Category 2.2 Fostering Positive Expectation

This code refers to any action undertaken by Eri to create hopeful expectations for future improvement, for which she might refer to the client's agency and resources or to actions taken within the therapeutic setting, such as hypnosis or Compassionate Mind Training. Some examples are given below.

> Eri to Anne: It is really interesting that you obviously, that you are very employable because you are applying for these jobs, you've got both jobs. Very employable, that's very positive, isn't it? (…) You can think in those terms like, "I've made my decision now, it is actually, knowing that in five years' time, if I am not happy and I am so employable, here I am I've got two jobs. I've got offered two jobs here so it should not be a problem in the future." *(***Fostering Positive Expectation:** *Eri refers to the patient's resources or capabilities, such as being employable, to foster positive expectations for her future.)*
>
> **********_
>
> Eri to Anne: Yes, yes, yes, yeah. The thing is that this is the technique that you are going to be training yourself when we talk about compassionate thinking. You are now going to be able to train yourself to be able to manage these emotions when these emotions surface, being able to manage these emotions rather than react to them because as soon as you feel guilt and regret, you are going into a spiral of negative thinking. "I should have done this, I should have done that," that mental torture. *(***Fostering Positive Expectation:** *Eri now fosters positive expectation in relation to the therapeutic benefits and resources the patient will gain and subsequently use herself.)*

Sub-Category 2.3 Offering a Credible Rationale for Suffering/for Improvement

This code refers to any interpretation, association, or explanation offered by the therapist in order to promote a better understanding of self for the client as well as a joint creation of a narrative more conducive of improvement, often offering more positive alternative views on past events or current ways of thinking. The better understanding of self is mostly characterized by the identification of the origin of fears, emotions, behaviors, key issues, and challenging life situations.

The underlying structure of this rationale is based on CBT by connecting past to present, that is, connecting (a) early and likely familial relationships modelling current loving and professional relationships; (b) key issues in the present spawning fears and other emotions; and (c) the process of said fears subsequently modelling behavior and generating anxiety presently in

a patient's life. Having gathered sufficient or perhaps most or all of the meaningful data, Eri then submits the patient to hypnosis. Some examples are given below.

> Anne: Yes, like verbally. My dad would say, "You're so selfish!", "You have no heart, no love, no friends, no family!", things like that.
>
> Eri: So, he was very, very, very critical of you. *(***Offering a Credible Rationale for Suffering/for Improvement:** *The therapist identifies a behavior from her father which will later fit in the narrative/rationale as origin of behaviors/fears/emotions.)*
>
> Anne: Yes.
>
> *********
>
> Eri: And are you self-critical? *(***Offering a Credible Rationale for Suffering/for Improvement:** *Eri indirectly offers an association between a behavior the client had experienced at a young age, from her parent, with a behavior she might act out currently.)*
>
> Anne: Yeah, very.
>
> Eri: So, you learned from him.
>
> Anne: Yes. And my dad would constantly cheat on my mom with different women and then my mom would… one time she dragged us along to catch him in bed…
>
> (…)
>
> Eri: That brings a lot of [Anne starts crying] I will put this next to you [hands tissues]. Oh, my gosh! That must have so hard for you!
>
> Anne: Yeah…
>
> Eri: So, you've got a fear of betrayal, don't you? *(***Offering a Credible Narrative/Rationale for Suffering/for Improvement:** *Eri then identifies a potential fear that may have originated from the patient's childhood experiences and early parental relationship.)*
>
> Anne: I do. That's the key factor that I look for in a future spouse. I have no tolerance for cheating. For others, they might have some wiggle room. For me, you cheat once and then you're out.
>
> Eri: So, that's really your issue. *(***Offering a Credible Narrative/Rationale for Suffering/for Improvement:** *From exploring past experiences, the therapist and the patient have come to understand a current issue, building a narrative that connects past to present.)*
>
> *********
>
> Eri to Susan: And that is exactly what I think is at the heart of—I think, when you talk about your husband, what he loves about you is the compassion and the selflessness that you show your son but you are not showing it towards yourself.
>
> Susan: No.

> Eri: I think once you start to actually really train yourself in being much kinder to yourself and more accepting and more tolerant of yourself and these fears that you have, because it is these fears which are constantly triggering off the emotions. And it is those fears which I would like to help you with in the hypnosis today.
>
> Susan: Okay.
>
> Eri: Because with the CBT—I don't use pure CBT because I do not think that pure CBT works. I work more using compassion-focused. Not that the approach actually is the be all and all, but I think being able to manage those emotions by being able to accept and show that real understanding towards self and those emotions, where they come from, then we can achieve that state of calm in the body. That state of calm that you want to achieve, remember that you went through hell and back with a mom who was really quite unstable. For a child to grow up with that instability, you would have to be constantly in you know a hypervigilant state, you would be like, "Oh my gosh! What is going to happen next?" Mom's so unstable. (**Offering a Credible Rationale for Suffering/for Improvement:** *Eri offers a credible rationale for suffering and immediately links it to the Compassionate Mind Training (CMT) approach. Eri then reinforces the mechanism of the CMT model and subsequently links it once more to the client's narrative.)*

Sub-Category. 2.4 Hypnosis

Hypnosis is the culmination of Eri's work, where all the information gathered will now be used to ensure that the cooperatively built rationale is assimilated by the client. Eri records the hypnosis, so that client may listen to it repeatedly, before going to sleep, to maximize its benefit. To then provide healing, Eri trains the client in Compassionate Mind Training. An example with Anne is given below.

> Eri to Anne: You are listening to the sound of my voice, that's all you're focusing on. That's all you want to hear, the sound of my voice. (**Hypnosis:** *Eri provides preparation for the hypnosis, putting the patient in a state of deep relaxation and heightened suggestibility*.)
>
> …
>
> Eri to Anne: When you are thinking about the time when you were making the decision to leave the start-up and commence with [the job opportunity] and you know that you are feeling guilty, regretful, anxious, scared, insecure and ambivalent and unsure. (**Hypnosis:** *Eri begins asking the client to think of the identified triggering event and the emotions brought on by this event, which were identified with the patient's cooperation throughout the session*.)
>
> …
>
> Eri to Anne: And after you're away from this relaxed state, you are going to feel very good because you are going to remember everything and use what you hear and use it for you. Once again, you learned to use what I tell you and use it every day. And whenever you feel

guilty, regretful, anxious, scared, unsure, ambivalent or any other distressing emotion you experience." (**Hypnosis:** *Eri reenforces the benefits the patient will gain, creating positive expectations for improvement.)*

…

Eri to Anne: The hope for this session is for you to train yourself in what we call compassionate thinking. As you know, from the handouts, compassion is comprised of many qualities of empathy, sympathy, forgiveness, acceptance, tolerance, and warmth. It is those qualities that of compassion which you will train yourself to use at those moments where you are feeling guilty, regretful, anxious, scared, unsure and ambivalent. (**Hypnosis:** *Eri begins psychoeducation on Compassionate Mind Training*.)

…

Eri to Anne: We know from studies, and we know from research that when we show compassion towards ourselves (…) what happens is that we actually disengage the alarm system, the fight flight response (…) and reengage the prefrontal cortex. The prefrontal cortex is a rational brain and when we are functioning from the prefrontal we achieve a state of calm, a state of non-reactivity and of course that's what you want to train yourself to do. You want to train yourself to actually achieve that state of calm (…) when we're actually in a calm and non-reactive state we actually make the right decisions. (**Hypnosis:** *Eri reenforces the validity and potential benefits of the work being done.*)

…

Eri to Anne: Making that decision to leave [the] start-up and commence [the job opportunity] actually is the triggering event which triggers off those feelings of guilt, regret, anxiety, fear, ambivalence. What's been happening is that when those emotions surface, what you have been doing is you're going into a downward spiral of negative thinking. Focusing on the external threat (…) thinking about what the start-up would be thinking about you and then go internally, in your internal thoughts. You are thinking, as far as the start-up is concerned, they probably thought that you actually betrayed them, you took advantage of them. The thinking that they wouldn't hire you again because you are not loyal enough. And internally, saying to yourself, "Did I make the right decision? I screwed the start-up company, I shouldn't have taken the job. I should have stayed with the start-up." And that all leads you to continue to be self-critical with that obsessive thinking, that internal torture. You can see that downward spiral of negative thinking is counterproductive, totally counterproductive and that is why you now want to intervene at that moment where those distressing emotions are surfacing." **(Hypnosis:** *Eri addresses the triggering event, referencing the exact words chosen in cooperation with the client*.)

…

Eri to Anne: What you will be saying to yourself is, "I have every good reason to feel guilty, I have every good reason to feel regretful, I have every good reason to feel anxious, I have

every reason to be feeling scared, I have every good reason to feel unsure, I have every good reason to feel ambivalent and it is absolutely normal and okay for me to be feeling guilty, regretful, anxious, scared, unsure and ambivalent. (**Hypnosis:** *Eri trains the patient in self-compassion*.)

…

Eri to Anne: In that state of calm, that non-reactive calm state then you can challenge the fears that bring up emotions." (**Hypnosis:** *Eri then below addresses the identified fears below.*)

Eri to Anne: We look at your fears and I think that there is definitely a fear of hurting others. Of course, in this instance there was that fear of hurting those people you've worked with at start-up and of course there is also the fear of hurting your boyfriend as well for a different decision that you are making. There is also that fear of betrayal but also a fear of betraying others as well because you know how damaging it is to be betrayed or to betray others given your family history. … There is a fear of not being good enough because of how critical your father was of you." (**Hypnosis:** *Eri addresses the client's fear in the framework of the co-constructed narrative.)*

…

Eri to Anne: Let us go through those fears and challenge those fears because you are now in a calm state. There is a fear of hurting others, I guess in this life where we need to make decisions which may require that we do hurt others but that is just part of who we are and part of life. You are not doing it purposely. It is not like a betrayal. You actually are making a decision for your own future and for your own well-being. That is in many ways just a fear because there is no way you would hurt someone purposely. (**Hypnosis:** *Eri then below shows the patient how to use her own resources to challenge her fears*.)

…

Eri to Anne: And also, avoidance behaviors. Rather than avoiding, you will be able to manage any emotions which are surfacing, which are causing you to avoid and when you achieve that state of balance and calm, then there is no need to avoid because you will be able to challenge whoever or whatever you are trying to avoid or maybe, you know, solve the problem that you are trying to avoid. Then there is no need to use that set of behaviors." (**Hypnosis:** *Eri then below shows the patient how to use her own resources to challenge her maladaptive behaviors*.)

…

Eri to Anne: You can see that the value of being able to manage distressing emotions. As we said, whenever you feel like guilty, regretful, anxious, scared, unsure, ambivalent you will be able to manage these emotions and be able to show that empathy, acceptance, tolerance, warmth, forgiveness towards yourself and those emotions, and you will achieve a state of calm. In that state of calm, you will be able to challenge the fears that are underpinning these

emotions and understand that those fears are just fears. (**Hypnosis:** *Eri reenforces the Compassionate Mind Training, repeatedly fostering reassurance and positive expectations*.**)**

Eri to Anne: (**Hypnosis**: *Eri then finishes the hypnosis and briefly discusses how Anne is feeling before finishing the session*.)

# 11. CONCLUSION: FACTORS ASSOCIATED WITH ERI'S THERAPEUTIC EFFECTIVENESSS

## *Summary of Our Findings*

This study's objective was to learn and detail the clinical way of being and in-session approach of a therapist—Erigoni Vlass—with formally proven very positive outcomes in a previous study (Hansen et al., 2015a). While Eri's outcomes in the present three mini-cases was not systematically evaluated, as discussed above in section 8, Outcome, all the clients found the therapy helpful; all showed improvement in life functioning after the session(s), and all commented on how attentive Eri was in their sessions and how quickly they felt trust for Eri.

Based upon the qualitative analysis of the mini studies of Anne, Mel, and Susan, Eri's effectiveness seems to be related to three major factors: her own unique personality and individual way of being; a specific theoretical orientation characterized by a combination of CBT, Compassionate Mind Training, and hypnosis; and a balanced use of techniques and psychoeducation designed to optimize the time spent in therapy and to carry over the therapeutic work into the patient's life.

Regarding Eri's way of being, there is a genuine desire to help and heal each patient, most noticeable in her enthusiasm for the clients' progress and empathy for their suffering. Eri is also very likeable as a person. Even though this is each client's first time seeing Eri, and each client only saw Eri for one or two sessions, as already mentioned, all three clients also commented on how attentive Eri was in their sessions and how quickly they felt trust for Eri.

This seems to be mostly related to Eri's gentle and compassionate nature, self-confidence, and approachable communication style, all of which help establish a trusting relationship with her clients. Also noticeable is Eri's intuition in identifying clients' thoughts and feelings, and in forming connections in their narrative. The role of Eri's intuition is in line with Caspar's (2017) assertion that experienced therapists are able to process information intuitively without sacrificing rational thinking, which would suggest that Eri's experience does play an important role in her therapeutic success.

Each theoretical model described above seems to play a major role in Eri's therapeutic style. Psychoeducation, though not a model in itself, plays a critical part in forming the groundwork that ensures clients understand the therapeutic work being done, allowing them to have an active and collaborative role. This psychoeducation might also ensure this work is

carried over into the clients' life by creating a greater sense of self understanding, and the knowledge to consciously make healthier decisions for their psychological wellbeing.

CBT helps guide the session and forms the basis of the mutually constructed narrative.

Compassionate Mind Training is mostly related to the "active healing" aspect of the process, as offering compassion, and teaching self-compassion helps break down the vicious cycles identified with CBT, that is, anxiety inducing events causing negative emotion, followed by the downward spiral of negative thinking that reenforces anxiety (Gilbert, 2009). Again, this seems to be one of the main tools developed in Eri's therapy which may be carried over into the clients' life.

Finally, hypnosis seems to act as the cement that secures this newfound knowledge and the clients' own previously identified psychological tools into the clients' repertoire of psychological resources.

The way in which Eri seems to intuitively make use of each of these techniques and approaches is balanced and effective. Considering the short time in which therapist Eri intervenes, the unbalanced use of these techniques could potentially result in a decrease in effectiveness. If we considered, speculatively, that Eri were to keep a high pace with frequent interpretations and associations in the consultation without simultaneously establishing a supportive and empathetic atmosphere, the clients might feel overwhelmed and less inclined to share as much meaningful information. Or, if Eri were to gather information to fit the theoretical framework without simultaneously fostering agency and collaboration, the patient might not actually feel emotionally invested, nor as motivated to be part of the therapeutic process and would not learn as much useful information regarding agency and emotional self-regulation to achieve the same long-term therapeutic benefit.

Also, the application of all these techniques in such a short time window would most likely not be possible without the extremely efficient and experienced use of a theoretical framework that is both structured enough to be used in similar fashion across all clients yet approached with remarkable flexibility when fitting into each client's narrative, which occurs as quickly as one session. This flexibility is mostly related to Eri's personality and her appreciation for each patient's input. Even with a structured framework in mind, Eri allows each client enough freedom in session to navigate meaningful subjects and areas they find relevant, which Eri subsequently validates. This, in turn, is also related to Eri's present, genuine, intuitive, and empathetic way of being.

### *Comparison with Previous Studies of "Supershrinks"*

Miller, Hubble, and Duncan (2008)

Regarding the question of what makes a "supershrink," the findings in the present study are consistent with Miller, Hubble and Duncan's (2008) findings regarding the makings of a "supershrink." As these authors suggest, what greatly separates "supershrinks" from their peers is deliberate practice, including the number of times corrective feedback by the therapist is sought, successfully obtained, and acted on. It is true that Eri didn't specifically ask for feedback relative to the therapeutic process itself in the cases in the of Anne, Mel, and Susan. However, as mentioned above, this is clear from a previous study of Eri's regular practice of therapy (Hansen, Lambert & Vlass, 2015a) and also from a YouTube video (https://www.youtube.com/watch?v=v3-XMYkmTuw) in which she describes her practice such that she routinely has her clients complete an OQ-45 form for feedback on their current level of distress and functioning at the beginning of each session.

Wampold and Imel (2015)

The findings of this study are consistent with the premise of the three-pathway Contextual Model of Wampold and Imel (2015), in that Eri does seem to form an initial bond easily and rapidly with her clients and makes use of every pathway mentioned in the Contextual Model. The first pathway, regarding the real relationship between therapist and client, involves the presence of a genuine and empathetic therapist, both being qualities that stand out in Eri's way of being.

The second pathway in the Contextual Model is the use of psychoeducation and positive expectations. In the cases of Anne, Mel, and Susan these stood out as a fundamental part of Eri's work as well as the co-construction of a credible rationale for their suffering and improvement, and the use of the client's agency and collaboration.

The third pathway, conceptualized as the change resulting from carrying out treatment actions, is most evident in Eri's use of hypnosis. Most importantly, as Wampold and Imel (2015) stated, the therapist is key in that *how* the treatment is delivered is critical to the success of therapy. Consistent with this, the two core categories found in the qualitative analysis were: *1. Keeping a natural, fluid rhythm during the session while balancing directive exploration, frequent associations, and interpretations with a sense of support, empathy and understanding;* and *2. Fostering a sense of agency, mutual collaboration and positive expectation while co-constructing a credible narrative to be used in hypnosis.*

Sperry and Carlson (2013)

Most interesting and pertinent is the importance Sperry and Carlson (2013) attribute to the first session, seeing that in the present investigation the first session makes up for half or

even all the therapeutic process. As these authors state, master therapists focus on developing a deep connection and understanding as well as effecting some level of change in the first session. Eri focuses on exactly that, organically establishing such a deep connection and opting for questions more pertinent to the clients' current discourse over any specific questioning format.

Eri can also be seen to motivate the three levels of change Sperry and Carlson (2013) discuss. First order change is assisting clients in making small changes and reducing symptoms. This is most visible in Eri's previous study (Hansen, Lambert & Vlass, 2015a), wherein her clients commonly attain sudden gains, which can be characterized by sudden symptomatic improvement.

Second order change is assisting clients in changing maladaptive patterns to more adaptive ones. This can be seen throughout Eri's sessions and particularly during hypnosis, as Eri uses Compassionate Mind Training to effect such change.

Third order of change is the retention of therapeutic gains over time after therapy has ended. As Eri's previous study suggests (Hansen, Lambert & Vlass, 2015a), her clients have also been shown to retain therapeutic gains in a two-year follow up period, which could support the possibility that participants achieved third order change and have become able to change patterns on their own or, though not mutually exclusive, the possibility that Eri's process was simply very effective in promoting lasting change. Very relevant here is Eri's practice of recording the hypnosis she engages in with clients, so that they may re-listen to their own hypnosis, with the goal of optimizing its benefits, discussed by Sperry and Carlson (2013).

Sperry and Carlson also suggest that what differentiates master therapists from others is their ability to enhance the therapeutic alliance, enhance positive expectations and client motivation, increase client awareness, facilitate corrective experiences, identify patterns, and focus treatment. All of these have been corroborated for Eri in this investigation.

Werbart, Annevall, and Hillblom (2019)

Very interestingly, these results are also quite similar to Werbart, Annevall, and Hillblom's (2019) regarding the makings of a successful therapy, especially in the importance attributed to the first session. They found that in successful therapies (a) both client and therapist had an early common understanding of presenting problems and what could be helpful; (b) therapists experienced good comprehension of the client's difficulties early on; and (c) therapists presented, from the beginning, a clear picture of their ways of being. All three of these are deeply related to Eri's collaborative, intuitive, and genuine nature and style of relating.

Werbart, Annevall and Hillblom (2019) have also found that successful therapists described an early staging of the clients' problems, which together they could work on, and a focus on patient's fears and expectations. These are quite similar to the codes used in the present

study, such as the co-construction of a credible rationale, fostering collaboration, identifying fears, and fostering positive expectations.

In addition, Werbart, Annevall and Hillblom (2019) found that successful therapists also fostered a confident, supportive, collaborative, and challenging therapeutic relationship, all of which, with the exception of challenging, have been detailed in Eri's work. Though admittedly, there are occasions where Eri does challenge her clients, such as when she demonstrates one aspect of her patient's agency in maladaptive behaviors. Also of great interest is that Werbart, Annevall and Hillblom (2019) found that in *all successful cases*, therapists provided a clear picture of their therapeutic work, which is a great focus of Eri and has been mentioned as part of her psychoeducation component in the present study.

Jennings and Skovholt (2016)

Jennings and Skovholt (2016) studied a number of master therapists from around the world. They found that master therapists manifest a commitment to personal development, to maintaining emotional health, and to professional development, all of which Eri mentions specifically in her self-description (Hansen, Lambert & Vlass, 2015a; Hansen, Lambert & Vlass, 2015b).

Summary

Combining what we have learned in this study with the previous studies of master therapists mentioned above, factors and processes associated with master therapists include: (a) establishing a genuine connection and a productive therapeutic alliance early on; (b) co-constructing a credible rationale for the patient's presenting problems and offering specific ways with which to improve; and (c) educating a client with the necessary information (including the therapist's framework) they need in order to play an active and collaborative part in their therapy and to enhance positive expectations. What Eri adds to this literature is how organically and efficiently she utilizes her chosen bona fide theoretical framework and techniques that not only support each other but the overall framework itself.

Finally, and perhaps most important to reiterate based on this study and the previous related literature, is that expert therapists are genuine, hard-working, empathetic, intuitive people. Above all else, if there is a specific quality that stands out in Eri, it is a genuine desire to help others in their healing.

## *Limitations of the Present Study*

This study's qualitative nature leads, by default, to the interaction between investigator and research material, inevitably leading to some level of investigative bias. I attempted to reduce this bias via several steps in the process of analysis.

Furthermore, this investigation sought to study the actions of a master therapist with consistently superior results, demonstrable by the Outcome Questionnaire-45 (Lambert, Burlingame, et al., 1996; Umphress, Lambert, Smart, Barlow, & Clouse, 1997). It should be noted that Jennings & Skovholt (2016) point out that using a measure like the OQ-45 alone for evaluating the expertise of therapists has limitations in not fully capturing the complexity of what happens in therapy.

Also, although there is informal and qualitative feedback from clients Anne, Mel, and Susan in this study, no formal, quantitative data were collected regarding their therapeutic outcomes. It would be very interesting and beneficial for future case studies to analyze confirmed successful therapies and confirmed unsuccessful ones from the same master therapist with greater precision to attain greater knowledge regarding therapist, patient, and dyadic factors that positively and negatively impact the therapeutic work.

Another limitation is related to this study's sample size and variability, which may not be generalizable to a larger population. This study's demographic is composed of three women of working age. Future studies would benefit from a larger sample, including both men and women in different age groups and ethnicities, exhibiting a broader scope of Eri's capabilities as well as her technique selection.

Lastly, while this is Eri's first encounter with Anne, Mel, and Susan, all of them were already undergoing therapy with T.R. and their experience as clients might have allowed them more openness to therapeutic interventions than first-time clients. In this same vein, it is possible that some positive expectations and therapist credibility had been fostered when the original therapist T.R. offered them the option to undergo a two-session therapy with Eri.

### *Application to the Future of Masterful Therapy*

The present qualitative study of supershrink Eri Vlass' work as a therapist extends our understanding of her therapeutic functioning by complementing the quantitative and qualitative knowledge gained about her therapy from the earlier study of her by Hansen et al. (2015a). Specifically, these two studies present information pertaining to Eri's personality and individual factors and habits that play a role in her clinical way of being; her combined theoretical approach; her clients' feedback on therapeutic alliance factors; and, particularly in the present study, how all the different factors and processes come together and reciprocally interact to create an overall impact on the client.

As more and more studies of individual masterful therapists are conducted, our capacity for generalization will be increased, with the goal of an important body of principles about masterful therapy that is combined with methods for adapting these principles to a particular therapist's specific personality and clinical way of being.

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**Table 1. Final Categories from the Grounded Theory Analysis**

| **Core Categories** | **Sub-Categories** |
|---|---|
| 1. Keeping a natural, fluid rhythm during the session while balancing directive exploration, frequent associations, and interpretations with a sense of support, empathy and understanding. | 1.1 Rhythm and Fluidity<br>1.2 Exploration<br>1.3 Creating a Safe, Supportive, and Understanding Atmosphere |
| 2. Fostering a sense of agency, mutual collaboration, and positive expectation while co-constructing a credible narrative to be used in hypnosis. | 2.1 Fostering Agency, Collaboration and Developing Resources<br>2.2 Fostering Positive Expectation<br>2.3 Offering a Credible Rationale for Suffering/for Improvement<br>2.4 Hypnosis |

# APPENDIX 1. OUTLINE OF THE CASE STUDIES OF "ANNE," "MEL," AND "SUSAN"