Feedback Informed Treatment in emergency psychiatry, a poor FIT?

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CHAPTER 3 'YOUR WISH IS MY CONCERN'

‘Your wish is my concern'
the importance of role selection and surprise in the attunement process

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'With respect
And reverence
That the unknown
Between us
Might flower into discovery
And lead us
Beyond
The familiar field
Blind with the weed
Of weariness
And old walls
Of habit'
(John O'Donoghue, To Bless the Space Between Us)

Abstract

In order to give an affirmative answer to the client's crucial question 'Can this person help me?', the therapist must establish both a professional and a personal bond with the client during the very first treatment contact. This process is complicated by the fact that clients have different needs and expectations that may also be contradictory. To attune to these needs and expectations, the therapist must fulfil multiple roles between which he can switch in line with a client's preferences. The authors propose using the triple-role model as a guide, in which every role is consistently linked to a particular conceptual framework and a conversation model.

In addition to demonstrating professional and personal role fulfilment, the therapist will also have to instil confidence that he can both provide a safe setting and help to bring about the desired change. The therapist can draw on the tension between validation and challenge to create surprises that introduce that hope of change. Finally, because attunement is a unique personal process, the therapist will have to ask constantly for feedback from clients and relatives to check whether an adequate match is being established.

1. Introduction

Although socio-psychological research (Gladwell, 2006) has shown that people make judgements about one another within a very short time after a first meeting, there has hardly been any research looking at the very beginnings of attunement at the outset of psychotherapeutic treatment. The exception is the study by Priebe et al. (2013), which looked at the psychiatric population and found that the way therapists introduced themselves in the very first moment of a meeting is a delicate process. If something personal is said

immediately, a client has less confidence in the therapist than when initially only professional information is given.

There has been intensive research looking at collaboration between the client and therapist – which is also referred to as the working alliance (Bordin, 1979) or the therapeutic relationship (Frank & Frank, 1991) – during the course of treatment (Hafkenscheid, 2014). The alliance continues to be one of the most robust predictors of the effect of treatment (Horvath et al., 2011). It has also been found that better communication between the therapist and the client is associated with better therapeutic adherence (Thomson & McCabe, 2012) and that remedying ruptures in the alliance between the between client and the therapist has a positive effect (Safran & Muran, 2011).

Although these findings are based on research looking at the alliance throughout the treatment, all this indicates that the therapist must seek to establish a good relationship with the client from the first moment of contact and constantly be on the alert to see whether there are ruptures that require 'repairing'.

However, establishing the basis for an alliance is complicated by the fact that clients have their own – partly unconscious – 'internal alliance model' (Hatcher, 2010) which involves very different wishes and expectations (van den Brink-Muinen et al., 2004) that are apparently also contradictory. This is because clients want to know what is going on, to be reassured and to receive directive advice (Bensing, 1991; Beijne & Hoenkamp, 1991; Van Winkel etal., 1997; Swinkels, 1994); but they also want to be acknowledged, heard and understood (de Jonghe, 2013; Villarreal, 2013); and they want consultation, shared decision-making (Frosch & Kaplan, 1999), exchanges and involvement in decisions about the treatment (Haley, 1978; Stierlin, 1980; Bracken et al., 2012; Rober, 2012). In short: they want expert advice *and* a sympathetic ear *and* consultations on a basis of equality.

In order to be attuned with the client, the therapist will therefore have to respond to a range of wishes. This implies that therapists have to find a shared rationale or shared narrative that involves agreement about objectives, resources and the role of the therapist, and that these three factors need to be coordinated logically (Bordin, 1979; Duncan & Miller, 2010). Westermann (2010) found that the way in which the problem is defined after an initial review is important. When a structured image emerged from a dialogue with the parents and the child about the various areas (and the interactions between them) linked to the problem, parents were more satisfied and less unsure, and they were readier to listen to advice.

During this process, therapists need to establish a safe relationship and open up themselves to some extent (Hanson, 2005). However, at the same time, they must also generate hope of

change (Hafkenscheid, 2014) by challenging the client to be ready to accept new points of view (van Oenen et al., 2007; van Staveren, 2013).
This chapter describes how the therapist can, through careful role selection in the initial contact, prevent ruptures in the alliance and, by challenging the client in a balanced way, establish both safety and hope of change.

2. Attunement

2.1 'Can this person help me?'

In the first contact between the therapist and client, there is a process of mutual observation and assessment in which both immediately form a picture: 'What does the other think of me, what does the other expect from me, do I want to comply with those expectations and, if so, how?'
The client arrives at a judgement in numerous ways, interpreting and assessing the form, content and process of the meeting, and professional and personal communications from the therapist (both verbal and non-verbal). Ultimately, for the client (and the client system), the encounter is dominated by the question: 'Can this person help me?' (Shea, 1998). If the client is to answer this question in the affirmative, there will have to be a process of attunement between the therapist and the client with respect to their mutual expectations and preferences from the outset of the first meeting.
Accordingly, we define 'attunement' between the therapist and the client as follows: the process by which the therapist follows the preferences and expectations of the client in such a way that a mutual exchange results in which the client, in turn, is able and ready to follow the therapist.

2.2 'How should I present myself to the client?'

The therapist will therefore have to present, within a short period of time, a picture of himself and the treatment process he has in mind. That picture will have to be in line with the client's expectations, as initially assessed by the therapist. Each therapist has an 'internal alliance model' (Hafkenscheid, 2014) and makes decisions, prior to meeting the client and pending the attunement process, that fit the role he selects in the attunement process.
If the therapist walks in wearing a bright purple tracksuit and asks a client to sit down in a room full of nude portraits he has painted himself, the role he suggests will be very different from the one conveyed by a therapist wearing a white coat in a sterile office. Therapists make

personal statements in more, or less, conscious ways. Fonagy & Allison (2014) speak of 'ostensive cues': verbal or non-verbal signals in which the communicative intention becomes explicit and the addressee feels recognised as a unique and autonomous individual. Depending on the selected role, these cues will vary in terms of speech, tone and gesture. Does the therapist make extended eye contact or does he look away quickly, smile or look sullen, does he choose a high or a low position in the room?

Even in the very first steps in communication, the therapist expresses – whether consciously or not – his primary role. For example, a therapist who walks into the surgery with a smile on his face demonstrates the intention to establish personal interaction. Small talk or a joke will emphasise proximity and equality in the relationship, reduce tension and put the importance of the meeting into perspective. If the therapist first says something about himself during the introduction, this emphasises equality. In this way, the therapist introduces himself primarily as a fellow human being, as a 'participant', in the conversation.

On the other hand, a therapist who walks in with a neutral or serious expression communicates the idea that a personal exchange is not an objective. Prolonged silences and not answering with a smile suggest distance and a hierarchy, raising tension and emphasising the importance of the meeting. If the therapist asks those present to talk about personal things during the introduction without opening up himself, this emphasises the difference in their respective positions. A therapist working in this way presents himself primarily as a professional, as the 'expert'.

Reducing stress and distance will generally be most likely to result in a personal connection ('I feel at ease with this person and I feel I am being seen as a unique human being'), while raising tension and increasing distance can facilitate a connection at the professional level ('he looks like an authority in his field to me').

2.3 Professional *and* personal

The nature of the therapeutic encounter is twofold. On the one hand, there is a professional agreement with different hierarchical positions (Shahar, 2004) in which the therapist contributes specific expertise and assumes responsibility for monitoring the interactive process; on the other hand, there is a personal meeting between two equal individuals. The therapist will therefore have to present a picture of himself in which he is both personal and professional.

And in addition to adjusting his role selection in response to the client, the therapist also has the professional duty to reflect with the client about the course and the effect of the

attunement process. This requires a framework for the various aspects of the encounter, particularly when ruptures in the alliance are a possibility or if the process starts to get away from the therapist. A framework of this kind is provided by the triple-role model (van Oenen et al., 2014)

3. The roles of the therapist

3.1 The triple-role model

The triple-role model distinguishes between three basic roles for the therapist: expert, process consultant and participant. Each role is linked to its own conceptual framework. The expert role is based on the scientific conceptual framework, the process consultant uses a conceptual framework based on system theory, and the participant draws on a person-based conceptual framework. The role the therapist adopts during treatment is, in turn, associated with a particular conversational model. In black-and-white terms: there are two opposed conversational types: the monologue and the dialogue. The monologue emphasises distance and differences in responsibility; the dialogue stresses proximity and shared responsibility. In any discussion, numerous intermediate forms are possible, but each conversation will involve a dynamic tension between these two extremes (Shotter, 1993).

The selected role, conceptual framework and conversation model will play – from the very first moment – an important role in the attunement process.

The therapist can deliberately create an atmosphere that invites a more personal or precisely a more professional approach to the mutual conversation. He can also look at which type of role the client evokes in him. For example, if the client adopts a dependent and helpless attitude, the therapist may tend to fulfil the – traditional – expert role; if the client adopts a more assertive and reflective attitude, the therapist may be more likely to switch to an interpersonal dialogue and a participant role.

Triple-role model

Role	*Expert*	*Process consultant*	*Participant*
Conversation form	*'Monologue'*	*'Monologue and dialogue'*	*'Dialogue'*
Focus	*Disorder ('disease')*	*Patient ('ill person')*	*Interpersonal experience ('normality')*
Objective	*Increasing knowledge*	*Broadening perspective*	*Personal connection*
Instrument	*Follow protocol, historically determined*	*Change context, future-oriented*	*Use yourself in here and now*
Feedback	*Formalised pre- and post-measurements*	*Immediate outcome measurement, formal or informal*	*Informal reflection, personal evaluation*
Typical philosophy	*Exact science Object-oriented*	*System theory Context-oriented*	*Humanism/ Mindfulness, Subject-oriented*

(after: van Oenen et al., 2014)

The communication styles of'following', 'directing' and 'guiding', as described in motivational interviewing (Rollnick et al., 2009), exhibit similarities with the roles of participants, process consultant and expert described here. However, a role in the triple-role model is much more than just a communication style. The model connects the communication forms and conceptual frameworks, with each role being inseparably linked to an appropriate theoretical framework and conversation model. The expert mainly asks closed questions based on a linear conceptual framework. His intention is, on the basis of exclusive knowledge, to establish a diagnosis and to influence the patient's condition. The process consultant will mainly ask open questions based on a circular conceptual framework. He uses his expertise relating to structuring interviews and recognising patterns with the intention to explore and guide interactions in the here and now on the basis of a position of 'not-knowing' (Tomm, 1988). The participant seeks a spontaneous exchange based on a personal conceptual framework and equality. He does this in a 'person-to-person dialogue' without assumptions or prior intentions. In addition, operating in the role of the process consultant, the therapist may reflect in hindsight about the possible effects of this exchange.

Sometimes the client will need someone with exclusive expertise, sometimes someone who thinks along with him and recognises patterns and interactions, and sometimes someone who participates in a human encounter on a basis of equality. In this way, each role provides specific, unique, openings for attunement.

Usually, in one session, multiple roles will be required and the therapist should always be looking at when a specific role seems most appropriate. A consistent use of a role, conversation form and conceptual framework allows for the best possible use of the strengths of the different roles. Accordingly, experts can use professional authority to generate high levels of hope and motivation in patients; however, this process can be undermined if the psychiatrist introduces a conversation form that is not appropriate for the role, for example by placing a strong emphasis on personal considerations or by showing uncertainty about the outcome of a process. Equally, attunement will suffer if roles change too quickly or in ways that are not clear.

Therapists should be able to switch between the different roles, and at unpredictable moments. Therapists can surely only inspire confidence and therefore be effective if they can allow professional observations (in the expert or process consultant roles) to go hand in hand with demonstrations of personal involvement (in the participant role). They will switch, in response to signals from the client, in order to find the approach that establishes the best connection. Inevitably, the therapist will regularly 'fail' in this effort and this will put the alliance under pressure. However, if the therapist is alert to verbal and non-verbal signals from the client in this regard, these potential ruptures can be seen as surprising bonuses rather than failures in the process of attunement and role selection.

Therapist*:* (in participant role) *'Please excuse me, I was apparently not listening to you properly. I can see that I am trying to convince you that you may have a social phobia* (signal demonstrating expert role). *But you have indicated that we should first explore the relationship with your husband further. Have I understood you correctly?'* (in process consultant role).

3.2 Different roles in the service of attunement

Attunement using the participant role

Appropriate self-exposure helps to establish a connection (Castongay & Butler, 2006). A short verbal or non-verbal expression of recognition or sympathy may be adequate to give the

client the feeling that he is being seen and heard as a human being, making him feel safe enough to engage in a shared quest.

'Yes, you're right: it's cold here. Come in quickly, my room is nice and warm.'

If a therapist expresses his own feelings about the atmosphere in an interview, this creates an opening for interpersonal contact.

'I find it heart-warming that you have all come here. All the more so because I can imagine that it's a tense moment for all of you to be here in one room with each other.'

Taking the time to allow the impact of a message to get home makes it clear that the client is being seen as a person, with all his concerns and sorrows.

'You have told me quite a lot. But one thing stands out for me: I understand that your husband committed suicide last year. I felt my heart skip a beat when you said that. That must have been awful for you.'

The conversation form that is appropriate here is the dialogue between equal partners in which a laugh can also serve to establish a connection.

Therapist: *'I think the tensions between you that you have described may also be linked to your stage of life. I also remember that there were more difficulties with my wife when we had young children.*
Father: *'You have children, too?'*
Therapist: *'Yes, two. But they have already left home so I'm in the empty nest stage now, and I sometimes end up looking back nostalgically to the busy time we had when the children were young.'*
Mother: *'We've got a while to go yet.'*
Therapist: (with a smile) *'Just you wait: you'll be there before you know it. And then you end up looking back at the good old times.'*
Parents: (laughing) *'That's all still a long way off for us…'*

Attunement using the process consultant role

In the role of process consultant, the therapist will structure and observe the conversation. This involves a wide-ranging review of the vision of the client and any members of the system to look at the stated problem and possible solutions.

'Now let's take a look at your questions and concerns. Parents, do you want to start? And then I want to hear from Wilfred. Even though it's quite possible that you have not got any concerns, Wilfred. It may only be your parents. That also happens quite a lot. Wilfred's mother, according to you, what's the matter??'

The therapist will preferably use a conversation model here that invites reflection and provides a clear structure for both the therapist and the client system. The conversation can start with, for example, a question that is put to everybody present: 'What is the matter?'. This question helps the therapist to keep in mind that it is not his own diagnostic judgement that determines the focus of the therapy but the convictions and wishes of the client and relatives (van Oenen et al., 2012). The question includes both 'what's the problem?' and 'which path do you want to take, what is the desired situation?'. The therapist is also seeking to identify, without making a judgement, the model that explains the symptoms, the expectations and preferences that the client and the relatives have with respect to the solution and the role of the therapy in that respect.

'If I understand you correctly, you think the problems with your husband have arisen because he vents his problems at work by arguing with you and that is creating a distance between you. So you hope that the discussions here will bring you closer together.'

In the role of process consultant, the therapist listens, structures the conversation and summarises.

'If I you understand you correctly, you have different explanations for Charles's behaviour. And you, his father, are more concerned than you, his mother. And you, Charles, think there is really no reason to be concerned about you skipping school and smoking dope. Those differences make it difficult to come up with an approach you all agree on. Is that right?'

In the role of process consultant, the therapist gives people the opportunity to discuss matters that have not been discussed previously, and in ways that are different from the ones people are used to, in that way creating hope and confidence that his contribution will help. He also makes the relationships clear and responds to everybody who is present.

'You, the husband, have the feeling you are on your own because you have the impression that your wife is much too preoccupied with her work. And you, the wife, have the feeling that you don't get enough appreciation for all you do for the family because your man doesn't understand how much energy it takes to be the wage earner and a mother at the same time.'

The process consultant role creates a context of shared decision-making.

'Parents, you would like me to talk to Annemarietje. It is important for me that you give me a bit of direction as parents. What do you see as important areas that need exploring with Annemarietje?

In this way, the therapist responds to the needs of the client to have control of the process and to be involved in decisions about the approach. The therapist makes it clear that he can direct the conversation. In that way, he demonstrates his professional abilities, helps the client and the relatives to structure their own stories, and provides them with a method ('this is how I work') about which the client can form a judgement. In this way, the therapist gains the trust of the client system in his capacity as a process consultant.

Attunement using the expert role

In the expert role, the therapist provides advice, on the basis of his professional expertise relating to the identification of dysfunctional responses and phenomena, about treatment and supplies information about the expected course. In the expert role, the therapist draws on a straightforward explanation.

'Rob, now I have listened to you and your parents, it seems clear to me that your low marks are linked to a serious "attention problem" that we doctors call ADHD.'

The powerful conversation form associated with this role is the monologue. The expert has unquestioned professional authority.

'Let me finish: you will probably get the answers to your questions.'

This does not mean that the therapist in the expert role cannot be approached. He is open to questions and doubts, and is willing to explain everything. The responsibility for the selection of the approach resides with the therapist; exchanges and deliberation will make the role less convincing. If the therapist nevertheless wishes to opt for deliberation based on the expert role, the best approach will then be to talk about the change of role.

'I can see that you have many questions and doubts. The approach I just described is the one I know well and with which I have achieved a lot of good results. But of course, if you wish, you can always ask for a second opinion. I can advise you who to talk to if you decide to do that.'

The expert role fits in with the need for explanations about causes, advice, reassurance and a clear structure, and it can, in this way, generate a feeling of hope for change and confidence in the therapist's professionalism.

Switching between roles

If the therapist switches roles, it can sometimes be advisable to mention this switch explicitly in order to prevent role confusion. Particularly in the early stages, it can be advisable to communicate the switch from the participant role to the process consultant role in word and gesture (Haley, 1978):

'But enough about me. We are not here to solve my issues: the idea is for me to help you. Shall we talk about what has brought you here?'

Equally, if the therapist wishes to switch to the expert role from the process consultant role, it is a good idea to make this explicit:

'I would now like to tell you what I think about the symptoms from my perspective as a psychologist/psychiatrist. In my field, this is described as a psychosis.'

If the therapist switches from the process consultant role to the expert role in order to state his own view as an expert (in other words, his diagnosis), this point of view will be stated alongside the client's view and not be offered as ‘the final truth':

'What do you think of this diagnosis? Had you thought about it before? Does it fit in with your own thinking?'

In the process consultant role, the therapist makes it clear to the client and relatives that it is up to the client to decide how much credit he gives to the 'expert judgement'. Allowing the client to define the problem fits in with the need for consultation, control and a sense of safety. The conversation model adopted here is a combination of the monologue, in which the therapist talks *to* the members of the system, and the dialogue, in which he talks *with* the members of the system.

4. Confidence and surprises

4.1 The importance of surprises

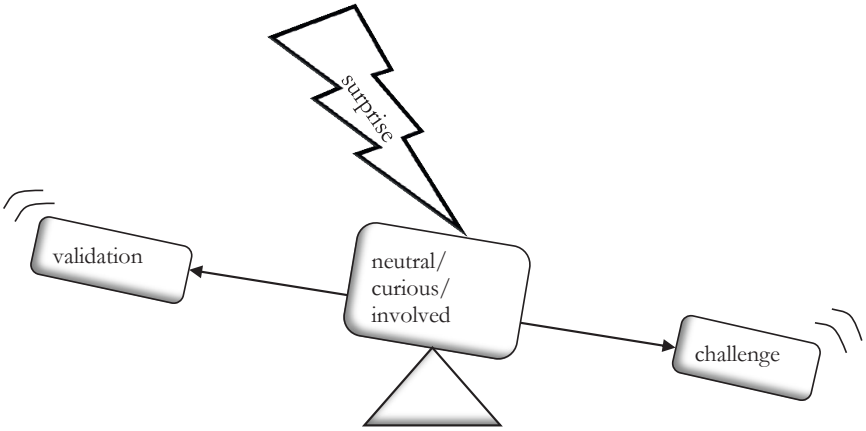
The client has to feel sufficiently secure. It is therefore important to focus first on the client's basic emotional needs: recognition, appreciation, safety and control over the process (de Jonghe, 2013). If the basic need for security is not met, the client will inevitably have the feeling that he is not being heard and that he is not talking to the right therapist. However, if no new angle at all is introduced, the client won't have the feeling that change is possible and will be unable to feel confident that the treatment will have a result. 'Every surprise is a beginning and every beginning is a surprise': the client will therefore have to be surprised if a change is to begin. It is only when enough trust has been established and the client is no longer wary that he will dare to believe that change is possible. Fonagy & Allison (2014) talk about building *epistemic trust*, the sense of confidence in the relationship with the professional and in his knowledge, allowing the client to open up to a new view of themselves and others.

By seeking a balance between validation and challenge, the therapist creates possibilities for the client (and himself) to be surprised. During this process, he moves, as it were, back and forth between two extremes. He operates from a middle position which has an individual character in each role. In the expert role, this will be 'neutral' (observing impersonally); in the process consultant, it will be 'curious' (exploring interpersonally); and in the participant role, it will be 'involved' (participating personally). From this position, he can decide whether to adopt an approach involving validation or challenge.

The challenging component is the component in which the emphasis is on the difference, creating a stimulus for change. Here, the therapist will not respond on the basis of the

expected pattern; he will adopt a position in which he surprises the client by adopting an unexpected perspective.

Because the client can only be open to change and surprises if there has been enough validation, this is a dialectic process: the key to surprise is in the right balance between validation and challenge. And since surprises cannot be planned, the therapist must constantly be open to what is happening in the here and now.



The therapist's approach
(adapted from van Oenen et al., 2007)

4.2 Surprise and role fulfilment

The therapist can contribute an element of surprise from any role: an unexpected expert opinion, focusing on an element in the interaction, or introducing a personal note or making a revealing comment are all things that, if timed properly, can introduce a new perspective.

Surprise can be achieved using the participant role by responding in a personal way to the following confession made by a client:

'I feel sad while the three of us are talking. And I feel that sadness because I know how hard it is to let go of each other and to pick up the threads of your own life again when you have experienced a loss like this together.'

'Wait a minute, what did you say? Your comment there makes me very worried. Because if I *said something like that, that would mean that I think I'm such a bad parent that I might as well give up.'*

A surprise based on the expert role will be produced by an unexpected diagnosis or hypothesis:

'You are someone who has put up with a lot and who can manage a big burden. But I think the question is how long you can continue to protect your husband at the expense of your own health. I think that's a question you have been asking yourself for a long time now and I think you already know the answer.'

The role of process consultant creates opportunities to surprise clients by, for example, making an observation about interaction in the process:

The therapist has noticed that the mother has a very protective attitude to her son Joep. He hears Joep mumble that she should get on with her own life instead of watching out for him all the time, after which the mother drops her head guiltily. The therapist points out this interaction and says that he doesn't think it's odd that they find it difficult to let each other go after father's death. Joep and his mother look at each other in surprise. And then Joep grins and says that his mother is someone who can hang on in there.

5. When is attunement successful?

5.1 Explicit agreement

In the end, agreement between the therapist and the client – 'compatibility' – has to be achieved if attunement is to be successful (van den Boogaard, 2012). They will have to feel a *shared sense of purpose* (Friedlander et al., 2006), there will have to be a consensus about the goals and resources, and the professional role of the therapist can be stated explicitly.

'You want to get back to work. We are going to see what the best way is to achieve that. We will be conducting individual conversations with you and conversations with your wife. I will give you regular homework assignments. I will also be doing a few exercises with you.'

If the client agrees to a summary of this kind, the therapist can assume that there is at least a provisional consensus at that point in time about the goals, resources and role of the therapist. This can then be set out in a treatment plan where appropriate. It is important for the client to actually feel he is a party to the agreement and that he can make changes to the agreement if desired.

There will be a shared rationale or a shared narrative that brings these elements together logically. This can be described using a more extensive summary of what has been discussed.

'The main aim for you is to investigate further what is causing your sleep problems and gloomy thoughts. You yourself think that it may be linked to the possibility of your company going bankrupt; your wife thinks that the death of your father also plays a role. You asked my opinion: my impression is that you are not suffering from any major depression and that medicines won't help much at the moment. In the short term, you mainly want to find a way to continue to do your work properly. Is this a reasonable summary of what you have said here? Can we use it as a basis for exploring your issues further together? To do that, we will have to schedule a few follow-up conversations, including some with your wife, in which we will first look at issues that cost a lot of energy and also at issues that actually give you energy. Or do you still want to talk first about the pros and cons of medication?'

There will be the outlines of a safe personal relationship with the therapist. In other words, at the very least, the client will not feel rejected: *neither bad nor mad* (Hinschelwood, 1999).

This can emerge in numerous ways, varying from a warm handshake to a spontaneous laugh or a comment that 'I thought it was a good talk', and so it is difficult to state in formal terms.

Finally, the client will see the possibility of a change, an increase in his *sense of mastery* (Frank, 2015) on the horizon. This can also emerge in countless ways, in some form of reciprocity and a readiness to allow surprises.

Therapist (in expert role): 'Behaviour like this, Marjan, is often associated with an addiction to cannabis'.
Client (surprised): 'I never made the connection. Could my restlessness and irritation be caused by that as well?'
Parents (surprised): 'That sheds a completely different light on our daily bickering with Marjan.'
Client (thoughtfully): 'If I don't smoke weed, I get down, I find it hard to stop...'
Parents (thoughtfully): 'Marjan, we're sorry we were so angry. I'm thinking, how can we respond differently and help you...?'

5.2 Feedback

If the client leaves the conversation with these feelings, at the heart of which are hope, belief and trust, that indicates that atttunement has been successful:

'I feel relieved' (I was able to say what I thought and I've not been condemned as a disturbed person).

'I felt at ease' (my boundaries have been respected, I have felt safe).

'I feel acknowledged and appreciated as a person' (my qualities have been seen and I've not been judged as a bad person, a failing parent or a bad child).

'I think this therapist knows what he's talking about' (the therapist did and said things in a way that is different from an ordinary conversation, and he knows how to get to the heart of things).

'I think change is possible' (the therapist said things I hadn't thought about or understood very well myself, I feel that I'm a little bit back in control as a parent/partner).

'I said or did something that was different' (the therapist gives me the confidence to say things or open up in ways I find difficult).

'I'm a bit nervous about what will happen later' (I feel I'm going to do something new and unknown).

If the client does not express these feelings spontaneously before leaving, the therapist will not know what is going on in the heart and mind of the client. The most direct way to find out is to ask the client for feedback. Here, each role has a specific focus for the feedback. In the participant role, the discussion can turn to the therapist as a person; the process consultant role leads to an evaluation of the relationships in general and the alliance in particular; the expert asks for feedback about the perspective on the nature of, and approach to, the disorder. This can take the form of informal questions ('what did you think of the conversation?'), or involve the use of a formal instrument such as the Session Rating Scale (Duncan et al., 2003).
Immediate feedback creates an opportunity to think about attunement and to think about how to remedy any ruptures. Most therapists will try to identify problematic attunement without using a form. However, it has been found in practice that clients will not usually send direct signals about dissatisfaction until it is too late. Nevertheless, in some cases, formal feedback will either not work or actually be counter-productive (van Oenen et al., 2016), and so personal attunement is also required in the feedback process, with a discussion of the subjective significance of scores being more important than the score itself (Hafkenscheid, 2012).
Feedback does require a willingness from the therapist to adopt a vulnerable position. Initially, many therapists find this to be daunting but they are later often pleasantly surprised because the feedback usually generates positive interaction.

6. In conclusion

The approach of the therapist to the attunement process ultimately depends on who he is. The art of attunement depends precisely on how that unique person is manifested within a professional framework. Attunement, therefore, is found where expertise becomes art, with the therapist as the attunement artist. A personal encounter and a professional exchange will inevitably be intermingled during that process. Attempts to reduce this process on scientific grounds to single elements are therefore doomed to fail. As Stierlin et al. (1980) wrote:
'...reducing complexity without at the same time denying it... This, one could argue, is precisely what makes him (the therapist) also an artist. For only as an artist can he reconcile these two aspects...'

In other words, if both the client and therapist end up wondering in pleasant surprise what special things have happened exactly during the initial conversation, attunement has probably been successful.

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