Archives of Psychiatry and Psychotherapy, 2022; 3: 53–62

10.12740/APP/146027

Clinical recommendations for addressing impasses in long-term psychotherapy

Silvia C. Hernandez, James C. Overholser, Kevin McCarthy

Abstract

Many clients benefit from psychotherapy sessions that extend across months or years. However, there is a risk for therapeutic impasse in long-term psychotherapy in which the work can become repetitive or with limited gains over time. The current paper provides five transtheoretical principles to increase the impetus in long-term therapy. The five principles include: planful spontaneity, habitual creativity, pushing the limits of the therapeutic alliance, guided discovery, and specific broad goals. The therapist is encouraged to share responsibility for creative flexibility with the client in each session, including within the therapeutic alliance and the real relationship. The therapist can use a series of questions to promote a process of guided discovery. A clear focus on principles of psychology and goals that reflect maintenance of gains, development of strengths, and promotion of enrichment can ensure that the therapy continues to produce change over the length of the relationship.

creativity; flexibility; guided discovery; long-term psychotherapy; impasse

Long-term psychotherapy may be especially helpful for personality and interpersonal issues [1-3] psychological distress in the context of enduring psychosocial problems and chronic physical illness [4], disorders with high rates of relapse [5], and personal growth [6]. Additionally, patients diagnosed with a psychotic disorder typically require long-term care. Because of the limits of medications, patients with schizophrenia are best treated with an integrated treatment program that incorporates psychosocial interventions [7]. Furthermore, including psychological treatments with pharmacological approaches helps to reduce the risk of dropout from medications alone for persons with schizophrenia spectrum disorder [8]. Complex interactions between therapeutic relationship, time, and client outcomes open up unique opportunities for therapeutic change within longer-term treatment [9]. Many long-term treatments begin open-ended, without a discussion of time limit [10]. Improvement may be rapid in the first few months and then may taper as a new phase of therapy unfolds [11]. Evidence suggests that the therapeutic bond in longer-term psychotherapy peaks around the 40th session [12], though it can develop at a slower pace for patients with personality disorders [1].

Over a career, therapists are likely to "acquire" a higher percentage of long-term clients in their caseload [13]. A key aspect of working with patients in the long term, as with any psychotherapy, is becoming adept at working through alliance ruptures. Rifts are uniquely relevant to longer-term therapy precisely because of the extended nature of the relationship, which affords the client and therapist unique opportunities to address, explore, and grow from tensions that arise in the relationship. While ruptures should be addressed when possible in any treatment

Silvia C. Hernandez[1], James C. Overholser, Kevin McCarthy: [1]Department of Psychological Sciences, Case Western Reserve University, Cleveland, Ohio; [2]Department of Psychiatry, Perelman Medical School, University of Pennsylvania, Philadelphia, USA.
Correspondence address: scr63@case.edu

modality [14], within the context of a long-time relationship, leaving them unaddressed runs the risk that they evolve into significant problems that could compromise the therapeutic relationship and treatment as a whole [15]. Within many of the forms that ruptures can take, therapeutic impasse is a specific type of rupture that occurs when there is a sense of "stuckness" within the therapeutic process [15]. During a period of impasse, sessions may become slow, without the same meaning or change they previously held, and might transform into a review of recent events or discussions with little clear therapeutic work or goal-direction. Similarly, in the presence of feeling stuck, therapist and client may experience reduced flexibility and creativity, run the risk of going on autopilot, and feel partially satisfied but reluctant to push for more change. Impasses in therapy are especially frustrating because they run against the expectation that therapy is where change is supposed to happen and that the therapist is the one who is supposed to be helping in making that change happen [15]. Qualitative interviews with 12 experienced and theoretically diverse clinicians revealed that impasses were not only common among each of them, but they were marked by a feeling of threat to their belief in the treatment and in themselves as therapists [16]. Figure 1 illustrates a case example of an impasse.

Case Example of a Long-Term Psychotherapy Impasse

Colin initially presented with depression, substance abuse, and an unstable romantic relationship. Progress in the first few months was rapid, and behaviorally monitoring Colin's substance intake and depression symptoms allowed him to see how he used substances to avoid painful emotions. In his family of origin, Colin had managed uncomfortable feelings through reassurance-seeking and relationship-checking behaviors. However, these coping mechanisms were criticized as an adult, causing him to reach for substances in order to not feel "weak." As Colin's substance use decreased in treatment, it revealed a codependent pattern with his girlfriend, who also had a pronounced difficulty with substances. Much of the therapy focused on deciding whether to remain with his girlfriend regardless of her substance use and managing relationship conflict without avoidance. Colin was successful in achieving these goals but therapy reached a plateau for several months because the therapist myopically focused on holding the gains of treatment without an eye for progress. Both client and therapist, being comfortable in the therapy relationship, appeared satisfied with the full potential of therapy not being achieved, enacting Colin's avoidance of pushing himself toward higher goals. Colin rejected the idea of being transferred to another therapist, as it would mean "starting all over again and having to tell my story" (a reason also evoked in staying with his girlfriend). Because there was no therapeutic tension in the relationship, the therapist permitted the treatment to continue in this manner. Sessions became about the week's events or about shared interests. Cancellations were a welcome relief for both. What was not dealt with was the tacit agreement to avoid pushing on overarching patterns as not to upset the balance in Colin's ways of coping and the therapeutic relationship.

Figure 1. Case example of an impasse in long-term psychotherapy

Hill and colleagues (1996) developed a comprehensive list of etiological factors in the development of impasses from the clinical literature, which are summarized in Figure 2. Five themes common in the empirical study of impasses validate clinical observation, namely impasses are (a) experienced by client and therapist as abandonment related to (b) decreased engagement in the goals and tasks of therapy, (c) insufficient treatment flexibility and intensity, (d) misunderstanding of feelings, and (e) limited links between therapy and everyday life [17–20]. Undesirable outcomes may be termination or what might be worse, labeling the client as having a negative therapeutic reaction. Often both parties recognize a need to continue, yet are uncertain how to proceed. Suggestions from the clinical literature have been overly broad and have stayed the same for over 70 years: transfer, consult, or "struggle through it with the patient" [19, p. 643].

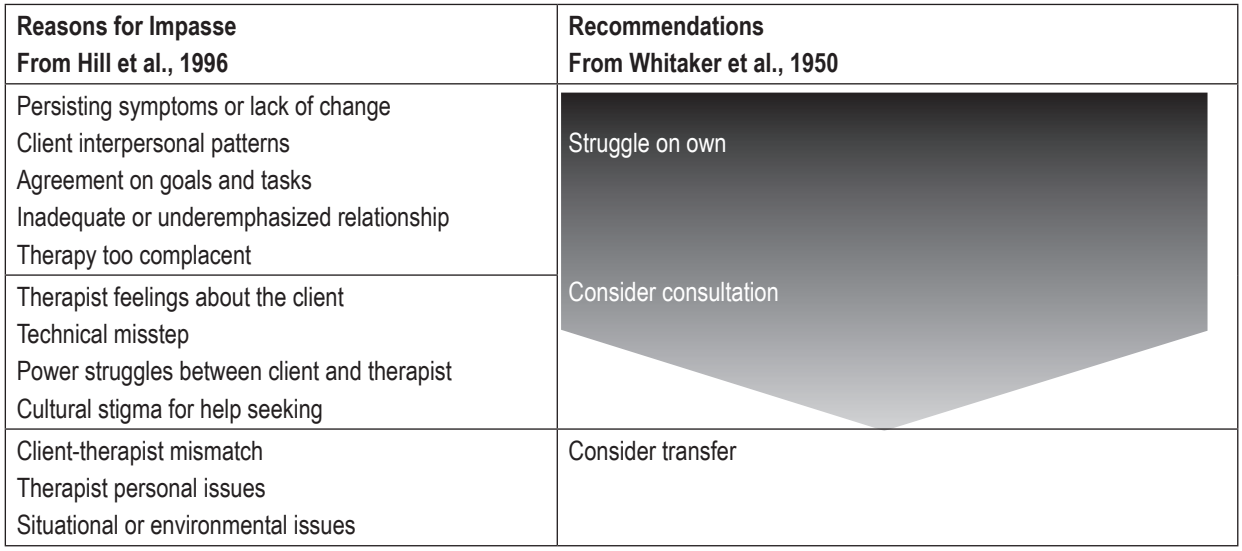

Figure 2. Synthesis of clinical literature for reasons and recommendations for impasse

The present manuscript includes transtheoretical recommendations useful for students, early career therapists, and therapists who are conducting long-term sessions and find themselves at an impasse. The authors represent early, mid-career, and seasoned therapists from a range of orientations who aimed to synthesize clinical and research findings into five principles that they believe are especially relevant to the resolution of impasses in long-term work: planful spontaneity, habitual creativity, pushing the limits of the therapeutic alliance, guided discovery, and specific broad goals. Regardless of the theoretical orientation of the therapy, the authors believe that attention to these five principles will keep the therapy relevant, teach or model a skill to the client, and push the therapist and client toward continued meaning-making.

USE PLANFUL SPONTANEITY

Effective psychotherapy is embodied by a thoughtful dialogue between therapist and client [22], which usually includes some aspect of spontaneity in order to meaningfully and genuinely respond in real time. Thus, facilitating movement toward getting unstuck in therapy can occur through the strategic use of spontaneity in sessions. A first step can be to take a mindful moment before the session, perhaps with brief grounding techniques, such as deep breathing, body scanning, stretching, or taking a moment to check in with one's thoughts or emotions. During this time, the therapist can think about the client and their unique formulation, which may include a short phrase or co-created metaphor (e.g., "No future without forgiveness" by Desmond Tutu for a self-critical client) that embodies the spirit of the long-term work with that particular client. This mindful approach to long-term sessions facilitates the therapist's attention toward the client's overarching goals, germinates ideas for useful topics to be discussed, and sets an attitude of active and therapeutic flexibility, which in turn can lead to better client outcomes [23]. Moreover, for clinicians who may find comfort in a manualized style for treatment, it can be freeing to acknowledge that spontaneity in long-term psychotherapy is an important ingredient for meaningful therapeutic growth. However, it should be noted that if the session becomes unplanned and overly spontaneous, in which most of the session is spent responding to recent events or the last thing said, there may be minimal guidance and movement toward therapeutic goals. In a somewhat paradoxical manner, the therapist can prepare to be spontaneous, flexibly incorporating the client's recent events into a more comprehensive plan for treatment.

During the first minutes of a session, therapists can ask clients where they would like to begin, also giving room for the client to express recent concerns, issues, or events. The therapist and client can search for an adequate

match for the client's formulation, finding a topic that maps onto a broader issue that is related to a therapy goal, previous week's assignment, or the takeaway message from a prior session. For instance, the client could be asked to apply overarching themes or formulation statements identified in therapy to where they have seen it in their life. An added benefit of this approach is that it can condition the client to reflect throughout the week on the previous session, generalize new learning in between sessions, and prepare for the following session with one or more topics in mind. Thus, it can serve as its own teaching tool for the client as they identify these patterns outside of therapy, decreasing the amount of time needed for a review of recent events in each session. Explicit reminders to clients about their responsibility to prepare for the session may be periodically necessary, as it can be as easy for clients to take the therapy hour for granted as for the therapist [24]. At the same time, the therapist should adjust the formulation to emerging facets of the person, revisiting the formulation with the client throughout the session or from time-to-time to test for fit, disconfirmation, or change in the client. The openness modeled through planful spontaneity teaches the client to acknowledge and adapt to the complexities of life, as depicted in Figure 3.

Planful Spontaneity

Angela struggled with self-defeating patterns, which often manifested in session by her feeling unsure about what to discuss in the session. Instead of providing more direct guidance regarding session topics, the therapist helped Angela learn to take the lead by asking her what she would like to focus on in a given session and allowing sufficient time before engaging in discussion. This allowed Angela to take more ownership in therapy and become more engaged in the work. As she became more comfortable leading, she was surprised about the topics explored to further define and understand the nature of her relational patterns, and her self-defeating thinking patterns significantly reduced.

Habitual Creativity

The COVID-19 pandemic placed several obstacles to Maria's goals for improving her mental and physical health. However, in the midst of being a busy single mother and artist, she creatively identified ways of improving her health at home. To avoid the cold of winter, she started doing indoor "nature walks" through online videos. To circumvent her time limitations, she incorporated much of her self-care with that of her children. The therapist highlighted Maria's increasingly habitual attitude of creativity to bypass apparent obstacles, which gave her a sense of empowerment and ownership in treatment. Throughout the course of therapy, Maria expanded this creative outlook to increase her options in a range of problem areas as she learned to creatively overcome her obstacles.

Pushing the Limits of the Therapeutic Alliance

During the summer of 2020, therapy plateaued and Deborah seemed less engaged in the therapy. The therapist, feeling secure in the relationship with Deborah, observed that she had not mentioned the Black Lives Matter protests and the racial justice movement, somewhat surprising given Deborah and her husband were African-American. She admitted she was uncomfortable speaking about it with her therapist, a White person, or with her mostly White social network, who while supportive, often seemed to seek her approval of their anti-racist actions. Deborah also felt guilt knowing the struggle her son would have to face as a Black man, but describing this to her family or friends seemed disloyal to her identity as a strong Black woman. The therapist expressed his genuine reaction to her inner conflict and the inherent dilemmas around race, and indicated his willingness to sit in discomfort with her. Deborah then began to feel more comfortable broaching the subject, and felt relief and a deepening of relationships for having these difficult conversations around race.

Guided Discovery

Amanda entered long-term treatment with heavy self-judgment that blocked her ability to explore emotional reactions and problematic patterns openly. When the therapist focused on changing the behaviors, such as Amanda's assertiveness in conflict with her abrasive boss, therapy fell flat regardless of her improved communication. When the therapist intentionally remained curious about Amanda's subjective experience in conflict, it emerged that she assumed responsibility for others' flaws, including her boss'. Guided discovery helped Amanda engage in genuine self-exploration (e.g., "What parts of this situation am I actually responsible for?" "How do these events mean I failed?") while holding an attitude of acceptance.

Specific Broad Goals

Alex described recurrent problems in several areas: impulsive and irresponsible spending; sudden and intense bouts of anger; alcohol abuse; compulsive sexual activity; and persistent thoughts of suicide. Instead of approaching each of these problem areas separately, the therapist focused on the core themes that seemed to underline these problems. Therapy sessions focused on developing adaptive coping skills, including an enhanced awareness of emotional reactions, a broader awareness of coping options available in most difficult situations, an ability to disrupt his own habitual chain reactions and suppress his self-destructive impulses, and an ability to identify several positive coping options. At the core of his struggles was a difficulty seeing himself as a complete individual, causing acute bouts of emotional distress during which he lashed out in impulsive, self-destructive, and distracting forms of misbehavior.

Figure 3. Case Examples of Five Tensions in Long-Term Psychotherapy

CULTIVATE AN ATTITUDE OF HABITUAL CREATIVITY

For clients presenting with pervasive negative beliefs, creative thinking can assist in the process of challenging cognitions and generating alternative interpretations and solutions [25]. Both creativity and spontaneity can facilitate a culture of curiosity, exploration, and free expression within the therapeutic relationship [26], resulting in greater psychological flexibility [27]. Therefore, creativity can be an important catalyst when addressing therapeutic impasse. One way that therapists can cultivate a habit of thinking creatively is ending the session with a new activity or reflection for the client to work on between appointments [28]. While in-between session assignments are a hallmark of many short-term therapies, this intervention may wane in long-term psychotherapy [29]. In theoretical orientations accustomed to homework, it may mean broadening the scope of these exercises beyond a focus on symptoms to include self-introspection and discussion with others. Challenging the client to bring in a creative solution, homework assignment, or new strategy or perspective can bolster their continued commitment to the long-term therapy process and re-center the therapeutic alliance as a cooperative relationship. Thus, habitual creativity can be used as an empowerment tool, allowing the client to propose their own ideas for activities outside of session. Moreover, if a therapist remains flexibly creative, sessions and behavioral activities between sessions will better fit the client's recent life events and current mood [30]. An attitude of habitual creativity can curb tedium that might develop during the course of long-term therapy and ensure that the client and their goals remain at the center, as in Figure 3.

PUSHING THE LIMITS OF THE THERAPEUTIC ALLIANCE

Long-term therapy is particularly well-suited for creating opportunities to deepen the therapeutic alliance. Agreement on tasks and goals can be jumpstarted with planful spontaneity and habitual creativity, but the therapeutic bond can provide a template for more adaptive interpersonal experiences, including alliance ruptures and repairs [31]. In light of the trusting bond, the therapist can help shift the client's focus on persistent or recurring problems. The client's ability to trust the competence and intentions of a supportive and caring professional, especially when the interventions challenge a client's way of functioning or involve conflict with the therapist, creates a pathway to experiment with new ways of experiencing and interacting with others [32]. Moreover, the therapeutic alliance in the context of long-term therapy is especially significant for individuals with high levels of interpersonal problems who find it difficult to establish a strong alliance within the context of brief therapies [33].

The real relationship adds a layer of depth to the alliance, offering a unique opportunity for growth as the therapist and client reveal themselves to each other over time through verbal and non-verbal reactions and shared experiences [34]. The real relationship refers to authenticity of person-to-person perceptions and has two components, genuineness and realism. It exists outside the working alliance and the interpersonal patterns that clients bring to therapy, is

established early in treatment, and grows over time [35]. The real relationship allows clients to share deep and genuine encounters with the therapist, providing a reciprocally meaningful relational experience that can ideally generalize to other interpersonal contacts in the client's life. With a forming real relationship, the therapist can dare to be honest with the client and use their own experiences of the client to promote insightful and deeper discussion.

Maximizing the therapeutic function of the alliance can therefore create an environment in which clients (and therapists) are more likely to be honest, willing to be challenged, and open to viewpoints that they might otherwise dismiss. Demonstrating genuineness and realness can encourage the same kind of creativity and flexibility in the client's reactions. The format of long-term therapy grants the time and space to more fully take advantage of all that this unique relationship has to offer. See Figure 3 for an example.

INCORPORATE STRATEGIES ALIGNED WITH GUIDED DISCOVERY

For effective long-term therapy, the clinician must remain curious about the client's recurrent issues, guiding them to uncover reasons for their problematic patterns, and instilling non-judgmental curiosity about their own thoughts and behaviors [36,37]. Taking a therapeutic stance of curiosity, as introduced by Cecchin [38], or of "not-knowing" [39] illustrates this general attitude that leads the therapist to interact in genuine exploration with the client. As such, it has been suggested that impasse may occur when the therapeutic dyad loses a sense of collaborative curiosity, which in turn dampens the development of new meaning characteristic of therapeutic progress [15,38,40]. In the spirit of a stance of curiosity, guided discovery [41] is a tool that can aid in the process of getting unstuck and refers to a general process in which the therapist helps each client test their own thinking and deeply held beliefs by personal observation and experimentation rather than persuasion or argument [42]. Though more effortful than didactic approaches, guided discovery has been documented to lead to better outcomes [43] and is perceived as more helpful and engaging by clients than instructional styles [44]. Returning to basic counseling skills in a long-term therapy, strategically utilizing open-ended questions can encourage forward-moving discussion without the presumption of a "right" answer [45]. *What* and *how* questions can be particularly useful to openly explore inner motives, desires, thoughts, and emotions [37]. While it can be easy to assume the answers to already-asked questions, the therapist must remain grounded in the client's evolving or unrevealed perspectives. In this way, "experience-near" strategies, such as guided discovery, can help to keep both parties actively engaged throughout the course of long-term psychotherapy [15]. These questions can also mirror the real relationship and be genuine quests for insight into the subjective experience of the client, arising from a sense of curiosity rather than judgment or evaluation [46], as demonstrated in Figure 3.

GIVING SPECIFICITY TO BROAD GOALS

Long-term work often includes broad goals that are transdiagnostic and cut across specific situations [47]. Broader goals, such as developing insight into recurring interpersonal patterns, rather than symptom reduction and elimination of a mental disorder, are common in long-term work. Thus, clients may benefit from therapy that expands their flexibility, tolerance, and maturity; assertive behavior and social problem-solving skills; social interest by reducing focus on personal concerns to increase understanding of others; skills to cope with common stressors; or acceptance of unsolvable circumstances. To avoid a sense of stagnation or vagueness in long-term therapy, three strategies may be advised. First, revising and recommitting to goals at set periods can help to ensure that both the client and therapist have a sense of direction in working toward personal growth [48]. Second, taking time to regularly highlight gains with the client can increase motivation. However, broad goals may not be easily measured through questionnaires or in day-to-day observation [47]. The benefits of therapy may be seen in maintenance and stability (e.g., preventing a non-event, such as symptom relapse; lengthier intervals between

episodes; avoidance of negative outcomes such as divorce, job loss, hospitalization), in establishing a personal sense of enrichment, or in the development of a personal strength. Third, check-ins around anniversaries or major events in the client's life (e.g., death of a parent) can also help to give a sense of time and progress to the therapy. A case example of specific broad goals is found in Figure 3.

MONITORING THERAPY PROCESSES

Reviewing feelings and blind spots about the therapy while keeping the five principles described in mind is likely to be helpful, possibly in consultation with a colleague. Moreover, several questionnaires can help monitor these processes in therapy. The Real Relationship Inventory [49,50] captures both the genuineness and realness of the relationship. Higher scores on this measure suggest greater strength of the real relationship, which can be used as evidence for engaging in opportunities to explore and confront the relationship when therapeutically indicated. Level of agreement on the goals and tasks of therapy can be measured with the Working Alliance Inventory [51,52]. Generally, items that receive less than a perfect score can be used to engage in discussion related to the therapy. The Working Alliance Inventory can also be used over time to assess and address any changes in the alliance, particularly when there is potential for an impasse. The Post Session Questionnaire [53] can be used to detect any subtle misunderstanding or withdrawal in the therapy process. The Helpful Aspects of Therapy questionnaire [54,55] is a brief qualitative instrument that helps clients and therapists identify what was meaningful in the session and what was hindering. The Session Evaluation Questionnaire [56,57] measures depth, smoothness, and emotional climate in the therapy and can be a barometer of the vitality of the work. Finally, the Socratic Dialogue Rating Matrix [58] is a form that therapists can use to check their competence in both a curious, empirical approach and in therapeutic collaboration. Measure selection should be based on the nature of the impasse, which is as unique as the relationship itself. It may be helpful to review what each measure is intended to assess and its related subscales when present, in order to select the measure that best suits the therapeutic need. Table 1 provides a brief summary of each measure, including intended use and basic psychometric properties. Of note, this is not a comprehensive list of measures tapping into the principles identified in the present paper. Rather, the selection of the measures included was based on their relevance, accessibility, and psychometric properties.

Table 1. Summary of recommended measures to monitor processes in therapy

Measure	Available From	Use	Psychometric Properties
Real Relationship Inventory (client and therapist forms)	Kelley et al., 2010, Table 3	Assess genuineness and realness of the real relationship	24 items scored from 1 (strongly disagree) to 5 (strong agree) Higher scores suggest stronger real relationship Good internal reliability, convergent validity, discriminant validity
Working Alliance Inventory (client and therapist forms)	psychotherapyresearch.org Horvath & Greenberg, 1989, p. 209 Short version: Tracey & Kokotovic, 1989 (item numbers in Table 3)	Assesses agreement on therapy goals and tasks; affective bond	36 (or 12) items scored from 1 (never) to 7 (always) Higher scores suggest greater quality of working alliance Widely used; well-established reliability and validity
Post Session Questionnaire	Eubanks et al., 2018, p. 509	Assesses presence of rupture, degree of tension and resolution	3 items scored from 1 (not at all) to 5 (very much) Widely used; high content, construct, and convergent validity

Helpful Aspects of Therapy Questionnaire	Stephen et al., 2021, supplemental material	Qualitative client interview of helpful, hindering events in therapy	7-item client interview, can be completed via self-report Response coding is well-documented
Session Evaluation Questionnaire	wbstiles.net Stiles et al., 1994, Table 1	Captures session depth, smoothness, positive affect, arousal	14 7-point bipolar adjective scales Well-established reliability and validity
Socratic Dialogue Rating Matrix	Waltman et al., 2020, Worksheet 15.1	Measures empiricism and collaboration	3 item forced-choice model-specific worksheet for training in Socratic Method High content validity, not yet psychometrically evaluated

CONCLUSION

Many clients need and benefit from long-term psychotherapy, but the likelihood of therapeutic impasse is greater when therapy extends over a longer period of time. The therapeutic work must remain engaged and active with both parties paying attention to signs of adaptive change. Because psychotherapy involves treatment of the psyche, it is important that the therapist retains a clear and dominant focus on the mind and mental processes. The five principles presented in this article can help new therapists and those seeking to work with clients long term ensure that their therapy sessions remain active and productive, with lasting changes along the way. To keep long-term therapy moving forward and reduce the likelihood of impasse, therapists should:

- Adopt a planful yet spontaneous approach in order to facilitate therapeutic growth, as well as model openness and flexibility to the client.
- Cultivate an attitude of habitual creativity to increase psychological flexibility, help problem solve around persistent problems and cognitions, and emphasize cooperation within the therapeutic relationship.
- Push the limits of the therapeutic alliance to deepen the relationship, promote insight, and create a template for adaptive interpersonal experiences.
- Use guided discovery to cultivate non-judgmental curiosity about the client's experiences and maintain focus on the mind and mental processes, fueling productive discussion and insight.
- Develop broad goals that tie together a range of specific problems to establish connecting threads between the work, and avoid a sense of stagnation and vagueness.

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