

Difficulty Assessments and Adjustments

Deliberate practice works best if the exercises are performed at a good challenge that is neither too hard nor too easy. To ensure that they are practicing at the correct difficulty, trainees should do a difficulty assessment and adjustment after each level of patient statement is completed (beginner, intermediate, and advanced). To do this, use the following instructions and the Deliberate Practice Reaction Form (see Figure A.1), which is also available in the "Clinician and Practitioner Resources" tab online (<https://www.apa.org/pubs/books/deliberate-practice-psychodynamic-psychotherapy>). **Do not skip this process!**

How to Assess Difficulty

The therapist completes the Deliberate Practice Reaction Form (Figure A.1). If they

- rate the difficulty of the exercise above an 8 or had any of the reactions in the "Too Hard" column, follow the instructions to make the exercise easier;
- rate the difficulty of the exercise below a 4 or didn't have any of the reactions in the "Good Challenge" column, proceed to the next level of harder patient statements or follow the instructions to make exercise harder; or
- rate the difficulty of the exercise between 4 and 8 and have at least one reaction in the "Good Challenge" column, do not proceed to the harder patient statements but rather repeat the same level.

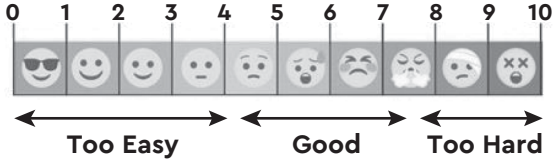
Making Patient Statements Easier

If the therapist ever rates the difficulty of the exercise above an 8 or has any of the reactions in the "Too Hard" column, use the next level easier patient statements (e.g., if you were using advanced patient statements, switch to intermediate). But if you already were using beginner patient statements, use the following methods to make the patient statements even easier:

- The person playing the patient can use the same beginner patient statements but this time in a softer, calmer voice and with a smile. This softens the emotional tone.

FIGURE A.1. Deliberate Practice Reaction Form

Question 1: How challenging was it to fulfill the skill criteria for this exercise?



Question 2: Did you have any reactions in "good challenge" or "too hard" categories? (yes/no)

Good Challenge			Too Hard		
Emotions and Thoughts	Body Reactions	Urges	Emotions and Thoughts	Body Reactions	Urges
Manageable shame, self-judgment, irritation, anger, sadness, etc.	Body tension, sighs, shallow breathing, increased heart rate, warmth, dry mouth	Looking away, withdrawing, changing focus	Severe or overwhelming shame, self-judgment, rage, grief, guilt, etc.	Migraines, dizziness, foggy thinking, diarrhea, disassociation, numbness, blanking out, nausea, etc.	Shutting down, giving up

Too Easy

↓

Proceed to next difficulty level

Good Challenge

↓

Repeat the same difficulty level

Too Hard

↓

Go back to previous difficulty level

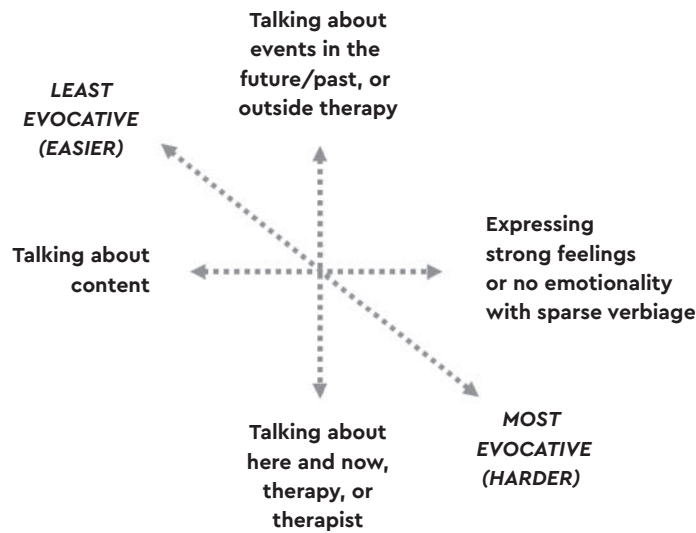
Note. From *Deliberate Practice in Emotion-Focused Therapy* (p. 180), by R. N. Goldman, A. Vaz, and T. Rousmaniere, 2021, American Psychological Association (<https://doi.org/10.1037/0000227-000>). Copyright 2021 by the American Psychological Association.

- The patient can improvise with topics that are less evocative or make the therapist more comfortable, such as talking about topics without expressing strong feelings, the future/past (avoiding the here and now), or any topic outside therapy (see Figure A.2).
- The therapist can take a short break (5–10 minutes) between questions.
- The trainer can expand the "feedback phase" by discussing psychodynamic therapy or psychotherapy theory and research. This should shift the trainees' focus toward more detached or intellectual topics and reduce the emotional intensity.

Making Patient Statements Harder

If the therapist rates the difficulty of the exercise below a 4 or didn't have any of the reactions in the "Good Challenge" column, proceed to next level harder patient statements. If you were already using the advanced patient statements, the patient should make the exercise even harder, using the following guidelines:

- The person playing the patient can use the advanced patient statements again with a more distressed voice (e.g., very angry, sad, sarcastic) or unpleasant facial expression. This should increase the emotional tone.

FIGURE A.2. How to Make Client Statements Easier or Harder in Role-Plays

Note. Adapted from figure created by Jason Whipple, PhD.

- The patient can improvise new patient statements with topics that are more evocative or make the therapist uncomfortable, such as expressing strong feelings or talking about the here and now, therapy, or the therapist (see Figure A.2).
- Also, the patient can give minimal emotional signals and sparse verbiage. Sometimes these less-than-forthcoming patients are the most difficult to engage.

Note. The purpose of a deliberate practice session is not to get through all the patient statements and therapist responses but rather to spend as much time as possible practicing at the correct difficulty level. This may mean that trainees repeat the same statements or responses many times, which is OK, as long as the difficulty remains at the "good challenge" level.