

Module 4--Defining Patterns

The goal of pattern search is to define patterns of thought, feeling and/or behavior that are within the patient's ability to influence and, that if changed, would lead toward a desirable outcome (14). Almost every therapeutic approach, no matter how it explores and explains human experience, identifies patients' general dysfunctional patterns from limited samples of information which the patient presents through verbal and nonverbal information during the session. In addition, each school embraces a limited collection of general dysfunctional patterns into which to place each patient's problems. Inductive reasoning is a necessary process across psychotherapy schools because all therapists must take individual bits of data in order to define general patterns. Because psychotherapy helps patients change their dysfunctional patterns, inducing these patterns is a prerequisite to patients' change. Training in the use of inductive reasoning can help students develop efficient ways to think about the process of elucidating dysfunctional patterns. They are shown various common inducing points in addition to patients' verbal reports including diaries, countertransference and reports by significant others. An underlying theme of this presentation is that different labels may be used for similar patterns and could explain the relative equality of effectiveness of various schools. The terms of the label for the pattern(s) must first be compatible with the patient's self-understanding in order to be accepted.

We compare this process with trying to sell hats or shoes in that the pattern must fit and be liked in order to be used. They are presented a glossary of terms for the generic patterns associated with various schools. The goals of module three include: 1) Understanding the concept of inductive reasoning, 2) learning how to find the patient's patterns from inducing points, and 3) learning how to use the triple-column technique (15). The triple-column technique is a structured homework exercise that promotes ongoing self-observation in patients who agree to do it. This exercise provides one of several ways by which patients can be taught how to self-observe. By studying their own inductive reasoning thought processes, trainees refine their abilities to monitor and direct their thinking. At first they are presented brief case vignettes which require only modest inductive reasoning to achieve the definition of a dysfunctional pattern. They are then presented a pair of transcripts from which inducing points must be gleaned from the more extraneous information. Finally, they are presented videotape vignettes which contain many levels of information from visual-postural data, to transference-countertransference, to voice tone and inflection as well as verbal inducing points. This gradient of increasing data complexity brings them gradually closer to the clinical reality.