**Dealing with obstacles in the 3Keys healing procedure:**

**An audit of the integrity of emotion-focused inner work**

**Introduction**

What are the key obstacles to clients completing a course of emotion-focused therapeutic practice? And how might practitioners themselves be implicated? This article engages with these questions by presenting an audit of a client case within the 3Keys Model for self-understanding and inner work.

The 3Keys therapeutic model is based on a combination of concepts and techniques drawn from the Jungian School of Psychology, and on brain physiology. The model allows the client to reach the roots of their inner problems, offering a repair process through transformative inner work. This is done by guiding clients to access the emotion and body memories behind a current stressor or past trauma, and to learn the difference between being in a state of threat and anxiety as opposed to one in which self-soothing, emotional regulation and rational decision making can take place.

More specifically, 3Keys work helps clients to dismantle the influence of early childhood programmes (2,3) on their current behaviour and on the choices, they are making. Ultimately, it facilitates clients’ connection with their Core, in turn enabling them to heal emotional wounds, become free from toxic emotional patterns, and allow vitality, inner peace, intimacy and authenticity to fill their lives.

On a neurobiological level, 3Keys work facilitates the bodily and emotional learning of self-soothing in clients with a dysregulated sympathetic nervous system owing to repeated childhood trauma. Through the guidance of 3Keys practitioners, clients learn not only to find their emotional footing in their soothing system when dealing with modern day triggers, but also to ‘shift’ into this state (as grounded in the pre-frontal cortex) for the purposes of rational decision making in their work, relationships, health, and other life areas.

3Keys inner work is thus an intensive process for both the client and the practitioner. Not all clients who start the process reach the finish line, marked by the mutual agreement that the course of formal work has been satisfactorily completed. It is our experience that spending approximately 60 hours on work with the client usually leads to this agreement. We have, however, noticed, that some clients leave the practice earlier.

In health care, an audit is a quality improvement process that includes a systematic, critical analysis of the quality of care, including the procedures used, the resulting outcome and its importance for the quality of life for the patient/client. The aim of conducting such an audit is to ensure that best practice is being carried out.

The primary goal of the current audit is twofold: firstly, to find out how to reduce the number of early “client departures” by adapting the standard 3Keys client procedure, thus ultimately improving the effectiveness of the 3Keys process; secondly, to provide a best practice template by which similar organisations with a therapeutic focus may do the same.

**Method and Sample**

In order to find out if a reduction of early “departures” can be reached by adjusting the standard procedure for working with clients, the current authors reviewed a group of 30 randomly sampled clients with whom one 3Keys practitioner had worked, using case note data and the practitioner’s reflections to understand their trajectories.

**Table 1**: Demographic data of client group

|  |  |
| --- | --- |
| Males | 6 (aged 40-65) |
| Females | 24 (aged 25- 68) |

A review and outcome of the standard 3Keys procedure for working with clients was then applied to each client case. This procedure is as follows:

* Intake: includes extensive information-gathering about client’s issues and goals
* The work: application of the 3Keys method in order to dismantle the client’s programmes
* Focus on the future: facilitates the client’s journey into the desired future
* Personal practice at home: informs the client as to how to put acquired tools into practice in order to enhance wellbeing and personal growth
* Exit interview, with a debrief on the client’s goals

Our current focus is on the validity of this procedure when applied to clients who left the process prematurely.

The practitioner herself was also interviewed in depth about her own perceptions and experiences with each of these clients, notably focusing on her role in the relationships, any resistance on her part, and reflections for future practice.

**Results**

At the start of their 3Keys work, all of the 30 clients reported various physical and mental issues they wanted to attend to. They also expressed a well-defined intention/goal for what they wanted to achieve once the process was completed.

Twenty out of the thirty clients we reviewed completed the process, in accordance with mutual agreement with the practitioner. The practitioner followed the standard procedure outlined above. At the end of the process, these clients unanimously reported having no need to evaluate their earlier stated goals separately, because now, at the end of the process, they reported that their level of inner peace and strength, together with increased self-confidence, allowed them to deal with anything that life might throw in their direction.

When interviewed, the practitioner reported that she did not experience resistance while working with this group of clients.

Not all of our 30 clients reached the end point as marked by mutual agreement with the practitioner. Ten out of the thirty clients left the process prematurely. In these cases, the practitioner also followed the standard procedure. However, with this group the practitioner experienced a varying degree of client-resistance during the process, both covert or overt. She reported dealing with the resistance in different ways: from trying to minimise it or, ultimately, letting go of the client.

Upon further, more detailed inspection of the data for this group of 10, we identified three subgroups according to the point the client discontinued work, the presence of resistance to the process, and their self-reported motivation for doing so.

We named the subgroups as:

a. “Wrong train”, clients left within 10 hours of work

b. “Very early departures”, clients left before having done 25 hours of work, claiming the process was not suitable for his/her issues

c. “Early departures”, clients left after having done more than 30 hours of work.

What further stood out was the following:

* In the “wrong train” subgroup, the clients were not motivated to proceed with the therapy.
* Within the “very early departures” subgroup, the client resistance was overt and the practitioner reported trying to work around it.
* Within the “early departures” subgroup, the practitioner reported covert resistance, whereby the client kept showing up, less and less frequently, until s/he eventually stopped coming. When present, the client tried to fill the time by talking about anything else but his/her true concerns. The practitioner reported putting effort into redirecting the client to the 3Keys work, but did not always succeed.

The summary of our findings is presented in table 2.

**Table 2** Client reasons for prematurely leaving the 3Keys process

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| --- | --- | --- | --- |
| “Wrong train”No. of clients: 2 | Client: Left within 10 hrs of work | Practitioner action:Invitation to reconsider. No result. | Self-reported client Reason for leaving: Changed his/her mind |
| b. “Very early departures”No. of clients: 3 | Client: Left after about 25 hrs of work. Practitioner reported overt resistance to the process | Practitioner action:Invitation to re-enter any time in the future, with assurances of no judgement | Self-reported client reason for leaving:This process is not suitable for me.  |
| c. “Early departures”No. of clients: 5 | Client: Left after having done more than 30 hrs, canceled frequently. Practitioner reported covert resistance to the process | Practitioner action:Accepted the situation as it was, did not address resistance. Took no further action. | No reason given.Practitioner did not enquire further. |

In interviewing the practitioner, herself, two illustrative case studies emerged that demonstrated the importance of the practitioner’s own positionality and action at the points of potential client departure, as reported below in the practitioner’s own words.

**Client 1**: client resistance, no practitioner intervention

“With this client, each and every session started with an argument: the client required another approach that would see her ‘unique’ situation. She would even challenge my professional competence for not providing what she wanted. At the time, I did not realize that her resistance was meant as a disguise for avoiding the real issue at hand. For me, it felt draining and gave me a feeling of being stuck. I was relieved when she decided to quit and comfortable with the self-deployed idea that sometimes clients can really be too demanding.”

**Client 2**: client resistance, practitioner intervenes

“On the surface, this client was seemingly cooperating with me, but nevertheless there was a feeling of distance and lack of personal connection with her. During the sessions she shared with me, we laughed together, and she promised to do her ‘homework’ – follow up personal practice work for between sessions – but never did. Soon, I realized that her perceived distant and impersonal attitude was my personal trigger, and that if I wanted her to act differently, I first needed to work that trigger. Which I did. It was amazing how our dynamic immediately changed after that. I could address the issue of her personal practice with ease, and further never perceived her attitude as distant and impersonal. In fact, I saw a client who did her best, but sometimes just did not know how to.”

**Discussion**

In our audit, we came across a number of clients prematurely leaving 3Keys therapy. With the exception of the “wrong train” subgroup, the other two sub-groups we examined showed clients with resistance to the process. Unaddressed, this resistance may be the most important reason for the client’s decision to leave the process prematurely.

This is why the appearance of the client’s resistance and the way in which the practitioner acts upon it needs to be addressed, preferably as early in the process as possible. Whenever a practitioner experiences the presence of a client’s resistance, be it overt or covert, the practitioner needs to actively examine and, when appropriate, deal with his/her own reaction to the client’s resistance. Crucially, this may include the practitioner him/herself being triggered by the client and leaving this unaddressed.

In doing so, s/he will decrease the possibility of the client’s early departure. Being triggered by a client’s behaviour can also lead to a client’s greater resistance and, ultimately, blur the opportunity to constructively work on a mutual satisfactory relationship. Given that the effectiveness of the 3Keys healing process is based, to a large degree, on a cooperative partnership between the client and the practitioner, this partnership needs to be mindfully maintained throughout the process.

This is the reason why the practitioner must always be aware of his/her own triggers, their effect on the client’s motivation for participating, and of the cooperative quality of their partnership. When influenced by a trigger coming from the client, the practitioner no longer has access to his/her own talents or abilities, but will just be going through the motions of the healing process. The client’s motivation to participate may then fade and their partnership be easily compromised, resulting in the client leaving the therapy prematurely.

These results lead us to formulate the following recommendation. If at any moment during the 3Keys process a practitioner becomes aware of a client’s resistance, s/he should build in a moment of personal awareness, as follows:

Intake: This includes extensive information gathering about the client’s issues and goals.

*Add: practitioner should examine his/her own reactions to the client’s behaviour, work his/her triggers and proceed accordingly. If appropriate, s/he should have a talk with the client regarding the importance of a cooperative partnership.*

The work: Application of the 3Keys method in order to deactivate the client’s programmes.

*Add: The Practitioner should examine his/her own reaction to the client’s behavior and work his/her triggers.*

*Add: The Practitioner should proactively discuss the mutual cooperative relationship and the client’s attendance, if indicated.*

The future: Facilitating the client’s journey into the desired future:

*Add:* *The practitioner should consistently emphasise the importance of the client undertaking their own inner work when triggers arise, using the tools progressively taught to them by the practitioner. This is a key aspect of the 3Keys model, which aims to empower clients to attain a sustainable mode of self-healing for life, rather than build dependency on the practitioner*.

**Conclusion**

Whenever a client’s resistance appears in the course of 3Keys healing work, the practitioner should adjust the standard procedure. S/he needs to build in an active moment of awareness in order to determine if s/he is being triggered by the client and/or the client’s resistance. Unaddressed, such resistance can corrupt the client’s motivation to do the work and compromise the cooperative quality of the relationship.

Even with this adjustment, some clients may still choose to leave the process prematurely for reasons that may have to do with a covert addiction, or fears regarding what they may stumble upon during the process. But the benefit for the “stayers” will be what all 3Keys clients experience after completing the process: the development of inner peace and strength, together with the self-confidence and sense of empowerment that allows them to deal with future stressors and triggers in a way that serves their Core self.

Ultimately, our findings draw attention to the need for further research on the influence of the quality of the relationship between the practitioner and his/her client, and how this may influence the effectiveness of the 3Keys process. Our wider hope is that this initial audit may serve as a benchmark for practitioners in similar psychotherapy modalities also aiming to assess the effectiveness of their work.

References:

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