



Psychodynamic Interpersonal Therapy

PIT - UK

ADHERENCE SCALE FOR PIT

(Developed by Shapiro and Startup 1993)

SPECIFIC ITEM GUIDELINES

BASIC SKILLS

1. Use of statements as opposed to questions
2. Picking Up Cues.
3. Negotiation
4. Understanding Hypotheses

INTERMEDIATE SKILLS

5. Focussing on Feelings (Here and Now)
6. Metaphor (Living Symbols)
7. Language of Mutuality
8. Linking Hypotheses

ADVANCED SKILLS

9. Explanatory Hypotheses
10. Exploratory Therapy Rationale
11. Sequencing of Interventions
12. Relating Interpersonal Change to Therapy.
13. Patterns in Relationships.

LEVEL I BASIC SKILLS

1. STATEMENTS: DID THE THERAPIST USE STATEMENTS AS OPPOSED TO QUESTIONS WHEN MAKING AN INTERVENTION?

1 2 3 4 5 6 7
 not at all some considerably extensively

The purpose of this item is to measure the extent to which the therapist's interventions are couched in the form of statements, as opposed to questions. The intention in the model is to promote a feeling language, and the use of statements helps this to develop. Some questions are necessary and the therapist should not be marked down for using questions where it is appropriate (e.g. sorting out a practical issue, arranging a different time to meet or some aspects of a risk assessment). This item should be occurring very frequently throughout the session. A high rating would be achieved if over 80% of the therapist's utterances are in the form of statements.

EXAMPLES

The following are examples of interventions that are phrased in the form of statements.

- (a)
T: *It's been a difficult time for you.*
- (b)
T: *I imagine it's a struggle to keep going.*
- (c)
T: *I wonder perhaps..... you could say a bit more.*

If the therapist used a lot of questions as opposed to statements he/she would be marked down on this item. The following are examples of non-statement based interventions.

- (a)
T: *How have you been feeling?*
- (b)
T: *Why do you think you feel like that?*
- (c)
T: *Is it a struggle?*

2.PICKING UP CUES: DID THE THERAPIST EXPLICITLY BASE HIS/HER INTERVENTIONS ON CUES (VERBAL AND NON-VERBAL) SUPPLIED BY THE CLIENT?

1 2 3 4 5 6 7
 not at all some considerably extensively

The purpose of this item is to measure the extent to which the therapist's interventions are explicitly based on verbal and non-verbal cues supplied by the client during the session. These cues include choice of words as well as the content expressed. They also include non-verbal cues such as posture, gestures, facial expression, and tone of voice. Cues in the therapist can also be included if the therapist specifically refers to a cue based response in him/herself. There should be several instance of this item in a session of PI Therapy.

EXAMPLES

The following are examples of interventions that are explicitly cue-based:

(a)

T: *As you tell me about what's been happening at home this week, you're looking like you're ready to cry. I suppose you've been feeling pretty desperate about it.*

(b)

T: *And yet, the words you're using to tell me this seem to put a distance between you and what's been happening. Words like 'expectations', 'goals', and so on, as if you feel a bit cut off.*

(c)

T: *It seems you are a bit subdued today.....not your normal self.*

No doubt there are degrees of explicitness with which a therapist might base his/her interventions. If it seems likely that a given intervention is based on cues provided by the client but it is not certain, then some credit on this item should still be given. In the following example it seems likely that the therapist is referring to something in the client's manner of telling a story, such as the tone of voice or facial expression:

(d)

T: *There's something sad in those memories.*

It may become apparent that the therapist is missing many cues from the client.

C: *I've felt so anxious and worried I haven't had a wink's sleep.*

T: *Can you tell me more about your sleep.*

In this example the therapist has missed the verbal cue about the client feeling anxious and worried and instead focuses on the client's sleep. If this is typical of a lot of the session, the therapist would receive a low score.

3. NEGOTIATION: DID THE THERAPIST EXPRESS HIS/HER VIEWS CONCERNING THE PATIENT'S EXPERIENCES AND CIRCUMSTANCES AS TENTATIVE STATEMENTS, OPEN TO CORRECTION, AND INVITING ELABORATION AND FEEDBACK?

1 2 3 4 5 6 7
 not at all some considerably extensively

This item assesses the 'how' of the therapist's talk. It is concerned with the extent to which the therapist, rather than implying 'this is right', conveys the message, 'I am trying to understand how you are feeling and this is how I think you maybe feeling ...base upon what you have told me and how you appear.....but maybe I am wrong.' To be tentative is not to be vague. Therapist statements in a session rated highly on this item may well be definite (i.e. clearly 'owned' by the therapist) and often specific (i.e. referring to particular experiences and making quite detailed comments or observations concerning these). These qualities of definiteness and specificity follow from the therapist doing his or her best to be accurate, to really attend to the cues from the client and the minute particulars of the conversation. The therapist conveys his or her wish to be corrected, expressing a hope for communication which will lead on to dialogue, with an adjustment of misunderstanding. This wish is expressed in words, constructions and turns of phrase, as well as in the way they are spoken. The rater should watch for such indicators of tentativeness as 'maybe', 'it's almost as if', 'I'm not sure about this, but...', 'I wonder if...', etc. The ideal scenario is when a therapist makes a suggestion, which is then further shaped and modified by the client. There should be several instances of this item in a session.

EXAMPLES

The following illustrates a response typical of a therapist scoring '1' on this scale.

- C: *I think I've been spending more money lately because I just need to cheer myself up.*
- T: *That's not the best way to cope with feeling down, you have fallen back into behaving like a small child.*
-

A medium rating would be obtained by a therapist using responses similar to the following:

- T: *I'm not sure about this, but maybe, in a way, when you feel miserable and alone, buying things helps comfort you. It's almost as if you're feeling again like that a child who needs treats, as if having things for yourself helps you feel comforted, and maybe loved.*
-

A high rating is reserved for therapists skilfully adopting the negotiating style in relation to issues within the relationship between therapist and client:

- C: *That's just it, you see, you don't seem to want me to get over it.*
- T: *That feels pretty important to me. I wonder if what is happening between us....I'm not sureit feels to me as if you're disappointed, as if you feel I'm not really with you, not really on*

- your side.*
- C: *I thought I was doing really well in the last week. I've got out much more, I've been meeting friends, I've been playing the guitar again.*
- T: *I wonder if it feels when we try to look at what's happening, the huge efforts you are making to change are being ignored by me, and you don't feel valued.....I'm not sure....almost that I want you to remain unwell. (pause)*
- C: *I don't know.....*
- T: *How you feel is very important.....and it's important to me....to really understand....I wonder if we could stay with that feeling you haveyou said"you don't seem to want me to get over it".*
- C: *I was looking forward to telling you today what I had achieved in the week, but when I told you.....you just seemed disinterested.....I was disappointed.....*
- T: *Frustrated.....annoyed.....can we stay with these feelings*
- C: *Very annoyed.....*

In this example, by adopting a negotiating style, the therapist is able to help the client explore his feelings of anger towards the therapist, whilst deepening the conversation between them.

4 . UNDERSTANDING HYPOTHESES: DID THE THERAPIST OFFER STATEMENTS OF EMPATHIC UNDERSTANDING THAT HELPED TO DEEPEN THE CONVERSATION.

1	2	3	4	5	6	7
not at all		some		considerably		extensively

This item measures the extent to which the therapist offers empathic and imaginative statements of what he/she feels that the client is experiencing right now in the relationship. Empathy is conveyed in such a way as to call forth a response; to achieve a dialogue with increasing mutual understanding, in which the desire to understand is communicated. This involves more than simple repetition or reflection of the client's message; that something more comes from the therapist's own perspective on the experiences reported by the client, and is derived from the therapist's understanding and best guess of what the client is experiencing. This requires the therapist to pay close attention to cues from the client as to how he/she is feeling. One important aim of understanding hypotheses is often to contribute to the resolution of misunderstanding. Another is to deepen the conversation in a way that feels acceptable and safe for the client. Item 1 (using statements) can also be scored if the hypothesis is couched in the form of a statement. There should be many instances of this item in a session of PI Therapy.

EXAMPLES

The following is a simple example of an understanding hypothesis that tries to take forward the client's self-awareness, and invites a response:

- C: *I get really fed up at times and (client sighs)....I just don't know what to do.*
- T: *Perhaps you are feeling quite unsure.....lost?*
- C: *It's like everyone I've known couldn't care less....*
-

The next example is directly concerned with the resolution of misunderstanding.

C: *I don't see the point of coming here. My doctor told me to come....but I don't see that talking is going to make any difference. I thought you would be able to actually do something.*

T: *Mhm....It sounds as if you feel you've been sent here...to see me...under some kind of false pretences.....you're understandably feeling aggrieved and frustratedit wasn't what you had in mind.....*

C: *Yes, well, my wife thinks I should be here.....she's worried I'm going to top myself.*

Understanding hypotheses are not reflections which are interventions when the therapist repeats back to the client what he/she has said. Below is an example of a reflection which is an empathic statement, but it would receive a low score on this item, but a high score on item 1 as it is not a question.

C: *I get really fed up at times and (client sighs)....I just don't know what to do.*

T: *You get very fed up.....*

LEVEL II

INTERMEDIATE SKILLS

5. FOCUSING ON FEELINGS : (HERE AND NOW)

DID THE THERAPIST FOCUS ON THE HERE AND NOW EXPERIENCE OF THE CLIENT IN THE SESSION, ENCOURAGING THE CLIENT TO STAY WITH FEELINGS TO SEE WHAT COMES TO MIND?

1 2 3 4 5 6 7
 not at all some considerably extensively

This item measures the extent to which the therapist promotes the client's experiencing, acknowledgment and recognition of feelings, whether or not these have been expressed, and whether or not the client is aware of them. The therapist must act to promote this awareness, rather than respond to the client's expression of feelings by seeking to explain or dispel them. This encouragement of the client to stay with the experience of a particular situation as it arises during the session may require explicit guidance to the client, using instructions or suggestions. Particularly highly rated are efforts by the therapist to focus on the physical sensations and inner experiences associated with feelings, particularly if these feelings are aroused in relation to specific other people, notably the therapist. There should be several instances of this in a session of PI Therapy.

EXAMPLES

The following are examples of the therapist focussing on the client's here and now experience:

(a)

C: *It's just rather frustrating, I suppose, to realise how much time I've spent marking time in a way, not really getting anywhere at work.*

T: *Let's just stay with that frustration, and try to get in touch with what it makes you feel, inside.*

(b)

C: *You never seem to come out with what you think of what I've said or done, so I just have to try and figure it out for myself. So, yes, I do wonder what you think, and that's not very comfortable.*

T: *Well I wonder if you could stay with that feeling of discomfort.....it's here now.....just stay.....let's see what comes to mind*

(c)

C: *John said I was wrong to react like I did, but I just couldn't help it, somehow. I just had to tell them that I wasn't in a position to help out yet again, that they'd been taking it for granted that I would, but that it just wasn't possible. It happened again on Tuesday. Bill said that his section were short-staffed, and could I let them have an extra person for the*

day, despite their already having had extra help the previous day, which is much more than any session would normally ever have in a week.

T: *You're feeling pretty tense as you tell me about all this.....I wonder if we could stay a bit with how you are feelings inside.....right now....*

6. METAPHOR (LIVING SYMBOLS): DID THE THERAPIST ENCOURAGE AND ELABORATE THE CLIENT'S USE OF METAPHOR?

1	2	3	4	5	6	7
not at all		some		considerably		extensively

This item is designed to measure the extent to which the therapist deliberately aims to convey and promote a symbolical attitude. This means endowing words, gestures, dreams, &c., with value, regarding them not only as communications of formulated messages but also as living symbols.

The therapist rated highly on this item encourages the client to use metaphoric communication, and elaborates or builds upon metaphors introduced by the client, in order to make greater integration of the client's experience, and to heighten or intensify the client's experiencing and expression of feelings.

However, the rater should be alert to the possible use of metaphor as an adornment rather than as direct and vivid communication. There should be some instances of this item in a session of PI Therapy.

EXAMPLES

In the following example, the therapist achieves a rating above '1' by the use of figurative language. However, this is not based on the client's material in this session, and so the rating would not be above '2'.

C: *There's so much to do at work that I often feel I cannot carry on.*

T: *You sound to me like Samson or Charles Atlas bearing the world on your shoulders.*

The following examples would secure moderate to high ratings on this item, as the therapist promotes the client's use of metaphor, teasing out and elaborating metaphoric content of which the client is scarcely aware:

(a)

C: *It seems such a heavy burden when I am the one who always has to take responsibility for things.*

T: *The weight of that burden feels really overwhelming, maybe to the point where you feel crushed by it.*

(b)

C: *I find it very difficult to do my job. There is very little guidance laid down. I'm all at sea with the work, especially at this time of year.*

T: *No guidance, all at sea. It feels like there's no-one to steer you, and you're at the mercy of the waves, buffeted around by the waves, by things you can't control.*

(c)

C: *I don't really feel anything inside.....just empty.*

T: *Empty.....a void.....that's a powerful image.*

(d)

C: *I do feel that, a chasm, I suppose, opening up between me and everything or everyone around me.*

T: *A great vastness of the distance between you....*

7. LANGUAGE OF MUTUALITY: DID THE THERAPIST USE THE LANGUAGE OF SHARED ENDEAVOUR ('I' AND 'WE')?

1	2	3	4	5	6	7
not at all		some		considerably		extensively

This item measures the therapist's use of language conveying his or her full participation in the therapeutic conversation. The use of first-person words 'I' and 'we' affirms the aim of a conversation between two separate and yet related responsible persons who, alone and together, claim their actions. The message of this language is that 'we' are separate people, yet there is a sharing. Use of 'I' and 'we' often has the effect of deepening the conversation as the focus is placed directly on the client-therapist relationship. There should be several instances of this item in any session of PI Therapy.

EXAMPLES

The following illustrates the therapist's use of 'I' and 'we' to affirm the therapeutic conversation:

T: *I feel that what we're coming to grips with, here, is a big part of what happens when you are trying to get to feel closer to someonethere's a fear.... And with that comes....a moving awaya moving away from me...I thinkwe can both feel that tension that fear.....**now**...*

T: *When you say that, you look away from me, I feel it would be difficult for you to hold my glance.....because of the strong feelings between us.*

In contrast, the following would be consistent with a rating of '1' , because the therapist avoids using 'I' or 'we'.

T: *It sounds as if it was difficult for you to come to the session this morning?*

Whereas the statement below would receive a high rating on this item.

T: *It sounds as if it was difficult for you to come to see me this morning? It feels that difficulty's between us now...in the room here.*

The use of 'you' is not incompatible with a rating above '1' on this item if this is accompanied by use of 'I' and 'we':

T: *This is a big part of what happens when you try to get close to someone, you both want it and yet, I feel as we're talking together, we're finding it pretty scary, too.*

8 . LINKING HYPOTHESES: DID THE THERAPIST LINK THE CLIENT'S PRESENT FEELINGS WITH FEELINGS IN OTHER CONTEXTS AND AT OTHER TIMES, WITH THE CENTRAL LINK BEING BETWEEN EACH OF THESE AND THE 'HERE AND NOW' OF THE THERAPEUTIC RELATIONSHIP??

1 2 3 4 5 6 7
 not at all some considerably extensively

This item measures the therapist's use of observed recurrent patterns in the client's experiences and behaviour to make links and draw parallels, using a tentative style. The therapist helps the client to make sense of experiences by creating greater cohesion and thus to counter fragmentation and loss of integration. Links may be (a) between events within therapy at different times: perhaps during one interview, perhaps relating what is happening now to previous sessions; or (b) between patterns in the present therapeutic conversation and those in other areas of life (especially ways in which relationships are defective and distorted). This item would receive a '1', if there is no reference to the therapy or the therapeutic relationship. Instead a link between relationships that did not include the therapist-client relationships would be rated under item 13 (Patterns in relationships). There should be some examples of this item in a session of PI Therapy.

EXAMPLES

The following example would yield a high rating, because the therapist made links between patterns in the therapeutic relationship and those in other areas of life.

C: *I really find it difficult when he asks me about my movements over the next few days. He seems to want to tie me down, and that annoys me. I just wish he wouldn't hassle me so*

much, and just let me decide for myself how to allocate my time.

T: *This feeling of being hassled by your boss reminds me, in a way, of what happens here, when you feel I'm trying to tie you down too, when I want to know how you're feeling about things. You seem to find it really hard, and to get pretty uptight and angry, whenever someone, perhaps especially someone with power or authority, wants something from you*

LEVEL III ADVANCED SKILLS

9. EXPLANATORY HYPOTHESES: DID THE THERAPIST INTRODUCE POSSIBLE REASONS OR EXPLANATIONS FOR THE CLIENT'S BEHAVIOUR AND EXPERIENCES, PARTICULARLY IN RESPECT OF DISTURBANCES IN RELATIONSHIPS WITHIN AND OUTSIDE THERAPY?

1 2 3 4 5 6 7
 not at all some considerably extensively

This item refers to an intervention by the therapist that offers a reason or some form of explanation as to the basis of the client's feelings or behaviour. It rarely occurs as a stand alone intervention but often follows a series of linking or understanding hypotheses. The term hypothesis implies that the therapist should present it in a tentative fashion to be agreed, modified or rejected by the client.

Often there is reference to a present action that is carried out in order to avoid a particular kind of relationship that would result in some catastrophe or feared outcome. This fear of catastrophe may or may not be completely outside awareness. In the conversation, it may or may not be explicitly linked with past experience ("like I was abandoned by my mum"). It is desirable that the client should contribute some or all of the explanation themselves, so that client contributions to this are 'credited' to the therapist in making the rating, provided that there is evidence that the therapist has contributed to the client's arrival at the explanation. This item does not occur frequently in a session and may not be present in every session of PI Therapy.

EXAMPLES

To aid rating, consider 4 ways in which therapists may attempt to explain the client's current issues:

(1) Fears of intimacy and abandonment:

T: *So although you would really like to feel close to someone, you're scared of getting close and find yourself often running from the possibility of an intimate relationship*

(2) Events or motives rooted in the client's past:

T: *I wonder if your indecisiveness regarding the possibility of separating from your wife is in some way connected to that deeper conflict we've talked about -- the trouble you had earlier in your life around leaving your home and your mother.*

(3) Basic patterns which influence the client's reactions to the therapist:

T: *You feel cross now and frustrated.....with me.....(pause) ... and a pressure from me.....and we have talked a lot about how angry you feel with your father because he was constantly making demands....I wonder if these feelings are connected in some way.....and you feel I am making demands on you*

(4) Motives or tendencies which serve to reduce anxiety or avoid warded off

feelings:

T: *It's hard to face things we are scared ofvery hard.....it feels somethimes....that you are a bit afraid of showing a bit more of yourself to me.....the inside you.....maybe becausethere's a fear.....that I won't like you.....with that fear.....comes a feeling not being likeable....I wonderand that seems to stem fromthe very difficult times when you were littleand were constantly told how bad and horrible you were.*

Note that reasons or causes deriving from the client's thought patterns do not increase ratings on this item, unless reference is made to origins of those thought patterns in emotions, problematic or conflictual motives, or relationships with others. Thus, the following example is compatible with a rating of '1' for the session:

T: *You are thinking about this in very negative terms. I have noticed a general tendency you have to blame yourself when things go wrong, and yet never to take the credit when things go well.*

If the therapist were to proceed to link the problematic thought pattern to emotions, motives or relationships, however, then a medium rating would be achieved.

T: *You are thinking about this in very negative terms. I have noticed a general tendency you have to blame yourself when things go wrong, and yet never to take the credit when things go well. Perhaps this goes back a long way, and maybe it relates to the way your parents seemed to judge you quite harshly at times.....I'm not sure.*

A high rating would be give to explanations that include some aspect of the therapeutic relationship.

T: *You are thinking about this in very negative terms. I think you have a tendency to blame yourself when things go wrong, and yet never to take the credit when things go well. Perhaps this goes back a long way, and maybe it relates to the way your parents seemed to judge you quite harshly at times.....and maybe it explains last week when we had that mix up...you felt you were to blame.....but it was really probably to do with both of us getting mixed up.....*

10. EXPLORATORY THERAPY RATIONALE: DID THE THERAPIST PROVIDE A RATIONALE WHICH SUGGESTED THAT WORKING ON UNDERSTANDING AND CHANGING THE CLIENT'S CHARACTERISTIC PATTERN OF FEELING AND ACTION IN RELATIONSHIPS, WOULD HELP OVERCOME THE CLIENT'S DIFFICULTIES AND SYMPTOMS?

1 2 3 // 4 5 6 7
 not at all some // considerably extensively

The purpose of this item is to measure how extensively the therapist discussed the importance of focussing on relationships, especially the therapeutic relationship, for the purpose of overcoming the client's problems. This connection need not have been explicit, but it must have been strongly implied. This item should be present in

the initial sessions of a PI Therapy, and may occur again through the course of the therapy, but may not be present in every session.

EXAMPLES

The following is an example of a therapist statement that should receive a medium rating . there is an implied link between relationships and the client's depressive symptoms. A high rating would be given if there was a specific link to the therapeutic relationship:

T: *Since so much of what's happening with you at the moment has to do with your relationships with other people, I think that as you begin to understand and work out some of those things, you will feel less depressed.*

In the following example, the rationale offered by the therapist explicitly refers to the therapeutic relationship and so secures a high rating:

T: *Since so much of what's happening with you at the moment has to do with your relationships with other people, I think that as you begin to understand and work out some of those things, especially as they come up between us, you will feel less depressed.*

11. SEQUENCING OF INTERVENTIONS: DID THE THERAPIST PRESENT INTERVENTIONS WITHIN A GIVEN EPISODE IN THE SEQUENCE OF STAYING WITH FEELINGS => THOUGHTS/SYMBOLIC MATERIAL => RELATIONSHIPS.

1	2	3	4	5	6	7
Not at all		somewhat		considerably		fully

This item should occur repeatedly over the course of a therapy although not always in its entirety. The therapist should be encouraging the client to access or focus on feelings and working then from that point with the material that develops. This material usually involves a connection with relationships at some level. The sequencing may sometimes involve an explanation at the end in the form of an explanatory hypothesis..but this is less frequent.

The main emphasis in rating should be on the therapist's abstaining from offering causes or reasons for a behaviour or experience without first facilitating, experiencing in the here and now, and staying with that experience, which may then lead to relationships.

EXAMPLES

The following illustrates material that should be rated low on this item:

C: *I don't feel like talking today, it just feels too much of an effort.*

T: *Maybe that's because you don't want to get involved with the difficult feelings we talked about last time.*

A higher rating would be given if the therapist responded as follows, interposing an empathic reflection (underlined) before proceeding to offer an explanation:

C: *I don't feel like talking today, it just feels too much of an effort.*

T: *Mhmm, you are feeling weary..... (feelings)*

C: *Yeah...fed up.....*

T: *Errr....I can feel that you do (gesturing with her hands)it's palpable.....I wonder if you could stay with this feeling.....fed up.....weary.....stuck....can't be bothered.....(staying with feelings)*

C: *(Sighs) it feels really hard to get started today. I've had a lot of bad dreams in the last week. About dying....and dead bodies.....horrible..... (thoughts, symbolic material)*

T: *Umh.....dying.....we spent most of last week talking about your mum's death.....I know you found that very hard.....I wonder if you feel that discussion between us has stirred things up in you.....fears.....nightmares....(relationship with mother).*

In the above example there is a clear sequence of staying with a feeling.....seeing what emerges.....and then linking that to a problematic relationship.

The therapist would receive a low rating if he/she attempted to explore and provide an explanation without this arising from an initial focus on feelings. This kind of intervention is not using feeling language and is an intellectual approach to the problem.

The principles of this item are most readily demonstrated at the microscopic level. However, in rating a session on this item, at least as much attention should be paid to larger units of analysis. During an episode (i.e., a portion of the session devoted to a single topic or closely related set of topics or issues) lasting several minutes or even taking up a substantial proportion of the hour, the therapist's activities may shift between staying with feelings, symbolic material, relationships, and explanatory activities.

12 RELATING INTERPERSONAL CHANGE TO THERAPY: DID THE THERAPIST RELATE CHANGES IN THE CLIENT'S INTERPERSONAL RELATIONSHIPS TO THE EMPHASIS IN THERAPY ON UNDERSTANDING AND CHANGING THE CLIENT'S WAYS OF RELATING TO OTHERS, INCLUDING IN PARTICULAR THE THERAPIST?

1 2 3 4 5 6 7
 not at all some considerably extensively

In order for this item to be rated greater than '1', the therapist must have made a connection between the focus on relationships in therapy and changes that have occurred in the client's relationships. This item will not occur in all sessions of PI Therapy.

EXAMPLES

The following is an example of the therapist having clearly related interpersonal change to therapy. This example would warrant a medium to high rating depending on how this discussion continued.

T: *We've spent a lot of our time together looking at your relationship with your wife and on some of the things that were making it hard for you to spend more time with your children. These relationships seem to be very much better for you now than when you first came here. It seems to me that our looking at these issues together has helped you feel quite different about them. I'm wondering how much you feel this too.*

The following example should be rated medium on this item because the therapist helped the client to relate what was discussed in therapy to her resolution of a specific relationship problem. It does not get a very high rating as it is not related to the 'here and now' or the therapist-client relationship.

T: *Last week we discussed a problem you were having with your brother. I'd like to know how you're feeling about him now.*

C: *I do feel it's a bit easier to talk to him now, somehow he doesn't irritate me as much as he did before.*

T: *When we talked about him last week, you seemed to come to realise that it wasn't so much what he said that got to you, as how you felt he was trying to carry on controlling you the way your dad did when you were little. Maybe that new way of looking at it has made it easier to feel OK with him.*

Were the previous example to include reference to work done on the client-therapist relationship, it would warrant a higher rating:

T: *Last week we discussed a problem you were having with your brother, and how a similar problem came up between us as we were looking at how you felt about him. You've spent some time with him this week.*

C: *I do feel it's a bit easier to talk to him now. Somehow he doesn't irritate me as much as he did before.*

T: *When we talked about him last week, you seemed to come to realise that it wasn't so much what he said that got to you, as how you felt he was trying to carry on controlling you the way your dad did when you were little. And our conversation seemed to be going in much the same way, with you feeling that I was a bit controllingperhaps which reminded you a bit of how it was with your dad...Maybe that new way of looking at it has made it easier to feel OK with me, and with your brother too.*

13. PATTERNS IN RELATIONSHIPS: DID THE THERAPIST DRAW PARALLELS OR POINT OUT PATTERNS IN TWO OR MORE OF THE CLIENT'S RELATIONSHIPS FOR THE PURPOSE OF HELPING THE CLIENT UNDERSTAND HOW SHE/HE FUNCTIONS IN INTERPERSONAL RELATIONSHIPS?

1
2
3
4
5
6
7

not at all
some
considerably
extensively

The purpose of this item is to measure the extent to which the therapist helps the client explore past or present relationships for the purpose of identifying patterns which occur in two or more of those relationships. This item may not occur in all sessions of PI Therapy.

EXAMPLES

The following are examples in which the therapist pointed out a pattern in the client's relationships (example a) and a parallel between two of the client's relationships (example b).

(a)

T: *It appears to have been very easy for you, both in your present relationship and in past significant other relationships, to bend to meet the other person's needs and to neglect yourself.*

(b)

C: *I really get angry when my friend starts telling me what to do. Whenever we get together she has advice for me on how I ought to do this or how I ought to do that.*

T: *That sounds similar to the reaction you have when your boyfriend gives you advice. It might be helpful for us to understand a bit more about that.*

The parallels and links yielding high ratings for this item, *Patterns in Relationships*, need make no reference to the therapeutic relationship. If a link is made between a pattern in one of the client's relationships and the therapeutic relationship, the item *Linking Hypotheses* should also be scored more than '1'.
