



Psychodynamic Interpersonal Therapy

PIT - UK

## Intention scale

(with thanks to Professor Clara Hill)

Instructions To judge intentions, the therapist should review the tape within 24 hours so that the session is as fresh and vivid in memory as possible. The therapist should stop the tape after each therapist turn (everything the therapist says between two client speech acts, excluding minimal phrases) and indicate as many intentions as applied for that turn. You should strive to remember exactly what was going through your mind right at the time of the intervention and be as honest as possible in reporting what you were actually thinking. Remember that there are no right or wrong answers; the purpose is simply to uncover what you planned to do at that moment. Also remember that you should indicate your intentions only for that immediate intervention, rather than report global strategies for the entire session. Note that not every phrase in the definition for each intention needs to fit to judge that the intention applies. In general, the therapist should choose those intentions that best apply, even if all the phrasing is not exactly applicable to the current situation or does not fit the way he or she would say it.

1. Set limits: To structure, make arrangements, establish goals and objectives of treatment, outline methods to attain goals, correct expectations about treatment, or establish rules or parameters of relationship (e.g., time, fees, cancellation policies, homework).
2. Get information: To find out specific facts about history, client functioning, future plans, and so on.
3. Give information: To educate, give facts, correct misperceptions or misinformation, give reasons for therapist's behavior or procedures.
4. Support: To provide a warm, supportive, empathic environment; increase trust and rapport and build relationship; help client feel accepted, understood, comfortable, reassured, and less anxious; help establish a person-to-person relationship.
5. Focus: To help client get back on the track, change subject, channel or structure the discussion if he or she is unable to begin or has been diffuse or rambling.
6. Clarify: To provide or solicit more elaboration, emphasis, or specification when client or therapist has been vague, incomplete, confusing, contradictory, or inaudible.

7. Hope: To convey the expectation that change is possible and likely to occur, convey that the therapist will be able to help the client, restore morale, build up the client's confidence to make changes.
8. Cathart: To promote relief from tension or unhappy feelings, allow the client a chance to let go or talk through feelings and problems.
9. Cognitions: To identify maladaptive, illogical, or irrational thoughts or attitudes (e.g., "I must be perfect").
10. Behaviors: To identify and give feedback about the client's inappropriate or maladaptive behaviors and/or then1 consequences, do a behavioral analysis, point out games.
11. Self-control: To encourage client to own or gain a sense of mastery or control over his or her own thoughts, feelings, behaviors, or impulses; help client become more appropriately internal rather than inappropriately external in taking responsibility for his or her role.
12. Feelings: To identify, intensity, and/or enable acceptance of feelings; encourage or provoke the client to become aware of or deepen underlying or hidden feelings or affect or experience feelings at a deeper level.
13. Insight: To encourage understanding of the underlying reasons, dynamics, assumptions, or unconscious motivations for cognitions, behaviors, attitudes, or feelings. May include an understanding of client's reactions to others' behaviors.
14. Change: To build and develop new and more adaptive skills, behaviors, or cognitions in dealing with self and others. May be to instill new, more adaptive assumptive models, frameworks, explanations, or conceptualizations. May be to give an assessment or option about client functioning that will help client see self in new way.
15. Reinforce change: To give positive reinforcement or feedback about behavioral, cognitive, or affective attempts at change to enhance the probability that the change will be continued or maintained; encourage risk taking and new ways of behaving.
16. Resistance: To overcome obstacles to change or progress. May discuss failure to adhere to therapeutic procedures, either in past or to prevent possibility of such failure in future.
17. Challenge: To jolt the client out of a present state; shake up current beliefs or feelings; test validity, adequacy, reality, or appropriateness of beliefs, thoughts, feelings, or behaviors; help client question the necessity of maintaining old patterns.
18. Relationship: To resolve problems as they arise in the relationship in order to build or maintain a smooth working alliance; heal ruptures in the alliance; deal with dependency issues appropriate to stage in treatment; uncover and resolve distortions in client's thinking about the relationship that are based on past experiences rather than current reality.
19. Therapist needs: To protect, relieve, or defend the therapist; alleviate anxiety. May try unduly to persuade, argue, or feel good or superior at the expense of the client.