

**PSYCHOTHERAPY PROCESS Q-SET CODING MANUAL**

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The purpose of the 100 items of the Psychotherapy Process Q-Set is to provide a basic language for the description and classification of therapy process. While built on general assumptions of psychotherapy as an interpersonal process, it is intended to be neutral with respect to any particular theory of therapy, and should permit the portrayal of a wide range of therapeutic interactions. It is hoped that the use of a standard language and rating procedure will provide the means for systematically characterizing patient-therapist interaction. Rather than focusing on small segments of patient or therapist communications, raters Q-sort entire therapy sessions, allowing judges a greater opportunity to capture events of importance, and providing them with the possibility of rating assimilated or digested impressions of therapy process. The general purpose of the instrument is to provide a meaningful index of the therapeutic process which may be used in comparative analyses or studied in relation to pre-and post-therapy assessments.

Although all of the instructions for using the PQS are included here, the nuances of accurate rating require specific training and discussion. While new raters can typically attain reliability amongst themselves by learning the measure on their own and practicing ratings, the subtleties of the rating process often results in invalid ratings. For this reason it is critical that new raters compare their ratings to those of master raters so as to insure their validity. Training from master raters is recommended and typically required before new raters can attain adequate reliability with master raters.

After studying the process data, and arriving at some formulation of the material, look through the 100 items. Sort these statements into nine categories, placing at one end those items you believe to be the *most characteristic* with respect to your understanding of the material, and, at the other end, those items you believe to be *most uncharacteristic* with reference to your formulation.

A convenient method of sorting is to first form three categories of items -- those items deemed characteristic, those items deemed uncharacteristic, and those items that are relatively unimportant to the session. No attention need be paid to the number of items falling into each of these three groupings at this time. When the three categories of items have been created, they can be further divided, this time into their proper proportions. The number of items to be placed in each category is:

Category	Number of cards	Label of category
9	5	extremely characteristic or salient
8	8	quite characteristic or salient
7	12	fairly characteristic or salient
6	16	somewhat characteristic or salient
5	18	relatively neutral or unimportant
4	16	Somewhat uncharacteristic or negatively salient
3	12	fairly uncharacteristic or negatively salient
2	8	quite uncharacteristic or negatively salient
1	5	Extremely uncharacteristic or negatively salient

You may feel some discomfort at the constraints imposed upon you by the Q-set items and the sorting procedure. As is true of other systems of content analysis, the Q-set is designed to reduce complex interaction to manageable proportions, and to achieve research economy. No instrument of this kind perfectly fits or captures all therapeutic interactions. It should also be noted that assignment of a fixed number of items to each category has been shown empirically to be a more valuable procedure than the situation in which a clinician can assign any number of items to a category. The Q-items themselves represent a good deal of reflection and advice. While not all characteristics or events of a particular therapy can be expressed by the extremeness of placement of certain statements, they can be captured by a conjunction of two or more of the items. The intent of the Q-set is to allow the description of dimensions of psychotherapy process by means of the suitable placement of items and the configuration of statements that is consequently built.

The Q-set comprises three types of items: (1) items describing patient attitude and behavior or experience; (2) items reflecting the therapist actions and attitudes; and (3) items attempting to capture the nature of the interaction of the dyad, or the climate or atmosphere of the encounter. The definitions, or descriptions, of the items in this manual, and the examples provided, are intended to minimize potentially varying interpretations of the items. It should be carefully studied, and the full rating description of each item should be used when rating, rather than just the item name. Judges are asked to take the position of a "generalized other" i.e. an observer who stands mid-way between patient and therapist and who views the interaction from the outside. In placing each item, raters should ask themselves: Is this attitude, behavior, or experience clearly present (or absent)? If the evidence is not compelling, raters should ask themselves: To what extent is it present or absent? Search for *specific* evidence. Try to be as open-minded and objective as possible. Avoid, for example, judgments of whether a particular therapist activity is effective or ineffective, or desirable or undesirable from a particular theoretical orientation. Be aware of preconceived ideas you may have about 'ideal' therapeutic interactions. In particular, try not to be influenced by your personal reactions to either therapist or patient; for example, avoid the tendency for your ratings to be influenced by whether you would like to have this person as your therapist, or by how you might react to the patient if you were the therapist.

Raters are sometimes uncertain as to whether a particular item should be placed in the *relatively neutral* or *unimportant* category, or in one of the categories reflecting that it is *uncharacteristic* of the hour. An item should be placed in the *neutral* category when it is truly irrelevant or inconsequential in relation to the interaction. A more extreme placement of the item in the *uncharacteristic* direction signals that absence of a particular behavior or experience is salient and should be captured in the Q-set description of the hour. In other words, an event whose absence would be important to mark in order to achieve a more complete description of the hour can be captured by an item placement in an uncharacteristic rather than neutral category. Many items have specific instructions about this in their definitions.

Raters may occasionally feel that there is insufficient evidence to make a judgment of this kind (as well as to make other kinds of item placements) with good confidence. Also, there are several items in which both the characteristic and uncharacteristic ends of the continuum are represented in a single hour. In these cases, the rater must determine whether one end of the continuum is significantly more salient than the

other and rate the item accordingly. Otherwise, a rating in the neutral range is appropriate. However, extensive work has already demonstrated that with patience and care, high inter-rater reliability of Q-descriptions can be achieved.

**Item 1: Patient expresses, verbally or non-verbally, negative feelings (e.g. criticism, hostility) toward therapist (vs. makes approving or admiring remarks).**

Place toward *characteristic* end if patient expresses, verbally or non-verbally, feelings of criticism, dislike, envy, scorn, anger, or antagonism toward therapist. E.g. patient rebukes therapist for failing to provide enough direction in the therapy.

Place toward *uncharacteristic* end if patient expresses, verbally or non-verbally, positive or friendly feelings about therapist, e.g. makes what appear to be complimentary remarks to therapist.

**Item 2: Therapist draws attention to patient's non-verbal behavior, e.g. body posture, gestures, tone of voice.**

Place toward *characteristic* end if therapist draws attention to patient's non-verbal behavior, such as facial expressions, blushes, or body movements. E.g. therapist points out that although patient says s/he is angry, the patient is smiling.

Place toward *uncharacteristic* end if there is little or no focus on non-verbal behavior.

**Item 3: Therapist's remarks are aimed at facilitating patient speech.**

Place toward *characteristic* end if therapist's responses or behavior indicate that he or she is listening to the client and encouraging him or her to continue, such as: um-hmm, yeah, sure, right, and the like.

Place toward *uncharacteristic* end if therapist does not respond in such a manner as to facilitate patient talk (does not refer to questions, exploratory comments).

**Item 4: The patient's treatment goals are discussed.**

Place toward *characteristic* end if there is talk about what the patient wishes to achieve as a result of therapy. These wishes or goals may refer to personal or 'inner' changes (E.g. "I started therapy in order to get over my depressions") or change in life circumstances ("I wonder if therapy will result in my getting married").

Place toward *uncharacteristic* end if there is no reference or allusion by therapist or patient to the possible consequences of the therapy.

**Item 5: Patient has difficulty understanding the therapist's comments.**

Place toward *characteristic* end if patient seems confused by therapist's comments. This may be defensive or a result of therapist's lack of clarity. E.g. patient repeatedly says "What?" or otherwise indicates that s/he doesn't know what the therapist means.

Place toward uncharacteristic end if patient readily comprehends therapist's comments.

**Item 6: Therapist is sensitive to the patient's feelings, attuned to the patient; empathic.**

Place toward characteristic end if therapist displays the ability to sense the patient's 'private world' as if it was his or her own; if the therapist is sensitive to the patient's feelings and can communicate this understanding in a way that seems attuned to the patient, e.g. therapist makes a statement that indicates an understanding of how the patient felt in a certain situation.

Place toward uncharacteristic end if therapist does not seem to have a sensitive understanding of patient's feelings or experience.

**Item 7: Patient is anxious or tense (vs. calm and relaxed).**

Place toward characteristic end if patient manifests tenseness or anxiety or worry. This may be demonstrated by direct statements, e.g. "I feel nervous today," or indirectly by stammers, stuttering, etc., or other behavioral indicators.

Place toward uncharacteristic end if patient appears calm or relaxed or conveys a sense of ease.

**Item 8: Patient is concerned or conflicted about his or her dependence on the therapist (vs. comfortable with dependency, or wanting dependency).**

Place toward characteristic end if patient appears concerned about dependency, e.g. shows a need to withdraw from the therapist, or in some manner reveals a concern about becoming dependent on the therapy.

Place toward uncharacteristic end if patient does not convey concern about dependency. This may take the form of expressions of helplessness; or the patient may appear either comfortable or gratified by a dependent relationship with the therapist.

Place toward the neutral range if patient experiences a sense of relative independence in the therapy relationship.

**Item 9: Therapist is distant, aloof (vs. responsive and affectively involved).**

Place toward characteristic end if therapist's stance toward the patient is cool, formal, and detached, or marked by emotional retreat or withdrawal.

Place toward uncharacteristic end if therapist is genuinely responsive and affectively involved.

**Item 10: Patient seeks greater intimacy with the therapist.**

Place toward *characteristic* end if patient appears to either wish or attempt to transform the therapy relationship into a more social or personal and intimate relationship. E.g. patient expresses concern about the therapist; or attempts to gain knowledge of the therapist's personal life.

Place toward *uncharacteristic* end if patient does not appear to seek greater closeness with the therapist.

**Item 11: Sexual feelings and experiences are discussed.**

Place toward *characteristic* end if the patient's sexuality is discussed. This can take the form of a discussion of sexual problems, or the patient's sexual feelings or fantasies or actual sexual experiences. E.g. patient talks of wanting to have sex with a romantic partner more frequently.

Place toward *uncharacteristic* end if patient does not discuss sexual or erotic material.

**Item 12: Silences occur during the hour.**

Place toward *characteristic* end if there are many periods of silence during the hour, or a few extended periods of silence.

Place toward *uncharacteristic* end if there are few silences.

**Item 13: Patient is animated or excited.**

Place toward *characteristic* end if patient directly expresses, or behaviorally displays a feeling of excitation or appears aroused in some way. E.g. patient becomes animated in response to therapist's interpretation.

Place toward *uncharacteristic* end if patient appears bored, dull, or lifeless.

**Item 14: Patient does not feel understood by therapist.**

Place toward *characteristic* end if patient expresses concern about feeling misunderstood by the therapist or assumes that the therapist cannot understand his or her experience or feelings. E.g. a widow doubts the therapist's ability to understand her plight since he has never been in her situation.

Place toward *uncharacteristic* end if patient somehow conveys the sense that the therapist understands his or her experience or feelings. E.g. patient comments, in response to therapist's remarks, "Yes, that's exactly what I mean."

**Item 15: Patient does not initiate or elaborate topics.**

Place toward *characteristic* end if patient does not initiate or elaborate topics for discussion, brings up problems, or otherwise fails to assume some responsibility for the hour. E.g. patient states that s/he doesn't know what to talk about.

Place toward uncharacteristic end if patient is willing to break silences, or supplies topics either spontaneously or in response to therapist's probes, and actively pursues or elaborates them.

**Item 16: There is mention or discussion of body functions, physical symptoms, or health.**

Place toward characteristic end if discussion emphasizes somatic concerns or physical symptoms. E.g. patient may complain of fatigue or illness, or of having headaches, menstrual pains, poor appetite, and the like.

Place toward uncharacteristic end if physical complaints are not an important topic of discussion. A more extreme, uncharacteristic placement indicates that the absence of discussion is salient.

**Item 17: Therapist actively exerts control over the interaction (e.g. structuring, introducing new topics).**

Place toward characteristic end if therapist intervenes more than is usually expected in the therapeutic context. Do not rate on the basis of perceptiveness or appropriateness of interventions. E.g. rate as very characteristic if therapist is so active that he or she frequently interrupts to ask questions or make a point.

Place toward uncharacteristic end if therapist intervenes relatively infrequently, and makes little effort to structure the interaction; or if therapist tends to follow the lead of patient, e.g. allowing patient to introduce main topics for discussion and subsequently helping patient to follow his or her train of thought.

**Item 18: Therapist conveys a sense of non-judgmental acceptance. (N.B. Placement toward uncharacteristic end indicates disapproval, lack of acceptance).**

Place toward characteristic end if therapist refrains from overt or subtle negative judgments of the patient; "unacceptable" or problematic behavior of the patient may be explored while conveying the sense that the patient is worthy. Therapist displays "unconditional positive regard."

Place toward uncharacteristic end if therapist's comments or tone of voice convey criticism, a lack of acceptance, or objection to the patient's behavior. A more extreme placement indicates therapist communicates that patient's character or personality is somehow displeasing, objectionable or disturbed.

**Item 19: There is an erotic quality to the therapy relationship.**

Place toward characteristic end if the therapy relationship seems somehow sexualized. This could range from the presence of a warm, erotically tinged relationship to coy or seductive behavior on the part of the patient, to overtly



stated wishes for sexual gratification. E.g. patient talks of sexual experiences in such a way as to invite the sexual interests of the therapist.

Place toward *uncharacteristic* end if therapy relationship seems basically unsexualized; a more extreme placement in this direction indicates that patient (or therapist) avoid topics or behavior which might be viewed as betraying a sexual interest; or, that there is an attempt to manage or suppress erotic feeling.

**Item 20: Patient is provocative, tests limits of the therapy relationship. (N.B. Placement toward uncharacteristic end implies patient behaves in a compliant manner).**

Place toward *characteristic* end if patient seems to behave in a manner aimed at provoking an emotional response in the therapist. E.g. patient may invite rejection by the therapist by behaving in a way which might anger him or her, or by violating one or another aspect of the therapy contract.

Place toward *uncharacteristic* end if patient is particularly compliant, deferential, or seems to be playing the role of the "good patient" as a way of courting the therapist.

**Item 21: Therapist self-discloses.**

Place toward *characteristic* end if therapist reveals personal information, or personal reactions to the patient. E.g. therapist tells patient where he or she grew up, or tells the patient "I find you a very likable person."

Place toward *uncharacteristic* end if therapist refrains from such self-disclosure. More extreme placement in this direction indicates therapist does not self-disclose even when patient exerts pressure for therapist to do so. E.g. therapist does not answer question directly when patient asks whether the therapist is married.

**Item 22: Therapist focuses on patient's feelings of guilt.**

Place toward *characteristic* end if therapist focuses on, or somehow draws attention to, patient's guilty feelings, particularly when there is an intent to help alleviate such feelings. E.g. therapist remarks that patient appears to feel guilty when she occasionally does not respond to one of her daughter's incessant requests for help.

Place toward *uncharacteristic* end if therapist does not emphasize patient's feelings of guilt.

**Item 23: Dialogue has a specific focus.**

Place toward *characteristic* end if when reflecting upon the hour the rater can identify a single or several clear foci. E.g. the foremost topic of the hour was the patient's feeling that throughout the course of his life, and in many different ways, he has failed to live up to his father's expectations of him.

Place toward uncharacteristic end if discussion or dialogue seems somewhat diffuse.

**Item 24: Therapist's own emotional conflicts intrude into the relationship.**

Place toward characteristic end if therapist appears to respond to the patient in a somehow ineffective or inappropriate way, and when this response does not stem solely from the therapy encounter, but conceivably derives from the therapist's own emotional or psychological conflicts (e.g. countertransference reaction). E.g. therapist seems to avoid or shows personal interest in certain affects or issues which the patient expresses or needs to express.

Place toward uncharacteristic end if therapist's personal emotional responses do not intrude in the therapy relationship inappropriately.

**Item 25: Patient has difficulty beginning the hour.**

Place toward characteristic end if patient manifests discomfort or awkwardness in the initial moments or minutes of the session. E.g. There is a lengthy silence or the patient says "Well, I don't know what to talk about today."

Place toward uncharacteristic end if patient begins hour directly without lengthy pauses, difficulty beginning, or prompting questions from the therapist.

**Item 26: Patient experiences discomforting or troublesome (painful) affect during the session.**

Place toward characteristic end if patient experiences discomforting or troublesome affect. Placement toward the extreme ends indicates intensity of affect.

Place toward uncharacteristic end if patient does not experience troublesome feelings.

**Item 27: Therapist gives explicit advice or guidance (vs. defers even when pressed to do so).**

Place toward characteristic end if therapist gives explicit advice or makes particular suggestions which patient is then free to accept or ignore. E.g. therapist says, "You know, you might find it helpful to consult a lawyer about how to handle your inheritance." Or therapist might guide patient to consider a range of options and to explore each alternative. E.g. therapist may point out possibilities the patient overlooks and direct patient to explore possible consequences of each line of action.

Place toward uncharacteristic end if therapist refrains from giving advice; extreme placement in this direction indicates that the therapist does not supply

such guidance despite pressure from the patient to do so, or when it might be useful to do so.

**Item 28: Therapist accurately perceives the therapeutic process.**

Place toward *characteristic* end if the therapist seems to accurately perceive the patient's emotional state, intent of his or her speech, or experience of the therapy relationship. This should be inferred from the therapist's comments, interventions, or general stance toward the patient. Judgment should be independent of the type of therapy (i.e. cognitive-behavioral, psychoanalytic) being conducted; rather the rater should attempt an assessment of the process observed in this particular hour.

Place toward *uncharacteristic* end if the therapist appears in some manner to misperceive the patient's emotional state, the intent of his or her speech, or the nature of the interaction between them, or if the therapist tends to inaccurately formulate the problem.

**Item 29: Patient talks of wanting to be separate or distant from someone (excludes therapist).**

Place toward *characteristic* end if patient talks about wanting greater distance or a sense of independence from someone (excludes therapist) e.g. states wish to finally be free of his or her parents' influence.

Place toward *uncharacteristic* end if patient does not talk of wanting to be separate, independent, or detached.

**Item 30: The content of the session centers on cognitive themes, i.e. ideas or belief systems.**

Place toward *characteristic* end if dialogue emphasizes particular conscious ideational themes, beliefs or constructs used to appraise others, the self, or the world. E.g. therapist suggests they look more closely at a patient's idea or belief that unless he accomplishes everything he attempts perfectly, he is worthless.

Place toward *uncharacteristic* end if there is little or no discussion of such ideas or constructs.

**Item 31: Therapist asks for more information or elaboration.**

Place toward *characteristic* end if the therapist asks questions designed to elicit information, or presses the patient for a more detailed description of an occurrence. E.g. therapist asks about the patient's personal history, or inquires what thoughts went through the patient's mind when s/he met an acquaintance by chance on the street.

Place toward *uncharacteristic* end if therapist does not actively elicit information.

**Item 32: Patient achieves a new understanding or insight.**

Place toward *characteristic* end if a new perspective, or new connection or attitude, or warded-off content emerges during the course of the hour. E.g. following the therapist's remark, the patient appears thoughtful and says, "I think that's true. I had never really thought about the situation that way before."

Place toward *uncharacteristic* end if no evidently new insight or awareness emerges during the hour.

**Item 33: Patient talks of feeling close to or wanting to be close to someone (excludes therapist).**

Place toward *characteristic* end if patient talks about being, or wanting to be, close or intimate with someone (excluding therapist). E.g. patient states he or she is lonely, and would like to be with someone.

Place toward *uncharacteristic* end if patient does not make statements about being or wanting to be close and intimate.

**Item 34: Patient blames others, or external forces, for difficulties.**

Place toward *characteristic* end if patient tend to externalize, blaming others or chance events for difficulties. E.g. patient claims his or her problems with work stem from the fact that he or she has had bad luck with employees.

Place toward *uncharacteristic* end if patient tends to assume responsibility for his or her problems, e.g. noting that his or her unhappiness in romantic relationships may be the result of choosing unsuitable partners.

**Item 35: Self-image is a focus of the session.**

Place toward *characteristic* end if a topic discussed by the patient and/or the therapist is the patient's concept, feelings, attitudes, or perceptions of him or her self, whether positive or negative. E.g. patient talks of how it is sometimes difficult (to her) to stand up for herself because she then experiences herself as being too aggressive.

Place toward *uncharacteristic* end if images of the self play little or no part in the dialogue.

**Item 36: Therapist points out patient's attempts to ward off awareness of threatening information or feelings.**

Place toward *characteristic* end if a major topic is defensive maneuvers (e.g. undoing, denial) used by the patient to ward off awareness of threatening information or feelings. E.g. the therapist points out how the patient is compelled to profess love for his father directly after having made critical remarks about him.

Place toward *uncharacteristic* end if this sort of interpretation of defenses plays little or no role during the hour.

**Item 37: Therapist behaves in a teacher-like (didactic) manner.**

Place toward *characteristic* end if therapist's attitude or stance toward patient is like that of a teacher to a student. This can be judged independently of specific content, i.e., therapist can impart information to make suggestions without behaving in a didactic or teacherly way, and alternative interpretations can be offered in the form of instruction.

Place toward *uncharacteristic* direction if therapist does not assume a tutor-like role in relation to the patient.

**Item 38: There is discussion of specific activities or tasks for the patient to attempt outside of session.**

Place toward *characteristic* end if there is discussion of a particular activity the patient might attempt outside of therapy, such as testing the validity of a particular belief or behaving differently than s/he might typically do, or reading books. E.g. there is talk about the patient facing a feared situation or object that s/he usually avoids.

Place toward *uncharacteristic* end if there is no talk about the patient attempting particular actions of this sort outside of therapy.

**Item 39: There is a competitive quality to the relationship.**

Place toward *characteristic* end if either patient or therapist seems competitive with the other. This may take the form of boasting, "one-upping," or putting the other down. E.g. the patient suggests that therapists live a cloistered life while s/he is out living and working in the real world.

Place toward *uncharacteristic* end if there is little or no feeling of competitiveness between patient and therapist.

**Item 40: Therapist makes interpretations referring to actual people in the patient's life (N.B. Placement toward *uncharacteristic end* indicates therapist makes general or impersonal interpretations.)**

Place toward *characteristic* end if therapist's interpretations refer to particular people the patient knows. E.g. therapist says, "you felt hurt and angry when your mother criticized you."

Place toward *uncharacteristic* end if interpretations do not refer to particular people, or refer to other aspects of the patient's life. E.g. therapist comments, "You seem to be inclined to withdraw when others become close."

**Item 41: Patient's aspirations or ambitions are topics of the session.**

Place toward *characteristic* end if patient talks about life projects, goals, or wishes for success or status. E.g. patient talks about his or her hopes to become a lawyer and earn a substantial income.

Place toward *uncharacteristic* end if patient shows a constriction of future expectations, whether in the form of realistic planning or wishful thinking.

**Item 42: Patient rejects (vs. accepts) therapist's comments and observations.**

Place toward *characteristic* end if patient typically disagrees with or ignores therapist's suggestions, observations, or interpretations. E.g. after the therapist made a major interpretation, the patient casually remarked that s/he didn't think that was quite it.

Place toward *uncharacteristic* end if the patient tends to agree with therapist's remarks.

**Item 43: Therapist suggests the meaning of others' behavior.**

Place toward *characteristic* end if therapist attempts to interpret the meaning of the behavior of people in the patient's life. E.g. the therapist suggests that the patient's romantic partner has problems with intimacy.

Place toward *uncharacteristic* end if therapist does not make comments about the meaning of the behavior of others.

**Item 44: Patient feels wary or suspicious of the therapist (vs. trusting and secure).**

Place toward *characteristic* end if patient appears, wary, distrustful, or suspicious of the therapist. E.g. patient wonders whether the therapist really likes him or her, or if there is another, hidden meaning in the therapist's remarks.

Place toward *uncharacteristic* end if patient seems to be trusting and unsuspecting.

**Item 45: Therapist adopts supportive stance.**

Place toward *characteristic* end if therapist assumes a supportive, advocate-like posture toward the patient. This may take the form of approval of something the patient has done, or encouraging, for example, the patient to assert him or herself. Or the therapist may agree with the patient's positive self-statement, or emphasize the patient's strengths, e.g. "You did this in the past, and you can do it again."

Place toward *uncharacteristic* end if therapist tends not to assume a supportive role of this sort.

**Item 46: Therapist communicates with patient in a clear, coherent style.**

Place toward *characteristic* end if therapist's language is unambiguous, direct, and readily comprehensible. Rate as very *characteristic* if therapist's verbal style is evocative, and marked by a freshness of words and phrasing.

Place toward *uncharacteristic* end if therapist's language is diffuse, overly abstract, jargon-laden, or stereotypic.

**Item 47: When the interaction with the patient is difficult, the therapist accommodates in an effort to improve relations.**

Place toward *characteristic* end if therapist appears willing and open to compromise and accommodation when disagreement occurs, or when conflicts arise in the dyad. E.g. when the patient becomes annoyed with the therapist, he or she makes some effort to mollify the patient.

Place toward *uncharacteristic* end if therapist does not exert an effort to improve matters when the interaction becomes difficult.

**Item 48: The therapist encourages independence of action or opinion in the patient.**

Place toward *characteristic* end if therapist urges patient to think for him or herself and to take action based on what he or she thinks best. E.g. therapist notes that he has now heard from the patient what her mother and colleagues think she should do, but it's not clear what she wants or thinks.

Place toward *uncharacteristic* end if therapist does not introduce the issue of independence or initiative as a topic.

**Item 49: The patient experiences ambivalent or conflicted feelings about the therapist.**

Place toward *characteristic* end if patient expresses mixed feeling about the therapist or if the patient's overt verbalizations about the therapist are incongruent with the tone of his or her behavior or general manner, or if there seems to be some displacement of feelings. E.g. the patient cheerfully agrees with the therapist's suggestions, but then goes on to express hostility toward people who tell him or her what to do.

Place toward *uncharacteristic* end if there is little expression of patient ambivalence towards therapist.

**Item 50: Therapist draws attention to feelings regarded by the patient as unacceptable (e.g. anger, envy, or excitement.)**

Place toward *characteristic* end if therapist comments upon or emphasizes feelings that are considered wrong, inappropriate, or dangerous by the patient. E.g. therapist remarks that patient sometimes feels a jealous hatred of his more successful brother.

Place toward *uncharacteristic* end if therapist tends not to emphasize feeling reactions that the patient finds difficult to recognize or accept.

**Item 51: Therapist condescends to or patronizes the patient.**

Place toward *characteristic* end if therapist seems condescending toward patient, treating him or her as if less intelligent, accomplished, or sophisticated. This may be inferred from the manner in which therapist delivers comments, or offers advice.

Place toward *uncharacteristic* end if therapist conveys by his or her manner, tone of voice, or comments, that s/he does not assume an attitude of superiority.

**Item 52: Patient relies upon therapist to solve his/her problems.**

Place toward *characteristic* end if patient appears to present problems to the therapist in a manner which suggest a hope or expectation that the therapist will offer specific suggestions or advice in the way of a solution. E.g. patient states uncertainty as to whether or not to break up with a romantic partner and asks the therapist what he or she should do. Note that the appeal for a solution need not be explicitly stated but may be implied by the manner in which the patient discusses the problem.

Place toward *uncharacteristic* end if patient does not appear explicitly or implicitly to rely on the therapist to solve problems.

**Item 53: Patient is concerned about what therapist thinks of him or her.**

Place toward *characteristic* end if patient seems concerned with what the therapist might think of his or her behavior, or is concerned about being judged. E.g. the patient might comment, "You are probably thinking that was a stupid thing to do." Rater may also infer this from patient behavior, e.g. patient boasts of accomplishments in order to favorably impress the therapist.

Place toward *uncharacteristic* end if patient does not seem concerned with the kind of impression s/he is creating, or appears unworried about being judged by therapist.

**Item 54: Patient expresses himself or herself in a clear and organized fashion.**

Place toward *characteristic* end if patient expresses him or herself in a manner which is easily understandable, and relatively clear and fluent.

Place toward *uncharacteristic* end if patient's speech is characterized by rambling, frequent digression, or vagueness. This can sometimes be judged by the rater's inability to readily follow the connections between topics the patient discusses.

**Item 55: Patient conveys positive expectations about therapy.**



Place toward *characteristic* end if patient expresses the hope or expectation that therapy will be of help. A more extreme placement in this direction indicates that the patient expresses unrealistically positive expectations, i.e. therapy will solve all of his or her problems and will be a protection against future difficulties. E.g. client may convey hope that therapy will provide quick results.

Place toward *uncharacteristic* end if patient expresses criticisms of therapy, e.g. conveys a sense of disappointment that therapy is not more effective or gratifying. A more extreme placement indicates patient expresses skepticism, pessimism or disillusionment about what can be accomplished in therapy.

**Item 56: Patient discusses experiences as if distant from his or her feelings.**

Refer to patient's attitude toward the material spoken, how much he or she appears to care about it, as well as how much overt affective expression there is.

Place toward *characteristic* end if patient displays little concern or feeling, and is generally flat, impersonal, or half-heartedly indifferent (tension may or may not be apparent).

Place toward *uncharacteristic* end if affect is apparent and patient is emotionally involved with the material. Place toward *very uncharacteristic* end if patient expresses sharp affect, or outbursts of emotion, and deeply felt concern.

**Item 57: Therapist explains rationale behind his or her technique or approach to treatment, or suggests that the patient use certain techniques.**

Place toward *characteristic* end if therapist explains some aspect of the therapy to the patient. E.g. therapist may reply in response to a direct question or request by the patient that s/he prefers not to answer immediately, since this would provide a better opportunity to explore thoughts or feelings associated with the question. Also includes the therapist answering questions about treatment process.

Place toward *uncharacteristic* end if little or no explanation is made by the therapist to explain the rationale behind some aspect of the treatment, even if there is pressure, or there may be some utility in doing so.

**Item 58: Patient does not examine thoughts, reactions or motivations related to his or her role in creating or perpetuating problems.**

Place toward *characteristic* end if patient is reluctant to examine his or her own role in perpetuating problems, e.g. by balking, avoiding, blocking, or repeatedly changing the subject whenever a particular topic is introduced.

Place toward *uncharacteristic* end if patient actively contemplates, or is able to pursue, trains of thoughts regarding his or her role in creating or perpetuating problems.

**Item 59: Patient feels inadequate and inferior (vs. effective and superior).**

Place toward *characteristic* end if patient expresses feelings of inadequacy, inferiority, or ineffectiveness. E.g. patient states that nothing he attempts really turns out the way he hopes it will.

Place toward *uncharacteristic* end if patient expresses a sense of effectiveness, superiority, or even triumph, e.g. recounts personal achievements, or claims attention for a personal attribute or skill.

**Item 60: Patient has cathartic experience (N.B. rate as uncharacteristic if emotional expression is not followed by a sense of relief).**

Place toward *characteristic* end if patient gains relief by giving vent to suppressed or pent-up feeling. E.g. patient cries intensely over the death of a parent, and then tells the therapist s/he feels better or appears to feel better as a result of expressing feelings.

Place toward *uncharacteristic* end if the experience of strong affect is not followed by a sense of relaxation or relief.

Rate as neutral if cathartic experience plays little or no role in the hour.

**Item 61: Patient feels shy and embarrassed (vs. unselfconscious and assured).**

Place toward *characteristic* end if patient appears shy, embarrassed, or not self-assured, or at the extreme, humiliated or mortified.

Place toward *uncharacteristic* end if patient appears unselfconscious, assured, or certain of him or herself.

**Item 62: Therapist identifies a recurrent theme in the patient's experience or conduct.**

Place toward *characteristic* end if therapist points out a recurrent pattern in the patient's life experience or behavior. E.g. therapist notes that patient repeatedly seeks out unavailable sexual partners.

Place toward *uncharacteristic* end if therapist does not identify such a theme or recurrent pattern.

**Item 63: Patient's interpersonal relationships are a major theme.**

Place toward *characteristic* end if a major focus of discussion is the patient's social or work relationships, or personal, emotional involvements (*excludes* discussion of therapy relationship [see Item 98] and *excludes* discussion of love or romantic relationships [see Item 64]). E.g. patient discusses at some length his or her distress over conflicts with a boss.

Place toward *uncharacteristic* end if a good portion of the hour is devoted to discussion of matters that are not directly connected to relationships, e.g. the patient's compulsion to work, or drive to achieve, or his/her preoccupation with food and eating.

N.B.: Item does not refer to discussion of relationships in the distant past. (See Item 91, Memories or reconstructions of infancy and childhood are topics of discussion.)

**Item 64: Feelings about romantic love relationships are a topic of the session.**

Place toward *characteristic* end if romantic or love relationships are talked about during the hour. E.g. patient talks about feelings toward a romantic partner.

Place toward *uncharacteristic* end if love relationships do not emerge as a topic.

**Item 65: Therapist restates or rephrases the patient's communication in order to clarify its meaning.**

Place toward *characteristic* end if one aspect of the therapist's activity is restating or rephrasing the patient's affective tone, statements, or ideas in a somewhat more recognizable form in order to render their meaning more evident. E.g. therapist remarks, "What you seem to be saying is that you're worried about what therapy will be like."

Place toward *uncharacteristic* end if the therapist seldom employs this kind of clarifying activity during the hour.

**Item 66: Therapist is directly reassuring (N.B. Place in *uncharacteristic* direction if therapist tends to refrain from providing direct reassurance).**

Place toward *characteristic* end if therapist attempts to directly allay patient's anxieties and instill hope that matters will improve. E.g. therapist tells patient there is no reason for worry; he or she is sure the problem can be solved.

Place toward *uncharacteristic* end if the therapist tends to refrain from providing direct reassurance of this kind.

**Item 67: Therapist draws the patient's attention to wishes, feelings, or ideas that may not be in awareness.**

Place toward *characteristic* end if therapist draws the patient's attention to feelings, thoughts, or impulses that may not be clearly in awareness. Rater must attempt to infer the quality of mental content (i.e. the extent to which it is in awareness) from the context of the hour (excludes interpretation of defensive maneuvers: see Item 36).

Place toward *uncharacteristic* end if therapist focuses on material that appears to be clearly in the conscious awareness of the patient.

**Item 68: Real vs. fantasized meanings of experiences are actively differentiated.**

Place toward *characteristic* end if therapist or patient notes differences between patient's fantasies about an occurrence and the objective reality. E.g. therapist points out that although the patient may have harbored death wishes toward the deceased, he or she did not, in reality, cause the heart attack. Distortions and erroneous assumptions should also be included, e.g. therapist asks where patient got that idea when he or she repeatedly describes the world as dangerous.

Place toward *uncharacteristic* end if little of the activity of the therapy hour is concerned with distortions of reality.

**Item 69: Patient's current or recent life situation is emphasized in the session.**

Place toward *characteristic* end if patient or therapist emphasizes very recent or current life events. E.g. patient talks about depression over a spouse's recent death.

Place toward *uncharacteristic* end if discussion of current life situation is not an important aspect of the hour.

**Item 70: Patient struggles to control feelings or impulses.**

Place toward *characteristic* end if patient attempts to manage or control strong emotions or impulses. E.g. patient fights to hold back tears while obviously distressed.

Place toward *uncharacteristic* end if patient does not attempt to manage or control emotions or impulses.

**Item 71: Patient is self-accusatory; expresses shame or guilt.**

Place toward *characteristic* end if patient expresses self-blame, shame, or guilt. E.g. that patient claims that if s/he had paid more attention to a spouse's low moods, the spouse might not have committed suicide.

Place toward *uncharacteristic* end if patient does not make statements reflecting self-blame, a sense of shame, or pangs of conscience.

**Item 72: Patient understands the nature of therapy and what is expected.**

Placement toward *characteristic* end reflects the extent to which the patient appears to comprehend what is expected of him or her in the situation and what will happen in therapy.

Placement toward *uncharacteristic* end suggests that the patient is uncertain, confused or misunderstands his or her role in therapy and what is expected in the situation.

**Item 73: The patient is committed to the work of therapy.**

Place toward *characteristic* end if patient seems committed to the work of therapy. May include willingness to make sacrifices to continue this endeavor, in terms of time, money, inconvenience; may also include genuine desire to understand more about the self in spite of the psychological discomfort this may entail. E.g. a patient was so interested in beginning treatment that he or she was willing to give up a weekly golf game to keep his/her appointments.

Place toward *uncharacteristic* end if patient seems ambivalent about therapy, or unwilling to tolerate the emotional hardships that therapy might entail. May be expressed in terms of complaints about the expense of therapy, in scheduling conflicts, or statements of doubt about the effectiveness of treatment, or uncertainty about wanting to change.

**Item 74: Humor is used.**

Place toward *characteristic* end if therapist or patient displays humor during the course of the hour. This may appear as a defense/coping mechanism in the patient; or the therapist may use wit or irony to make a point or to facilitate development of a working relationship with the patient. E.g. patient demonstrates an ability to laugh at herself or her predicament.

Place toward *uncharacteristic* end if the interaction appears grave, austere or somber.

**Item 75: Termination of therapy is mentioned or discussed.**

Place toward *characteristic* end if patient or therapist talks of the end of therapy. Includes all reference to termination, i.e. whether it is wished for, feared, or threatened.

Place toward *uncharacteristic* end if discussion of termination seems to be avoided. E.g. the upcoming termination is mentioned, but neither patient nor therapist pursues the subject.

Rate as neutral if no reference to termination is made.

**Item 76: Therapist suggests that patient accept responsibility for his or her problems.**

Place toward *characteristic* end if therapist attempts to convey to the patient that s/he must take some action, or change somehow, if his or her difficulties are to improve. E.g. therapist comments, "Let's look at what you may have done to elicit that response (from another person)."

Place toward *uncharacteristic* end if therapist's actions are in general not aimed at persuading patient to assume greater responsibility.

**Item 77: Therapist is tactless.**

Place toward *characteristic* end if therapist's comments seem to be phrased in ways likely to be perceived by the patient as hurtful or derogatory. This lack of tact or sensitivity may not be a result of therapist's annoyance or irritation, but rather a result of lack of technique, polish, or verbal facility.

Place toward *uncharacteristic* end if therapist's comments reflect kindness, consideration, or carefulness.

**Item 78: Patient seeks therapist's approval, affection, or sympathy.**

Place toward *characteristic* end if patient behaves in a manner that appears designed to make therapist like him or her, or to gain attention or reassurance.

Place toward *uncharacteristic* end if patient does not behave in this fashion.

**Item 79: Therapist comments on changes in patient's mood or affect that occur during the hour.**

Place toward *characteristic* end if therapist makes frequent or salient comments about shifts in the patient's mood or quality of experience during the hour. E.g. therapist notes that in response to his comments, patient has shifted from a 'devil may care' attitude to feeling hurt but working more seriously on his or her problems.

Place toward *uncharacteristic* end if therapist tends not to comment on changes in patient's states of mind during the hour.

**Item 80: Therapist presents a specific experience or event in a different perspective.**

Place toward *characteristic* end if therapist restates what the patient has described in such a way that the patient is likely to look at the situation differently ('reframing' or 'cognitive restructuring'). A new (and usually more positive) meaning is given to the same content. In rating this item, a particular event or experience that has been 'reframed' should be identified. E.g. After a patient berates him or herself for having started an ugly quarrel with a romantic partner, the therapist says that this is his or her way of expressing what he or she needs in that relationship.

Place toward *uncharacteristic* end if this does not constitute an important aspect of the therapist's activity during the hour.

**Item 81: Therapist emphasizes patient feelings in order to help him or her experience them more deeply.**

Place toward *characteristic* end if therapist stresses the emotional content of what the patient has described in order to encourage the experience of affect. E.g. therapist suggests that the interaction the patient has just described in a story-telling manner probably made her or him feel quite angry.

Place toward *uncharacteristic* end if therapist does not emphasize the experience or affect, or appears interested in patient's objectified descriptions.

**Item 82: The patient's behavior during the hour is reformulated by the therapist in a way not explicitly recognized previously.**

Place toward *characteristic* end if therapist makes frequent or a few salient comments about the patient's behavior during the hour in a way that appears to shed new light on it. E.g. therapist suggests that the patient's late arrival for the hour may have a meaning; or therapist notes that whenever the patient begins to talk about emotional topics, he or she quickly shifts to another focus.

Place toward *uncharacteristic* end if therapist tends not to reformulate the patient's behavior during the session.

**Item 83: Patient is demanding.**

Place toward *characteristic* end if patient makes multiple demands/requests of the therapist or pressures therapist to meet a specific request. E.g. patient makes multiple demands such as evening appointments, medication, or requests more structure or more activity on therapist's part.

Place toward *uncharacteristic* end if patient is reluctant or hesitant to make usual or appropriate requests of the therapist, e.g. fails to ask for another appointment despite a schedule conflict with another, highly important event.

**Item 84: Patient expresses angry or aggressive feelings.**

Place toward *characteristic* end if patient expresses resentment, anger, bitterness, hatred or aggression verbally or non-verbally (N.B. excludes such feelings directed at therapist: see Item 1).

Place toward *uncharacteristic* end if the verbal or non-verbal expression of such feelings does not occur.

**Item 85: Therapist encourages patient to try new ways of behaving with others.**

Place toward *characteristic* end if therapist suggests alternative ways of relating to people. E.g. therapist asks patient what he thinks might happen if he were to be more direct in telling his mother how it affects him when she nags. More extreme placement implies that the therapist actively coaches patient on how to interact with others, or rehearses new ways of behaving with others.

Place toward *uncharacteristic* end if therapist tends not to make suggestions about how to relate to others.

**Item 86: Therapist acts confident or self-assured (vs. uncertain or defensive).**

Place toward *characteristic* end if therapist's manner indicates a feeling of confidence and competence.

Place toward *uncharacteristic* end if therapist appears uncertain, embarrassed, or at a loss.

**Item 87: Patient is controlling.**

Place toward *characteristic* end if patient exercises a restraining or directing influence in the hour, e.g. patient dominated the interaction with compulsive talking, or interrupted the therapist frequently.

Place toward *uncharacteristic* end if patient does not control the interaction, working with therapist in a more collaborative fashion.

**Item 88: Patient brings up significant issues and material.**

Place toward *characteristic* end if the rater judges that what the patient brings up and talks about during the hour is importantly related to patient's psychological conflicts, or are topics of real concern.

Place toward *uncharacteristic* end if discussion seems unrelated to or somehow removed from issues of central concern.

**Item 89: Therapist intervenes to help patient avoid or suppress disturbing ideas or feelings.**

Place toward *characteristic* end if therapist's stance is characterized by a calm, attentive compliance intended to avoid upsetting the patient's emotional balance or to strengthen the patient's defenses.

Place toward *uncharacteristic* end if therapist does not act to shore up defenses or suppress troublesome thoughts or feelings.

**Item 90: Patient's dreams or fantasies are mentioned or discussed.**

Place toward *characteristic* end if a topic of discussion is dream content or fantasy (day-dreams or night-dreams) material. E.g. patient and therapist explore the possible meanings of a dream the patient had the night before starting therapy, or the patient talks of what life would have been like if she'd chosen a different romantic partner.

Place toward *uncharacteristic* end if there is little or no discussion of dreams or fantasy during the hour.

**Item 91: Memories or reconstructions of infancy and childhood are topics of discussion.**



Place toward *characteristic* end if some part, or a significant part, of the hour is taken up by a discussion of childhood or memories of early years of life.

Place toward *uncharacteristic* end if little or no time is devoted to a discussion of these topics.

**Item 92: Patient's feelings or perceptions are linked to situations or behavior of the past.**

Place toward *characteristic* end if several links or salient connections are made between the patient's current emotional experience or perception of events with those of the past. E.g. therapist points out (or patient realizes) that current fears of abandonment are derived from the loss of a parent during childhood.

Place toward *uncharacteristic* end if current and past experiences are discussed, but not linked.

Place toward neutral category if these subjects are discussed very little or not at all.

**Item 93: Therapist refrains from stating opinions or views of topics the patient discusses.**

Place toward *characteristic* end if therapist tends to refrain from stating opinions or views of topics patient discusses. Therapist assumes role of neutral commentator, and the patient's view of matters is made pre-eminent in the dialogue. E.g. therapist asks how it would be for the patient if she, as the therapist, approved of his expressing his anger, and subsequently inquires how it would be for him if she disapproved.

Place toward *uncharacteristic* end if therapist expresses opinions, or takes positions either explicitly or by implication. E.g. therapist tells patient that it is very important that he learn how to express his anger; or comments that the relationship the patient is in right now is not a very good one, and that she should consider getting out of it.

N.B.: A stance of neutral commentator is not synonymous with passivity or disengagement. The therapist can be active and affectively engaged and still maintain a neutral stance.

**Item 94: Patient feels sad or depressed (vs. joyous or cheerful).**

Place toward *characteristic* end if patient's mood seems melancholy, sad, or depressed.

Place toward *uncharacteristic* end if patient appears delighted or joyful or somehow conveys a mood of well-being or happiness.

**Item 95: Patient feels helped by the therapy.**

Place toward *characteristic* end if patient somehow indicates a sense of feeling helped, relieved, or encouraged by the way the therapy is progressing.

Place toward *uncharacteristic* end if patient feel discouraged or frustrated with the way therapy is progressing (N.B. Item does not refer to events outside of therapy.)

**Item 96: There is discussion of scheduling of hours, or fees.**

Place toward *characteristic* end if therapist and patient discuss the scheduling or re-scheduling (times, dates, etc.) of a therapy hour; or if there is discussion of the amount of fee, time of payment, and the like.

Place toward *uncharacteristic* end if these topics are not taken up.

**Item 97: Patient is introspective, readily explores inner thoughts and feelings.**

Place toward *characteristic* end if patient appears unguarded, and relatively unblocked. In this instance the patient pushes beyond ordinary constraints, cautions, hesitations or feelings of delicateness in exploring and examining thoughts and feelings.

Place toward *uncharacteristic* end if patient's discourse appears hesitant or inhibited, shows constraint, reserve or a stiffening of control, and does not appear loose, free, or unchecked.

**Item 98: The therapy relationship is a focus of discussion.**

Place toward *characteristic* end if therapy relationship is discussed. E.g. therapist calls attention to features of the interaction or interpersonal process between the patient and him or herself.

Place toward *uncharacteristic* end if therapist or patient does not comment on the nature of transactions between them, i.e. focuses on content.

**Item 99: Therapist raises questions about the patient's view (vs. validates the patient's perceptions).**

Place toward *characteristic* end if therapist somehow raises a question about the patient's view of an experience or an event. E.g. therapist might say "How is that so?" or "I wonder about that," or simply utter an "Oh?" This item does not refer to interpretations or reframing in the sense of providing a new or different meaning to the patient's discourse, but instead refers simply to somehow raising a question about the patient's viewpoint.

Place toward *uncharacteristic* end if therapist somehow conveys a sense of agreement, concurrence with, or substantiation of the patient's perspective. E.g. therapist says, "I think you're quite right about that" or "You seem to have a good deal of insight into that."

**Item 100: Therapist draws connections between the therapeutic relationship and other relationships.**

Place toward *characteristic* end if therapist makes comments linking the patient's feelings about the therapist and feelings toward other significant individuals in his or her life. Includes current relationships, and past or present relationships with parents (transference/parent link). E.g. therapist remarks that she thinks the patient is sometimes afraid she will criticize her just as her mother does.

Place toward *uncharacteristic* end if therapist's activity during the hour does not attempt to link the interpersonal aspects of therapy with experiences in other relationships.