

PAP-S Rating Manual (PAP-S RM)

**Rating Manual for the Objective Evaluation of Therapeutic
Interventions of Psychotherapists
Based On Various Theoretical Concepts**

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(Swiss Charta of Psychotherapy)

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Although usage of masculine and feminine pronouns varies in this manual, both genders are always implied..

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Introduction

This manual was developed as part of a research project conducted by the *Schweizer Charta für Psychotherapie*, namely, the *PAP-S-Study (Praxisstudie Ambulante Psychotherapie – Schweiz)* (Practice Study for Ambulant Psychotherapy-Switzerland). The purpose of the manual is the objective assessment of interventions undertaken by psychotherapists during the therapeutic treatment of individuals.

The manual comprises the characteristics of 100 psychotherapeutic interventions and is in substantial parts based on the concepts of the ten training institutes and professional associations that participated in the study and are committed to a certain theory and specific treatment concept. The manual also includes the intervention characteristics of the most important and well known psychotherapeutic approaches such as behavior therapy, cognitive-behavior therapy, client-centered therapy, and systemic therapy. In addition to school or concept specific interventions, the manual contains 22 intervention categories that are considered “non-specific” or “general” intervention characteristics in psychotherapeutic treatment, based on the fact that they involve forms or content of communicative intervention that are adopted by therapists in all therapeutic processes to optimize communications and relationships.

The manual therefore encompasses the intervention techniques of 13 different theoretical psychotherapeutic treatment concepts plus so-called general or theoretically non-specific forms of intervention that one might assume are shared by all psychotherapeutic methods. The intervention categories are grouped according to their primary therapeutic orientations and can also be applied to body-oriented methods (i.e., the conceptual categories of Integrative Body Psychotherapy [IBP] [ibp] and Bioenergetic Analysis [SGBAT / DÖK]), humanistic approaches (i.e., the conceptual categories of Art and Expression-Oriented Psychotherapy [EGIS], Logotherapy and Existential Analytic Therapy [SGLEand ILE], Transactional Analysis [SGTA / ASAT], and Gestalt therapy [SVG]), and psychodynamic methods (i.e., the concepts of Psychoanalysis / Depth Psychology and Analytical Psychology [SGAP]).

The manual can be used in its entirety, or in parts if specific questions are involved.

Throughout the manual the female format has been used when therapist or patient issues are addressed. Nonetheless male participants of the therapeutic dyad are always included when the terms “therapist” or “patient” are being used.

1. Measuring Treatment Integrity in Psychotherapy - Rationale

Treatment adherence, treatment fidelity or, in a broader sense treatment integrity is seen as essential in psychotherapy research (e.g., Perepletchikova et al. 2007). In order to examine the effectiveness

of a certain psychotherapeutic method, one must ensure that treatment is actually being provided in the manner it was intended. This corresponds to a principle that prevails in all of the medical healing professions: there must be reliable certainty that the therapeutic effect or change is the result of the active agent, the “verum,” and not something else.

In psychotherapy, according to Perepletchikova et al. (2007), the treatment integrity of the psychotherapist includes three different aspects:

1. the treatment adherence of the therapist: the degree to which the therapist uses prescribed procedures and avoids proscribed interventions.
2. the competence of the therapist: the level of his abilities and assessments
3. treatment differentiations: whether various treatments differ from one another along critical dimensions, in other words, the question of whether the therapist treats all of his patients according to the same schema or is able to adapt his treatment concept to the individual in question.

Until now, this *PAP-S RM* was used exclusively to measure *adherence*. Thus, it contains no remarks pertaining to points 2 and 3 above.

Although the importance of treatment integrity in psychotherapy is seen as pivotal from a scientific perspective, until very recently it has been rare for academic research to examine whether a psychotherapist is actually following the conceptual model in which he was trained completely, predominantly, marginally, or hardly at all (Budd and Hughes, 2009; Perepletchikova, 2009; Köhler and Tschuschke, 2013; Tschuschke and Freyberger, 2015). Implementing procedures to ensure treatment integrity is enormously cost and resource intensive. In the majority of cases this may well have been the reason why researchers to date have avoided addressing this central point in scholarly studies (Perepletchikova et al., 2007).

The complete lack of adequate adherence research in psychotherapy to date underscores at least two matters. First, in the field of psychotherapy there is insufficient knowledge about the effectiveness of certain psychotherapeutic procedures, methods, and techniques. If the implementation of a treatment concept cannot be assured—due to a lack of research—then no statements can be made about the effectiveness of the specific treatment concept; the current status of research in psychotherapy would then be insufficient to certify the effectiveness of most methods investigated, even in randomized controlled trial-studies (RTC studies).

Second, in our opinion the aspect of adherence in psychotherapy is misconceived. Psychotherapy is a highly complex process which incorporates relational aspects between the therapist and the individual receiving treatment, the treatment concept which has been learned, the features of the patient’s symptoms and complaints, the environment in which the patient finds herself during treatment, and many other factors. There is in the meantime a general understanding in the research

landscape that within the field of psychotherapy comparatively little importance is attributed to the treatment concept per se (Wampold, 2001; Lambert, 2013). Yet this does not mean by any means that a generally recognized psychotherapeutic treatment concept, even if it is not applied consistently and in absolutely unadulterated form, does not play a significant role. In the meantime, the discussion in psychotherapy research also includes the possibility of intermittently high adherence (e.g., in specific individual sessions or sections of sessions) and otherwise lower or nonexistent treatment fidelity depending on problems encountered the course of treatment, difficulties in the individual, or in the therapeutic relationship (Muran and Barber, 2010).

As a result, it also becomes clear that imposing the medical model on psychotherapy entails significant problems. It is not a question of administering a certain chemical substance as is the case in a medication. Psychotherapy according to the book and in rigid form can never work and can even become counterproductive (Castonguay et al. 1996).

Nevertheless, it is crucially important for psychotherapy research to conduct process studies in order to analyze the timing of favorable, concept-consistent therapeutic interventions or to explore the reasons for intermittently high or low treatment adherence and its influence on the progress of treatment and its outcome. Undertaking such time and cost intensive process analyses is the only way to discover the principles underlying psychotherapeutic change processes, examine the importance of the relationship of the specific to the so-called non-specific interventions, and thereby arrive at a well-founded assessment of the importance of the treatment concept in psychotherapy.

2. The Rating Process for Treatment Integrity in Psychotherapy

The research literature mentions various elaborated methods of measuring treatment integrity with which, as a rule, the adherence or competence of therapeutic interventions can be objectively assessed. Table 1 provides an overview of a selection of these procedures.

The majority of the methods were developed to rate cognitive or behavioral therapies. A small number of them also evaluate psychodynamic and interpersonal approaches; one also takes a humanistic method into consideration. Seven of the twelve methods measure adherence as well as competence, three include only adherence, and two address only competence.

All twelve of the methods introduced used observer assessment, three of them allow for therapist and patient ratings.

Across the board, the respective constructs are captured only globally using Likert scales, and in almost all of the procedures in the form of a single evaluation (per rating item) over the entire therapy session. There is one exception, namely, STAPP [short-term anxiety-provoking psychotherapy] (Svartberg, 1989), which is a procedure to evaluate therapist competence in psychodynamic short-term psychotherapy.

In the majority of cases, clinical application would not be feasible. The number of items to be evaluated varies between 11 and 96, whereby six methods consist of up to 21 items, four methods encompass between 39 and 60 items, and the [Collaborative Study Psychotherapy Rating Scale] *CSPRS* (Hollon et al., 1987) consists of 96 items. Since the methods are generally based on observer ratings, they are also designed primarily for objective research.

The most differentiated method, and the one that most closely approximates our present *PAP-S RM*, is the *MULTI* method of McCarthy and Barber (2009) which is based on the same principle that we have adopted in the *PAP-S RM*, namely, examining a number of different concepts in terms of their specific interventions while also including so-called “non-specific,” general technical interventions.

The interrater reliabilities exhibit enormous ranges for the individual methods. They vary between unsatisfactory (0.35) and excellent (0.92). In their comparison of seven methods, Wiltink et al. (2010) note that the average interrater reliability (measured using each intraclass correlation coefficient (ICC)) respectively tends to remain in the critical range near or below 0.50.

Authors	Method	Scope/ Rating	Rating Unit
Young and Beck (1980)	CTS (<i>Cognitive Therapy Scale</i>), evaluates competence in cognitive therapies	11 items 7-point Likert scale	observer rating evaluation of the entire session
Hollon et al. (1987)	CSPRS (<i>Collaborative Study Psychotherapy Rating Scale</i>), developed in the framework of the NIMH depression study for the purpose of evaluating adherence in cognitive behavioral therapy, interpersonal therapy, and clinical management	96 items 3 concept specific scales and 2 subscales for non-specific interventions 7-point Likert scale	observer rating evaluation of the entire session
Svartberg (1989)	STAPP (<i>Competence Rating Form</i>), evaluates competence in psychodynamically oriented short-term anxiety-provoking therapy	11 items 5-point Likert scale	observer ratings ratings of individual interventions or the entire session
Butler et al. (1995)	VTSS (<i>Vanderbilt Therapeutic Strategies Scale</i>), evaluates adherence and competence in time-limited psychodynamic therapy	21 items 12 items for measuring competence, 9 items for measuring adherence 5-point Likert scale	observer rating evaluation of the entire session
Liese et al. (1995) Barber et al. (2003) Barber et al. (2004)	CTACS (<i>Cognitive Therapy Adherence-Competence Scale</i>), evaluates adherence and competence in cognitive therapy for cocaine addicts according to Beck's manual	21 items 7-point Likert scale	observer ratings evaluation of the entire session
Barber and Crits-Christoph (1996)	PACS-SE (<i>Penn-Adherence-Competence Scale for Supportive-Expressive Therapy</i>), measures adherence and competence in supportive-expressive psychotherapy	45 items 7-point Likert scale	observer rating, therapist rating, patient rating evaluation of the entire session
Barber et al. (1996) Barber et al. (2006)	ACS-IDCCD (<i>Adherence-Competence Scale for IDC for Cocaine Dependence</i>), evaluates adherence and competence in therapy for cocaine addicts	43 items averaging across 34 items 7-point Likert scale	observer ratings evaluation of the entire session
Hilsenroth et al. (2005)	CPPS (<i>Comparative Psychotherapy Process Scale</i>), measures adherence in cognitive-behavioral and psychodynamic-interpersonal psychotherapies	20 items 10 items for each direction 7-point Likert scale	observer rating evaluation of the entire session
Hogue et al. (2008)	TBRSC (<i>Therapist Behavior Rating Scale-Competence</i>), used to measure adherence and competence in individual cognitive-behavioral and multi-dimensional family therapies for drug addicts	26 items 7-point Likert scale	global observer and self-rating
Martino et al. (2008)	ITRS (<i>Independent Tape Rater Scale</i>), assesses adherence and competence (adapted from the <i>Yale Adherence and Competence Scale</i> , Carroll et al., 2000) in Motivation Enhancement Therapy (MET) used in substance dependence	39 items 7-point Likert scale	observer rating evaluation of the entire session
MacCarthy and Barber (2009)	MULTI (<i>Multitheoretical List of Therapeutic Interventions</i>), measures adherence in intervention techniques of various psychotherapeutic methods: cognitive-behavioral, interpersonal, client-centered, and psychodynamic methods; additionally assesses general / non-specific intervention techniques	60 items 8 subscales 5-point Likert scale	observer rating, therapist rating, and patient rating evaluation of the entire session
von Consbruch et al. (2012)	CTAS-SP (<i>Cognitive Therapy Adherence Scale for Social Phobia</i>), evaluates adherence in cognitive phobia therapy	19 items 1 global item for the overall assessment 4-point Likert scale	observer rating evaluation of the entire session

Table 1: Rating procedures for determining the treatment adherence and competence of therapist interventions

The overview shows that in the very few studies that examined adherence and / or competence and developed methods to measure it, procedures for process-oriented research were indeed designed. However, they remained at a relatively global rating level because almost all of them allow entire

sessions to be evaluated using Likert scales while not permitting the rating of the therapists' interventions within individual therapy sessions.

The goal of the *PAP-S RM* is the objective codification of every therapeutic intervention within a therapy session, thereby making it possible to evaluate the *adherence* of therapists as precisely as possible.

The in part unsatisfactory interrater reliabilities of the methods presented in the table are surprising in comparison to the interrater reliabilities we achieved with the high resolution *PAP-S RM*. It is, after all, possible to achieve better interrater reliability, although this would presumably entail high costs (the number of raters) and a substantial time commitment. (see Section 6).

3. Development of the PAP-S RM

(quoted from Tschuschke, Cramer, Koemeda, Schulthess, von Wyl, 2013)

(a) The *PAP-S Study* was preceded by a number of scientific colloquia that were aimed at presenting and discussing the concept of man and the understanding of health, illness, and therapy, and their backgrounds, as espoused by the schools of psychotherapy comprising the *Schweizer Charta für Psychotherapie* (Schlegel, 2002). Furthermore, in 2002 the *Schweizer Charta für Psychotherapie* formulated and adopted a declaration on the concept and scientific basics of psychotherapeutic methods (Buchmann und Schlegel, 2002). All associations and institutions that are members of the *Schweizer Charta* were obliged to answer a specially developed questionnaire and present their answers in the above-mentioned colloquia (Auer et al. 2002). After the successful completion of this task, the scientific reservations which had been imposed as a matter of principle on all methods could be lifted through a vote of the assembled membership.

In keeping with the declaration of science, the signed representatives of the methods have to furnish proof of the effectiveness of their psychotherapeutic methods (Frauenfelder, Schlegel und Buchmann, 2004). The question of which kind of research was appropriate for applied psychotherapy was the subject of lively debates in subsequent scientific colloquia. A set of regulations containing practice requirements was developed as a supplement to the declaration of science (Schlegel, 2006). In addition to that, a consensus was reached on the creation of a naturalistic research design that was geared to ambulant practice, as well as on the development and implementation of a corresponding process outcome study.

The *Schweizer Charta für Psychotherapie* commissioned Prof. Volker Tschuschke of the University of Cologne and Prof. Hugo Grünwald of the Zurich University of Applied Sciences (ZHAW) as scientific directors of the project. At the *Charta*, an academic advisory board was formed whose members raised practice-relevant questions, situations, and needs for planning purposes. In 2005, the advisory council consisted of the following members (Itten, 2005): Dr. Rudolf Buchmann, Schweizer Institut für Körperorientierte Psychotherapie (SIKOP), Arnold Frauenfelder, lic. phil., Institut für Psychoanalyse (IfP), Dr. Margit Koemeda-Lutz, Schweizerische Gesellschaft für Bioenergetische Analyse und Therapie (SGBAT), Verena Maggioni Müller, lic. phil., (SGBAT), Dr. Mario Schlegel, Schweizerische Gesellschaft für Analytische Psychologie (SGAP), Peter Schulthess, lic. phil., Institut für Integrative Gestalttherapie Würzburg (IGW), Dr. Almut Schweikert, Stiftung Szondi-Institut, and Dr. Lutz Wittmann, Psychoanalytisches Seminar Zürich (PSZ).

In *Psychotherapie Forum* 14 (3) 2006, supplement, p. 93, P. Schulthess wrote: “The *PAP-S* research project (...) is well underway. In the meantime, 11 *Charta* institutions have decided to participate, and we have entered into discussions with interested external organizations. The pilot

and feasibility study which is currently being conducted in Zürich is scheduled to be completed by the end of year. Although the Swiss National Science Foundation (SNSF) declined support after an initial evaluation, it welcomed the design of the *PAP-S* as a naturalistic practice study in principle.”

After extensive negotiations with contract partners (academic leadership, participating institutions), the clarification of legal questions, and detailed budget work, the implementation of Praxisstudie Ambulante Psychotherapie – Schweiz (*PAP-S*) was adopted at the membership meeting of January 21, 2006. To support participants in the French-speaking part of the country, several attempts were made to collaborate with the Department of Psychotherapy at the University of Lausanne] (professors Duruz and Déplands). In the end, unfortunately, the efforts did not come to fruition.

The study was financed on the one hand through the financial support of the participating institutions and based on the number of affiliated psychotherapists. The annual fee was SF 150 for the first four years, and subsequently SF 130 per year. On the other hand, in the summer of 2006, we received a substantial anonymous donation of more than one million francs which was brokered through the health office of the Canton of Zürich via a law office. With the financial means secured to conduct the study even without funding from the Swiss National Science Foundation, work was begun with a planned project duration of six years.

From the spring of 2006 until the end of that year, a pilot study was conducted in Zurich which was intended to test the practicability of our research design.

(b) Early in March 2007, the actual project phase began. The collection of data lasted until the summer of 2012 (recruitment of new patients for the study ceased in June 2011). The final evaluation (on the pre / post level; the report on catamnestic results will follow in 2015) and the preparation of a summary report were undertaken late in 2012.

For the implementation of the overall project, the following tasks needed to be addressed:

1) Established psychotherapists had to be recruited for participation.

Numerous informational events within the framework of *Charta* colloquia, internal events at institutes, and events for the professional public over a number of years served to spread word of the research project and invite psychotherapists from a range of schools to participate in the study (2006 – 2010).

After entering the study, participating therapists were requested to invite all of their new patients to participate in the study as well. Patients were informed of the purpose of the study, the voluntary nature, and extent of their involvement, the independence of treatment

and participation in the study, the anonymization of their data, and their option to leave the study at any time.

2) Ethical requirements

In all cantons where psychotherapists participated in the study, applications had to be filed with the respective ethics commissions for permission to conduct the research (January to December 2007). Ultimately, they were all approved.

3) Creation of assessment centers

During a number of internal *Charta* events as well as through personal contact, colleagues were asked whether they would be willing to undergo training as external diagnostic experts and participate in the study in this capacity. Over the course of the project, roughly 30 people made themselves available to take on various assignments in this respect. Assessment centers were established in nine Swiss cities. At the beginning and end of their treatment as well as one year after conclusion of their treatment, participating patients were invited to visit a center for an extensive interview (a one hour open interview, followed by OPD ratings of the structure and conflict axis, followed by *SCID I* and *II*), and to complete a carefully compiled test battery of questionnaires. Assessment centers were located in Basel, Bern, Chur, Geneva, Lausanne, Lucerne, Neuchâtel, St. Gallen, and Zurich.

4) Training independent diagnostic experts

From 2006 – 2011, eight training days per year were held. They were conducted in part by members of the Arbeitskreis für Operationalisierte Psychodynamische Diagnostik (*OPD*) (Prof. H. J. Freyberger, Stralsund, and Dr. Th. Jakobsen, Basel), in part by Pia Heller, lic. phil., Zurich, (with a focus on conducting *SCID* interviews), and in most cases under the direction of Dr. Peter Müller-Locher, Horgen. After an initial introduction to the relevant interview techniques and a discussion of the organizational questions, these events served to improve interrater reliability, in particular with respect to the evaluation of the *OPD* interviews.

5) Professional associations beyond the *Charta* and representatives of different schools were invited to participate

In addition to ongoing efforts to motivate as many *Charta* member institutions as possible to participate, an attempt was made to recruit other colleagues who were significantly involved in providing ambulatory psychiatric / psychotherapeutic care in Switzerland and their respective organizations. Specifically, contacts and participation talks occurred with the *Ausbildungsinstitut für systemische Therapie und Beratung Meilen, Schweizerische*

Vereinigung für Systemische Therapie und Beratung, Schweizerische Gesellschaft für Gesprächspsychotherapie und personzentrierte Beratung (SGGT), Schweizerische Gesellschaft für Verhaltenstherapie (SGVT), Schweizerische Gesellschaft für Psychiatrie und Psychotherapie (SGPP), and Hausärzte Schweiz, Berufsverband der Haus- und Kinderärzte / innen Schweiz. However, it was only outside of Switzerland that we were able to recruit non-*Charta* members, namely, *Die Österreichische Gesellschaft für körperbezogene Psychotherapie – Bioenergetische Analyse DÖK* and *Systemisches Institut Wien* (see Tschuschke et al. 2013).

6) The development of a rating manual

In order to further clarify the question of method specificity in applied psychotherapy under naturalistic conditions, participating therapists were requested—assuming that their clients / patients consented—to make audio recordings of all the sessions included in the study.

Since the concepts used by most of the participating institutes had not been studied empirically until that time, in order to conduct a high resolution analysis of their actual therapeutic activity (i.e., adherence) a rating manual had to be developed. The development work was extremely time-consuming. Through close collaboration with the participating institutes, a rating manual was developed over the course of about two years. The institutes were asked to define categories for eight to twelve of their most important, concept-relevant intervention techniques (following a consistent model, see Section 4). Eight of the originally eleven institutes that were willing to cooperate consented that their therapists (under the condition that their respective patients voluntarily chose to participate) could make audio recordings of their therapy sessions on a regular basis. For these eight institutes and therapeutic methods, the relevant intervention techniques were developed according to a consistent model for the rating manual.

A group of steering committee members of the PAP-S Study (Koemeda, Schlegel, and Tschuschke) developed the manual over the course of two years by cross-comparing the intervention categories submitted by individual institutes for plausibility and agreement with those of other institutes. If necessary—following discussion with the institutes concerned—minor changes were made in the name or content of the categories; under circumstances they were combined with other similar categories. There were three additional psychotherapeutic methods that were considered conceptually important and were initially intended to be included in the *PAP-S* Study: client centered therapy, systemic therapy, and cognitive behavior therapy. Although practitioners of these methods were unfortunately not willing to participate after extended negotiations (see Tschuschke et al. 2013), the methods

nevertheless needed to be appropriately represented in the rating manual. First, so that future studies would be able to use the manual to examine these widespread treatment methods, and second, because within the framework of the study it needed to be clarified to what extent the methods examined would draw upon the intervention techniques of such widespread therapies. We were able to enlist outside experts for the elaboration of the most important intervention categories used by the three methods mentioned above, and would like to gratefully acknowledge Dipl.-Psych. Eva-Maria Biermann-Ratjen and Prof. Jochen Eckert for their work on client centered therapy, Prof. Hugo Grünwald for systemic therapy, and Dr. Gabriele Angenendt for cognitive behavior therapy.

Finally, consideration had to be given to the so-called “non-specific” or “general” intervention techniques that play a significant role in psychotherapy. To that end, the *Charta* held a scientific colloquium where participating institutes submitted suggestions. In addition to that, the available research literature was reviewed to clarify which forms of intervention the manual should list under the category of “general interventions.”

The “refining process” of the rating manual was then undertaken based on initial session ratings of specially trained rater teams: five raters in Cologne and three in Zurich. Insufficient differentiations between the individual categories were corrected, where possible, by clarifying the text of the definitions, the operational definitions, and by optimizing the typical examples. If required, categories were combined. This entailed several additional months.

4. The Categories of the PAP-S Rating Manual

The categories are described in alphabetical order. Listed under the heading of “Concept(s)” are the psychotherapeutic concepts from which the respective category of therapeutic intervention was derived. The participating institutes and methods included in the study follow below, with their respective abbreviations. For the most part, the abbreviations pertain to the Swiss therapy institutes that participated in the PAP-S Study and elaborated the intervention categories that are representative and typical for their treatment approaches.

Additionally, the manual includes relevant intervention categories for important psychotherapeutic concepts which were constructed by professional colleagues even though their representatives did not participate in the study (i.e., Client Centered Psychotherapy, systemic methods, and behavioral / cognitive-behavioral approaches). Following is a list of the (institutes / schools that participated in the study.

Nonspecific	general interventions that were not specific to a certain school
BT and CBT	Behavior Therapy and Cognitive Behavior Therapy (Verhaltenstherapie und Kognitiv-Behaviorale Therapie)
CCT	Client-Centered Therapy (Klientenzentrierte Psychotherapie)
EGIS	Art and Expression-Oriented Psychotherapy (Europäische Gesellschaft für Interdisziplinäre Studien)
IBP	Integrative Body Psychotherapy
IPA	[Process-Oriented Psychology] [Process Work] (Institut für Prozessarbeit)
ILE	Logotherapy and Existential Analysis (Schweizer Institut für Logotherapie und Existenzanalyse)
Psa	Psychoanalysis and Depth Psychology
SGAP	Analytical Psychology (Schweizer Gesellschaft für Analytische Psychologie)
SGBAT / DÖK	Bioenergetic Analysis (Schweizer Gesellschaft für Bioenergetische Analyse und Therapie) (Die Österreichische Gesellschaft für körperbezogene Psychotherapie – Bioenergetische Analyse)
SGLE	Logotherapy and Existential Analysis (Schweizerische Gesellschaft für Logotherapie und Existenzanalyse)
SGTA / ASAT	Transactional Analysis (Schweizer Gesellschaft für Transaktionsanalyse) (Association Suisse d’Analyse Transactionnelle)
SVG	Gestalt Therapy (Schweizer Verein für Gestalttherapie und Integrative Therapie)
Systemic	Systemic and Family Therapy Approaches

In the manual, the treatment approach is listed immediately below the name of the category. We dispensed with the abbreviations of the Swiss institutes so that in principle the manual could also be used for additional research outside of Switzerland.

While many categories can only be assigned to one method, there are several categories that can be assigned to two or more concepts. The attribution of the individual categories to one or more concepts / approaches is noted in the category “concept”.

The categories are presented using a consistent template which comprises School / Concept, Definition, Operational Definition, Differentiation, and Typical Examples.

Definition:

The characteristic features of the respective intervention are summarized briefly and concisely. In some cases a theoretical rationale has been provided.

Operational definition:

As a rule, this section includes concrete formulations of several important aspects of the intervention technique. At a minimum, one of them must be present in order for the category to appear in the rating.

Differentiation:

The categories exclude one another. Consequently, categories that appear similar must be differentiated. The characteristic features of similar categories are underscored, and the critical difference from the intervention category under discussion is stated in succinct, abbreviated form.

Typical examples:

Each category entry concludes with one or more examples of content which is typical for the respective intervention.

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1. Confronting Defenses and Resistance / Addressing Distorted Perception

CONCEPTS:

Psychoanalysis and Depth Psychology

DEFINITION:

The therapist confronts the patient with matters of which the patient is **not aware** or are **very unpleasant** so that the patient defends herself against them. On the part of the patient, this entails an unconscious **manipulation of the perception** of actual circumstances, which are ignored or suppressed.

OPERATIONAL DEFINITION:

The therapist:

- **points out the patient's defense processes**
- **confronts the patient with the fact that she is not seeing something or not taking it seriously enough**
- **raises unpleasant "truths" with the patient**

DIFFERENTIATION:

- ⇒ *60 (Confrontation)*: the therapist addresses **contradictions** in the patient's behavior, stereotyped difficulties that repeatedly arise in the same manner
- ⇒ *61 (Congruence, Sensing Incongruence)*: The patient is made aware of **contradictions** between verbal and nonverbal communications (not content-related contradictions). Here, tone of voice, intonation, facial expression, and gestures are compared with the content of verbal communications (Watzlawick's analog vs. digital communication levels).

TYPICAL EXAMPLES:

1. Therapist: "I think you're kidding yourself about that."
2. Therapist: "I have the impression you would rather not look at that too closely."
3. Therapist: "My sense is that you—without realizing it—are putting a lot of effort into avoiding certain insights."
4. Therapist: "You are defending yourself against something."
5. Therapist: "Could it be that there is something you are not (adequately aware of) (seeing correctly)?"
6. Therapist: "I have the impression you don't want to look at that at all."

2. Affect Regulation

CONCEPTS:

Bioenergetic Analysis
Gestalt Therapy

DEFINITION:

The therapist addresses the patient's **affect regulation** in a certain area, or attempts to bring about a change in the patient's affect regulation.

OPERATIONAL DEFINITION:

The therapist directs attention to:

- **emotions, impulses, and affects in the patient's everyday life**
- **emotions or affects in connection with memories that are surfacing**
- **emotions, impulses, or affects—for the purpose of exploring or understanding them on a deeper level; the therapist discusses potential changes or encourages the patient to deal with her affects in ways other than she usually does.**

DIFFERENTIATION:

- ⇒ *19 (Directing Attention to Current Emotions / Consciously Focusing on Feelings):* involves **promoting the patient's awareness** of emotions and feelings
- ⇒ *57 (Focusing on Body Impulses):* directs attention to physical impulses to move or act

TYPICAL EXAMPLES:

1. Therapist: "It made you furious that I kept you waiting for five minutes before your session began. I'm very sorry about it, and you know that things like that happen very rarely. But now we could use this example to continue working on the subject of 'expressing anger.' I noticed that for a brief moment you narrowed your eyes and then stopped looking at me. Why don't you try to experience that anger again, narrow your eyes, and then repeat—while you look me right in the face—that you're angry about having to wait."
2. Therapist: "I get a sense that you're somewhere else in your thoughts at the moment. It's as if contact with what was going on had been interrupted. Where are you right now?"
3. Therapist: "Internally, at what point did you leave?"
4. Therapist: "Don't move away from that feeling right away, go back to it again."

3. Teaching the Activation / Deactivation Model

CONCEPT:

Integrative Body Psychotherapy

DEFINITION:

The therapist teaches the patient the **activation / deactivation model** or encourages her to work with it.

OPERATIONAL DEFINITION:

The therapist addresses:

- the **functioning of the autonomic nervous system** when it is activated through stress or traumatic events
- the **stress curve** (activation / deactivation curve)
- the **three stages of stress adaptation** (communication, mobilization, immobilization)
- the **three stress reflexes** (alarm reflex, flight-or-flight reflex, freeze reflex) and their personal significance for the patient

DIFFERENTIATION:

⇒ 52 (Providing Information): does not involve physiology

TYPICAL EXAMPLES:

- 1) Therapist introduces the activation / deactivation curve along with the three stress reflexes: “Imagine yourself flying on a deck chair in the garden. You’re feeling very relaxed. All of a sudden you hear a sound in the bushes. What happens to you? Exactly. You are no longer in relaxation mode (homeostasis); you’re activated. You are alarmed and orient yourself (the orientation or alarm reflex). Next, imagine that the noise turns out to be a robin in a shrub. What happens now? Right, you relax again (deactivation). Or, imagine that the noise was produced by a burglar. Your activation level will rise and, depending on the way you assess the situation, you will either attempt to flee or confront the burglar (fight-or-flight reflex) etc”.
- 2) Therapist, offering an explanation to a patient who reports having been unable to speak after a car accident: “Of course you were unable to speak in that situation. Your nervous system was so highly activated that your ability to communicate was practically nonexistent.”
- 3) Therapist, offering an explanation to a patient who reports that she had turned to stone as she watched her son run in front of a car: “The fact that you were paralyzed and couldn’t act was an entirely normal reaction to an abnormal situation.”
- 4) Therapist: “The fact that you’re so sensitive and react to noises and other stimuli so vehemently has to do with your high activation level.”
- 5) Therapist: “It’s no wonder that you wake up at night when your organism is in a state of alarm.”
- 6) Therapist: “As long as you are so highly activated, we can’t work on your trauma.”

4. Recognizing Analogies

CONCEPT:

Art and Expression-Oriented Psychotherapy

DEFINITION:

The therapist helps the patient to recognize possible **analogies** between her experiences during the creative process and (problematic) situations in her daily life.

OPERATIONAL DEFINITION:

Departing from:

- **the patient's perception of the creative work, the therapist bridges to situations in daily life (draws parallels)**
- **the patient's experience of the creative process, the therapist bridges to her situation in daily life**
- **the results of reflecting on the patient's perception of the work and / or the creative process, the therapist draws connections to the presenting problem ([current?] problem areas)**

DIFFERENTIATION:

- ⇒ 97 (Suggesting an Expansion of the Created Piece of Work): does not go beyond referencing the material

TYPICAL EXAMPLES:

- 1) Therapist: "In the picture you painted and entitled 'A Straight Line,' can you see a connection or an analogy to the current relationship problems that you told me about in the beginning?"
- 2) Therapist: "In this poem you write about a 'silent longing for the green island.' Does that have anything to do with your current day-to-day situation?"
- 3) anything to do with your current day-to-day situation?"
- 4) Therapist: "In the scene we reenacted, where you were playing the role of your boss, you were suddenly unable to speak as you were giving instructions. Have you ever experienced anything like that in daily life as well?"

5. Anamnesis Inquiry

CONCEPT:

NONSPECIFICDEFINITION:

The therapist explores biographical, early childhood experiences, or memories with the patient or encourages her to recall such experiences.

OPERATIONAL DEFINITION:

The therapist:

- **poses questions about the patient’s family background and the circumstances surrounding the early periods of her life (object relations, specific events, traumatic experiences, resources, etc.)**
- **searches for diagnostic indications of so-called secret themes (an unwanted child, wrong gender, gender prejudices, phantom lovers, victimhood) and addresses them**

DIFFERENTIATION:

- ⇒ 24 (Biographical Work): establishes connections between today and there-and-then
- ⇒ 41 (Genogram Work): a graphic family tree is constructed

TYPICAL EXAMPLES:

1. Therapist: “Tell me something about the way your mother was when she married your father, or your father when he married your mother.”
2. Therapist: “How would you describe or characterize your mother’s relationship with her own mother, in other words, with your maternal grandmother?”
3. Therapist: “Was your mother able to show physical affection?”
4. Therapist: “Imagine that you are your grandmother and, speaking from her perspective, answer the question: what do you think men / women are like in general?”
5. Therapist: “Were you a wanted child? What did your parents expect of you?”

6. Anxiety Management Training

CONCEPT:

Behavior Therapy

DEFINITION:

The patient learns how to actively **control and reduce emerging anxiety through targeted relaxation.**

OPERATIONAL DEFINITION:

The therapist:

- **provokes (mild) anxiety reactions in the patient**
- **promotes active control of the emerging anxiety through targeted relaxation**

DIFFERENTIATION:

- ⇒ 2 (Affect Regulation): entails promoting the patient's awareness of her **affect regulation**
- ⇒ 50 (Imagination): all content **other than** fear
- ⇒ 73 (Exposure Therapy – Flooding): entails no relaxation, does not use relaxation
- ⇒ 91 (Differentiation Questions): the object is to create different perspectives by asking targeted questions

TYPICAL EXAMPLES:

1. Therapist: “Imagine a tunnel. It’s very long and you have to drive through it. How great is your fear of the tunnel before you drive into it? How great is your fear once you have entered it? Now use the Jakobson (Jacobson?) Method we learned. When you are somewhat more relaxed, reenter the tunnel in your mind . . .”

7. Providing Medical Counseling

CONCEPT:

Logotherapy and Existential Analysis

DEFINITION:

When a patient has experienced a **blow of fate** or become **incurably ill**, the therapist promotes attitudes that help her to accept even the **unalterable facts** as a **meaningful challenge** and to see a **spiritual aspect** in them.

OPERATIONAL DEFINITION:

Through dialogue, the therapist introduces and explains the three ways of discovering meaning:

- **discovering meaning through creativity (work, activity, etc.)**
discovering meaning through experiencing something (loving another person, experiencing nature, art, etc.)
- **discovering meaning through attitudinal change (accepting incurable illness or an unalterable fate)**

DIFFERENTIATION:

- ⇒ *9? (Work on Existential Questions/Being)*: questions are used to **inventory** the life the patient has led and to discover what is meaningful to her.
- ⇒ *27 (Interpretation)*: connections are established between circumstances of which the patient is unaware
- ⇒ *46 (Providing Support)*: **the therapist provides moral support by offering an opinion**
- ⇒ *67 (Discovering New Meaning and Significance . . .)*: only in connection with a piece of work
- ⇒ *72 (Reframing)*: an attempt to **present** the patient with a **different perspective** so that she can choose a different frame of reference, a different vantage point, and view the entire matter “through a different lens”
- ⇒ *79 (Addressing Questions of Meaning)*: an attempt is made to **compare** what the patient is actually experiencing with a life that appears meaningful to her
- ⇒ *80 (Creating Meaning and Significance)*: places matters within a larger overall context; attempts to underpin what the patient is experiencing with meaning; attempts to provide analytic / therapeutic meaning, not meaning with respect to a blow of fate

TYPICAL EXAMPLES:

1. Therapist: “We can discover meaning in different ways: through creativity, by experiencing something, and through the attitude we take. There can be no doubt that the greatest achievement is to find meaning by adjusting one’s attitude in an unalterable situation where one is powerless.”
2. Therapist: “What might help you to face this unchanged situation?”
3. Therapist: “God sometimes tests people in such ways.”
4. Therapist: “People are fallible.” [possibly → “People make mistakes.”]
5. Therapist: “What might enable you to find meaning in this so you could accept and get through it all?”

8. Work on Emotional Experience

CONCEPT:

Nonspecific

DEFINITION:

The therapist only inquires about experiences and **feelings** and does not offer explanations, opinions, evaluations, assumptions, etc. Rather, the patient is repeatedly **guided toward direct experience** (of which the patient is aware or cognizant)

OPERATIONAL DEFINITION:

The therapist:

- **inquires about the patient's state of mind**
- **poses questions about what the patient is experiencing**
- **[creates clarity] [provides clarification] on the emotional level**

DIFFERENTIATION:

- ⇒ *19 (Directing Attention to Current Emotions . . .)*: attention is directed to underlying **feelings** which are presumably **not conscious**
- ⇒ *55 (Clarification)*: more detailed questions are posed about facts, events, and cognitions—**not about emotions**

TYPICAL EXAMPLES:

1. Therapist: “How do you experience that? How do you find that?”
2. Therapist: “You just explained to me how it came about—in your opinion—that Mr. F. behaved that way. But I don't know how you feel about it.”

9. Work on Existential Questions / Being

CONCEPT:

Logotherapy and Existential Analysis

DEFINITION:

Together, therapist and patient examine and **explore** how the patient can exist in her world.

OPERATIONAL DEFINITION:

The therapist encourages work on **questions** such as:

- **What gives me support in life?**
- **Where do I feel sheltered and secure?**
- **Where do I have space to simply be?**
- **Where do I experience trust?**
- **What do I rely on?**
- **Do I feel accepted by my environment?**
- **Can I endure reality?**
- **Do I often have the impression that “this cannot / should not be?”**

DIFFERENTIATION:

- ⇒ 7 (Providing Medical Counseling): only in connection with **blows of fate (the spiritual perspective)**
- ⇒ 27 (Interpretation): establishes connections between matters of which the patient is unaware
- ⇒ 51 (Promoting the Individuation Process): the therapist promotes dormant potential
- ⇒ 67 (Discovering New Meaning and Significance . . .): only in connection with a piece of creative work
- ⇒ 75 (Activation of Resources): **available resources** only; therapist addresses them actively
- ⇒ 79 (Addressing Questions of Meaning): **comparison** between the patient’s actual life and a life she would find meaningful
- ⇒ 80 (Creating Meaning and Significance): integration of matters into a larger whole; an attempt to **provide meaning for what is being experienced**

TYPICAL EXAMPLES:

1. Therapist: “What is providing support for you during this period?”
2. Therapist: “Where do you feel sheltered and secure?”
3. Therapist: “Is there a place where you can simply *be*, or a person who gives you that?”
4. Therapist: “Where do you put your trust in life; what do you rely on?”
5. Therapist: “Can you endure what’s happened, accept it for now as a reality in your life?”
6. Therapist: “Do you have feelings like ‘This can’t be, this shouldn’t be, I can’t do this, I can’t take it, I have to resist this?’”

10. Working at the Process Boundary

CONCEPT:

Process Work [Process-Oriented Psychology]

DEFINITION:

A boundary forms between the primary and secondary processes ([those that are familiar and those that are less known] [those that are more accessible to normal consciousness and those that are less so]). At the boundary, **edge figures and belief systems** can be observed which constitute and secure the patient's primary identity. They attempt to prevent the patient from exploring and developing a more distant (secondary) process.

OPERATIONAL DEFINITION:

The therapist:

- **inquires about the belief systems, thoughts, and feelings that represent the [boundary] [edge]**
- **asks about details of the stopping ideas and develops these into a personification of an "edge figure"**
- **supports the patient in contrasting the edge figure with other elements or roles in the process, and helps her to work on them through dialogue, role-playing, or bodywork**

DIFFERENTIATION:

- ⇒ *23 (Developing Preconscious Experience)*: the goals consist of **working on the perception channels while taking all possible sensory levels into account**
- ⇒ *25 (Working with Character and Defense Style)*: the patient's **patterns** are addressed or worked on
- ⇒ *54 (Interaction with the Inner Critic)*: grappling with a disapproving, **critical internal figure**
- ⇒ *99 (Value Orientation)*: addresses (through cognitive work) aspects of the patient's **values**

TYPICAL EXAMPLES:

1. Therapist: "Why are you unable to do, see, hear, feel, sense, express in a movement, include in a relationship, bring to the group . . . (such and such)?"
2. Therapist: "What does this edge figure say?" "Which beliefs, assumptions, convictions [conclusions?] arise?" "Is this voice familiar to you, the tone of voice, the words?"
3. Therapist: "What is disturbing / inhibiting / stopping / hindering / slowing you down?"

11. Working with Pre-Conscious Material

CONCEPT:

Psychoanalysis and Depth Psychology

DEFINITION:

The therapist addresses the patient's [Freudian] [**slips**] [**parapraxes**], seemingly fleeting ideas, fantasies, and daydreams; she explores the content of reported dreams; inquires about dreams.

OPERATIONAL DEFINITION:

The therapist encourages working with:

- **dreams**
- **daydreams, fantasies**
- **slips**

DIFFERENTIATION:

- ⇒ 50 (Imagination): imagining in connection with emotions; the object is to produce internal images; work on scenic material in the patient's fantasy
- ⇒ 65 (Working with Metaphor): complex images that capture the problem or a solution scenario
- ⇒ 93 (Covert Conditioning): imagination only in connection with relaxation processes

TYPICAL EXAMPLES:

1. Therapist: "What do you think about that slip?"
2. Therapist: "How could that happen to you? Do you have an opinion about it?"
3. Therapist: "You just mentioned that in such an offhand way (casually)..."
4. Therapist: "Can you tell me more about your wishes / dreams?"
5. Therapist: "Can you describe this longing image (this daydream) in somewhat greater detail?"
6. Therapist: "Do you remember the dream that you had at the time?"
7. Therapist: "What occurs to you in connection with this dream?"
8. Therapist: "What does this element of the dream mean? What occurs to you in connection with that? Does it have any relationship to your life? What does the XYZ aspect mean for you?"
9. Therapist: "What does your slip just now mean?"

12. Working with Humor

CONCEPT:

Nonspecific

DEFINITION:

The therapist introduces funny or humorous ideas.

OPERATIONAL DEFINITION:

The therapist:

- **tells a joke**
- **makes a humorous remark on a patient's comment**
- **uncovers a humorous aspect**
- **points out the previously unnoticed comedy of a situation**

DIFFERENTIATION:

TYPICAL EXAMPLES:

1. Therapist: "You always have to be close to him and protect him from everything? That's like covering a butterfly with a stone so it won't get cold."
2. Therapist: "It's pretty damn hard to feel alone when you're surrounded by 82 million people. How do you manage that?"
3. Therapist: "So, out of thousands of possible candidates you always pick exactly the partner who does the best job of complicating your life. Is that what you're saying?"

13. Working with Complex Episodes

CONCEPT:

Analytical Psychology

DEFINITION:

Has the patient recall a **complex episode**. The therapist focuses on particularly prominent emotions associated with **conflicts in a dysfunctional relationship**. Aspects of the conflict and its development are elaborated (cognitively, through association, through imagination, through creations). This leads to focusing on the content of the problems from the perspective of the therapist or the patient. Problems that are objectively present are placed in context with emotions. Focal points include traumata, physical illnesses, external strain, addiction, acute stress in the past, etc.

OPERATIONAL DEFINITION:

The therapist focuses on **prominent emotions associated with conflicts in dysfunctional relationships**

- **an everyday relationship**
- **an important relationship in the past**

DIFFERENTIATION:

- ⇒ 21 (Working on Behavior Patterns and Convictions): the **purpose** is examined: why and to what end?
- ⇒ 24 (Biographical Work): **relationships between the patient's current life situation and her life history**
- ⇒ 25 (Working with Character and Defense Style): the **model** of the defense style **is communicated**
- ⇒ 39 (Questions Concerning the Constructions of Reality): either a number of people (system members) are questioned or the inner relationship of the patient with the system
- ⇒ 44 (Basic Life Positions Concept): attitudes toward myself **as compared to others**
- ⇒ 94 (Behavior Analysis, Behavior Exploration): analyzes the **origins of behaviors** and the **conditions that maintain them**

TYPICAL EXAMPLES.

1. Therapist: "The anger you are repeatedly experiencing in your current relationship is something you are familiar with from your parents' marriage, isn't it?"
2. Therapist: "Your father always became furious when your mother did that. And now, today, you're reacting in a very similar way!"
3. Therapist: "Haven't you repeatedly chosen partners who were similar to what you experienced with your mother?"

14. Working with Creative Media / Stimulating and Practicing Creativity

CONCEPTS:

Analytical Psychology
Art and Expression-Oriented Psychotherapy

DEFINITION:

The therapist **actively** suggests working creatively (using a certain medium) on expressing a subject – **a creative effort has not yet been undertaken** – or encourages artistic expression. Active therapeutic initiative.

OPERATIONAL DEFINITION:

As part of therapy, the therapist encourages creative expression through:

- **painting, three-dimensional forming, installations**
- **poetic writing**
- **playacting**
- **playing music, dancing**

DIFFERENTIATION:

- ⇒ 63 (Inclusion of External Material): the therapist responds to material the patient **brings to therapy**
- ⇒ 95 (Sensitization of Perception of a Completed Creative Work): the creative **work is already finished**

TYPICAL EXAMPLES:

1. Therapist: “Choose (two) colors and paint on this piece of paper.”
2. Therapist: “Here’s some music. Let’s move to it and see what kind of dance results.”
3. Therapist: “Let’s pick some words out of this word jar and make a poem.”
4. Therapist: “You told me that writing repeatedly enables you to order your tangled thoughts. Let me give you this pad of paper so that over the next ten minutes you can write down everything that occurs to you. Words, sentences, thoughts, etc.”
5. Therapist: “For today’s session, may I first invite you to speak by using music? What kind of tones would that entail? What instruments would you need to do that?”
6. Therapist: “You’re telling me that you would like to finally free yourself from the narrow constraints of daily life. What would that look like if you were to express it through movement, for example, in a ‘liberation dance’?”
7. Therapist: “How about trying out these big oil pastels and having a look at their brilliant colors.”

15. Association, Free

CONCEPT:

Psychoanalysis and Depth Psychology

DEFINITION:

The therapist encourages the patient to **associate freely**. In other words, the patient should spontaneously say everything that comes to mind; she has permission to do so.

OPERATIONAL DEFINITION:

The therapist encourages the patient to:

- **verbalize spontaneous ideas**
- **mention everything that comes to mind**

DIFFERENTIATION:

- ⇒ *16 (Association, Linked)*: associating to **very specific** ideas, thoughts, wishes, fantasies, events. The subject of the associations is controlled.
- ⇒ *21 (Working on Behavior Patterns and Convictions)*: the **patient is questioned**, association is not used to establish relationships.
- ⇒ *30 (Promoting Insight into Behavior that Needs to Be Changed)*: the therapist promotes an **overall view** of the interrelationships between behaviors, cognitions, emotions, and motivations (an **integrative perspective**).

TYPICAL EXAMPLES:

1. Therapist: “What’s going through your mind right now?”
2. Therapist: “Take your time and say whatever comes to mind spontaneously.”

16. Association, Linked

CONCEPTS:

Analytical Psychology
Logotherapy and Existential Analysis

DEFINITION:

The therapist **focuses on specific issues**, thereby reinforcing an emotional and cognitive awareness of them.

OPERATIONAL DEFINITION:

The therapist encourages the patient to work on associations:

- **relating to concrete past events / thoughts / wishes / fantasies (the subject of specific dreams, people, objects, facts)**
- **about future events**
- **about the here and now**

DIFFERENTIATION:

- ⇒ *15 (Association, Free)*: association entirely **without** thematic direction
- ⇒ *21 (Working with Behavior Patterns and Convictions)*: the **patient is questioned**; association is not used to establish relationships.
- ⇒ *30 (Promoting Insight into Behavior That Needs to Be Changed)*: the therapist promotes an **overall view** of the interrelationships between behaviors, cognitions, emotions, and motivations (an **integrative perspective**).

TYPICAL EXAMPLES.

1. Therapist: “Speak about everything that comes to mind with respect to *that*. Have you ever experienced or heard or seen that before? Which wishes or fantasies does that trigger in you? Is there something you’re afraid of? What are your expectations, and what does that touch off in you? Does that have anything to do with you?”
2. Therapist: “Did you have a dream?”

17. Breath Work

CONCEPTS:

Bioenergetic Analysis
Integrative Body Psychotherapy

DEFINITION:

The therapist **comments on the patient's spontaneous breath / breathing**, has the patient observe her own breath, or suggests working with the breath.

OPERATIONAL DEFINITION:

The therapist:

- **focuses on the patient's breathing**
- **has the patient change her breathing patterns (deepening / slowing / accelerating)**
- **has the patient perform breathing exercises (possibly accompanied by ideas such as energy, energy build-up, charging, charge distribution, vitality, relaxation, calming down, sympathetic / parasympathetic breathing)**

DIFFERENTIATION:

⇒ 33 (Teaching Relaxation Techniques): relaxation techniques encompass **more** than the **breath**.

TYPICAL EXAMPLES.

1. Therapist: "When you were just telling me about your colleague at work, I noticed that your breathing became very shallow. What was that like for you?"
2. A patient tells of a car accident in which her daughter was seriously injured. Her account is repeatedly interrupted by deep sobbing. The therapist touches her back and says, "It was horrible, wasn't it. But try to keep breathing anyway—now—as well as you can."
3. Therapist: "Let me suggest that you interrupt your account for about three minutes. While you're silent, put your right hand on your stomach and watch how it moves as you breathe . . ." Then, after three minutes have elapsed: "What did you experience?"
4. Therapist: "Take five deep breaths into your chest. What are you feeling now? A little bit light-headed? OK, then push your feet down onto the floor somewhat harder. Good, just like that. What are you experiencing now?"
5. Therapist: "Place your hands on your stomach and breathe in such a way that your hands move up when you inhale and move down when you exhale."
6. Therapist: "Imagine that this feeling of hopefulness becomes richer with every breath you inhale and disperses in your body every time you exhale."
7. Therapist: "When you exhale, imagine that your breath is like sand flowing in an hourglass; it flows through your body. Your feet and legs are slowly filling up with the sand . . ."
8. Therapist: "Pay attention to your breath. It seems somewhat shallow to me. Give yourself a little more air and observe how feelings change as you continue telling me about it."

18. Task Assignment

CONCEPT:

Nonspecific

DEFINITION:

The therapist assigns the patient **homework or concrete tasks** that have to be completed by the next session.

OPERATIONAL DEFINITION:

The therapist assigns:

- **a task or tasks to complete before the next therapy session**
- **homework**
- **practice exercises to be done outside of the sessions**

DIFFERENTIATION:

- ⇒ 77 (Self-Help Techniques): the therapist does not assign specific tasks but conveys **self-help techniques**

TYPICAL EXAMPLES:

1. Therapist: “Between now and our next meeting, I’d like you to think about whether the dream / the feeling / this pattern has anything to do with our relationship here.”
2. Therapist: “Give it some thought and have a look at whether you recognize this pattern / feeling from everyday situations, or from earlier times.”
3. Therapist: “Between now and our next session, pay attention to whether you can also consciously experience the feeling of anger. Keep an eye on feelings like anger / disappointment / annoyance or anxiety.”
4. Therapist: “Why not give it a try until we get together next week?”

19. Directing Attention to Currently Unconscious Emotions

CONCEPTS:

Nonspecific
Gestalt Therapy

DEFINITION:

The therapist directs the patient's **attention to emotions that are currently present** although the patient is **presumably not consciously aware** of them. The therapist supports the expression of current emotions and addresses the interruption of contact in the here-and-now.

OPERATIONAL DEFINITION:

The therapist:

- **directs the patient's attention to feelings and impulses arising from the therapeutic relationship**
- **directs the patient's attention to feelings and impulses relating to a past life event which is currently being discussed**
- **directs the patient's attention to feelings and impulses by offering a hypothesis about the patient's current [state of mind] [emotional state]**

DIFFERENTIATION:

- ⇒ *2 (Affect Regulation)*: entails promoting an awareness of **affect regulation** in the patient
- ⇒ *8 (Work on Subjective Experience / Perception)*: involves posing questions as to the patient's **current (consciously experienced) mental or emotional state**
- ⇒ *56 (Stimulating Consciousness of the Body)*: **includes the physical aspect**
57 (Focusing on Body Impulses): the therapist encourages the patient to translate emotions into **motor activity** or **action**

TYPICAL EXAMPLES:

1. Therapist: "What kind of feelings accompany what you're saying?"
2. Therapist: "Repeat what you just said and focus on your feelings."
3. Therapist: "Listen to the sound of your voice. What kind of feelings can you detect?"
4. Therapist: "What are you feeling right now as you bring this event from your past to mind again?"
5. Therapist: "You're looking away right now. What just happened? Can you put that into words?"
6. Therapist: "Why do you feel depressed?"
7. Therapist: "Whenever you're in that situation, then you feel . . ."

20. Directing Attention to Communication

CONCEPT:

Gestalt Therapy

DEFINITION:

The therapist directs the patient's attention to **verbal / spoken expression** during communication and suggests reformulations such as using "I" instead of "you," using verbs instead of nouns, the active instead of the passive voice, and forms of expression that relate to the patient in a personal sense as opposed to those that are impersonal and distanced.

OPERATIONAL DEFINITION:

The therapist:

- **suggests repeating the same statement but using "I" instead of "you"**
- **points out that the patient has made a statement using the passive voice and suggests reformulating it using the active**

DIFFERENTIATION:

TYPICAL EXAMPLES:

1. Therapist: "I heard you say, 'You just can't stand for it.' Could you reformulate that into something like, 'I just can't stand for it'? Keep an eye on the difference when you say it that way."
2. Patient: "And then, as you sit there at the table, you have nothing to say." Therapist: "Try saying, 'And then, as I sit there at the table, I have nothing to say.'"
3. Patient: "It's enough to make a person want to cry." Therapist: "Try to put that in personal terms, for example, 'It's enough to make me want to cry.' See how it makes you feel when you say it."

21. Working on Behavior Patterns and Convictions

CONCEPTS:

Nonspecific
Gestalt Therapy
Transactional Analysis

DEFINITION:

By posing questions, the therapist works on behavior patterns and convictions [conclusions?] that are derived from feelings (“survival conclusions”). The patient is aware of the relationship.

OPERATIONAL DEFINITION:

Therapist asks patient:

- “What purpose does this serve?”
- “How do you do that?”
- “How can you change that?”

DIFFERENTIATION:

- ⇒ *13 (Working with Complex Episodes)*: work on prominent **emotions** associated with dysfunctional relationships
- ⇒ *15 (Association, Free)*: patient associates without receiving **thematic direction**
- ⇒ *16 (Association, Linked)*: patient associates in response to **thematic direction**
- ⇒ *25 (Working with Character and Defense Style)*: addresses dysfunctional behaviors and pedagogically conveys a **personality model** (defense style)
- ⇒ *30 (Promoting Insight . . .)*: the therapist promotes a **comprehensive view** of the relationship between behavior, cognitions, emotions, and motivation (an **integrative perspective**)
- ⇒ *39 (Questions concerning Constructions of Reality)*: a number of different people are interviewed (system members)
- ⇒ *44 (Basic Life Positions Concept)*: attitudes toward me **in comparison to others**
- ⇒ *94 (Behavior Analysis, Behavior Exploration)*: analyzes the **origins of behaviors and the conditions that maintain them**

TYPICAL EXAMPLES:

1. Therapist: “You are saying that it would be better to look away and leave. What purpose does that serve in this situation?”
2. Therapist: “So you are furious or sad and don’t let it show. How do you do that? What purpose does it serve?”
3. Therapist: “You are making another attempt to convince me that you will surely not pass your final exams. What are you doing to yourself through that? What purpose does it serve?”
4. Therapist: “Hmm, you are telling me that in your family it’s improper to say what you want. You’re ashamed of your own wishes and have learned how to sense and fulfill the expectations of the others. How long do you want to keep doing that? What purpose does it serve? How can you change that?”

22. Unconditional Positive Regard (UPR)

CONCEPT:

Client-Centered Therapy

DEFINITION:

The therapist perceives the patient's self-awareness in such a way that the therapist can respond with positive regard. The therapist experiences unconditional positive regard for the patient. In the process, the therapist feels emotional qualities such as warmth, love, respect, sympathy, empathy, and recognition. UPR is not tied to certain conditions that are anchored in the therapist as a person. Interventions **are motivated exclusively by [divergences] [deviations] from UPR**, for example, when the therapist senses and becomes aware of a disturbance of her UPR.

OPERATIONAL DEFINITION:

The therapist:

- **shows interest and concern**
- **acknowledges and encourages the patient**
- **indicates solidarity with the patient**

DIFFERENTIATION:

- ⇒ *31 (Empathy)*: the **therapist verbalizes her own feelings** with respect to the presumed feelings of the patient
- ⇒ *46 (Providing Support)*: the therapist provides **moral** support
- ⇒ *69 (Positive Reinforcement)*: desirable **behavior** is reinforced

TYPICAL EXAMPLES:

1. Therapist: "I was just asking myself how you're feeling right now."
2. Therapist: "I realize how very difficult that is for you."

23. Developing Preconscious Experience

CONCEPT:

Process Work [Process-Oriented Psychology]

DEFINITION:

The disturbing, [irritating] [confusing], surprising, unintentional phenomena that the patient experiences in a wide range of areas (**channels of perception**) are attributed to the unknown (unconscious) part of the process (the secondary process). The [unfolding] [development] of the secondary process is brought about by addressing the patient's subjective experience in phenomenological terms.

OPERATIONAL DEFINITION:

The therapist:

- **inquires about the patient's subjective experiences in the different modes of perception; experiences she has noticed and appear threatening, alien, or [irritating] [confusing] to her**
- **instructs the patient to be as precise as possible in providing a sensory-based description of the disturbing experience**
- **suggests a change in the modality of perception (e.g., an image instead of a feeling, etc.) or supports spontaneously occurring changes in the modality of perception**
- **makes the patient aware of spontaneously occurring experiences of meaning**

DIFFERENTIATION:

- ⇒ *5 (Anamnesis Inquiry)*: **no connection is established** between today and then-and-there as in 24
- ⇒ *41 (Genogram Work)*: a graphic **family tree is constructed** on the blackboard
- ⇒ *56 (Stimulating Consciousness of the Body)*: the **physical level** is addressed specifically
- ⇒ *90 (Transference)*: the therapist addresses relationship patterns over the course of a lifetime with reference to patterns in the current therapeutic relationship

TYPICAL EXAMPLES:

1. Therapist: "Which image / color / what kind of statement or movement would go with that?"
2. Therapist: "Can you describe XYZ in greater detail? What does it look like exactly / how does it feel / what does it sound like / how does it move?"

24. Biographical Work

CONCEPTS:

Nonspecific
Integrative Body Psychotherapy
Logotherapy and Existential Analysis

DEFINITION:

The therapist inquires about the **relationships between the patient's current life situation and her life history**. The therapist addresses background factors in the patient's life history and the history of her family.

OPERATIONAL DEFINITION:

The therapist:

- **points out patterns in the patient's life history**
- **attempts to establish relationships between the patient's current life situation and earlier experiences**

DIFFERENTIATION:

- ⇒ *5 (Anamnesis Inquiry)*: no **connections are established** between today and then-and-there as in 23
- ⇒ *13 (Working with Complex Episodes)*: **emotions associated with conflict in dysfunctional relationships** in the patient's life
- ⇒ *41 (Genogram Work)*: a graphic **family tree is constructed** on the blackboard
- ⇒ *90 (Transference)*: the therapist addresses relationship patterns that have evolved over the course of a lifetime with reference to patterns in the current therapeutic relationship

TYPICAL EXAMPLES:

1. Therapist: "Where do you know that from?"
2. Therapist: "Who treated you like that in the past?"
3. Therapist: "Does that seem familiar to you?"
4. Therapist: "Can you relate to why you are reacting that way?"
5. Therapist: "If you allow yourself to experience that feeling, how old does it make you feel?"
6. Therapist: "Do you recognize this topic / feeling / experience from an earlier time in your life?"

25. Working with Character and Defense Style (Agency)

CONCEPT:

Integrative Body Psychotherapy

DEFINITION:

The therapist introduces the patient to the character- and defense style **concept / model** (**pedagogically** as well) or encourages the patient to work with it.

Relevant concepts include: relationship patterns when dealing with intimacy and distance; anxiety about or defense against abandonment or inundation; the Never Enough type (abandonment type); the Super Trouper (inundation type); the As If type (abandonment and inundation type); the Automatic No or NOCT; fixed ideas; treating oneself and others as objects; a breach of authenticity (lie up / down); being cut off from feelings, vitality, the body; tangential communication. Agency is an outward directed, reflexive accommodation behavior that compensates for a lack of anchoring in the self or is caused by deficient self-esteem. Relevant concepts include: accommodation behavior; hyper-responsibility; self-sacrifice; an automatic yes; the inability to say no; “agency” mantras; the level of the IBP personality model.

OPERATIONAL DEFINITION:

The therapist:

- **addresses the model of the patient’s character and defense style**
- **imparts the theory of the origin of infantile defense patterns against the primary fears of injury through inundation and abandonment (survival strategy)**
- **communicates the typical manifestation forms of defense and character style traits**
- **makes material available so that the patient can recognize her personal defense / character style and its protective / destructive effects**
- **conveys the developmental psychological origins of agency as a protective measure**
- **accentuates the significance of agency behavior in the patient’s life history (usually pedagogically)**
- **attempts to reduce agency behavior**
- **conveys so-called agency mantras to the patient or works with her to bring them to light**

DIFFERENTIATION:

- ⇒ *10 (Working at the Process Boundary):* works on **boundaries that are hindering**; on creating an awareness of boundaries
- ⇒ *13 (Working with Complex Episodes):* works on prominent emotions associated with **dys-functional relationships**
- ⇒ *21 (Working with Behavior Patterns and Convictions):* **examines the purpose**: how and to what end?
- ⇒ *39 (Questions concerning Constructions of Reality):* **a number of people** are interviewed (system members)
- ⇒ *44 (Basic Life Positions Concept):* attitudes toward me **in comparison to others**
- ⇒ *81 (Script Work):* works on an unconscious, underlying **life plan**

- ⇒ *94 (Behavior Analysis, Behavior Exploration)*: analyzes the **sources of behaviors and the conditions that maintain them**

TYPICAL EXAMPLES:

1. Therapist: “In order to provide us with a common basis for understanding certain phenomena in your relationship to yourself and others, I would like to acquaint you with a model that explains the formation of character style and defense style.”
2. Therapist: “By using this questionnaire you’ve been able to form a picture of your personal characteristics in terms of an inundation or an abandonment type. What did you notice, what have you discovered? Which personality traits do you notice in yourself?”
3. Therapist to patient, who is relating a typical, everyday situation from her marriage: “Allow yourself to experience your reaction to your husband’s behavior and feel how it arose in such an automatic way, like a reflex. How do you see it, what level of the personality model did your reaction arise from?”

26. Dereflection

CONCEPT:

Logotherapy and Existential Analysis

DEFINITION:

The therapist introduces dereflection by activating self-distancing and self-transcendence.

OPERATIONAL DEFINITION:

The therapist directs attention to other content by:

- **shifting attention away from hyper-reflected content**
- **diverting attention from hyper-intended content**

DIFFERENTIATION:

⇒ *87 (Changing the Topic)*: a change in topic is **actively undertaken** on the therapist's initiative during the session

TYPICAL EXAMPLES:

1. Therapist: "Until our next session, try not to dwell on . . . particularly. Instead, pay more attention to . . ."
2. Therapist: "In terms of . . . we will discuss and resolve that in the session after next. Until then, I'd like to ask you not to give it any particular thought."
3. Therapist: "For next time, think about why you are trying to change this."
4. Therapist: "Until our next session, whenever your thoughts begin to revolve around that, make a conscious effort to stop."

27. Interpretation

CONCEPTS:

Psychoanalysis and Depth Psychology
Bioenergetic Analysis

DEFINITION:

The therapist provides a new or different interpretation of connections that have been developed with or by the patient. This enables the patient to see what she has said or the material she has presented in a different light. Matters (which may be difficult for the patient) can be presented in a context the patient was not aware of or did not previously occur to her. In this sense, the therapist establishes a connection between conscious and unconscious material. No work is done on defense mechanisms or resistance.

OPERATIONAL DEFINITION:

The therapist:

- **establishes connections between problematic / conflicting matters of which the patient is not aware (non-judgmental)**
- **makes unconscious connections accessible to the patient (non-judgmental)**

DIFFERENTIATION:

- ⇒ *1 (Confronting Defenses and Resistance . . .)*: **focuses on resistance and defenses**
- ⇒ *7 (Providing Medical Counseling)*: only in connection with **blows of fate**
- ⇒ *9 (Work on Existential Questions . . .)*: entails an **inventory** of the life the patient leads
- ⇒ *51 (Promoting the Individuation Process)*: the therapist addresses **discrepancies and disconnects between wishes and reality**
- ⇒ *60 (Confrontation)*: the therapist addresses **contradictions** in the patient's behavior and / or typical difficulties that repeat in the same manner
- ⇒ *67 (Discovering New Meaning and Significance . . .)*: only in connection with a piece of creative work
- ⇒ *72 (Reframing)*: the therapist puts known **material in a new perspective or provides a different vantage point**; does not establish connections with unconscious aspects
- ⇒ *80 (Creating Meaning and Significance)*: entails **integration into a greater whole**; attempts to provide **psychological meaning** for what has been experienced

TYPICAL EXAMPLES:

1. Therapist: "Do you see a relationship between X and Y?"
2. Therapist: "I think that the one is related to the other."
3. Therapist: "It has to mean something that that repeatedly happens to you."

28. Dialogue Exercises with Oneself and with the World

CONCEPT:

Logotherapy and Existential Analysis

DEFINITION:

The therapist guides the patient to an awareness of the inner dialogues she is conducting with herself and the world.

OPERATIONAL DEFINITION:

The therapist addresses:

- **the patient's inner dialogues and monologues**

DIFFERENTIATION:

- ⇒ *10 (Working at the Process Boundary)*: works on **boundaries that are hindering**
- ⇒ *54 (Interaction with the Inner Critic)*: focuses on a **critical internal figure, i.e., someone else**, not the patient herself

TYPICAL EXAMPLES:

1. Therapist: "Do you speak with yourself, or to yourself, internally?"
2. Therapist: "What's it like when you speak with yourself? What kind of an attitude do you have toward yourself when you do that?"
3. Therapist: "What do you say to yourself?"
4. Therapist: "What affects you, touches, or moves you in this situation?"
5. Therapist: "What comes back at you from the outside world? How do you react to that? What does it tell you? How would you like to respond to it?"

29. Working-Through

CONCEPT:

Psychoanalysis and Depth Psychology

DEFINITION:

The goal of working through is to achieve change in the patient's life. The therapist's task consists of encouraging the patient to reflect upon and establish connections between what she has realized, the insight she has gained, and changes in behavior that have not yet occurred. Among other things, this includes coming to terms with disappointments based on insights, processing the impossibility of achieving objectives recognized as infantile or immature (**the work of mourning**), the emotional processing of **that which can never be achieved** (**working on frustration**), and (retrospectively) abandoning **old longings and hopes**.

OPERATIONAL DEFINITION:

The therapist helps the patient with working through by actively:

- **encouraging her to engage with painful emotions**
- **inquiring about feelings associated with painful realizations**
- **posing questions about the divergence between her longings and reality**

DIFFERENTIATION:

- ⇒ *30 (Promoting Insight into Behavior that Needs to Be Changed)*: insight has **not yet been achieved**
- ⇒ *51 (Promoting the Individuation Process)*: entails **rationally addressing discrepancies** between the patient's state of development and what is realistic
- ⇒ *53 (Promoting Integration)*: works with various **levels / modalities of perception**

TYPICAL EXAMPLES:

1. Therapist: "If you have recognized that you will never achieve that, then what does that mean for you?"
2. Therapist: "How can you manage this discrepancy (between reality and your longings, wishes, dreams)?"
3. Therapist: "How do you feel now that you have to realize the incompatibility between your wish and reality?"
4. Therapist: "I think you have to come to terms with (mourn for) what is unattainable."
5. Therapist: "It must be painful to realize that you'll never be able to achieve that."
6. Therapist: "You never received that love from your mother, and you never will."

30. Promoting Insight into Behavior that Needs to Be Changed

CONCEPTS:

Nonspecific
Logotherapy and Existential Analysis

DEFINITION:

The therapist promotes viewing matters as part of an overall picture; guides the patient toward reaching conclusions and / or decisions. [The therapist raises the patient's awareness of her personal concern or decision-making by trying to make something emotionally or cognitively comprehensible to the patient and / or by encouraging behavioral change. **Insight has not yet occurred.**

OPERATIONAL DEFINITION:

The therapist:

- encourages the patient to take a personal position
- analyzes the patient's problem with respect to her emotions and cognitions
- asks questions about the patient's intentions
- discusses new ways of behaving

DIFFERENTIATION:

- ⇒ *29 (Working Through)*: processes things that have been **missed or will never be achievable**
- ⇒ *35 (Experimenting with New Behavior)*: during the session, the therapist instructs the patient to **try out and experiment with new behavior**
- ⇒ *51 (Promoting the Individuation Process)*: the therapist addresses **discrepancies and disconnects between wishes and reality**
- ⇒ *53 (Promoting Integration)*: work with various **levels / modalities of perception**
- ⇒ *85 (Addressing the Symptom)*: addresses **only the symptom**

TYPICAL EXAMPLES:

1. Therapist: "Do you understand why you are experiencing that?"
2. Therapist: "What opinion have you arrived at in that respect?"
3. Therapist: "What would you like to do most?"
4. Therapist: "How would you like to deal with that?"
5. Therapist: "What does that mean for you now; what consequences does it have?"
6. Therapist: "What possibilities do you see for yourself now?" [Possibly: "What options do you see for yourself now?"]
7. Therapist: "How will you set about doing that?"
8. Therapist: "Try that again, and this time use direct speech."
9. Therapist: "What's your take-away from this session?"

31. Empathy

CONCEPTS:

Nonspecific
Client-Centered Therapy

DEFINITION:

The therapist attempts to experience the patient's pain or joy in the same way the patient does and to understand the reasons for the patient's feelings in the same way as the patient. The therapist **verbalizes her own feelings as a therapist.**

OPERATIONAL DEFINITION:

The therapist:

- references her **own feelings** based on what the patient reports
- gives name to her **own feelings**; **speculates** about the way the patient must feel
- expresses her **own feelings** and **builds a bridge** to the patient's feelings

DIFFERENTIATION:

- ⇒ *40 (Countertransference)*: primarily involves the feelings of the therapist and not the patient; **the therapist does not refer to the patient's feelings**
- ⇒ *46 (Providing Support)*: the therapist provides **moral** support
- ⇒ *69 (Positive Reinforcement)*: **behavior** is reinforced
- ⇒ *92 (Verbalization of Emotional Experience - VEE)*: using her own words, **the therapist re-verbalizes the patient's emotional content, without reference to her own feelings**

TYPICAL EXAMPLES:

1. Therapist: "I think that when you argue with your husband you feel completely helpless and inferior, so that you prefer to reach for a drink."
2. Therapist: "Do I understand correctly that it's important to you to be a good mother for your children, and that's why you look after them so carefully?"
3. Therapist: "I have a sense that your girlfriend's accusation hurt you and affected you very deeply."
4. Therapist: "Your girlfriend's accusation hurt you and affected you very deeply and—if I'm seeing it correctly—what makes it even more difficult is that you now feel that you're overreacting?"
5. Therapist: "I have a sense that you really feel very bad."

32. Energetic Boundaries

CONCEPT:

Integrative Body Psychotherapy

DEFINITION:

The therapist conveys concepts pertaining to energetic **boundaries (demarcation)** or initiates work on them. Props may be used.

OPERATIONAL DEFINITION:

The therapist:

- has the patient mark off her personal space by **drawing a boundary** around herself with chalk on the floor; a rope or piece of string can also be used, or the patient can even indicate the boundaries by simply using her hands
- has the patient relive situations that are **typical for the way she deals with boundaries**, (how she herself deals with boundaries or how others deal with her boundaries)
- can also have the patient arrange a number of pillows to represent people, areas of her life, or symptoms **in relationship to her space**
- has the patient initiate experiences or work on basic relationship patterns or life themes using the **distance or closeness** of the pillows, by indicating **border violations**, or by removing the pillows from the room

DIFFERENTIATION:

⇒ 43 (*Setting Limits*): addresses the **limits of therapeutic collaboration (with the therapist)**

TYPICAL EXAMPLES:

1. Therapist: “How did you make out with your boundary in situation X / over the last few days / since our last session? Have you been paying attention to that? Have you been able to maintain a boundary around yourself? Or did you lose sense of your boundary?”
2. Therapist: “Imagine the space you need around you right now in order to feel well. When you have developed a sense of that, please mark it on the floor using the chalk / the piece of rope.”
3. Therapist: “Experience your own space and please repeat the following sentence: this is my space, this is my boundary, and I don’t want anyone to come in here unless I give them permission.”
4. Therapist: “Imagine that this pillow is your mother and notice your sensations and feelings when she (1) approaches your space and boundary, (2) crosses your boundary, and (3) then moves away.”
5. Therapist: “What person or task is occupying you / bothering you at the moment? Choose a pillow to represent it. Where is the pillow located in relationship to your space? Is it in your space? How does that make you feel? Do you feel the impulse to change anything about the situation?”

33. Teaching Relaxation Techniques

CONCEPTS:

Integrative Body Psychotherapy
Behavior Therapy

DEFINITION:

The therapist teaches / practices / works with **relaxation techniques**.

OPERATIONAL DEFINITION:

The therapist:

- **recommends relaxation techniques and provides instruction**
- **demonstrates the exercise**
- **has the patient demonstrate an exercise that was previously taught**
- **suggests ways to correct the exercise**
- **asks about the effect of the exercise**

DIFFERENTIATION:

- ⇒ *17 (Breath Work)*: **breath only**
- ⇒ *50 (Imagination)*: **does not involve relaxation techniques** but rather concentration on the patient's inner world (emotions, dreams, fantasies)
- ⇒ *93 (Covert Conditioning)*: **conscious imagining**, no relaxation

TYPICAL EXAMPLES:

- 1) Therapist: "I suggest that I demonstrate / teach you an exercise that can help you to relax intentionally and promote the free flow of energy in your body."
- 2) Therapist: "First, I'll show you how the exercise works, so for now please watch closely. Then I'll go through it step-by-step and teach you how to do it."
- 3) Therapist: "For this exercise, you lie down on a couch, spread your feet about the width of your hips so that your heels and the balls of your feet are bearing the same amount of weight. Inhale deep into your chest through your mouth. When you exhale, let the air flow out effortlessly, you can also sigh or make a sound as you do so. Your left hand forms a fist and rests on your chest; place your right hand on top of it. When you inhale, your rib cage raises your hands. When you exhale, exert mild downward pressure on your chest. Keep your eyes open . . ."
- 4) Therapist: "How did you do as you applied the relaxation techniques I showed you last time? Did you practice them; did any problems arise? What was the effect? Why don't you show me how you perform the exercises?"

34. Enabling the Patient to Experience the Essence of Preconscious Processes

CONCEPT:

Process Work [Process-Oriented Psychology]

DEFINITION:

The preconscious process (**secondary process**) is deepened, explored, and developed until the patient is able to experience its **essence and essential core**.

OPERATIONAL DEFINITION:

The therapist:

- **inquires, after the secondary process has unfolded, as to the essence, the core, the intrinsic quality of the experience**
- **by providing further methods of sensing, guides the patient toward exploring the essence of the secondary experience in depth**

DIFFERENTIATION:

⇒ *23 (Developing Preconscious Experience)*: irritating or threatening sensory experiences **in (various) perception channels** are elicited

TYPICAL EXAMPLES:

- 1) Therapist: “If you focus exactly on what you feel, what is behind it / what was there before / what lies at its core, in the very innermost part / what is the essence of it (or what is the reason for it)?”
- 2) Therapist: “What is the core of the matter?”

35. Experimenting with New Behavior

CONCEPTS:

Bioenergetic Analysis
 Gestalt Therapy
 Transactional Analysis
 Behavioral Therapy

DEFINITION:

Within the protected therapeutic space, the therapist playfully allows the patient to experiment with new behavior for the purpose of trying out solutions that are agreeable to the individual. An attempt is made to anchor and integrate preconscious experiences in new insights and attributions of meaning.

OPERATIONAL DEFINITION:

The therapist:

- suggests **repeating a sentence using different intonations** and playfully experimenting with different ways of expressing it
- develops and anchors what is a **new experience** for the patient in **as many modalities of experience as possible**
- suggests repeating the same sentence with **greater vocal emphasis**, or only whispering it, and then observing the difference
- suggests that the patient **change the position in which she is sitting**, stand up, or **walk around in the room** and speak with a fictional character in the way she would most enjoy
- suggests repeating an indirect remark to the therapist, **but this time with eye contact**

DIFFERENTIATION:

- ⇒ *30 (Promoting Insight into Behavior that Needs to Be Changed):* insight **has not yet been gained**

TYPICAL EXAMPLES:

- 1) Therapist: “Can you hear your intonation when you say that?” (Repeats the sentence using the patient’s intonation.) “Can you repeat the sentence and change the intonation in the way the sentence is constructed? For example, like this . . .” (Therapist emphasizes different elements.) “Try out different variations, tones of voice, and pitches. Which way comes closest to how you’d *really* like to express it? How do you feel when you say it like that?”
- 2) Therapist: “Have a look at the way you’re sitting and breathing right now. What are you expressing through that? How does that line up with what you’ve just been talking about? Try changing your position and the way you’re breathing and then continue speaking. What kind of difference does that make?”
- 3) Therapist: “I’d like to suggest that you stand up, walk around in the room, and imagine that the person you’re talking about is actually here. You are taking your usual evening walk with her. Try speaking to her in a way that you may never have done before, and tell her everything you have held back until now.”
- 4) Therapist: “I noticed that you weren’t looking at me when you just said that. Could you try it again, look at me as you continue to speak, and tell it to me directly?”

36. Feedback-Oriented Work

CONCEPT:

Nonspecific

DEFINITION:

As the therapist monitors and supports the patient's process, as well as communication between the patient and therapist, she attempts to observe the patient's feedback as precisely as possible. In moving forward, the therapist is guided by positive, negative, or mixed / ambivalent feedback from the patient.

OPERATIONAL DEFINITION:

The therapist:

- **reacts to verbal and / or nonverbal feedback from the patient**
- **when feedback is mixed, the therapist addresses the ambivalence that has formed behind it**

DIFFERENTIATION:

- ⇒ 27 (Interpretation): matters that have remained **unconscious** until now are seen in relation to known / conscious material
- ⇒ 40 (Countertransference): involves **reference to the therapist's own [sensations] [feelings?]**
- ⇒ 49 (Promoting Identification): patient must **put herself in the position of another person**
- ⇒ 55 (Clarification): **clarification of facts**
- ⇒ 90 (Transference): the therapist addresses the presumption that an experience of the patient is being shifted to her

TYPICAL EXAMPLES:

- 1) Therapist: "You're blushing, apparently we've encountered something."
- 2) Therapist: "You're having a strong reaction to that."
- 3) Therapist: "What should I make of your reaction to what I just said?"
- 4) Therapist: "You're grinning now, what does that mean?"
- 5) Therapist: "Your reaction to what I just said seems to be laughing with one eye and weeping with the other"
- 6) Therapist: "You seem to be hesitating . . ."
- 7) Therapist: "Today, I have a sense that you're on the verge of leaving. It seems like you're not even touching the back of your chair. Are you experiencing it in the same way?"

37. Forced Extinction

CONCEPT:

Behavior Therapy

DEFINITION:

The therapist **prevents the patient from performing an avoidance behavior.** This allows the patient to have the experience that the feared aversive stimulus does not materialize.

OPERATIONAL DEFINITION:

The therapist:

- encourages the patient to **expose herself to a frightening situation, endure it, and have the experience that the feared consequence does not occur**

DIFFERENTIATION:

TYPICAL EXAMPLES:

- 1) Therapist: “Even though you’re experiencing panic right now, please stay here in the elevator. Keep breathing. Only leave the elevator when the panic has subsided substantially and you’re able to realize that you haven’t fainted.”
- 2) Therapist: “Please walk to the mailbox now and open your mail. You can see that there are, in fact, bills to pay but that you will not be broke after you meet those obligations.”

38. Questions concerning Constructions of Possibilities

CONCEPT:

Systemic

DEFINITION:

The principle underlying this type of question is to remain open to the solutions that people have found to date and primarily to the options that (**hypothetically**) still remain open to them. **Relates to the real space of the family system or a person** (or in fantasy). In the process, an **as-if reality** is projected.

OPERATIONAL DEFINITION:

The therapist:

- **invites the system (multiple person system) to take new options under closer consideration**
- **invites the system to develop a range of possible scenarios**
 - ... **assuming that...**
 - ... **in the event that...**
 - ... **what would happen if... etc.**

DIFFERENTIATION:

- ⇒ *53 (Promoting Integration)*: the therapist promotes the **integration of insight into the patient's daily life** by employing **modalities of perception**

TYPICAL EXAMPLES:

- 1) Therapist: "Supposing that you were intent on having your daughter exhibit the symptomatic behavior again. What would you have to do? And if your husband wanted that, would you have to do anything different—or would it be the same thing?"
- 2) Therapist: "Imagine that five years have passed. Which of your children will be the first to leave the house? For whom would the separation process be most difficult?"
- 3) Therapist: "Imagine that your son hadn't been born, that you hadn't even had him. Under those circumstances, what would your relationship be like today?"
- 4) Therapist: "Let's assume you continue to maintain that your miserable childhood has ruined your life. How will that affect the way you deal with your own children?"

39. Questions concerning Construction of Reality

CONCEPT:

Systemic

DEFINITION:

In principle, questions concerning constructions of reality involve **concrete inquiries about the patient's situation here and now**. One can differentiate between two types of questions: **those pertaining to the context of the assignment** and **those that pertain to the context of the problem presented**. For questions relating to the context of the assignment, questions about the referral context are key as well.

OPERATIONAL DEFINITION:

The therapist:

- invites the system (multiple person system) to address the various **referral contexts** or the **manifest or covert work assignments**
- invites the system to report on possible cooperative relationships (systems of professional helpers or family members) and to describe them
- after clarifying the context, invites the various individuals present to express their different **expectations**
- invites the system to present their various perspectives on the problem and [label] [identify] them in concrete terms so that the different views of the problem can be recognized
- invites the system to **collaborate** on producing **different explanatory models** for and approaches to the problem(s)
- **refers to the system of the patient in question**

DIFFERENTIATION:

- ⇒ *13 (Work with Complex Episodes)*: works on prominent emotions associated with the **dysfunctional relationships of the individual patient**
- ⇒ *21 (Working with Behavior Patterns and Convictions)*: examines the purpose of the **individual patient's behavior and convictions [conclusions?]**; how and to what end?
- ⇒ *25 (Working with Character and Defense Style)*: **the patient's** dysfunctional behaviors, the characteristics of her defense style, and her personality model are addressed pedagogically
- ⇒ *44 (The Life Positions Concept)*: attitudes toward myself **in comparison to others**
- ⇒ *55 (Clarification)*: clarifies matters with the patient, and **not with the system**
- ⇒ *94 (Behavior Analysis, Behavior Exploration)*: only **one individual** is queried

TYPICAL EXAMPLES:

1. Therapist: "Whose idea was it to contact me?"
2. Therapist: "In your opinion, what could be the benefit to the person who made this referral?"
3. Therapist: "What do you think your husband is hoping to gain from this conversation?"
4. Therapist: "Do you think that you and your husband are both wishing for the same things?"
5. Therapist: "In your opinion, which of your husband's actions disturb your daughter the most?"

40. Countertransference

CONCEPTS:

Analytical Psychology
 Bioenergetic Analysis
 Psychoanalysis and Depth Psychology

DEFINITION:

Drawing on her own feelings, the therapist **addresses** the experiences, feelings, thoughts, or [irritation] [confusion] that arise as she conducts therapeutic work with the patient. The therapist registers the mental and physical countertransference phenomena which she experiences and communicates them to the patient—or works with them in order to make the patient aware of unconscious processes.

OPERATIONAL DEFINITION:

The therapist communicates her own experiences (mental and / or physical) by:

- voicing and addressing **her own emotional responses to the patient**
- referencing the therapeutic relationship by mentioning **sensations of her own which she cannot explain**
- addressing the **discrepancy** between the feeling that the patient is expressing and the feeling of the therapist herself

DIFFERENTIATION:

- ⇒ *31 (Empathy)*: the therapist makes use of what she herself experiences in **an attempt to playback what the patient experiences**. It is not a question of her own experience.
- ⇒ *61 (Congruence, Sensing Incongruence)*: the therapist seeks to clarify whether there is incongruence (discrepancy) on the part of the patient, because she (the therapist) cannot respond to the patient with unconditional positive regard. There, in 61, the **emphasis is on benevolent empathizing**.

TYPICAL EXAMPLES:

1. Therapist: "I'm noticing that something is annoying me even though you seem to be saying everything in the right way."
2. Therapist: "I'm experiencing you was very seductive."
3. Therapist: "Today, I've been noticing that my thoughts are repeatedly wandering off, which otherwise isn't the case. What could be causing that?"
4. Therapist: "The way I'm experiencing you today is entirely different than usual. What's going on?"
5. Therapist: "I'm feeling (e.g., angry). Did you notice that feeling, too? Are you also experiencing anger / disappointment / annoyance / anxiety?"
6. Therapist: "Even though you are saying that so nonchalantly, it sends a chill down my spine."
7. Therapist: "I'd like to tell you how I feel right now. Ever since you began talking about your brother, I've become horribly tired. I took a break a while ago, and I had a good night's sleep . . . so I'm wondering whether my fatigue doesn't have something to do with what you were talking about. What do you think?"
8. Therapist: "I'm noticing that I'm getting angry. You are telling me with a smile, as if you weren't even involved, that your colleagues are insulting and humiliating you day in and day out. I have the impression that my feeling has something to do with your situation. What's your take on that?"
9. Therapist: "When I look at the eyes you painted on your picture, it makes me very sad. What do you think about that?"

41. Genogram Work

CONCEPT:

Systemic

DEFINITION:

Genogram work is a graphic approach. In collaboration with the patient's system, a *multi-generational perspective* is developed. Certain symbols are explained to the members of the system, and in accordance with that a genogram or diagram representing the system is developed on a blackboard or flipchart. Who belongs to the system (father, mother, daughters, grandmothers, grandfathers, nephews) in order to obtain a current view of the system? Then, important sociodemographic events such as births, deaths, and illnesses, are recorded in the genogram—possibly reaching back over 1-3 generations. In a further step, the different kinds of relationships can be portrayed: conflictual; stronger or weaker bonds; and manifest or covert coalitions.

OPERATIONAL DEFINITION:

The therapist:

- explains the **genogram** along with the different symbols and their meanings
- invites system members to provide data on various sociodemographic aspects and potentially critical events
- develops, in collaboration with the system, assessments of the closeness or distance of relationships and of superiority and subordination in the sense of a structural diagnosis
- invites the system to provide assessments of possible manifest or latent conflictual relationships

DIFFERENTIATION:

- ⇒ *5 (Anamnesis Inquiry)*: is only verbal, **does not construct a graphic family tree**
- ⇒ *24 (Biographical Work)*: establishes relationships between today and then-and-there, **no graphical representation**

TYPICAL EXAMPLES:

1. Therapist: “Do you know what a genogram is?”
2. Therapist: “Do you know how a genogram is constructed?”
3. Therapist: “A circle stands for ‘female,’ a square stands for ‘male.’”
4. Therapist: “Can you tell me when your grandfather died?”
5. Therapist: “When were they divorced, what year was that?”
6. Therapist: “When did your uncle pass away?”
7. Therapist: “What do you think your parents’ relationship was like? Was it harmonious and loving, were they close to one another?”
8. Therapist: “What do you think the relationship was like between your two sets of parents-in-law?”
9. Therapist: “Who had the say in the household?”
10. Therapist: “Was it OK to talk about any topic, or were there taboos?”

42. Targeted Frustration

CONCEPT:

Gestalt Therapy

DEFINITION:

The therapist intentionally does not comply with the relationship patterns the patient consciously or unconsciously suggests.

OPERATIONAL DEFINITION:

The therapist:

- **does not respond to a patient's implicit prompts or wishes**
- **analyzes a question instead of answering it**
- **interrupts the patient's flow of speech when she has a sense that she is being swayed and inquires as to what is actually at issue**
- **frustrates the patient's unspoken or indirect attempts at ingratiation**

DIFFERENTIATION:

⇒ *43 (SettingLimits)*: entails addressing **crass boundary violations** on the part of the patient

TYPICAL EXAMPLES:

1. Therapist: "No, I can't interpret the dream for you, but we can gladly work together to explore what it might mean for you."
2. Therapist: "Actually, there are statements hidden behind many questions. Could you try to make a statement as to what lies behind this question and then examine whether answering the question is still relevant?"
3. Therapist: "You are talking so much that I can hardly follow you. I have the feeling that you are talking at me rather than genuinely trying to engage me in a conversation. Could you stop for a moment and experience how you feel? Try to talk slower and take a deep breath after each sentence."
4. Therapist: "Sure, we could continue talking about that football match. Is that really what you want now?"

43. Setting Limits

CONCEPT:

Nonspecific

DEFINITION:

The therapist explains to the patient that there are boundaries and that major boundary violations during therapy undermine the therapeutic alliance. The therapist addresses boundary violations on the part of the patient and actively **sets boundaries that apply to working together.**

OPERATIONAL DEFINITION:

The therapist establishes boundaries by:

- **rejecting demands from the patient during the therapy session**
- **explaining and pointing out the limits of the collaborative effort**
- **addressing violations of the boundaries of the therapeutic alliance**

DIFFERENTIATION:

- ⇒ *32 (Energetic Boundaries)*: addresses the patient's **energies and strengths** which have an effect on her boundaries or boundary violations in daily life.
- ⇒ *42 (Targeted Frustration)*: the therapist establishes no boundaries, but instead skillfully generates frustration through **non-reaction** or **refusal to comply with the patient's wishes**

TYPICAL EXAMPLES:

1. Therapist: "I would like to ask you to accept that the time we spend together is 50 minutes and not 70."
2. Therapist: "No, Ms. X, I will not go to the movies with you. Maintaining personal contacts with a patient does not comply with the ethical principles of psychotherapy."
3. Therapist: "That is my personal affair and does not belong in your therapy. And for that reason I do not want to discuss it with you."
4. Therapist: "I would like you to respect my free time and call me only during the periods we've agreed upon."
5. Therapist: "That's a service I can't provide, and it is also not my duty to accompany you to the unemployment office."
6. Therapist: "Please abide by the agreements we reached at the beginning of therapy."
7. Therapist: "That is something I cannot and will not do because it would make it difficult or prevent us from working together."
8. Therapist: "That would run contrary to therapeutic treatment and make it impossible for us to work together."

44. Basic Life Positions Concept

CONCEPT:

Transactional Analysis

DEFINITION:

The life positions refer to my attitude toward myself, toward others, and the world. There are **four possible basic positions**: I'm OK, you're OK; I'm not OK, you're OK (also called the "insecure" position); I'm OK, you're not OK (also called the "overly secure" position); and finally, I'm not OK, you're not OK.

OPERATIONAL DEFINITION:

The therapist:

- **addresses the positions the patient is taking toward the world. Does the patient find herself OK and all others not OK (superior) or, quite the reverse, does she feel insecure and inferior to others or a specific individual?**

DIFFERENTIATION:

- ⇒ *13 (Working with Complex Episodes)*: work on prominent emotions associated with dysfunctional relationships
- ⇒ *21 (Working with Behavior Patterns and Convictions)*: the purpose is examined: why and to what end?
- ⇒ *25 (Working with Character and Defense Style)*: addresses dysfunctional modes of behavior
- ⇒ *39 (Questions concerning Constructions of Reality)*: a number of people are interviewed (system members)
- ⇒ *94 (Behavior Analysis, Behavior Exploration)*: analysis of the origins of behaviors and the conditions that maintain them

TYPICAL EXAMPLES:

1. Therapist: "What do you need to continue feeling OK?"
2. Therapist: "How do you ensure that the person you are interacting with is able to feel OK?"
3. Therapist: "Why don't you feel OK?"
4. Therapist: "You don't feel all right, don't feel OK."

45. Good Parent Messages (GPMs) / Permissions

CONCEPT:

Integrative Body Psychotherapy

DEFINITION:

The therapist conveys **good parent messages** or encourages work on them.

EXAMPLES:

- I love you.
- I say yes to you, I want you (I welcome you).
- I will protect you, you can feel safe (or: you are safe with me).
- You are something very special to me; I am proud of you.
- I see you, and I hear you.
- I love you the way you are. You don't need to do anything special.
- I will take care of you.
- I am here for you. I will even be here for you when you are dying.
- You don't need to be alone anymore.
- You can trust me.
- You can trust your inner voice.
- You can be hopeful under all circumstances.
- Sometimes I will draw the limit and say no, but it will be because I love you.
- You don't need to be afraid anymore.
- If you fall down, I will help you get back on your feet.
- I trust you. I am sure that you will make it.

OPERATIONAL DEFINITION:

The therapist:

- **introduces good parent messages (GPMs)**
- **gives the patient GPMs**
- **has the patient find important GPMs**
- **directs the patient to give herself GPMs and work on them at home**

DIFFERENTIATION:

- ⇒ 46 (Providing Support): emotional support is **provided only by the therapist**
- ⇒ 98 (Value Imagination): working with **inner allies**

TYPICAL EXAMPLES:

1. Therapist: “Today I would like to tell you about good parent messages. They are messages that allow a child to develop optimally. When you hear / read through this list, ask yourself which of the messages your mother or father was able to give you? Which were they *not* able to provide? Which of them produce a special reaction in you?”
2. Therapist: “Imagine that you had received all of the GPMs. What would your life look like now?”
3. Therapist: “In that situation, what would you have wished for most from your mother / your father? How could they have demonstrated that to you?”
4. Therapist: “Imagine that you yourself are the ideal mother you would have needed back then. Take the child who you were at the time by the hand. Now give that child the message. Let the child hear the message. Is the child getting the message? How does it experience the message physically?”

46. Providing Support

CONCEPTS:

Nonspecific
Transactional Analysis

DEFINITION:

The therapist provides **moral support** by bracing, strengthening, and stabilizing the patient. An attempt is made to reestablish the patient's self-contact.

OPERATIONAL DEFINITION:

The therapist:

- provides emotional strength for the patient's views
- provides the patient obvious support
- encourages the patient, inspires hope
- is clearly optimistic with respect to the patient's success
- provides moral support
- endorses the patient's opinions
- provides support by siding with the patient's views
- helps the patient to put matters into words
- strengthens her adult ego
- addresses the topics of autonomy and self-responsibility

DIFFERENTIATION:

- ⇒ *31 (Empathy)*: the therapist expresses her own experience as an **attempt to reproduce the patient's experience—not the experience of the therapist herself**
- ⇒ *45 (Good Parent Messages . . .)*: utilizes **GPMs**
- ⇒ *69 (Positive Reinforcement)*: reinforces **behavior** only; **does not provide moral support**
- ⇒ *75 (Activation of Resources)*: only **existing** resources; actively addressed by the therapist

TYPICAL EXAMPLES:

5. Therapist: "You have every right to be furious."
6. Therapist: "I can understand very well why you would experience it that way."
7. Therapist: "I'm on your side 100 percent."
8. Therapist: "I'm pleased at your progress. That means we can be very optimistic."
9. Therapist: "I know that you'll be successful."
10. Therapist: "I think you are seeing things correctly."
11. Therapist: "That would certainly be the best solution."
12. Therapist: "I see things exactly the same way."

47. Addressing Hierarchy, Status, or Privilege

CONCEPT:

Process Work [Process-Oriented Psychology]

DEFINITION:

In relationship and workplace constellations, **questions as to the participants' rank, position in the hierarchy, and various privileges** play an important role. Here, the therapist heightens and expands the patient's awareness of contextual socioeconomic, psychological, and spiritual status as well as of her own privileges.

OPERATIONAL DEFINITION:

The therapist:

- explores, together with the patient, the **rank** the patient holds in different life situations
- explores, together with the patient, the patient's experience of having a low **rank**
- explores, together with the patient, the patient's experience of having a higher **rank**

DIFFERENTIATION:

TYPICAL EXAMPLES:

13. Therapist: "Do you feel that you are inferior / superior?"
14. Therapist: "What do you do better / less well than the others?"
15. Therapist: "How could you utilize your superiority / advantage / rank so that others would benefit?"
16. Therapist: "What effect does a conscious awareness of your privileges have on you and your environment?"

48. Addressing Ego States

CONCEPT:

Transactional Analysis

DEFINITION:

The therapist **addresses ego states** and **works with internalized authority**, i.e., the parent ego-state.

OPERATIONAL DEFINITION:

The therapist:

- **invites the patient to take a seat on a chair as if she were her father or mother. The therapist then speaks with the patient in the parental role she has assumed. In this manner, the therapist conducts an interview with the “father” or “mother.”**
- **addresses the child or the child ego state, the inner child**
- **addresses the adult or the adult ego state, the person as an adult**
- **addresses the mother or father, or the parents, or the parent ego or the parent ego state, an authority or an authority figure**

DIFFERENTIATION:

- ⇒ *49 (Promoting Identification)*: encourage the patient to see things through the perspective of a mental object (person), **not in terms of her own ego states**
- ⇒ *59 (Communication Work Using a Diagram)*: uses **drawings**
- ⇒ *76 (Initiation of Role-Playing)*: **does not address ego states**

TYPICAL EXAMPLES:

1. Therapist: “When you feel / behave that way, what ego state are you in?”
2. Therapist: “When you’re in that situation, what does your (inner) child have to say about it?”
3. Therapist: “What would you have felt as a child? Do you still feel the same way now?”
4. Therapist: “What would your father / mother say about that? What does your parent-ego say about it?”

49. Promoting Identification

CONCEPT:

Gestalt Therapy

DEFINITION:

The therapist encourages the patient to identify with other individuals, objects, her own organs or parts of her body. When working on dreams, drawings, or images, the therapist encourages the patient to identify with individual elements (**no dialogue, no interaction**).

OPERATIONAL DEFINITION:

The therapist:

- has the patient recount a conversation between herself and a third person [in a direct way] [possibly: using direct speech], that is, the **patient has to “become” the other person**
- has the patient relate a dream and subsequently works on the dream in such a way that the patient **identifies** with all the elements of the dream (people, things, [mental?] objects) and communicates the dream as a first-person narrator from each of these perspectives
- encourages the patient to work with a painting in such a way that she “becomes” the color blue, for example, and **gives the color a voice**—the patient speaks as if she were the color blue in the painting, or a tree, or the house—just as she did when working on the dream described above

DIFFERENTIATION:

- ⇒ *36 (Feedback-Oriented Work [Working with Feedback])*: the therapist addresses only the **patient’s reaction to the preceding communication**
- ⇒ *48 (Addressing Ego States)*: the intention is to call up **parental introjections**
- ⇒ *76 (Initiation of Role-Playing)*: **dialogue or interaction**
- ⇒ *98 (Value Imagination)*: involves **imagination** and not **identification**; in value imagination the patient remains in herself and does not assume the perspective of other objects
- ⇒ *101 (Circular Questioning)*: inclusion of other people (real or imagined) **with respect to their reaction**

TYPICAL EXAMPLES:

1. Therapist: "Try to imagine that your (deceased) father is here right now and has been listening to you. What would he say? See if you can formulate that as if you were speaking for him, use the first person."
2. Therapist: "How did she say that? Can you put yourself in her position and speak for her, the way she would say it?"
3. Therapist: "Could you try to identify with the house you dreamed about and relate the dream from that perspective? For example, like this: I'm the house. I'm old, and I have seven rooms . . ."
4. Therapist: "If you were your own boss, what would you feel and say? Make an attempt to speak as if you were your boss."
5. Therapist: "Your stomach is making noise right now. Can you put the voice of your stomach into words? What is it saying?"
6. Therapist: "Which part of this picture catches your attention the most? Can you identify with that part of the picture and speak as if you had actually become it?"
7. Therapist: "Your back aches. Could you try and speak as if you actually had become your back? For example, 'I am your back and I ache. I support . . .'"
8. Therapist: "Can you put yourself in his position. What is he thinking?"
9. Therapist: "Can you put yourself inside of this figure / roll / person / position."
10. Therapist: "How would so-and-so say that / express that / move?"

50. Imagination

CONCEPT:

Analytical Psychology

DEFINITION:

The therapist encourages the patient to **use her imagination** to enter into a relationship with certain motives, emotions, or feelings on the experiential level, or [to begin an argument with them] [or to begin grappling with them]. **Achieving relaxation is not the object.**

OPERATIONAL DEFINITION:

The therapist encourages the patient to **imagine:**

- **emotions** (imaging [the experience of a scene] [scenes], images, or physical sensations)
- a **dream** [suggest using plural: **dreams**]
- **fantasies**

DIFFERENTIATION:

- ⇒ *6 (Anxiety Management Training)*: focuses on **anxiety**
- ⇒ *11 (Working with Preconscious Material)*: all types of **association** to parapraxes, fleeting or spontaneous ideas, daydreams
- ⇒ *65 (Working with Metaphor)*: **complex images** that clarify the problem or a solution scenario
- ⇒ *93 (Covert Conditioning)*: imagination **only in connection with relaxation techniques**
- ⇒ *99 (Value Imagination)*: the **values of a different internal object** are used, **not the patient's own values**

TYPICAL EXAMPLES.

1. Therapist: "Imagine the images in your dream again and describe them to me, with any changes that might apply. Concentrate on your emotions and allow an image to arise. I'll give you a picture, for example, . . ."
2. Therapist: "Immerse yourself in the picture and observe the way it changes in your imagination. Tell me the emotions that are connected with it."

51. Promoting the Individuation Process

CONCEPT:

Analytical Psychology

DEFINITION:

The therapist fosters developmental steps in the patient that are appropriate for her situation and her age. The therapist addresses developments that are appropriate for the patient's age and situation or, conversely, the patient's inappropriate developmental status— if necessary, her immaturity and the **discrepancies between her developmental stage and what would be appropriate.** Reality orientation (forward-looking).

OPERATIONAL DEFINITION:

The therapist:

- addresses the **discrepancies** between actual reality (developmental stage), current wishes, and situation-appropriate reality and necessities
- discusses **breaks / caesuras** and / or individual potential and its development

DIFFERENTIATION:

- ⇒ *9 (Work on Existential Questions . . .)*: **an explorative search for the patient's existential foundation**
- ⇒ *27 (Interpretation)*: **interconnections are established between unconscious material**
- ⇒ *29 (Working-Through)*: processing what was **omitted** (could not be experienced) or was **never achievable**
- ⇒ *30 (Promoting Insight into Behavior that Needs to Be Changed)*: provides motivation for **gaining insight**
- ⇒ *60 (Confrontation)*: the therapist addresses **contradictions, blind spots, and compulsive repetition**
- ⇒ *75 (Activation of Resources)*: only **existing** resources are addressed
- ⇒ *79 (Addressing Questions of Meaning)*: the therapist looks for **meaningful aspects** of the patient's life

TYPICAL EXAMPLES:

17. Therapist: “Do you think that’s realistic?”
18. Therapist: “Do you think you are already able to achieve that?”
19. Therapist: “But that is exactly what you have not yet achieved—although it would be the prerequisite for getting the job. How do you plan to go about that?”
20. Therapist: “Don’t you lack the . . . or the . . . for that?”
21. Therapist: “When would that be possible for you?”

52. Psychoeducation

CONCEPTS:

Nonspecific
Integrative Body Psychotherapy

DEFINITION:

During the therapy sessions, the therapist provides the patient with **objective information** about the circumstances surrounding treatment or the treatment itself. This can relate to matters pertaining to the treatment or general aspects of social reality. **Advice** for everyday life may be provided.

OPERATIONAL DEFINITION:

The therapist provides information / advice:

- **relating to therapy**
- **relating to social aspects**
- **relating to the general circumstances of the patient's life history**
- **relating to the patient's lifestyle**

DIFFERENTIATION:

- ⇒ 3 (Teaching the Activation / Deactivation Model): involves **physiology only**
- ⇒ 18 (Task Assignment): calls for completing a task by the next or one of the following sessions

TYPICAL EXAMPLES:

1. Therapist: “The first thing we will do is to work on developing a model of your disorder.”
2. Therapist: “The next five sessions will show whether it makes sense to extend therapy.”
3. Therapist: “Interpreting dreams is part of our therapy. I would therefore ask you to start keeping a diary for them.”
4. Therapist: “Generally, the unemployment office requests an evaluation in such cases.”
5. Therapist: “In our society, every 10th person suffers from depression at least once in their lifetime.”
6. Therapist: “There are a lot of people who share your fate of having had a difficult childhood.”
7. Therapist: “A person who wants to make new acquaintances has to mingle with others.”
8. Therapist: “If you want to make an omelet, you have to crack some eggs.”
9. Therapist: “[If you want something done, do it yourself.] [Nothing good happens unless you do it.]”
10. Therapist: “Without that, nothing will be set in motion.”

53. Promoting Integration

CONCEPT:

Process Work [Process-Oriented Psychology]

DEFINITION:

The unfolding and exploration of disturbing preconscious experiences (the secondary process) often lead to new insights and attributions of meaning, and to **the possibility of actual change (implementation [execution?])**. The therapist attempts to anchor these in as many **modalities of perception** as possible in order to integrate and make them available to the patient for use in everyday life. This entails expanding the existing spectrum of opportunities for **action. Insight has already occurred.**

OPERATIONAL DEFINITION:

The therapist:

- **develops new experience with the patient and anchors it in as many modes of perception as possible**
- **asks the patient how she might integrate the new insights into her daily life in concrete terms on various levels (modes of perception), and how she would fare with that**

DIFFERENTIATION:

- ⇒ *29 (Working-Through):*): processing what was **omitted** (could not be experienced) or was **never achievable**
- ⇒ *30 (Promoting Insight into Behavior that Needs to Be Changed):* motivation for **gaining insight**
- ⇒ *38 (Questions Concerning Constructions of Possibilities):* examines **possibilities / options within the real space** of the system; no **implementation**

TYPICAL EXAMPLES:

1. Therapist: “And what will you do now, in concrete terms? What will be the next step you take toward feeling better physically?”
2. Therapist: “If that actually does give you a sense of well-being, then what do you have to change?”
3. Therapist: “So this idea leads directly to cramping and then to back pain. How can you prevent that from happening in your daily life?”
4. Therapist: “How might you be able to use that for one situation or the other?”
5. Therapist: “In your daily life, where could you put that insight / experience to use?”
6. Therapist: “The next time you have the opportunity, what if you were to apply this knowledge to XYZ. How would it make you feel?”

54. Interacting with the Inner Critic

CONCEPT:

Process Work [Process-Oriented Psychology]

DEFINITION:

The process of grappling with deprecation by an **inner critic** changes the internal atmosphere and frees access to resources and new courses of action.

OPERATIONAL DEFINITION:

The therapist:

- asks about the characteristic **traits of the inner critic**
- directs the patient to **portray and probe the inner critic**
- working together with the patient, the therapist investigates the critical inner figure and changes the patient's pattern of interaction with it **through dialogue or role-playing without a change in position**

DIFFERENTIATION:

- ⇒ *10 (Working at the Process Boundary)*: focuses on **boundaries that are hindrances**
- ⇒ *28 (Dialogue Exercises with Oneself and the World)*: entails dialogue **with oneself**
- ⇒ *76 (Initiation of Role-Playing)*: dialogue or interaction **with the help of one or two chairs and changes in position**
- ⇒ *98 (Value Imagination)*: the **values** of the inner figure are brought to light

TYPICAL EXAMPLES:

1. Therapist : “How, precisely, do you criticize yourself?”
2. Therapist: “How do you notice it when inner devaluation occurs?”
3. Therapist: “Where is your critic? What might this inner figure look like? Can you describe this figure?”
4. Therapist: “What does the inner voice say to you, when does it emerge?”

55. Clarification (Clarifying, Inquiring)

CONCEPTS:

Nonspecific

Logotherapy and Existential Analysis

Psychoanalysis and Depth Psychology

DEFINITION:

In connection with interpretation, certain aspects often require clarification by the therapist. To this end, she asks the patient to provide further details. Frequently, the therapist can also try to develop an understanding of the circumstances or situation together with the patient. The therapist uses information she has already received in order to gather additional, new material. The therapist poses questions about what occurred. The object is to clarify the subjectively experienced facts and establish relevancy.

OPERATIONAL DEFINITION:

The therapist:

- **establishes connections between aspects of which the patient is already aware**
- **works with the patient to gather additional information**
- **asks about facts**
- **asks about events**
- **asks about the patient's opinions on objective facts**

DIFFERENTIATION:

- ⇒ *36 (Feedback-Oriented Work)*: the therapist addresses only the **patient's reaction to a previous communication**
- ⇒ *39 (Questions concerning Constructions of Reality)*: questions are directed at the situation in the here-and-now, **expectations**, the assignment, and the referral context (**refers only to the therapy or the developmental perspective of the problem**)
- ⇒ *60 (Confrontation)*: confrontation with respect to **contradictions and to repeated difficulties**

TYPICAL EXAMPLES:

1. Therapist: "How is the one connected to the other?"
2. Therapist: "What brings you here?"
3. Therapist: "What expectations do you have about therapy?"
4. Therapist: "I don't understand yet what ABC has to do with XYZ."
5. Therapist: ["What is the problem?"] ["What is the current situation?"]
6. Therapist: "Tell me exactly what happened?"
7. Therapist: "What did you experience?"
8. Therapist: "What do you mean by that, exactly?"

56. Stimulating Somatic Experience of the Body

CONCEPTS:

Bioenergetic Analysis
 Gestalt Therapy
 Integrative Body Psychotherapy

DEFINITION:

The therapist addresses the **physical level**, encourages the patient to become aware of herself, promotes **perception and / or self perception**, has the patient observe **physical sensations and patterns of muscular tension and the associated feelings**, comments on them or encourages the patient to work with them (e.g., **by practicing with two or three zones of the continuum of awareness**). Disturbing, irritating, surprising, and unintentional phenomena which the patient experiences in various areas of life (perception channels) are explored. This is undertaken by addressing the patient's subjective experience using a phenomenological approach. Subsequently, the **sensory-based information** is developed through careful **amplification** of the signals; spontaneous modality change (channel change) and further development are supported to the point that the patient finds meaning in them.

OPERATIONAL DEFINITION:

The therapist:

- addresses **physical experience** (posture, facial expression, tension, blockage, movement, impulses, gestures, etc.)
- asks about **physical sensations** (warm-cold, tension, energy, pain; channel specific sensations)
- asks about **sensory perceptions** and the associated emotions, thoughts, images, memories
- encourages the patient to experience her body
- **directs attention to a certain section of the body** (chest, legs, breath, etc.)
- addresses **muscular tension or relaxation**
- provides **perception exercises** that help the patient to explore the “continuum of awareness”: what am I feeling, hearing, seeing, smelling right now? What emotions am I experiencing as I do so? Which images and thoughts are surfacing?

DIFFERENTIATION:

- ⇒ *19 (Directing Attention to Current Emotions...)*: remains on the emotional level, the **body is not included**
- ⇒ *57 (Focusing on Physical Impulses)*: involves **transforming physical sensations into motor activity**

TYPICAL EXAMPLES:

1. Therapist: “What are you experiencing in your body right now? How do you perceive that?”
2. Therapist: “Where do you feel that in your body?”
3. Therapist: “What does that feel like physically, precisely; where are you experiencing that in your body?”
4. Therapist: “What do you notice when you focus on your shoulders?”
5. Therapist: “You say that your feet are cold and your head feels very hot. Is that unusual for you? Or have you experienced that before in other situations?”
6. Therapist: “You don’t sleep well and feel completely tense in the morning. Can you show me where you feel that in your body? Could you deliberately create that tension now, possibly even intensify it and then release it?”
7. Therapist: “What are you feeling in your body right now; what kind of feelings does that trigger?”

57. Focusing on Body Impulses

CONCEPTS:

Bioenergetic Analysis
 Gestalt Therapy
 Integrative Body Psychotherapy

DEFINITION:

The therapist promotes physical and / or emotional expression. The therapist perceives physical signals which she then has the patient **transform into motor activity**; or she instructs the patient to **translate verbal comments into action**.

OPERATIONAL DEFINITION:

The therapist instructs the patient to (. . .) specific body impulses

- **deepen**
- **intensify**
- **exaggerate**
- **repeat**
- **express in active form**
- **translate into movement**
- **have them result in action**

DIFFERENTIATION:

- ⇒ *2 (Affect Regulation)*: references the patient's affective experience; often entails **calling on her to change / modulate the affect**
- ⇒ *19 (Directing Attention to Current Emotions...)*: directs attention to the emotion currently being experienced, **does not reference motor activity or action**
- ⇒ *56 (Stimulating Consciousness of the Body)*: focuses only on the **perception** of the physical level; **no translation into motor activity or action**

TYPICAL EXAMPLES:

1. Therapist : “Do you feel the impulse to move?”
2. Therapist: “Make that movement with your hand again. This time in slow motion. Stay with that.”
3. Therapist: “Your fingers are twitching. Pay attention to the twitching and what it transforms into when you allow the underlying impulse to simply run its course . . . Yes, exactly, stay with that movement.”
4. Therapist: “You feel that tension in your legs. Intensify it as much as you can until the tension releases by itself.”
5. Therapist: “For a few minutes now we’ve been speaking about your obsessive thoughts. You yourself raised the topic. It seems to me that the longer we talk about it, the more you are turning away from me in your chair. Is that correct? If it is, could you exaggerate that movement, make it even bigger, and sense whether it is connected with a feeling, or whether you’re acquainted with movements like that? Maybe you also have some idea why that just happened. What purpose did it serve to do it very slowly and almost imperceptibly? How does it feel when you do it very visibly and faster? Is there a word or sentence you could connect with that movement?”
6. Therapist: “On the street, you always have to make room for other people. It’s never the other way around? I have the impression that you twisted your mouth after you told me that. What kind of impulse was that? Is it disdain? Could we play through a scene together? You and I walk toward each other. I do not move aside, and you try to feel as precisely as possible what you would really like to do; even tiny impulses to act. Try to give them a little more room, let them get somewhat bigger than you normally would.”
7. Therapist: “What good impulses did you notice as you were just saying that?”
8. Therapist: “Pay attention to the movements of your hands. Can you continue to make them and then amplify them somewhat? What kind of impulses do you discover? What kind of feelings do you experience along with them? Can you formulate that into a sentence?”

58. Body Exercises

CONCEPT:

Bioenergetic Analysis

DEFINITION:

The therapist suggests or provides instruction for a bioenergetic exercise (sensu Lowen). It is an exercise intended to allow the patient to access physical tension and release it through appropriate actions or movements.

OPERATIONAL DEFINITION:

The therapist:

- encourages the patient to perform a certain exercise
- instructs the patient how to perform the exercise
- demonstrates the exercise

DIFFERENTIATION:

- ⇒ *57 (Focusing on Body Impulses)*: spontaneous physical impulses are deepened, intensified, and translated into action, **no exercises**

TYPICAL EXAMPLES.

1. Therapist: "I'd like to suggest that we practice something here that will allow you to express your anger more courageously in the future. Make fists with your hands and raise them above your head. Move your elbows behind your head as far as possible. Then strike down forcefully on the bed, but relax, don't force the movement. As you do so, say something that expresses your anger, like 'No,' 'I don't want to,' 'Leave me alone!,' 'God damn bitch?' or 'I hate you!'" (expression of anger)
2. Therapist: "You're describing this feeling of tightness in your chest. Let me suggest that you stand with your legs somewhat spread apart, your knees slightly bent, and then place your fists on your hips with the knuckles up. Lean backward, over your fists, and gently press your elbows together. Keep your weight on the balls of your feet and inhale deeply into your belly." (bow or arch)
3. Therapist: "Lie down on your back on this blanket, bend your knees slightly, and raise your legs into the air. Stretch your heels upward. In time, your legs will start to vibrate. In spite of the strain, make an effort to continue breathing quietly." (vibrations and breathing)

59. Communication Work Using a Diagram

CONCEPT:

Transactional Analysis

DEFINITION:

The therapist works on **communications between the patient and other individuals (transactions)**. The transaction diagram is actually drawn or used as a point of reference.

OPERATIONAL DEFINITION:

The therapist:

- generally draws a **diagram** to which she then refers
- probes the patient's statements by asking questions

DIFFERENTIATION:

- ⇒ *20 (Directing Attention to Communication)*: involves the content of communication and its form as it relates **exclusively to the patient**
- ⇒ *48 (Addressing Ego States)*: **no drawings are made**

TYPICAL EXAMPLES:

1. Therapist: "Do you think we might be able to create a diagram of that conversation / argument with your boss?" (Therapist [uses] [draws] a diagram.) "Which ego states are involved in this argument?" (see also the following item)
2. Therapist: "Which ego states are involved in this argument?"
3. Therapist: "You were smiling as you said that. What does that mean?" (covert transaction!)

60. Confrontation

CONCEPT:

Psychoanalysis and Depth Psychology

DEFINITION:

The therapist **confronts the patient directly** with typical, recurring relationship problems or with presumably neurotic **discrepancies in her behavior**.

OPERATIONAL DEFINITION:

The therapist:

- addresses **discrepancies in the patient's behavior**
- addresses the patient's **recurring relationship problems**
- points out **inconsistencies** between different levels of expression

DIFFERENTIATION:

- ⇒ *1 (Confronting Defenses and Resistance)*: **addresses distorted perceptions (defense) and resistance**, not discrepancies in behavior
- ⇒ *27 (Interpretation)*: establishes a connection / relationship between **previously unconscious aspects**
- ⇒ *30 (Promoting Insight into Behavior that Needs to Be Changed)*: provides motivation for **gaining insight**
- ⇒ *51 (Promoting the Individuation Process)*: therapist addresses **discrepancies and inconsistencies between desires and reality**; is **not confrontational in character**
- ⇒ *55 (Clarification)*: the therapist stays on the factual level, poses probing questions, but **does not draw conclusions**

TYPICAL EXAMPLES:

1. Therapist: "You repeatedly slide into that kind of situation."
2. Therapist: "But that is something you are always experiencing, isn't it?"
3. Therapist: "You get into the same mess time and time again."
4. Therapist: "This doesn't fit at all with what you've said before."
5. Therapist: "You seem to be more popular than you think."
6. Therapist: "If you act as though you were busy every time someone approaches you, you can be almost certain that you'll never get to know anybody."

61. Congruence (Sensing Incongruence)

CONCEPTS:

Bioenergetic Analysis
Gestalt Therapy
Client-Centered Talk Therapy

DEFINITION:

The therapist becomes aware of all the feelings the patient triggers in her. In other words, congruence enables the therapist in the therapeutic situation to become aware of all experiences that are capable of becoming conscious and to portray them in terms of her own experience. The therapist senses that she is unable to respond to the patient's experiences and feelings with unconditional positive regard, or that she has difficulty understanding them in an empathetic way. Guided by her "gut feeling," she therefore pursues the question of whether this is the result of incongruence and intervenes for the purpose of gaining clarity.

OPERATIONAL DEFINITION:

The therapist:

- **references her own inconsonant feelings and begins an interpretation with respect to the patient's internal world / motives (internal incongruencies)**

DIFFERENTIATION:

- ⇒ *27 (Interpretation)*: establishes a **connection** or a relationship **between previously unconscious aspects**
- ⇒ *31 (Empathy)*: the therapist enters into the patient's experience with complete **understanding and inner harmony**
- ⇒ *40 (Countertransference)*: the therapist addresses her own mental or physical reactions based on presumed unconscious processes in the patient which are not consistent with the patient's statements or behaviors; **the discrepancy between what the patient expresses and the therapist's reactions to it.**
- ⇒ *92 (Verbalization of Emotional Experience - VEE)*: the therapist draws **exclusively** on **what the patient has manifestly expressed** and does not draw on her own experiences

TYPICAL EXAMPLES.

1. Therapist: "I sense that you feel better now by not addressing the situation."
2. Therapist: "I have a feeling that you are not studying for the exam because deep inside you are thoroughly convinced that any kind of preparation would be pointless. You're counting on failing it no matter what you do."
3. Therapist: "I have the impression you haven't made up your mind yet."
4. Therapist: "I'm sensing a certain perplexity or dissatisfaction with yourself. Is that correct?"

62. Employing Art-Aesthetic Responsibility

CONCEPT:

Art and Expression-Oriented Psychotherapy

DEFINITION:

The therapist actively influences the therapeutic creative process by drawing on **her own** art-aesthetic responsibility.

OPERATIONAL DEFINITION:

The therapist:

- **provides advice** on how to approach the piece of work
- **encourages the patient** to explore the material
- **encourages the patient** to use more space when she dances, or to add her voice during musical improvisation
- **paints, sings, dances, and creates along with the patient**
- **addresses the patient's self-deprecation during the creative process** and revises it through positive and motivating remarks

DIFFERENTIATION:

TYPICAL EXAMPLES:

1. Therapist: "Do you want to use this very fine brush for outlining the contours?"
2. Therapist: "Would you like to work with this putty knife?"
3. Therapist: "Would you like me to write along with you (dance along with you)?"
4. Therapist: "Try not to continuously devalue the picture you're creating. Give it a chance! Allow yourself to surrender completely to the painting process and stay curious about what is taking form on the canvas."

63. Inclusion of External Material

CONCEPTS:

Nonspecific
Art and Expression-Oriented Psychotherapy

DEFINITION:

The therapist integrates **material which the patient brings to the session**, e.g., a painting, texts, or CDs, into the therapeutic process by taking it up with the patient.

OPERATIONAL DEFINITION:

The therapist:

- integrates **material that the patient brings to the session** into the therapeutic process (a photo, a painting, a poem, written notes, etc.)

DIFFERENTIATION:

- ⇒ *14 (Working with Creative Media)*: no recourse is taken to material the patient spontaneously brings along to the session; rather, the therapist **actively encourages the patient** to use the creative media the **therapist makes available**

TYPICAL EXAMPLES:

1. Therapist: “Would you like us to listen to your favorite music together here during the session? That way, I also get an idea of what it’s like, and we can anchor it here in therapy as an important resource for you.”
2. Therapist: “Would you like to include a certain picture—or pictures—you painted in the clinic as part of therapy here?”
3. Therapist: “Would you like to take certain texts or poems you’ve written in your diary and make them part of therapy?”

64. Concept of Man-Oriented Dialogue

CONCEPTS:

Nonspecific
Logotherapy and Existential Analysis

DEFINITION:

The therapist begins or conducts a dialogue with the patient that revolves around the concept of man. This entails a description of human beings, their function, and the purpose and goal of their existence against the backdrop of the therapist's own therapeutic approach.

OPERATIONAL DEFINITION:

The therapist:

- **mentions and explains in conversation the concept of man which her therapeutic approach entails**

DIFFERENTIATION:

TYPICAL EXAMPLES:

22. Therapist: "Frankl's three-dimensional concept of man allows you to take a stance on your physical and / or emotional issues (with the aid of the [mental?] [spiritual?] dimension)."
23. Therapist: "Frankl's concept of man emphasizes the unique and singular quality of every individual."
24. Therapist: "Frankl's concept of man holds the view that human beings are searching for meaning."
25. Therapist: "Our idea of man assumes that every human being needs / has / does XYZ."

65. Working with Metaphor

CONCEPT:

Systemic

DEFINITION:

Metaphors are vivid images that might be developed based on the system's way of speaking and thinking. The object is to present the system with a concise example of fantasies, imaginations, stories, or even jokes metaphorically, in order suggest a possible problem solution.

Metaphors have to be suitable and simple, and the system must be able to adopt them. Metaphors also have the function that they create inner distance or provide a new perspective with the help of images. Good metaphors are apt and can be used as examples repeatedly to describe certain issues or approaches to resolving them.

OPERATIONAL DEFINITION:

The therapist:

- **tries to develop a pertinent image or story using the current problem as a point of departure**
- **attempts to develop a kind of “motto” based on possible solution ideas or scenarios—again, with the help of images, stories, or sayings**
- **enacts an analogous image**

DIFFERENTIATION:

⇒ 11 (Working with Preconscious Material): unstructured associations, fragmentary

TYPICAL EXAMPLES:

1. Therapist: “Supposing you continue to be so divided over your most important ideals in life. What do you think, will you end up a lonesome rider, a deeply disappointed woman who travels through life with seven dogs—in other words, will you separate from your husband? Or will you stay together and continue to experience these highly dramatic Hollywood-style love / hate games—or perhaps two years from now you’ll both be spending a honeymoon in Las Vegas, just with new partners?”
2. Therapist: “When I listen to you and see the way you always fail to provide support for one another exactly when the other person needs it, a picture comes to mind that I once saw years ago. On the left and the right there were two big chunks of meat, and in between them, tied together with a rope, were two wild animals—lions, hyenas, or wolves. Both of them wanted to have the chunks of meat but the other was pulling in the opposite direction. And if both of them had continued pulling, in the end they would have starved miserably. The solution was that one of them yielded so that they could first devour the one chunk of meat together and then set to work eating the second. I can draw that for you as well.”
3. Therapist: “I am amazed at the way you repeatedly manage to have such heart wrenching arguments in so many dramatic variations. You, as a man, as a director, surely know this from the cinema, and you, as a woman and an aspiring actress, apply this in your film and theater productions. In your opinion, what is the difference between your experience as a couple and the various episodes you’ve had for two or three years, and a good, highly dramatic relationship movie that’s being shot in, say, Hollywood or somewhere?”

66. Posing Questions about Experiences during the Creative Process

CONCEPT:

Art and Expression-Oriented Psychotherapy

DEFINITION:

The therapist questions the patient about an **unexpected emotional experience during an earlier creative process.**

OPERATIONAL DEFINITION:

With respect to the preceding creative process, the therapist asks the patient questions about:

- **surprises**
- **a sense of being touched or stirred**
- **sudden inspiration or ideas**
- **sudden memories**

DIFFERENTIATION:

⇒ *67 (Discovering New Meaning and Significance through a Piece of Creative Work):* explores the quintessence of the work, **does not address emotional experience**

TYPICAL EXAMPLES:

- 1) Therapist: “While you were playing music, I noticed that at one point you listened for a long time and struck the gong very sensitively. What was happening there?”
- 2) Therapist: “Now that you’ve finished painting the eyes, I can see that your own eyes are filling with tears. What’s going on inside of you now?”
- 3) Therapist: “Just after you began to dance, you suddenly stopped and laughed. What happened to you at that moment?”
- 4) Therapist: “During the writing process, you suddenly took a deep sigh and then resumed writing much faster than before. What went on there?”

67. Discovering New Meaning and Significance through a Piece of Creative Work

CONCEPT:

Art and Expression-Oriented Psychotherapy

DEFINITION:

The therapist provides the support the patient needs to discover new meaning and significance during the creative process.

OPERATIONAL DEFINITION:

With respect to works created, the therapist asks questions about:

- **interconnected meanings—from the patient’s perspective**
- **meaningful relationships—from the patient’s perspective**

DIFFERENTIATION:

- ⇒ 7 (Providing Emotional Support] [Pastoral - Medical Counseling]: only in connection with **blows of fate**
- ⇒ 9 (Work on Existential Questions . . .): entails an inventory of **the life** the patient leads
- ⇒ 27 (Interpretation): establishes connections between matters of which the patient is unaware
- ⇒ 66 (Posing Questions about Experiences during the Creative Process): [examines] **emotions** during the creative process
- ⇒ 80 (Creating Meaning and Significance): **integration** within an overarching totality; an attempt to provide meaningfulness for an experience

TYPICAL EXAMPLES:

- 1) Therapist: “Now that we have the piece in an ‘expanded form,’ what meaning can you derive from it?”
- 2) Therapist: “What interconnections do you see in these new details?”
- 3) Therapist: “In the picture you painted, on the lower right, what does the black cross in the middle of the red circle signify?”
- 4) Therapist: “Now that we are looking at the work as a whole, what details do you notice and what might they have to do with you and your problem?”
- 5) Therapist: “You were just able to see that when you give yourself enough time and look at the picture carefully, and also look at it from a distance, it opens up entirely new perspectives for you. What would this experience here in therapy mean for your daily life outside?”
- 6) Therapist: “Could the work be pointing to a resource in you?”

68. Paradox Intention

CONCEPTS:

Logotherapy and Existential Analysis
Systemic
Behavior Therapy

DEFINITION:

The therapist instructs the patient to wish for or to perform something that has always caused her great anxiety. The therapist formulates this humorously and overplays it, exaggerating as much as possible.

OPERATIONAL DEFINITION:

The therapist instructs the patient:

- to intensely **wish that an anxiety-provoking situation will actually materialize**
- to **imagine a situation she dreads, but with even greater intensity**
- to **plan absolutely that she will act upon an obsessive thought or perform a compulsive act**
- to reflect on **ways to aggravate a situation**

DIFFERENTIATION:

TYPICAL EXAMPLES:

- 1) Therapist: "Irrational fears can often be eliminated when a person wishes as intensely as possible that the things she fears will materialize. It sounds impossible, but it works. It's called a 'paradox intention,' and it works best if the desire is amplified and formulated in an exaggerated way. Do you have a suggestion?"
- 2) Therapist: "Obsessions can often be made to disappear when a person becomes determined to have the obsessive thought or perform the action she is obsessing about. This is called a 'paradox intention,' and it works best if the thing the person is absolutely determined to do is amplified and formulated in a humorous way. Do you have any ideas?"
- 3) Therapist: "Apparently, this is something that you have to do to yourself. So I'd say just keep doing it."
- 4) Therapist: "Supposing you deliberately wanted to aggravate the problem, maintain it, or keep it forever. What would you have to do?"
- 5) Therapist: "How could other people help you to retain your problem? How could other people invite you to feel bad?"

69. Positive Reinforcement

CONCEPT:

Behavior Therapy

DEFINITION:

The therapist increases the probability that a behavior will occur or establishes a new behavior through the reaction contingent presentation of positive consequences.

OPERATIONAL DEFINITION:

The therapist:

- **provides a positive evaluation of behavior the patient is meant to exhibit more frequently, i.e., she “rewards” the behavior**
- **addresses “positive behavior,” pays attention to this behavior, focuses / places value on it**

DIFFERENTIATION:

⇒ *46 (Providing Support)*: involves providing **moral** support

TYPICAL EXAMPLES:

- 1) Therapist: “You just told me that even though you were afraid of having a panic attack, you stayed in the situation. That was great, really great.”
- 2) Therapist: “For every cigarette that you don’t have, you’re allowed to eat a piece of fruit.”
- 3) Therapist: “Every time you manage to take a 15 minute walk in the morning, you are allowed to have something nice as a reward.”
- 4) Therapist: “Not bad, right?”
- 5) Therapist: “Terrific!”

70. Developing a Problem Solution

CONCEPT:

Nonspecific

DEFINITION:

The therapist suggests that whenever the patient makes a decision, she should become accustomed to **following systematic steps** that result in a rational analysis of whether her actions are reasonable.

OPERATIONAL DEFINITION:

The therapist encourages the patient to use the following five steps in all of her decision processes. (All items do not have to apply.)

- **What is the core problem?**
- **What latitude do I have?**
- **What options do I have?**
- **What must I address first?**
- **What will help meet the most?**

DIFFERENTIATION:

TYPICAL EXAMPLES:

- 1) Therapist: "To begin with, which steps would make the most sense?"
- 2) Therapist: "What would be the most likely thing to help you solve this problem?"
- 3) Therapist: "What would make sense as a second step?"

71. Use of Psychoactive Medication

CONCEPT:

Nonspecific

DEFINITION:

The therapist addresses the use / necessity of psychoactive medication or the need to support treatment with psychopharmaceuticals.

OPERATIONAL DEFINITION:

The therapist discusses or encourages:

- **the use / prescription of psychoactive drugs**
- **the regimen of the prescribed psychoactive medication**

DIFFERENTIATION:

TYPICAL EXAMPLES:

- 1) Therapist: “During the initial phase of your therapy, I think it would be useful for you to take anxiolytic medication. It will help you to cope better with anxiety-provoking situations.”
- 2) Therapist: “Taking an anti-depressive for a while might help relieve your symptoms. Are you willing to discuss that option with me?”
- 3) Therapist: “How long have you been taking the medication, exactly?”
- 4) Therapist: “Do you take your meds on a regular basis?”
- 5) Therapist: “What can you do to ensure that you take your medicine on schedule?”
- 6) Therapist: “Have you ever given any thought to using medication?”

72. Reframing / Attitude Adjustment

CONCEPT:

Systemic

DEFINITION:

A set of circumstances is given a different meaning by being placed within a different framework. The new framework completely changes the significance of the circumstances. The underlying premise is that systems always have a specific meaning in a specific context. In collaboration with the therapist, the patient is able to evaluate her problems from a different, new perspective.

OPERATIONAL DEFINITION:

The therapist:

- **attempts to explain the problem and portray it in meaningful terms by exploring the possibility of placing it in a new context**
- **attempts to utilize such reformulation and reframing to create a different view of the situation**
- **attempts to create a process-like, circular world by placing individual behavior in a systemic context**

DIFFERENTIATION:

- ⇒ 7 (Providing Medical Counseling): only in connection with **blows of fate**; **spiritual emphasis**

TYPICAL EXAMPLES:

- 1) Therapist to husband: “You mentioned that your wife takes forever to make up her mind. She has to look at every dress in the store, compare them, etc. In other words, she makes decisions very carefully, and probably selected *you* very carefully, too. You, specifically, among all the men in this world.”
- 2) Therapist to family of anorexic daughter: “So, from everything you’ve described, a person can tell that—although your daughter is truly suffering—you are all extremely caring and there for each other. It’s obvious that you have strong bonds, and, the way I see it, your mutual concern about your daughter is making you experience your family life and your relationship as a couple even more intensely than three or four years ago. From that perspective, your daughter’s peculiar eating behavior is having an effect on your family which, paradoxically, could also be seen as positive, depending on how you view it.”
- 3) Therapist to a widower experiencing protracted mourning: “How would it have been if you had passed away before your wife?”
- 4) Therapist: “You’re describing to me how you are stuck in traffic and are thinking, ‘I’m trapped here and can’t get out of the car.’ And then you feel panic. But what kind of feelings would you have if you thought, ‘OK, it’s good to be driving a little slower for a change; it gives me a chance to listen to the radio for a while’?”

73. Exposure Therapy (Flooding) in sensu

CONCEPT:

Behavior Therapy

DEFINITION:

Strongly anxiety provoking context clues are developed. Those that exhibit the strongest anxiety reactions are preferred for stimulus confrontation and are presented to the patient in sensu (**without relaxation**) until the fear is reduced to a tolerable level.

OPERATIONAL DEFINITION:

The therapist:

- **collects** stimuli that provoke intense anxiety, e.g., crossing bridges, driving through tunnels, standing on a tower, etc.
- **incorporates** the context clues which provoke the greatest fear into a realistic, c. 20-minute story which she tells the patient. The patient is not allowed to interrupt the session, must endure the anxiety, and continually verbalize her anxiety level.
- **discontinues** the stimulus confrontation after a previously determined reduction of anxiety (e.g., anxiety reaches 40%, pulse rate slows significantly) following a further presentation of the story

DIFFERENTIATION:

⇒ 6 (Anxiety Management Training): anxiety confrontation only in connection with relaxation

TYPICAL EXAMPLES:

1. Therapist: "I want you to imagine that you are driving across a very, very high bridge. You are driving very slowly, you have the windows open, and you look deep down into the valley far below . . ."
2. Therapist: "Imagine that you're standing on the top floor of the Empire State Building and looking down. Take note of the anxiety you are feeling and rate it on a scale from 1 to 10."
3. Therapist: "As you are listening to the story now, how high is your anxiety level?"
4. Therapist: "Imagine that you are standing at the top of the tower and are looking down. You notice that the railing is dilapidated and you can't hold onto it. How strong is your anxiety when you think of that?"
5. Therapist: "Good, your anxiety level has dropped. I will tell you the story again now, and we'll see whether it goes up again or stays at 30%."
6. Therapist: "I'll take the spider that I have here in the glass container and put it over there on the desk. Observe your anxiety level and let me know when you become less afraid. Then I will get the glass container and put it directly in front of you on the table here. Now I will open the container and take out the spider. Please observe your anxiety level very closely."

74. Exposure Therapy (Flooding) in vivo

CONCEPTS:

Logotherapy and Existential Analysis
Behavior Therapy

DEFINITION:

Involves an especially prolonged confrontation with anxiety provoking stimuli **in real situations**. Does not use systematic anxiety provoking instructions.

OPERATIONAL DEFINITION:

The therapist:

- **supplies an intensely anxiety-provoking stimulus situation in the very first session (e.g., a spider for a case of arachnophobia) and begins a gradual presentation**
- **leaves the spider on the table in a glass container until the patient exhibits only a low anxiety level**
- **in the final step (and the final session) has the patient—whose anxiety level is low—hold the spider in her hand**
- **prompts the patient to enter a crowded department store and endure it**

DIFFERENTIATION:

TYPICAL EXAMPLES:

1. Therapist: “I have a spider in a glass container back there. I will now bring the container somewhat closer to us. Please let me know when you have your anxiety sufficiently under control so that I can bring it a little closer.”
2. Therapist: “When your anxiety—on a scale of 10 – 100—is at about 20, let me know, and I’ll introduce the next step.”

75. Activation of Resources

CONCEPTS:

Nonspecific
Logotherapy and Existential Analysis

DEFINITION:

The therapist makes reference to the patient's concrete strengths or resources.

OPERATIONAL DEFINITION:

The therapist:

- **mentions the patient's strengths**
- **points out the patient's resources**
- **refers to previous instances of successful conflict mastery**
- **mentions the patient's abilities**

DIFFERENTIATION:

- ⇒ *46 (Providing Support)*: the therapist provides **moral** support
- ⇒ *51 (Promoting the Individuation Process)*: characterized by a purposeful alignment with the **goal of individuation and maturation**

TYPICAL EXAMPLES:

1. Therapist: "You have the ability to remain amazingly composed in stressful situations."
2. Therapist: "It's easy for you to make other people believe in you."
3. Therapist: "Apparently, you have a talent for finding the right words to express yourself in a given situation."
4. Therapist: "You have a large family you can draw on."
5. Therapist: "You're good at getting organized."
6. Therapist: "Making a call like that doesn't pose a problem for you."
7. Therapist: "When I think of the way you handled that back then, I do think it was impressive."
8. Therapist: "Remember when your mother died, and how you had to make all the arrangements by yourself? And remember how you made it all come together?"
9. Therapist: "Remember when you changed schools and how you were able to fit in beautifully with your new class—even though it was frightening at first?"
10. Therapist: "You have the ability to pay attention to details and yet still keep an eye on the overall situation."
11. Therapist: "You've learned how to rely on yourself and have confidence in yourself."

76. Initiation of Role-Playing

CONCEPTS:

Gestalt Therapy
Process Work [Process-Oriented Psychology]

DEFINITION:

The therapist initiates **role-playing or an enactment** of a social situation using changed positions (role switching, dialogue, interaction).

OPERATIONAL DEFINITION:

The therapist:

- works with **two chairs**, e.g., with an additional empty chair when the patient uses **splittings or projections**
- introduces dialogues with another person (either living or already deceased) by **using an empty chair**
- **sets up a social situation** using props, empty chairs, or symbols on a piece of paper
- helps the patient to have a deeper experience of various dream figures, positions, and roles through **dialogue and role-playing**

DIFFERENTIATION:

- ⇒ *48 (Addressing Ego States)*: work on **ego states, internalized authorities**
- ⇒ *49 (Promoting Identification)*: **no dialogue, no interaction**
- ⇒ *54 (Interaction with the Inner Critic)*: patient is supposed to **put herself in the place of the inner critic** and **reproduce it; no position changes**

TYPICAL EXAMPLES:

1. Therapist: “You can see that there is one voice inside of you that wants this, and there is another that is saying no. May I suggest a little experiment? Have the voice that knows she wants it sit down on this chair. On the other chair, have the voice that is arguing against it take a seat. Let the two have a conversation with one another by first sitting down in one chair and saying something. Then, switch to the other chair and respond.”
2. Therapist: “Let me suggest that you practice this conversation as if the person were present. Take two chairs, one for yourself and one for the other person. Try to have the conversation by first speaking for yourself, and then switch to the other chair and speak as if you were the other person.”
3. Therapist: “I have a number of props here. Choose an object to represent each person in this social situation (e.g., family) and arrange all of the things in a way that they express something about their relationships.”
4. Therapist: “Could you draw your team on a piece of paper and show where the alliances and conflicts lie between the individual members? You can also use symbols for the various people—something that characterizes them..”

77. Teaching / Suggesting Mental Health Tools (Self-Help Techniques)

CONCEPT:

Integrative Body Psychotherapy

DEFINITION:

The therapist provides instruction in **self-help techniques**, so-called **mental health tools**, or encourages the patient to work with them.

OPERATIONAL DEFINITION:

The therapist encourages the patient to:

- **keep a diary**
- **“check in” (look inside herself on a regular basis)**
- **perform sets of sustaining integration exercises**
- **establish a sense of “I am”**
- **perform presence exercises**
- **perform grounding and centering exercises**
- **practice release techniques**

DIFFERENTIATION:

- ⇒ *18 (Task Assignment)*: **the therapist assigns tasks** and does not personally provide instructions for techniques
- ⇒ *56 (Stimulating Consciousness of the Body)*: remains exclusively on the **physical level**

TYPICAL EXAMPLES:

1. Therapist: “I urge you to **keep a diary**—only you will have access to it—and you can entrust all of your feelings, thoughts, longings, etc. to it. And I’d encourage you to enter a written review of your day, every day, and record the situations that were emotionally trying for you.”
2. Therapist: “**Check in** with yourself at least once a day and observe your physical sensations, feelings, thoughts, and impulses.”
3. Therapist: “**Sustaining integration exercises** will help you to build up a greater feeling of physical vitality and well-being and enhance your sense of coherence.”
4. Therapist: “Connect the feeling of well-being in your body (it’s often located in the center of your chest) with the words I AM.”
5. Therapist: “**Presence** means being completely in the here and now with all your senses. A good exercise for enhancing presence is to name the objects and colors in the room as quickly as possible.”
6. Therapist: “When you feel your feet resting firmly on the floor and you feel connected with the floor, then you are well **grounded**.”

78. Self-Disclosure by the Therapist

CONCEPT:

Nonspecific

DEFINITION:

Self-revelation and self-disclosure serve the purpose of preserving or restoring the therapist's congruence. The therapist makes herself particularly transparent so that the patient can utilize the information in a constructive way. The therapist might also provide a **role model**, thereby increasing her authenticity.

OPERATIONAL DEFINITION:

The therapist:

- **communicates analogous feelings, experiences**
- **reveals similarities in herself**
- **expresses a personal opinion**
- **offers alternative ways of experiencing a situation based on her own experience**

DIFFERENTIATION:

TYPICAL EXAMPLES:

Therapist: "I used to play with model trains back in the day."

Therapist: "I can understand that very well, I've had similar experiences."

Therapist: "I know those tormenting doubts, too."

Therapist: "I, too, would have enjoyed learning about that, but I never had the opportunity."

79. Addressing Questions of Meaning

CONCEPT:

Logotherapy and Existential Analysis

DEFINITION:

The therapist addresses **questions of meaning** or topics pertaining to the patient's relationship to her life. Fundamental questions are targeted and examined. For example: "I am living my life, but is this the way I want to live?" or "I am here—what is that good for?"

OPERATIONAL DEFINITION:

The therapist addresses:

- **subjective aspects of meaning in the patient's life**

DIFFERENTIATION:

- ⇒ *7 (Providing Medical Counseling)*: addresses **blows of fate**
- ⇒ *9 (Work on Existential Questions . . .)*: the therapist explores **aspects of the patient's life that provide meaning**
- ⇒ *51 (Promoting the Individuation Process)*: the therapist addresses **discrepancies and divergences between wishes and reality**
- ⇒ *80 (Creating Meaning and Significance)*: **integration into a greater whole**; an attempt is undertaken to give **psychological meaning** to what has been experienced
- ⇒ *86 (Addressing Self-Acceptance)*: refers to **self**-esteem, **self**-acceptance, and **self**-image
- ⇒ *99 (Value Orientation)*: orientation according to **values**

TYPICAL EXAMPLES:

1. Therapist: "You are an active person and accomplish a lot. Have you ever asked yourself whether you really want to be doing that, or whether you even feel like it?"
2. Therapist: "What do you want to live for, or what would you like to have lived for some day?"
3. Therapist: "If you are so involved with your job and don't have time for your family, is that satisfying for you?"

80. Creating Meaning and Significance

CONCEPT:

Analytical Psychology

DEFINITION:

Therapeutic support of the psyche's creative-constructive function in **generating meaningful (analytic) contexts** in the patient's life (a "sense of coherence," **why one has become what one is.**) The object is to understand the origins of one's self and one's problems.

OPERATIONAL DEFINITION:

The therapist encourages the patient to establish connections between events and patterns in her life history. This entails:

- **making cross-connections**
- **finding common features**
- **promoting understanding of why things are a certain way**
- **understanding problems as meaningful**

DIFFERENTIATION:

- ⇒ *7 (Providing Medical Counseling)*: addresses exclusively (**spiritual**) aspects of meaning for the purpose of overcoming **blows of fate**
- ⇒ *9 (Work on Existential Questions . . .)*: targets **explorative** reflection on the patient's real life with its light and dark sides
- ⇒ *27 (Interpretation)*: awareness is created in the patient by establishing a **connection** between aspects that were **previously unconnected**
- ⇒ *67 (Discovering New Meaning and Significance . . .)*: new meaning and significance is developed **only through the use of a piece of creative work**
- ⇒ *79 (Addressing Questions of Meaning)*: **investigates** the subjective meaningfulness of the patient's life
- ⇒ *99 (Value Orientation)*: the **structure** of the value system is clarified

TYPICAL EXAMPLES:

1. Therapist: "Recount important stories from your life. There is some kind of connection, isn't there? Is there a common theme that runs through them?"
2. Therapist: "Do you understand what happened to you? How did this problem cause you to develop?"
3. Therapist: "What do you experience as meaningful in your life?"
4. Therapist: "What **are you able** to reconcile yourself with, and what **should you be able** to reconcile yourself with?"
5. Therapist: "What difficulties in your life can you accept?" [← hab ich das richtig getroffen?]
6. Therapist: "Do you have a sense that you are embedded in a greater context?"
7. Therapist: "Given your family, it was the only thing you could become."
8. Therapist: "Given the stress your family was under at the time, it doesn't surprise me . . ."
9. Therapist: "That makes sense in light of the early events during your childhood."

81. Script Work

CONCEPT:

Transactional Analysis

DEFINITION:

The **script** is a (preconscious) **life plan (self-concept)**. It is also defined as a system or cycle of experience and behavior, in which feelings, cognitions, behavior, and the reactions of the environment mutually confirm and reinforce one another. The therapist's interventions are aimed at breaking this cycle at some point. This occurs by making the patient aware of the individual elements and changing them.

OPERATIONAL DEFINITION:

The therapist addresses:

- the patient's thoughts or aspects of her **self-concept**
- the patient's survival decisions as they relate to a **life plan**
- the patient's **script** behavior
- the patient's **script** feelings
- the patient's **script** reinforcements

DIFFERENTIATION:

⇒ *25 (Working with Character and Defense Style)*: the **character / defense style model** is presented; does not address the patient's own life concept

TYPICAL EXAMPLES:

1. Therapist: "I have the impression that your behavior is based on the **maxim**, 'I can only do whatever I want if I do it in secret.' How does that strike you?"
2. Therapist: "It seems that the little child you once were **made a decision** that it would never allow anyone else to get close to it . . ."
3. Therapist: "This sense of annoyance that you're describing. To me, it seems like a kind of '**favorite feeling**' of yours. So you have almost never had an opportunity to feel differently."
4. Therapist: "How has it come about that you're **convinced** you are not important and that what you say doesn't matter?"
5. Therapist: "If you were to tell your life as a story (looking back) . . . how does the story end?"

82. Game or Racket Analysis

CONCEPT:

Transactional Analysis

DEFINITION:

Rackets and games are dysfunctional and manipulative interaction patterns. They are characterized by the use of one or more roles in the so-called **drama triangle**: PERSECUTOR and / or VICTIM and / or RESCUER.

OPERATIONAL DEFINITION:

The therapist:

- **addresses the patient as a PERSECUTOR / PERPETRATOR and / or VICTIM or RESCUER**

DIFFERENTIATION:

TYPICAL EXAMPLES:

1. Therapist: "It seems that you have landed in your **rescuer** role once again."
2. Therapist: "I have the impression that you are literally offering yourself as a **victim**."
3. Therapist: "What would enable you to **avoid participating in this game**?"
4. Therapist: "Do you recognize this **victim thinking** from earlier times?"

83. Stimulus Control

CONCEPT:

Behavior Therapy

DEFINITION:

A problem behavior is brought under stimulus control by the therapist systematically eliminating or limiting the stimulus conditions under which the problematic behavior may occur.

OPERATIONAL DEFINITION:

The therapist:

- **together with the patient, reflects on ways to eliminate the stimuli that control the problem behavior**

DIFFERENTIATION:

TYPICAL EXAMPLES:

1. Therapist: "From now on, please buy only enough food for one day."
2. Therapist: "Please don't buy sweets anymore so that they are not available at night."
3. Therapist: "Starting immediately, please eat only at one specific place in the kitchen, and don't listen to the radio or distract yourself in any other way."
4. Therapist: "Before you light a cigarette, please chew gum for half an hour."

84. Working with Symbols

CONCEPT:

Analytical Psychology

DEFINITION:

The therapist amplifies (deepens, intensifies, enriches) work on so-called archetypal material coming from the patient.

OPERATIONAL DEFINITION:

The therapist deepens / facilitates / focuses on / enriches / emphasizes work on a symbol (against the backdrop of a *specific individual*) by addressing:

- **fairytale**s
- **myths and / or religious stories**
- **literature / the media**

DIFFERENTIATION:

⇒ *98 (Value Imagination)*: draws on the **values of a different internal object**, and not the patient's own values

TYPICAL EXAMPLES.

1. Therapist: "The symbol in your dream occurs in a fairytale / a myth / in literature."
2. Therapist: "Do you know the following fairytale?"
3. Therapist: "Does that remind you of a fairytale?"
4. Therapist: "Does a story or a movie come to mind in connection with that?"
5. Therapist: "Can you see your current life situation in connection with a story or a myth in a religious context?"

85. Addressing the Symptom

CONCEPT:

Nonspecific

DEFINITION:

The therapist addresses the patient's symptoms or complaints.

OPERATIONAL DEFINITION:

The therapist:

- **mentions the patient's neurotic or psychosomatic symptoms**
- **directs attention to the patient's complaints**
- **poses questions about the patient's symptoms or complaints**
- **comments on the patient's symptoms or complaints**

DIFFERENTIATION:

TYPICAL EXAMPLES.

1. Therapist: "How are you doing with your anxiety / depression?"
2. Therapist: "How are your symptoms today?"
3. Therapist: "I have the impression that your anxiety / depression has improved / worsened. Is that correct?"
4. Therapist: "And that's how the anxiety arises in you?"
5. Therapist: "And the compulsive ideas / acts come about in connection with that?"
6. Therapist: "When did these symptoms / complaints appear for the first time?"

86. Addressing Self-Acceptance

CONCEPTS:

Nonspecific
Logotherapy and Existential Analysis

DEFINITION:

The therapist addresses aspects of the patient's **self-acceptance** and **self-image**. In the process, aspects of **self-esteem**, personal **boundaries**, and **authenticity** may come under discussion.

OPERATIONAL DEFINITION:

The therapist addresses the patient's:

- **self-esteem**
- **authenticity**
- **boundaries to the external world**

DIFFERENTIATION:

⇒ *79 (Addressing Questions of Meaning)*: does not refer to the self but rather to **creating subjective meaning**

TYPICAL EXAMPLES:

1. Therapist: "What's your opinion of yourself?"
2. Therapist: "What gains recognition for you? What do people value in you?"
3. Therapist: "Can you accept and value yourself just as you are?"
4. Therapist: "Do you like yourself? Are you fond of yourself?"
5. Therapist: "Can you stand up for yourself?"
6. Therapist: "How seriously do you take yourself?"
7. Therapist: "What outside expectations are placed on you?"
8. Therapist: "How well are you able to draw a line between yourself and outside expectations and demands?"
9. Therapist: "Where do you experience yourself as truly yourself?"
10. Therapist: "Do you experience that as something that suits you?"
11. Therapist: "I believe that you secretly disapprove of yourself."

87. Changing the Topic

CONCEPT:

Nonspecific

DEFINITION:

The therapist **changes the subject** or raises a certain topic on her own initiative.

OPERATIONAL DEFINITION:

The therapist:

- **initiates a new subject**
- **changes the topic**
- **suggests a change of topic to the patient**

DIFFERENTIATION:

⇒ *26 (Dereflection)*: not initiated by the therapist **in such an active way**, and also does **not apply to the session alone**

TYPICAL EXAMPLES:

1. Therapist: "On an entirely different topic, how is it going with your new dog?"
2. Therapist: "I would like to address the topic of your role in the family."
3. Therapist: "We have just been talking about your relationship with your colleagues. Now I'd like to talk about your children and what they expect of you."
4. Therapist: "Would you agree if we were to change the subject to the way you deal with yourself?"
5. Therapist: "I would like to talk to you about the subject of sexuality. Is that OK with you?"
6. Therapist: "So far, in today's session, we have only talked about ABC, and we're going in circles. What would you say if we now took a look at XYZ?"

88. Therapeutic Contract

CONCEPTS:

Nonspecific
Transactional Analysis

DEFINITION:

The therapist addresses the mutually negotiated **therapy contract** or the **therapeutic relationship**—or aspects of it.

OPERATIONAL DEFINITION:

The therapist addresses:

- **the content of therapy only in connection with the therapy contract**
- **the therapeutic alliance / therapeutic relationship**
- **violations of the therapeutic alliance**
- **problems in the therapeutic alliance**

DIFFERENTIATION:

⇒ *89 (Addressing Therapy Goals)*: the therapist focuses exclusively on treatment **goals**

TYPICAL EXAMPLES:

1. Therapist: “How can I support you in that?”
2. Therapist: “As you strive to achieve that, what are your expectations of me?”
3. Therapist: “How do you experience the work we are doing together?”
4. Therapist: “How can that be reconciled with our therapy contract?”

89. Addressing Therapeutic Goals

CONCEPTS:

Nonspecific
Transactional Analysis

DEFINITION:

The therapist addresses the patient's **treatment goals** by inquiring about them, reminding the patient of them, or pointing them out to her.

OPERATIONAL DEFINITION:

The therapist:

- refers to the **therapy goals** that have been agreed upon
- formulates **therapeutic goals** together with the patient
- reminds the patient of her **goals**
- encourages the patient to reflect on her **treatment goals**
- poses questions about the patient's **treatment goals**
- addresses adherence to or violation of the **treatment goals**
- **points out that the goal is being approached**

DIFFERENTIATION:

⇒ *88 (Therapeutic Contract)*: addresses the treatment **contract** only; compliance or violation

TYPICAL EXAMPLES:

1. Therapist: "What would you like to accomplish through this therapy?"
2. Therapist: "One of your therapy goals was learning how to say 'no.' Do you have the impression that you have come any closer to accomplishing that?"
3. Therapist: "From your perspective, could it be one of your therapy goals to notice earlier than you have until now the point where you start feeling somewhat worse again?"
4. Therapist: "What do you want to accomplish through this therapy? What are your therapy goals? Which goals are important to you? What goal are you pursuing in this therapy?"
5. Therapist: "Wasn't 'being independent' one of the important therapy goals you stated?"
6. Therapist: "When you think about the therapy goals we identified at the beginning of treatment, which of them have you achieved by now? Which would you like to work on next? Which are you still far from achieving?"
7. Therapist: "What are your treatment goals, and how could we rank them in a hierarchy? The most important goal would be number one, followed by number two, etc."
8. Therapist: "If the work we do here (in this session / during therapy) is successful, then what will change for you?"
9. Therapist: "For someone on the outside (your husband, your wife, your manager), what will be the sign that you have accomplished your goal?"

90. Transference

CONCEPTS:

Analytical Psychology
 Bioenergetic Analysis
 Psychoanalysis and Depth Psychology

DEFINITION:

The therapist addresses the fact that the patient is transferring her mental or physical experience of a person or situation outside of therapy to the therapist herself.

OPERATIONAL DEFINITION:

The therapist addresses transference by:

- **characterizing it as such**
- **designating it as such**
- **addressing specific patterns in the therapeutic relationship that presumably originate outside of therapy**
- **addressing feelings in the patient that arise from her relationship to the therapist**

DIFFERENTIATION:

- ⇒ *24 (Biographical Work)*: involves only **personal patterns from the patient's life**, not from the therapeutic relationship
- ⇒ *36 (Feedback-Oriented Work)*: the therapist speaks about the **patient's reaction to a previous communication**

TYPICAL EXAMPLES:

1. Therapist: "I think that you are treating me (experiencing me) as if I were your mother."
2. Therapist: "Do you really mean me, or who is that emotion directed at—who could it be meant for?"
3. Therapist: "You seem to be accusing me of something that has nothing to do with me."
4. Therapist: "You are transferring something to me there. Where does that come from?"
5. Therapist: "It occurs to me that you asked me for help with managing your life as an immigrant here. But during our sessions you never stop speaking and hardly give me an opportunity to offer you anything. Is it helpful to you when I just listen? How does that work in the rest of your life? Are you interested in other people? Do you sometimes ask questions?"
6. Therapist: "I have the impression that you are barely looking at me when we speak with one another. How is it when you talk with other people? If you were to imagine that you are looking at someone, who's the first person to come to mind? How does that make you feel?"

91. Differentiation Questions

CONCEPT:

Systemic

DEFINITION:

A key objective of systemic therapy is to use targeted questions to produce **different perspectives, judgments [evaluations?] [assessments?], problem descriptions, and explanatory approaches for different people** within the client's system.

OPERATIONAL DEFINITION:

The therapist:

- poses questions about **various individuals**: their judgments [evaluations?] [assessments?], the solutions they envision, the way they experience relationships, and their psychological processing modes
- asks percentage questions
- asks scaling questions
- makes a conscious effort to inquire about **different opinions**, even those of silent system members

DIFFERENTIATION:

TYPICAL EXAMPLES:

1. Therapist: "Can you recall a set of circumstances where you could have yielded to the situation, but didn't do so?"
2. Therapist: "To what percent are you convinced that after this therapy the two of you will be better able to solve your problems?"
3. Therapist: "If you were to order your colleagues and yourself according to likability, where would you rank yourself in that sequence?"
4. Therapist, posing a question to the husband: "On a scale of zero to ten, you give yourself a four in terms of your ability to handle conflict. What would you give your wife? What would your wife give you? And what would you give yourselves as a couple?"

92. Verbalization of Emotional Experience (VEE)

CONCEPT:

Client-Centered Therapy

DEFINITION:

The therapist verbalizes **completely and precisely** all of the personal-emotional experiences that the patient expresses.

OPERATIONAL DEFINITION:

The therapist:

- **addresses the patient's experience completely and precisely**

DIFFERENTIATION:

- ⇒ *31 (Empathy)*: the **therapist utilizes her own perceptions** to address the patient's presumed feelings
- ⇒ *61 (Congruence, Sensing Incongruence)*: the therapist references **her own inconsonant (incongruent) feelings**

TYPICAL EXAMPLES:

1. Therapist: "You would like for the others to condone your behavior, to accept it."
2. Therapist: "These pauses . . . increase your anxiety, and then you frantically try to overcome it."
3. Therapist: "You feel defeated before you even start. And that feeling paralyzes you."
4. Therapist: "When you say it that way, you immediately become depressed."
5. Therapist: "You're expressing great sadness about your marriage, and your disappointment."

93. Covert Conditioning

CONCEPT:

Systemic

DEFINITION:

Covert conditioning entails learning processes that take place entirely in the patient's imagination. The **learning process** takes place **on the mental level**. The expectation is that this will result in changes not only in the patient's imagination but also on the level of observable behavior. The object is to **imagine** positive and negative **consequences** in combination with one another.

OPERATIONAL DEFINITION:

The therapist:

- **instructs the patient to imagine the triggering situation, the problem behavior, and the goal behavior including its positive and negative consequences. In practice, this is preceded by a relaxation process so that the patient finds herself in a comfortable state of mind before receiving the instructions.**

DIFFERENTIATION:

- ⇒ *11 (Working with Preconscious Material)*: involves all types of **associations to preconscious material** (parapraxes, fleeting ideas, spontaneous notions, daydreams)
- ⇒ *33 (Teaching Relaxation Techniques)*: **a relaxation technique** is taught or applied
- ⇒ *50 (Imagination)*: **imagination of emotions**, the object is to generate **internal images**
- ⇒ *65 (Working with Metaphor)*: **complex images** that capture the problem or a solution scenario

TYPICAL EXAMPLES:

1. Therapist: "Imagine that you are enjoying the company of some other people and that the very thing you fear most happens to you. You feel bladder pressure and become incontinent. Everyone sees what's happened. Imagine the way you look at that moment. What's going through your mind? How do you feel? What do the others think of you? Now you rush out of the room and notice how you immediately feel better. Please imagine in concrete detail how you look then, how you feel, and what you are thinking in that situation."
2. Therapist: "Imagine you are locked in a very small terrarium that is home to a tarantula. The tarantula is crawling closer and closer. You are unable to move. Now the tarantula is climbing up your pant leg. What are you thinking at this moment? What impulses do you have? How do you feel? Now imagine that the spider loses interest in you, crawls back down again and across the floor into a different corner of the space. How do you feel now?"
3. Therapist: "I'd like you to imagine that you just finished your main meal of the day and feel horribly sick to your stomach. You try to keep your mouth closed but you realize that you are about to vomit. And since you can't make it to the toilet in time, you throw up on the buffet in front of everyone present. Everybody stares at you in shock. You rush out of the restaurant, and while you're still running you notice that you already feel much, much better."

94. Behavior Analysis, Behavior Exploration

CONCEPTS:

Gestalt Therapy
Behavior Therapy

DEFINITION:

The therapist explores the **function of a certain behavior within a social system** (a relationship, family, peer group, team). In the process she observes the background against which a certain phenomenon occurs and elaborates this with the patient (**SORC model**).

OPERATIONAL DEFINITION:

The therapist:

- asks about the conditions surrounding the occurrence of the problematic behavior
- asks about which situations are followed by which reactions, and what kind of thoughts preceded them
- asks which feeling or thought arises after the reaction
- asks about the significance and function of a certain behavior within the family or another social system to which the patient belongs

DIFFERENTIATION:

- ⇒ *13 (Working with Complex Episodes)*: works on prominent emotions **associated with dysfunctional relationships**
- ⇒ *21 (Working with Behavior Patterns and Convictions)*: investigates the **purpose**; the why and wherefore
- ⇒ *25 (Working with Character and Defense Style)*: dysfunctional behaviors, the character of the patient's defense style, and the **personality model** are addressed didactically
- ⇒ *39 (Questions concerning Constructions of Reality)*: a number of people are interviewed (system members)
- ⇒ *44 (Basic Life Positions Concept)*: attitudes toward myself **in comparison to others**

TYPICAL EXAMPLES:

1. Therapist: "What happens that makes you overeat? Where are you sitting then, how do you feel at the time, what do you do then—and how do you feel afterwards?"
2. Therapist: "What takes place before you make a trip to the refrigerator? How are you feeling at that time?"
3. Therapist: "When it occurs to you to head for the refrigerator, is there something specific going through your mind?"
4. Therapist: "How do you feel, what thoughts do you have after you've gorged like that?"

95. Sensitization of Perception of a Completed Creative Work

CONCEPT:

Art and Expression-Oriented Psychotherapy

DEFINITION:

The therapist introduces an exercise to **heighten sensory awareness of a completed piece of creative work.**

OPERATIONAL DEFINITION:

The therapist provides or encourages:

- **relaxed instruction in physical and spatial awareness**
- **work on the patient's body language and its associated imaginative potential**
- **exploring creativity**
- **an expansion of the patient's perspective on the creative work she has completed**

DIFFERENTIATION:

⇒ *14 (Working with Creative Media / Stimulating and Exercising Creativity):* the creative work is still being **encouraged**

TYPICAL EXAMPLES:

1. Therapist: "Would you like to dance with the mask?"
2. Therapist: "Try taking the perspective of an eagle and looking down from there. How does everything look now? How would you describe it? What kind of story could you write about it?"
3. Therapist: "Could we try hanging the picture upside down?"
4. Therapist: "Would you like to hear how this instrument sounds? Give it a try."

96. Orientation Regarding the Created Piece of Work

CONCEPT:

Art and Expression-Oriented Psychotherapy

DEFINITION:

Together with the patient, the therapist conducts an assessment of where they stand. This can include all of the works created during therapy or those created during a previous phase of therapy.

The creative process is addressed.

OPERATIONAL DEFINITION:

The therapist:

- invites the patient to examine and to comment on the production process **overall**
- asks the patient to reflect on the **overall** mental / emotional change process in conjunction with the collected (or selected) works

DIFFERENTIATION:

- ⇒ 4 (*Recognizing Analogies*): **builds a bridge between the material of the therapy and everyday life**

TYPICAL EXAMPLES:

1. Therapist: “If you look at the pieces you created during the last eight weeks, what are the decisive aspects for you?”
2. Therapist: “Do you remember the dance sequence where you . . .? Can any of the elements in the dance be compared to the picture you made today?”
3. Therapist: “Here we see all the visual material you produced during your therapy, and today, as we discussed, we will use the artworks to see where we stand.”
4. Therapist: “Today, how do you view the works you produced at the beginning of therapy?”
5. Therapist: “Do you have the impression that the works you produce have changed over time?”

97. Suggesting an Expansion of the Created Work

CONCEPT:

Art and Expression-Oriented Psychotherapy

DEFINITION:

In order to deepen the patient's experiences during the creative process, the therapist suggests expanding on an existing work or undertaking a new one (**intermodal transfer**).

OPERATIONAL DEFINITION:

The therapist encourages the patient to:

- **expand on an existing piece of art**
- **create a new piece of work using the same or a different medium, or switch to a different artistic discipline**

DIFFERENTIATION:

TYPICAL EXAMPLES:

1. Therapist: "Would you like to glue the feathers onto the picture you painted?"
2. Therapist: "Would you like to develop the melody for the poem into a song?"
3. Therapist: "The figure you created here in the center of the painting is sitting on a bench and looking out over the water. What about adding a speech bubble and writing what the figure is thinking about, or dreaming about, and how she feels?"
4. Therapist: "You were saying that these musical tones are 'just babbling along' and remind you of a mountain stream. What would you think about creating a picture of that mountain stream on a piece of paper?"
5. Therapist: "You told me that just now you danced an entire liberation story. How would it be if you put down this 'liberation story' in words?"

98. Value Imagination

CONCEPT:

Logotherapy and Existential Analysis

DEFINITION:

In **value oriented imagination**, special attention is paid to as yet unconscious attitudes. As the patient grapples with inner figures, she is encouraged to take a stance on herself and her environment. With the help of **imagination work**, the patient discovers the manifold aspects of her personality, thereby gaining a more comprehensive perspective on [as yet underutilized potential in her life] [her as yet underutilized potential] and tasks that need to be addressed. The values of the **inner figure** are elucidated.

OPERATIONAL DEFINITION:

The therapist:

- discusses the goal of **value imagination** with the patient
- subsequently discusses the **implications of the imagination work**
- encourages the patient to have **further encounters** with the inner figures that emerged **during the imagination work**

DIFFERENTIATION:

- ⇒ *45 (Good Parent Messages)*: deals exclusively with good parent messages and not with other figures / objects
- ⇒ *49 (Promoting Identification)*: calls for putting oneself in the place of a mental object (person)
- ⇒ *50 (Imagination)*: entails imagining **emotions, not inner figures**
- ⇒ *54 (Interaction with the Inner Critic)*: strives to have the patient grapple and interact with **critical, disapproving, devaluing** internal objects
- ⇒ *84 (Working with Symbols)*: the therapist draws on **archetypal symbols**

TYPICAL EXAMPLES:

1. Therapist: “You just told me how deserted and lonely you often felt as a child. Using your imagination, do you think you could **get in touch with your inner ally now?**”
2. Therapist: “You’re telling me that you feel very tired and weary right now. In your imagination, do you think you could contact your **inner doctor** and have him lead you to a place where you can draw inner strength?”
3. Therapist: “What does the drumming in your **inner** Indian village mean?”

99. Value Orientation

CONCEPT:

Logotherapy and Existential Analysis

DEFINITION:

The therapist addresses and analyzes the patient's type of **value orientation**. Basically, there are three kinds of values we can realize as human beings in order to discover what is personally meaningful to us:

- a) **creative values** (we create something in our work, etc.)
- b) **experiential values** (we focus intensively on another person or thing, we become involved in something, etc.)
- c) **attitudinal values** (our accomplishment lies in developing a positive attitude toward circumstances that cannot be changed. Which value or values play the central role for the patient?)

Clarification of the (new) orientation according to different value systems: pyramidal = focus on a single, overriding value; or parallel = oriented according to several equally important values.

OPERATIONAL DEFINITION:

The therapist addresses the patient's type of value orientation by attempting to clarify it with respect to the following value systems, or by encouraging work on:

- **the “pyramidal” value system**
- **the “parallel” value system**
- **realizing values**
- **sensing what has value**

DIFFERENTIATION:

- ⇒ *10 (Working at the Process Boundary)*: entails work on **boundaries that pose obstacles**, creating an awareness of boundaries
- ⇒ *25 (Working with Character and Defense Style)*: addresses the patient's patterns; work on the patterns is undertaken
- ⇒ *79 (Addressing Questions of Meaning)*: focuses on **that which is meaningful** in the patient's life
- ⇒ *80 (Creating Meaning and Significance)*: involves creative / constructive **generation of new meaning**

TYPICAL EXAMPLES:

1. Therapist: “You mention (your job / money / enjoyment / your family / etc.) as the thing you value most. Is that your only orientation? Or do you pursue other values in life as well?”
2. Therapist: “Orienting yourself according to a single value (pyramidal orientation) puts you at a disadvantage in terms of your emotional balance because it limits what you perceive as meaningful. I’d like to suggest that, together, we search for other values and make an attempt to construct an orientation system consisting of several values running parallel to one another.”
3. Therapist: “There are various aids for finding additional personal values. One of them is (imagination / exploring dreams / working with stories / working with fairytales, etc.). Are you willing to try an exercise like that?”
4. Therapist: “What seems important / good to you now?”

100. Circular Questioning

CONCEPT:

Systemic

DEFINITION:

The basic consideration underlying circular questioning is that all behavior exhibited in a social system can also always be understood as an offer to communicate. Behaviors, symptoms, etc. must not only be seen as events that are transpiring within an individual; they also have a function within mutually defined relationships. Circular questioning can also be understood as “gossiping in the presence of a third person.” **In the presence of two or three people, a third individual is questioned about the relationship of the others—or the patient is questioned about the behavior of others who are not present. Involves a series of questions.**

OPERATIONAL DEFINITION:

The therapist:

- **poses questions to a third person pertaining to two individuals who are actually present by asking which importance the individual’s impression of the relationship of the two individuals has for the individual**
- **during interviews with family members, the therapist asks for comments about how they view the behavior of two other family members toward one another**
- **asks the patient a series of questions about the behavior of a person who is not present, or about the behavior of several people.**

DIFFERENTIATION:

⇒ *49 (Promoting Identification)*: does not involve a series of interactions and dialogues

TYPICAL EXAMPLES:

1. Therapist: “When your mother coaxes Marcello to eat, and he refuses, then what does your father do? And when your father starts shouting, as you say, who does he shout at? And when he shouts at Marcello, what does your mother do? And when your mother gets furious with your father—as you say—then what do you do?”
2. Therapist to [patient’s?] brother: “Let’s say Katja throws up. Which one of them (mother or father) notices it first? How does your mother react? What do you think, what does your father think about the way your mother reacts? What does your father do then?”

5. Evaluations

For the rating process, transcribed therapy sessions or simply digital audio recordings can be used. In the first case, the rating can be entered on the respective line of the text in the form of a simple nominal mention of the category. In the second case, the preparation of an evaluation sheet is recommended which includes the time, rating (category numbers), and possibly a content outline in column form.

There are various options for evaluating the ratings that have been undertaken. The choice of method depends on the respective questions.

In principle, the simple frequencies of the rated intervention category per session can be tallied and plotted over the course of a therapy (e.g., graphically).

In order to represent the relative percentages of (school-) specific (conceptually consistent) interventions in relation to the nonspecific (general) interventions and those stemming from other concepts (extrinsic schools), the percentages per session can also be used.

1. Summation of the raw scores per school (frequency [= sum] of school-specific category choices) (**Sum-RS_{specific}**)
2. Summation of the raw scores per extrinsic school (frequency [= sum] of category choices pertaining to extrinsic schools (**Sum-RS_{extrinsic}**)
3. Summation of the raw scores of non-specific (general) category choices (frequency [= sum] of general category choices) (**Sum-RS_{general}**)
4. Total sum calculation (**Sum-RS_{specific} + Sum-RS_{extrinsic} + Sum-RS_{general}**) = 100%
5. Calculation of percentage of **Sum-RS_{specific}**, **Sum-RS_{extrinsic}**, **Sum-RS_{general}**

Sample calculation

In a session conducted by a psychotherapist of a certain school, 45 ratings of therapeutic interventions were recorded. The sum of the interventions that were typical (specific) for this approach is 12, the sum of non-specific (general) interventions is 25, and the sum of extrinsic interventions is 8.

Expressed as percentages, the 12 specific interventions amount to 26.7%, the nonspecific inventions amount to 55.6% and the extrinsic interventions 17.8%. Together, the values round out to 100%.

We must distinguish between the following rating and evaluation units:

- Rating unit
 - (1) Every grammatical sentence the therapist expresses is rated, which is to say, no incomplete sentences, no brief acknowledgments, negations, or “Hmms.” The ratings consist of nominal mentions, that is, simply the category number of the respective intervention recorded on a separate rating sheet or in the transcription itself.

- (2) In the event that the therapist speaks at somewhat greater length in one and the same intervention, which is to say, she expressed the same idea using a number of comments but did not introduce new thematic content, the relevant coding is assigned only once; the same category cannot be assigned a second time.
 - (3) In the event that the therapist changes the timeframe (past to present or vice versa) or the object (different person, different situation) in one and the same therapeutic intervention, all categories once again become available for use.
 - (4) Different categories can be rated in one and the same therapeutic intervention to the extent that a complete grammatical sentence has been used. The decisive point is that a new category is assigned. After that, a previously rated category may receive a subsequent rating.
 - (5) Following a statement by the patient, all categories once again become available for rating in the case of subsequent interventions by the therapist.
- Context unit
For the exact identification of the content to be evaluated, context may be utilized, that is, previous statements made by the patient or the therapist.
 - Evaluation unit
A score can be formed for an entire session, for example, by summing all of the raw scores for each category or theoretical concept over the course of the entire session (summation of all raw scores for the categories belonging to the same concept; the same applies for the general or nonspecific categories).

If desired, the sums of the raw scores can be converted into percentages per session (see above).

6. Statistical Parameters

1. Reliability

a. Rater training

Training raters is enormously time-consuming if sufficient consistency between raters is to be obtained. The initial practical experience gained within the *PAP-S Study* shows that periodic training over about two years was necessary, using segments of on average 4 hours within a timeframe of about 2-4 weeks. This corresponds to an overall effort of about 100-120 hours of training for the raters.

A more regular training schedule would require an effort of 1 hour each week over the course of 2 years. Correspondingly, training could be held with a regular effort of 2-3 hours every 14 days.

Rating difficulties primarily stem from the assessment of complex statements by therapists and the determination of the exact timing of the respective statement (when it began; the boundaries of certain intervention content).

b. Interrater-Reliability

The interrater reliability was calculated using Cohen's Kappa (κ -coefficient). For the 5 raters in Cologne a still acceptable value of 0.61 was found in the rating of about 10 different therapy sessions conducted by various therapists from a range of institutes.

In Switzerland, 137 transcripts of therapists' statements (complete sessions) were evaluated. This comprised treatments using 5 different methods (systemic therapy, gestalt therapy, transactional analysis, bioenergetic analysis, and psychoanalysis) as conducted by 11 therapists on 41 patients. Eighty of these sessions were evaluated by independent raters. The reliability on the intervention level had a Cohen's Kappa score of 0.68.

The moderate inter-rater reliabilities can be attributed to the complexity of the rating process which entailed an average of between 35 and 50 rated therapist interventions per therapy session (with a variance of between somewhat more than ten interventions and more than 80 interventions per session depending on therapist, treatment, and session). The determination of the relevant rating unit in each case (intervention content, scope, timing, and termination) causes the greatest problems and requires intensive rater training if sufficient reliability is to be achieved.

When doubt arises, one should proceed conservatively and not code.

c. Codability

The frequency/applicability of the categories in the manual (codability) was tested on 137 therapy sessions conducted by a range of therapists. Of the total number of therapists' statements, 3.9% could not be coded using the categories contained in the manual. In contrast, 96.1% of all therapist interventions could be assigned to one of the 100 categories in the manual.

2. Validity

Using the ratings (based on 116 therapies from 8 different theoretical concepts), validity was checked in terms of (a) **content-based validity**, using gender-specific characteristics discussed in the literature, and in terms of (b) **school-specific technique**.

- a) Female therapists use significantly more “Empathy” (category 31) and “Providing Support” (category 46), that is, supportiveness and understanding the feelings of the patient, than their male colleagues. This confirms findings that have been discussed in the research literature.
- b) Body-oriented therapists (bioenergetic analysts and integrative body therapists) rely significantly more often on “body-related interventions” (using factor analysis) than psychotherapists of other schools who are not body-oriented in their approach.

Therefore, various aspects confirm the content-based validity of the *PAP-S RM*.

3. Hierarchical cluster analysis

For the assessments by the two Swiss raters (80 sessions), a matching or confusion matrix was built covering all 100 categories. The diagonal contains the numbers of agreements. The other elements contain the numbers of mismatches (e.g., rater 1 coded category A, rater 2 coded category B for the same intervention). Theoretically, 10,000 (100 x 100) elements should have been obtained. However, since this analysis included sessions applying one of only 5 methods (rather than the total of 13 represented in the manual), only 4489 (67 x 67) elements were determined. In addition, we excluded those mismatches where a category was used by only one rater, but the same category was never used by the other rater for any of the 137 sessions. Mismatches suggest that the mismatched categories are actually quite similar. Next, a proximity measure was calculated from the confusion matrix for all possible pairs of categories using the formula:

Proximity (A, B) = $1 - \frac{N_{A \cap B}}{\sqrt{N_A * N_B}}$, with $N_{A \cap B}$ = number of mismatches (rater 1 selects

category A, rater 2 selects category B), N_A = number of times where rater 1 selected category A, and N_B = number of times where rater 2 selected category B. In addition, this proximity measure was symmetrized into a distance metric $D(A,B) = (\text{Proximity}(A,B) + \text{Proximity}(B,A))/2$, i.e., the averages of the proximities (rater 1 selected category A, rater 2 selected category B, and rater 1 selected category B, rater 2 selected category A) were used. The distance of a category from itself was set to 0. The distance metric varies between 0 (no distance, i.e., complete agreement) and 1 (maximal distance). Thereafter, a hierarchical cluster analysis (complete-linkage analysis, see e.g. Murtagh 1985) was performed (Fig. 1) using the statistics package “GPU-R” of R Foundation for Statistical Computing. Table 2 lists the category labels according to the sequential order and distances found in the cluster analysis. The result can be understood as showing that the construction of the manual largely succeeded in minimizing mismatches. Most of the mismatches are located in a range of large distances (0.90 – 1.00). For the remaining ones, e.g., *Biographical Work* (24) and *Anamnesis Inquiry* (5) or *Addressing Ego States* (48) and *Value Imagination* (98) or *Work on Subjective Experience / Perception* (8) and *Directing Attention to Current Emotions / Consciously Focusing on Feelings* (19), one might consider merging these in further development of this tool. In some instances, different schools have different names for substantially similar interventions. But even within a single school types of interventions may appear too similar to an outsider to be distinguished reliably, e.g., *Stimulating Consciousness of the Body* (56) und *Body Exercises* (58).

4. Multidimensional scaling

Finally, to put the information into an even more compact format, a non-metric multidimensional scaling (Kruskal 1964) was performed, again using the statistics package GPU-R. Figure 2 shows the distribution of the categories in the manual in relation to the two most important dimensions. Table 3 lists the categories that define the extremes, i.e., the highest positive or negative charges along these two dimensions. Pending future calculations with larger data samples, these factors could be interpreted in terms of content as *experiential* vs. *technical* and *internally directed communication* vs. *externally directed communication*.

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9. Appendix

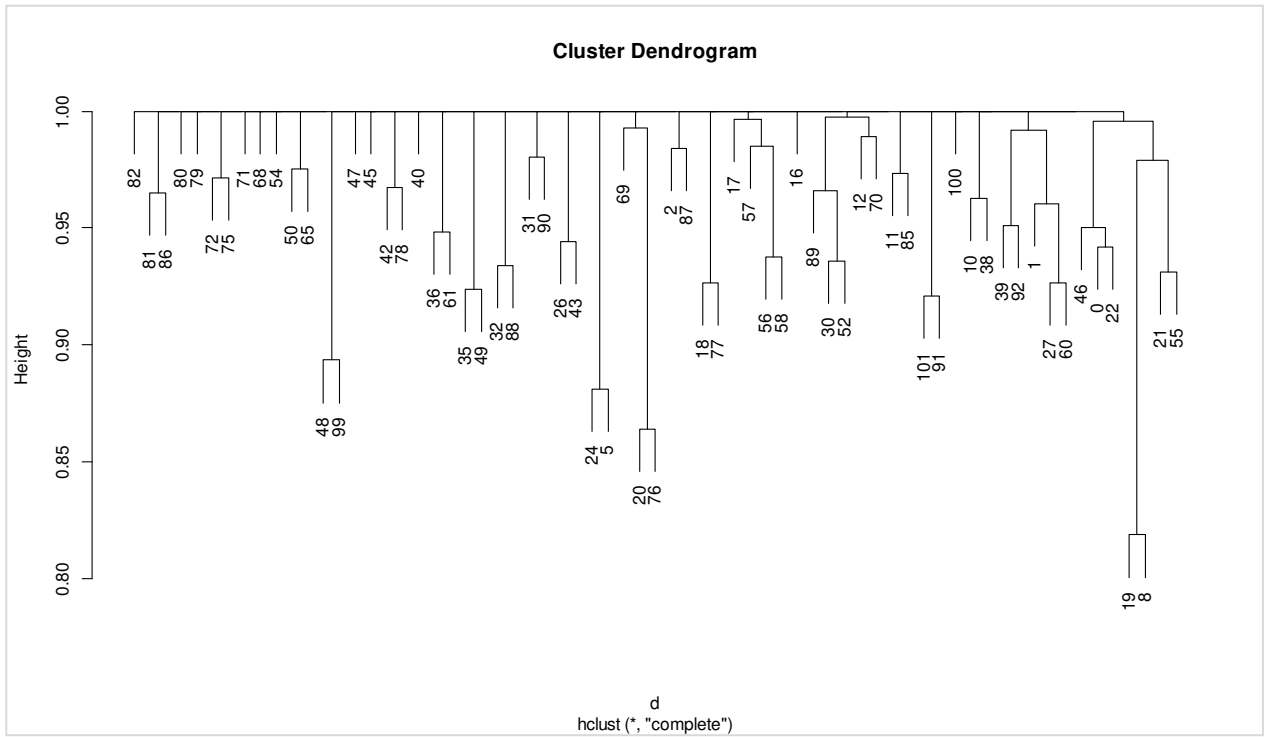


Figure 1: Hierarchical Cluster Analysis (HCA)

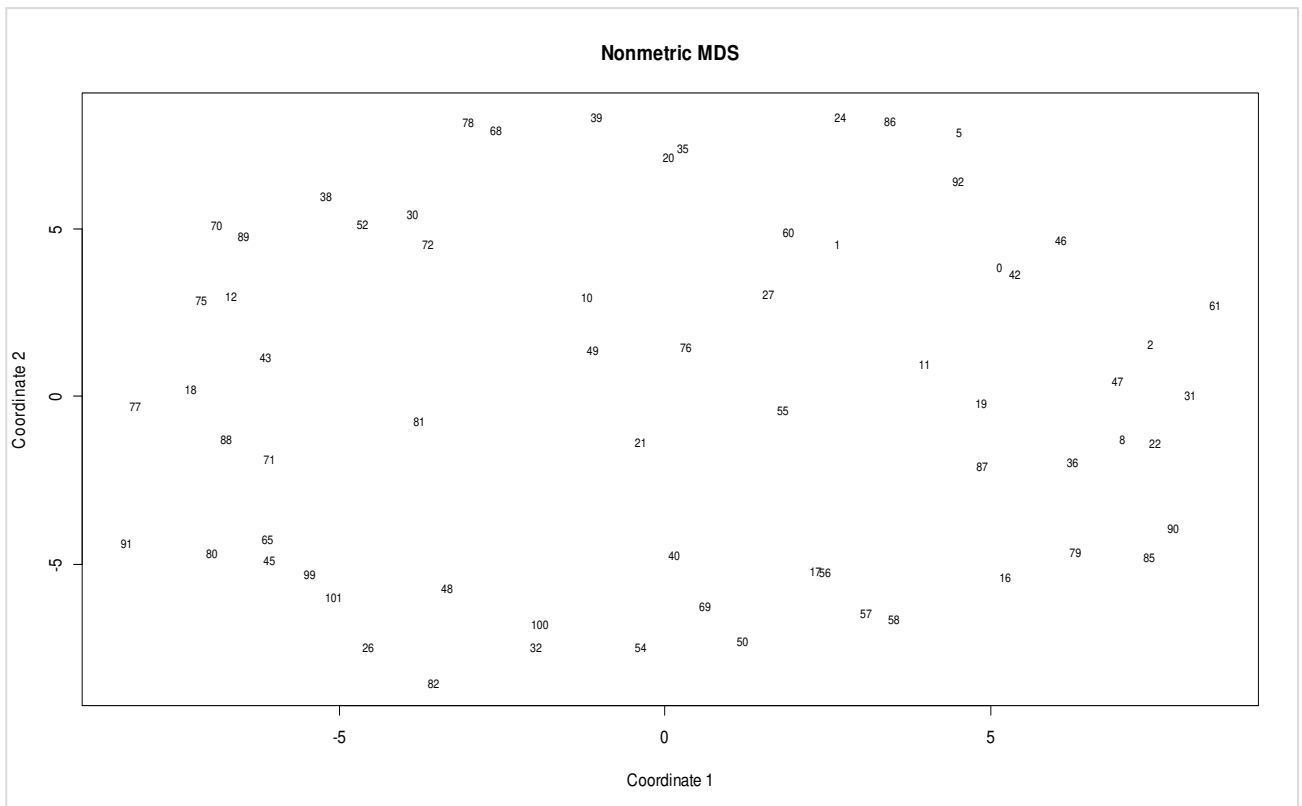


Figure 2: Nonmetric Multidimensional Scaling (MDS)

0.80	0.85	0.90	0.95
			82: Game or Racket Analysis
		81: Script Work	
		86: Addressing Self-Acceptance	
			80: Creating Meaning and Significance
			79: Addressing Questions of Meaning
		72: Reframing	
		75: Resource Activation	
			71: Use of Psychotropic Medication
			68: Paradox Intention
			54: Interaction with the Inner Critic
		50: Imagination	
		65: Working with Metaphor	
	48: Addressing Ego States		
	99: Value Imagination		
			47: Addressing Hierarchy, Status, or Privilege
			45: Good Parent Messages
		42: Skillful Frustration	
		78: Self-Revelation by the Therapist	
			40: Countertransference
	36: Feedback Oriented Work [Working with Feedback]		
	61: Congruence, Sensing Incongruence		
	35: Experimenting with New Behavior		
	49: Promoting Identification		
	32: Energetic Boundaries		
	88: The Therapy Contract		
		31: Empathy	
		90: Transference	
	26: Dereflection		
	43: Setting Boundaries		
	24: Biographical Work		
	5: Anamnesis [Taking an Anamnesis] [Taking a Case History]		
			69: Positive reinforcement
	20: Directing Attention to Communication		
	76: Initiation of Role-Playing		
		2: Affect regulation	
		87: Changing the Topic	
	18: Task Assignment		
	77: Self-Help Techniques		
			17: Breath Work
		57: Focusing on Physical Impulses	

0.80	0.85	0.90	0.95
	56: Creating Awareness of the Physical Level		
	58: Physical Exercises		16: Association, Controlled
		89: Addressing Therapy Goals	
	30: Promoting Insight into Behavior that Needs to be Changed		
	52: Providing Information / Psychological Education		
		12: Working with Humor	
		70: Developing a Problem Solution	
		11: Working with Preconscious Material	
		85: Addressing the Symptom	
	100: Circular Questioning		
	91: Differentiation Questions		
			99: Value Orientation
		10: Working at the Process Boundary	
		38: Questions concerning Constructions of Possibilities	
		39: Questions concerning Constructions of Reality	
		92: Verbalization of Feelings	
		1: Confronting Defense and Resistance	
	27: Interpretation		
	60: Confrontation		
		46: Providing [Security] [Stability] / Support	
	0: Unclassifiable		
	22: Unconditional Positive Regard		
19: Directing Attention to Current Emotions			
8: Work on Subjective Experience			
	21: Working with Behavior Patterns and [Convictions] [Conclusions?]		
	55: Clarification, Asking Follow-Up Questions		

Table 2: Category Designations for Cluster Analysis

Category Designations for Multidimensional Scaling

Factor 1 (horizontal) **Interpreta-
tion**

High **positive** charge *[experiential*

- 31: Empathy
- 22: Unconditional Positive Regard
- 2: Affect Regulation
- 8: Directing Attention to Current Experience
- 47: Addressing Hierarchy, Status, or Privilege

High **negative** charge *technical*

- 77: Self-Help Techniques
- 18: Task Assignment
- 88: The Therapy Contract
- 43: Setting Boundaries
- 71: Use of Psychotropic Medication

Factor 2 (vertical)

High **positive** charge *external
communica-
tion*

- 39: Questions concerning Constructions of Reality
- 20: Directing Attention to Communication
- 35: Experimenting with New Behavior

High **negative** charge *internal com-
munication*

- 40: Countertransference
- 69: Positive Reinforcement
- 50: Imagination
- 54: Interaction with the Inner Critic

Table 3: Content description and interpretation of the two main factors from the MDS