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**NO CONSULTÓRIO DE UMA PSICOTERAPEUTA
ALTAMENTE EFICAZ – UMA ANÁLISE DAS
PRIMEIRAS SESSÕES**

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RESUMO

Objetivo: Procuraram captar-se os aspetos qualitativos mais salientes na condução de primeiras sessões de psicoterapia por uma psicoterapeuta que obtém consistentemente bons resultados clínicos com clientes.

Método: Recorreu-se ao método qualitativo da *Grounded Theory* na sua abordagem construtivista (Charmaz, 2014) para analisar as primeiras 3 sessões de psicoterapia audiogravadas com dois clientes, num total de 6 sessões analisadas.

Resultados: A análise dos dados gerou 12 categorias que remetem a ações clínicas emergentes na atuação da psicoterapeuta. As categorias foram organizadas em 3 grandes domínios que sintetizam áreas fundamentais da sua intervenção: (1) Promoção do senso de agência do cliente e da natureza colaborativa do processo terapêutico; (2) Apoio à exploração de conteúdos significativos, equilibrando responsivamente entre seguir o cliente e introduzir novas dimensões; (3) Criação um clima relacional de segurança emocional para o cliente, assente na presença empática, autenticidade e aceitação incondicional.

Conclusões: Os resultados desta investigação permitem discutir princípios centrais da intervenção da psicoterapeuta estudada e conjecturar sobre como é que a sua atuação contribuiu para o sucesso das intervenções. Os resultados desta investigação reforçam o que a literatura sobre psicoterapeutas com maior eficiência tem vindo a sugerir.

Palavras-chave: *expertise*; psicoterapia; eficácia psicoterapêutica; análise *grounded*; primeiras sessões

ABSTRACT

Aim: We wanted to capture the most salient qualitative aspects in conducting first sessions of therapeutic interventions by a psychotherapist who consistently has good clinical outcomes with clients.

Method: Qualitative method of Grounded Theory in its constructivist approach (Charmaz, 2014) was used to analyze the first 3 audio-recorded psychotherapy sessions with two clients, in a total of 6 analyzed sessions.

Results: Analysis generated 12 categories of emerging clinical actions of the therapist's performance. The categories were organized into 3 major domains that summarize fundamental areas of her intervention: (1) Promoting client's sense of agency and the collaborative nature of the therapeutic process; (2) Support the exploration of meaningful contents, responsively balancing between following the client and introducing new dimensions; (3) Creating a relational climate of emotional security for the client based on empathic presence, authenticity and positive regard.

Conclusions: The results of this investigation allow us to discuss central principles of the intervention of the studied therapist and to conjecture about how her performance contributed to the success of the interventions. The results of this investigation reinforce the literature on highly effective psychotherapists.

Key-words: expertise; psychotherapy; psychotherapeutic efficacy; grounded analysis; first sessions

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INTRODUÇÃO

A pessoa do psicoterapeuta tem influência sobre os resultados duma terapia. Este é um pressuposto que a investigação tem permitido evidenciar (Johns et al., 2019; Sousa, 2017; Wampold & Imel, 2015; Baldwin & Imel, 2013). Sabe-se que há terapeutas que consistentemente obtêm melhores resultados que os seus pares (Johns et al., 2019; Barkham et al., 2017; Wampold & Imel, 2015) o que parece ser independente do modelo teórico, experiência do terapeuta, tipo de intervenção ou grau de perturbação do cliente (Barkham et al., 2017; Goldberg et al., 2016b; Sousa, 2017; Wampold, 2015; Wampold & Imel, 2015).

Nas últimas décadas, a investigação sobre eficácia psicoterapêutica tem-se interessado pelo estudo de terapeutas exceccionalmente competentes (Miller et al., 2018). No entanto não existe um consenso na literatura sobre o que significa ser um expert em psicoterapia. Para alguns o *outcome* dos clientes constitui-se como o critério fundamental para avaliar a *expertise* do terapeuta (Goodyear et al., 2017; Tracey et al. 2014; Tracey et al., 2015). Outros defendem que a avaliação de *expertise* deve basear-se em múltiplos critérios, com destaque para qualidade geral da condução da psicoterapia do terapeuta (Hill et al., 2017a; Norcross & Karpiak, 2017; Reese, 2017; Rønnestad, 2016). Não existe consenso, mas o debate tem gerado reflexões importantes sobre esta temática.

O que é que se sabe sobre estes profissionais destacados e o seu desempenho? Consistentemente a investigação tem assinalado uma interação harmoniosa entre aspetos do funcionamento profissional e pessoal dos terapeutas de excelência, que se revela na forma como se posicionam eticamente face à profissão. (Skovholt et al., 2016; Norcross & Karpiak, 2017; Hill et al., 2017a; Nissen-Lie, 2018). São profissionais que se caracterizam por um desenvolvimento distinto a níveis cognitivo, emocional e relacional (Jennings & Skovholt, 1999; Hill et al., 2017a). Valorizam e investem no seu desenvolvimento e crescimento pessoal, têm uma cultura de aprendizagem ao longo da carreira, procuram ativamente *feedback* sobre o seu desempenho e têm tendência para, construtivamente, se colocar em causa (Jennings & Skovholt, 2016; Norcross & Karpiak, 2017; Hill et al., 2017a; Nissen-Lie, 2018; Skovholt et al., 2016; Nissen-Lie et al., 2015). Destacam-se pelas suas competências clínicas distintas, pela grande responsividade às necessidades do cliente, pela capacidade para lidar com o que é complexo e ambíguo e pela forte orientação relacional (Jennings & Skovholt, 2016). Sem surpresas, assinala-se a sua capacidade extraordinária para formar e manter alianças terapêuticas robustas e produtivas (Jennings & Skovholt, 2016): são capazes

de gerar ambientes relacionais de segurança e ao mesmo tempo de desafio (Sullivan et al., 2016) e assinala-se o seu desempenho notável na promoção de um clima de colaboração significativa com os clientes (Nissen-Lie, 2018).

Investigações conduzidas em ambiente naturalístico enfatizam ações clínicas concretas destes profissionais que parecem contribuir positivamente para os *outcomes* de sucesso. Realça-se o trabalho dirigido à gestão das expectativas do cliente, ao aumento do seu nível de motivação e esperança na possibilidade de mudança e à construção de um clima de colaboração assente na perceção do cliente como agente ativo (Oddli et al., 2014; Oddli et al., 2021). Salienta-se também a introdução de explicações compreensivas sobre os problemas do cliente e de rituais terapêuticos condicentes, enquadrados numa perspetiva de agencidade do cliente (Hansen et al., 2015; Laska & Federman, 2015; Pereira & Barkham, 2015).¹

Pertinência e objetivos do estudo

A pertinência desta investigação relaciona-se, por um lado, com o facto de haver pouca investigação empírica focada no estudo das ações clínicas concretas de terapeutas altamente eficazes, em particular nas fases iniciais de uma terapia (Oddli et al., 2014). Este estudo pretende contribuir para preencher essa lacuna e gerar contribuições empíricas relevantes. Salienta-se que a pertinência da análise de primeiras sessões decorre daquilo que a investigação tem vindo a sugerir: as primeiras sessões são um momento crucial do estabelecimento de condições terapêuticas importantes como a aliança terapêutica ou a introdução de expectativas sobre a mudança (Zilcha-Mano & Errázuriz, 2017; Lavik et al., 2018).

A relevância da presente investigação advoga-se também nos seus aspetos metodológicos. Na literatura é frequentemente assinalado o interesse em desenvolver mais estudos em que a identificação do terapeuta *expert* se baseie no critério *outcome* (Jennings & Skovholt, 2016; Nissen-Lie, 2018; Tracey et al., 2015) e se faça observação naturalística do seu desempenho em sessão (Hansen et al., 2015; Hill, 2016) (por oposição ao uso do critério reputação na identificação do terapeuta e da recolha de dados por entrevista). Neste estudo foi possível integrar as duas questões metodológicas mencionadas. A seleção dos participantes obedeceu ao critério *outcome* e os dados foram obtidos por observação direta de sessões de psicoterapia audiogravadas.

¹ Para um enquadramento teórico mais completo, consultar versão alargada em anexo – Anexo A.

O objetivo deste estudo é **captar e teorizar sobre os aspetos qualitativos mais salientes na condução das primeiras sessões de psicoterapia por uma profissional altamente eficaz**. Este objetivo foi operacionalizado nas seguintes questões de investigação:

- Que ações ou processos terapêuticos são particularmente investidos pela psicoterapeuta nas sessões iniciais das intervenções?
- De que modo é que essas ações ou processos terapêuticos parecem contribuir para o sucesso das intervenções psicológicas?

MÉTODO

O objetivo desta investigação sugeria que se optasse por uma metodologia de design qualitativo. A investigação qualitativa é particularmente adequada quando se pretende explorar aprofundadamente um tema, obter um entendimento descritivo e contextual acerca dum fenómeno e/ou estabelecer padrões ou gerar explicações que contribuam para o enriquecimento do corpo teórico existente (Creswell & Poth, 2018; Sousa, 2014).

De entre os métodos qualitativos de investigação recorreu-se à abordagem construtivista do método *Grounded Theory* (Charmaz, 2014). A *Grounded Theory* tem como objetivo último gerar uma teoria ou explicação acerca dum processo que decorra diretamente dos dados emergentes (Creswell & Poth, 2018; Fernandes & Maia, 2001). Este propósito está alinhado com o desta investigação em que se pretende captar e teorizar sobre os processos terapêuticos promovidos em sessão por uma terapeuta altamente eficaz. A vertente construtivista da *Grounded Theory* adotada assenta nos pressupostos analíticos originais – que remetem ao uso de processos indutivos, comparativos e emergentes (Glaser & Strauss, 1967; Corbin & Strauss, 2015) – mas rejeita uma aplicação mecanicista do método e assume o papel ativo do investigador. Nesta abordagem entende-se que o desenvolvimento de uma teoria é em si um ato de construção dependente da triangulação do investigador com os dados e a teoria (Charmaz, 2014).

Participantes

Participaram neste estudo uma psicoterapeuta e dois clientes seus, conceptualizados como duas díades terapêuticas. A seleção dos participantes obedeceu ao princípio da amostragem intencional (*Purposeful sampling*). Este método é amplamente utilizado na investigação qualitativa e remete à seleção de casos de particular interesse ou relevância face aos objetivos do estudo (Patton, 2015).

A psicoterapeuta foi intencionalmente selecionada com base no critério *outcome*, isto é, por ser uma profissional que, no contexto de uma clínica universitária inglesa, obtém sistematicamente bons resultados terapêuticos com os seus clientes. A identificação da psicoterapeuta foi feita pelos serviços da clínica, com base na análise do sistema de monitorização de resultados terapêuticos utilizado (Pragmatic Tracker). A psicoterapeuta é do género feminino, tinha à data das intervenções um ano de experiência clínica e seguia uma

abordagem psicoterapêutica pluralística, que tem uma base integrativa e é influenciada por valores humanísticos e das abordagens centradas na pessoa (Cooper & McLeod, 2010).

Os dois clientes desta psicoterapeuta foram selecionados por se terem constituído como casos de sucesso. O sucesso terapêutico foi avaliado através de medidas de *outcome* clínico (PHQ-9 – medida de depressão e GAD-7 – medida de ansiedade). Ambos os clientes são do género masculino, estudantes universitários e chegaram inicialmente à psicoterapia por queixas de depressão. Foram designados por Pfd020 e Pfd022, têm 23 e 24 anos, e completaram 15 e 21 sessões de psicoterapia, respetivamente.

	<i>Pfd020</i>		<i>Pfd022</i>	
	PHQ-9	GAD-7	PHQ-9	GAD-7
Sessão de entrevista clínica	20 (<i>severe</i>)	9 (<i>mild</i>)	15 (<i>moderately severe</i>)	17 (<i>severe</i>)
Final da intervenção	6 (<i>mild</i>)	4 (<i>minimal</i>)	2 (<i>minimal</i>)	1 (<i>minimal</i>)

Quadro 1 - Resumo do *outcome* clínico dos clientes analisados

Procedimentos

Obtiveram-se audiograções das primeiras sessões de psicoterapia de cada díade terapêutica. As intervenções psicológicas audiogravadas tiveram lugar numa clínica universitária de uma universidade inglesa, decorreram num contexto naturalístico, não manualizado, as intervenções tinham um limite de 24 sessões protocoladas e já tinham sido finalizadas à data da presente investigação. As audiograções e os registos de monitorização clínica dos resultados dos clientes foram disponibilizadas ao abrigo de um acordo de cooperação entre duas universidades. Cumpriram-se todas as normas de proteção de dados e anonimato dos participantes. As sessões audiogravadas disponibilizadas faziam parte de uma amostra maior de participantes num projeto de investigação desenvolvido pela clínica onde os acompanhamentos psicológicos ocorreram.

As sessões selecionadas foram integralmente transcritas, incluindo dados não verbais relevantes (hesitações, risos, suspiros, silêncios, e.g.). Analisaram-se as primeiras três sessões com cada cliente (entrevista clínica + sessões 1 e 2), num total de seis sessões analisadas.

Análise dos dados

O objeto de análise foram as transcrições das primeiras três sessões de cada díade, com foco nas intervenções da terapeuta. A análise obedeceu aos princípios metodológicos da

variante construtivista da *Grounded Theory* (Charmaz, 2014). Começou-se por fazer uma leitura global das transcrições por díade para estabelecer um senso global do todo.

A análise iniciou-se pelo processo de codificação aberta (ou *initial coding*) (Charmaz, 2014) linha a linha das intervenções da psicoterapeuta ou de unidades de análise maiores, que podiam incluir até algumas sequências de intervenções consecutivas. O critério para estabelecer as unidades codificáveis foi o da identificação de unidades de sentido no discurso da psicoterapeuta. Recorreu-se ao *software Taguette* (ferramenta *open-source* de codificação e gestão de códigos). O objetivo fundamental da codificação aberta era captar as ações ou intenções terapêuticas da psicoterapeuta tal como emergiam dos dados e gerar códigos descritivos. O método de comparação constante é o processo que possibilita manter a análise o mais fiel possível aos dados. A comparação constante consiste num diálogo contínuo entre as construções do investigador (códigos) e o retorno aos dados. É o princípio fundamental da codificação aberta e de todas as fases duma análise *grounded* (Charmaz, 2014; Fernandes & Maia, 2001).

Metodologicamente os procedimentos de codificação aberta envolveram fazer questões e comparações constantes. “O que é que a terapeuta está a fazer? Qual parece ser a sua intenção? Esta sequência é diferente daquela? Em quê?” foram questões que permitiram focalizar a atenção no fenómeno em estudo e estabelecer um vai-e-vem constante entre os dados e os códigos formulados (ver codificação aberta das sessões analisadas nos anexos B, C, D, E, F e G). À medida que o trabalho de codificação aberta ia progredindo gerava-se um aumento da sensibilidade do codificador para a codificação das sequências seguintes. Ao mesmo tempo, dispunha-se de mais dados para fazer comparações entre casos (clientes) e dentro do mesmo caso, o que permitiu refinar, fundir e/ou fazer colapsar códigos. No final deste processo obtiveram-se 121 códigos de natureza descritiva (Anexo H). A sequência seguinte pretende exemplificar alguns dos códigos descritivos gerados.

T: Hum. And how did you construct that, what was that like for you, you're given things? [Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]

C: Hum, I think is like momentary... (...) well you deem happiness from it, it's worth it, so is similar to that, that you, if they're buying stuff for you, you get a little bit of pleasure from it then obviously that pleasure goes.

T: It doesn't, it's a transient pleasure, is it? [Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]

C: Hum.

T: But it makes sense, doesn't it? Because that's how people showed you that you show affection, how you give pleasure is to give things, that's what you've learned. [Valida a vivência do cliente]

O processo de codificação aberta envolveu procedimentos de treino e discussão intercodificadores, desenvolvidos em colaboração com um colega do seminário de dissertação. Realizou-se um treino do processo de codificação aberta e, numa segunda etapa, discutiu-se integralmente a codificação de uma das sessões deste estudo, recorrendo-se ao método da comparação constante.

O passo seguinte no processo de análise foi a codificação focada (*focused coding*). O objetivo da codificação focada era gerar categorias conceptuais abrangentes a partir da análise dos códigos descritivos gerados na fase anterior (Charmaz, 2014). Nesta fase do método fez-se uma análise global dos códigos resultantes do processo de codificação aberta, captando aqueles que se destacavam em termos de significância e/ou que apresentavam relações de similaridade e se associavam a um mesmo constructo teórico. Foi nesta etapa que a análise começou a ganhar alguma direção teórica, já que o processo dependia da interação da leitura teórica do investigador com os dados (Fernandes & Maia, 2001).

Metodologicamente o processo de codificação focada assentou, novamente, na alternância entre o questionamento e a comparação constantes. Algumas das questões que orientaram esta análise foram as seguintes: “Que categoria teórica é que este(s) código(s) pode(m) representar? Qual parece ser o construto teórico a que este(s) código(s) remete(m)? Este código parece estabelecer ligação com outra categoria? Qual?”. À medida que iam sendo estabelecidas relações de similaridade e ligações entre os códigos e os construtos teóricos, desenhavam-se os provisoriamente domínios e respetivas categorias. Durante o processo de codificação focada, discutiram-se alguns códigos e construtos teóricos emergentes com o professor orientador da dissertação. A título de exemplo, a categoria “*Incita o cliente a explorar a visão de si, do mundo e projetos futuros*” decorreu de códigos como:

Incita à exploração de visão sobre si mesmo (características, funcionamento, estilo de coping, defesas, e.g.) // Explora worldview ou crenças do cliente // Explora reações, características e crenças com base cenários hipotéticos // Explora a perceção do cliente sobre atitudes, ações ou circunstâncias de Outros significativos // Explora visão de futuro ou aspiracional do cliente.

Este processo de elaboração analítica caracterizou-se pela sua qualidade emergente. Foi sendo esculpida à medida que o próprio processo de codificação focada progredia, isto é, a relevância das categorias emergentes ia sendo confirmada ou infirmada pelas novas relações que a análise dos códigos iniciais sugeria. Esta análise foi finalizada pelo critério de saturação

(Corbin & Strauss, 2015; Charmaz, 2014), ou seja, quando o método da comparação constante já não gerava novas ligações ou necessidade de refinamento das categorias estabelecidas. No final obtiveram-se 12 categorias que remetem a 3 grandes domínios (Quadro 2).

RESULTADOS

A análise das sessões de psicoterapia gerou 12 categorias organizadas em 3 grandes domínios (Quadro 2). As categorias remetem a ações ou intencionalidades terapêuticas que emergiram de forma saliente durante o processo de análise dos dados. Em cada domínio verifica-se uma relação estreita entre diferentes categorias já que se optou por formar categorias distintas sempre que se considerou pertinente dar visibilidade a intenções ou ações terapêuticas específicas.

Domínio 1 – Promoção do senso de agencidade do cliente e da natureza colaborativa do processo terapêutico

- 1.1 Incita o cliente a explorar a visão de si, do mundo e projetos futuros*
 - 1.2 Sinaliza e valoriza os recursos psicológicos do cliente*
 - 1.3 Coloca o cliente numa posição de “expert sobre si mesmo”*
 - 1.4 Procura assegurar que o foco da terapia é significativo para o cliente*
 - 1.5 Cria expectativas sobre o papel ativo do cliente no processo terapêutico*
 - 1.6 Procura estabelecer um clima colaborativo e de envolvimento mútuo*
-

Domínio 2 - Apoio à exploração de conteúdos significativos, equilibrando responsivamente entre seguir o cliente e introduzir novas dimensões

- 2.1 Incita o cliente a aprofundar a sua experiência interna*
 - 2.2 Capta pistas subtis do cliente e promove a focagem nesses assuntos*
 - 2.3 Clarifica tentativamente a experiência do cliente, estabelece ligações e fornece leituras*
-

Domínio 3 - Criação um clima relacional de segurança emocional para o cliente—assente na presença empática, autenticidade e aceitação incondicional

- 3.1 Manifesta discursivamente a sua forte presença terapêutica*
 - 3.2 Recorre ao seu self como instrumento terapêutico e comunica a sua experiência interna*
 - 3.3 Expressa empatia e aceitação pela experiência interna do cliente*
-

Quadro 2 – Resumo dos resultados (domínios e categorias)

Domínio 1 - Promoção do senso de agencidade do cliente e da natureza colaborativa do processo terapêutico

Um dos aspetos salientes na intervenção da terapeuta remetia à evocação do senso agêntico do cliente e da natureza colaborativa do processo terapêutico. Este domínio é composto por seis categorias.

1.1 Incita o cliente a explorar a visão de si, do mundo e projetos futuros

Através de questionamentos abertos e explorações dialógicas a terapeuta foi incitando ao aprofundando da reflexão do cliente sobre si mesmo, sua mundo-visão e dos seus projetos. Desta forma foi-se descobrindo a Pessoa, que inclui mas não se esgota nos seus problemas.

T: What do you think are your good qualities? // C: Hum, I think, going backwards, being critical. // T: Ok, so it's a useful quality.

C: (...) I will need to have money, I will need to do things, you know, with the current way things are going in the world it's going to be more and more difficult for me to do what I want to do for enjoyment or fun. // T: Do you think the world has changed, do you think that life is harder for young people now than it used to be?

A postura curiosa da terapeuta sobre o cliente pareceu constituir-se como uma base para contextualizar o pedido ou problemas do cliente, percebendo quem é aquela pessoa e o que procura. Por outro lado, é uma postura que insinua junto do cliente uma ideia de si enquanto empreendedor ativo da sua vida.

1.2 Sinaliza e valoriza os recursos psicológicos do cliente

O sentido de agência do cliente enquanto ser competente para enfrentar as suas circunstâncias de vida foi bastante sublinhado pela terapeuta, que consistentemente destacava e valorizava recursos psicológicos manifestados pelo cliente no contexto da sua narrativa.

T: Hum, hum. So again there was this... you had to work out for yourself [C: Hum] this wasn't, this wasn't kind of a productive thing for you to be doing. // C: Yeah. // T: Yeah. Hum. Hum. I, I, I find that, I feel really glad that you had that insight [C: Hum.] because it feels like it would have been really easy to stay in the room and not come out. Hum.

Paralelamente havia um incitamento a que essa reflexão fosse feita pelo próprio, conduzindo-o numa reflexão sobre as suas estratégias de coping e custos psicológicos decorrentes (*T: Can you understand why you did that?*). Não necessariamente essas estratégias eram sempre conceptualizadas como produtivas ou benéficas, mas contribuía para reflexões e clarificações relevantes sobre o sistema de crenças implícito do cliente. Esta exploração, uma vez mais, permitia insinuar implicitamente a qualidade agêntica do cliente.

1.3 Coloca o cliente numa posição de “expert sobre si mesmo”

Esta posição ética sobre o cliente esteve transversalmente presente no discurso da terapeuta e foi comunicada de forma explícita e reiterada ao longo das sessões analisadas.

T: Ok, and what, what for you... because kind of my take on this is that you're the expert in you [C: Yeah.] so I wonder what you think was... was kind of important or pivotal for you about that relationship?

Esta posição foi também comunicada de formas implícitas ou subtis. Por exemplo quando a terapeuta se interessava pelos raciais do cliente sobre a origem dos seus problemas ou quando acentuava a tentatividade das suas leituras e incitava o cliente a expressar se lhe faziam sentido.

T: So there was, ok, this, this, this is something that... I have a sense of but I wonder if this make sense to you.

A centralidade da voz do cliente foi uma marca presente desde a sessão de entrevista clínica, mesmo caracterizando-se essa por ser uma sessão tipicamente mais dirigida.

T: (...) What have I not asked? I feel like I've asked you a lot. Is there anything that you feel as important for me to know?

1.4 Procura assegurar que o foco da terapia é significativo para o cliente

No contexto das primeiras sessões esta intenção passou em grande medida pelo trabalho em torno dos objetivos terapêuticos. A terapeuta procurou captar objetivos terapêuticos emergentes na narrativa do cliente e incitar à co-elaboração dos mesmos, procurando clarificá-los no contexto de uma negociação de expectativas sobre mudança terapêutica.

T: Ok, so you can, perhaps what you would like to get to with those feelings is you've experienced them, they will be, I won't say scars, but sometimes scars of relationships are positive as well. Good relationships leave marks too. But you want to be able to take all the marks that relationships have left and process them, the negative as well, in a more positive way.

A formulação de objetivos foi apresentada como um processo dinâmico e, sobretudo, orientado para as necessidades do cliente. Se a terapeuta sentia que a sua contribuição se podia ter sobreposto à do cliente abordava a questão de forma direta.

T: Ok, so on that basis then, did you... and I am kind of conscious that I feel... do you feel... hum, how do I wanna word this...? Is there any sense in which you feel that I've imposed those goals onto you? I know they're things that I've picked out...

Globalmente nas sessões analisadas os objetivos definidos foram sistematicamente retomados e utilizados para avaliar a qualidade do foco das sessões.

1.5 Cria expectativas sobre o papel ativo do cliente no processo terapêutico

O envolvimento ativo do cliente nos processos da terapia foi explícita e implicitamente promovido pela terapeuta. Recorrentemente usava formulações discursivas que implicitamente comunicavam a visão da terapeuta sobre o papel ativo do cliente (*If you want to.../ Are you interested in.../ Do you think it would be useful for you.../ Is [this] something that helps you?*). De modo mais manifesto, a terapeuta referia-se abertamente ao cliente como decisor sobre os assuntos relevantes a abordar em sessão.

T: I'd really like, I really like it to be your choice [C: Yeah.] rather than mine because what I deem to be [C: Important, yeah.] important, you might not (...)

Pontualmente a terapeuta fazia intervenções psicoeducativas sobre o modelo e/ou processos terapêuticos, colocando particular ênfase no papel do cliente. Esta dimensão pareceu ser particularmente utilizada nas situações em que o cliente revelava menor envolvimento nos processos.

T: (...) I'm asking you a lot of questions, probably more than I'd like to be asking. [C: Ok.] The reason I don't like to ask all those questions is that that's all driven by what I'd like to know, rather than what you want to talk about [C: Yeah.]

1.6 Procura estabelecer um clima colaborativo e de envolvimento mútuo

A co-formulação de objetivos terapêuticos e a auscultação/negociação de expectativas sobre os processos terapêuticos foram dimensões bastante exploradas em sessão e que pareceram contribuir positivamente para o estabelecimento de um clima colaborativo. Salienta-se a atenção e ação da terapeuta sobre expectativas de processo do cliente eventualmente desajustadas ou pouco respeitadoras da sua segurança emocional.

T: (...) I think what I like it's to look for some balance between taking steps in a direction, and actually going 'well, that's what I'm gonna do now' because it feels a bit brutal [C: Yeah.] and I'm not sure either of us should do that to you.

Adicionalmente, outros processos parecem ter contribuído para gerar um senso de simetria relacional potenciador do envolvimento mútuo no processo terapêutico. Aponta-se o modo partilhado e transparente como a terapeuta conduzia globalmente as sessões. Salienta-se o recurso frequente à metacomunicação sobre as suas intenções terapêuticas e dificuldades sentidas no decorrer do aqui e agora do encontro terapêutico, ou a forma aberta como partilhava questões relativas ao uso dos instrumentos de monitorização terapêutica, disponibilizando o acesso aos registos. A construção deste senso de simetria relacional passou também pela qualidade tentativa do discurso da terapeuta. Sistemáticamente recorria a formulações discursivas cautelosas e tentadas (*It feels as.../ Sounds if it becomes.../ To me, perhaps, it feels...*) que pareciam retirá-la da posição de *expert* e incitavam o cliente a envolver-se naquele processo conjunto.

Domínio 2 - Apoio à exploração de conteúdos significativos, equilibrando responsabilmente entre seguir o cliente e introduzir novas dimensões

As três categorias que compõem este domínio remetem a códigos descritivos destacados em termos de frequência.

2.1 Incita o cliente a aprofundar a sua experiência interna

A terapeuta ia acompanhando o cliente de forma muito próxima e responsiva, fazendo intervenções na sequência direta da sua narrativa e dirigidas ao estabelecimento de foco em episódios concretos e na experiência interna do cliente. Verificou-se consistentemente a intenção de levar o cliente a elaborar sobre as suas emoções e vivências, abandonando abordagens abstratas ou racionalizadas. Frequentemente a terapeuta recorria a formulações abertas que incitavam o cliente a elaborar sobre a sua experiência interna.

T: Ok. Ok. And I'm wondering, I'm wondering what is like for a 7 year old to hear that their mom is leaving...

Quando parecia haver maior resistência ou dificuldade do cliente em aprofundar a sua experiência interna a terapeuta procurava formas porventura mais guiadas, como a do trecho seguinte, que pareciam ser desbloqueadoras para o cliente.

T: And what, can you, if you had to, if you have to pick a label to label the first feeling that came out when you wake up and feel like that... // C: I would say more fear. // T: Ok. Uau... Ok. And is the fear about a person, about... Wh-What's the fear about?

2.2 Capta pistas subtis do cliente e promove a focagem nesses assuntos

A terapeuta demonstrou globalmente uma grande sensibilidade a pequenas pistas verbais e não verbais do cliente que poderiam indicar assuntos potencialmente relevantes. Estas referências, por vezes bastante subtis, eram captadas e responsivamente assinaladas pela terapeuta.

T: Ok, but you're smiling when you speak of him, you look quite, you feel quite fond of him...

Este tipo de intervenções pareciam servir como estímulo para que o cliente conseguisse abordar assuntos que, nalguns casos, vinham a revelar-se bastante significativos.

2.3 Clarifica tentativamente a experiência do cliente, estabelece ligações e fornece leituras

Frequentemente a terapeuta elencava aspetos salientes da história de vida do cliente e fazia clarificações tentativas dirigidas a conflitos, ambivalências, padrões relacionais ou estilos de coping presentes na sua narrativa. Estas intervenções pareciam ter uma função estruturante e organizadora para o cliente, possivelmente tornando os aspetos problemáticos da sua experiência mais inteligíveis.

Noutros momentos introduzia leituras, dimensões novas ou ligações sobre aspetos presentes na narrativa do cliente. Estas ações clínicas pareciam estabelecer um ponto de partida que possibilitava a reavaliação e/ou co-construção de visões alternativas. Salienta-se que as leituras introduzidas eram sempre bastante complementares e próximas da narrativa do

cliente. Nalguns casos era cuidadosamente introduzido algum grau de desafio face à visão do cliente.

T: The way sometimes that you talk about lessons you've learned, I don't know if it's the way you described, it sounded like quite punishing to yourself, like 'I'll have to learn that lesson, I'll have to learn that lesson'. I think what I'm not hearing, doesn't mean is not there, but I'm not hearing it, is any compassion for that boy, for that young man, for the man who had those feelings. It's just 'you have to learn and that's that' (...)

A terapeuta mostrava-se sempre muito atenta e responsiva à reação do cliente aos seus *inputs*, procurando auscultar se as suas leituras eram aceites ou rejeitadas por este.

Domínio 3 - Criação um clima relacional de segurança emocional para o cliente assente na presença empática, autenticidade e aceitação incondicional

Este domínio é composto por três categorias que procuram captar ações terapêuticas relacionadas com o estabelecimento de um clima terapêutico de segurança emocional para o cliente.

3.1 Manifesta discursivamente a sua forte presença terapêutica

Uma das características salientes no estar em sessão da terapeuta foi o modo como comunicava a sua presença em sessão. O discurso do cliente era permeado por interlocuções curtas (*Hum, hum; Yeah; No*), diferenciadamente expressivas, que pareciam introduzir um forte senso de presença e de sintonia com o cliente. Através destes mecanismos discursivos mostrava que estava a acompanhar e a validar o cliente, incitando-o a continuar.

C: Because you know my nan says to me, you can go, you shouldn't waste your youth on me (...) but I wouldn't be happy if I went and the worst happened [T: No.] because, you know, what's one year of my life, if it's to be with her (...)

Outro mecanismo discursivo recorrentemente utilizado e que parecia cumprir a mesma função foi o frequente espelhamento *ipsis verbis* de palavras do cliente.

C: I haven't much memory of that cos my dad... It would have always been my dad.// T: Always been your dad, hum, hum.// C: Because my mom (...)

3.2 Recorre ao seu self como instrumento terapêutico e comunica a sua experiência interna

T: Ok. Hum. [pause] Hum. It actually affected me.// C: Yeah?// T: Yeah. I, I, I'm, I... Yeah. I'm just trying to process what that's like, but you seem...

Como se pretende ilustrar com o trecho acima, a presença distintiva da terapeuta em sessão parecia envolver uma atenção consciente sobre a sua própria experiência interna. Essa

atenção aos seus processos internos parecia ser utilizada pela terapeuta como forma de interpretar a vivência do Outro. O modo como a história do cliente ecoava em si, sob a forma de emoções, imagens ou intuições pareciam ser espontaneamente utilizadas como guia do seu processo empático.

Em sessão, esta qualidade presente e autêntica do estar da terapeuta manifestou-se em múltiplas autorrevelações acerca da sua experiência sobre o cliente e a sua história e em processos de metacomunicação sobre o aqui e agora da relação terapêutica.

T: I'm even really experiencing it in the way we're interacting today, not that you weren't chilly to me, but I feel as if...

3.3 Expressa empatia e aceitação pela experiência interna do cliente

A expressão de empatia pela vivência e dificuldades do cliente foi um processo central na atuação da terapeuta. Através de reflexões e conjeturas empáticas ia demonstrando compreensão pelo cliente e o seu mundo. A qualidade da sua capacidade empática era espelhada quando o cliente corroborava as clarificações tentativas da terapeuta e nos momentos de elevada sintonia entre os dois, em que completavam as frases um do outro.

A expressão de empatia entrelaçava-se com processos de validação. Numa postura de aceitação incondicional a terapeuta validava a experiência do cliente, reportando-se à plausibilidade dos seus sentimentos e reações no contexto das suas circunstâncias de vida.

T: (...) But it kinda makes sense. When you think about it in terms of how vulnerable showing emotions has made you or might have made you [C: Yeah, yeah] feels like you became very fearful of it...

Estas ações terapêuticas parecem ter permitido criar um ambiente de segurança emocional, em que o cliente parecia sentir-se acolhido, compreendido e aceite, o que facilitava o aprofundamento em sessão sobre aspetos problemáticos ou assuntos difíceis.

DISCUSSÃO

O objetivo deste estudo era captar e teorizar sobre os aspectos qualitativos mais salientes na condução de primeiras sessões de psicoterapia por uma profissional altamente eficaz. Pretendia-se identificar ações ou processos terapêuticos particularmente investidos nas primeiras sessões e hipotetizar sobre como é que essas ações ou processos terapêuticos contribuíram para o sucesso das intervenções psicológicas. As ações clínicas mais salientes nas intervenções da terapeuta resultaram na formulação de três grandes domínios. Cada domínio espelha dimensões do trabalho clínico que remetem a construtos teóricos ao mesmo tempo próprios e interrelacionáveis.

O primeiro relaciona-se com a **promoção do senso de agência do cliente e da natureza colaborativa do processo terapêutico**. No contexto das primeiras sessões analisadas a terapeuta investiu marcadamente em ações clínicas direcionadas à introdução de expectativas sobre o papel ativo do cliente no processo terapêutico e ao estabelecimento de um clima colaborativo. Em psicoterapia o cliente agêntico é conceptualizado como um influenciador intencional do seu processo de mudança, que se envolve proativamente dentro e entre sessões (Huber et al., 2018; Huber et al., 2021). A terapeuta estudada parece ter contextualizado o papel ativo do cliente na terapia num âmbito mais abrangente relacionado com o sentido de agência da Pessoa perante a vida. Esta conceção é tradicionalmente associada à linha humanística (Coleman & Neimeyer, 2015). As abordagens do modelo contextual (Wampold & Imel, 2015) e dos fatores comuns (Rosenzweig, 1936; Laska et al., 2014) encerram igualmente uma visão do cliente enquanto ser autodeterminado e agêntico e a terapia enquanto processo partilhado e co-construído (Huber et al., 2021).

Mas o que é que se pode conjecturar sobre como é que a promoção da agência do cliente se torna terapêutica? Assumindo a perspetiva da função remoralizadora da psicoterapia (Frank, 1974) esta relação de ajuda constitui-se como um meio de devolução à pessoa da sua capacidade para lidar com adversidades, encontrar (novas) respostas e restaurar o seu senso de *mastering* (Frank, 1974; Coleman & Neimeyer, 2015; Mackrill, 2009). Poder-se-á conjecturar que a experiência do cliente de se vivenciar enquanto agente do seu próprio processo terapêutico promove um aumento de esperança na possibilidade de mudança, lança o processo da sua remoralização e facilita a ativação global dos seus recursos psicológicos (Huber et al., 2021). Por outro lado, a promoção da agência do cliente pode contribuir de forma terapêutica de modo indireto através da aliança terapêutica (Huber et al., 2021). Ao

conceptualizar-se como ativo e ao envolver-se numa relação terapêutica eminentemente colaborativa poder-se-á hipotetizar um incremento na qualidade da aliança – um dos mais importantes preditores de *outcome* (Tryon et al., 2018).

O segundo domínio relaciona-se com a intenção da terapeuta de **apoiar a exploração de conteúdos significativos, equilibrando responsivamente entre seguir o cliente e introduzir novas dimensões**. Esta formulação encerra duas ideias. Por um lado, a função do terapeuta (e da terapia) de conduzir gentilmente o cliente na exploração de conteúdos significativos, eventualmente problemáticos e emocionalmente carregados. Por outro, assinala a questão da responsividade do terapeuta na condução do processo.

Sobre a primeira, alguma investigação baseada na análise de eventos significativos sugere que falar sobre emoções e experiências atuais e passadas, ser honesto sobre elas, revelá-las por vezes pela primeira vez ou contactar com elas de forma experiencial em terapia são atividades consideradas úteis pelos clientes. Complementarmente as atividades dos terapeutas consideradas mais úteis pelos clientes são o questionamento e o incitamento ao aprofundamento acerca de comportamentos e emoções (Watson, 2012). Também é valorizada alguma diretividade e desafio por parte do terapeuta, com introdução de tópicos relevantes, perguntas desafiantes, perspetivas alternativas, clarificações e fornecimento de *feedback* sobre padrões de funcionamento interpessoal do cliente (Antoniou, 2017). Investigações baseadas na análise de sessões parece igualmente encontrar a tendência entre terapeutas que conduziram processos terapêuticos de sucesso para habilmente ajudarem o cliente focar-se em episódios concretos e emocionalmente carregados no aqui e agora da sessão (Von der Lippe et al., 2017).

Relativamente ao segundo aspeto, relacionado com a forma como o terapeuta vai equilibrando entre seguir e apoiar a narrativa do cliente e introduzir novas dimensões parece útil recorrer ao conceito de *responsividade apropriada* (Hatcher, 2015). Este conceito remete à qualidade das capacidades interpessoais do terapeuta que lhe permitem responder de forma adequada às especificidades do cliente e da interação (Hatcher, 2015). Muitas vezes, como no caso da terapeuta estudada, essa responsividade caracteriza-se por saber *o que fazer e quando* de tal modo que se faz avançar frutuosamente o trabalho terapêutico. Trata-se de um delicado equilíbrio entre liderar e seguir, como é muitas vezes enunciado pelas abordagens focadas nas emoções (Watson, 2018). O terapeuta toma decisões momento a momento sobre o tipo de intervenções que podem ser mais benéficas (questionar o cliente para aprofundar tema,

fornecer clarificações e leituras, respeitar defesas ou resistências, e.g.) informadas pela receptividade do cliente ou características suas captadas pelo terapeuta (Li, 2020; Hatcher, 2015). Conjetura-se que a qualidade da capacidade responsiva do terapeuta seja um dos aspetos que mais contribui para explicar a variabilidade de eficácia dos terapeutas (Stiles & Horvath, 2017).

E como é que a exploração de conteúdos significativos apoiada por uma terapeuta responsiva se torna terapêutica? Poder-se-á conjecturar que tais processos terapêuticos permitem que progressivamente o cliente vá ganhando uma maior consciência de si e dos seus processos psicológicos (*awareness*). O conceito de *awareness* aqui adotado relaciona-se com qualquer conhecimento ou compreensão sobre si ou sobre o seu mundo interpessoal que seja relevante para a vida do cliente (Gorlin & Békés, 2021). Em ligação com o tema da agencidade abordado acima, salienta-se que o incremento da *awareness* do cliente enquanto processo terapêutico é visto como um processo profundamente agêntico (Gorlin & Békés, 2021). Realça-se que sob a designação de *awareness*, *insight* ou processamento emocional os vários modelos psicoterapêuticos enfatizam este processo como uma das funções fundamentais da terapia e um mecanismo de mudança por excelência (Gorlin & Békés, 2021).

O terceiro e último domínio remete à **criação de um clima relacional de segurança emocional para o cliente assente na presença empática, autenticidade e aceitação incondicional**. Este domínio encerra uma visão profundamente rogeriana sobre as condições necessárias em psicoterapia historicamente enunciadas (Rogers, 1957). No âmbito desta discussão, o conceito de *presença terapêutica* (Geller & Greenberg, 2002) parece ser particularmente integrador dos aspetos distintivos da postura em sessão da terapeuta que se analisou. O conceito de presença em psicoterapia remete ao processo de imersão do terapeuta no momento presente do encontro terapêutico, ao estar *com* e *pelo* cliente de forma incondicional e à manutenção de uma atenção dual ao cliente e à sua própria experiência interna (Geller & Greenberg, 2002; Geller, 2017). Nalgumas perspetivas teóricas é entendido como um conceito supraordenado que permite conceptualizar como é que as qualidades intra e interpessoais do terapeuta se conjugam no trabalho em sessão (Bernhardt, 2021). Assinala-se que a presença terapêutica é muitas vezes demonstrada de forma não verbal, através da postura, gestos, qualidade da prosódia e ritmo discursivo do terapeuta (Geller & Porges, 2014) – alguns destes aspetos foram bastante salientes na atuação da terapeuta analisada. Na literatura assinala-se que estar presente é condição primeira para ser responsivo, empático,

criar uma aliança forte e promover o envolvimento do cliente em terapia (Geller, 2019; Hayes & Vinca, 2017).

Sobre esta qualidade de presença empática do terapeuta realça-se ainda o conceito de *embodied empathy* (Bernhardt, 2021). Trata-se de uma forma de atenção do terapeuta à sua própria experiência interna e às suas sensações corporais que lhe possibilitam compreender profundamente o cliente. Por outras palavras, é o uso do self como instrumento terapêutico. Não se trata apenas de auscultar a sua experiência interna mas de comunicá-la. Este processo de revelação e metacomunicação sobre a sua experiência – bastante saliente na atuação da terapeuta estudada – permite ao terapeuta estar num estado de autenticidade e congruência, na aceção rogeriana dos conceitos (Geller & Greenberg, 2002). Alguma investigação tem enfatizado a relação entre a metacomunicação do terapeuta e a colaboração do cliente (Li et al., 2016). A qualidade da presença do terapeuta parece ressoar no cliente de tal forma que este se torna também ele mais presente, menos defensivo e mais conectado (*resonance circuit*) (Macdonald & Muran, 2020). Nesta perspetiva considera-se a presença empática do terapeuta como uma condição possibilitadora da construção e manutenção de alianças robustas (Geller, 2017; Hayes & Vinca, 2017).

O que é que se pode hipotetizar sobre a forma como a presença do terapeuta em sessão, manifestada na sua capacidade empática, autenticidade e aceitação incondicional, se torna terapêutica? Parece razoável pensar que essa função terapêutica esteja relacionada com a criação de um ambiente de segurança emocional para o cliente. Por um lado, um ambiente de segurança emocional pode ser terapêutico *per se* porque o senso de conexão positiva com o Outro é central ao bem-estar e à saúde mental do ser Humano (Geller, 2017). Por outro lado, pode tornar-se terapêutica através da aliança. A sensação de segurança emocional do cliente parece ter um impacto positivo na qualidade da aliança através do seu envolvimento colaborativo na relação e no processo terapêutico (Geller, 2017). E a aliança é um conhecido e robusto preditor de *outcomes* (Tryon et al., 2018). Em suma, equaciona-se a qualidade da presença terapêutica como uma condição incontronável de eficácia terapêutica (Geller, 2017).

CONCLUSÕES

Esta investigação permitiu salientar aspetos qualitativos do desempenho em sessão da terapeuta estudada que parecem remeter a processos facilitadores do sucesso terapêutico das intervenções. Destacam-se: (1) a promoção do senso de agencidade global do cliente e da sua participação ativa no processo terapêutico; (2) a postura de seguir responsivamente a

exploração que o cliente faz de conteúdos significativos, contrabalançando com a introdução de novas perspectivas; e (3) a qualidade presente, empática e autêntica da terapeuta em sessão. Estas três dimensões parecem ter-se conjugado de forma harmoniosa e produtiva, facilitando o sucesso das intervenções terapêuticas analisadas.

Os resultados desta investigação permitem reforçar o que a literatura sobre psicoterapeutas altamente eficazes tem vindo a sublinhar: as distinguidas competências clínicas destes profissionais, uma capacidade responsiva notável e a sua forte orientação relacional (Jennings & Skovholt, 2016). Estas qualidades parecem permitir-lhes gerar ambientes relacionais ao mesmo tempo de segurança e desafio (Sullivan et al., 2016) e construir relações de colaboração eficazes (Nissen-Lie, 2018), alicerçadas na promoção da agencidade da Pessoa do cliente (Oddli et al., 2014; Oddli et al., 2021).

LIMITAÇÕES E SUGESTÕES PARA INVESTIGAÇÕES FUTURAS

Uma das limitações deste estudo relaciona-se com a construção da amostra. Teria havido interesse em analisar mais primeiras sessões desta psicoterapeuta com outros clientes e/ou analisar primeiras sessões de outros psicoterapeutas com bons resultados clínicos. Do ponto de vista da validade interna dos resultados deste estudo, seria também relevante que a construção final da amostra obedecesse ao critério da saturação teórica (Corbin & Strauss, 2015; Charmaz, 2014), isto é, a amostra final considerava-se completa quando a análise de novas sessões não gerasse novas categorias relevantes.

Em termos futuros poderá haver interesse em continuar a desenvolver estudos que envolvam não apenas a análise de primeiras sessões, mas de processos terapêuticos completos e, eventualmente, que estudem o término de intervenções psicológicas por terapeutas altamente eficazes. Esta última recomendação decorre da premissa que a finalização de um processo terapêutico é considerada uma etapa determinante num processo terapêutico eficaz (Sperry & Carlson, 2014).

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ANEXOS

ANEXO A – Versão alargada do Enquadramento Teórico

EXPERTISE EM PSICOTERAPIA

(versão alargada do Enquadramento Teórico)

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EXPERTISE EM PSICOTERAPIA

1 Estado da arte sobre a eficácia da psicoterapia

A investigação em psicoterapia acumulada nas últimas décadas tem permitido chegar a algumas conclusões com elevado nível de consensualidade. Um dado que atualmente parece não gerar controvérsia é o de que a psicoterapia é eficaz (Lambert, 2013; Miller et al., 2013; Wampold & Imel, 2015). Mais, a eficácia da psicoterapia parece ser similar à das intervenções farmacológicas e ter ganhos que tendem a ser mais duradouros (Cristea et al., 2017b; Cuijpers et al., 2019; Kamenov et al., 2016). A eficácia da psicoterapia estende-se a um conjunto alargado de perturbações específicas (Cristea et al., 2017a; Cuijpers et al., 2020; Cuijpers et al., 2014). A evidência empírica tem mostrado que as diferentes abordagens psicoterapêuticas parecem ser igualmente eficazes no geral e relativamente a perturbações específicas (Angus et al., 2015; Leichsenring et al., 2014; McMMain et al., 2015).

O panorama é positivo, contudo o exercício da psicoterapia continua a debater-se com desafios significativos. Vejamos. As taxas de *dropout* ainda são elevadas: 1 em cada 5 clientes abandona prematuramente a terapia, o que está muitas vezes relacionado com a qualidade da aliança terapêutica (Gersh et al., 2017; Swift & Greenberg, 2014). Há uma percentagem relevante de efeitos adversos da terapia: 5 a 10% das pessoas sentem-se pior no final dum processo terapêutico (Cuijpers et al., 2018; Lambert, 2007). A generalidade dos terapeutas sobrestima a sua eficácia e não é eficaz a avaliar o estado da relação terapêutica ou os clientes em deterioração (Hartmann et al., 2014; Lambert, 2015). Estes são desafios inquietantes que devem continuar a preocupar profissionais e investigadores.

1.1 Os efeitos do terapeuta

A investigação tem permitido identificar a influência significativa dos efeitos do terapeuta nos resultados das psicoterapias (Miller et al., 2013; Sousa, 2017; Wampold & Imel, 2015). Os dados sugerem que os efeitos do terapeuta explicam entre 5% a 9% da variabilidade dos resultados das intervenções (Baldwin & Imel, 2013). Sabe-se também que há terapeutas que obtêm consistentemente melhores resultados que os seus pares. Esta tendência verifica-se independentemente do modelo teórico, do tipo de intervenção, do grau de perturbação do cliente e acentua-se em intervenções longas (Barkham et al., 2017; Goldberg et al., 2016b; Sousa, 2017; Wampold & Imel, 2015). A variabilidade na eficácia dos terapeutas não parece estar associada à sua idade, género, orientação teórica, experiência, número de horas de

supervisão ou grau de adesão a protocolos de terapias manualizadas (Wampold, 2015; Wampold & Imel, 2015). Então, que características parecem fazer a diferença? A investigação nesta área aponta para a interação entre fatores profissionais e atributos pessoais. Destacam-se (1) a capacidade para formar alianças com uma ampla variedade de clientes; (2) a qualidade das competências interpessoais (e.g. empatia, capacidade de escuta, expressividade emocional, aceitação); (3) a capacidade de se pôr em causa; e (4) ter uma cultura de treino de competências clínicas (Wampold et al., 2017). Todavia, atualmente sabe-se mais sobre os fatores que não parecem exercer influência nos resultados clínicos do que sobre aqueles que contribuem positivamente para os *outcomes* (Miller et al., 2018). Alguns dados parecem inclusivamente apontar numa direção que contraria a relevância de pressupostos muito consolidados nesta área. Por exemplo, o número de horas de supervisão (requisito clássico na formação dos psicoterapeutas) ou os anos de experiência clínica parecem não ter correlação com *outcomes* (Wampold & Imel, 2015). No caso da experiência clínica a investigação sugere até uma diminuição da performance dos terapeutas com o tempo (Goldberg et al., 2016b; Miller et al., 2018). Contudo, alerta-se que estas são conclusões preliminares que devem ser abordadas com prudência e ponderação (Sousa, 2017). Verifica-se atualmente um interesse renovado na *expertise* através do estudo do desempenho dos terapeutas excepcionalmente competentes.

1.2 A pertinência de estudar terapeutas altamente eficazes

Novas pistas e rumo foram encontrados no estudo dos terapeutas que obtêm sistematicamente resultados excepcionais. *Quem são e o que fazem* estes profissionais parecem ser promissoras questões orientadoras da investigação. Continuar a investir na investigação nesta área é necessário, em primeiro lugar, por razões de comprometimento com a qualidade das intervenções psicológicas prestadas, donde decorrem questões de credibilidade da profissão (Hill et al., 2017a; Miller et al., 2018). Em segundo lugar, pelas implicações que os avanços nesta área podem representar para os modelos vigentes de formação e treino de terapeutas (Hill et al., 2017a; Tracey et al., 2015; Tracey et al., 2014). Contudo, o estudo da *expertise* tem vindo a desencadear um intenso debate relacionado com a identificação destes profissionais destacados. Como identificá-los? Porque são considerados *experts*?

2 O debate em torno da *expertise* em psicoterapia – definições, critérios e controvérsias

A definição de *expertise* e os critérios a considerar na identificação de práticas altamente eficazes têm gerado um grande debate. O senso comum levar-nos-ia a aceitar como plausível a ideia de que a experiência de um terapeuta (quantidade de tempo em prática clínica) conduziria a níveis mais elevados de competência clínica. Donde, um grau de competência excepcional, isto é de *expertise*, estaria relacionado com os anos de experiência do psicoterapeuta. Será que este racional é dominante?

2.1 Tentando uma definição operacional de *expertise*

Na literatura destacam-se essencialmente duas posições quanto à conceptualização de *expertise*. A primeira, é focada na experiência do terapeuta, associando a *expertise* a um **desempenho de nível superior** alcançado através da experiência. Isto é, o terapeuta melhoraria o desempenho através da prática clínica ao longo do tempo (Tracey et al., 2014). Outra posição estabelecida na literatura enfatiza sobretudo a **qualidade geral da condução da psicoterapia** (Hill et al., 2017a), retirando o foco da questão da experiência acumulada do terapeuta.

Considerando a sua definição baseada na relação experiência-desempenho, Tracey e colegas (2014; 2015) defendem a tese controversa de que a psicoterapia é uma profissão sem *expertise* demonstrada porque a investigação não produz evidência clara que terapeutas experientes obtenham melhores *outcomes* que os inexperientes. Portanto – e sabendo que há terapeutas que obtêm consistentemente melhores resultados (Barkham et al., 2017; Wampold & Imel, 2015) – consideram que o derradeiro critério de *expertise* deverá ser o *outcome* das intervenções. É uma visão pragmática: importa quem obtêm melhores resultados, independentemente dos anos de experiência ou dos aspetos qualitativos da performance dos terapeutas (Tracey et al., 2014; 2015).

Hill e colegas (2017a) realçam que muitos dos estudos que Tracey e colegas (2014) referem dizem respeito a investigações sobre o rigor (*accuracy*) na tomada de decisões clínicas e não na performance propriamente dita. Para Hill e colegas (2017a) – que têm uma visão mais geral e aspiracional de *expertise* – o enfoque na performance é absolutamente central. Propõem uma definição de *expertise* associada à “manifestação de níveis excepcionais de competência, aptidão e eficácia profissionais” (Hill et al., 2017a, p.9).

Destas visões decorrem posições distintas sobre como avaliar a *expertise* em psicoterapia. Os critérios propostos não são consensuais e tem-se gerado um debate intenso, que seguidamente se abordará, procurando espelhar as diferentes posições em discussão.

2.2 O primado do *outcome* ou outros critérios de *expertise*? – o debate continua

Obter sistematicamente melhores resultados que outros terapeutas parece ser um critério de *expertise* intuitivo e apelativo (Hill et al., 2017a). No entanto, na literatura, grande parte da discussão situa-se precisamente em torno do critério *outcome*, havendo essencialmente duas correntes distintas sobre os critérios a considerar na avaliação de *expertise*. Numa, o *outcome* é considerado o critério por excelência de avaliação de *expertise* (Goodyear et al., 2017; Tracey et al. 2014; Tracey et al., 2015). Noutra, há a perspetiva de que o *outcome* é um critério importante, a ser considerado, mas que não se deve sobrepor em termos de relevância relativa a outros como a performance ou a competência cognitiva do terapeuta (Hill et al., 2017a; Norcross & Karpiak, 2017; Reese, 2017; Rønnestad, 2016).

Na primeira perspetiva, o critério *outcome* afigura-se como o mais razoável e pragmático para avaliar *expertise*. Os terapeutas experts seriam portanto aqueles que cujos clientes alcançassem sistematicamente *outcomes* mais positivos ou melhorias mais significativas (Tracey et al. 2014). Contudo, é um critério com limitações reconhecidas. Por exemplo, sabendo-se que o resultado de uma terapia se deve em grande parte a fatores do cliente, nomeadamente extraterapêuticos (Lambert & Barley, 2001), o facto de alguns terapeutas trabalharem com clientes mais perturbados e/ou desmotivados pode contribuir para diferenças significativas nos *outcomes* (Tracey et al., 2014). Ainda assim, os autores encaram o *outcome* como um ingrediente de *expertise* imprescindível, salientando que seria curioso afirmar a *expertise* de um terapeuta cujos clientes não obtivessem consistentemente resultados positivos! (Tracey et al., 2015).

Noutra linha, Hill e colegas (2017a) defendem que a avaliação de *expertise* deve basear-se em múltiplos critérios e não apenas no *outcome* da intervenção terapêutica. Propõem os seguintes: (a) performance relacional e técnica; (b) competência cognitiva do terapeuta conceptualizam a informação sobre os casos clínicos e processos terapêuticos.; (c) *outcomes*; (d) experiência; (e) qualidades pessoais e relacionais; e (f) reputação e autoavaliação de competência. Os três primeiros são considerados os mais importantes e inextricavelmente interligados (Hill et al., 2017a). Vejamos o argumentário e a crítica acerca de cada um dos critérios propostos.

(a) Performance

Sobre a performance enquanto indicador de *expertise* destacam-se três ideias prévias: (1) há uma grande variabilidade na forma como terapeutas expert se comportam em sessão; (2) a *expertise* é, pelo menos em parte, orientada pelo contexto e não um constructo definível de modo estanque; (3) as dificuldades com que o campo se depara em relação à avaliação da performance decorrem da natureza intrinsecamente complexa das relações terapêuticas (Hill et al., 2017a).

A forma como Hill e colegas (2017a) conceptualizam a *expertise* na performance envolve dois níveis interligados: *expertise* relacional e *expertise* técnica. A ***expertise relacional*** está relacionada com a capacidade do terapeuta para estabelecer e manter uma relação terapêutica sólida sobretudo com clientes desafiantes, isto é, altamente perturbados, zangados ou deprimidos (Hill et al., 2017a). Os autores reequacionam a problemática da relação experiência-desempenho exposta atrás, postulando que os terapeutas em treino ou com pouca experiência são capazes de estabelecer relações terapêuticas suficientemente satisfatórias com clientes menos perturbados graças à sua experiência em situações de ajuda informais. No entanto, tais competências intuitivas não são suficientes para lidar com clientes mais perturbados, o que requer treino e experiência (Hill et al., 2016; Hill et al., 2017a). Acrescentam ainda que a experiência e o treino são fundamentais para o desenvolvimento de outras competências relacionais fundamentais (estabelecimento de limites, gestão da contratransferência, maior capacidade de detecção e gestão de ruturas, e.g.) (Hill et al., 2016; Hill et al., 2017a). Poder-se-á dizer que na perspetiva de Hill e colegas (2017a) os terapeutas mais experientes tendem a ser mais competentes a lidar com os aspetos mais complexos de uma relação terapêutica – condição fundamental de *expertise*.

A ***expertise técnica*** é o outro nível de análise da performance sugerida por Hill e colegas (2017a). A *expertise* técnica relaciona-se com o uso criterioso e competente de intervenções específicas no contexto de uma forte relação terapêutica (Hill et al., 2017a). Considera-se que a *expertise* técnica só pode ser avaliada em função da orientação teórica do terapeuta, já que há uma grande variabilidade no foco e intencionalidade das intervenções técnicas próprias de cada modelo teórico. Um expert caracteriza-se por fazer um uso competente e responsivo das técnicas específicas a que recorre. A *expertise* técnica envolve competência multicultural, isto é, a capacidade para trabalhar de forma eficaz com grupos culturais diversos e/ou minoritários (Hill et al., 2017a).

Desta discussão sobre a *expertise* na performance (nos seus componentes relacionais e técnicos) resultam duas conclusões fundamentais: (a) a *expertise* em psicoterapia relaciona-se com a capacidade de estabelecer relações terapêuticas de qualidade superior; (b) um expert é altamente responsivo ao contexto e ajusta-se continuamente às necessidades dos clientes (Hill et al., 2017a). Esta perspectiva é partilhada por Norcross e Karpiak (2017) que consideram que sobretudo a *expertise* relacional é uma dimensão relevante de qualquer medida de *expertise*. Por outro lado, Goodyear e colegas (2017) criticam a performance como critério de *expertise*. Consideram que qualquer avaliação de competência técnica será somente uma avaliação estética, no sentido em que a forma como a técnica é usada decorre do estilo pessoal e do modelo teórico de influência de cada psicoterapeuta. Sublinham que o *outcome* deve prevalecer como critério de avaliação da performance.

(b) Competência cognitiva

O segundo critério mais importante que Hill e colegas (2017a) propõem relaciona-se com o modo com os terapeutas conceptualizam a informação sobre os casos clínicos e processos terapêuticos. Defendem que um terapeuta expert consegue compreender o cliente nas suas dinâmicas e especificidades clínicas de um modo mais abrangente e profundo. Tem uma visão mais complexa sobre as dinâmicas da relação terapêutica, da técnica e das interações entre estas dimensões e desenvolvem formulações de caso e planos terapêuticos úteis e adequados (Hill et al., 2017a). Contudo, a competência cognitiva é entendida como uma condição necessária mas não suficiente, uma vez que um terapeuta pode ter uma visão extraordinariamente abrangente e articulada dos seus casos clínicos e não conseguir traduzi-la numa intervenção eficaz (Hill et al., 2017a).

Na literatura, alguns autores partilham da ideia que a qualidade do processamento cognitivo de um terapeuta é um fator relevante (Norcross & Karpiak, 2017; Reese, 2017; Tracey et al., 2015). No entanto, consideram que não deve ser um critério de *expertise* mais destacado que os *outcomes* por falta de evidência empírica sobre a relação entre a qualidade da conceptualização de casos e a performance ou os *outcomes*.

(c) Outcomes

Este é um dos critérios que está no epicentro do debate. A perspectiva de Hill e colegas (2017a) é que o *outcome* é um critério de *expertise* relevante, mas não absoluto. Propõem que é preciso conceptualizar o resultado de uma terapia de forma mais abrangente, multifacetada e individualizada (Hill et al., 2017a). Destacam cinco pontos. Primeiro, o

sucesso de uma terapia envolve dimensões idiográficas importantes e mensuráveis (e.g. autoconhecimento, autoconfiança, aumento da qualidade de vida geral) que deviam ser consideradas em articulação com os parâmetros de sintomatologia e nível de *distress* interpessoal. A importância de considerar contextualmente as medidas de *outcome* é também sublinhada por Reese (2017). Segundo, critica-se o uso quase exclusivo do *auto-report* do cliente como medida de *outcome*. Não obstante o cliente seja o elemento primordial desta avaliação, propõem que se considerem outros envolvidos (e.g. terapeutas, Outros significativos para o cliente ou observadores externos treinados). Terceiro, salientam que os *auto-reports* dos clientes se consomem normalmente em questionários de resposta imediata e fechada, sugerindo que se considerem também dimensões qualitativas do *feedback* dos clientes (e.g. narrativas sobre os objetivos alcançados em terapia). Quarto, recomendam que se usem informações disponíveis sobre taxas de envolvimento do cliente (i.e. retorno após primeira sessão) e de *dropout*. Quinto e último, propõem o uso de medidas comportamentais (e.g. absentismo laboral ou nº consultas médicas) como forma de avaliar o sucesso de uma intervenção psicológica.

Embora outros autores reconheçam estas e outras limitações do uso de medidas de *outcome*, mantêm uma posição pragmática: o *outcome* é, apesar de tudo, o melhor marcador de *expertise* disponível (Tracey et al., 2014; Tracey et al., 2015; Goodyear et al., 2017; O'Shaughnessy et al., 2017; Reese, 2017).

(d) Experiência

Este é mais um dos critérios que gera divergência. Hill e colegas (2017a) propõem que a experiência deve ser conceptualizada de uma forma mais ampla que apenas o número de anos de prática clínica. O racional é o de que medidas quantitativas de tempo não refletem a natureza e a qualidade do processo de desenvolvimento profissional ocorrido ao longo dos anos (Hill et al., 2017a). Propõem uma operacionalização multidimensional e mais abrangente de experiência, que considere: (a) os anos de experiência; (b) a intensidade da prática (i.e. nº clientes/ano); (c) a variedade de clientes atendidos; (d) o tipo e profundidade de treino despendido; (e) a quantidade e tipo de supervisão e estudo autónomo.

A crítica à experiência enquanto critério de *expertise* baseia-se no que a investigação sugere (e.g. estudo longitudinal de larga escala de Goldberg e colegas, 2016b) sobre não existir uma correlação positiva entre a experiência do terapeuta e os *outcomes* ou a performance (Norcross & Karpiak, 2017; O'Shaughnessy et al., 2017; Tracey et al., 2014;

Tracey et al., 2015). O'Shaughnessy e colegas (2017) esclarecem da seguinte forma a sua posição: à medida que o tempo passa, um expert terá inevitavelmente experiência, mas nem todos os terapeutas experientes se tornarão experts.

(e) Qualidades pessoais e relacionais

Propõe-se que terapeutas expert tenham qualidades pessoais e relacionais muito desenvolvidas (Hill et al., 2017a; Norcross & Karpiak, 2017). Destacam-se enquanto **qualidades pessoais** a reflexividade (reflexão intencional sobre as intervenções), a capacidade de *mindfulness* (atenção total ao cliente e experiências ocorridas em sessão) e a flexibilidade (sensibilidade ao contexto e às pistas verbais e não verbais). As **qualidades relacionais** mais destacadas estão diretamente ligadas à função empática. Sugere-se que ser caloroso, ter compaixão, preocupação e cuidado sejam características extraordinariamente desenvolvidas nos terapeutas expert. Salientam-se ainda destacadas competências de comunicação e de reconhecimento de emoções.

(f) Reputação e autoavaliação de competência

Estes critérios têm também gerado uma grande discórdia na área. Hill e colegas (2017a) reconhecem que a **reputação** é um critério limitado, mas consideram que não deve ser descartado. Destacam um estudo sobre os critérios dos psicoterapeutas na escolha do seu próprio terapeuta que mostra que o critério reputação aparece em quinto lugar, entre dezasseis (Norcross et al., 2009), o que sugere que a reputação tem alguma importância (Hill et al., 2017a). Noutra linha, há uma assunção clara da reputação como um critério insuficiente (Tracey et al., 2014; Tracey et al., 2015). Esta posição é justificada pelos dados da investigação que sugerem uma correlação ténue entre a reputação e os *outcomes*. A crítica dá ainda ênfase ao perigo que pode envolver este critério, uma vez que alguém com visibilidade pública na área (e.g. orador em palestras, autor de livros) pode ser reputado sem necessariamente conduzir processos terapêuticos com clientes reais (Norcross & Karpiak, 2017; O'Shaughnessy et al., 2017).

Sobre o critério da **autoavaliação de competência**, o que Hill e colegas (2017a) sugerem é que terapeutas expert conseguem fazer autoavaliações de competência mais objetivas. Esta é uma tese que também gera discórdia porque o que a investigação tem realçado é que os terapeutas tendem a sobrestimar a sua competência (Lambert, 2015), o que torna as suas autoavaliações de desempenho pouco fiáveis (Goodyear et al., 2017; Norcross & Karpiak, 2017).

2.3 Palavras finais sobre o debate em torno dos critérios de *expertise*

Ao longo das últimas páginas procurou apresentar-se o argumentário de duas correntes dissonantes em torno da definição e operacionalização da *expertise*. Em suma, Hill e colegas (2017a, 2017b) têm um entendimento abrangente e aspiracional de *expertise* e defendem a razoabilidade de considerar múltiplos critérios, uma vez que a *expertise* parece ser um constructo multifacetado e multideterminado. Todavia, reconhecem a necessidade de que a investigação contribua para identificar os critérios mais promissores (Hill et al., 2017b). A perspetiva de Tracey e colegas (2014; 2015), Goodyear e colegas (2017) e Reese (2017) é mais pragmática e objetivamente centrada no *outcome*. Dirigem algumas críticas à proposta de Hill e colegas (2017a). Em primeiro lugar referem que ao assumir-se uma visão tão inclusiva de *expertise* corre-se o risco do conceito perder significado prático, isto é, quase todos os terapeutas sob algum dos critérios seriam considerados expert (Tracey et al., 2015). Em segundo lugar, referem que os critérios de Hill e colegas (2017a) não convergem, isto é, critérios diferentes identificariam experts diferentes (Goodyear et al., 2017). Outros autores menos defensores do primado do critério *outcome* recomendam que se restrinjam os critérios enunciados por Hill e colegas (2017a) de modo a tornarem-se mais operacionalizáveis (O'Shaughnessy et al., 2017) e limitados aos aspetos de performance que ocorram e sejam mensuráveis no contexto da condução da terapia (Norcross & Karpiak, 2017). O debate continua vivo, gerando-se reflexões e contribuições de uma grande riqueza para o campo.

3 A Pessoa e o Profissional – quem são e o que fazem os terapeutas altamente eficazes?

A investigação na área da *expertise* em psicoterapia, nomeadamente qualitativa, tem permitido alcançar uma compreensão mais profunda sobre quem são e o que fazem os terapeutas altamente eficazes. Que características pessoais e profissionais parecem ser mais salientes? Que modelos sobre a *expertise* permitem conceptualizar? Como desenvolvem processos terapêuticos em sessão com os seus clientes?

3.1 Um retrato dos *master therapists*

Skovholt, Jennings e Mullenbach (2016) desenvolveram um estudo longitudinal baseado em entrevistas a terapeutas reputados, que designaram por *master therapists*. Estes profissionais destacaram-se numa *pool* de terapeutas nomeados por pares em metodologia bola de neve. A sua análise permitiu traçar tentativamente um retrato de *expertise*, a partir de um conjunto de características paradoxais e outras identificadas nestes profissionais. No

quadro seguinte (Quadro 1) resumem-se as **características paradoxais** identificadas (Skovholt et al., 2016, p. 6).

- Forte orientação para a mestria e convicção de que nunca a alcançará em pleno;
- Elevada capacidade para mergulhar profundamente no mundo interno do Outro, enquanto frequentemente prefere lugares de alguma solitude ou recolhimento;
- Capacidade para promover ambientes de segurança emocional e de desafio para os clientes;
- Grande competência no uso do poder da terapia para ajudar o Outro sendo, ao mesmo tempo, humilde acerca de si próprio;
- Capacidade de integrar de forma harmoniosa os seus lados pessoal e profissional, ainda que totalmente ciente das fronteiras existentes entre estas duas dimensões;
- Avidéz de conhecimento dirigida a assuntos abrangentes e fora do âmbito da profissão, bem como para competências específicas relacionadas com o trabalho;
- Grande capacidade de se entregar e colocar ao serviço do Outro, bem como de se preservar e nutrir a si próprio;
- Grande abertura ao *feedback* sobre si, não se deixando destabilizar emocionalmente pelo conteúdo da informação recolhida.

Quadro 1 – Características paradoxais dos *master therapists*

Outras **características identificáveis** nestes profissionais (Skovholt et al., 2016, p. 7) são apresentadas no quadro seguinte (Quadro 2).

- Elevados níveis de saúde mental;
- Entendimento sobre a complexidade e ambiguidade que caracteriza a natureza humana e recusa de visões unidimensionais da psicologia humana;
- Rejeição de teorias ou modelos simplistas;
- Grande foco no desenvolvimento pessoal e na capacidade de ajudar o Outro;
- Capacidade de mobilização de experiências de vida como motor do seu desenvolvimento pessoal;
- Confiança nos processos da terapia e na sua própria competência terapêutica;
- Aceitação não defensiva das suas limitações e falhas;
- Valorização do *feedback* dos clientes;
- Orientação para conceptualizações paradoxais, complexas, metafóricas e profundas acerca da condição humana;
- Manutenção de uma atitude de humildade e controlo sobre sentimentos de grandiosidade ou de arrogância;
- Forte capacidade empática ancorada na reflexão e integração das suas próprias experiências;
- Desenvolvimento de esquemas ou guias internos baseados em padrões, práticas e procedimentos resultantes de muitas horas de trabalho clínico;
- Estreita congruência entre a personalidade e as demandas do trabalho clínico;
- Capacidade para entrar respeitosamente no mundo interno do Outro e ajudá-lo;
- Reverência pela condição humana;
- Cultivo, ao longo dos anos, de um espírito aberto, reflexivo e de busca incessante pelo crescimento pessoal e profissional.

Quadro 2 – Características identificáveis nos *master therapists*

Numa leitura abrangente das características apresentadas, destaca-se sobretudo o elevado desenvolvimento a nível cognitivo, emocional e relacional destes terapeutas (cf.

modelo de Jennings e Skovholt, 1999). Parece existir uma integração harmoniosa destas dimensões, que são colocadas ao serviço dos clientes em terapia.

3.2 A capacidade para se relacionar com o Outro e o ciclo de desenvolvimento da *expertise*

Uma ambiciosa meta-análise qualitativa transcultural levada a cabo por Jennings e Skovholt (2016) contribuiu para um entendimento mais profundo, global e culturalmente informado sobre características destes profissionais (Hill, 2016). O trabalho envolveu a análise de sete estudos qualitativos que, em conjunto, totalizam setenta e duas entrevistas a terapeutas ocidentais e orientais reputados (Jennings & Skovholt, 2016). Esta investigação possibilitou identificar categorias e levantar hipóteses sobre como estas se relacionam e contribuem para o desenvolvimento de um ciclo de *expertise*.

Identificaram-se oito categorias. (1) ***Distinguidas competências clínicas***. Os *master therapists* evidenciam uma capacidade de atenção e sintonia com o cliente que lhes permite gerir o processo terapêutico de forma altamente responsiva, adequando o *timing*, o ritmo e a dosagem das suas intervenções, facilitando os processos de mudança dos seus clientes. (2) ***Desenvolvimento profissional***. O desenvolvimento profissional contínuo é altamente valorizado por estes profissionais. (3) ***Complexidade cognitiva e conceptualizações intrincadas***. Os *master therapists* demonstram interesse e uma grande capacidade para lidar com o que é complexo, contextual e ambíguo. Compreendem e conceptualizam a influência intrincada de diferentes ambientes e situações nas vidas das pessoas. (4) ***Orientação relacional***. A sua grande sensibilidade e empatia orienta-os para a relação de uma forma que possibilita uma conexão profunda com os clientes. (5) ***Aliança terapêutica***. Os *master therapists* mantêm um foco constante na qualidade da aliança, conceptualizando-a como uma dimensão instrumental central. (6) ***Busca por um autoconhecimento profundo e por crescimento pessoal***. Os *master therapists* procuram ativamente o *feedback* de múltiplas fontes que lhes permita crescer pessoal e profissionalmente, sendo a autenticidade uma das características mais valorizadas. (7) ***Humildade***. Os *master therapists* têm uma atitude de modéstia, reconhecem os limites da sua competência e posicionam-se de forma construtiva perante a falha. (8) ***Experiência***. Estes terapeutas beneficiam da sua experiência acumulada, integrando e mobilizando aprendizagens profissionais e pessoais no trabalho com os seus clientes (Jennings & Skovholt, 2016). Estas categorias permitiram conceber o modelo de desenvolvimento de *expertise*, representado na figura seguinte.

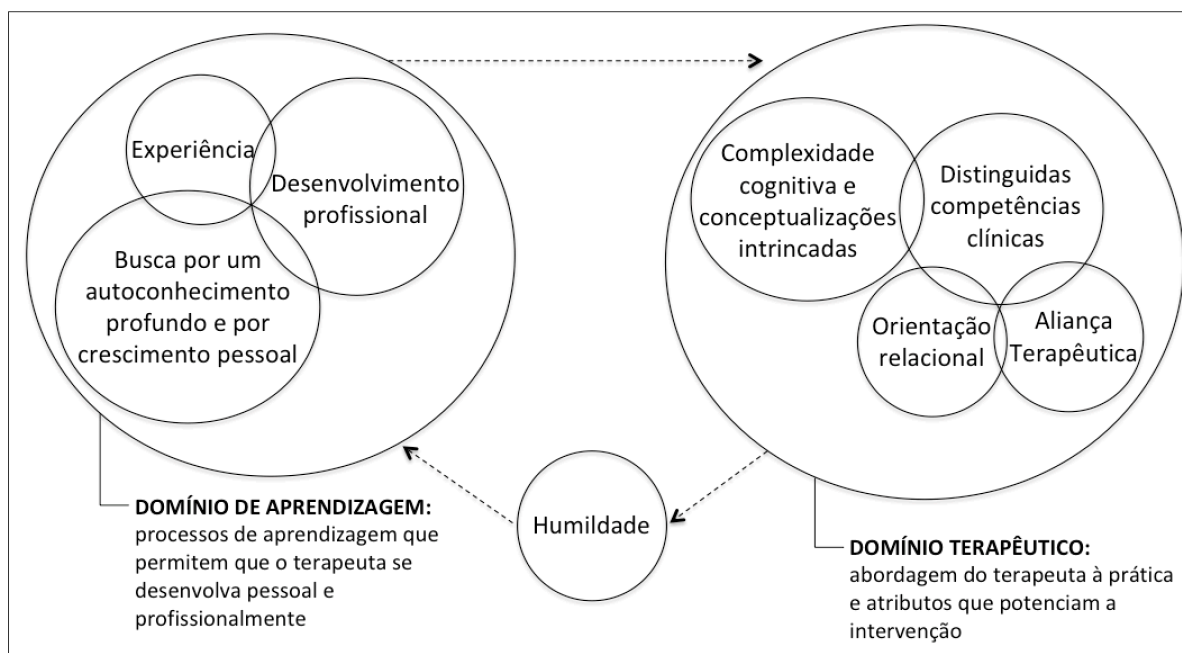


Figura 1 – Ciclo de desenvolvimento de *expertise* (Jennings & Skovholt, 2016)

A hipótese que Jennings e Skovholt (2016) colocam é que a *experiência*, o *desenvolvimento profissional* e a *busca por um autoconhecimento profundo e por crescimento pessoal* formam no seu conjunto um **domínio de aprendizagem**. Isto é, remetem a processos de aprendizagem que permitem o desenvolvimento pessoal e profissional destes psicoterapeutas. O domínio de aprendizagem, por sua vez, influencia o **domínio terapêutico**. Este é o domínio relacionado com a prática clínica e em que os atributos excepcionais do terapeuta (*complexidade cognitiva e conceptualizações intrincadas*, *distinguidas competências clínicas*, *orientação relacional* e *aliança terapêutica*) possibilitam uma intervenção de elevada qualidade. A categoria da *humildade* fecha o ciclo, permitindo que este se estabeleça. Jennings e Skovholt (2016) sugerem que no caso dos *master therapists* este ciclo se desenvolva num esquema espiral contínuo.

Este modelo dá visibilidade a vários fatores que contribuem para o desenvolvimento de uma das qualidades profissionais mais distintiva destes terapeutas: a sua capacidade extraordinária para se relacionar com o Outro de forma significativa e terapêutica. Com efeito, as características interpessoais que parecem ser facilitadoras dos processos terapêuticos têm sido objeto de estudo (Anderson et al., 2009). Na literatura, estas competências são designadas por FIS (do inglês, *Facilitating Interpersonal Skills*). O que a investigação empírica sugere é que terapeutas com níveis mais elevados de FIS (expressão emocional, capacidade de persuasão, empatia, aceitação, e.g.) são mais eficazes e obtêm melhores *outcomes* do que terapeutas com níveis baixos de FIS (Anderson et al., 2015). A

diferença parece ser mais significativa em terapias de curta duração (Anderson et al., 2016). Os níveis de FIS parecem também relacionar-se com a qualidade da aliança reportada pelos clientes. Os terapeutas com elevados níveis de FIS geram alianças que são classificadas como mais positivas desde a primeira sessão e com tendência para aumentar ao longo do curso da terapia (Anderson et al., 2015). Estes dados parecem reforçar a pertinência do modelo de Jennings e Skovholt (2016), nomeadamente as categorias do designado *domínio terapêutico*.

3.3 Sobre a construção da aliança terapêutica pelos terapeutas altamente eficazes

O reconhecimento da centralidade da aliança no processo terapêutico tem raízes que remontam aos modelos psicodinâmicos e humanistas e é um dos fatores comuns mais extensivamente investigado e consistentemente associado ao sucesso terapêutico (Sousa, 2017; Wampold & Imel, 2015). Sem surpresas, o investimento na qualidade das alianças terapêuticas é um dos aspetos distintivos nos *master therapists* (Jennings & Skovholt, 2016). Mas quais são as contribuições específicas destes terapeutas que parecem fazer a diferença?

Sullivan, Skovholt e Jennings (2016) desenvolveram um estudo exploratório de metodologia qualitativa que permitiu identificar dois grandes domínios que remetem a aspetos complementares da relação terapêutica. Um diz respeito ao desenvolvimento de relações de segurança e o outro à introdução de uma dimensão de desafio na relação terapêutica. No **domínio do desenvolvimento de relações de segurança**, destacam-se três categorias fundamentais. (1) *O master therapist é altamente responsivo*. É fulcral a importância de ir ao encontro das necessidades diferenciadas dos clientes e mostrar sensibilidade pelo sofrimento do Outro desde o contacto inicial e primeiras sessões; (2) *O master therapist colabora ativamente com o cliente*. A gestão do processo terapêutico é centrada no pedido do cliente e no mútuo acordo sobre os objetivos da terapia. Sublinha-se a importância de agir sobre as expectativas, promover a agência do cliente e horizontalizar a relação, assumindo abertamente a dimensão colaborativa do processo terapêutico. As dificuldades e impasses da terapia são conceptualizados como parte do processo e são diretamente abordados; (3) *O master therapist investe numa relação sólida e profunda*. A convicção destes terapeutas é que a aliança é uma ferramenta crítica de mudança. As ruturas e fissuras na aliança são vistas como expectáveis e a sua reparação como útil ao sucesso do processo terapêutico (Sullivan et al., 2016).

Identificaram-se igualmente três categorias no **domínio do desafio na relação terapêutica**. (1) *O master therapist traz o seu self para a relação*. É feito um uso destacado do *self* como um instrumento da terapia, através duma postura de autenticidade, do uso das próprias emoções e da recusa da psicoterapia como exercício meramente intelectual; (2) *O master therapist potencia o envolvimento do cliente através da relação*. O trabalho em torno da motivação e do envolvimento é conceptualizado pelo *master therapist* como parte das suas tarefas terapêuticas. É a ele que cabe manter as condições que permitem a mudança, através do respeito pelo ritmo do cliente e/ou pela assunção de uma postura mais diretiva. (3) *O master therapist mantém a objetividade na relação*. A objetividade é o que lhe permite proporcionar aos clientes uma outra visão sobre os seus padrões relacionais. Destaca-se a capacidade de estar, ao mesmo tempo, dentro e fora da relação, contemplar os seus aspetos transferenciais e manter uma perspetiva abrangente (Sullivan et al., 2016).

Em suma, os trabalhos de Sullivan e colegas (2016) dão visibilidade a dimensões qualitativas sobre a construção de alianças robustas por terapeutas excecionais. As dimensões discutidas reforçam a centralidade da aliança enquanto forte preditor de resultados, em consonância com aquilo que são os dados da investigação (Horvath et al., 2011; Flückiger et al., 2012). No entanto, o que é que se sabe sobre o modo como estes terapeutas promovem a construção da aliança em sessão com os seus clientes?

3.4 O que se passa nas primeiras sessões? – ampliando a noção de negociação de objetivos terapêuticos

A investigação sugere que a qualidade da aliança reportada em fases iniciais da terapia (Flückiger et al., 2012) e o grau de consenso sobre os objetivos da intervenção (Tryon et al., 2018) se relacionam positivamente com os *outcomes*. No entanto, existem relativamente poucos estudos empíricos dedicados ao estudo das ações específicas dos terapeutas altamente eficazes nas fases iniciais de uma terapia (Oddli et al., 2014). Um projeto de investigação norueguês focado nos aspetos interpessoais da psicoterapia tem trazido novas contribuições. O projeto envolveu a análise de sessões de psicoterapia conduzidas por terapeutas experientes, que acumulam funções como supervisores, professores e autores de publicações nesta área. O objetivo fundamental das investigações era compreender como é que estes terapeutas desenvolvem um clima de colaboração com os seus clientes e estabelecem objetivos e tarefas nas primeiras sessões de uma terapia (Oddli & Rønnestad, 2012; Oddli et al., 2014; Von der Lippe et al., 2017; Oddli et al., 2021).

Os resultados são algo inesperados. A análise das transcrições revelaram poucos comportamentos direcionados ao estabelecimento de objetivos explícitos e concretos nas primeiras sessões. O que se destaca são ações clínicas focadas na exploração aprofundada da relevância e do significado dos problemas e processos da terapia. Nas sessões analisadas é feita uma co-elaboração abrangente do significado e da extensão dos problemas trazidos pelo cliente, bem como do desafio e grau de compromisso implicado, dos recursos dos clientes e da sua ambivalência e/ou resistência à mudança. Algumas ações concretas identificadas são: (1) estabelecer um foco e explorar as dinâmicas do problema e do funcionamento do indivíduo; (2) esclarecer expectativas sobre a mudança; (3) promover a ativação do imaginário futuro do cliente; (4) reconhecer a ambivalência e as contradições presentes no sistema de crenças do cliente; (5) reconhecer a terapia como um meio para alcançar um fim; e (6) reconhecer as eventuais dimensões negativas da mudança. Em suma, o que é saliente nas ações destes terapeutas é um forte investimento no aumento da esperança, motivação e comprometimento face à mudança (Oddli et al., 2014).

Num estudo recente Oddli e colegas (2021) propõem que a complexidade da atividade clínica nas primeiras sessões (em torno da esperança, motivação, expectativas, fase de mudança, objetivos da terapia, e.g.) pode ser enquadrada de uma forma mais integradora como *intervenções orientadas para o futuro*. Destacam-se as seguintes ações clínicas concretas: (1) captar e assinalar intenções explícitas e implícitas no discurso dos clientes, garantindo o tempo e espaço necessários para que emerja um senso partilhado da direção do trabalho terapêutico; (2) reforçar a agencidade do cliente recorrendo à meta-comunicação sobre o processo terapêutico, à linguagem de ação e ao uso dum discurso tentativo; (3) usar intervenções evocativas como a modulação do tom de voz, a ativação do imaginário futuro do cliente e a promoção de *roleplays* espontâneos; (4) incitar ou desafiar o cliente a ponderar alternativas e/ou cenários de mudança (Oddli et al., 2021). Os dados desta investigação permitem pensar que a relação robusta entre consenso de objetivos e *outcomes* que a investigação sugere (Tryon et al., 2018) pode dever-se a vários processos que são melhor definidos pelo conceito abrangente de *intervenções orientadas para o futuro*. Estas conclusões alinham-se com o conceito de *direccionalidade*, herdado da Escola existencial (Cooper, 2019; Oddli et al., 2021). Este conceito remete à força agêntica, orientada para o futuro, que faz o ser Humano mover-se sempre na direção de algo – “our always-on-the-way-to-somewhereness” – e pode ser um princípio-guia de grande utilidade conceptual aos psicoterapeutas (Cooper, 2019).

3.5 Os *sudden gains* e intervenções terapêuticas altamente eficazes

Uma outra linha de investigação tem-se centrado no fenómeno dos *sudden gains*. Este fenómeno diz respeito ao alívio sintomatológico e/ou do nível de *distress* alcançado entre sessões. Os *sudden gains* parecem estar positivamente relacionados com o *outcome* da terapia e com níveis de saúde psicológica avaliados em *follow-up* (Shalom & Aderka, 2020; Haas et al., 2002). A investigação empírica sugere uma variabilidade considerável entre terapeutas, relacionando os ganhos terapêuticos rápidos (i.e. *early sudden gains*) com uma taxa de mudança dez vezes mais elevada no final da intervenção que a média da amostra (Okiishi et al., 2003). Estes dados dão suporte empírico à pertinência de estudar profissionais que sistematicamente obtêm respostas positivas rápidas em estádios precoces da terapia. É o caso da terapeuta australiana Erigoni Vlass, que apresenta uma taxa de *sudden gains* cinco vezes mais elevada que a média estatística expectável. As conclusões deste estudo contribuem com novas pistas para o estudo das qualidades e ações dos profissionais altamente eficazes (Hansen et al., 2015). Seguidamente destacam-se as principais conclusões e hipóteses que a investigação sobre a terapeuta australiana permite discutir.

A primeira é que os *sudden gains* aconteceram numa fase muito precoce da intervenção, ou seja, antes de ser implementado grande parte do trabalho terapêutico específico. Este dado salienta a importância das competências pessoais e profissionais orientadas para a relação desta terapeuta, que permitem uma conexão forte e imediata com os seus clientes. Destaca-se a sua presença distintiva em sessão que lhe permite ser excepcionalmente responsiva. Sugere-se que estes atributos estejam relacionados com a sua capacidade de *mindfulness*, empatia, validação, aceitação do Outro, o seu carisma, gentileza e um certo grau de espiritualidade (Hansen et al., 2015).

O segundo aspeto saliente na ação desta terapeuta é a procura, desde cedo na intervenção, por uma explicação compreensiva e persuasiva sobre os problemas dos clientes. A criação de um racional e de rituais condicentes, assentes numa perspetiva de agencidade e competência do cliente, parecem agir positivamente sobre as suas expectativas acerca da manejabilidade dos seus problemas. Uma esperança aumentada favorece o estabelecimento e/ou fortalecimento da aliança e aumenta os níveis percebidos de autoeficácia do cliente (Hansen et al., 2015; Laska & Federman, 2015; Pereira & Barkham, 2015). Laska e Federman (2015) destacam ainda o facto desta terapeuta integrar fatores extraterapêuticos relacionados

com o *lifestyle* da pessoa (qualidade do sono, nutrição e.g.) no racional da intervenção, referindo que esta dimensão é muitas vezes negligenciada pelos terapeutas.

Outros aspetos destacados da intervenção desta terapeuta relacionam-se com a abordagem holística e personalizada que faz, mobilizando recursos “à medida” de cada caso (Pereira & Barkham, 2015). Realça-se ainda o uso de sistemas de *feedback* e de monitorização de resultados de uma forma significativa, isto é, que lhe permite responder em tempo útil aos desafios dos processos terapêuticos específicos (Laska & Federman, 2015). Por fim, destaca-se a sua perceção de autoeficácia profissional. Esta terapeuta é convicta da sua competência para ajudar quem a procura e mostra comprometimento, persistência e tenacidade profissionais (Pereira & Barkham, 2015). Revela ainda entusiasmo pela profissão e otimismo sobre a capacidade de mudança dos seus clientes (Laska & Federman, 2015).

3.6 Reflexões finais sobre os terapeutas altamente eficazes e a *expertise*

Uma das primeiras reflexões que resulta do corpo teórico acumulado nesta área é que a *expertise* dos psicoterapeutas parece estar profundamente relacionada com o seu lado Humano e com processos de desenvolvimento harmonioso e integrado de *self* (Skovholt et al., 2016; Norcross & Karpiak, 2017). É consistentemente assinalada uma interdependência entre aspetos do funcionamento profissional e pessoal dos terapeutas de excelência. Esta interligação torna-se visível, por exemplo, na sua atitude de curiosidade e disponibilidade para a aprendizagem ao longo da carreira e numa cultura de abertura ao *feedback* e ao pessoal desenvolvimento em geral (Nissen-Lie, 2018). Destaca-se ainda a posição de humildade profissional que lhe permite uma convivência construtiva com a dúvida (Nissen-Lie et al., 2015). Assinala-se a natureza iminentemente aspiracional das características identificadas nestes profissionais e que remetem a conceitos clássicos como o rogeriano “fully functioning person” (Jennings & Skovholt, 1999; Skovholt et al., 2016).

Um segundo ponto a destacar é que o estudo da *expertise* tem, sem surpresas, realçado a centralidade da aliança como dimensão pivotal do sucesso terapêutico. As investigações nesta área têm mostrado como a *expertise* dos terapeutas se revela no desenvolvimento de alianças coesas com os seus clientes (Jennings & Skovholt, 2016; Sullivan et al., 2016). Estes profissionais demonstram um desempenho notável no engajamento do cliente em relações de colaboração significativas e produtivas (Nissen-Lie, 2018). A análise de sessões de psicoterapia em ambiente naturalístico enfatizam, fundamentalmente, importância de agir terapêuticamente ao nível da motivação e esperança do sujeito em sofrimento. O terapeuta

excepcionalmente competente consegue, desde cedo, criar um sentido para a mudança e racionais sobre o sofrimento e o processo terapêutico. Estes processos parecem contribuir para colocar o indivíduo numa trajetória produtiva e de colaboração (Hansen et al., 2015; Oddli et al., 2014; Oddli et al., 2021).

Um outro aspeto que importa destacar é que o caminho para se chegar a um nível de excelência no desempenho da psicoterapia parece ser longo, exigente, complexo, ímpar e, muitas vezes, errático (Skovholt et al., 2016). Esta ideia remete à controvérsia existente na literatura sobre a relação entre a *expertise* e a experiência do terapeuta. Alguma evidência empírica sugere que não existe uma correlação positiva entre a experiência e os *outcomes* (Goldberg et al., 2016b; Tracey et al., 2014; Tracey et al., 2015). No sentido oposto, os dados qualitativos têm realçado a importância da experiência acumulada como recurso fundamental na prática dos terapeutas altamente eficazes (Jennings & Skovholt, 1999; Jennings & Skovholt, 2016; Skovholt et al., 2016; Oddli et al., 2014; Oddli et al., 2021). A discussão mantém-se, mas poder-se-á conjecturar sobre não ser o tempo de experiência *per se* que garante um desenvolvimento profissional destacado, mas sim o grau de comprometimento e de abertura para *beber* dessa experiência acumulada (Hill et al., 2017a). Esta perspetiva em conjunto com o que se referiu sobre o desenvolvimento pessoal e Humano dos psicoterapeutas são dois aspetos que merecem ser devidamente apreciados para que possam ser integrados por cada psicoterapeuta comprometido com a profissão.

Em quarto lugar, impõe-se uma palavra sobre a formação e treino dos psicoterapeutas. Se a *expertise* é um caminho longo e cumulativo, a formação é um momento importante em que se colocam sementes para o futuro. O repto é que se estimulem processos como a curiosidade e uma atitude de abertura, tolerância à ambiguidade, apreço pela complexidade, competências de reflexividade, humildade, uma relação construtiva com o erro e a valorização do autocuidado (Jennings & Skovholt, 2016).

Por fim, impera terminar ponderando uma questão que tende a irromper quando se fala de profissionais de excelência: o *talento*. Intuitivamente pode haver algum apelo a relacionar os níveis de competência extraordinários demonstrados por alguns com a ideia de talento inato. Nesta visão, corre-se o risco de elevar ao Olimpo alguns profissionais, enquanto se veda o acesso de outros porque simplesmente não são dotados. Será inevitavelmente assim? A ciência geral da *expertise* tem vindo a desmistificar este racional. Sugere-se que o alcance da mestria no desempenho de uma função não se relaciona com dons inatos, mas com um tipo

específico de treino, deliberado e continuado em que alguns profissionais se envolvem e que parece ser o que os coloca numa trajetória distinta da dos seus pares (Colvin, 2008; Ericsson & Pool, 2016). Na área da psicoterapia, a investigação tem permitido correlacionar positivamente a prática deliberada com os *outcomes* (Chow et al., 2015). Nesta área, destacam-se essencialmente três dimensões diferenciadoras dos terapeutas altamente eficazes. Em suma, estes terapeutas: (1) empenham-se na determinação do seu nível de partida de eficácia; (2) recolhem *feedback* sobre a sua performance através de sistemas de monitorização de resultados; (3) investem em treino deliberado sistemático fora do *setting* clínico (Miller et al., 2018; Goldberg et al., 2016a). Numa leitura mais estrutural e sistémica, a literatura nesta área destaca também a importância de se criar um clima social (nas suas dimensões políticas e institucionais) facilitador duma *cultura de excelência* (Miller et al., 2018).

3.7 Direção para a investigação nesta área

A investigação de cariz exploratório com metodologias qualitativas tem relançado a investigação nesta área, permitido desvendar, aprofundar, relacionar e problematizar características distintivas dos terapeutas altamente eficazes. Tem sido também possível lançar hipóteses e propor modelos sobre o desenvolvimento da *expertise*. Há questões que tendo sido apontadas como limitações, importa considerar no desenho metodológico de investigações futuras. Uma das principais limitações dos estudos referidos (Skovholt et al., 2016; Sullivan et al., 2016; Jennings & Skovholt, 2016) relaciona-se com a metodologia de nomeação por pares, isto é, a identificação de profissionais de excelência com base no critério reputação. No futuro, poderá haver interesse em recorrer a medidas múltiplas de *expertise*, nomeadamente que incluam o critério *outcome* (Jennings & Skovholt, 2016; Nissen-Lie, 2018; Tracey et al., 2015). Por outro lado, em muitas destas investigações recorreu-se sobretudo a entrevistas, o que é uma metodologia que só permite aceder aos processos mnésicos conscientes e eventualmente afetados por fenómenos de desejabilidade social (Hill, 2016). Há interesse em desenvolver mais estudos em que se recorra a metodologias de observação direta do desempenho em sessão de psicoterapeutas excepcionalmente eficazes (Hansen et al., 2015) e em que se aceda à experiência interna desses terapeutas durante a condução da psicoterapia (Pereira & Barkham, 2015).

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ANEXO B – Codificação aberta de sessões – PfD020 assessment session

PfD020 – assessment session

T (Therapist) 1 (intervention number): Hopefully we are recording as we speak. *[Informa cliente que estão a ser gravados]* Thank you for filling in the consent form, Daniel. *[Agradece o preenchimento dos instrumentos de monitorização clínica]* Right, the next form is, hum, your... this is sort of client identity, and it's kind of GP details, how you would like to be called, and who referred you, so that's a shortish form. *[Apresenta ou contextualiza os instrumentos de monitorização clínica]*

C (Client): Ok... Day of first contact.

T2: Yes. *[Clarifica aspetos relacionados com o preenchimento dos instrumentos de monitorização clínica]*

C: [refer the date].

[filling in the form]

C: There you go.

T3: Thank you very much. *[Agradece o preenchimento dos instrumentos de monitorização clínica]* Ok, so I think, I'm trying to work out what's the best order to do this in, let's go for the, the ones that kinda fit best together, so after that one, this is a kind of a demographics form. *[Apresenta ou contextualiza os instrumentos de monitorização clínica]*

C: Ok.

[filling in the form]

C: There you go.

T4: Thank you, Daniel. *[Agradece o preenchimento dos instrumentos de monitorização clínica]* Ok, right, now we move on to... Now, this are, you may have come across this kind of form before if you've had counselling *[Explora se o cliente já respondeu anteriormente a instrumentos de monitorização clínica no contexto terapêutico]*, hum, one is called the PHQ9 [C: Yeah, I've had that form], which I can't remember what it actually means, but essentially is to assess... *[Apresenta ou contextualiza os instrumentos de monitorização clínica]*

C: Yeah, there are two types of forms.

T5: There is, and I have both of them! *[Apresenta ou contextualiza os instrumentos de monitorização clínica]*

C: Ok.

T6: So, the GADS survey which is about general anxiety and depression, and I can't remember what is the acronym for, but they are basically assessments of how you feel. Hum, if you wouldn't mind filling those in and we can have a little chat about how are you feeling. *[Apresenta ou contextualiza os instrumentos de monitorização clínica]*

[filling in the forms]

C: There you go.

T7: Thanks, Daniel. *[Agradece o preenchimento dos instrumentos de monitorização clínica]* Ok. Hum. What does it feel like writing down or putting numbers to your feelings? *[Explora resultados ou respostas aos questionários em contexto relacional]*

C: Hum, when I wrote that yesterday, it does... it puts things in perspective in some ways, so, like this things on that list I, is not that I've fall, have any fall down just then, is stuff over the past years that has suddenly realise that might have been a link with that, but it gives you a bit more perspective of where I am at today.

T8: Ok, and when you see your scores for things, cos you circled 3 for quite almost everything which indicates that's the, that's the furthest end, so it's nearly everyday you fell like that, what's that like for you to see that? *[Explora resultados ou respostas aos questionários em contexto relacional]*

C: Hum, it feels like normal, to be honest.

T9: Feels like normal. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]* Ok, ok. So, even though you're feeling,

looks like you're feeling rubbish at the moment, hum, never had any thoughts that you'd be better of dead? *[Explora comportamentos auto ou heterolesivos (risco atual ou passado)]*

C: No. I've only had two occasions, that was a few years back, but other than that no.

T10: And at that time did you actually tried to? *[Explora comportamentos auto ou heterolesivos (risco atual ou passado)]*

C: Hum, twice, nearly, yeah, so one time I stood in a bridge and I was gonna jump, hum, the other time I had a bottle of whisky and had all tablets in front of me, I end up just drinking the bottle of whisky in half an hour, but apart from that, no.

T11: What do you think changed your mind? *[Explora comportamentos auto ou heterolesivos (risco atual ou passado)]*

C: Hum. I don't know, I tend to get into a bit of a, I don't know how to explain it, it's like a bit of a trance, you get into a trance like, hum, the first time, the bridge, I'd be walking for almost 12 miles, that's what I used to do, I used to walk, walk, walk and I'd be in shut-off from everything and I'd just keep walking and then I suddenly snap out of it. That's what happened.

T12: Ok. So the walking sounds like it was a sort of coping mechanism. *[Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]*

C: Yeah, then that stopped working as well.

T13: Ok, ok. And what did you move on to? *[Explora contextos (circunstâncias, precipitantes, mecanismos de coping, e.g.) relacionados com distress exacerbado/pedido do cliente]*

C: It stopped working at first but then I, that's when I was really bad, I was like having head faints [? 07:28] all the time, I wasn't sleeping well at that period of time as well, I was only getting a couple hours of sleeping a night, so I'd be on my head [? 07:35], but then the anxiety got worst, so than it was, it wasn't really much for a coping mechanism. [giggles]

T14: Ok, hum, hum, so it all built up. *[Explora contextos (circunstâncias, precipitantes, mecanismos de coping, e.g.) relacionados com distress exacerbado/pedido do cliente]*

C: Yeah.

T15: And, and how did it kind of come to a crisis or how did it come to a point where it changed? *[Explora contextos (circunstâncias, precipitantes, mecanismos de coping, e.g.) relacionados com distress exacerbado/pedido do cliente]*

C: Hum. I suppose I find out ways hum... the pressure, you can do too things, you can just stop seek go down the traditional road, so, hum, medication and that or you can somehow turned anger... [T: Hum, hum] So you just change your mind set... It's only a temporary solution to things but that's what, the way I went down that road.

T16: Ok, and where would the anger be directed? *[Explora contextos (circunstâncias, precipitantes, mecanismos de coping, e.g.) relacionados com distress exacerbado/pedido do cliente]*

C: It would be... I went towards an individual who was causing the problems or just generally everything I would be very agitated and very quick to snap.

T17: Did you feel that you had control of that or would you, did you feel like it sort of had a life of it's own? *[Explora contextos (circunstâncias, precipitantes, mecanismos de coping, e.g.) relacionados com distress exacerbado/pedido do cliente]*

C: Hum. In some respects, some control. That's the reason why I went down that road, cos you're feeling you're getting some control back, but, yeah, it was only a temp... I've tried it twice now but it's only a temporary solution.

T18: Ok, ok. Was there some relief in it? *[Explora contextos (circunstâncias, precipitantes, mecanismos de coping, e.g.) relacionados com distress exacerbado/pedido do cliente]*

C: Yeah, yeah, in some respects, yeah, it gets, there's some relief, but [giggles] doesn't work in the long run. 09:10

T19: No. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]* So how long have you kind of been feeling like this? *[Explora contextos (circunstâncias, precipitantes, mecanismos de coping, e.g.) relacionados com distress exacerbado/pedido do cliente]*

C: Hum. I would say, varying degrees of it, for about 8 years now.

T20: Ok. So since you were about 15. *[Explora contextos (circunstâncias, precipitantes, mecanismos de coping, e.g.) relacionados com distress exacerbado/pedido do cliente]*

C: Yeah.

T21: Hum, hum. And do you have any theory about what triggered it? *[Explora percepção do cliente sobre origens dos problemas ou de características suas]*

C: Hum. There's a couple things I wrote down on this, hum, my parents breakup when I was 7, so I had that, hum, you see, normally you stay with your mother, but she didn't want to have me because she couldn't afford her career, so I moved from [names the place] to [names the place], so my dad remarried, that, I never go on, I didn't get on with my stepfamily, they're very, it's not that they're bad people in any sense, but it's that they're very different to me.

T22: Ok, so your – so just that I have a picture of what it was like for you *[Faz psicoeducação sobre foco e processos da sessão de assessment]* – your dad married someone else, did she already have a family? Or did they... *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C: Yeah, so I got a stepsister.

T23: OK. Older or younger than you? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C: She's older, yeah. We [? 10:15] in the same house now, but, yeah, they're very different to me, so I always felt like I was the odd one out in some respects.

T24: So your dad kinda got his new family, brought you along, but you just didn't feel you were part of that unit. *[Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]*

C: Yeah.

T25: Ok, and you were the only child of your mother and father? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C: Yeah.

T26: OK. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C: So I had that side of it. Hum, when I went to, when I moved to primary school there I was bullied for two years by one person, so it was very, [? 10:47] try to hit me with a pole, it was physical and often verbal, so there was that side [? 10:59] what could have been a start and then I moved...

T27: Hum, and that was after you moved to [names the place]? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C: Yeah, after. Then going to secondary school I was bullied in the first few years, there was that, so that might be.

T28: Hum... Sounds horrible. *[Faz reflexão empática tentativa sobre experiência interna do cliente]*

C: I didn't really think of it, to be honest, for... I suppose till last therapist, I didn't really think.

T29: You were just surviving it [C: Yeah] It was just normal. You just had to get through it. *[Valida a vivência do cliente]*

C: Yeah, yeah.

T30: Yeah. Ok. Hum, right... *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]* I will... I'll put that to the side [maybe she is referring to the instruments]. The way that you scored on here indicates that, we have a kind of a threshold for who, who is kind of, hum, who we're gonna be able to best help, I'll put it in that way, so you met that threshold, you exceed that threshold, hum, so I'm gonna put that to the side and... *[Introduz expectativas positivas sobre processo de mudança com base na leitura dos resultados da aplicação de instrumentos de monitorização clínica]* if at any point you'd like me to do this in a different way we can *[Transmite explicitamente ou insinua visão do cliente como agente central e ativo no processo terapêutico]*, I'm trying to think of a way to, hum, like, the forms have to be done, but I'm trying to think of a way to make it less about just the form filling and more about heaving your story into it as well *[Enquadra uso de instrumentos de monitorização clínica num contexto relacional, dando-lhe primazia]*, but if you...

C: Yeah, yeah, I'd like to do that.

T31: If you'd like to do it this way we can. *[Transmite explicitamente ou insinua visão do cliente como agente central e ativo no processo terapêutico]* So this is GADS survey, which you've probably done as well. *[Apresenta ou contextualiza os instrumentos de monitorização clínica]*

C: Yeah.

T32: [inaudible]

[filling in the form]

C: There you go.

T33: Thank you, Daniel. *[Agradece o preenchimento dos instrumentos de monitorização clínica]* Ok, so, you do feel, reading this, that you are able to exercise some control over the worry? *[Explora resultados ou respostas aos questionários em contexto relacional]*

C: Yeah, cos the way it use to work use to be like, hum, in some respects, it does happen now, but very rarely, unless someone as said something negative, or even if it wasn't negative, towards you, I would pick up on that, and then you'd think about that, and then it's like a, a branch off, so you think about that someone said something to do with work, you're not very good at this, then you start thinking of the others things that you're not good at, things like maybe my dad said, then you go on and think about the relationship with your dad and the family, then it branches off, and off, and off and that's the way I used to be, and that's how I used to get in and stayed inside like a trance, be constantly thinking about that, the negativity and that going off, and off, and off, it can be like infinite, to be honest.

T34: So, becomes, sounds if it becomes *[Recorre a 'hedging language' (linguagem tentativa)]* this chain [C: Yeah.] effect, like self-seeding everywhere further, and further, and further. *[Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]* Hum, I can see that it would be very preoccupying for you, ok. *[Valida a vivência do cliente]* But you, you, now, at the moment, in the last couple of weeks at least, you can control that to some extent? *[Explora resultados ou respostas aos questionários em contexto relacional]*

C: Yeah.

T35: Is that an effort for you to control that? *[Explora resultados ou respostas aos questionários em contexto relacional]*

C: Hum, not really, no, it's just the only problem I get is when I'm feeling like very like, but, hum, normally, no.

T36: Ok. You have great difficulty relaxing. You circled 3. *[Explora resultados ou respostas aos questionários em contexto relacional]*

C: Yeah.

T37: What do you do to relax? *[Explora lifestyle do cliente (exercício, lazer, e.g.)]*

C: Hum, I would say watch a bit TV and that, but I don't feel any motivation on the enjoyment and stuff, it just feels like, you're just doing it.

T38: Ok, going through the motions... *[Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]*

C: Yeah.

T39: Ok. Right. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]* I'll put that to the side as well. Ok, so we're nearly there, we're nearly there on the forms we have a couple more. *[Gere expectativas sobre tempo dedicado ao preenchimento dos instrumentos de monitorização clínica]* Hum, this is sort of, everything has got acronyms, doesn't it?, it's basically sort of to indicate some preferences of how you would like to work.

C: Ok.

T40: So, I mean, you've had some counselling before so you might have some idea. *[Apresenta ou contextualiza os instrumentos de monitorização clínica]* This isn't set in stone, you're not gonna put preferences down here and then that's it, everything here is open to negotiation between us, but it kinda gives me some indication of how you might like to start anyway. *[Salienta o carácter fluido e não vinculativo das preferências manifestadas]* [C: Ok.] So, it's a sort of a scale of what you really don't want to and what you really want [C: Yeah, ok.] in this therapeutic relationship. *[Apresenta ou contextualiza os instrumentos de monitorização clínica]* While you do that, I'm gonna read some of

what you wrote in this. [C: Yeah.] Can I make little marks? *[Solicita anuência do cliente para tomar notas]*

C: Yeah, of course you can, yeah.

[filling in the form]

C: There we go.

T41: Ok, great. *[Agradece o preenchimento dos instrumentos de monitorização clínica]* Let's have a little look at this. Ok, so you would like specific goals, you would like structure, would like skills, would like homework and you don't really, you sort of, have a bit of a preference to take the lead yourself. *[Promove análise conjunta do questionário sobre preferências, explorando ou clarificando respostas do cliente]*

C: In some respects, yeah.

T42: In some respects, ok. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]* Right, so, ok, just cos I'm reading that what this sounds like to me is you, that you would like to do this kind of in a collaborative way, so you have some sense of agency. *[Promove análise conjunta do questionário sobre preferências, explorando ou clarificando respostas do cliente]*

C: Yeah, yeah.

T43: But you would like to be given some guidance and some structure. *[Promove análise conjunta do questionário sobre preferências, explorando ou clarificando respostas do cliente]*

C: Yeah.

T44: Ok. Hum, so you would like to be encouraged to go into difficult emotions, hum, you would like, not quite so strongly, but you would like to talk about what's happening here in the room. *[Promove análise conjunta do questionário sobre preferências, explorando ou clarificando respostas do cliente]*

C: Yeah.

T45: That's useful because sometimes what happens in the room is an indication of what happens in other relationships. *[Faz psicoeducação sobre processos terapêuticos (papel do cliente, estilo do terapeuta, e.g.)]*

C: Yeah, yeah.

T46: You would like to be encourage to express strong feelings, and you would not particularly want – this is very, I find this quite counterintuitive, something gone to minus [comment about the scale] – you would, you want to focused on feelings rather than thoughts. So it's, cos it's the -3 there, did you mean it to be minus? *[Promove análise conjunta do questionário sobre preferências, explorando ou clarificando respostas do cliente]*

C: Oh, sorry, more on thoughts.

T47: You want to focused more on thoughts than feelings. *[Promove análise conjunta do questionário sobre preferências, explorando ou clarificando respostas do cliente]* Ok. Why is that, do you think, Daniel? *[Explora ou procura captar expectativas do cliente sobre mudança terapêutica]*

C: Hum, I think if you deal with the thoughts then you, the feelings sort them selves out, in some respects.

T48: Ok. So you think if you can kind of untangled the thoughts, that will filter in to the feelings. *[Explora ou procura captar expectativas do cliente sobre mudança terapêutica]*

C: Yeah, yeah.

T49: Ok. Hum, you want to focused on the past, hum, you want to reflect on your childhood, 'focused on my life in the past', and 'focused on my past'. *[Promove análise conjunta do questionário sobre preferências, explorando ou clarificando respostas do cliente]*

C: Right.

T50: Ok. You don't particularly want me to be challenging. *[Promove análise conjunta do questionário sobre preferências, explorando ou clarificando respostas do cliente]*

C: Oh, no. The opposite.

T51: The opposite. *[Promove análise conjunta do questionário sobre preferências, explorando ou clarificando respostas do cliente]*

C: [laughs] I think this ones are all opposite.

T52: Yeah. Hum, you don't particularly want me to be confrontational but you... that's not as...

C: I think it's meant the opposite, it's the opposite, yeah. [laughs]

T53: I'm not doing a good job on reading this! [laughs] I'm confused. So, you would like me to be challenging.

C: Yeah.

T54: Ok. [laughs] Sorry, Daniel! *[Promove análise conjunta do questionário sobre preferências, explorando ou clarificando respostas do cliente]* Hum, and you would like me to be a little bit confrontational. *[Promove análise conjunta do questionário sobre preferências, explorando ou clarificando respostas do cliente]*

C: Yeah, Yap.

T55: Hum, you would like me to interrupt you and keep you focused. *[Promove análise conjunta do questionário sobre preferências, explorando ou clarificando respostas do cliente]*

C: Yeah.

T56: And you would like to be challenging of your beliefs and views. You would like me to challenge that. *[Promove análise conjunta do questionário sobre preferências, explorando ou clarificando respostas do cliente]*

C: Yeah.

T57: Ok. And to challenge your behaviour. *[Promove análise conjunta do questionário sobre preferências, explorando ou clarificando respostas do cliente]* So, some of your preferences are quite strong, aren't they?, you're quite definitive about what you want. *[Promove análise conjunta do questionário sobre preferências, explorando ou clarificando respostas do cliente]*

C: Yeah.

T58: Ok. Do you have a strong preference for a therapist particularly gender, race, ethnicity, sexual orientation or religion? *[Promove análise conjunta do questionário sobre preferências, explorando ou clarificando respostas do cliente]*

C: No.

T59: Who speaks a specific language? *[Promove análise conjunta do questionário sobre preferências, explorando ou clarificando respostas do cliente]*

C: No.

T60: And I think giving what we're talking about, you're not really up to debate the modality as long it's working for you. *[Promove análise conjunta do questionário sobre preferências, explorando ou clarificando respostas do cliente]*

C: Yeah.

T61: Hum, and do you have a particularly interest in any type? You said you have some psychoanalysis. *[Promove análise conjunta do questionário sobre preferências, explorando ou clarificando respostas do cliente]*

C: Yeah. Hum, I'm open to any.

T62: Open to any. Ok. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]* And this is 24 sessions, yeah? *[Clarifica aspectos contratuais relacionados com duração da terapia e/ou cadência e duração das sessões]*

C: Yeah.

T63: The sessions are actually 50 minutes, so, it's called the therapeutic hour, I don't know why it's called that, but, hum, because it's 50 minutes, but that is what is called and it would be weekly. *[Clarifica aspectos contratuais relacionados com duração da terapia e/ou cadência e duração das*

sessões] Hum, so, are you on medication currently? *[Questiona sobre medicação psiquiátrica (tipo, dosagem, impacto, e.g.)]*

C: Yeah.

T64: You are. And do you know what it is? *[Questiona sobre medicação psiquiátrica (tipo, dosagem, impacto, e.g.)]*

C: It's, hum, Sertraline.

T65: Sertraline. And do you know the dose? *[Questiona sobre medicação psiquiátrica (tipo, dosagem, impacto, e.g.)]*

C: I just gone up to the 100mg.

T66: A day, 100mg a day. When did you do that? *[Questiona sobre medicação psiquiátrica (tipo, dosagem, impacto, e.g.)]*

C: Would have been in about 2 weeks ago.

T67: Ok. And how's that being for you? *[Questiona sobre medicação psiquiátrica (tipo, dosagem, impacto, e.g.)]*

C: Hum, it's processing, I don't see much an effect, it's taking a while.

T68: Ok, and how long were you on the lower dose? *[Questiona sobre medicação psiquiátrica (tipo, dosagem, impacto, e.g.)]*

C: A month.

T69: A month, ok. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]*

C: And before that I was on Fluoxetine, that was the, originally I was on the highest dose.

T70: Ok. And how long were you on that? *[Questiona sobre medicação psiquiátrica (tipo, dosagem, impacto, e.g.)]*

C: Hum, I was on that for about 6 months.

T71: Ok. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]* Ok, do you use any self-books or computer programs in addition to therapy? *[Explora experiências prévias de acompanhamento psicológico ou outros recursos de ajuda]*

C: No.

T72: No. Do you have any other strong preferences that kinda come in to your mind for how things might be or... *[Promove análise conjunta do questionário sobre preferências, explorando ou clarificando respostas do cliente]*

C: No.

T73: All right. Ok. And what would you mostly despise or dislike happening? *[Promove análise conjunta do questionário sobre preferências, explorando ou clarificando respostas do cliente]* 22:53

C: Hum, nothing really [laughs]

T74: Nothing spr... [giggles] *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C: I'll let you know, I'll let you know.

T75: Ok. Nothing sprints to mind. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C: No.

T76: And as I say, this isn't set in stone, you might find as you go along some of those preferences change but it's kinda give an idea of where you're feeling at now. *[Salienta o carácter fluido e não vinculativo das preferências manifestadas]* Ok. This is, this last form is actually about g..., about what goals do you have for counselling, but what I think we could do, if it is ok with you, is we'll start to try to build a picture about what's life been like for you and in my experience the goals will make themselves evident to us through that. *[Enquadra uso de instrumentos de monitorização clínica num contexto relacional, dando-lhe primazia]*

C: Yeah, ok.

T77: Hum, ok. I think what I would say, there's a couple things I would say. One is, hum, if you wanted to continue in counselling, if you're happy to continue with me, hum, that will be your choice *[Acentua de forma explícita a escolha do cliente quanto à decisão de iniciar terapia]*, hum, and on that basis, there's no need to, this is just a picture today and I would suggest not really opening up too much of anything that you don't have to deal with, so you can always say to me 'there is something else I don't want to talk about it right now', hum, because we can talk about it later. *[Faz psicoeducação sobre foco e processos da sessão de assessment]*

C: Yeah, ok.

T78: The other thing I would say is that I'm talking a lot in this session cos there is a lot of questions to be asked *[Faz psicoeducação sobre foco e processos da sessão de assessment]* and if it is ok with you I'll take little notes. *[Solicita anuência do cliente para tomar notas]* You're welcome to see them, is to help me remember the concrete facts. *[Assegura ao cliente a disponibilização de registros ou resultados da aplicação de instrumentos de monitorização clínica]* Hum, in a normal session, hum, that sounds like this is abnormal, but in a session that is not an assessment session, hum, I will be talking a bit less [C: Ok] and you, I would, I think I'll be encouraging you to bring what you want to bring rather than me asking questions. Hum, and I think I need to say that in case you feel like 'oh, my goodness, this is like...'

C: Bombarded...

T79: Bombarded with twenty questions here, like mastermind on my self. So that's kind of the difference, but unfortunately there's no [giggles] real way around the questions. *[Faz psicoeducação sobre foco e processos da sessão de assessment]*

C: That's fine.

T80: Although you've done a really succinct, it's almost like a timeline here, that you've done, which I was looking through, hum, and, and, I mean, if you do want to work through this, is this how you would like to do it? *[Transmite explicitamente ou insinua visão do cliente como agente central e ativo no processo terapêutico]*

C: Yeah, yeah.

T81: Ok. So, I'll make a few extra notes, if that's ok with you. *[Solicita anuência do cliente para tomar notas]*

C: That's fine.

T82: Just so I get the picture *[Faz psicoeducação sobre foco e processos da sessão de assessment]*, so your mom and dad divorced when you were 7, you told me, and mom... and you had to move. *[Explora dinâmicas relacionais com figuras de vinculação ou eventos/memórias significativas da infância]*

C: Yeah.

T83: Yeah. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]* Did you move immediately? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C: Hum, no, it must have been about 6 month then eventually moved.

T84: And do you, before they divorced, do you have any, do you remember anything being a child? *[Explora dinâmicas relacionais com figuras de vinculação ou eventos/memórias significativas da infância]*

C: Not really, no. No.

T85: So what do you think your first memory was? *[Explora dinâmicas relacionais com figuras de vinculação ou eventos/memórias significativas da infância]*

C: Hum, I think my first memory is about my granddad, so, yeah, I just sat on his knee is my first memory.

T86: Ok. Did you have a good relationship with him? *[Explora dinâmicas relacionais com figuras de vinculação ou eventos/memórias significativas da infância]*

C: Hum, for what I'm aware, now he is past, but yeah.

T87: Hum, was he your mom's dad or your dad's dad? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C: Mom's.

T88: Your mom's dad. And how old do you think you were when he died? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C: I think I would've been 5.

T89: Ok. And do you have any other grandparents living? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C: Yeah, I've got my nan, hum, on my dad's sides, both of them are still alive but my nan doesn't have, she, I haven't spoken to her, well I haven't see her for the first few years of my life, she is in contact with my dad now, but she has nothing to do with me.

T90: Ok. Do you know why? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C: No, she just, she ring up and say 'is your dad there?' and that's the extend [giggles] of the relationship.

T91: But there was some kind of fracture in their relationship? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C: Yeah.

T92: Do you know what it was? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C: Hum, it was my dad's stepdad.

T93: Ok. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C: So, it was that.

T94: That's interesting, isn't it? So your dad had a stepdad who he didn't have a good relationship with and you had a stepmother who you didn't feel part of her family, hum. It's interesting that your grandmother... Yeah, what's going on there? That's interesting... *[Procura focar a exploração de assunto introduzindo dimensões ou ligações que não estavam presentes na narrativa]*

C: She, yeah, she is a bit of strange one, to be honest, and his dad, he was very violent and he abused both my nan and my dad's sister.

T95: Ok, but not your dad? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C: No. No.

T96: Wonder why... Hum. Is your dad able to talk about it? *[Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros]*

C: No. I... To be honest I didn't actually know the name of my, both of them, until about 4 years ago. So he does not speak anything and I, there was only apart a year I got in touch with his sister and the cousins by Facebook, but before that I haven't any, I didn't know anything about them.

T97: So is your, is your sense that your dad had separated him self from all of them? *[Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros]*

C: Yeah.

T98: Yeah. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]* And what about your mom's side of the family? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C: Hum, my mom's side is big family, and I just recently my mom told me that she was abused by my granddad.

T99: This is the one whose knee you were sat on? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C: Yeah.

T100: Hum. Sexual abuse? *[Procura captar se compreendeu bem ou esclarecer ao que o cliente se refere]*

C: Yeah. From the age of, I think from toddler up to 16.

T101: Uau. *[Reage de forma expressiva ou opinativa]*

C: So, yeah.

T102: What was that like to hear? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: It was a shock, yeah, cos she told me, and she had already told one of my uncles, but she told the other uncle, but my nan doesn't know anything about it. She hasn't told her. There's two things. Either she wants to think that she doesn't know anything or that if she did know something and she would have set side.

T103: So, your mom is trying to deal with how she is gonna manage that. Oh, I'm just thinking what it must have been like for you to hear that about your mother. *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: Yeah, it was only a couple months ago.

T104: Hum. Was it a total shock? *[Explora tema com base em conjectura ou ressonância do próprio terapeuta]*

C: Yeah.

T105: How awful... Awful, isn't it? Hum, hum. *[Revela ressonância interna perante conteúdos da narrativa do cliente]*

C: Yeah.

T106: Do you, I'm wondering, well, what was your relationship with your mother been like? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: Hum, it has been good, yeah. I don't, when I was younger and that when they broke up, I only see her every, first it was every couple of weeks, but past 4 years I see her 3 or 4 times a year, so I didn't see her very often.

T107: Ok. Ok. And I'm wondering, I'm wondering what is like for a 7 year old to hear that their mom is leaving... *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: Hum.

T108: Do you remember that? *[Explora dinâmicas relacionais com figuras de vinculação ou eventos/memórias significativas da infância]*

C: Not really, no. No.

T109: It just seemed, it just happened... *[Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]*

C: Yeah, yeah. 30:00

T110: Ok. Hum. [pause] Hum. It actually affected me. [giggles] *[Revela ressonância interna perante conteúdos da narrativa do cliente]*

C: Yeah?

T111: Yeah. I, I, I'm, I... Yeah. I'm just trying to process what that's like, but you seem... *[Revela ressonância interna perante conteúdos da narrativa do cliente]*

C: It's... I didn't, my dad didn't tell me the reason why she left, the reason why I wasn't with her and was with him until a few years back.

T112: Ok, so you didn't even know it was because of work. *[Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]*

C: Yeah.

T113: You just thought she had to, got to live somewhere else. *[Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]*

C: Yeah.

T114: Hum. Did she remarried? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C: Yes, of course. I've a stepdad and a stepbrother.

T115: So he had a son? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C: Yeah, he did, yeah.

T116: Do you have any relationship with them? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C: Yeah, I'm [? 31:52]

T117: Ok, so your relationship with your mother was, sort of about once a fortnight most of your growing up, you go and stay there. *[Clarifica dinâmicas relacionais com figuras de vinculação ou Outros significativos]*

C118: Yeah, there was more of a case of a, I think in some respects she felt guilt cos whenever I'd go there she would buy me stuff and that and it was like, it's her way of making up for not being around.

T119: OK, and even as a child you had a sense of that... *[Clarifica dinâmicas relacionais com figuras de vinculação ou Outros significativos]*

C: Yeah, yeah.

T120: Do you think she still feels guilty? *[Explora a percepção do cliente sobre atitudes, ações ou circunstâncias de Outros significativos]*

C: Yeah.

[silent]

T121: Hum, So you, you, you then... I'm, I'm consciously kinda moving on from sensing that's really important, and I wouldn't do that in a session, I'm moving on to that we can build a kinda of a, it won't be full picture by any means, but a sort of a what did it look like, a kind of a diagram of what life was like for you *[Faz psicoeducação sobre foco e processos da sessão de assessment]*, hum, and I know you've written things down, but there's something, it's interesting to hear how you tell it. *[Explora resultados ou respostas aos questionários em contexto relacional]*

C: Yeah.

T122: So you went to school, you went to school, you move schools when they separated and you went to school in [names the place] and you were bullied almost from the beginning. *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C: Yes.

T123: By one person. *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C: Yeah.

T124: Were you able to tell anyone? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: Eventually yeah, so I did have some time off school as well, I couldn't go in, so.

T125: Interesting, isn't it? that the solution was to remove the person being bullied. *[Reage de forma expressiva ou opinativa]*

C: Yeah, it's stupid, cos I'm not very much in temperament of confrontation and I think the reason why I was bullied was cos I was always the tallest, so you, you find out the person who is the tallest or the largest or, is the one in the game getting picked of [giggles].

T126: A new, a new person as well. *[Sugere uma leitura complementar com base na narrativa do cliente]* 34:03

C: Yeah, yeah.

T127: And so how long did that go, for two years, did you say?

C: Yeah. The all time I moved, I was in primary school.

T128: So from 7 till...

C: When do you leave primary school? [giggles]

T129: 11?

C: Yeah, would have been, yeah, yeah.

T130: So for 4 years actually. Ok. *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C: Yeah, yeah.

T131: Ok. So 4 years. It's a long time. *[Reage de forma expressiva ou opinativa]*

C: Hum.

T132: And how long were you off of school? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C: Hum, I think it was like a couple of weeks, max.

T133: Ok. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]* Did it ever resolve or did you just have to bury it till the end? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: Hum, I think it did get resolved in the end.

T134: How do you feel about that person now? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: Hum, he actually came up to me a couple years back, he did, and he was all chatty and friendly [laughs] I just told him to go fuck him self.

T135: Hum, hum. Hum. That's interesting. As if he have had no idea of the impact. *[Faz reflexão empática tentativa sobre experiência interna do cliente]*

C: Yeah.

T136: Do you think he understood your anger? Do you think he understood why you were angry? *[Explora a percepção do cliente sobre atitudes, ações ou circunstâncias de Outros significativos]*

C: Not really, no.

T137: No. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]* How did you feel after that confrontation? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: Hum, just angered.

T138: Hum. Yeah. So he had this massive impact on your life and was unaware, it's almost more annoying. *[Faz reflexão empática tentativa sobre experiência interna do cliente]*

C: Yeah.

T139: So he does still lives in the area? *[Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros]*

C: Yeah. As far as I'm aware.

T140: Yeah. Ok. And then, so you, did you, apart from him, how did you find school, primary school? *[Explora contextos escolar, acadêmico, experiências profissionais, projeto profissional]*

C: Yeah, yeah, was ok, lot's of friends and that.

T141: Did you, what about academically? *[Explora contextos escolar, acadêmico, experiências profissionais, projeto profissional]*

C: Yeah, I was doing well.

T142: Doing well. Ok. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]* And then, I feel like we're having a whistle-stop towards for your life. *[Faz psicoeducação sobre foco e processos da sessão de assessment]*

C: Yeah.

T143: And you went to secondary school? *[Explora contextos escolar, acadêmico, experiências profissionais, projeto profissional]*

C: Yeah. But down on this road, before that me and my dad had a car accident, [T: Ok.] yeah, so we have that, we [? 36:14] there was a van in front of [? 36:21] so I had that, I had some time off school for that, and I, that's...

T144: Were either of you hurt? *[Explora assunto na sequência de pista do cliente sobre tema que parece significativo]*

C: My dad was, yeah. So, hum, my dad's, in the moment he, his health just begun sturdily worst. So, hum, last year he had an operation to take, hum, on his neck, so he wasn't, wouldn't be paralyzed from the neck down.

T145: Gosh. Ok. *[Reage de forma expressiva ou opinativa]*

C: And he's got, in his vertebra, he is got two bulging, two bulging disques, so he is having an operation on December the 1st for that. So he's got problems with that, he's got problems with his stomach, he's got, hum, how was it called? Sleep apnoea, so he has to wear the mask now, so his health just begun sturdily worst.

T146: All as a result of this accident? Do you think? *[Explora assunto na sequência de pista do cliente sobre tema que parece significativo]*

C: Well he, he always had his back hurt, but yeah, it's all stemmed from that, it's just, it's just his health is crassly worst.

T147: Do you remember that clearly? *[Explora assunto na sequência de pista do cliente sobre tema que parece significativo]*

C: The car crash?

T148: Hum. *[#Responde a questão direta do cliente - não relevante para codificação]*

C: Yeah. 37:23

T149: How old did you think you were? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C: I would have been 10 or 11, would be 10, I think.

T150: You remember how you felt? *[Explora assunto na sequência de pista do cliente sobre tema que parece significativo]*

C: Hum. I was a bit daze, I think, to be honest.

T151: Were you aware how hurt your dad was at the time? *[Explora assunto na sequência de pista do cliente sobre tema que parece significativo]*

C: Not really. He got, he went, hum, I can't remember even remember how I got home, but I know he went to the hospital and I went home.

T152: Hum, very traumatic. *[Sugere uma leitura complementar com base na narrativa do cliente]*

C: Yeah.

T153: How awful. *[Revela ressonância interna perante conteúdos da narrativa do cliente]* It's interesting you can remember exactly what the car was as well. *[Sugere uma leitura complementar com base na narrativa do cliente]*

C: Yeah.

T154: Hum... *[little pause]* Ok. So you went to secondary school locally to where you live? *[Explora contextos escolar, acadêmico, experiências profissionais, projeto profissional]*

C: Yeah, locally.

T155: And you were bullied there as well. *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C: Yeah, for the first few years, yeah.

T156: Was it by a group of people or... *[Procura captar se compreendeu bem ou esclarecer ao que o cliente se refere]*

C: Just different people, to be honest.

T157: Hum, hum. Was it physical bullying? *[Procura captar se compreendeu bem ou esclarecer ao que o cliente se refere]*

C: Yeah.

T158: What kind of things did they do? *[Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros]*

C: Was physical and verbal. It was the regular stuff of punching and all that crap.

T159: Hum. That's make it sound like normal *[giggles]* 'regular stuff'... *[Revela ressonância interna perante conteúdos da narrativa do cliente]*

C: Well, yeah, yeah, in some ways *[giggles]*

T160: Hum, and I'm wondering if that's what it became for you, was normal, that this is what happens in school. *[Elabora tentativamente uma leitura possível com base na narrativa do cliente]*

C: Yeah, yeah.

T161: And did you have friends at school as well? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C: Yeah, yeah, I did.

T162: Ok. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C: I'm still in touch with some of them.

T163: Ok. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]* And academically? *[Explora contextos escolar, acadêmico, experiências profissionais, projeto profissional]*

C: Yeah, I was doing well.

T164: Is that been a theme in your life? To do well academically. *[Explora contextos escolar, acadêmico, experiências profissionais, projeto profissional]*

C: Hum, not really, no. No.

T165: Hum, but at those points primary school and secondary school. *[Explora contextos escolar, acadêmico, experiências profissionais, projeto profissional]*

C: Yeah, yeah.

T166: And I, I noticed, some of it I couldn't quite read, but I did noticed that seemed to have been a few girlfriends starting in secondary school. *[Explora tema dos relacionamentos românticos (atuais e passados)]*

C: Yeah. Hum.

T167: Hum, and just so – we can go back to each one over time – but just sort of for our overall picture *[Faz psicoeducação sobre foco e processos da sessão de assessment]*, hum, I'd pick up on, something that jumped out for me was that you had written poetry for someone and then they share it with other people. *[Explora tema com base em conjectura ou ressonância do próprio terapeuta]* 39:38

C: It wasn't for someone, no. It was just the way, that was when I started to feel really bad, and it was more like a psychological thing, you know how kids are like, they spread rumours and that, which wasn't a [? 39:49] and there was that stress and that, and for me how I dealt with how I was feeling was writing poetry and, and I, cos I did music as well, so song poetry, lyrics and, and that, but it was very dark the stuff I was writing and it wasn't about any particular individual, it was just what was, was a way of me processing what I had and yeah that was taken from me and that was showed to everyone and that and then, yeah, she used that as means of labelling me as a bit of a stalker and a creep [T: Right...] which we just walked the same way home and that, and it was just, it was just that. So that did had a big effect on me and it was that I was just labelled with that's the reason why I changed Sixth Form, I started Sixth Form there and then moved, and that was part of the reason why.

T168: Ok. Cos you felt you wouldn't be able to shake this label that you have been attached to? *[Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]*

C: Yeah, yeah.

T169: And I'm thinking as well how, how exposing and how vulnerable it sounds, to have something so personal as poetry [C: Yeah, yeah.] mocked, cos I think that was the word that you used. *[Faz reflexão empática tentativa sobre experiência interna do cliente]*

C: Yeah, yeah.

T170: Ok. So you moved Sixth Form College. *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]* So she wasn't your girlfriend? *[Explora tema dos relacionamentos românticos (atuais e passados)]*

C: No, no, no.

T171: Did you have a girlfriend at that point? *[Explora tema dos relacionamentos românticos (atuais e passados)]*

C: Towards in the, of the, hum, year 11, it was only a couple of months.

T172: Hum, hum. Ok. And, so, your, so you've had girlfriends on and off since school. *[Explora tema dos relacionamentos românticos (atuais e passados)]*

C: Yeah.

T173: Yeah. Do you currently have a girlfriend? *[Explora tema dos relacionamentos românticos (atuais e passados)]*

C: Yeah, Martina.

T174: You do. How long have you been together? *[Explora tema dos relacionamentos românticos (atuais e passados)]*

C: Hum, we've been together... Hum, there was a bit low period of hum, last December, last September when we separated for a while, but they counted two years.

T175: OK. Is she at the university as well? *[Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros]*

C: Yeah. She just [? 41:47] this year.

T176: Ok. So you knew her before you were at uni? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C: Yeah.

T177: Did, is, how, how did you meet? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C: Hum, we met in a local pub.

T178: Is this at home in [names the city]? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C: Yeah.

T179: Hum, hum. And does she understands what you're going through? *[Explora a qualidade da rede de suporte do cliente]*

C: Hum, she understands, yeah, but as she hasn't experienced this sort of things there's a limitation there.

T180: Do, do you feel she is able to support you? *[Explora a qualidade da rede de suporte do cliente]*

C: Yeah, yeah.

T181: How old? Is she 19? 20? Something like that? *[Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros]*

C: No, she is 22.

T182: 22, hum, hum. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]* And what are you, are you studying still? *[Explora contextos escolar, acadêmico, experiências profissionais, projeto profissional]*

C: Yeah, I'm in the second year now.

T183: And doing? *[Explora contextos escolar, acadêmico, experiências profissionais, projeto profissional]*

C: I'm doing classics.

T184: Classics. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]* Ok. So, did you, so that I don't leave a massive and important chunk of your life, from school, you did A levels? *[Explora contextos escolar, acadêmico, experiências profissionais, projeto profissional]*

C: Yeah, I didn't do too well with the A levels [T: Hum, hum.] And then after that I've done, hum, couldn't know what to do, I did open university for one year while working fulltime, so I just done humanities and that's when I picked out classics, so I've done, I thought my self 'why don't you fast track A levels in classical civilizations and ancient history' and thought my self those.

T185: Ok, hum, so, that sounds if after you left school it is as if suddenly you had a lot more clarity about what you might like to do.

C: Yeah.

T186: And then you're suddenly I'm gonna do this, this and this. There was a lot of focus about that. *[Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]*

C: Yeah.

T187: Ok. But what, what do you think was going on for you during the A levels? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: Hum, I think it was just a lot of negative feeling and that. In some respects there was also the case that I had a teacher absolutely useless [giggles] so, and there was a fraction there, cos he was always [? 44:04] and begun because I, that's when I was in the phase of turning anger, I would confront him on that which obviously caused issues.

T188: And where you the one in the class who used to step forward to confront? *[Explora assunto na sequência de pista do cliente sobre tema que parece significativo]*

C: Yeah, yeah, yeah.

T189: Hum, hum. Hum. How does that go down? *[Explora assunto na sequência de pista do cliente sobre tema que parece significativo]*

C: Hum, not very well, but to be honest, there's nothing, he couldn't really say much cos he was in the wrong side.

T190: No. Did you managed to change anything? *[Explora assunto na sequência de pista do cliente sobre tema que parece significativo]*

C: No, no.

T191: No. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]*

C: Cos I was still, the, when I started at Sixth Form, I started in the other school and I still, one of the subjects they didn't do it in the other one so I was at both Sixth Forms [T: Oh, ok.], one lesson, one subject in one and two in the other.

T192: So you weren't really able to establish yourself completely in one or the other, you've had a foot in both camps. *[Elabora tentativamente uma leitura possível com base na narrativa do cliente]*

C: Yeah, yeah.

T193: Hum, bit like your situation with you mom and dad, really. *[Sugere tentativamente ligação ou padrão]*

C: Yeah, yeah.

T194: Hum, ok, so you, what did you do when you were working for the year? *[Explora contextos escolar, académico, experiências profissionais, projeto profissional]*

C: Hum, I was in retail, yeah.

T195: Did you like it? *[Explora contextos escolar, académico, experiências profissionais, projeto profissional]*

C: But I was work, I worked for, I've been working since I was 16 so, I worked 3 years in one job, then, now will be 4 years. Yeah, work was ok.

T196: And you work now? *[Explora contextos escolar, académico, experiências profissionais, projeto profissional]*

C: Yeah, I work weekends.

T197: Retail still? *[Explora contextos escolar, académico, experiências profissionais, projeto profissional]*

C: Yeah.

T198: What do you sell? *[Explora contextos escolar, académico, experiências profissionais, projeto profissional]*

C: [? 45:50] Stationers.

T199: Stationers [at the same time], oh, ok. *[Explora contextos escolar, académico, experiências profissionais, projeto profissional]*

C: So I work in [names the company].

T200: Have you worked for them for a long time? *[Explora contextos escolar, académico, experiências profissionais, projeto profissional]*

C: Hum, I work for them for 3 years, then when I went for university there was like a six months where there was no place here, so I didn't do any work and then, yeah, I started to work in again in January.

T201: Hum, hum, ok. Do you like it there? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: Hum, it's go... it's, it's fine, but it's just there's problems in the store now, which is a bit frustrating.

T202: Hum, hum, so kinda work issues. *[Explora contextos escolar, académico, experiências profissionais, projeto profissional, Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]*

C: Yeah. Well, that's the manager, she's not so good at prioritizing and she tries to keep you [? 46:31] to do on the weekend when she doesn't [? 46:35] herself, so that's that side of it.

T203: Sounds frustrating. *[Faz reflexão empática tentativa sobre experiência interna do cliente]*

C: Hum.

T204: Yes, but you, you kind of, it's means to an end, it's just paying the bills while you're here? *[Procura captar se compreendeu bem ou esclarecer ao que o cliente se refere]*

C: No, I enjoy it, cos I just, It's just recently that I become supervisor or manager for weekends so I do enjoy it, in that respects.

T205: Ok. How many people are working in the store? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C: Hum, there's [names two persons].

T206: Do you get on well with them? *[Explora a qualidade da rede de suporte do cliente]*

C: Yeah.

T207: Hum. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C: It's just the manager there, she just passive-aggressive and that so I've tried to distance myself with the weekend people cos they don't like her, the way she is and the way I am.

T208: Hum, hum. So they, your weekend people are kind of I guess your team, if you like [C: Yeah.] and almost the way you managing is making them dislike her more. *[Sugere uma leitura complementar com base na narrativa do cliente]*

C: Yeah.

T209: Yes. Accidentally. Yes. Ok. Hum, interesting. Hum, so, you, so you did your AU course and worked for a year after your A-levels, so that took you to about... *[Explora contextos escolar, académico, experiências profissionais, projeto profissional]*

C: No, I worked for 3 years.

T210: 3 years, was that in the same kind of thing? *[Explora contextos escolar, académico, experiências profissionais, projeto profissional]*

C: Yeah, same thing, yeah. So I've done the AU for a year, then there was like a 6 month that I was gonna do something else but I didn't end up doing it and then I started in the A-levels, so that [? 48:13] the 3 years.

T211: Ok, so you actually started the university here when you were 21 or 20? *[Explora contextos escolar, académico, experiências profissionais, projeto profissional]*

C: 21 turning 22, cos my birthday is in September.

T212: 22, ok. And are you enjoying your course? *[Explora contextos escolar, académico, experiências profissionais, projeto profissional]*

C: Yeah. I've got, hum, pressure like the anxiety has being posing problems about going to lectures and that, but yeah, I'm enjoying it.

T213: Hum, hum. How does that affect you? *[Explora contextos (circunstâncias, precipitantes, mecanismos de coping, e.g.) relacionados com distress exacerbado/pedido do cliente]*

C: I mean, I haven't been, I probably max being some how 5 or 6 lectures this term and it's like a panic attacks.

T214: Ok. What do they look like? What do they... *[Explora contextos (circunstâncias, precipitantes, mecanismos de coping, e.g.) relacionados com distress exacerbado/pedido do cliente]*

C: Hum, I get the shaking, the shaking hands, hum, normally right hand, it's always been.

T215: Is that your writing hand, your right hand? *[Procura captar se compreendeu bem ou esclarecer ao que o cliente se refere]*

C: Yeah, yeah. I got the shortness of breath, hum, agitated, paranoia, sweating.

T216: Hum, hum. And the paranoia, what the specific things that you... *[Explora contextos (circunstâncias, precipitantes, mecanismos de coping, e.g.) relacionados com distress exacerbado/pedido do cliente]*

C: It's always been, when I was at my worst, I had the same thing, but it's always been how others perceive me.

T217: Hum, hum. [little silent] Hum. And can you tell if you're gonna have one? *[Explora contextos (circunstâncias, precipitantes, mecanismos de coping, e.g.) relacionados com distress exacerbado/pedido do cliente]*

C: No, it comes along like I, I've been tried different methods to obviously get to lectures and that, so I begun to wake up early, getting ready, get the stuff all ready, but then it all just come, come along. It might be when I'm still home when they come along, or it might be nearly there and it will happen.

T218: Hum, did it ever happen when you're here? *[Explora contextos (circunstâncias, precipitantes, mecanismos de coping, e.g.) relacionados com distress exacerbado/pedido do cliente]*

C: In the lecture?

T219: Yeah. *[#Responde a questão direta do cliente - não relevante para codificação]*

C: Hum, last year, yeah.

T220: Ok, but this year it tends to happen either at home or on the way. *[Explora contextos (circunstâncias, precipitantes, mecanismos de coping, e.g.) relacionados com distress exacerbado/pedido do cliente]*

C: I haven't come that far to... [laughs] The times I've been in lecture it's been ok.

T221: Ok. It's too early to tell. *[Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]*

C: Yeah.

T222: Ok. And if you... How debilitating is it when it happens? I mean, what does it mean for you for the rest of the day? *[Explora contextos (circunstâncias, precipitantes, mecanismos de coping, e.g.) relacionados com distress exacerbado/pedido do cliente]*

C: Normally I shut myself off, to be honest.

T223: Hum, hum. In your room or... *[Explora contextos (circunstâncias, precipitantes, mecanismos de coping, e.g.) relacionados com distress exacerbado/pedido do cliente]*

C: Yeah.

T224: Hum, hum. What is your living arrangement? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C: I live on [names the place] on campus, it's very isolated up there cos the people you live with they don't communicate at all or try to communicate is not that they communicate with each other and not me, it's just nobody communicates.

T225: Nobody, ok. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]* So it's a insular atmosphere. *[Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]*

C: Yeah, very insular. So it's very easy like on the weekends if I'm working and the girlfriend is working so from like a Friday afternoon the only people I speak till say Monday the only people I speak to are people from work. So it's very isolated in that respects.

T226: And do you socialize with people from work? *[Explora a qualidade da rede de suporte do cliente]*

C: Hum, the... I moved shops, I did, but yeah, we socialize, yeah.

T227: When do you get to see your girlfriend? *[Explora a qualidade da rede de suporte do cliente]*

C: We see each other a few times a week.

T228: Does she live on campus? *[Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros]*

C: Yeah, she lives in [names the place].

T229: So do you live in a, is it like a self-contained or do you share? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C230: Shared.

T231: Share. So even the people you share with everybody does the room thing? *[Explora a qualidade da rede de suporte do cliente]*

C: Yeah.

T232: Hum, doesn't sound very sociable. *[Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]*

C: No, no.

T233: No. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]* Was it what you expected? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: Not really, no, cos the, last year was a lot more sociable but there's also the thing about being a little bit older and that. You have done all the drinking when you were younger and that and it's, there's the money side of it and it's also if you've done it all, it's like... [laughs]

T234: You don't feel like doing it again. *[Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]*

C: Yeah [giggles].

T235: Ok. So it feels like *[Recorre a 'hedging language' (linguagem tentativa)]*, it's sort of, some of it has to do with age difference as well, they're in a slight different point of life than you are. *[Sugere uma leitura complementar com base na narrativa do cliente]*

C: Yeah, yeah.

T236: Do your girlfriend live on campus? *[Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros]*

C: Yeah, she does.

T237: What she is studying? *[Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros]*

C: She is studying translation.

T238: Ok. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]* Translation from foreign languages? *[Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros]*

C: Yeah, she is Spanish so she is doing Spanish and French.

T239: Ok. Hum, hum. Is this, do you think this is a long-term relationship? *[Explora tema dos relacionamentos românticos (atuais e passados)]*

C: Yeah, yeah.

T240: [little silent] Hum, hum. Ok. What have I not asked? [giggles] I feel like I've asked you a lot. *[Faz intervenção no contexto do aqui e agora da relação terapêutica]* Is there anything that you feel as important for me to know? *[Questiona cliente sobre assuntos significativos da sua história da vida e que acha pertinente referir na sessão de assessment]*

C: Hum, there's a relationship in, while I was at Sixth Form.

T241: Was this Ellen? *[Explora assunto na sequência de pista do cliente sobre tema que parece significativo]*

C: Yeah. So that's for 3 years.

T242: Ok, and what, what for you, because kind of my take on this is that you're the expert in you [C: Yeah.] *[Transmite explicitamente ou insinua visão do cliente como agente central e ativo no processo terapêutico]* so I wonder what you think was, was kind of important or pivotal for you about that relationship? *[Questiona cliente sobre assuntos significativos da sua história da vida e que acha pertinente referir na sessão de assessment]*

C: I think it wasn't until afterwards cos obviously that's the first like long term relationship so you think stuff is the normal [T: Right.], in some respects, but it was after that and even, even now it's still affecting me but it's like a, she would physical, it got, you could call it domestic abuse [giggles], in some respects, [T: Ok.] so yeah she would hit, slap, pinch, pinch me and that was they way expressing her emotions.

T243: Ok. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]* Was to take it out on you? *[Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros]*

C: Yeah. And it still affects me now so with my girlfriend she moves her hands and I'll flinch which is just an automatic reaction now.

T244: Hum, hum, and that's, that sounds, that sounds so difficult, doesn't it? *[Faz reflexão empática tentativa sobre experiência interna do cliente]* Because I'm thinking we're far better dealing with domestic abuse when it goes the other way [C: Yeah.] but to be a man, a big man, was she a little girl?

C: Yeah.

T245: Hum, to be being beaten by a small woman [C: Yeah.] is... *[Procura focar a exploração de assunto introduzindo dimensões ou ligações que não estavam presentes na narrativa]* I wonder how that was for you? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: I didn't think about it until afterwards, I just thought it was normal.

T246: Ok. It was normal. Gosh! *[Reage de forma expressiva ou opinativa]* A bit like the bullying. *[Sugere tentativamente ligação ou padrão]*

C: Yeah.

T247: Hum, and a bit like your mom leaving *[Sugere tentativamente ligação ou padrão]* [giggles]

C: Yeah.

T248: Yes. You have this capacity just to some how survive things that are happening with you, to you and around you [C: Yeah.], you sort of normalize it, that's how it feels.

C: Yeah, yeah.

T249: Hum, and then in reflection it's like 'oh, actually that's had an impact'. *[Elabora tentativamente uma leitura sobre o funcionamento ou estratégias de coping do cliente]* Wonder why you never hit her back? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: I just never did. [giggles]

T250: Do you ever wanted? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: No.

T251: Did you want her to stop? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: Yeah, yeah.

T252: And she, she fits quite a lot, there's quite a lot written about her... How would you describe her? What would, how, what was her role in your life? *[Explora tema dos relacionamentos românticos (atuais e passados)]*

C: Hum, obviously very important.

T253: Hum, hum... [little pause] And she finished with you? *[Explora tema dos relacionamentos românticos (atuais e passados)]*

C: Yeah.

T254: And how did you feel then? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: Hum, I felt, was a weird situation cos I told her, I didn't tell her the pressure until months before and then she broke up and it was just a weird situation where we were still seeing each other and that but we weren't together and she was very much like 'oh, you need to change this, this and this about

yourself', which obviously it's easier said than done when you're feeling the way you are, so that's when I sprout out, out of control, so I was out work as well. 56:12

T255: Hum, hum. And what, tell me for you what constitutes to be out of control. *[Procura que cliente clarifique significados de conteúdos da sua narrativa]*

C: I mean I wasn't able to do normal things like go out.

T256: Ok, so you were lie slating yourself and is this when you thought you might jump of the bridge? Was that then? *[Explora comportamentos auto ou heterolesivos (risco atual ou passado)]*

C: Yeah.

T257: And the way you talk about it that sounds as if it was triggered by her saying you've got to change. Have I picked up on that correctly? *[Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]*

C: Yeah.

T258: Hum, I find that fascinating, you've got to change. *[Reage de forma expressiva ou opinativa]* Was she gonna change? *[Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros]*

C: I don't know. [giggles]

T259: Hum, but something about, there's something about that had a huge impact on you. *[Faz reflexão empática tentativa sobre experiência interna do cliente]*

C: Hum.

T260: Hum, that's something I'd really like to explore with you. *[Sinaliza tema relevante a abordar depois da sessão de assessment]*

C: Yeah.

T261: Ok, so and after, so Ellen was kinda 16 to 19, is that? Have I got that time right? *[Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros]*

C: Yeah.

T262: Had it been other relations that you think is really important for us to talk about? *[Explora tema dos relacionamentos românticos (atuais e passados)]*

C: Hum, after that there was Katherine for 6 months but, hum, that again it was very similar, Katherine she was very much like, hum, trying to belittle you in some respects because she would, she was like 'oh, my [? 57:46] are more important than yours bla bla bla' but, hum, yeah, I broke up after 6 months, but she made a friendship with my family, my dad and stepmom, so even though I've broke it up since this day she comes by every week, which is strange, and even with me saying I don't want this they're like 'she is our friend' [T: Hum!] so I've got that [laughs] side of things.

T263: Ok, so what I'm kinda picking up on here is that there is a sense that you felt your family have chosen your ex-girlfriend [C: Yeah, over me.] who belittled you over you. Hum, that sounds hurtful... *[Faz reflexão empática tentativa sobre experiência interna do cliente]*

C: So that's obviously why the relationship with my dad and his side of the family is worse because of that.

T264: Ok. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C: Is like, hum, his birthday this year I didn't get invite to going out and my mom said to me on Facebook 'you know, have you seen the [? 58:45] for his birthday' and [? 58:47] Katherine was there and I didn't get an invite.

T265: Hum, so Katherine your ex-girlfriend was there. *[Explora assunto na sequência de pista do cliente sobre tema que parece significativo]*

C: Yeah, was invited but not me.

T266: Does that make you angry? *[Faz conjectura empática tentativa sobre experiência interna do cliente]*

C: Yeah, I went ballistic. He was like 'oh, it's a spontaneous thing' and all that bullshit. [giggles]

T267: Did you get any satisfactory answer? *[Explora assunto na sequência de pista do cliente sobre tema que parece significativo]* 59:08

C: No. So I stopped, I stopped communicating till maybe about last week.

T268: Ok. So why did you, who, hum, what I'm trying to say here? Make me speak English! Who instigated the... [Explora assunto na sequência de pista do cliente sobre tema que parece significativo]

C: Hum, it was him.

T269: Ok. [Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]

C: But there's also the side with Martina, my current girlfriend, they didn't like her [T: Ok.] and still don't, but because she is very different, too very different people.

T270: Hum. I, do you, I, I, I'm, I don't really know what to make of that. I find that fascinating. Hum. [Revela ressonância interna perante conteúdos da narrativa do cliente]

C: It's a bit weird. [giggles]

T271: Hum, ok. [Faz intervenção conversacional curta que valida resposta e/ou incita a continuar] There's like a all sub-story in there. Almost feels as it got nothing to do with you, feels like it's something to do with other people there, but you are badly impacted by, that's a plot. [Sugere uma leitura complementar com base na narrativa do cliente] How does Martina feel about this? [Explora a percepção do cliente sobre atitudes, ações ou circunstâncias de Outros significativos]

C: Oh, she hates it, yes, cos she doesn't get along with my dad, she tried to, but just doesn't get along. 01:00

T272: Ok. Hum. So when your dad contacted you was it to hold up an olive branch? How did it feel to you? [Explora assunto na sequência de pista do cliente sobre tema que parece significativo]

C: Hum, just to get in contact and the only reason I replied was cos he got his operation, that's the only reason.

T273: So you, is that, it sounds like it's important that you, why is that important that you make the contact with him or keep the contact with him? [Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]

C: Hum, it's not really important, [? 01:01:02] my mom mentioned it to me, so he has contacted and that, but it's just, it's just to see how is he going to have the operation or when is it gonna be, but that's apart from that, that's...

T274: Ok, ok. Hum. So it's a sort of a human response, so someone who is going to towards to go on an operation, you don't want to just ignore what his going through. [Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]

C: Yeah.

T275: Hum. I'm having thoughts about that...C: [giggles] T276: [giggles] [Revela ressonância interna perante conteúdos da narrativa do cliente] Ok, let me keep an eye on time, ok we are doing ok. [Informa ou refere-se explicitamente a aspetos relacionados com gestão do tempo da sessão] Hum. Right. I think I have got a good kind of overall picture of... Oh, a couple more questions. You, what do you think, how would you classify your relationship with alcohol now? [Questiona sobre comportamentos aditivos]

C: Hum, I can take it or leave it, to be honest. There was when, hum, I broke up with Ellen, there was a time I was drinking a lot, so it was always whisky, a lot of whisky every night [C: Hum, hum] at the moment I had some alcohol last night but it's just take it or leave it, I'm not...

T277: Ok. Do you drink socially or alone or...? [Questiona sobre comportamentos aditivos]

C: Hum, apart a few weekends I've been drinking alone, but it's just a couple of beers, that's, it's not because, I have some friends from work around every week and it's not that I've bought the alcohol, it's like they left some there, so... [T: Ok.] If it wasn't there I wouldn't have it.

T278: You wouldn't drink it. So at the moment you don't have any great concerns about... [C: Alcohol.] alcohol use? [Questiona sobre comportamentos aditivos]

C: No.

T279: And drugs? [Questiona sobre comportamentos aditivos]

C: No.

T280: Do you smoke? [Questiona sobre comportamentos aditivos]

C: Hum, no.

T281: No. And have you had any serious physical injuries or illnesses? *[Explora eventuais limitações, deficiências ou doenças físicas do cliente]*

C: Hum, not really, no.

T282: Not really. Ok. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]* I think that's most of it. Ok. One, one, one, just one more thing we've got to do, one more form we've got to fill [C: Ok.] and this one is about what you would like, what would you like for you from this 24 sessions. *[Apresenta ou contextualiza os instrumentos de monitorização clínica]*

C: Ok. Hum. I think just more clarity.

T283: More clarity. About anything in particular? *[Incita à reflexão, formulação e clarificação de objetivos terapêuticos]*

C: Just my faults and ways to deal with it. 01:03:29

T284: Ok, so if we kind of put on your, a goal then perhaps would be 'achieve clarity of thinking'? *[Incita à co-elaboração da redação dos objetivos]*

C: Yeah.

T285: Put it, my, just my immediate thought on that is you present yourself and you sound very clear [C: Hum...] but I'm obviously not seeing today or... *[Expressa abertamente dificuldade em captar experiência interna do cliente]*

C: Hum, I'm very good alike with the pressure side of things as in sort of my dad's, it wasn't until 2 years ago I actually told him, so before that it was always his point of view is that I'm just selfish, so that's why I had that at home, so him going 'you're selfish', you only look by yourself, not doing anything, I was in that, so but that's why I never told him, and that was the same with my mom, I never told anyone, so I'm very good at... until I'm bad, I'm very good at masking emotion.

T286: Ok, ok. So you're good, you keep it to yourself. Do you feel it's your responsibility to deal with it? *[Incita à exploração do cliente sobre visão de si mesmo]*

C: Hum, in some respects, yeah.

T287: Hum, hum. Ok, so clarity of thinking then is that about your own distress is that? *[Incita à reflexão, formulação e clarificação de objetivos terapêuticos]*

C: Yeah, yeah.

T288: Hum, is there any, and does not, it doesn't have to be more than one, that can be your goal, hum, but I think, I'm wondering if there's anything else that you would like to focus on? *[Incita à reflexão, formulação e clarificação de objetivos terapêuticos]*

C: Hum, I think it's probably about it.

T289: That's it. Hum, hum. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C: Yeah, yeah.

T290: Do you want to, I mean, are you happy just to think to focus on the thinking about things or are you interested in looking at the relationships that you have with say your family or other... *[Sugere tentativamente objetivos com base em leitura abrangente da narrativa do cliente]*

C: Hum, probably a bit of both.

T291: Would you like to have that as a secondary goal? *[Sugere tentativamente objetivos com base em leitura abrangente da narrativa do cliente]*

C: Yeah.

T292: Ok. Hum, hum. So how would you like to phrase that? I'm thinking about 'the impact of relationships'? *[Incita à co-elaboração da redação dos objetivos]*

C: Yap, yeah.

T293: Ok. Does that sound like it's going to give you focusing on those goals? They're quite broad, to be honest, but does that feel like it's going to give you what you think you might like to get? *[Explora se objetivos formulados são significativos ou produtivos, sugerindo reformulá-los se pertinente]*

C: Yeah.

T294: Ok. Ok. Well, that's what we'll do. What I'll do now is I put them all in the i-pad and then when you come back to your first session they will come up and they will remind us this was your focus [*Cria expectativa sobre abordagem aos objetivos formulados nas sessões seguintes*], we can change that focus at anytime but, hum, yeah. [*Salienta o carácter não vinculativo dos objectivos formulados e/ou enquadra a formulação de objetivos como um processo ongoing*] How are you feeling? [*Ausculata a experiência global do cliente sobre a sessão*]

C: Ok.

T295: What, what is it like being tell me this and tell me that and? [*Ausculata a experiência do cliente sobre grau de diretividade imprimido pelo terapeuta*]

C: In some ways a little bit of relief, in some respects.

T296: Ok. Did it feel it was too many questions? [*Ausculata a experiência do cliente sobre grau de diretividade imprimido pelo terapeuta*]

C: No.

T297: You feel like I'm intruding into your space? [*Ausculata a experiência global do cliente sobre a sessão*]

C: No, no.

T298: If you are I really welcome you to share that with me, hum, ok. [*Incita cliente a fornecer feedback sobre a sessão e/ou postura do terapeuta*] So, on that basis would you like to come and do some work together? [*Acentua de forma explícita a escolha do cliente quanto à decisão de iniciar terapia*]

C: Yeah.

T299: It's Tuesday a good day for you? [*Concerta agendamento da sessão seguinte*]

C: Yeah. Tuesday it's fine.

T300: Ok. Is 10:30 a good time for you? [*Concerta agendamento da sessão seguinte*]

C: I can, yeah, I can do that or I can do early.

[Spend some time scheduling the interview and next appointment (not relevant)]

ANEXO C – Codificação aberta de sessões – Pfd020 session 1

Pfd020 – session1

T (Therapist) 1(intervention number): Right, we're recording ourselves now. *[Informa cliente que estão a ser gravados]* How did you find your interview [research interview]? *[Explora como correu a entrevista do protocolo de investigação]*

C (Client): Yeah, it went well.

T2: Good. Did you find it useful? *[Explora como correu a entrevista do protocolo de investigação]*

C: Yeah.

T3: Do you remember what we discuss last week that part of the process of the beginning in each and end of each session will be bit of a form filling? [C: Yeah.] But we can do it on here [i-pad], so I'm hoping I can just go in there. *[Informa ou relembra aspetos contratuais sobre uso de instrumentos de monitorização clínica]* Ok, and I need my glasses. *[#Intervenção não relevante para codificação]* So if you are happy *[Transmite explicitamente ou insinua visão do cliente como agente central e ativo no processo terapêutico]* shall we start by talking about the goals? Remember the goals we talked about last week? *[Retoma objetivos terapêuticos para negociar/avaliar foco das sessões]*

C: Yeah.

T4: How did, did you think about them or... *[Explora se objetivos formulados são significativos ou produtivos, sugerindo reformulá-los se pertinente]*

C: Hum, we discuss them in the interview. [T: Ok] We did, so yeah, hum, I just said that it's a collaborative thing.

T5: Did, did find that having those goals during the week were useful to you? *[Explora se objetivos formulados são significativos ou produtivos, sugerindo reformulá-los se pertinente]*

C: Hum, I suppose I didn't think much of them since being in the assessment. [T: Right, yeah] I didn't really think much of them.

T6: Ok, hum, hum. That is something to bury in mind as well, that maybe we need to think about are this the right goals for you as well. *[Explora se objetivos formulados são significativos ou produtivos, sugerindo reformulá-los se pertinente]*

C: Yeah, yeah.

T7: We can think about that. *[Explora se objetivos formulados são significativos ou produtivos, sugerindo reformulá-los se pertinente]* So in terms of the goals there's a little questionnaire here that you can answer, it's just two little scales. *[Apresenta ou contextualiza os instrumentos de monitorização clínica]*

C: Yeah.

[filling in the form]

C: There you go.

T8: Wonderful, thank you. *[Agradece o preenchimento dos instrumentos de monitorização clínica]* And the next thing we'll do is the PHQ9. [C: Ok.] Hum, which is, if you remember from last week, kind of a scale of how you were feeling [C: Yeah.], you've done one before I think. *[Apresenta ou contextualiza os instrumentos de monitorização clínica]*

C: Yes, I have.

[filling in the form]

C: There you go.

T9: Wonderful, thank you very much. *[Agradece o preenchimento dos instrumentos de monitorização clínica]* And then is this. Another one of the same, that's de GADS survey. *[Apresenta ou contextualiza os instrumentos de monitorização clínica]*

C: Ok.

[filling in the form]

C: There you go.

T10: Wonderful, thank you very much. *[Agradece o preenchimento dos instrumentos de monitorização clínica]* Right. Are you interested in, do you think it would be useful for you *[Transmite explicitamente*

ou insinua visão do cliente como agente central e ativo no processo terapêutico] to see it in chart form? How this scores are? [Sugere analisar e/ou explora em conjunto resultados (charts) dos instrumentos de monitorização clínica aplicados]

C: Hum, yeah.

T11: We don't have to look at it every time, but you can look at it any time you want. [Assegura ao cliente a disponibilização de registos ou resultados da aplicação de instrumentos de monitorização clínica] Do you want to see it now? Do you want to see how those charts look like? [Sugere analisar e/ou explora em conjunto resultados (charts) dos instrumentos de monitorização clínica aplicados]

C: Ok, yeah.

T12: Ok, let's look at the chart. There won't be much on it, so. So, that's kind of hard look when they summarize it and then they keep that over the 24 weeks. [Sugere analisar e/ou explora em conjunto resultados (charts) dos instrumentos de monitorização clínica aplicados] What do you think about that? What do you think about having something in a chart? [Explora resultados ou respostas aos questionários em contexto relacional]

C: Hum, I think obviously over a period of time it does give you a sense of improvement, cos you might not be thinking you've improved, but by seeing it visually then you've got that.

T13: It might be helpful to think about that. [Valida percepção do cliente sobre utilidade ou fiabilidade das medidas dos instrumentos de monitorização clínica] Ok. Right, so we don't have to do anymore of those [forms] now till the end. [Gere expectativas sobre tempo dedicado ao preenchimento dos instrumentos de monitorização clínica]

C: Yeah.

T14: So how would you, how would it be useful for you to structure this session, you think? [Incita cliente a definir foco ou assuntos que gostaria de explorar em sessão] So you have sort of... You identified last week in assessment sort of two goals, hum, do you want, do you want to focus on those goals during the session? [Retoma objetivos terapêuticos para negociar/avaliar foco das sessões]

C: Hum, I think maybe get more of what a picture was like the past and that so.

T15: Ok. So you would like kinda go back [C: Yeah.] to the past, right, ok. Yeah, and it feels to me like we, that is really useful for building a picture for how you got to where you are now which will help us to kind of focus on the goal. [Valida preferência manifestada pelo cliente sobre foco da sessão]

C: [at the same time] Put the goals there, yeah.

T16: Ok. On that basis then, where would you like to start? [Incita cliente a definir foco ou assuntos que gostaria de explorar em sessão]

C: Hum, I'm trying... Have you got the list on you, have you?

T17: I have the list, yes! [#Responde a questão direta do cliente - não relevante para codificação]

C: Have a look, see if there's anything that you think stands out to you.

T18: I'd really like, I really like it to be your choice [C: Yeah.] rather than mine because what I deem to be [C: Important, yeah.] important, you might not. So you, you have a flick through your list. [Faz psicoeducação sobre processos terapêuticos (papel do cliente, estilo do terapeuta, e.g.)]

C: [some seconds after] I think maybe the relationship with my family.

T19: With your family, ok. Let's do that, let's start with that. [Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu] Sometimes where an interesting pace to start is – and feel free to tell me you don't find that interesting at all [Incita cliente a expressar discordância ou ser crítico sobre as intervenções ou sugestões do terapeuta] – is, hum, is, when you were little and if you fell over and cut your knee what would happen? Who would come for you? [Explora reações, características e crenças do cliente com base cenários hipotéticos]

C: I haven't much memory of that cos my dad... It would have always been my dad.

T20: Always been your dad, hum, hum. [Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]

C: Because my mom, my dad worked nights, he had his own [7:23] business, so he would work nights, so he'd be the one taking me to school, looking after me in the day, so yeah, it was always my dad, and that's cos my mom worked through the day. But I haven't got much memory of them both being together.

T21: Ok. So they feel quite separate in your mind. *[Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]*

C: Yeah.

T22: As if you had a relationship with each of them but you're not conscious of the relationship between them, ok. Hum. Which is bit like you relationship with them now, isn't it? They don't have a relationship with each other. *[Clarifica dinâmicas relacionais com figuras de vinculação ou Outros significativos]*

C: Yeah.

T23: Hum. Hum. So do you think it would have been your dad you called for if you had a nightmare or... *[Explora reações, características e crenças do cliente com base cenários hipotéticos]*

C: Hum, yeah... I don't have any memory of that, being younger, [T: Hum...] I've always been very just focused on my self focused in dealing with my self [T: Hum, hum.] but I never go to either of my parents to talk about stuff.

T24: Not now?

C: I mean, generally never.

T25: Even then? *[Explora assunto na sequência de pista do cliente sobre tema que parece significativo]*

C: Yeah.

T26: So I'm wondering if you had this sense of you just had those no one or you had to sort it at your self *[Elabora tentativamente uma leitura possível com base na narrativa do cliente]*, what was it like? What was that like? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: Hum, I think it was always just, hum, I didn't want to communicate about emotions.

T27: Ok. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C: But even that's a stupid thing like with, hum, when I was about 11, it was like taste in music I was even afraid to express that [T: Hum] up to a point. So it was even down to that, I wasn't even happy with expressing that to anyone.

T28: Ok. Was it, some how is as if you might get it wrong? It might be the wrong opinion or the wrong answer? *[Explora tema com base em conjectura ou ressonância do próprio terapeuta]*

C: Yeah. It was more of a comparissement in some ways, this sound a bit weird now, but yeah. 9:32

T29: Sort of it, like, that feels like a sort of shyness almost, like what would this be, what would people think of this? *[Elabora tentativamente uma leitura possível com base na narrativa do cliente]*

C: Yeah, yeah. I think also when I was growing up in [names the city] I'd always, I'd get home and I'd lock my self away, I'd always lock my self away, so I always had that isolation and such.

T30: Hum. And that's after your parents split we're talking now? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C: Yeah. Obviously cos I didn't get on with my stepmom and my stepsister.

T31: No. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]*

C: It was always that isolation.

T32: Hum, I, I'm watching what that was like, cos it sounds like it must be sort of a shock to the system in a way, there was just you and your dad and then suddenly you move and you're living with this woman who you don't really like and her daughter who you don't really like. *[Valida a vivência do cliente]*

C: Yeah. I suppose it was a bit of a shock and there's also the thing of like favouritism with her, so she, my stepmom, she never been very even with stuff, so there's always favouritism, favoured her, so there was that side of it.

T33: So you felt you've become very much second place. *[Faz reflexão empática tentativa sobre experiência interna do cliente]*

C: Yeah, yeah.

T34: And how, how do you remember feeling about how your dad dealt with that? Were you his favourite? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]* 11:00

C: I'd say yeah, yeah. But, hum, that was first couple of years, then obviously with the car accident and he starting getting worse, so I spend less and less time with him, and it's all, and it starts when started the all thing of me, of him saying that I'm selfish and that I don't show any compassion and that, but when you had so many years of your dad being, with anyone, being hill, like even now when he said like, hum, cos he have [? 11:34] stop him from being paralysed, he mention that and it wasn't like I was shocked or anything it was like ok, no think, I don't have any reaction to it anymore.

T35: No. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]* It... It's sort of a compassion fatigue? Like where, it's been so much that you've almost ran out of, like reaction... *[Elabora tentativamente uma leitura possível com base na narrativa do cliente]*

C: Yeah.

T36: Yeah. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]*

C: So that, yeah, I would never speak to him about anything.

T37: Yeah, and I'm, I, I can s... I can totally see that the absence sounds horrific and I can totally see why your father is in need of compassion for something that happened to him. Kind of what's is coming up to me is where was the compassion for what was actually happening for you? [C: Hum.] Because as a really little boy your mom and dad split, you, th-th... you know what I mean, there's a lot going there... *[Faz reflexão empática tentativa sobre experiência interna do cliente]*

C: Yeah.

T38: Did you feel there was compassion for you? *[Faz conjectura empática tentativa sobre experiência interna do cliente]*

C: Hum, not that I'm aware of, no.

T39: No. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]*

C: It was just tried to adapt to the situation.

T40: Hum, you must have been quite a smart kid because you found a way to survive in the situation [C: Hum.], you looked to yourself for the resources, shut yourself away. *[Saliena e valida os recursos psicológicos ou estilo de coping do cliente]*

C: Yeah.

T41: Wonder what the cost of that was to you... *[Incita cliente a explorar recursos psicológicos, estratégias de coping e/ou custos psicológicos]*

C: Hum, I don't know. It wasn't till... year 9 I started actually, obviously I had friends in school and that, but actually started going out properly.

T42: Year 9. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]* How old would you have been? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C: I would have been... 16 in the year 11, so I would be about 14.

T43: 14. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]*

C: Yeah.

T44: So you moved to [names the city] when you were 7, so took you 7 years really to kind of work out well as ok place to be, hum. *[Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]*

C: But even then I'd still get, when I was at home, get in my room and shut door and lock it.

T45: And lock it. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]* Really keep them out. [C: Hum] *[Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]* Would they

come in if you didn't lock the door? *[Explora a percepção do cliente sobre atitudes, ações ou circunstâncias de Outros significativos]*

C: Hum, it would depend but obviously with my dad being ill and all he has to stay in bed a lot so sometimes no. But I'd never have my stepsister or anything come in, like I even now I can go, I've done a test, I did, when I was back in the summer, I felt like I'm gonna not speak, not making any contact with my stepsister at all and see if she communicates back and I went for a week, no communication.

T46: In the same house? *[Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros]*

C: Yeah. Nothing.

T47: Hum. Strange... *[Revela ressonância interna perante conteúdos da narrativa do cliente]*

C: She hasn't got many social skills, she's really intelligent, but she hasn't got that social skills.

T48: Ok. So you can kind of identify that perhaps it's a, it's a lack of ability as opposed to a deliberate or... *[Explora a percepção do cliente sobre atitudes, ações ou circunstâncias de Outros significativos]*

C: Yeah. Obviously isn't deliberate, is just, hum, yeah...

T49: But it feels like it was a strange place to grow up. *[Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]*

C: Yeah.

T50: Hum, a sick dad, a distant stepmother and a distant stepsister. *[Organiza, sumaria, estabelece cronologia ou salienta sequência de eventos ou circunstâncias significativas]* What was it like in your room? I mean how did you feel, not literally what it was like! *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: Hum, in the beginning up to when I was about 15 or so it felt like in some ways like security.

T51: Hum, so you felt safe in there. *[Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]*

C: Yeah. But then after that then I'd realise obviously the room wasn't the best place for you to be.

T52: Hum, hum. So again there was this you had to work out for yourself [C: Hum] this wasn't, this wasn't kind of a productive thing for you to be doing. *[Salienta e valida os recursos psicológicos ou estilo de coping do cliente]*

C: Yeah.

T53: Yeah. Hum. Hum. I, I, I find that, I feel really glad that you had that insight [C: Hum.] because it feels like it would have been really easy to stay in the room and not come out. Hum. *[Salienta e valida os recursos psicológicos ou estilo de coping do cliente]*

C: But then I went to the other end of the spectrum of always going out.

T54: Ok. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C: So, when I was 16 I'd be in my friend's house after school and I'd be out till 11 o'clock at night and come home and do the same thing, to end of the spectrum.

T55: Ok. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]* Anything that wasn't about being in that unit? *[Explora tema com base em conjectura ou ressonância do próprio terapeuta]*

C: Yeah. I went from, when I was about 15 or so I'd be, in 6 months, I went from 14 stone (89kg) to 10,5 (67kg) and that was back at that time, and that was just purely me just going out not eating.

T56: Ok, so not eating just burning [C: Yeah.] adrenaline and [C: Yeah.] calories, yeah. *[Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]* Were you drinking during that time? *[Explora comportamentos de risco na sequência da narrativa do cliente]*

C: No, not other than a beer.

T57: What did you do when you went out? *[Explora assunto na sequência de pista do cliente sobre tema que parece significativo]*

C: If I wasn't with friends I'd just be walking.

T58: Hum, is that when the walking started? *[Explora assunto na sequência de pista do cliente sobre tema que parece significativo]*

C: Yeah, yeah.

T59: And wh-what was it like when you were walking? Wh-What were you thinking about or feeling? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: Hum, nothing really, it would be more just focus on where I'm walking to, I'd make up excuses like to go out, just get one thing or look at something cos I [? 17:43] or so first it would just be me walking, then when that stopped working there be the headphones to distract me but then obviously that stopped working.

T60: So, there's this sense that being in the house unless you were in your room and locked in was unbearable. *[Faz reflexão empática tentativa sobre experiência interna do cliente]*

C: Yeah, I would never sit downstairs, even now I don't [T: No.] I won't sit downstairs.

T61: But also even when you're out, unless you were distracted, wh-what kind of things would intrude on you? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]* Because that's what comes up for me, as if this is intrusions. *[Elabora tentativamente uma leitura possível com base na narrativa do cliente]*

C: Hum, just thoughts and that.

T62: Hum, can you give me an example? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: Just, hum, how I was feeling at the time, just, hum, I don't have actually... Or what the current situation would it been and that and again like what I've said before which I have improve upon on now, but having that things some say some negative [? 18:43]

T63: Ok, so you have that chain reaction. *[Clarifica características do funcionamento do cliente (reações cognitivas, crenças, estilo de coping, defesas, e.g.)]*

C: Yeah, yeah.

T64: So there was, ok, this, this, this is something that... I have a sense of but I wonder if this make sense to you *[Incita cliente a expressar discordância ou ser crítico sobre as intervenções ou sugestões do terapeuta]*, is that you managed by keeping everything up here, by processing the thoughts the cost to you of that was this chain link of negative thinking but it feels like you kept it really separated from here, from the feeling part. *[Clarifica características do funcionamento do cliente (reações cognitivas, crenças, estilo de coping, defesas, e.g.)]*

C: Yeah, yeah.

T65: That almost feels like *[Recorre a 'hedging language' (linguagem tentativa)]* you shut it down. *[Elabora tentativamente uma leitura possível com base na narrativa do cliente]*

C: Yeah. I think even now I'm very numb [T: Hum.] with like emotions.

T66: Yeah. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]* Do you, do you, you might think this is a bit silly, but *[Incita cliente a expressar discordância ou ser crítico sobre as intervenções ou sugestões do terapeuta]* when I had you in mind I was thinking about, you know, what was going on for you, I've got this image of, you know, an old fashioned knight in armour, and that you had this like armour on so the, nothing could hurt you but, sort of it almost like a barrier in a way just to protect you. *[Elabora tentativamente uma leitura recorrendo a imagens ou metáforas]*

C: Yeah, yeah. Like a, hum... Yeah, no, is, I, I was, I'm very good at like just hiding it completely [T: Hum, hum.] but the down side of that, it can make you seem cold, can make you seem cold and also in some respects can make you seem like a bit of an asshole in some ways and not feeling well and, there has been a few occasions where, cos I've been feeling anxious, I'd just, I'd go at friend's and I'd just leave, I won't communicate, I just leave.

T67: Cos you just can't cope. *[Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]*

C: Yap and instead of expressing it, a little bit like it now, I told my friends, but, hum, yeah, instead of expressing it is just the case of just getting away from it.

T68: Hum. Yes. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]* You... Cause, I think how I felt last week when we met is that on the one hand you were very mature, you're very contained, you were, you talked very rationally, very reasonable when you talked about some of the very distressing things that you've been through and I thought if I haven't heard what they were I wouldn't know, I wouldn't know. *[Revela impressões sobre o cliente]*

C: Yeah.

T69: Yes. And I wondered what you'd had to do to, I wondered to how that come about for you that how painful things have been so that you actually had to put your armour on in a way to numb yourself, for shield yourself. *[Valida a vivência do cliente]*

C: Hum, I think again it's a bit a fatigue as well, I just in some respects instead of, well, instead of dealing with it you just block it off completely.

T70: Hum, hum. It's too hurtful, so like just cut it off. *[Valida a vivência do cliente]*

C: Yeah.

T71: I can understand that. Feels like [sighs] your choices were quite limited. *[Salienta e valida os recursos psicológicos ou estilo de coping do cliente]*

C: Hum. There's always the offer to talk to my dad, but I would never feel comfortable of it.

T72: Hum, do you have any sense of why that is? *[Explora percepção do cliente sobre origens dos problemas ou de características suas]*

C: Hum, I think is cos, is just down to not having a real strong relationship with him.

T73: Hum, hum. That you don't quite believe in him [giggles], you don't quite...

C: Yeah.

T74: Almost as if he's not quite real. *[Sugere uma leitura alternativa ou que introduz algum desafio face à visão do cliente]*

C: Hum. Yeah, cos he's got problems as well, cos he's got problems, hum, mental health issues.

T75: Oh, does he? *[Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros]*

C: Yeah, but that's because he, he is stuck indoors nearly every single day, when you're in bed it's kinda happen to you [giggles].

T76: So, his mental health issues have a reason as consequence of his hill health? *[Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros]*

C: That and obviously when he was younger cos my granddad or his dad had, he's got schizophrenia [T: Ok.] so he had that side when he was younger.

T77: So both your parents actually have got quite traumatic past, haven't they?

C: Yeah.

T78: I wonder how close down they are. *[Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros]*

C: Hum. It's also the thing of because of then having that sort of past, specially on my dad not having anything, the same is not my mom, cos she had the quite a few brothers and that, there's the thing of just giving material things to make out for it.

T79: Hum, hum. Ok. They can't give you anything from here but here... *[Clarifica dinâmicas relacionais com figuras de vinculação ou Outros significativos]*

C: [interrupts] Yeah, so just give you material.

T80: 'This is a symbol of how I feel.' *[Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]*

C: Hum.

T81: Hum. And how did you construct that, what was that like for you, you're given things? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: Hum, I think is like momentary... cos I've gone, I go through phases, it's gone better in the past year, but just spending money on stuff so is similar to that it's just, even if you get, because your feeling so alone you get like maybe a days or even less just a little bit, well you deem happiness from it, it's worth it, so is similar to that, that you, if they're buying stuff for you, you get a little bit of pleasure from it then obviously that pleasure goes.

T82: It doesn't, it's a transient pleasure, is it? *[Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]*

C: Hum.

T83: But it makes sense, doesn't it? Because that's how people showed you that you show affection, how you give pleasure is to give things, that's what you've learned. *[Valida a vivência do cliente]*

C: Yeah. Hum.

T84: Hum. And I'm thinking how, how... I feel really sorry for both your parents and the things they have been through and I'm thinking how difficult it must have been for you, ok, this is just a hypothesis, but given what you've told me about them, I'm imagining they were quite shut down for various reasons [C: Yeah.] and through necessity, but how would they have been able to teach you how to relate [C: Yeah.] if, if, if they couldn't... *[Valida a vivência do cliente]*

C: Yeah.

T85: Hum. Is kind of remarkable that you functioned as well as you did, isn't it? You're just like, you must be quite, you must have been a very resilient little boy in many, many respects. *[Salienta e valida os recursos psicológicos ou estilo de coping do cliente]*

C: Yeah.

T86: Hum, very... It sounds a difficult place to have been. *[Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]* Do you feel angry with them? *[Faz conjectura empática tentativa sobre experiência interna do cliente]*

C: Hum, not really, no.

T87: No. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]* And what kind of relationship would you like to have with yourself now? *[Explora visão de futuro ou aspiracional do cliente]*

C: With myself?

T88: Yeah. *[#Responde a questão direta do cliente - não relevante para codificação]*

C: Hum...

T89: Actually maybe that's a silly place to start. What kind of relationship... Perhaps a better place to start was, hum, what kind of relationship do you think you have with yourself now? *[Incita à exploração do cliente sobre visão de si mesmo]*

C: Hum, I think I'm very critical with things, with achieving stuff and that, or don't achieving, which obviously leads to feeling down about things.

T90: And, and what's your benchmark of achievement, for instances if your doing an exam or something? Is it pass enough? *[Incita à exploração do cliente sobre visão de si mesmo]*

C: I'm not particularly bored by that sort of things as long you do, do the best you can [T: Ok.]. So I don't say 'oh, I need to get this' [T: Ok.], I don't put pressure about that, but, hum, in the past, when I was like, obviously when it started, when I was about 18 till couple years ago, I use to do a thing that every month I would, hum, write down goals, so I'd split it into... I can't know... Into mind, social, education, physical, I think there was it, and then give yourself goals [T: Hum!] for that which is positive and negative because obviously if you don't achieve those goals or if you put a goal that is too hard to achieve and then you look back in next month and haven't achieved and you think, hum, it does affect you [T: Yeah.]. But then if you do achieve it gives you some sort of compliment. 27:56

T91: And do you think, how do you think you set your goals? You think you were reasonable in you goal setting? *[Incita à exploração do cliente sobre visão de si mesmo]*

C: Initially no, but towards the end yeah.

T92: Ok. So when you had some failures or successes but at a cost you sort of rationalised this goals like 'they're too difficult, you need to lower the bar of it'. *[Clarifica características do funcionamento do cliente (reações cognitivas, crenças, estilo de coping, defesas, e.g.)]*

C: Yeah.

T93: Ok. Hum, seems to have a lot in common with what we're doing here [giggles] actually, doesn't it? *[Relaciona ou capitaliza estratégias extraterapêuticas espontâneas do cliente e processos do trabalho terapêutico]*

C: Yeah, yeah.

T94: So, and you, you just did it off your own bat, did you? *[Incita cliente a explorar recursos psicológicos, estratégias de coping e/ou custos psicológicos]*

C: Yeah, yeah.

T95: Yes. Ok. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]* Hum. So we took out to the goals here then. Do you, how do you feel about setting that bar? How did, how does that affect you? *[Explora se objetivos formulados são significativos ou produtivos, sugerindo reformulá-los se pertinente]*

C: Hum, I think has to be realistic.

T96: Ok. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C: It has to be realistic.

T97: Hum, do you have, would you like to think about it in terms of the way you shaped it for yourself before? *[Explora se objetivos formulados são significativos ou produtivos, sugerindo reformulá-los se pertinente]*

C: Hum, no, I think it was too, too structured in some ways.

T98: Ok, so a little more fluid than that. *[Explora se objetivos formulados são significativos ou produtivos, sugerindo reformulá-los se pertinente]*

C: Yeah, yeah. It's too structured, you keep it like that and you focused on this obviously sometimes, some months, you're not gonna see friends and that, that's, that's the way things go, so I think if you got broader, broader goals, then you can, everything should come together.

T99: Hum. So that's the hope, that if the goal is slightly loose the, it's sort of a, it's an umbrella for more... more things? *[Explora se objetivos formulados são significativos ou produtivos, sugerindo reformulá-los se pertinente]*

C: Yeah.

T100: Gives more room for achievement in a way? *[Explora se objetivos formulados são significativos ou produtivos, sugerindo reformulá-los se pertinente]*

C: Hum.

T101: Ok. Hum. And do you, looking to the future what kind of relationship would you like to have with yourself? If you think you're pretty critical of yourself now, how would you like to be with you? *[Explora visão de futuro ou aspiracional do cliente]*

C: Hum, I suppose in some ways acceptance, so yeah, just the acceptance.

T102: What do you think are your good qualities? *[Incita à exploração do cliente sobre visão de si mesmo]*

C: Hum, I think, going backwards, being critical.

T103: Ok, so it's a useful quality.

C: Yeah.

T104: But it goes too far or what happens? *[Incita à exploração do cliente sobre visão de si mesmo]*

C: Yeah, yeah it can be too critical.

T105: Ok. Hum, hum. What else? *[Incita à exploração do cliente sobre visão de si mesmo]*

C: Hum... [little pause] I think also be able to look at things from the outside. [T: Hum, hum] So not just being focused on myself.

T106: Ok, so be able to step outside things and take a bit more of a [C: Yeah.] kinda helicopter view. It's a very useful skill, yeah. *[Explora visão de futuro ou aspiracional do cliente]* I'm probably thinking, from this chair, I'm probably, I was probably thinking more about in terms of do you, do you think you're a compassionate person? or what do you think in terms of... *[Incita à exploração do cliente sobre visão de si mesmo]*

C: Hum, I think I don't show much compassion.

T107: Hum, hum. For anyone? *[Incita à exploração do cliente sobre visão de si mesmo]*

C: Hum, yeah...

T108: There's a difference between showing and feeling. *[Explora tema com base em conjectura ou ressonância do próprio terapeuta]*

C: Hum, hum. I think I, no I don't feel compassion [T: Ok.] but I can show it.

T109: Ok. So you kind of like 'feels like the right thing to do so I would show you compassion'. *[Clarifica características do funcionamento do cliente (reações cognitivas, crenças, estilo de coping, ...)]*

defesas, e.g.)] And what about compassion for yourself? [Incita à exploração do cliente sobre visão de si mesmo]

C: Hum... [pause] Not really, I just get on with it [laughs], to be honest.

T110: Ok. So you sort of almost brush it aside, it's like 'no, never mind that'. [Clarifica características do funcionamento do cliente (reações cognitivas, crenças, estilo de coping, defesas, e.g.)]

C: Yeah.

T111: Ok. Would you like to be more compassionate to yourself? [Explora visão de futuro ou aspiracional do cliente]

C: Hum, I think it can be quite dangerous, to be honest, if you're too compassionate cos only you can stop get into the self, one self-pity and all that [T: Ok.], so other things.

T112: Ok. [Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]

C: Obviously like if you like, in the past, I would set a goal, maybe like setting a daily goal and you don't achieve, like it was for a essay, it's for a thousand words and you write eight hundred, hum, obviously you can say this is [? 32:29] hundred words, you don't [giggles] it's barely nothing, so that's that side of it, but, hum, yeah, if you focus too much compassion to yourself then yeah you're getting self-pity.

T113: Ok. And then what, what, what's not desirable about self-pity? [Explora worldview ou crenças do cliente]

C: Because then you become very self-centred and it's all about yourself, then you can't show compassion to others.

T114: Ok, ok. [Faz intervenção conversacional curta que valida resposta e/ou incita a continuar] So the, it feels like the fear is you become harshly rapped up in your own? [Clarifica características do funcionamento do cliente (reações cognitivas, crenças, estilo de coping, defesas, e.g.)]

C: Yeah it can be, yeah.

T115: Hum, so that makes, that makes sense, like, you find showing compassionate for yourself quite dangerous [C: Yeah.] because you, it feels like you might overwhelm. [Valida a vivência do cliente]

C: Hum.

T116: Hum. Hum. [Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]

C: Cos when I do get a doubt like, hum, think in this past week I was like that and I just completely switch off.

T117: Hum. So this week has been difficult, has it? This last week. [Explora assunto na sequência de pista do cliente sobre tema que parece significativo]

C: Yeah. I've had to drop one of my modules cos there was an exam on... when was it? last Friday and because of like concentration, I haven't be able to do a lot of work, this year I wanted to push myself and take a module from last year and some of this year it's been fine because I have all of that back knowledge and with teaching myself [? 33:59] I choose a module that I was weaker on so there was an exam on Friday and my, there was an [? 34:09] always at home but, hum, I got bad anxiety and that so, yeah, I'm happy to drop that module.

T118: Ok. Is that your choice? [Explora assunto na sequência de pista do cliente sobre tema que parece significativo]

C: I have, I spoke to the lecturer, I got a meeting with her this day, but hum, yeah I think the best thing is just to drop it completely and then there's a course in the summer which tend to [? 34:38]. Cos she said, I said about like two weeks before I said I'm struggling and she's 'oh, just try, try' but then that put more stress in it.

T119: Ok, ok. So this is a coping strategy [C: Hum.], to cope with the anxiety [Clarifica características do funcionamento do cliente (reações cognitivas, crenças, estilo de coping, defesas, e.g.)], that's what it sounds like. [Recorre a 'hedging language' (linguagem tentativa)]

C: Yeah, obviously most difficult, with the medication going up, so there's a lot of things.

T120: Hum. How are you feeling on your medication? [Explora vivência da toma de medicação psiquiátrica na sequência da narrativa]

C: Hum, I sense a little bit of difference but I'm still getting the anxiety and that, but it's all to do with the environment, like my room, I've completely change my room and, and this week just to try and

break out of old habits. [T: Ok] So, decluttering, getting rid of lot the stuff [T: Ok] and just, hum, trying and make things so I don't fall into old habits.

T121: Ok. What, what, tell me what of the old habits were. *[Explora assunto na sequência de pista do cliente sobre tema que parece significativo]*

C: I mean, even simple things like sleeping too much or staying in bed and staying in your room as well, so making your bed in the morning, even that, simple things, that does has an effect that you got less desire to crawling back into bed [laughs], is some aid and also with like haven't the TV and that, I mean having that in a favour way, I've done this of like my bed use to be there and the TV at the end and I moved the bed that so now, before I could landed and you could watch TV all day if you wanted to, but now, because you have to stay up, you can't so it's, it's...

T122: So it's little, little tweaks but, it, it, it feels quite disciplining, it's quite, hum, hum, almost feels military in a way [C: Yeah], I'm gonna do, I'm gonna do this and I'm gonna do that and, yes, make this little tweaks. *[Sugere uma leitura alternativa ou que introduz algum desafio face à visão do cliente]* Ok, and does this help lessening the anxiety when you make those changes? *[Incita cliente a explorar recursos psicológicos, estratégias de coping e/ou custos psicológicos]*

C: Hum, I wouldn't say the anxiety but it makes, hum, everything a bit more, I'd say bearable in some ways. Cos if you got this, well [giggles] can really say this environment is now clear, but hum if you've got the environment and that's a bit better [T: Hum, hum], even with little things [T: Hum, hum], like I'd look, before I'd look and go 'not this doing, not this doing' my mind doesn't really switch off [T: Hum, hum], like I'm very much, like I'll be, if I can't sleep, I've had two things, I can't sleep or sleep too much, and if I can't sleep I'll be up and I'd put like two o'clock in the morning and cleaning.

T123: Hum, ok. So you can't just lie there, you have to get up. *[Clarifica características do funcionamento do cliente (reações cognitivas, crenças, estilo de coping, defesas, e.g.)]*

C: Yeah, I can't just lie there, I have to, hum, it's either I'm a sleep or I'm [? 37:44]

T124: So if you're just there and still what happens? *[Questiona para procurar captar experiência interna ou vivência do cliente]*

C: I just have my mind racing like, hum, it's been a few times before work that I've, it's been lots of stuff to do at work, big changes and that, and I got up, I'd put 4 o'clock in the morning and just gone to work, cos I got the key now, I got the key holder, so just go to work and I'd be working.

T125: Hum, you know there's, there's this sense that in a way it's almost as if you'll do anything just not to be alone with those thoughts.

C: Yeah, yeah.

T126: You walk, you distract yourself, you'll do anything. *[Elabora tentativamente uma leitura possível com base na narrativa do cliente]*

C: Yeah.

T127: Hum. They sound pretty powerful... *[Faz reflexão empática tentativa sobre experiência interna do cliente]*

C: Yeah. It's more about, I dealt with some of it but it's more about the structure and I should deal...

T128: Hum. Hum. And is that what you'd like to do now, is it like to try to deal with them? *[Explora ou procura captar expectativas do cliente sobre mudança terapêutica]*

C: Yeah, yeah.

T129: I'm just gonna 'dealing with it' has this slightly punitive sound to it... *[Introduz e/ou negociação expectativas sobre processos de mudança]*

C: Well, I'd say more of, obviously 'dealing with' like in the past it's not dealing, it's just you're getting this like accepting it.

T130: Accepting it, ok, understanding it maybe? *[Introduz e/ou negociação expectativas sobre processos de mudança]*

C: Yeah.

T131: Yeah. I suppose I kind of see this intrusive thoughts are trying to tell you something. *[Faz psicoeducação sobre processos psicológicos]*

C: Hum.

T132: If, if, if you'd been injured physically [C: Yeah.] to my mind they'd be scars all over you that we would see and we would want, we would want to heal them, we won't just say 'go away' [giggles]. [Faz psicoeducação sobre processos psicológicos]

C: Yeah.

T133: Yes. Hum. I mean I don't, doesn't, is the imagery something that helps you? [Transmite explicitamente ou insinua visão do cliente como agente central e ativo no processo terapêutico] I'm conscious that I tend to use quite a lot of imagery. [Faz psicoeducação sobre processos terapêuticos (papel do cliente, estilo do terapeuta, e.g.)]

C: Hum, in some ways, yeah [T: Hum.], but I got quite active imagination with stuff so that can be very negative like I use to do a lot of, hum, fiction writing and that, but I stop that because it's very much, I can get to intertwined, I can, I can get right deep into the emotions of stuff and then that affects me, so even if it's not something happening to myself I can get consumed by that.

T134: Ok, ok. Even putting it down on a page is dangerous because you kind of get involved with it, hum. Even if you're writing about a character whose not you. [Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]

C: Yeah.

T135: Hum, and do they tend to be negative, this emotions that you're writing about? [Explora assunto na sequência de pista do cliente sobre tema que parece significativo]

C: Yeah, yeah, normally.

T136: Wh-what, can you tell me about anything you wrote? [Explora assunto na sequência de pista do cliente sobre tema que parece significativo]

C: Hum, can't really think about anything that springs to mind, but it's just, hum...

T137: What kind of, what journal you would be saying you'd wrote it? [Explora assunto na sequência de pista do cliente sobre tema que parece significativo]

C: I think it would be more, I'd be free... no, I won't say freelance [? 41:13] based in reality and all, that's it.

T138: Ok, ok. Psychologically...

C: Yeah, psychologically.

T139: Psychological thrilled type of things. [Procura captar se compreendeu bem ou esclarecer ao que o cliente se refere]

C: Yeah.

T140: Hum, and would that be, would you normally have like a hero or heroine or...

C: Hum, not really, no.

T141: No. Just a cast of characters, nobody stood out?

C: Obviously there's the main protagonist.

T142: Ok. So what, hum, were they similar the protagonists or were they all different?

C: Hum, I'd say similar.

T143: Hum. Can you kind of draw me a picture of what they might have been like? [Explora assunto na sequência de pista do cliente sobre tema que parece significativo]

C: Just very much... Just mentally... I was gonna say unstable, but not, not fully, what's it called?, can't think the word for it, but yeah very much... I don't know... But I know, diverging a bit, it's like watching TV programs and that there's one series that I watched and that affects me quite a lot cos I could see things in it that the way my mind works, which is, have you seen Hannibal?

T144: No, I haven't. [#Responde a questão direta do cliente - não relevante para codificação]

C: No, that's very psychological and that is, the main protagonist was, he's very haunted in some ways, the way my mine works.

T145: Was that Hannibal Lector?

C: No, no, no. Other person.

T146: Ok. What, tell me something about him. [Explora assunto na sequência de pista do cliente sobre tema que parece significativo]

C: Hum, just the, the surreal having that line between reality and fantasy, I won't say [? 43:14] but having that line.

T147: The line was blood for him, was it? *[Explora assunto na sequência de pista do cliente sobre tema que parece significativo]*

C: Yeah.

T148: Ok. And is that your fear? That unless you stay very real and very concrete you go cross that line.

C: Yeah.

T149: And you wont be able to come back? *[Questiona para procurar captar experiência interna ou vivência do cliente]*

C: In some respects, yeah.

T150: So is that chaos over there? In fantasy? *[Questiona para procurar captar experiência interna ou vivência do cliente]*

C: Hum, yeah.

T151: Is it dark? What's it like over there? *[Questiona para procurar captar experiência interna ou vivência do cliente]*

C: Yeah, dark.

T152: Hum, what's it like in reality on the other side? *[Questiona para procurar captar experiência interna ou vivência do cliente]*

C: Hum, I would say mundane, just regular.

T153: Regular. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]* So... That's an interesting word 'mundane'. So actually there's a bit of a draw to the chaos where it gets really scary?

C: I won't say scary.

T154: Scary to go and not come back. *[Questiona para procurar captar experiência interna ou vivência do cliente]*

C: Hum.

T155: Hum, and it's that, do you think that's why you stop writing? *[Incita cliente a explorar recursos psicológicos, estratégias de coping e/ou custos psicológicos]*

C: Yeah. I suppose is like a hyper reality.

T156: Hyper reality, ok. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]* Hum, hum. Everything is a bit too much then, is it? Too vivid, too... *[Questiona para procurar captar experiência interna ou vivência do cliente]*

C: Yeah, I suppose.

T157: I feel like I'm quite desperately here trying to enter that space that you're describing and I'm kinda grasping the straws and doesn't really feel like I'm hitting on a tool of how it is for you. *[Expressa abertamente dificuldade em captar experiência interna do cliente]* But what I'm sensing is that you're having great difficulty describing it to me. *[Faz intervenção no contexto do aqui e agora da relação terapêutica]*

C: Yeah, it's, hum...

T158: Maybe you don't want to, that is ok. *[Empatiza e valida resistência mostrada pelo cliente]*

C: No, it's just like, hum, when I said about being very vivid is, is getting into, like, the all 'what happen if this happens' and then if you went down the darker room because of this and then what happen with that is quite [? 45:32], in some ways.

T159: Ok. I'm wondering, based on that, do you actually have a kind of a fear of some, like, level of that you might act out on those fantasies? *[Explora comportamentos de risco na sequência da narrativa do cliente]*

C: Hum, no, no.

T160: No. Ok. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]* But you don't want your mind to go there? *[Incita à exploração do cliente sobre visão de si mesmo]*

C: Yeah, yeah.

T161: Ok. Are they dark? Those fantasies. *[Questiona para procurar captar experiência interna ou vivência do cliente]*

C: I'd say yeah.

T162: Are they violent? *[Questiona para procurar captar experiência interna ou vivência do cliente]*

C: Hum, no, it's more the case of like, when I'm thinking of stuff like that is like, is more what would happen in the situation if, imagine if, you got... or I got attacked, what would be my reaction.

T163: Hum, hum. Ok. Hum, hum. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C: So I'm very interested in... Not the all... The philosophy side of it like if it's moral to - if you're attacked - to kill someone like that.

T164: Ok. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C: So, it's thinking from that perspective, what would happen if, what would I do, imagine if someone, if I, if someone attacked me and then they got killed because of that, what's the moral implication of that. So it's more of the case of that, not that case of just [laughs] attacking someone for the sake of it, but like that.

T165: No. Ok. Is like you're having a game of consequences in your head? 46:51

C: Yeah.

T166: 'If this happened and I did that, what would that mean?' *[Questiona para procurar captar experiência interna ou vivência do cliente]*

C: Hum.

T167: Ok. Hum. And I'm wondering if, we all do that to some extent, I suppose we all have to maybe in a split seconds to make decisions about how we react *[Valida a vivência do cliente]*, but it feels like for you this got bigger and it doesn't feel obviously safe cos you don't particularly want to duel that [C: Hum.], like it's taking over a bit, this 'what if, and if, and if...' *[Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]*

C: Yeah, yeah.

T168: Hum. And that's of interest if you were attacked then you're... What... Did you feel it would be ok to kill your attacker? *[Explora worldview ou crenças do cliente]*

C: I think it all depends on different things [T: Hum, hum.], obviously the situation, obviously if he can think [? 47:46] or a lot larger [giggles] or a lot stronger then I would say yeah, if you got no chance of escape then yeah.

T169: Hum, sounds reasonable. *[Valida a vivência do cliente]*

C: Yeah.

T170: If it was your life or theirs, would you choose you? *[Explora worldview ou crenças do cliente]*

C: Yeah.

T171: Hum. Sounds reasonable. *[Valida a vivência do cliente]*

C: But you can say that but it's just until you, [giggles] you're in that situation you can't really...

T172: No. You wonder if actually... The... Maybe you could do nothing, maybe you would freeze, [C: Yeah.] which seems equally terrifying, doesn't it? Yeah. Hum. That's very... *[Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]*

C: The closest I've had to that situation was when I was walking one night that was, how many years ago? two and half years ago, I was walking in [names the city] and that and this guy, I was near a bench, and this guy approach me with a knife and he was completely off his head, he was like 'I'm gonna stab you' and I was just like, [? 48:56] sit in there and chat with him for half an hour and his story was that he was in the army and he was on relief and obviously he didn't have any want so his thing was just drinking and sitting in there.

T173: Sounds that you felt quite sorry for him. *[Explora assunto na sequência de pista do cliente sobre tema que parece significativo]*

C: No, not in...

T174: No? Why did you bothered to talk to him? *[Explora assunto na sequência de pista do cliente sobre tema que parece significativo]*

C: I don't know. His thing was 'I don't give a...' [giggles], what he said to me was 'I didn't give a shit about your feelings' and I was 'I don't give a shit about yours' [laughs].

T175: Ok, so you sort of [giggles] found a kindred to bear it for a minute, ok, someone who understood you and you could understand them. *[Sugere uma leitura complementar com base na narrativa do cliente]*

C: Yeah.

T176: Hum, hum. That's very interesting. We're, we do all most of the time *[Informa ou refere-se explicitamente a aspetos relacionados com gestão do tempo da sessão]* and we have to do our obligatory end of session paperwork *[Informa ou relembra aspetos contratuais sobre uso de instrumentos de monitorização clínica]*, but, hum, how are you feeling about, how are you feeling about that session? *[Incita cliente a fornecer feedback sobre a sessão e/ou postura do terapeuta]*

C: Yap, that was good talking about stuff and that.

T177: Ok. Hum, I have to get back in our thing cos it blocks you out if you don't stay in it [While working on the i-pad?]. *[Comenta enquanto usa dispositivos informáticos ou sobre dificuldades técnicas]* Does it feel, I'm wondering if it feels like you are talking about the things you want to talk about or do you feel I'm coming in after you? *[Incita cliente a fornecer feedback sobre a sessão e/ou postura do terapeuta]*

C: Hum, I think is a bit of both, so...

T178: Ok. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C: Just to going deeper into things.

T179: Ok, and I know that you said on the form last week that you wanted to be pushed a little, do you feel you're gonna be able to communicate to me if you, the way you feel you want that level to be? *[Incita cliente a fornecer feedback sobre a sessão e/ou postura do terapeuta]*

C: Yeah, yeah.

T180: You do feel, ok. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]* Right, let us see where we have to go now [searching for the forms on the i-pad, I guess], we've done that, ok, so, what's this one? *[Comenta enquanto usa dispositivos informáticos ou sobre dificuldades técnicas]* Ok, so this is a kind of scale you can find it's interesting very much about yourself, hum, I can see them, but it's very much about how you felt, and you... rather than thinking, don't think about my feelings if possible, think about yours, if that make sense. *[Apresenta ou contextualiza os instrumentos de monitorização clínica]*

[filling in the form]

C: There you go.

T181: Great. Thank you. *[Agradece o preenchimento dos instrumentos de monitorização clínica]* And then we've got one more. This is just two questions. *[Apresenta ou contextualiza os instrumentos de monitorização clínica]*

C: Oh, ok.

[filling in the form]

C: There you go.

T182: That's great. Thank you, Daniel. *[Agradece o preenchimento dos instrumentos de monitorização clínica]*

C: That's all right.

T183: Hum... Next week same time is good for you? *[Concerta agendamento da sessão seguinte]*

C: Yeah, I've checked my timetable for the spring and I have got a lecture on Tuesday.

[Spend some time negotiating the time of next appointment (not relevant)]

ANEXO D – Codificação aberta de sessões – Pfd020 session 2

Pfd020 – session 2

T (Therapist) 1(intervention number): There we go, we're recording now. *[Informa cliente que estão a ser gravados]* So, remember our routine? we're gonna fill in those, 'we', I said 'we' like I'm... You're gonna fill in those two forms, ok? *[Informa ou relembra aspetos contratuais sobre uso de instrumentos de monitorização clínica]*

C (Client): Ok...

T2: And we'll start of. I'll just concentrate, while I do this, a bit *[works on the i-pad]*. I'm hoping to get really fast at this during course of this! Hum, ok. There we go, I've add a new session, and that is today, ok. Great. *[Comenta enquanto usa dispositivos informáticos ou sobre dificuldades técnicas]* Ok, so the first that we're gonna do is PHQ9 for today. *[Apresenta ou contextualiza os instrumentos de monitorização clínica]*

[filling in the form]

C: There it goes.

T3: Thank you. *[Agradece o preenchimento dos instrumentos de monitorização clínica]* Would you like some water? *[#Intervenção não relevante para codificação]*

C: Oh, yeah, please, yeah.

T4: *[inaudible]*

[filling in the form]

C: There we go.

T5: Brilliant, thank you. *[Agradece o preenchimento dos instrumentos de monitorização clínica]* *[inaudible]* Ok. Do you want to see how it charts? *[Sugere analisar e/ou explora em conjunto resultados (charts) dos instrumentos de monitorização clínica aplicados]*

C: Yeah.

T6: Ok. I'm not very good with charts! *[laughs]* But if it helps you or if you're interested in seeing it, but there's no compunctions to look at it at all... *[Sugere analisar e/ou explora em conjunto resultados (charts) dos instrumentos de monitorização clínica aplicados]*

C: Yeah.

T7: Ok, how would you like to use today session? *[Incita cliente a definir foco ou assuntos que gostaria de explorar em sessão]*

C: Hum, I suppose we can pick up where we left off, really.

T8: Ok. You found last week session useful? *[Incita cliente a fornecer feedback sobre a sessão e/ou postura do terapeuta]*

C: Yeah, yeah...

T9: Ok... *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C: I think is good to go through like chronologically.

T10: Ok. You like that kind of systematic? *[Explora preferências do cliente sobre condução das sessões]*

C: Yeah.

T11: Hum, hum. I was looking actually back at the list you wrote me as well and I was thinking to my self how very detailed he was chronologically and how... clear some of your memories are. You know, very... Hum... Like real clarity to them, actually. *[Revela impressões sobre o cliente]* So in that sense then, would you like, so you're kind of first goal was about your own thoughts, to achieve clarity of thinking *[C: Yeah.]* about how you're feeling and your other one was about you're relationships, look at the impact. Do you, do you, I mean, it's not necessary to do this, but would you like to divide the time or would you like to see how it goes? *[Retoma objetivos terapêuticos para negociar/avaliar foco das sessões]*

C: Hum, to be honest I think that they link in to each other...

T12: They do! You're absolutely right, yes. *[Valida preferência manifestada pelo cliente sobre foco da sessão]* So what maybe came up to you then after last week session that you would like to talk about today? *[Incita cliente a definir foco ou assuntos que gostaria de explorar em sessão]*

C: Last week we talked a lot about family and... [? 4:32] when I was 17, 18, but... I think is more my first proper girlfriend of 3 years.

T13: Ellen? *[Procura captar se compreendeu bem ou esclarecer ao que o cliente se refere]*

C: Yeah, which have a lot impact on me. And with that even now because part the situation was what I've said about physical abuse, I still get panic attacks, so I wake up in the night with thoughts.

T14: What kind of thoughts? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: Just like, in some ways, like flashbacks.

T15: Do you want to tell me what they were like or... *[Transmite explicitamente ou insinua visão do cliente como agente central e ativo no processo terapêutico]*

C: Hum, just a all period of time, when I was really bad so, maybe something she said or, like I said about, me drinking a lot, so it's all stuff like that.

T16: So you wake up and it feels like a flood of stuff. *[Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]*

C: Yeah, so I get short of breath.

T17: And what, can you, if you had to, if you have to pick a label to label the first feeling that came out when you wake up and feel like that... *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: I would say more fear.

T18: Ok. Uau... *[Reage de forma expressiva ou opinativa]* Ok. And is the fear about a person, about... Wh-What's the fear about?

C: I would say, I would say more a person, I would.

T19: Is that Ellen? *[Explora assunto na sequência de pista do cliente sobre tema que parece significativo]*

C: Yeah.

T20: Yeah. Hum. That was interesting because it was like you almost couldn't name her. I had to name her for you there. That's interesting, isn't it? Hum. Hum. *[Faz intervenção no contexto do aqui e agora da relação terapêutica]* And are you still fearful? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: Hum, yeah. It lasts for three years now...

T21: You're angry with that? *[Faz conjectura empática tentativa sobre experiência interna do cliente]*

C: No, no.

T22: Ok. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]* That's probably me, because I'm thinking I'd be really angry with someone who made me fearful three years after we won't see each other... *[Revela ressonância interna perante conteúdos da narrativa do cliente]*

C: Yeah.

T23: How do you feel about her now aside from still having fear? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: Nothing really.

T24: Hum. Ok. I'm gonna challenge that *[Comunica sobre ou enquadra intenções ou sentido da sua intervenção]* because it's not that I don't believe you, but I don't think she would appeared in probably a third of that all list of two and a half pages. Her name appears. If we were to be scientific about it doesn't seem to balance with not feeling anything. *[Sugere uma leitura alternativa ou que introduz algum desafio face à visão do cliente]*

C: I... Hum... [pause] I think because it had such an effect I revolve a lot around her.

T25: Ok. So, she had such an effect, didn't she? So she had such an effect during that period of time that it still stays with you. [C: Hum.] And you wake up occasionally having panic attacks about her.

[Organiza, sumaria, estabelece cronologia ou salienta sequência de eventos ou circunstâncias significativas]

C: Yeah.

T26: Hum... There's, and I'm not suggesting you have post-traumatic stress, although it's interesting to think about how this is affecting you, but there's a kind of an imagery that is used when they talk about people who have post-traumatic stress, where it's like the memory of the incident is a big duvey [C: Ok.] and you put the duvey into the linen cabinet that is your mind with your other towels and sheets that are your things that happen and it doesn't fit so you squash it in, then you slam the door but every now and again the door opens and the duvey fall out on top of you. I find that an interesting way of thinking about it: you put it in, you shut the door, but isn't really over... *[Elabora tentativamente uma leitura recorrendo a imagens ou metáforas]*

C: Yeah.

T27: Is that what it feels like for you? *[Incita cliente a expressar se a leitura do terapeuta lhe faz sentido]*

C: Yeah... There was a, when I was back in [names the city], that was one time, hum, she walked past me in the street and then the self panic attack.

T28: Hum. That was a powerful relationship, wasn't it? *[Faz reflexão empática tentativa sobre experiência interna do cliente]*

C: Hum.

T29: What did Ellen look like? *[Explora a percepção do cliente sobre atitudes, ações ou circunstâncias de Outros significativos]*

C: Hum, brown hair, hum... [laughs]

T30: Ok, so you're having difficulty picturing her? *[Faz intervenção no contexto do aqui e agora da relação terapêutica]*

C: Yeah.

T31: Do you think that's because you just don't, I mean and that's perfectly ok, do you think it's because you actually don't want to or that you have difficulty remembering her? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: I would say difficulty remembering.

T32: Ok, right. I'm just trying to, I'm asking a lot of questions, but I'm trying to understand what is like for you. *[Comunica sobre ou enquadra intenções ou sentido da sua intervenção]* Ok, this is what I've got, so far is that you, the really vivid memories I feel like they're more associated with the way they make you feel or the way they make you felt and still continue to snick up on you, [C: Yeah.] rather than being associated with her, the individual... So, it's the memories of how you felt that linger [C: Yeah.] as opposed to the memories of her... *[Elabora tentativamente uma leitura possível com base na narrativa do cliente]* How did you feel at that time when you were with her? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: I can't actually remember. It's all, it's not clear. [T: Hum, hum...] I think also it affects me more it's because what she use to say about you need to change this, this and this about yourself and obviously cos I can't change the way I was [?: 11:13]

T33: Do you think if you could have changed that would have satisfied her? *[Explora a percepção do cliente sobre atitudes, ações ou circunstâncias de Outros significativos]*

C: You know, I don't know.

T34: So your rational grown up mind past that. [C: Yeah, yeah] The problem was her's... [C: Yeah.] But, there is part of you that wonders...? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: Use to be but not anymore.

T35: What did she wanted to change about you?

C: Hum. It was stuff like me socializing more. I was getting panic attacks at the time so very difficult, hum, me being more communicative, which is fair enough...

T36: With her? *[Explora assunto na sequência de pista do cliente sobre tema que parece significativo]*

C: Yeah. And, I'm trying to think anything else, I can't think at anything else she said, but it's around that.

T37: That's what sticks in your mind. *[Valida a vivência do cliente]* And her way of trying to ensure that you make this changes was to hit you? *[Explora a percepção do cliente sobre atitudes, ações ou circunstâncias de Outros significativos]*

C: I wouldn't say, I would say it's more when she got annoyed, it's the frustration.

T38: Ok. Hum, hum. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]* So she wanted you to change, you wouldn't feel you could and how did you respond to her wanting you to change? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: Hum, I think maybe worst.

T39: So, you kind of withdrew? *[Clarifica características do funcionamento do cliente (reações cognitivas, crenças, estilo de coping, defesas, e.g.)]*

C: Yeah.

T40: Can you understand why you did that? *[Incita cliente a explorar recursos psicológicos, estratégias de coping e/ou custos psicológicos]*

C: Yeah.

T41: Hum, hum. Because I can. Hum. She was demanding your change... That sounds like... *[Valida a vivência do cliente]* Were you having the panic attacks before you met her? *[Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros]*

C: No.

T42: Ok. So they coincided with her demands or her needs for you to change [C: Yeah.] and you realizing you couldn't? *[Explora tema com base em conjectura ou ressonância do próprio terapeuta]*

C: Yeah. Before I had low moods and depression but not the panic attacks, no.

T43: I'm wondering... Could you remember what, you know, it's going back a bit but, were you desperate to keep her? How did you feel about the relationship at the time? *[Explora tema com base em conjectura ou ressonância do próprio terapeuta]*

C: Hum. I think it was more attachment than anything, because I'm not of wanting to like big changes [T: Hum, hum...] So, I would say yeah but that was more attachment than anything else.

T44: So you felt attached to her? *[Procura captar se compreendeu bem ou esclarecer ao que o cliente se refere]*

C: Hum.

T45: I don't to make too big a leap on it, but I wondered what was like to... a little boy who's mother wasn't there for him, his stepmother didn't feel available and sudden there's this girl who wants to be in a relationship with him. I can imagine it was like 'h, I don't really want to let go of that... [C: Yeah.] feels good'. Hum. *[Faz reflexão empática tentativa sobre experiência interna do cliente]* Do you wish in high inside that you never met her? *[Explora reações, características e crenças do cliente com base cenários hipotéticos]*

C: Hum... No, I wouldn't. There's no point wishing if you don't, you learn stuff from it.

T46: Ok, so what did you get for you that was useful? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: Hum...[pause] I suppose realize not to be in that situation again.

T47: And have you been? *[Questiona para procurar captar experiência interna ou vivência do cliente]*

C: Once, [laughs] one more time.

T48: One more time. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]* Sometimes we don't...

C: [interrupts] Not in like in the physical side of things...

T49: No. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]* And did you recognize where you were? *[Incita cliente a explorar recursos psicológicos, estratégias de coping e/ou custos psicológicos]*

C: Yeah, yeah.

T50: And what did you do? *[Incita cliente a explorar recursos psicológicos, estratégias de coping e/ou custos psicológicos]*

C: I ended it.

T51: I'm wondering what it was like. So you get out of one relationship and you say to yourself 'I'm never going to do that again' and then you find yourself in something that had an echo... *[Faz reflexão empática tentativa sobre experiência interna do cliente]*

C: Yeah, yeah.

T52: Did you panic? *[Faz conjectura empática tentativa sobre experiência interna do cliente]*

C: Hum, I think it was more like I was getting a lot worse then and it was again attachment more than anything.

T53: So if you have someone in your life this is what it sounds like *[Recorre a 'hedging language' (linguagem tentativa)]*, you have to correct me if I'm not picking this up right *[Incita cliente a expressar se a leitura do terapeuta lhe faz sentido]*, if you have someone in your life it's like I really want to hold on to them. *[Clarifica características do funcionamento do cliente (reações cognitivas, crenças, estilo de coping, defesas, e.g.)]*

C: Not, hum, not so much now, I kinda block that feeling of...

T54: You blocked it off? *[Questiona para procurar captar experiência interna ou vivência do cliente]*

C: Hum.

T55: It sounds like *[Recorre a 'hedging language' (linguagem tentativa)]* you've imprisoned it somewhere... *[Sugere uma leitura alternativa ou que introduz algum desafio face à visão do cliente]*

C: Yeah.

T56: And it may break out? *[Explora tema com base em conjectura ou ressonância do próprio terapeuta]*

C: I wouldn't say, so, just...

T57: Do you understand why you have those feelings of attachment? *[Explora percepção do cliente sobre origens dos problemas ou de características suas]*

C: Not really, no.

T58: No *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*. Hum. [little pause] I think it's just really natural for a start, I think we all have them *[Valida a vivência do cliente]*, I think we wouldn't form relationships without them *[Faz psicoeducação sobre processos psicológicos]*, but it does feel as if yours have become a little, hum, sinister to you, something to be blocked away, something to be locked off, hum... Like, safer without them... *[Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]*

C: Yeah.

T59: How do you feel about your current girlfriend? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: Yeah, I feel good.

T60: Do you feel attached to her? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: Hum, in some respects, yeah. But not in the attachment of constantly, invasional... I mean, hum, like, hum, trying to put a way to word it, if anything did happen I'd know I'd be ok.

T61: Ok. You could survive without her? *[Explora reações, características e crenças do cliente com base cenários hipotéticos]*

C: Yeah. That's not in a negative way, but just that, in the way that I know that, hum, mentally I would be able to deal.

T62: Ok. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]* That's really more, perhaps more about you rather than about your relationship. But it sounds as if you feel more comfortable having that thought. *[Elabora tentativamente uma leitura possível com base na narrativa do cliente]* Did you not feel you could survive without Ellen at the time? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: Yeah.

T63: That's scary because your happiness, your survival is then dependent on that person. *[Faz reflexão empática tentativa sobre experiência interna do cliente]*

C: It was also cos I made a mistake, it's easy, if you are in a relation for a few years to not make effort with your friends.

T64: Easy to not make everybody your friends? *[Procura captar se compreendeu bem ou esclarecer ao que o cliente se refere]*

C: No, not make effort with your friends.

T65: Oh, oh, ok! So, loose yourself in the relationship... Ok. And you did that? *[Explora assunto na sequência de pista do cliente sobre tema que parece significativo]*

C: Yeah.

T66: But seems really understandable, doesn't it? Because you found this girl, you know, you were in love with her at the time, it probably seemed kinda wonderful. You've done it! This is what I did! This is great! *[Valida a vivência do cliente]*

C: Yeah.

T67: The way sometimes that you talk about lessons you've learned, I don't know if it's the way you described, it sounded like quite punishing to yourself, like 'I'll have to learn that lesson, I'll have to learn that lesson'. I think what I'm not hearing, doesn't mean is not there, but I'm not hearing it, is any compassion for that boy, for that young man, for the man who had those feelings. It's just 'you have to learn and that's that', so, a bit chilly to yourself... *[Sugere uma leitura alternativa ou que introduz algum desafio face à visão do cliente]*

C: I suppose so, yeah.

T68: I'm even really experiencing it in the way we're interacting today, not that you weren't chilly to me, but I feel as if... *[Faz intervenção no contexto do aqui e agora da relação terapêutica]* I'm asking you a lot of questions, probably more than I'd like to be asking. [C: Ok.] The reason I don't like to ask all those questions is that that's all driven by what I'd like to know, rather than what you want to talk about [C: Yeah.] *[Faz psicoeducação sobre processos terapêuticos (papel do cliente, estilo do terapeuta, e.g.)]* But I feel, the sensation that I have is that if don't ask you those questions you're not gonna talk to me *[Faz intervenção no contexto do aqui e agora da relação terapêutica]*, but it could be in my mind, how is it feeling for you? *[Incita cliente a expressar se a leitura do terapeuta lhe faz sentido]*

C: Hum... [pause] I think it's more, like, this period is quiet difficult to talk about. Lot's of, a big weight.

T69: Maybe that's what I'm picking up on. *[Faz intervenção no contexto do aqui e agora da relação terapêutica]* So, you introduced it as a topic because you wanted do talk about, but actually, it's so painful, that actually, [talks as if she is the patient:] 'I'm just going to give you wide answers because that's what I can cope with right now' [C: Hum...] That's ok, hum hum, that's ok! *[Empatiza e valida resistência mostrada pelo cliente]* It may mean that it's not the right time to talk about it, and we'll have to be respectful to the defences that you have. Hum, just because you think 'oh, I should talk about this' because it happened chronologically, that's not how the mind works... *[Introduz e/ou negoceia expectativas sobre processos de mudança]*

C: Yeah, I did, I have tried to overcome it, [T: Yeah.] I have, like the area where she lives before I could not go anywhere near it and [? 21:49] I wouldn't go a little bit close to it because I would start having a panic attack.

T70: That's associated with really, really painful and difficult time in your life, I can see that. *[Faz reflexão empática tentativa sobre experiência interna do cliente]* I also see the absolute sense in not allowing things in our lives to stop you from doing things. I see, I totally see the sense in it. *[Valida a vivência do cliente]* I think what I like it's to look for some balance between taking steps in a direction, and actually going 'well, that's what I'm gonna do now' because it feels a bit brutal [C: Yeah.] and I'm not sure either of us should do that to you. *[Introduz e/ou negoceia expectativas sobre processos de mudança]* What do you think? *[Incita cliente a expressar discordância ou ser crítico sobre as intervenções ou sugestões do terapeuta]*

C: Hum, I think is more when I've done that is more getting fed up with the all situation.

T71: Getting fed up... *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]* So you made yourself go because you fed up not being able to go to parts of the town. *[Completa ou reflete a visão ou a narrativa emocional do*

cliente mostrando sintonia e incitando a continuar] And, is there any communality between that and what you want to do here? So you fed up of not being able to think about Ellen or talk about Ellen, so you gonna push on through?

C: I suppose so, yeah.

T72: Hum. Or perhaps you think if you uncover it, if you talk about it, it will dissolve... [Introduz e/ou negociação expectativas sobre processos de mudança]

C: Yeah.

T73: Hum... And, absolutely, I think sometimes when we talk about things it rotes de power that the thing has. [Faz psicoeducação sobre processos terapêuticos (papel do cliente, estilo do terapeuta, e.g.)] I'm just not certain about the 'right, we're doing this now, this is being done right here, right now, I'm not leaving this room until we've done it'. [Introduz e/ou negociação expectativas sobre processos de mudança] I think that's what I was picking up on. [C: Yeah.] It's like, it's like you're wanting to talk about this but I'm getting the full like... Hum, hum, hum, hum, breaks on here. Let's honour that, let's just, let's, ok... [Faz intervenção no contexto do aqui e agora da relação terapêutica] What would feel safer, what would feel a safer way? So, that's not me coming after you with questions about it, what aspects of it do you feel comfortable today...

C: Yeah, talking about.

T74: Talking about. So that I don't become a torturer. This, that makes sound like it's about me, but actually I don't want to feel like a torturer, so... [Introduz e/ou negociação expectativas sobre processos de mudança]

C: I suppose what [? 24:24] she started saying to me 'oh, I don't know if I want to be in a long term relationship' and that kept quite on my mind from that point on.

T75: So, some doubt was seeded even though actually technically you've been in a long term relationship. [Clarifica ambivalências, conflitos ou circunstâncias presentes na narrativa do cliente]

C: Hum.

T76: Ok. Hum, and you think that's when you turned, the attachment kicked in? [Explora percepção do cliente sobre origens dos problemas ou de características suas]

C: Hum, not so, necessarily, I think that's when I start to get worst.

T77: Ok. Hum, hum... In terms of the panicking? Or the depression? [Explora vivência do cliente sobre distress ou problemas atuais na sequência da sua narrativa]

C: Depression.

T78: Yeah. [Faz intervenção conversacional curta que valida resposta e/ou incita a continuar] Too worry about her leaving? [Faz conjectura empática tentativa sobre experiência interna do cliente]

C: I would say yeah, but it was more the case of worrying about of this happens, this might happen, this might happen...

T79: The chain-linking think that you've talked about, yes. [Clarifica características do funcionamento do cliente (reações cognitivas, crenças, estilo de coping, defesas, e.g.)] Hum. And what would, in you mind, d-do you remember any the chains of events you thought might happen?

C: Not really, no.

T80: Hum. But none of them were good?

C: No.

T81: And on the other side of it, did you imagine... Did you ever have a positive chain link of events of the future you imagined with her? [Explora assunto na sequência de pista do cliente sobre tema que parece significativo]

C: Not really, no.

T82: Hum. It was just about now, I'm just gonna keep... [Questiona para procurar captar experiência interna ou vivência do cliente]

C: [interrupts] Yeah, about the moment, yeah.

T83: The moment, ok. [Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu] Do you have that, do you have a chain link

of feelings about you current relationship? [Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]

C: Yeah, they are positive.

T84: Ok. You imagine being with her [C: Yeah.] in the future? [Explora reações, características e crenças do cliente com base cenários hipotéticos]

C: Yeah.

T85: Hum. Do you think you'll have children? [Explora reações, características e crenças do cliente com base cenários hipotéticos]

C: Hum... She doesn't want children, but...

T86: She doesn't want children. [Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]

C: No, not that I know of, no...

T87: Does she ever want children? [Explora a percepção do cliente sobre atitudes, ações ou circunstâncias de Outros significativos]

C: I think she's fifty-fifty [laughs]

T88: Ok. And what about you? How do you feel about them? [Explora worldview ou crenças do cliente]

C: Yeah.

T89: You're not adverse to the idea. [Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]

C: No.

T90: Boys or girls?

C: [? 26:38]

T91: Hum, ok. Lots or one? [Explora reações, características e crenças do cliente com base cenários hipotéticos]

C: I think most a couple. [giggles]

T92: A couple, yeah, ok, hum, hum. [Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu] Hum... Ok, so you created something quite different with her, haven't you? [Elabora tentativamente uma leitura possível com base na narrativa do cliente] So you can, do you, do you have catastrophic chain links thoughts towards about her? [Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]

C: No, I've managed to stop that, myself, because only when I'm really bad I'll go that route, I've managed to stop that.

T93: How do you stopped it? [Incita cliente a explorar recursos psicológicos, estratégias de coping e/ou custos psicológicos]

C: Hum, I just grab my self to reality. So this is the situation, there's no point to think other things.

T94: Hum, hum. Did you learn those technics or just taught them to yourself? [Incita cliente a explorar recursos psicológicos, estratégias de coping e/ou custos psicológicos]

C: I taught them to myself.

T95: Ok, yeah. [Faz intervenção conversacional curta que valida resposta e/ou incita a continuar] They sound sensible, grounded... [Salienta e valida os recursos psicológicos ou estilo de coping do cliente] That's what is called grounded technics. [C: Yeah] Think about reality, [C: Yeah] think about, you know... You could even do like steps on it. The likelihood of that happening is, so there's no point [C: Yeah] thinking wide that. [Faz psicoeducação sobre processos psicológicos] And does that work for you? Is it effective? [Incita cliente a explorar recursos psicológicos, estratégias de coping e/ou custos psicológicos]

C: Yeah, yeah.

T96: When is the last kind of time you could remember having a negative set of thoughts about this relationship? [Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]

C: About this one? Hum, we did breakup for a few months last year, when I first come to university. [T: Yeah.] So, I'd say that, yeah.

T97: Ok. And who instigated that breakup? *[Explora assunto na sequência de pista do cliente sobre tema que parece significativo]*

C: Suppose I can say that was both of us.

T98: And at the time why did that seemed like a good course of action? *[Explora assunto na sequência de pista do cliente sobre tema que parece significativo]*

C: Hum, because she was back in [? 22:33] here, so it was about distance, side of things and for me it felt like guilt, being away.

T99: Ok, like if you couldn't be with her then you shouldn't be together. *[Clarifica características do funcionamento do cliente (reações cognitivas, crenças, estilo de coping, defesas, e.g.)]*

C: Yeah. Hum.

T100: Ok. That's interesting, isn't it? That you couldn't be in long-distance relationships. Not even that long distance, but if you weren't together then it wasn't right. *[Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]*

C: It was also because of the way she was, well she kept, hum, constantly mentioning that, so that, that was part of the guilt, as well.

T101: Ok, right. So she was worrying about it too. *[Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros]*

C: Yeah.

T102: And how long were you apart? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]* 29:10

C: Hum, from October to December.

T103: And you instigated the getting back together? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C: Hum... That was me.

T104: [pause] And that's because... *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: Hum... I think we both manage to solve things out in that respect.

T105: Did you miss her? *[Explora tema com base em conjectura ou ressonância do próprio terapeuta]*

C: Yeah.

T106: I feel like you almost didn't want to admit that. *[Faz intervenção no contexto do aqui e agora da relação terapêutica]*

C: Hum, I'm not very good with emotions in some ways.

T107: Hum. Best to keep them [C: Yeah.] see how it feels... Better to keep them under wraps [C: Yeah.] or locked away, locken away with attachment. *[Clarifica características do funcionamento do cliente (reações cognitivas, crenças, estilo de coping, defesas, e.g.)]*

C: Yeah.

T108: Hum. Is she an emotional person? *[Explora a percepção do cliente sobre atitudes, ações ou circunstâncias de Outros significativos]*

C: Hum-Hum. She can be, yeah.

T109: Do-Do you like that? *[Explora a percepção do cliente sobre atitudes, ações ou circunstâncias de Outros significativos]*

C: Yeah. She's, she had problems within her past, as well.

T110: Of a similar nature to yours? With depression...

C: Hum, hum. I don't... Not in the... Hum... Her stepdad used to abuse her.

T111: Sexually abused her? *[Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros]*

C: Yeah.

T112: Ok. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C: Which I only found out a few months ago.

T113: Ok. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]* Oh, you've had a... You've had a year of very unpleasant revelations, haven't you? So your mother, you found out your mother have been sexually abused, you found out your girlfriend have been sexually abused. *[Organiza, sumaria, estabelece cronologia ou salienta sequência de eventos ou circunstâncias significativas]*

C: Yeah.

T114: Hum, that's, that, that is an awful all to deal with. [C: Hum.] Hum. *[Faz reflexão empática tentativa sobre experiência interna do cliente]* And what did you do with the emotions that might have come up for that, around that, around your girlfriend? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: Hum. I was shocked in some ways [T: Hum] because when I went to Spain we stayed in the same house as him.

T115: Hum, hum. This is before you knew? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C: Yeah.

T116: Does her mother know? *[Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros]*

C: No.

T117: Why did she tell you? *[Explora a percepção do cliente sobre atitudes, ações ou circunstâncias de Outros significativos]*

C: I don't know, actually.

T118: Was she upset? *[Explora a percepção do cliente sobre atitudes, ações ou circunstâncias de Outros significativos]*

C: Yeah.

T119: Hum, hum. And would, how, what was it like, I'm just trying to get a picture what it was like for you. It's not that I don't care about her, [C: Yeah.] I'm horrified to hear that's happened to her, but our focused is, is you *[Comunica sobre ou enquadra intenções ou sentido da sua intervenção]*, hum, and I'm wondering, I'm wondering... Yeah... What was that like, hearing that? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: Hum, it a shock to be honest, [T: Hum.] was the anger, as well [T: Hum.]

T120: Gosh, I wondered did you feel like going over there and punching his lights out. *[Reage de forma expressiva ou opinativa]*

C: Yeah, yeah.

T121: Yeah. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]* How old were she? *[Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros]*

C: She was young, for quite a few years.

T122: Hum. And I'm wondering how do you feel about ever seeing him again? *[Explora reações, características e crenças do cliente com base cenários hipotéticos]*

C: Well, her, her mom is divorced him. Yeah, that's was early in the year.

T123: Hum. Ok. I wonder if that's what's enabled her to tell you? *[Elabora tentativamente uma leitura possível com base na narrativa do cliente]*

C: Maybe, yeah.

T124: So, she won't have to deal with him again. *[Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros]*

C: No.

T125: No. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]* Uau, wh-what a... *[Reage de forma expressiva ou*

opinativa] I'm thinking of the position of being with someone you love and hearing that and feeling quite helpless... [Faz reflexão empática tentativa sobre experiência interna do cliente]

C: Hum.

T126: H-How-How did it affect your relationship with her? Finding this out... [Procura focar a exploração de assunto introduzindo dimensões ou ligações que não estavam presentes na narrativa]

C: Hum. I suppose a bit more understanding.

T127: Hum, hum. [Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]

C: I'd say, but other than that, not really.

T128: Ok. Hum, hum. And what is like hearing something that your mother had just told you as well? That's a really strange coincidence, isn't it? [Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]

C: Hum. I didn't really say anything to my mom, to be honest.

T129: Hum. Do you have much dialog with your mom? [Explora tema com base em conjectura ou ressonância do próprio terapeuta]

C: Hum. Well I see, yeah, but it's just about general things, we don't talk about anything.

T130: How do you feel about her? [Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]

C: Hum. I don't know, really. [giggles]

T131: Yeah. You're not sure. [Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]

C: No.

T132: Oh, I'm wondering how it could be, when she's, wasn't very present in your life [C: Yeah.] for what it sounds, isn't it? [Faz conjectura empática tentativa sobre experiência interna do cliente]

C: Well, I haven't told any of my parents now that I love them for I'm thinking about 10 years now.

T133: Hum. Was that a conscious decision? [Explora assunto na sequência de pista do cliente sobre tema que parece significativo]

C: Hum. I don't know where it stemmed from.

T134: Do you feel they love you? [Explora assunto na sequência de pista do cliente sobre tema que parece significativo]

C: Yeah. 34:22

T135: But you're not so sure how you feel about them... [Clarifica dinâmicas relacionais com figuras de vinculação ou Outros significativos]

C: It's not a, I suppose not wanting to say it.

T136: Ok. What would happen if you say it? [Explora reações, características e crenças do cliente com base cenários hipotéticos]

C: I don't know it's maybe a bit of a weakness.

T137: Oh, ok. Interesting. Hum, hum. Some how by saying that you love them you're gonna make yourself vulnerable [C: Hum.] So let's not say this, put that over there behind the bars as well [C: Yeah, yeah.] We've got a lot of things going behind the bars over here, haven't we? [Clarifica características do funcionamento do cliente (reações cognitivas, crenças, estilo de coping, defesas, e.g.)]

C: Hum.

T138: I'm thinking about the impact on that for you, the impact of putting, of locking down so many different emotions... [Incita cliente a explorar recursos psicológicos, estratégias de coping e/ou custos psicológicos]

C: Hum...

T139: What's left, what's left when we lock everything else down? What you left with the... is allowed out? [Incita cliente a explorar recursos psicológicos, estratégias de coping e/ou custos psicológicos]

C: I don't know, I tried to [? 35:26] that I can be... not very, not showing much emotions and stuff...

T140: Hum, hum... Maybe. [C: Hum.] But it kinda makes sense. When you think about it in terms of how vulnerable showing emotions has made you or might have made you [C: Yeah, yeah] feels like you became very fearful of it... How dangerous... Didn't do you any good with Ellen. *[Valida a vivência do cliente]*

C: No.

T141: But another thing about that is that... [sigh] I don't know there's some, there's more going on there but it's... Is it something that is happening for you that? I just got this sense that some how you felt that was all your fault...? That you didn't managed that, if you'd managed some how your emotions better then... it wouldn't have got where it got to. *[Procura focar a exploração de assunto introduzindo dimensões ou ligações que não estavam presentes na narrativa]*

C: Yeah, suppose so...

T142: Hum. What would you think you could have done differently? Doesn't mean I'm going agree with you [C: Yeah.] by the way, I'm just wondering what you think you've could have done differently. *[Explora reações, características e crenças do cliente com base cenários hipotéticos]*

C: I would say not so much now but I use to feel, don't know, if I'd done, if I'd, I don't know if I be more sociable and low back maybe things would have been different but... Now I just realize it's not... If you gonna dictate someone [? 37:10]

T143: No, no. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]* So she was, it feels as she *[Recorre a 'hedging language' (linguagem tentativa)]* wasn't really able to show any compassion for the pain you were in. [C: Hum.] It was very much all you just pull yourself together. *[Faz reflexão empática tentativa sobre experiência interna do cliente]* Interesting you've got to that and that you can solve those. So you learned the lesson well. *[Salienta e valida os recursos psicológicos ou estilo de coping do cliente]*

C: Yeah.

T144: Hum. Ok. 'I'm gonna lock down all those feelings but I'm just gonna function like a grown up' because that, that actually is how I experienced you. I think if, if, if I just met you and you haven't share with me the things you have I would think you were a very mature person. You feel more grown up then me *[Revela impressões sobre o cliente]* and, and I think, I wonder the cost of that has been to you, to be... Tough shuts away those other parts of you [C: Yeah.] Does it feels like... Oh, yeah... Here I am again and I feel like I'm now telling how you are...but that's, but that's my, that's my experience of you, but how does it feel to be you? From you chair? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: I suppose in some ways numb.

T145: Hum... hum... I get that... Hum... *[Faz reflexão empática tentativa sobre experiência interna do cliente]*

C: But...

T146: We're kinda backed to that thing we talked about last week, where you were in this suit of armour... [C: Yeah...] Lot's a... [C: Yeah...] A bit stiff, a bit, hum, impregnable... *[Clarifica características do funcionamento do cliente (reações cognitivas, crenças, estilo de coping, defesas, e.g.)]*

C: Yeah.

T147: Hum. And you understand why you had to put that armour on? Does it make sense to you? *[Explora percepção do cliente sobre origens dos problemas ou de características suas]*

C: Yeah, yeah, makes sense.

T148: When do you think you first thought I need this suit of armour?

C: Hum...

T149: Maybe not on a conscious level but... *[Explora percepção do cliente sobre origens dos problemas ou de características suas]*

C: I don't know maybe when I was... maybe 15...

T150: Hum, hum... Hum. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C: It would be around that time.

T151: That was the first time you were aware you needed to be numb... *[Explora percepção do cliente sobre origens dos problemas ou de características suas]*

C: Yeah.

T152: It's a lot of effort, it's a lot of effort goes in to that. It's not that easily done. Imprisoning all emotions, not all emotions, imprisoning certain emotions over here and keeping yourself grown up, sensible, calm... *[Faz reflexão empática tentativa sobre experiência interna do cliente]* Where, where does anger lives here in this mix? *[Procura focar a exploração de assunto introduzindo dimensões ou ligações que não estavam presentes na narrativa]*

C: Hum. I don't really get angry. I get frustration. [T: Hum, hum] Like I can be quite short tempered when I, when I want to be just by myself and I, yeah, I can get quite sort tempered.

T153: So, snappy. *[Clarifica características do funcionamento do cliente (reações cognitivas, crenças, estilo de coping, defesas, e.g.)]*

C: Yeah, yeah.

T154: And is... I don't know how you conceptualise anger. Is anger a continuum? Or is an entity on it's own? *[Explora worldview ou crenças do cliente]*

C: I would say it's just by it self.

T155: By it self, ok. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]* So frustration or short temperedness...

C: [interrupts] I use to be [? 40:37] turned to anger, I used to be like that, but now it's just, just not worth get angry.

T156: Because? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: The only person who is affected is yourself, in most cases.

T157: Ok, so you get angry but actually it's gonna bounce back [C: Yeah, yeah.] and impact you. *[Clarifica características do funcionamento do cliente (reações cognitivas, crenças, estilo de coping, defesas, e.g.)]*

C: It's like a driver that can be quite angry sometimes and I say who is the only person he is affecting? and all the answers is me. It's not worthy.

T158: Is she quite fiery? *[Explora a percepção do cliente sobre atitudes, ações ou circunstâncias de Outros significativos]*

C: She can be, yeah.

T159: How do you feel about her emotions? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: Hum. She can be quite emotional but, hum, I think because of obviously what happened to her she can be quite close down with other people and can seem quite cold.

T160: But not to you? *[Questiona para procurar captar experiência interna ou vivência do cliente]*

C: No.

T161: Is that, why is that? *[Explora a percepção do cliente sobre atitudes, ações ou circunstâncias de Outros significativos]*

C: Hum. I suppose I understand the reason why.

T162: So, she's wearing a suit of armour. Maybe there's a kind of a, a club where people who suffered in different ways, who've had to learn to shield them selves. Maybe you can see each other, maybe, maybe there's something to that, [C: Hum.] it's like 'I know that', you can recognize that's a defence [C: Yeah.] Ok. Thank goodness! *[Elabora tentativamente uma leitura possível com base na narrativa do cliente]*

C: Yeah.

T163: But when she is emotional how do you feel about her emotionality? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C: Hum. Doesn't bother me, but it's like hum, I struggled to empathize, it's like I said before, I can show compassion, but isn't feeling it.

T164: So, you know what the right things to do are. [C: Yeah.] You need to come to her or whatever you feel the right thing is, but you're not necessarily feeling it...? [Clarifica características do funcionamento do cliente (reações cognitivas, crenças, estilo de coping, defesas, e.g.)]

C: No.

T165: Would you say you feel love for her? [Explora tema com base em conjetura ou ressonância do próprio terapeuta]

C: Yeah, yeah.

T166: Ok, so, it's just, you have your own feeling of course, so where it sounds if you struggle is to identify with her feelings...? [Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]

C: Yeah. I, I... She does get a little bit annoyed about it sometimes, but I tend to take the... outside abuse so if she's angry about something, call upset, I'll take it in a rational way, so I won't take her side. [T: Right.] In all cases, I'll say look at both sides, like that.

T167: And does that make her furious? [Explora a percepção do cliente sobre atitudes, ações ou circunstâncias de Outros significativos]

C: Sometimes, yeah, but she doesn't understand that sometimes the way you react to something it's not necessary the right way.

T168: No, and there is nothing wrong with that. That is a really sensible approach. There is nothing wrong with that. [Valida a vivência do cliente] But it's probably annoying to hear sometimes [C: Yeah, yeah.] Sometimes you probably just want someone to go 'yes, they're complete bastards and I absolutely agree with you' or whatever the situation is. Yeah... Hum... [Sugere uma leitura alternativa ou que introduz algum desafio face à visão do cliente] Cos relationships are trickier the best of times, aren't they? Cos you have two people with two all different sets of being, trying to negotiate a way to make those ways work together [C: Yeah, yeah.] To blend. Hum. And it sounds that in certain some ways you found ways to really make this function to the point where you can imagine a future. [Valida a vivência do cliente] Do you have any worries about this relationship? [Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]

C: Not really, no.

T169: No. [Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu] So your worries are relationship wise and not particularly current. [Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]

C: No.

T170: The relation, the worries you have or the... How rephrase it? We called it like a residual distress. How would you like to call it? [Faz psicoeducação sobre processos psicológicos] How you feel about past relationships? [Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]

C: Hum...I'm trying to think a word for it as well. Hum, I think it's just the way it, it still affects me.

T171: Hum, hum... Hum. I'm just thinking that... [sighs] Would you wish then that it didn't affect you at all? [Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]

C: Hum. No. I would say... If it needs to, well won't say need to affect you, but it can affect you, but as long as you, it's in, as long as you can deal with the negative in a positive way.

T172: Ok, so you can, perhaps what you would like to get to with those feelings is you've experienced them, they will be, I won't say scars, but sometimes scars of relationships are positive as well. Good relationships leave marks too. But you want to be able to take all the marks that relationships have left and process them, the negative as well, in a more positive way. [Explora ou procura captar expectativas do cliente sobre mudança terapêutica]

C: Hum.

T173: And what would be your kind of, what would be your aim then? Would that be to for instances not to have the panic attacks over a, in the middle of the night? [Explora ou procura captar expectativas do cliente sobre mudança terapêutica]

C: Yeah.

T174: Any other kind of aims? *[Explora ou procura captar expectativas do cliente sobre mudança terapêutica]*

C: No, I don't suppose I have.

T175: No. That's your main one. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]* How often are they happening? *[Explora vivência do cliente sobre distress ou problemas atuais na sequência da sua narrativa]*

C: It varies. I would say, maybe every couple of weeks...

T176: Hum, hum. Ok. So quite frequently... *[Explora vivência do cliente sobre distress ou problemas atuais na sequência da sua narrativa]*

C: Yeah.

T177: Well, I think what I would say is that you are, you're certainly taking a step to doing that [C: Hum.] by coming and having counselling [C: Yeah.] because even though and I do get, I... I...you know, I'm kind of almost cringing here myself cos I get this is really painful for you [C: Hum, hum.] to talk about this. *[Faz intervenção no contexto do aqui e agora da relação terapêutica]* But kind of my belief on this is if you let the genie out of the bottle it would just, it will dissipate [C: Hum.] It's when we try to keep things crowd in a bottle's up that, what happens is that they find a way to burst out even if it is in our sleep. [C: Yeah.] So, is hard but I do applaud you for thinking 'ok, I want to face this now and I want do something with it'. *[Introduz e/ou negocea expectativas sobre processos de mudança]*

C: Yeah.

T178: Not necessarily gonna be that pleasant. *[Introduz e/ou negocea expectativas sobre processos de mudança]*

C: Yeah, I suppose not.

T179: Maybe you're experiencing it today... *[Faz intervenção no contexto do aqui e agora da relação terapêutica]* But how do you, how does this session filled you in terms of what you wanted to focus on in the beginning of the session or in last week? *[Incita cliente a fornecer feedback sobre a sessão e/ou postura do terapeuta]*

C: Hum. Yeah, it was focused, yeah.

T180: Yeah? Is it, does it feel focused in a way that, it was useful to you? *[Incita cliente a fornecer feedback sobre a sessão e/ou postura do terapeuta]*

C: Yeah, I suppose it's finding a way to actually talk about it... I'll have that to think about the next week [T: Yeah, yeah.] Well, is not going to be one next week, is it? Or...

T181: One next week, yes, yes. *[Clarifica aspetos contratuais relacionados com duração da terapia e/ou cadência e duração das sessões]*

C: Oh.

T182: In fact let's think about when you want to come and don't want to come over the next few weeks, but ok... *[Concerta agendamento da sessão seguinte]* So, and do you feel based in our relatively short acquaintance that if this is going in a direction you think 'I don't want to go this way', do you feel you could say '[therapist's name], I don't want to talk about that' or would you let me torture you? *[Incita cliente a fornecer feedback sobre a sessão e/ou postura do terapeuta]*

C: Hum. Yeah, no, I can say.

T183: You can, ok. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]* Cos I think I've maybe got a little concerned about that today. I thought 'how far is he gonna let me go here before he go I don't want to talk about this?'. *[Faz intervenção no contexto do aqui e agora da relação terapêutica]*

C: It's not that, it's, hum, when you're saying to me I'm not having any effect or such, it's not happening any effect.

T184: No. Ok. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]* Cos you got your armour on? *[Clarifica características do funcionamento do cliente (reações cognitivas, crenças, estilo de coping, defesas, e.g.)]*

C: Yeah, yeah, I'm blocking it.

T185: It's all just bouncing back. *[Questiona para procurar captar experiência interna ou vivência do cliente]*

C: Yeah, yeah.

T186: Maybe it's me who's been tortured [laughs] *[Usa o humor]* Yeah, ok... So, what would you going forward to next week? Is there anything you focused on during the week while you're not here, anything you want to think about? *[Incita cliente a definir foco ou assuntos que gostaria de explorar em sessão]*

C: I'll think about ways I can speak about it.

T187: Ok. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C: Yeah.

T188: Ok. Could I ask you, even if it's just for me, that you do that gently?

C: Yeah, yeah.

T189: That you say 'Daniel, think about a way but don't be too hard on yourself'. That's probably more about my needs than yours but, hum, yeah. On the basis that as human beings I think we're all more likely to respond to kindness from others but sometimes we are not very kind to our selves.

C: No, no.

T190: And then we are surprise when we don't cooperate with ourselves. *[Faz psicoeducação sobre processos psicológicos]*

C: Yeah, yeah.

T191: Ok. Right. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]* Let's talk about next week. You want to come next week [C: Yeah.] but not the 20th, is that right?

C: Yeah, I'm away then.

T192: You're away then, ok. And after Christmas you're changing your timetables, aren't you? *[Concerta agendamento da sessão seguinte]*

C: You said 2 o'clock, didn't you?

[Spend some time negotiating the time of next appointment (not relevant)]

T193: Right. The only other thing we have to do is we have to do the form things, but we are almost there and remembered in the nick of time! *[Informa ou relembra aspetos contratuais sobre uso de instrumentos de monitorização clínica]* Ok... [working on the i-pad maybe] So in terms of goals, hum, what's it asking us to do? I'm not sure how to do this... Oh, ok! Right. *[Comenta enquanto usa dispositivos informáticos ou sobre dificuldades técnicas]* So, we've got a few to do. If you could fill that little one for me, thank you. *[Apresenta ou contextualiza os instrumentos de monitorização clínica]*

C: Yeah.

[filling in the form]

C: There we go.

T194: Great. Thank you. *[Agradece o preenchimento dos instrumentos de monitorização clínica]* And this one, there's just two... *[Apresenta ou contextualiza os instrumentos de monitorização clínica]*

C: Yeah.

[filling in the form]

C: There you go.

T195: Great. Thank you very much. *[Agradece o preenchimento dos instrumentos de monitorização clínica]* I will see you next Tuesday, thank you. *[Cumprimenta ou despede-se do cliente]*

C: Ok.

T196: Have a good week. *[Cumprimenta ou despede-se do cliente]*

ANEXO E – Codificação aberta de sessões – Pfd022 assessment session

Pfd022 – assessment session

T (Therapist)1(intervention number): So it's recording now. *[Informa cliente que estão a ser gravados]* I also have for you, thank you Martin. *[#Intervenção não relevante para codificação]* Ok, now that's one form down. Ok so our next form is, this is about, hum, how you came here, what you prefer to be called, your address, date of birth, GP details, these are for kind of emergency contacts *[Apresenta ou contextualiza os instrumentos de monitorização clínica]* and while you're doing that the other thing that, you know, when I was talking about confidentiality is that depending on what we talk about, if we, if we decide together that you are at imminent risk of anything, self-harm, suicide, hurting someone else, hum, what I would like to be able to do is to tell student wellbeing services how distressed you are without necessarily revealing content of what we talk about but how do you feel about that? *[Discute questões de (quebra de) confidencialidade]*

C (Client) 1(intervention number): I think would be fine.

T2: That would be fine, ok, that's good. *[Discute questões de (quebra de) confidencialidade]*

C2: Hum, date of first contact is that the first date that I contacted you?

T3: If you can remember it then yes, if you can't then put today's date in. *[Clarifica aspetos relacionados com o preenchimento dos instrumentos de monitorização clínica]*

C3: I'll write today.

T4: This is easier, isn't it? Yes *[Faz comentário sobre os instrumentos de monitorização clínica]*
[filling in the form]

C4: Does it matter if I put my middle name?

T5: No, not at all, no. *[Clarifica aspetos relacionados com o preenchimento dos instrumentos de monitorização clínica]* [filling in the form] 24... Hum, do you identify as male? *[Explora dados pessoais gerais (identidade de género, agregado familiar, e.g.)]*

C5: Yeah.

T6: And where do you live Martin, do you live alone, with parents, with partner, are you homeless or...? *[Explora dados pessoais gerais (identidade de género, agregado familiar, e.g.)]*

C6: I live with my nan.

T7: Ok *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C7: My nan and my partner also lives there at the moment.

T8: Ok, so should I put with partner or with... *[Explora dados pessoais gerais (identidade de género, agregado familiar, e.g.)]*

C8: With grandparent or other?

T9: With grandparent *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]* [muffled recording] and how would you identify as white, white British, white Irish or other white? *[Explora dados pessoais gerais (identidade de género, agregado familiar, e.g.)]*

C9: White, white British

T10: White British. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]* Are you on any medication? *[Questiona sobre medicação psiquiátrica (tipo, dosagem, impacto, e.g.)]*

C10: I'm on concerta XL 54, 52 milligrams, it's for ADHD.

T11: ADHD. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]*

C11: [muffled recording]

T12: I'll not be able to spell that, but... *[#Intervenção não relevante para codificação]*

C12: [spells concerta] I mean the doctor always said concerta XL and it's 54 milligram [T: Ok.] and I didn't bring them.

T13: That's ok, that's fine you can remember what it is [Questiona sobre medicação psiquiátrica (tipo, dosagem, impacto, e.g.)] [muffled recording] Do you consider yourself to have any disability? [Explora eventuais limitações, deficiências ou doenças físicas do cliente]

C13: I don't really know, I mean because I don't know if ADHD is considered a disability.

T14: Ok, I think... I'm not sure if it is I think it's just a condition. [Explora eventuais limitações, deficiências ou doenças físicas do cliente]

C14: Yeah, then no, not really.

T15: Ok, no. Hum [Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]. And can I ask you a couple of questions about risk, how do you currently feel in terms of self-harm or suicidal feelings? [Explora comportamentos auto ou heterolesivos (risco atual ou passado)]

C15: I don't self-harm and I don't feel suicidal.

T16: You don't feel suicidal. [Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu] Ok, so would you consider yourself to be low risk or no risk? [Explora comportamentos auto ou heterolesivos (risco atual ou passado)]

C16: No risk, I think.

T17: Ok [Faz intervenção conversacional curta que valida resposta e/ou incita a continuar], hum, my stomach is making really weird noises! [#Intervenção não relevante para codificação] [trying to access forms on ipad?] Please connect to the server... Ok, but you know who they are? [muffled speech] Yeah. But that's fine that's what I meant... Come on... This is really annoying this plays up on us sometimes and it's doing that now, ok, what we're going to do is we're going to do them the old fashioned way. [Comenta enquanto usa dispositivos informáticos ou sobre dificuldades técnicas]

C17: What's the client code by the way?

T18: Hum, you'll only be known as protocol for depression so PFD022. [Clarifica sobre questões de anonimato no contexto do protocolo de investigação]

C18: Zero or...

T19: Zero, yeah, 22 and that is the only information that will be attached to anything to do with you. [Clarifica sobre questões de anonimato no contexto do protocolo de investigação]

C19: They won't have my name or?

T20: They won't no. This goes with consent form and it's kept separately to all the other information, this is just so they know who you are. [Clarifica sobre questões de anonimato no contexto do protocolo de investigação]

C20: So they can match it up.

T21: Yes, I will not be calling you 022, I'll be calling you Martin [laughs]. [Usa o humor]

C21: That's fine.

T22: Ok, now this is actually come up timely but if you could if you can see it 'cause I wouldn't be able to without my glasses have you ever done a patient health questionnaire? [Explora se o cliente já respondeu anteriormente a instrumentos de monitorização clínica no contexto terapêutico]

C22: I don't know.

T23: You don't know [Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu], have you ever been in counselling or? [Explora experiências prévias de acompanhamento psicológico ou outros recursos de ajuda]

C23: Hum, well I've done the one when I was I told my tutor that I was feeling depressed and I've been to the doctor and they, he put me in touch with a lady and her name is Marie and I spoke to her and I think I did something similar and then I was waiting and then I think it was Rowina.

T24: Rowina, yes. [Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]

C24: And then she put me... she said that I could wait and do it with them or I could do this and I chose this, so I think I might have done one before but I'm not sure.

T25: Ok, ok, well you'll recognise it if you have. Essentially it's, it's called the PHQ9 patient health questionnaire, it's called 9 'cause it's 9 questions. [Apresenta ou contextualiza os instrumentos de monitorização clínica]

C25: Oh, I think I know.

T26: Yeah, you've probably had and it's about how you've felt only over the last two weeks, this is one of the forms we do every week, hum... *[Apresenta ou contextualiza os instrumentos de monitorização clínica]*

C26: I on a three now I think then, yeah.

T27: Yes and it's nought to three *[Clarifica aspetos relacionados com o preenchimento dos instrumentos de monitorização clínica]*, hum, so if you could fill in that would be great thank you. *[Agradece o preenchimento dos instrumentos de monitorização clínica]*

[filling in the form]

C27: [inaudible]

T28: Thank you, Martin. *[Agradece o preenchimento dos instrumentos de monitorização clínica]* And this is another form, this is another one that we would do weekly called the GAD7 'Generalised Anxiety Disorder Seven', seven questions and again this is how you've been feeling over the last two weeks.

[Apresenta ou contextualiza os instrumentos de monitorização clínica]

C28: Which one of these... [inaudible]

T29: If you've checked of the problems, how difficult, hum, so... *[Clarifica aspetos relacionados com o preenchimento dos instrumentos de monitorização clínica]*

C29: Should I put in answer 0 on...

T30: If you didn't answer 0 essentially, how difficult has it made it for you to do your work, take care of things or get along with other people. *[Clarifica aspetos relacionados com o preenchimento dos instrumentos de monitorização clínica]*

C30: Ok, do I just tick one or...

T31: Just tick one that feels most relevant to you at the moment. *[Clarifica aspetos relacionados com o preenchimento dos instrumentos de monitorização clínica]* Ok, that's the last one there is it. Ok there we go so those are the two we'll do as much as we can ok *[Apresenta ou contextualiza os instrumentos de monitorização clínica]*, this is the, these are the questions I try to put into the machine that's now lost. So I'm afraid we're double doing here but that's a demographics form. Usually it cooperates, it must be taking the afternoon off. *[Comenta enquanto usa dispositivos informáticos ou sobre dificuldades técnicas]*

C31: [giggles] It's fine, hum...

T32: It's ok, that's that one, lovely, right so there are our goals no, first we'll do this this is the last [inaudible] this inventory is a scale of three to minus three and what this tries to establish is what your kind of preference for a therapeutic relationship would be, what you... how you might like your therapist to be with you and what you might expect, it's not set in stone, it just gives us an indication of how you might like to work *[Apresenta ou contextualiza os instrumentos de monitorização clínica]* because another goal of this research is to establish if this is a helpful thing to work the way your client wants to work as opposed to working in one model only... I'm not sure how you familiar you are with different models of therapy. *[Enquadra o uso de instrumentos de monitorização clínica no contexto dos objetivos do protocolo de investigação]*

C32: No, I'm not very sure, I'm not very [inaudible]

T33: Ok, well there are many different ways, hum, the one, the approach that we're using here is called pluralistic where you can draw on, as the name would suggest, you can draw different models of [C: Hum.] therapy, if it's in the best interest of the client and this way what we hope to establish is well other than me making the decision of what might be best for you is this will give us some idea of what you think might be best for you because actually you probably have more idea about that than I do *[Faz psicoeducação sobre modelo terapêutico e qual a visão sobre o papel do cliente]*. There are a little bit counter intuitive because sometimes the minus three is where you think the three is going to be so they kind of take a little bit of a...

C33: Reading.

T34: Reading. *[Clarifica aspetos relacionados com o preenchimento dos instrumentos de monitorização clínica]*

C34: Ok.

[filling in the form]

T35: And again if you have any questions just shout out. *[Disponibiliza-se para clarificar dúvidas no preenchimento dos instrumentos de monitorização clínica]*

C35: Ok.

T36: I think there might be more of that. *[Apresenta ou contextualiza os instrumentos de monitorização clínica]*

[filling in the form]

C36: [inaudible]

T37: Of course, yes, hum, hum. *[#Responde a questão direta do cliente - não relevante para codificação]*

[keep on filling in the form]

T: Probably some of them aren't entirely relevant questions, I've just sort of [inaudible] I mean this is weekly but it's interesting to know that you would actually do more if you could, you'd do more than once a week, yeah, ok, the other one is probably absolutely relevant. *[Faz comentário sobre os instrumentos de monitorização clínica]*

C37: So the rest is not relevant.

T38: No, just that one. I think they are more about your beliefs about what is valuable as supposed to what's actually happening. *[Clarifica aspetos relacionados com o preenchimento dos instrumentos de monitorização clínica]*

C38: Yeah, or preference.

T39: Yeah. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C39: So do I have a preference, psychotherapy is that discussion-based?

T40: Talking, yes. *[Clarifica aspetos relacionados com o preenchimento dos instrumentos de monitorização clínica]*

C40: So, not this one...

T41: That's it, right, ok *[Clarifica aspetos relacionados com o preenchimento dos instrumentos de monitorização clínica]*. What I'll do with this, I'll have a look at it after the session and work out what I think you're saying you'd like and, and if you want to, talk about that at the beginning of our first session... *[Enquadra uso de instrumentos de monitorização clínica num contexto relacional, dando-lhe primazia]* you've got to put that there, that's the end of that *[#Intervenção não relevante para codificação]*

C41: I wouldn't know what makes a decent therapist, so...

T42: No. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C42: I mean I've said what I might think I'd like but... I don't know.

T43: Hum, that's ok and you might change your mind about, that it might as you go along you think actually I don't like how you're being and I would encourage you to say I'd like to try something different because we can do that [C: Ok] *[Salienta o carácter fluido e não vinculativo das preferências manifestadas]* I think that sort of the main aim of this is that we decide, I don't decide what's gonna happen for you we decide together what might help. *[Transmite explicitamente ou insinua visão do cliente como agente central e ativo no processo terapêutico]* This is the kind of last piece of paper and this is just to take away, this is just a list of sources of further information so should you leave here today and you don't... you feel awful you feel very distressed you need more help there are a list of resources there that can help you with various issues that's quite a useful list to have you don't need to do anything with it just take it with you and you've got the information form haven't you? *[Fornecer informação (folheto) sobre recursos de ajuda adicionais]*

C43: Yeah.

T44: Ok, now this, the last thing that we have to address, but we can do that as we go along, is because it's about how goals affect the work, hum, what we'll try to do is identify during the course of our conversation what some potential goals might be for you in the course of this work. *[Faz psicoeducação sobre foco e processos da sessão de assessment]* Again, they're not set in stone, you might think, hum, actually the goal I thought I had is not the goal I thought I had as you go along, so you're not committed to anything is what I'm saying in a very rambling way, so we'll do that as we go along. *[Salienta o carácter não vinculativo dos objectivos formulados e/ou enquadra a formulação de]*

objetivos como um processo ongoing] Hum, now what we'll do is we'll, we'll do for about 45 minutes or so we'll chat and get a bit of a picture of what's going on. *[Faz psicoeducação sobre foco e processos da sessão de assessment]* If you're ok with it, I'm going to make some notes. *[Solicita anuência do cliente para tomar notas]*

C44: Yeah that's fine.

T45: They'll be, you can see them at any time, they're not they're not comments there facts about things you tell me because I probably won't remember and I won't particularly listen to the recording because I probably don't want to hear what I sound like [laughs] so if you're comfortable with that I'll do that. *[Assegura ao cliente a disponibilização de registos ou resultados da aplicação de instrumentos de monitorização clínica]* Ok so, where would you like to start? *[Incita cliente a abordar assuntos significativos que o fizeram procurar apoio psicológico]*

C45: I don't know [nervous laughter]

T46: You don't know, ok, what about, shall we start with what's brought you here today? *[Incita cliente a abordar assuntos significativos que o fizeram procurar apoio psicológico]*

C46: Hum, well I was feeling depressed and so I did, hum, the PHQ9 or whatever that form again and I did that online or something similar online.

T47: Ok, like a self-help...? *[Explora experiências prévias de acompanhamento psicológico ou outros recursos de ajuda]*

C47: Yeah, yeah 'cause I wasn't feeling well happy, so it said that I should, hum, consider going to the doctor and I tried to make an appointment and I've been trying to make an appointment for a while to go to the doctor but it was always call back at 8:30 in the morning and every time I did they never answered and it was only appointments for the day so I ended up calling I think it's 111 [T: Hum, hum.] and I told them how I was feeling and they said 'yeah ok' and then I spoke to my doctor again and I said I've spoken to 111 and then they put me, got me an appointment.

T48: Ok, so you kind of had to escalate yourself to a bit of an emergency before... *[Explora contextos (circunstâncias, precipitantes, mecanismos de coping, e.g.) relacionados com distress exacerbado/pedido do cliente]*

C48: Yeah, in order to get anyone to listen to me.

T49: To get someone to listen to you, ok. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]*

C49: Or to get in through the door.

T50: Yes. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C50: Hum

T51: Do you remember what score you scored on that PHQ-9? *[Explora experiências prévias de acompanhamento psicológico ou outros recursos de ajuda]*

C51: Well I've done two, I did one on the self-evaluation one and that was higher than the one I did with the doctor. 22:56

T52: Ok, hum, hum. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C52: But I don't like that, that form because it feels like, it's like it's only after the last... or it's dated and it says only how many times have you felt this way in the last... How many times...

T53: Two weeks. *[Clarifica aspetos relacionados com o preenchimento dos instrumentos de monitorização clínica]*

C53: Yeah but in my opinion, some of those that I've done now, last two weeks I've had alright but...

T54: Absolutely! *[Valida percepção do cliente sobre utilidade ou fiabilidade das medidas dos instrumentos de monitorização clínica]*

C54: But when I first got into contact I was feeling really shit.

T55: And there is also a chance that just the very fact that someone had agreed to listen to you, you might have felt marginally better. *[Faz psicoeducação sobre alívio sintomatológico sentido relacionando-o com a expectativa de obtenção de ajuda]*

C55: Yeah.

T56: We keep them because they're useful for the research purposes. *[Enquadra o uso de instrumentos de monitorização clínica no contexto dos objetivos do protocolo de investigação]*

C56: Yeah.

T57: I do not use them as an indication that, hum, oh my goodness everything is alright not I don't really look at the score. *[Introduz expectativas sobre uso de medidas de outcome como indicador terapêutico (privilegiando a relação)]*

C57: Hum.

T58: Hum, ok, how did you feel when you realised that your score indicated you should get help? *[Explora contextos (circunstâncias, precipitantes, mecanismos de coping, e.g.) relacionados com distress exacerbado/pedido do cliente]*

C58: Well, I just felt like at least, well, ok, so then I can hopefully this feel better because if I'm feeling this way and it's not normal [T: hum.] so that's good, because if this was life then this is shit.

T59: Ok, so it was a little bit of a relief...

C59: Yeah.

T60: ...that actually 'I think there is something wrong'. *[Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]*

C60: Yeah

T61: Ok *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C61: I don't think anyone wants to feel down like that in their normal life that's the whole of their life do you so... definitely felt a bit of relief and just I guess in a way I kind of expected that I wasn't feeling so happy because I guess maybe I was always the I'm kind of a firm believer of I'm not really, I don't need to go the doctor, I'm fine...

T62: Ok, 'I'm just gonna manage'... *[Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]*

C62: Yeah or I'm just it doesn't matter I'm just pissed off or I'm just angry at small things or whatever and I think it is just like well if I looked at all these signs or whatever then maybe it's probably more clear that yeah actually I do have a bit of an issue with something [T: Hum, hum] so I think it's more expected but then kind of only in hindsight.

T63: Isn't hindsight wonderful? Yeah. *[Reage de forma expressiva ou opinativa]*

C63: Yeah, definitely.

T64: Before you did the self-help form how long do you think you'd be feeling the way you were feeling or the way you are feeling? *[Explora contextos (circunstâncias, precipitantes, mecanismos de coping, e.g.) relacionados com distress exacerbado/pedido do cliente] 24:59*

C64: Hum, [little pause] since my granddad passed away definitely and since I've started university.

T65: Ok, did they happen around the same time? *[Explora contextos (circunstâncias, precipitantes, mecanismos de coping, e.g.) relacionados com distress exacerbado/pedido do cliente]*

C65: Yeah, well I started university what two years ago now, September and then my granddad passed away in December two years ago.

T66: Hum, what is unexpected? *[Explora contextos (circunstâncias, precipitantes, mecanismos de coping, e.g.) relacionados com distress exacerbado/pedido do cliente]*

C66: Well he had been suffering from Parkinson's and then he went into a hospice in the August and then he gradually well quite quickly deteriorated and then, yeah, he passed away, I mean I don't know if what that expected because I wasn't sure of, you know he was his usual self, kind of, well not his usual self but he was as he was at home as he was in the hospice in the beginning and then he got worse really quick and... so...

T67: And were you quite far away from where he was once you came to uni? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C67: No, no 'cause I live with my nan now and I lived near Kingston my whole life.

T68: Ok, so it was this nan's husband? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C68: Yeah

T69: Ok so you've always lived with them, have you? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C69: No, I've always lived with my mum but I've.... When my granddad passed I moved in to my nan to look after her [T: Ok.], hum, but like I've always been close to my granddad [T: Hum, hum.] I saw him weekly or most of the time three of four times a week so...

T70: That's so horrible *[Faz reflexão empática tentativa sobre experiência interna do cliente]* it's is that the first time in your life that someone close to you had passed away? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C70: I think it's the first time someone that I really kind of cared about... like my great... his mum my great nan she passed ten years ago now I think or just under ten years ago and like I saw her I went to the hospital and then I saw her and I saw the body and I wasn't moved to tears as much I was kind of you know I was like 12-13 like I remember and it didn't feel like it really impacted me that much 'cause I'd only known her for so long and although I saw her a lot [T: Hum, hum.] she was never like a figure in my life as much as my granddad was.

T71: Ok so your granddad was very important person in your life... *[Clarifica dinâmicas relacionais com figuras de vinculação ou Outros significativos]*

C71: Yeah my mum... I'm a lone child, my mum was a single parent so...

T72: Oh, ok. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C72: Until I was about 12-13 so...

T73: So you were very involved with him... *[Clarifica dinâmicas relacionais com figuras de vinculação ou Outros significativos]*

C73: Yeah I used to go on holiday with my granddad and my nan and I'd walk around to my nan quite often.

T74: Hum, do you have contact with your father? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C74: No, no I tried to, I recently got into contact with my... that side of the family and he doesn't want to know [T: Hum.] That's recent that was since this summer I've finally managed to get in contact with all of that side.

T75: Wow, ok... *[Reage de forma expressiva ou opinativa]* And that feels like another real blow, actually... *[Faz reflexão empática tentativa sobre experiência interna do cliente]*

C75: Not really, 'cause like I went there with the expectation that I owe him nothing he owes me nothing I've already know... my mum has told me her side of things that he left and I shouldn't expect that he's gonna want me back and with open arms and out of it I got a half-brother and an uncle out there, and to be fair it seems like my step... my father is the one the deluded one in the family and he's the loose cannon I guess rather than [T: Ok.] so it's not like they're all like that, it's just him [T: Ok.] and so yeah, so...

T76: But it wasn't a fruitless search in that you've got some family members... *[Explora assunto na sequência de pista do cliente sobre tema que parece significativo]*

C76: Yeah, I got family out of it and I've...

T77: A half-brother...! *[Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]*

C77: Yeah a half-brother, I mean [T: Hum.] yeah, it's different.

T78: That's... how old is he? *[Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros]*

C78: He's 26.

T79: Oh, ok so he's older than you... Ok. *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C79: Yeah, he's a few years older than me but we look similar in some ways.

T80: What was that like? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C80: Unusual, it's kind of... we're kind of still getting to know each other really, 'cause I've only seen him maybe four or five time since I've met him [T: Hum.] and unusual for sure because we have similarities but then nature versus nurture kind of argument because we've got somethings we don't like and some things we do like but they're completely environmental [T: Right, hum.] and then we've got other things you know it's just so it's a bit weird, but...

T81: Hum, was there a sense of connection with him though? [Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]

C81: Hum, I'm not sure yet, I don't think so [T: Ok.] I think I could see him and I could see myself like we've got similar eyes or [T: Hum.] and that bit of our head, you know, so you could tell that someone's related to someone here.

T82: Ok. [Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]

C82: So I don't have any kind of connection yet, really.

T83: No, but you had no idea that you had him until you were nearly 23? [Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]

C83: No, I knew I had a half-brother [T: Ok.] my mum... was... but I just never met him since I probably knew him I'd probably met him as a baby but by my father left when I was less than a year so I don't have any recollection of that family.

T84: Ok, hum, so I'm wondering then if actually losing your granddad, in a way [Recorre a 'hedging language' (linguagem tentativa)], was like losing your dad because it sounds as if... [C84: Well, yeah.]

T85: ...that was the role your granddad played in your life... [Elabora tentativamente uma leitura possível com base na narrativa do cliente]

C85: Definitely.

T86: That's a huge loss, you lost two people in one go there, didn't you, yeah? That would knock you for six, I think, hum, yeah. [Valida a vivência do cliente] I'm just going to make a little note of that [Solicita anuência do cliente para tomar notas], so you've gained an uncle, so you've contact with your uncle is he your father's only sibling? [Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]

C86: No, I've got an aunt as well who I've not met yet but she's added me on Facebook and... so... but...

T87: Ok, so there's potential for a relationship? [Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]

C87: Yeah, so yeah and she's got a daughter so that means I've got a cousin who has four children so I've got four other cousin things, I don't know I've got loads of that side of the family but I don't know I feel weird saying they're family 'cause, I know they are [T: Hum, hum.] but my family...

T88: Doesn't quite feel... [Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]

C88: I've always counted my family in one hand, you know?

T89: Yes, so you've gone from this very tight little unit to...

C89: I don't even know their names.

T90: To don't even know their names! [Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta] Was your mum an only child? [Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]

C90: No she's got an uncle, hum, eh, sibling, I've got an uncle.

T91: You've got an uncle, older than your mum? [Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]

C91: Younger.

T92: Younger [Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu] and do you have a relationship with him? [Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]

C92: Yeah, he's, he's alright he is a well... he is a oh I don't know how to put it monkeys uncle, I guess... yeah he's... my mum and my uncle don't get on, they argue, my nan always wanted a son and got my mum and then got the son that she wanted and she ruined him, he's useless, but he's not useless, he's just when it comes to 'can he get there on time, can he pay the bill on time, can he do this?' He's totally on dependent on someone else [T: Ok.] but he works in trade so he's definitely not useless.

T93: Ok, so he's really competent when he needs to be.

C93: Yeah.

T94: And wants to be. *[Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros]*

C94: But he's totally incompetent at surviving [giggles].

T95: Ok, so who looks after him? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C95: No can... he looks after himself but with a lot of prompting from my nan who tells him you need to make sure you've done this and...

T96: Ok so, is he in his 40s, I'm imagining? *[Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros]*

C96: He's turning 49 this year, I think, but he's on the cusp.

T97: Ok, but you're smiling when you speak of him, you look quite you feel quite fond of him... *[Faz intervenção no contexto do aqui e agora da relação terapêutica]*

C97: He's my uncle, I can't change my uncle, I mean, love him or hate him, he's that's him.

T98: Do you find him quite entertaining his helplessness? *[Explora a percepção do cliente sobre atitudes, ações ou circunstâncias de Outros significativos]*

C98: Ah, it depends, I mean I can be in the mood for it and I can be in the mood for totally just leave me alone I don't want to listen or 'cause sometimes, he's got a room a spare room at my nans so sometimes he's there and sometimes he's not but just in the same way that he doesn't know whether he's gonna pay his bills on time he doesn't know where he is going to be so [T: Ok.] so it's always a surprise.

T99: Sounds deliciously free in some way, doesn't it? It's just like... *[Revela ressonância interna perante conteúdos da narrativa do cliente]*

C99: He's got a child who's older than me, my cousin is older than me but doesn't live with him obviously.

T100: Hum, so your nan then was kind of very centered, it sounds like *[Recorre a 'hedging language' (linguagem tentativa)]*, on this boy and do you think she's very centered on you? *[Procura focar a exploração de assunto introduzindo dimensões ou ligações que não estavam presentes na narrativa]*

C100: She supports me or she does try to we've... she's got two well she's got myself and my cousin, we're both boys [T: Hum, hum.] and my cousin moved away when he was turning 12 to Edgeware so not far away, but I'm down the road and I've always visited and so she's and she's always been fond of boys she loves boys and she supports both of us as much as she can [T: Ok.] she always says I would rather see you with it than waiting until I'm gone you know? [T: Hum.] and, hum, I try not to accept the stuff that she does or but she's just persistent and she won't take no for an answer she's stubborn, hum, but I think she's happy that I live with her, that I took that, hum, even though she still moans about other things you know but, hum, but I think yeah she's definitely...

T101: She likes having you there? *[Explora tema com base em conjectura ou ressonância do próprio terapeuta]*

C101: Yeah.

T102: Yeah and, and did you feel you needed to move in with her because she'd be on her own? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C102: Hum, yeah in a way like I... my granddad passed in December, December 22 and then I moved in within, well I had placement January and then February and I moved in February/April [T: Ok.] and I just, yeah, like I looked after well she's 82 now she's on the larger side [T: Hum.] she's got you know she's more machine than she is woman because she's got all the fake bits and bobs that keep her going, but and she's always been very sufficient, self-sufficient like my granddad used to work nights

so she'd do everything in the days and she worked, she was always busy and with being like the way she is she's got you know a dodgy heart she's got bad knees she can't work very far she's got all these problems, like she can do these things but it's a great difficulty for her so I've I do a lot of her shopping weekly or I do this for her go and get her prescriptions or I take stuff to the doctors or I, hum, take her to the shops if she wants to go out...

T103: So you support her? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C103: Yeah, it's like, she can do it without me most of the time, but if she does it too often, without any rest she's in serious pain, so yeah.

T104: And do you worry about her dying? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C104: Yeah, I guess, I worry about it but then sometimes I look at it and kind of go, she won't be suffering [T: Hum, hum.] and I'm kind of thinking like you know my great nan my granddad's mum she lived until she was ninety-bloody-eight like my nan is 82 that means she's got another 18 years in her or you know just under that.

T105: Potentially, yes. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C105: Potentially, yeah. So and I'm just thinking if she's this bad now with her health issues, what will she be like then? And where will I be? And I feel guilt..., and I don't feel like I can leave, I don't feel like I can... she's told me and she's not trying to guilt me or anything [T: No.] but she's made it clear that if... she's thankful that I'm around because if I wasn't she'd have to give up the house [T: Right.] and she'd probably go into a hospice or an old people's home because she can't manage the house on her own it's four bedrooms upstairs downstairs, you know?

T106: So do you feel a bit stuck there in some respects? *[Faz conjectura empática tentativa sobre experiência interna do cliente]*

C106: In a way I feel like I've put myself into a corner [T: Hum.] and because, you know, my other cousin he's gone back to university to finish his degree he's only a year and a half older than me and but he lives a ways away and he can't commit the time whereas I can be at uni and at home most of the time.

T107: 'cause she lives near does she? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C107: Yes she lives in Kingston so you know it's not a distant, it's not a problem for me as much as mum only lives 5 minutes up the road and my mum's always working [T: Ok.] she works in a school so I'm pretty much the only one that can be around during the day and the evening most of the time, hum, but yeah I guess I do kind of worry about you know, is she getting worse? or is she deteriorating? because yeah, well, I think to be honest she's probably one of the things that holds the family together [T: Hum.] 'cause my uncle is probably he lives in between houses with my nan and whatever partner he's got, hum, and if my nan passed it's then my mum won't let him live with her, absolutely not and I don't know what he would be like 'cause dear I say it a functioning alcoholic if you could even go that far.

T108: So he doesn't have his own home? *[Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros]*

C108: No.

T109: No. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]*

C109: No, he's he can't pay his fucking phone bill he can't pay... nobody would give him a house so yeah so he's...

T110: So you're... it's kind of a tricky situation for you, isn't it Martin? because you love your nan you want to support her but it feels like on the other hand is she could live for another 25 years and how will you ever leave her? *[Clarifica ambivalências, conflitos ou circunstâncias presentes na narrativa do cliente]*

C110: Yeah, certainly I mean, I'll be 51 [T: Hum.] I'm 26 and in 25 years I'll be 51, like, God...

T111: And now your partner has moved in with you? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C111: Only... Yeah, she's just finished uni and she... I've been with her for five years now [T: Hum.] and so she's finished uni and she's doing a paid internship for the next three months so whilst she was... her parents are, they live abroad [T: Hum, hum.], hum, and so because she doesn't have a UK based guarantor or six months' rent she can't live anywhere else and her family has bogged off, so she needs somewhere to live so I said that she can stay in the spare room in my nan's...

T112: And is nan ok about that? [*Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes*]

C112: Nan was totally fine about it.

T113: Ok, so is it like one of those sneaking down the corridor in the middle of the night arrangements where you're pretending to sleep in separate rooms? [*Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes*]

C113: No, no my nan knows.

T114: She's cool? [*Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes*]

C114: She's fine with it, I mean.

T115: Yeah, ok, hum. [*Faz intervenção conversacional curta que valida resposta e/ou incita a continuar*]

C115: I think had it been... if I were her child and this was those days then it would have been a totally different situation, she's probably was totally different with my mum and my uncle but [T: Ok.] but no, she's not like that with me at all, I think I get away with stuff that my parents never, or my mum and my uncle never got away with [T: Hum.] and I think they even said that, they said that we never used to be able to do that and we had to do this, you're so lucky.

T116: So nan's rolled with the times, has she, a little? [*Explora a percepção do cliente sobre atitudes, ações ou circunstâncias de Outros significativos*]

C116: Yeah, maybe or just learned that I won't stop being [laughs] the way I am.

T117: Ok, or maybe that's a compromise she's prepared to make to...

C117: Yeah, maybe.

T118: To keep you there... [*Sugere uma leitura complementar com base na narrativa do cliente*]

C118: But she doesn't know, I think it's more that she's rolled with the times because she doesn't moan about it and if she did moan, if it was a compromise she'd definitely moan about it, she's probably the most passive-aggressive person on the planet.

T119: Oh, ok right, so you'd know... [*Faz intervenção conversacional curta que valida resposta e/ou incita a continuar*]

C119: Oh yeah, you'd know.

T120: Hum, so you and your girlfriend have been together for five years? [*Explora tema dos relacionamentos românticos (atuais e passados)*]

C120: Yeah, five and a half or so.

T121: So you met when, where did you meet, how did you meet? [*Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes*]

C121: Hum, my casual job I worked at, well, I was volunteering at the time as a support worker when I was 17/18 and she was there as a support worker, not support worker she was doing her volunteering and I was doing it as well [T: Ok.] so we met there and... but she went to school down the road from me.

T122: But you didn't know each other [C: No.] you met there. And you've been together consistently all that time? [*Explora tema dos relacionamentos românticos (atuais e passados)*]

C122: Yeah, well see, I had four months abroad in New Zealand and she's had a year abroad for her degree she did Japanese studies and so we've been together but we've been apart in the sense of location wise but...

T123: Hum and does it feel like a strong relationship? [*Explora tema dos relacionamentos românticos (atuais e passados)*]

C123: Hum, I don't really know I think yeah but at the same time, in the same way that I don't know what I'm doing with my nan in 25 years time, I don't think I'd marry her.

T124: Ok. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C124: So I don't know...

T125: So you can't... it's nice now but you can't really imagine the future with her. *[Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]*

C125: I think we're very different [T: Ok.] and I think like we don't have very many similarities and I probably think the [laughs] if I were to marry her it would probably turn into misery in a few years time and it would be... or it would be we'd both be 45 and end up being divorced and I've seen my mum's parents or my mum's friends who've been like that and I don't want to be that.

T126: You don't want to be that. *[Clarifica ambivalências, conflitos ou circunstâncias presentes na narrativa do cliente]*

C126: No

T127: Ok, and so your mum, how old was your mum when she had you?

C127: 28.

T128: 28 *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu], so she wasn't a baby. [Reage de forma expressiva ou opinativa]*

C128: No.

T129: No. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu] And was it just your dad couldn't... what happened there? [Explora a percepção do cliente sobre atitudes, ações ou circunstâncias de Outros significativos]*

C129: Hum, I don't really know, I'm trying to remember exactly what happened, I mean, I've never really had any interest in it because I know he's not been around, hum, but, so, they were just arguing and then...

T130: Hum, were they married? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C130: No.

T131: No. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]*

C131: Hum, they were arguing and then I don't remember what it was, I think that he decided to... he just had enough or whatever, left and my mum said 'what about your son?' and he said 'how do I know he's even mine?' and then first birthday apparently I got a card then nothing since and I've lived in the same house or mum... we've been the same two houses, my mum and my nan have been in the same two houses for my whole life.

T132: So he walked away. *[Clarifica dinâmicas relacionais com figuras de vinculação ou Outros significativos]*

C132: So he could walk... it's never been in the chance for him not to be able to go and knock on the door or whatever if he wanted to so [T: Hum, hum.] but it's clear, I found out that he doesn't so... [T: Hum.] so yeah, he left then and then my mum, my mum has been in like on and off relationships for the better part of a decade with two men, you know? Hum, she married my stepdad when I was 14... [T: Hum.] about there but now they're separating [T: Ok.] but that's recent I only found out that they were discussing that or feeling like that in the summer.

T133: Hum, how do you feel about that? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C133: Hum, well... my mum is not an easy person to live with, I don't live with her [laughs] that's my decision and, hum...

T134: What makes her difficult to live with? *[Explora a percepção do cliente sobre atitudes, ações ou circunstâncias de Outros significativos]*

C134: My nan my mum and me are all the same but they're female and I'm male and I think it's just the fact that my mum complains about my nan but does everything my nan does [T: Ok.] and my nan complains about mum but she is the reason that they are the same it's because my mum has got all

her characteristics from her, but I've... and the only reason that I say that I'm the same is because in order to get my thoughts or my opinion or my words across to them and for it to go into my mum's head is for me to be the same as her at the table [T: Ok.] so I can't talk to her calmly because like... I'll give you a prime example, she phoned up... we share a phone bill for until January until we can split and then, so it's meant to be 50 pounds a month [T: Hum.] and she phoned me up last week sometime and starting F-ing and blinding and saying 'its... what have you done on my phone it's 80 pounds this month, what have you been doing bla bla bla' and I obviously don't have the phone bill it goes to her so I said to her I'm trying to do something with the computer at the same time and I'm just like 'well mum I don't know, I don't know what I've done, why don't you just check the phone bill 'cause you've got it in front of you then you tell me what I've done and then you can see what I've done without calling me and I'll try... and you tell me what I've done or how I've done it and I won't do it again, I'll pay you the 30 pounds extra...', hum, I was trying to say that and 14 times or so she's interrupted me so in the end I just went 'right, bye' and I just hung up on her because that's the only way to... [T: Ok.] deal with that, but then can you imagine if I was sat next to her trying to get that conversation across it would be who could shout the loudest? For her to shut up.

T135: Is that what happens? It escalates to whoever has the loudest voice wins the point. [Clarifica dinâmicas relacionais com figuras de vinculação ou Outros significativos]

C135: But only because she won't let you get her word in because she is right until proven wrong, she's right.

T136: Oh, ok. [Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]

C136: In that sense, hum...

T137: So, you've got mum here who's like that, nan here who's like that... Are you like that too? [Incita à exploração do cliente sobre visão de si mesmo]

C137: I try not to be [T: Ok.] I try not to be because I try to be the most critical person I think [T: Hum, hum.] I'm a doubter and I'm cynical, I know that, I moan a lot [T: Hum, hum.] but I'm British and I think that, you know, I'm allowed to be, and I do enjoy moaning about things like that sometimes and about things and it's just my own way of putting myself down but making humorous situations is by moaning about things mainly moaning about myself, hum, but, I try not to be like my mum, but I have had moments where my girlfriend said 'you just sound like her' when I've 'cheers, yeah, thanks' but anyway, because I can't get anything across without, you know, if you can't beat them join them, it's like that. 45:35

T138: Hum, ok, if you can't beat them join them. [Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu] And what was your granddad like? [Explora a percepção do cliente sobre atitudes, ações ou circunstâncias de Outros significativos]

C138: Not at all like that. Humorous, he said 'marry for money and live misery in comfort', that's what he said.

T139: [Laughs]

C139: [Laughs] But he obviously... he loved my nan and my nan didn't have money so he obviously didn't do that.

T140: No, so he, that sounds a little bit like you describe yourself, sort of a little bit cynical but taking the piss out of himself at the same time. [Elabora tentativamente uma leitura possível com base na narrativa do cliente]

C140: Yeah, I am a pisstaker, that's probably why I do a lot [T:Hum.] I take the piss out of a lot of people including myself I'd be the first person to humiliate myself.

T141: Hum, hum, and do you think you have that in common with him? [Incita à exploração do cliente sobre visão de si mesmo]

C141: Definitely, I think so, yeah.

T142: Ok. [Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]

C142: Probably, in that way.

T143: So it sounds like the person who maybe listened to you is gone... [Faz conjectura empática tentativa sobre experiência interna do cliente]

C143: Yeah, he'd always listen, I'd always talk to him... I'd say he was the fountain of knowledge for me when... 'cause I'd ask him about everything, you know? he'd... if I fixated on something growing up he'd be the first person to know about it and I'd ask him every bloody question I could think of, if it was dinosaurs I'd get him to draw them for me and I'd colour them in or whatever, cowboys and Indians all that...

T144: So your childhood is full of him, full of memories of things with him... [Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]

C144: Hum, I've watched every bloody murder she wrote miss Marple, pyro, every channel 5 rubbish film...

T145: Is that because he liked them? [Explora dinâmicas relacionais com figuras de vinculação ou eventos/memórias significativas da infância]

C145: Because well when I finished school whatever if I got home at just after four I'd and if I was feeling lazy or whatever there's two busses to my house 1 buss to theirs but I have to change, I have to get off their buss to get on my buss home and it's only two stops extra if I get their buss to their house so sometimes if I was feeling lazy after school I'd just go away to their house all the way two stops and then just sit around on the sofa and watch whatever he was watching and obviously in the summer if my mum was working as an only parent I would always be in the summers I was always at their house [T: Hum.] and he'd... my nan would be in the kitchen, my uncle... my granddad would be the sorry... front-room, and they'd have both TVs going but she'd be watching her game shows, you know...

T146: So he was your pal? [Clarifica dinâmicas relacionais com figuras de vinculação ou Outros significativos]

C146: Probably, yeah, and I'd watch every cowboy and Indian film, every John Wane movie, every war every, every west... yeah, all those films I've seen, the comedy shows or whatever and even if I didn't understand them or whatever I'd just sat there and stayed up later then, I'd always ask him if I could stay up later than my nan 'cause my nan never let me and I'd ask granddad afterwards...

T147: And so what did, what he say go? [Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]

C147: No...!

T148: No, ok. [Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]

C148: But he'd maybe be able to persuade my nan is more of a it was more like... only one more half an hour or whatever but...

T149: Ok, sounds lovely.

C149: Yeah.

T150: Hum, some really happy memories there. [Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]

C150: Hum... [pause]

T151: Hum, so, did... eh... what was school like for you Martin? [Explora contextos escolar, académico, experiências profissionais, projeto profissional]

C151: Hum, primary or secondary?

T152: Either, both. [#Responde a questão direta do cliente - não relevante para codificação]

C152: Primary is... I don't really remember much of it, hum, I was diagnosed with ADHD when I was seven, no year three or below and but I was I was a little shit I was very hyper, I was, I wasn't particularly naughty, I just couldn't pay attention and because of that I was then naughty of course 'cause I wasn't listening, hum, and I had far too much energy and but I wasn't spiteful and I wasn't... I didn't do the wrong thing because it was wrong I did it because I wasn't listening to what the right thing was, hum, and to control that I was on Ritalin but I was on a heavy dose and I was a zombie, I was just sat there... I wasn't stealing education from other kinds I was just nullified essentially and so and I don't really remember much of primary school... I wasn't, I'm not... I think I underachieved my way through it [T: Ok.] because I definitely could have done better, but at that age I was just being a kid and I wanted to be a kid, I didn't want to you know, no seven year old looks to the future and goes 'oh, I better knuckle down, I'm gonna be a doctor' 'cause they don't really know... Hum... but then, so I mean I've got friends that I still see from primary school like one of my best friends and he always

goes 'remember that school trip, remember that day we did this?' and like 'no' because I don't have much memory of primary school at all.

T153: And you put that down to the medication? *[Explora vivência da toma de medicação psiquiátrica na sequência da narrativa]*

C153: I think so I mean, I don't have any other explanation for it I mean I don't particularly have any I don't have any bad memories of primary school I just don't have any memories of it [T: Hum, hum.] really... I mean I remember the few odd school trips where maybe it was a night away or because but often I didn't take the tablet, I tried not to... but then they got wise to that so... Hum... yeah... I guess...

T154: And how long were you on the Ritalin? *[Explora vivência da toma de medicação psiquiátrica na sequência da narrativa]*

C154: Until year 7.

T155: How old were you then?

C155: 11

T156: 11. So from 7 to 11? *[Explora vivência da toma de medicação psiquiátrica na sequência da narrativa]*

C156: Roughly, I can't remember exactly when I started.

T157: Ok, why did they take you off it? *[Explora vivência da toma de medicação psiquiátrica na sequência da narrativa]*

C157: I took myself off.

T158: Oh, ok. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C158: I just... Well, the nurse wouldn't chase me around school and she did the first two days and then I did take it but then I stopped taking it, I hated it and I never went to the guy and get it off her and before you knew it my mum had no idea that I'd not been on it for a year or whatever and then the nurse spoke to her whatever and said I don't think he needs it, he's not hyper-active he's not been in trouble at school for anything but, it was more my attention then I wasn't hyper, I definitely calmed [inaudible] I grew out of it, but my attention deficit was definitely worse and it's only the last year that I've put myself back on medication for ADHD.

T159: Ok, and does this medication... how does this effect you? *[Explora vivência da toma de medicação psiquiátrica na sequência da narrativa]*

C159: Before I was doing five hours in the library I was only doing 30 minutes of work because five hours was spent trying to look... trying to get into the habit of working or trying to concentrate, whereas now I can do 30 minutes of settle down and five hours of work.

T160: Ok, that sounds helpful. *[Valida a vivência do cliente]* **When did you go onto this medication?** *[Explora vivência da toma de medicação psiquiátrica na sequência da narrativa]*

C160: Coming up to a year ago [T: Ok.] just after January I'd say, about January.

T161: January, ok. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]*

C161: I don't really remember.

T162: Ok, do you know what the side effects are of it? *[Explora vivência da toma de medicação psiquiátrica na sequência da narrativa]*

C162: There's a huge list but the ones that I've got is loss of appetite, sleep deprivation, and I had nausea [T: Ok.] but that was only for the beginning, I do have loss of appetite still, but that wasn't a problem 'cause I was a bit overweight at the time and now I'm back, I haven't been at this weight since I met my girlfriend so it's probably a good thing, hum, and I always overate I think I always ate I don't know I enjoyed food [T: Ok.] but I do a bit of exercise so I can afford to eat a little bit more than I should but then, it's good 'cause I've lost a bit of weight where I needed to and sleep deprivation is because it's a massive upper, it's a stimulant, so if I get into bad sleep cycle because of taking it late in the day [T: Yeah.] I just can't sleep and it's like having lots of coke in the morning or in the evening, you're full of caffeine [T: Yeah.] so I can't sleep because I've taken it too late and then I wake up late and then I take it late again and then that, that's a bad thing about it I can get into that so I try and wake up early, take it and then try to fall back to sleep [T: Hum.] but...

T163: So you've got to try to be quite disciplined with... *[Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]*

C163: Try to be, but I'm not very good at it, I'm...

T164: I'm thinking as well that some of those symptoms are very similar to symptoms one might get with depression. *[Faz psicoeducação sobre aspetos sintomatológicos]*

C164: Well, yeah, I mean lately I've been sleeping, in the last couple of days I've slept better, or the last, since Friday, since I went out for my birthday, only because I was very hungover and I don't drink often at all, like I hadn't drank since my birthday last year [T: Ok.] until my birthday this year I hadn't drank and then I decided... and it's because I don't enjoy drinking, particularly, like, it doesn't taste that good for me, some beers are really nice and whatever but I mean only when it's a very nice hot summers day and I'm in the mood [T: Ok.] and I don't smoke, I don't drink, I don't do drugs and so I thought I just won't drink for a year and then on my birthday everyone was buying me drinks and I thought well I'll have a few drinks and I had a lot of drinks and then... since then I've been very hungover for two days and I was feeling very ill and so I've been sleeping earlier and I have slept better and I've probably kept it up I've been going to bed at like... whereas beforehand I was in bed by 11:30ish but I wouldn't fall asleep 'til about half 12 at the earliest [T: Right.] and I just wasn't tired, I could be tired at 7pm but I won't fall asleep until gone that time [T: Ok.] like until gone 12am almost, so...

T165: So you've difficulty unwinding...

C165: Maybe, yeah...

T166: But it's hard to detach that from possible side-effect of your medication isn't it? *[Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]*

C166: Hum.

T167: Yeah. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar] 54:26*

C167: I think well... before I started taking the medication I used to work in a school and I used to go to bed or I'd always have a rule: bed by 11, sleep by 12, seven hours is a good number for sleeping hours I don't think you need more I don't believe you need any less I think seven is good. My girlfriend says she needs ten and I think she's just lazy [laughs] so I think seven is perfect for me but maybe it's not, maybe I need eight but then I was always, maybe I'd be tired at work or... and I used to be a support worker so sometimes it'd be boring for me 'cause there's no engagement for me, I'm sitting there trying to help this person and if he's reading and he's ok at reading I'd be like 'oh, there's not much for me to do here at the moment' [T: Hum.] so there might be times where I'd disengage and I'd be very tired, but, since I've been on medication I'm not falling asleep during the day or I'm not tired during the days, it aint until, you know, after lunch or after dinner at seven o'clock or occasionally late in the afternoon I might go 'oh, I could do with a nap' but I don't nap, I just.. I don't nap I don't like napping [T: Ok.] so...

T168: And what, what are you studying? *[Explora contextos escolar, académico, experiências profissionais, projeto profissional]*

C168: Nursing.

T169: Nursing *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu], ok, and you're in year...* *[Explora contextos escolar, académico, experiências profissionais, projeto profissional]*

C169: Three

T170: Three. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu] Ok, so you were 21 when you started your degree or 20?* *[Explora contextos escolar, académico, experiências profissionais, projeto profissional]*

C170: Turning 22.

T171: And what did you do before that? *[Explora contextos escolar, académico, experiências profissionais, projeto profissional]*

C171: Hum, two years as a support worker in an outreach programme and then before that...

T172: And what was that like because you were not really much older than secondary age. *[Explora contextos escolar, académico, experiências profissionais, projeto profissional]*

C172: Yeah, I loved it.

T173: Did you love it? *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]*

C173: Yeah it was great, it was...

T174: What was good about it? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C174: I don't know, just it was fun [T: Hum, hum.] it wasn't exactly the most challenging of jobs. I was 19 when I started there and I was earning money, like I've been working since I was 16 [T: Hum, hum.] and it's the first time now I'm earning more than a thousand pounds a month, you know, and I'm just like wow, most my friends are at uni what idiots, you know, they're not earning kind of thing and, I liked the nurses I got on well with them. My mum worked there as well I got her the job there 'cause I was doing the cleaning there and then she needed to do that or she [inaudible] her job so she got a foot in the door and then she became a support worker and then I became a support worker [T: Ok.] and it was the community that I lived in.

T175: Is she gonna become a nurse? *[Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros]*

C175: No, she's not.

T176: No. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]*

C176: She's thought about it but she's not, hum...

T177: So she's a support worker? *[Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros]*

C177: She is a support worker, yeah.

T178: And was it while you were there you thought 'actually I'd like to study nursing'? *[Explora contextos escolar, acadêmico, experiências profissionais, projeto profissional]*

C178: Well, actually it was after a year and a half through it I'd plateaued, I knew I'd plateaued I wasn't, I never woke up once thinking 'oh shit I have to go to work' I liked that job, it was fun, if they'd paid me twice as much I'd do it for the rest of my life and I'd be content, hum, it was, it was just, I went to football, I used to play football on Fridays after work with the nurses and my mum asked me earlier on in the day if I'd be in for dinner or not if I was going to my girlfriend's but no I was gonna be in for dinner, good because Jack my stepdad was cooking and he's a good cook and was cooking a nice dinner, brilliant, Ok, I'll be in and so I went to football and then I was gonna head home and I phoned up and said what time is dinner I'm on my way home now, hum, and then she said oh dinner's cancelled Jack messed up this ingredient and he is like that when he messes up plates pots pans down the garden if he fucks up the gravy it's down the garden.

T179: Ok, wow. *[Reage de forma expressiva ou opinativa]*

C179: Yeah, he's...when it comes to food it's that... it's his way

T180: Ok, is he a chef or? *[Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros]*

C180: No, he's just a very good cook [laughs]

T181: How do you feel about them splitting up, by the way? *[Explora assunto na sequência de pista do cliente sobre tema que parece significativo]*

C181: Hum, bad, I think

T182: Do you like him? *[Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]*

C182: I do, I mean I would never call him my dad [T: No.] but he is, other than my granddad, he is the father figure in my life and I get on well with him.

T183: Is he easier to live with than your mum? *[Explora a percepção do cliente sobre atitudes, ações ou circunstâncias de Outros significativos]*

C183: Yeah, but he's complacent almost or docile, whereas she is you know it's her way and she is, yeah, so in a way I feel bad for him because he's putting up with my mum and my mum and my mum's not happy because, you know, he sold his house for money towards the house my mum and I have and has been sensible with his money, his parents left him like a trust fund he worked for his dad for

business which he then sold and he's been ok with money like he's not exactly rich but he's not in the sense where he doesn't need a job to survive but he can't spend like he has a job if he was... or crazy amounts like he has a job otherwise he won't have that money and he won't have that luxury so he works when he wants to work he is very good at decorating and business he was what he was in but so he works in some months but then the winter months he often does stuff around the house or he he's been looking after his mum lately, hum, and my mum is not happy with the fact that he doesn't work and he's always moaning about this or that and he does moan who doesn't, I mean he lives with my mum it's like my mum moans a lot and my mum's just miserable or whatever but I feel kind of sorry for Jack 'cause...

T184: It's gonna be another loss for you, isn't it? *[Elabora tentativamente uma leitura possível com base na narrativa do cliente]*

C184: Yeah, I guess so.

T185: Yeah. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]* And I'm sort of... it does feel a little to me like I'm skipping through some things that sound really important but I want to make sure I kind of cover as many basis as I can to make a picture and anything we've talked about today that feels important to you we can always re-visit in more depth *[Faz psicoeducação sobre foco e processos da sessão de assessment]*, hum, so you do you enjoy uni? Are you enjoying your course? *[Explora contextos escolar, académico, experiências profissionais, projeto profissional]*

C185: No.

T186: Not enjoying it. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]*

C186: No, I hate it.

T187: Ok. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C187: I've changed part of it this year, when I spoke to Amanda I don't know if you know her but she was who I spoke to first and she put me in touch with she was the lady who put me in touch with the other counsellors and mentors and I was toying with the idea of qualified nurse qualification I didn't want to do the qualified nurse part which is the placement because I don't want to do nursing anymore. I can't stand it I love nursing I just can't stand the lifestyle or the government basically their situation so and for the money it's not worth the job and I don't want to do it so, a lot of my anxiety I think and stress was about the fact that I'm doing something that I hate [T: Ok.] and I've removed that because now ok I hate the degree but I'm doing it because I need a degree T188: Ok, so you're not gonna do the registration then? *[Explora contextos escolar, académico, experiências profissionais, projeto profissional]*

C188: No.

T189: You're just gonna do the... *[Explora contextos escolar, académico, experiências profissionais, projeto profissional]*

C189: I've got three months where I'm not on placement, instead I've got an additional assignment, but that's fine T190: Ok, so you'll come out with a degree in nursing but you won't be a nurse. *[Explora contextos escolar, académico, experiências profissionais, projeto profissional]*

C190: Yes, without the registration, yes

T191: And have you got a plan for what you'd like to do next? *[Explora contextos escolar, académico, experiências profissionais, projeto profissional]*

C191: Hum, I mean not really I mean I've got a plan for... I know what I don't want to nurse but I don't really know what I want to do I've... I'm in the process of well trying to apply for grad-schemes but then it's finding them and getting myself around to actually doing them on time which I'm finding quite difficult, hum, but then I've written a cover letter and for a job... when I left my previous job my friend finished his degree here at [names de university] and he needed a job to just for his... to get through the next year or whatever so I said I'd put in a good word for him with my job and we swapped places essentially and now he's moved onto another job and he's done the same for me so after this I have potentially got that job lined up to walk into so...

T192: Ok. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C192: So as a fallback.

T193: Ok, so... *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*
01:02:17

C193: I have [inaudible] for at least a year while I look for something I want to do and that's in administration for a company, so it's not far.

T194: So it kind of feels like you've *[Recorre a 'hedging language' (linguagem tentativa)]* built yourself a bit of a structure to help you to change paths without too much drama. *[Elabora tentativamente uma leitura possível com base na narrativa do cliente]*

C194: Yeah, so long as there's a position available I got that job pretty much.

T195: Ok and what were the other things that I would like to ask you about? So that was the course, and you said you have a job at the moment? *[Explora contextos escolar, académico, experiências profissionais, projeto profissional]*

C195: Yeah I'm a support worker...

T196: Hum, so you seem to like the support work, part of it, but the actual nursing or something to do with the actual job? *[Explora contextos escolar, académico, experiências profissionais, projeto profissional]*

C196: I don't nurse in that 'cause, because I do some outreach work I'm an qualified as a support worker and I've been doing that since I was 17 and I did it for... they started paying me when I was 19 and when they started paying me they couldn't get rid of me so...

T197: Ok, so you're getting paid to do something you... *[Explora contextos escolar, académico, experiências profissionais, projeto profissional]*

C197: Yeah and I enjoy it. It is casual and we go camping every now and then, so...

T198: So that part of life is quite good, the course sounds like it's been really stressful but you've thought about a way to manage that. *[Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]*

C198: But the problem is I'm not motivated in it though, 'cause I just, I don't like it and it's just sitting down and doing the work is very difficult for me.

T199: So, I'm wondering, in the context of you know coming here, what do you think would be helpful for you to focus on, to work on? *[Incita à reflexão, formulação e clarificação de objetivos terapêuticos]*

C199: I'm not sure, I'm really not sure, I'm not very ambitious with my own goals I don't think 1:03:00

T200: No, well that's ok *[Valida a dificuldade do cliente em formular objetivos]*, hum, let me tell you what come up for me then, shall I? *[Sugere tentativamente objetivos com base em leitura abrangente da narrativa do cliente]* Would that be useful? *[Transmite explicitamente ou insinua visão do cliente como agente central e ativo no processo terapêutico]*

C200: Yeah.

T201: I'm thinking about there's been a lot of loss, hum, and they might not necessarily have happened close together but there has been a loss there was the loss of your father initially, which you might not have noticed but there's a loss, and then that fresh loss when regardless of that you've dealt with it in what seems like a very mature way, there's a rejection which is a loss and there's the very important loss of your grandfather *[Elabora tentativamente uma leitura possível com base na narrativa do cliente]* and it feels like it might be useful to think about what those losses mean and how they have affected you and how you think, hum... And then the other thing that's kind of coming up for me is the slight... slight, not a fear, a fear is too strong a word... but a kind of an ambivalence about the future in a way in terms of your relationship, in terms of what might happen with your grandma, in terms of your career even they're the things that spring up for me *[Sugere tentativamente objetivos com base em leitura abrangente da narrativa do cliente]* I don't know has anything come up for you in the course of this conversation? *[Transmite explicitamente ou insinua visão do cliente como agente central e ativo no processo terapêutico]*

C201: I think those two are both spot on really, I think that even with the fear side of things or the future rather, I mean I'm kind of worried now about my mum you know, she's not getting any younger and you know...

T202: And she's gonna be single. *[Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]*

C202: Yeah and obviously I'm not in her shoes so I can't tell I can't see the you know the pine through the trees because I'm sitting there and I think that from... I don't live with her I haven't done for two years so what's going on at home with her and Jack I'm not too sure about, but from my view of it she seems to be in a stable relationship and the only reason it's not working is because of her stubbornness for it not to be working.

T203: Right, so in your view she's not being very sensible [Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta], perhaps? [Recorre a 'hedging language' (linguagem tentativa)]

C203: Definitely not being sensible

T204: So is there a sense in which you have swapped roles... that almost... [Elabora tentativamente uma leitura possível com base na narrativa do cliente]

C204: She's the child and I'm the parent [laughs]?

T205: Does it feel like that? [Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante]

C205: Definitely I don't think so no 'cause I think that I still ask her questions and stuff that I shouldn't have to because I look at her as the parent and go you're meant to know these things [T: Ok.] but she doesn't and you know I think it's just that as I'm getting older and I've been an adult for six years for God's sake, still don't feel like one [T: Hum.] you know you get that label 'I'm an adult', people ask me questions now and I still don't know the answers.

T206: You're not really feeling ready to answer them [Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar], so there's a kind of an anxiety about adulthood generally, because the people around you who are supposed to be adults they don't seem to know all the answer either. [Elabora tentativamente uma leitura possível com base na narrativa do cliente]

C206: I think the wool has been pulled over my eyes and it's slowly been pulled up and I've realised that these adults have been bluffing the whole time and now I've got to join them or I've gotta, you know...

T207: Yes... [Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]

C207: And yeah I think also just career-wise I don't know what I wanna do.

T208: No, ok. [Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]

C208: I know that, I mean I am very cynical about a lot of things so I'm worried about the future, but I know that I'm... I'm adamant that I don't nurse [T: Hum.] but...

T209: It seems like a good spot to start is you know what you don't want, it's better than not knowing anything. [Valida a vivência do cliente]

C200: Yeah, I guess, yeah.

T210: Ok, so on that basis then, did you... and I am kind of conscious that I feel... do you feel... hum, how do I wanna word this...? Is there any sense in which you feel that I've imposed those goals onto you? I know they're things that I've picked out...

C210: No, I don't think so

T211: ...from what you're saying [Explora se objetivos formulados são significativos ou produtivos, sugerindo reformulá-los se pertinente]

C211: I think that you're probably good at this, considering you're the therapist [laughs] from what I've given you that's what you've seen as issues that I can work around or work towards...

T212: Well, they're the things that come up for me. I have a little anxiety that they've come from me and not you... [Transmite explicitamente ou insinua visão do cliente como agente central e ativo no processo terapêutico]

C212: I definitely think the loss situation.

T213: The loss, ok. [Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]

C213: Considering that my granddad [T: Hum.] like... especially considering I moved in so soon afterwards as well and I took up a lot of responsibility with my nan and [T: Ok.] and I feel like maybe I didn't have chance to grieve [T: Ok.] and I still don't know if I have.

T214: Hum... So if we put 'loss' as kind of the generalised label and we'll say 'grandfather' and 'grief' with a question mark and then 'other losses' as well and we could think about maybe together how those other different losses have impacted you and then the second goal was a kind of a... if we gave it a label... something like... *[Incita à co-elaboração da redação dos objetivos]*

C214: 'Future worries'...

T215: 'Future worries', yeah. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]* And it sounds like those worries aren't just about yourself, it sounds like there's worries about other people as well so if we put 'self and others'... *[Incita à co-elaboração da redação dos objetivos]* Ok, so I'm wondering, maybe if, I mean, well for a start, if you feel that you'd like to come again and talk about these things? *[Acentua de forma explícita a escolha do cliente quanto à decisão de iniciar terapia]*

C215: Yeah.

T216: Yeah? You're happy to do that. So, hum, and you're happy to work with me on this? *[Acentua de forma explícita a escolha do cliente quanto à decisão de iniciar terapia]*

C216: Yeah, that's fine with me.

T217: Ok, so on that basis then, maybe between now and when we see each other next week if you... if we... maybe if you just hold those two goals in mind and maybe more things will come up for you about, hum, you know, other elements of it or, or ideas that you might like to try to, to address some of it you know, feel free to do that in your own way if you want to. *[Convida cliente a refletir sobre os objetivos definidos entre sessões]* For instance, these are all just for instances, if you want to bring in a picture of your granddad to talk about him anything like that is really welcome here anything you feel will help you with your goal, hum *[Convida cliente a desenvolver tarefas extraterapêuticas]*, and then what we'll do next... I'll put these all into the machine when I get it going and what we'll do that is next week, we'll re-visit those see how they've been for you during the week and see how you want to address them during the session, how does that sound? *[Cria expectativa sobre abordagem aos objetivos formulados nas sessões seguintes]*

C217: Yeah, ok.

T218: Yeah? They're open to re-interpretation we can add more we can take those away and put new ones, this is all about what comes up for you so *[Salienta o carácter não vinculativo dos objetivos formulados e/ou enquadra a formulação de objetivos como um processo ongoing]*, is there anything that I haven't asked you about that you feel is important that I know? *[Questiona cliente sobre assuntos significativos da sua história da vida e que acha pertinente referir na sessão de assessment]*

C218: Hum, not that I can really think of at the top of my head.

T219: No, ok... *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C219: I mean when I spoke to Marie and I asked her I think that something that came from it is that there is a lot there's a lot here [T: Hum, hum.] that I've got that could be issues or additions to why I might be depressed [T: Yeah.] and I feel like maybe I've bottled up a lot of things that have happened to me in my life and there kind of just showing now in ways and that but, I mean, there's probably something that I'm not very good at remembering a lot of things but like, there's probably gonna be something that will come up in the next few days that will be like 'shit I should have told you that' and then I can just bring it to you then I guess but...

T220: Absolutely, absolutely. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C220: I mean...

T221: There's lot of ways of doing it as well, when I'll read the form you did about the kind of therapy you'd like as well I'll have a clearer idea of how you might like to address it. *[Transmite explicitamente ou insinua visão do cliente como agente central e ativo no processo terapêutico]* An option, and it is just a suggestion, is if things come up, you can always just make a note of them and bring them in, if you want to do that that's very welcome as well *[Convida cliente a desenvolver tarefas extraterapêuticas]*, hum, and have I covered everything? 'Oh, gosh, I'm getting good at this'. *[Usa o humor]* Hum, I think, oh, how's your physical health, Martin? *[Explora eventuais limitações, deficiências ou doenças físicas do cliente]*

C221: Hum, well, hum, this wrist is a bit playing up so I got an appointment on Thursday to see if I need an operation.

T222: Ok. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C222: But other than that I could be a bit fitter [T: Ok.] I mean I try and work out, I've got exercise equipment at home and if I use it that's a different question but, hum, I do sports, well I do a sport weekly.

T223: What do you do? *[Explora lifestyle do cliente (exercício, lazer, e.g.)]*

C223: I do a martial art.

T224: Which one? *[Explora lifestyle do cliente (exercício, lazer, e.g.)]*

C224: I do Taekwondo.

T225: Taekwondo. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]*

C225: It's what Bruce Lee developed.

T226: Oh, ok. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C226: And then moved on from that into something else. Yeah, Taekwondo, hum, what else do I do?

T227: Well you do your support working, which sounds quite active at times, actually... *[Explora lifestyle do cliente (exercício, lazer, e.g.)]*

C227: I'd say that's not very active!

T228: Ok. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C228: I don't think, I sweat much doing that, to be honest, I think, yeah, when it is camping and walking it is very active 'cause there's lots of hiking but that's only two weekends out of every 4 months or so.

T229: Ok, and what's your social life like? *[Explora a qualidade da rede de suporte do cliente]*

C229: Hum, has been better... I'd say that lately, well since university, I've been slacking a lot more or in the sense that I have loved to go out or whatever but it's easier to stay at home kind of thing [T: Ok.] so I've had my own [inaudible] which is a bit like that kind of like, I don't really care, can't be bothered, hum, and I don't really feel guilty about it sometimes, sometimes, maybe at first I was like 'ah I really should have gone' but it's easier not to. Even with training like I've got my instructor I train with who I'd always train with and then he's got another student who is older than me but he's just... he's a newer student than I am to the sport so I train with him and we and I teach him sometimes from what I know and we develop our own skills but sometimes it's just... even though it's down the road I just, I love training I like training and I like training with him he's a lovely guy as well there's nothing wrong with him but sometimes I just can't be bothered and it's just easier for me to not go and I don't want to be flaky like that but sometimes I am and my attendance this year has been shit, for uni it's been shocking...

T230: Ok, so your motivation to actually get up and leave the house...

C230: Get up and go, yeah...

T231: Is, yeah... *[Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]*

C231: I don't have problem like every morning I wake up and I shower, if I don't have a shower I won't leave the house I mean I physically can't do anything in the house without showering I can't do... I can't function without a shower I've made that a part of my social structure to my life it's just wake up, shower, then your day starts [T: Hum, hum.] and I'll only get dressed so it's just whether I properly leave the house because I can't park outside my nan's for 9... 10:30 until 11:30 so I have to move the car.

T232: Ok, but if you didn't have to move the car...? *[Explora contextos (circunstâncias, precipitantes, mecanismos de coping, e.g.) relacionados com distress exacerbado/pedido do cliente]*

C232: I probably wouldn't.

T233: You probably wouldn't, ok. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]* I'm wondering if you'd like to add that to your goal-list your motivation?

C233: Yeah, probably, yeah

T234: *Generally.* [Sugere tentativamente objetivos com base em leitura abrangente da narrativa do cliente]

C234: Yeah, complacency in life, I think.

T235: Yeah, well that sounds quite critical as if you're deliberately being complacent. [Sugere uma leitura alternativa ou que introduz algum desafio face à visão do cliente]

C235: [giggles] Maybe I am...

T236: It feels... To me perhaps it feels [Recorre a 'hedging language' (linguagem tentativa)] a little more like the motivational thing may very well just be part of these other issues, but if we put it as a goal it means perhaps we pay attention to it. [Faz psicoeducação sobre processos psicológicos]

C236: Ok.

T237: 'Motivation' [while writing]. [Incita à co-elaboração da redação dos objetivos] Ok, alright so... would you like to come back next week? [Acentua de forma explícita a escolha do cliente quanto à decisão de iniciar terapia]

C237: Yes.

T238: Alright, now let's think about a time. What's Tuesday like for you generally? [Concerta agendamento da sessão seguinte]

C238: Hum, well I got a lecture now so I can't do this time next week.

T239: Ok, well we won't do this time next week then. [Concerta agendamento da sessão seguinte]

C239: Hum, and I should have a 9am as well so, 11... after 11 and before 2.

T240: Before 2... what about 1 o'clock? [pause] Oh that's not gonna give you enough time to get back to... [Concerta agendamento da sessão seguinte]

C240: I can't get back there... Is it for an hour?

T241: It's 50 minutes [Clarifica aspetos contratuais relacionados com duração da terapia e/ou cadência e duração das sessões], so it would give 10 minutes to get... [Concerta agendamento da sessão seguinte]

C241: Probably not enough time...

T242: Not enough time, ok. [Concerta agendamento da sessão seguinte]

[Spend some time negotiating the time of next appointment - not relevant]

ANEXO F – Codificação aberta de sessões – Pfd022 session 1

Pfd022 – session 1

T (Therapist)1(intervention number): There we go, so we are going to do now, do you remember we last week I said that we would do at the beginning of each session a couple of forms. *[Informa ou relembra aspetos contratuais sobre uso de instrumentos de monitorização clínica]*

C (Client) 1(intervention number): Yeah, yeah.

T2: On here hopefully [on the ipad]. *[Comenta enquanto usa dispositivos informáticos ou sobre dificuldades técnicas]*

C2: If they work.

T3: If they work. If they don't we'll do them on paper, ok right [working on the ipad] *[Comenta enquanto usa dispositivos informáticos ou sobre dificuldades técnicas]* So if... do you remember last week we talked about goals? hum, so in terms of the goals we talked about, this little questionnaire is just asks you to kind of pick a number on how you felt about the goals, during the week. *[Apresenta ou contextualiza os instrumentos de monitorização clínica]*

C3: Hum.

[filling in the form]

T4: Brilliant, thank you very much. *[Agradece o preenchimento dos instrumentos de monitorização clínica]* Hum, then we have to.... [picking scales on the ipad] The PHQ9 which is about how you are feeling. *[Apresenta ou contextualiza os instrumentos de monitorização clínica]*

[filling in the form]

T4: Thank you. *[Agradece o preenchimento dos instrumentos de monitorização clínica]* And hum... this is the GADS, it's just three and then two at the end of sessions *[Apresenta ou contextualiza os instrumentos de monitorização clínica]* [filling in the form] Ok, do you think it would be useful for you to see what you look like in chart form? *[Sugere analisar e/ou explora em conjunto resultados (charts) dos instrumentos de monitorização clínica aplicados]*

C4: Hum, yeah, could be.

T5: Yeah? You don't need to look at it but some people find it interesting. *[Sugere analisar e/ou explora em conjunto resultados (charts) dos instrumentos de monitorização clínica aplicados]*

C5: What am I looking at exactly? [giggles]

T6: So, ok, so the red line is the PHQ9, so... you... so... you it looks very dramatic on this chart but actually because it's a tiny chart but it looks as if you have, as if you're mood has improved since last week. *[Sugere analisar e/ou explora em conjunto resultados (charts) dos instrumentos de monitorização clínica aplicados]*

C6: Since last week.

T7: Yes, does that make sense to how you feel? *[Explora resultados ou respostas aos questionários em contexto relacional]*

C7: Hum, I think so in a little way yeah, I think my mood has been better this week hum, yeah, I would agree with that. Hum, I think I still have obviously I still have some worries, I haven't had so much kind of, in my mind I haven't thought so much about my granddad or anything like that or but I have, but I also haven't seen my mum until maybe two days ago and I saw her for like ten minutes if that, hum, so you know I didn't have to, I still worry about that and what is going on there but I've not had to deal with it for this last week I went out with her on the Sunday and, you know, it's a bit more...

T8: Do you feel like you kind of take it on when you see her? *[Explora assunto na sequência de pista do cliente sobre tema que parece significativo]*

C8: I feel like she's becoming the child and I'm becoming the adult.

T9: The adult, yeah. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]*

C9: Because you know like she is obviously her relationship is not working out so now that she's, she's gonna make decisions or she's gonna do stuff that is out of character to me to what I've seen and I mean it's just like now I'm taking responsibilities on and you know I... my mum doesn't have a mortgage in the house cos we own the house but my stepdad doesn't own the house but he put

money into it but if he's gonna leave quietly without kicking up a fuss then my mum's worked out that she has to pay so much money, that she can't afford so she's gonna have to get a mortgage on the house so now what's going on with that you know so...

T10: So there's a lot of real, real practical worries. *[Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]*

C10: Yeah.

T11: Yes. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]*

C11: And I'm the only child as well, I'm, I'm it's me my mum, hum, and you know she's not exactly got the best health in the world, I mean, she's not got anything serious but she's got, you know, constant complaints that she can cope with now but in 10, 15 years' time is that gonna be a really big issue for me or and...

T12: How old is your mum now? *[Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros]*

C12: She's 30 years older than me so 54, 55 turning 55 in march or turning 54 in march? One of those.

T13: Hum, the way that you describe it, and bearing in mind what you told me about your grandmother last week I can see how there is a potential for fear that you will spend the rest of your life looking after old ladies. *[Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]*

C13: Yeah, yeah, I didn't really think about my mum becoming that but definitely or ending up being them, which is even worse, I don't want to end up making all of the mistakes my mum's made...

T14: Hum, what mistakes do you think she's made? *[Explora a percepção do cliente sobre atitudes, ações ou circunstâncias de Outros significativos]*

C14: Hum, I mean I guess like she's never been with someone for, I mean, yeah, ok, she's been with a few partners for the best part of a decade or whatever but you know she's not happy now, she's obviously not happy cos she's getting a divorce or whatever and then you know I've got friends of friends whose parents have been together forever, my grandma and granddad they were together but obviously I understand that two centuries ago when it was normally considered the norm for you to find one love and stick with it.

T15: Do you think your grandparents were happily married? *[Explora a percepção do cliente sobre atitudes, ações ou circunstâncias de Outros significativos]*

C15: [laughs] I think, well I think everyone argues, but I mean like yeah I would have said so, they never walked out on each other, they never were rude to each other they, they gave and took from each other, I'd say they were happy, yeah.

T16: So to you it felt like it worked? *[Explora a percepção do cliente sobre atitudes, ações ou circunstâncias de Outros significativos]*

C16: Yeah, I think that that is kind of like the kind of the typical family that you strive to be or the one that if there was a documentary or an advert for settle down that would be it.

T17: Is that how you kind of imagine, you would like any potential marriage you have to be, like your grandparents relationship? *[Explora reações, características e crenças do cliente com base cenários hipotéticos]*

C17: I'm not really sure, to be honest, obviously, I don't, I didn't see it when they were younger so I have no idea what they did but I mean to be as they were as they were older is probably a good aspiration or good kind of...

T18: Ok, hum, so it doesn't frighten you. *[Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]*

C18: Wouldn't it be so bad if I ended up being my granddad, as long as it didn't come with all the complications, all the health but you know...

T19: He sounds like a really nice man... *[Reage de forma expressiva ou opinativa]*

C19: Yeah but I think yeah I just don't want to follow in my mum's footsteps, she always says to me 'oh listen to your parents' but then she always listened to her dad and her mum and made fucking mistakes so... she's...

T20: But there's a difference between listening and hearing... *[Sugere uma leitura complementar com base na narrativa do cliente]*

C20: Well yeah my mum doesn't do one of those, I'm pretty sure, but hum, I think yeah it's just that kind of worry, I don't know where my future is at all, I know I don't want to teach but I know I'm not greedy, I don't want millions of pounds, I also don't want to just, I don't want to have to slave away for nothing.

T21: Hum, hum. You want to be able to live. *[Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]*

C21: Yeah.

T22: Seems a reasonable request... *[Valida a vivência do cliente]*

C22: An enjoyable life I mean I don't, I don't want to move around the world lots I don't want to travel that far, I mean a holiday every now and then is nice, I like travelling, don't get me wrong, but I've realised, I mean I'm cynical so I mean I realise that I'm not going to make a living where I can happily travel and write a blog on the internet or some other shit, you know, you read about it but how many people don't make it, you know same thing like acting or whatever, I wouldn't mind doing that, but how many millions of people wouldn't mind doing acting and never get anywhere with it so...

T23: Yeah... So it's trying to balance a realism with some... with as aspiration? *[Explora worldview ou crenças do cliente]*

C23: Yeah, I think cos like, I know I'd be happy, I'd love to be able to not work and do all these things but obviously I know that that's not possible, I will need to have money I will need to do things you know with the current way things are going in the world it's going to be more and more difficult for me to do what I want to do for enjoyment or fun.

T24: Do you think the world has changed, do you think that life is harder for young people now than it used to be? *[Explora worldview ou crenças do cliente]*

C24: Hum, it's interesting cos my nan said yesterday, hum, I took her to an appointment and I was taking her back and she said 'I feel sorry for you youngsters growing up now', obviously it's different it's a different struggle, you didn't have to grow up when like she grew up through the bloody war and she feels sorry for me.

T25: Hum, that's interesting isn't it? *[Reage de forma expressiva ou opinativa]*

C25: Makes me wonder like...

T26: What does she see? *[Explora a percepção do cliente sobre atitudes, ações ou circunstâncias de Outros significativos]*

C26: Yeah and it's so she say's like obviously you've got everything computerized now and stuff is easier, stuff may be easier to do but then there's not always jobs, you work longer hours for less money, you've got more bills to pay or more money to give to other things just to survive, you know am I working to live or living to work? It's you know it's all because she said that she spoke to a nurse and the nurse said 'oh no I'm just bringing food for the doctor he's got to work through lunch' and my nan was like 'oh why is that? Or why would they...' like seven years of medical... to get a medicine degree and then some masters or whatever...

T27: And not getting a lunch break... *[Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]*

C27: You don't get a lunch break, overworked, in a shit building that's not fit for purpose anymore, and it makes you wonder it's just like well, my nan lived through the second world war, she got bombed out and she feels sorry for me and it's just like I didn't have to live with rations, there's a lot of food, can I afford it kind of thing, or but yeah the world has changed.

T28: It's the same problem in a different way maybe, like they didn't have enough food they had the rations and now there's plenty of food but 'do we have the money to buy the food' is now the problem... *[Sugere uma leitura complementar com base na narrativa do cliente]*

C28: Or to eat healthily or, or there's plenty of jobs but am I fit for any of them kind of thing, I guess it's just, yeah, the world is changing and yeah it's always gonna be changing and to say that you know have I grown up and just realised what the world is really like or as I've grown up has the world changed with me, I mean, I don't know because...

T29: Both maybe? *[Sugere uma leitura complementar com base na narrativa do cliente]*

C29: I definitely think that as I've increased my foresight and I've stopped climbing up ladders etc and stopped doing stuff that I obviously associated with 'oh I might hurt myself' and you know as I've grown up and made decisions I obviously think more about my future and I think about the future of not just me but obviously I like geography as well and I think about the world and the politics of it and what's going on you know and how governments are just corrupt or... I don't know, maybe I'm kind of like one of those, who use Youtube for a conspiracy theory and then you go oh this is really good you know, but it's complete hogswash, whatever I probably would be the person that would go, this guy he knows what he's on about but he might be completely one of those, and I think I could be a bit of a cynic but how much truth do I know and how much truth does anyone know?

T30: Hum, and how much truth do we need to know. *[Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]*

C30: Yeah I mean like obviously if nobody knew about starving children here or there you wouldn't be sad about it.

T31: No. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C31: Couldn't you wouldn't know it was there, cos like ignorance is bliss, it's that kind of thing.

T32: Hum, it feels in a way as if there's an information overload? *[Questiona para procurar captar experiência interna ou vivência do cliente]*

C32: Maybe, I don't know, my girlfriend she says like, she's more of an optimist than I am but she grew up in a third world country until she was nine and then she moved here, or she moved, she's lucky she moved into a wealthy family or her father, stepfather is wealthy so she escaped all that, and she's got more of an optimistic look on things, but I don't, I'm cynical.

T33: Well it's worked out well for her so far, hasn't it? *[Sugere uma leitura complementar com base na narrativa do cliente]*

C33: So far yeah I mean, but then she's got the very optimistic life, she wants to travel all the time, she wants to she doesn't want to stay put she was looking at jobs for like the UN etc or working at embassies and she was like 'oh you could do this one as well Martin and I was like I don't particularly want to work in India, so what's the money? and it's 300 pounds a month, 300 pounds a month in India, yeah, fine alright, but 300 pounds who you get to move to India, I don't want to move to India, and she's happy with all these things but I'm not, I don't, I can't, I'm anchored, I've got my nan, I've got whatever crap that I've got following that.

T34: Is it is it because you, and there isn't a right or wrong answer to this ok?, but you're anchored because you want to be or are you anchored because you have to be? *[Questiona para procurar captar experiência interna ou vivência do cliente]*

C34: I think a bit of both, like I want to be near, I want to be able to be there for my nan, she's like I know that she can't keep the house, if I'm not there to look after her and help her it will be a few months before she realises that she she'll get rid of the house, and I don't want to be out of the country away from her [T: No.] I like my family, my family on one hand, I don't see...

T35: They're special to you. *[Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]*

C35: Yeah, I mean, it's all I've got, you know, they're consistent, I've got friends that come in and out and you know, or associates or whatever but they're my family, whether they hate each other or not or whether they get on is a different story but they're blood and...

T36: And you value them. *[Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]*

C36: Yeah.

T37: And I guess in a way, perhaps *[Recorre a 'hedging language' (linguagem tentativa)]*, that places you in an unusual situation in some respects in today's society, where two generations ago nobody would have batted an eyelid at a young person wanting to stay at home to take care of family, that was what people did, it that it may be one of the ways in which you talk about how the world has changed but now perhaps do you were you unusual amongst your friends? You don't want to travel because you want to stay with family. *[Procura focar a exploração de assunto introduzindo dimensões ou ligações que não estavam presentes na narrativa]*

C37: I think in some ways some of my friends when they went to Uni the couldn't, the first thing they did was like where is my university gonna be as long as it's not in London I don't want to live at home,

and I'm totally the other way round cos I don't want any more debt, I like living at home, I don't want to live out and meet people that then I have to commit to live with there's just hassle involved I don't want to make friends because I have to make friends with people, I want to make friends with people that I want to be friends with you know, just cos I live with them doesn't mean that I'm gonna get on with them, and I'm happy staying at home, or with my nan or being close to my family because I think it's just that I've always been close to my family, I mean I went to New Zealand for half of a year and it was difficult being away from my immediate family but then I was with my very detached family I guess cos it was my nan's sister moved out there when it was ten pounds...

T38: Hum, Hum... Gosh. *[Reage de forma expressiva ou opinativa]*

C38: Yeah, and so and they 've got a family out there but she passed away about the same year as my great grandma did and... so I never met her in the flesh as an adult but I stayed with her husband and they've had kids now two girls and they've had five kids between them who are all younger than me, much younger than me so I stayed with all them and I went on holiday with them and I enjoyed that but I didn't feel like family, you know, we, we were cousins or whatever...

T39: But there was enough of a connection that you felt. *[Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]*

C39: I was comfortable.

T40: Comfortable and safe *[Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar].*

C40: Yeah I was definitely comfortable and safe and I could say stuff around them and be myself but at the same time I just didn't, this isn't home, they are not home, they are family but they are not my family, essentially, and... but I was more comfortable living my mum, when her mum went out there she made friends who have got kids my age and I had never met her, and she picked me up the second day I got there and just took me away and I was there all the time just miles away from my other family, like hundreds of miles away and I was just with them for all of the time, and I was comfortable with them, but they weren't my family, I got on with them I was away from everything and I could just chill out.

T41: So it feels like you had a kind of a... a... in terms of travelling, quite well-structured safe time, you were able to enjoy yourself without thinking where am I gonna sleep tonight or... *[Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]*

C41: Yeah, yeah, yeah.

T42: So that... but at the end of the day you missed your little family back here. *[Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]*

C42: Yeah I missed my granddad and my nan mostly.

T43: When did you go travelling? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C43: 20, when I was, I left when I was turning 19... five years ago...

T44: Yeah, was your granddad still well then? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C44: Well he was at home and he was more able more mobile he wasn't he was still remembering most things and talking a lot, he was, no, he was probably better then a lot better than he was when I got back then when I was working for two years he was still the same just deteriorating it was only really when he went in that hospice that he deteriorated rapidly, it was exponentially he got worse.

T45: As if he went to the hospice and somehow gave up in a way? *[Sugere uma leitura complementar com base na narrativa do cliente]*

C45: Yeah. I think that was pretty much it but I mean I've not said that to anyone in the family like I've said as soon as you put him in there it was kind of like, that was it...

T46: Hum, hum, do you feel perhaps they shouldn't have? *[Explora assunto na sequência de pista do cliente sobre tema que parece significativo]*

C46: Well it was my nan, I was working I was at uni and I was staying at my mums I wasn't living with my nan, my nan was looking after him most of the time, I was on placement so I was working full time pretty much, so I wasn't at my nans to help and she was looking after him all the time, so it was kind of like it's no life for either of them, he was bedridden miserable, you know he didn't want to do anything,

he didn't want to read, he was forgetting stuff and my nan had to you know look after him the best that she could and he was becoming more violent in his dementia, and you know not spiteful, because he was just becoming more like a child.

T47: Yeah, lashing out, yeah... That must have been upsetting to see somebody who'd been you know funny and cynical and he sounded like he had loads of like good things to say, to see them become that way... [Faz reflexão empática tentativa sobre experiência interna do cliente]

C47: [overlap] For that to happen.

T48: Yeah... [Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]

C48: Yeah cos he's always, always like our family's my mum myself and my granddad we have a very morbid sense of humour a very cynical kind of outlook on things and we do make the best out of most things, we're very humorous people, I always like a good joke, I can make a joke out of the most harshest of truths. 21:35

T49: Does it help you to deal with truths? [Incita à exploração do cliente sobre visão de si mesmo]

C49: It does, yeah, cos I, I, you know, hum, my granddad passed away and I just learnt that my friend's granddads passed away on Friday and I learnt, he wasn't there, it was another friend that said that he's gone home and I said 'is he ok?' and he said 'well I think his granddad passed away' or it might have been some [inaudible] I wasn't sure and I said 'oh shit' so he said well don't say anything unless, don't say it was his granddad or anything like that, I said oh yeah I said, if I did say, if I said to him 'oh I'm sorry to hear about your granddad' he might say to me 'oh fuck not him as well', you know kind of thing so, so that kind of sense of morbid, I don't mind it that's something that I would, if someone said that to me, or if someone made that mistake or if I was grieving for my granddad and if someone said oh I'm really sorry about your gran, or your uncle, I'd say 'oh not him as well' 22.23

T50: Oh, right, yes, you'd laugh. [Clarifica características do funcionamento do cliente (reações cognitivas, crenças, estilo de coping, defesas, e.g.)]

C50: I'd laugh, I'd make that joke to them to make them go don't be awkward about it you know, you mean well, hum, and he used to say stuff like... when we were playing, when I was younger, like my granddad and I he'd be playing on the floor, wrestling or whatever or wresting with the Rottweiler and he would go 'Oh' and pretend to have a heart attack and lay on the floor and I was six, I'd start crying and go granddad wake up, wake up and try and wake him, and I'd run down to the kitchen and try and get my mum and my nan and say granddad's not getting up, he's dead [Therapist giggles] and like that, and my nan would go oh what, mum would always go 'oh come on' and kick him cos he was, she knows, he's doing it and she'd go 'one of these days you'll be dead for real and I'll kick you and you won't move and then I won't be laughing and you won't be laughing' and he'd go 'yeah, but I'll be dead' so you know, that kind of thing.

T51: He was a little bit of a joker your granddad. [Reage de forma expressiva ou opinativa]

C51: Yeah he was, he was a very good prankster, you know I think once one Christmas or whatever he took my mums, mum had some sweets or whatever or she had some food and it was hers I think it was like an easter egg, it was an easter egg and she put it in the fridge and she said 'it's Julie's don't touch' and she went back to it and it wasn't there, there was just the wrappings some crumbs and a note which said 'we have zee egg do not call the police', and it was him he'd nicked it and hidden it and he'd put some crisps, he used to eat the eggs and wrap them back up and put them back, stuff like that so, and when he first got told that he had Parkinson's the doctors said you know you got to make sure you use it or you lose it for his legs for example because he didn't walk, he used to walk everywhere, take the dog for a walk, go everywhere with me and be very active and then he stopped doing that, and he did eventually lose the ability to support himself and walk, and my mum used to say to him when she first when he was first more able 'you need to make sure you go outside, you can't sit in your armchair watching tv all day' you know 'you got to go out otherwise you'll be in a wheelchair' he says 'oh well then you can push me around' she goes 'I'll take you to the top of the hill and let go' when you in a wheelchair, and that kind of thing was 'good, cos well if you're the one who I'll have you looking after me good'.

T52: So it's loads of banter going on. [Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar] How old was your grandpa when he died? [Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros]

C52: Hum, 81.

T53: 81, hum. *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]*

C53: Yeah, cos my nans just turned 83 or 84, I think he was 82 in the July cos he's a year older than my nan...

T54: Had it been... how long since his diagnosis had it been? *[Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros]*

C54: Best part of a decade.

T55: Oh gosh *[Reage de forma expressiva ou opinativa]*, so he lived with it for a while. *[Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros]*

C55: Seven or so years I think.

T56: So since you were kind of a teenager, really... *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C56: Yeah, but I think when I was when I was like 14,15 whenever he got his diagnosis I wasn't I didn't really know Parkinson's what's that, you know, I mean even though it directly affects you he didn't change so much like, he still did the same things, he didn't act any differently.

T57: So it was just a name. *[Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]*

C57: Yeah it was just like oh he's got Parkinson's, ok I've got, my nans got arthritis you know what's the difference kind of thing, and it was it wasn't any real serious weight to it as he didn't really let it affect him as much, or I didn't get to see that as I saw him on a weekly basis, I didn't see him daily I didn't you know, like he still laid about in the sun still read the paper, handicap or whatever and made loads of jokes about this [inaudible], hated the Tories, nothing changed, he still had an opinion, if you wanted to wind him up you just had to tell him the best thing we ever did was voted for Margaret Thatcher and he'd go mental, so you know, he never changed and it was you know, I thought is this aging? is this him becoming decrepit because he's elderly? or is this the Parkinson's and the dementia? when his dementia started setting in is when he kind of, when he got my name wrong, so that is when I really realised that...

T58: That sounds hard. *[Faz reflexão empática tentativa sobre experiência interna do cliente]*

C58: That was when I realised that this isn't elderly.

T59: Regularly, regular old age. *[Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]*

C59: Yeah this is un-ordinary, and that was I think the hardest part, I think maybe the worst thing the doctor ever said and I think my mum says the same thing is that the doctor should never have told him that he'd got Parkinson's cos as soon as he had that in his mind it was like 'I got an excuse now.

T60: Right, so you feel almost better if he had no idea. *[Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]*

C60: I don't know maybe, I mean that's my mum's opinion, I don't know if I share it, I mean...

T61: Yeah, everyone deals with diagnosis in different ways. *[Sugere uma leitura complementar com base na narrativa do cliente]* And this might sound like a really strange question because the answer could be 'is one ever ready?' but did you feel you were ready for him to go when he died? *[Questiona para procurar captar experiência interna ou vivência do cliente]*

C61: [pause] I don't know... I felt like when he was in the hospice, like I used to see him all the time when he was in there and when he was at my nans and I used to, but he was in the top, the back room and sometimes I'd say, I'd be there for an hour or whatever, and sometimes I wouldn't go up to see him because seeing him like that was difficult for me, and...

T62: At this point he didn't necessarily remember your name and things like that? *[Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros]*

C62: No yeah, that's right and nan would say are you going go up and see granddad, I might say yeah yeah I'll see him on the way out and then I wouldn't and you know, I feel bad, but at the same time I always felt like oh he's gonna be there tomorrow, I can see him next time and it's that mind set and you know, I didn't see him enough and when he went into the hospice I think I only saw him like he was there for three, four months, and I don't think I saw him enough in there either cos you know, I'd

take nan to see him and I would see him and I'd see him and I'd put on the best, the most brave that I could be or whatever but, it was really difficult seeing him there cos you know he'd lost all his weight, he wasn't the man that he was back at my nans, and I feel like in a way it was kind of like, I want that, I want him to be how he was forever...

T63: Of course... [Valida a vivência do cliente]

C63: But I don't want him to be this way and so I don't know like, in a way I guess I kind of was ready but no, cos as soon as it happened...

T64: You weren't ready to lose the grandpa, the one you described to me, the funny vibrant man, but you no longer really felt connected to that... just the body that was left... [Clarifica ambivalências, conflitos ou circunstâncias presentes na narrativa do cliente]

C64: Well he was like a shell of himself really, yeah, he wasn't talking, he wasn't mumbling he was just lying there, you know, he would eat very rarely, it would be difficult for him to eat you know.

T65: It's horrible to watch... [Faz reflexão empática tentativa sobre experiência interna do cliente]

C65: Yeah.

T66: And then it seems as if you sort of... it seems as if [Recorre a 'hedging language' (linguagem tentativa)] you piled a little guilt on there for good measure, really because you feel like somehow you should have... You should felt differently. [Procura focar a exploração de assunto introduzindo dimensões ou ligações que não estavam presentes na narrativa]

C66: Yeah, it goes without saying you'll miss me when I'm gone, it's like you never realise what you've got until it's gone, you know and I think maybe I'm doing the same thing with my nan sometimes cos like I look after her but then she asks me to do all these things and I'm like oh for god's sake I just need a break or whatever I just need a bit of time and then to be fair I probably will miss her when she's not there to nag me 24/7 and moan at me about some shit that I don't care about or, you know, I will miss it, I'll be like, cos I won't someone I won't have her, that's her she's been that way her whole life you know. she could have a clone of herself, blindfold herself not knowing that she's got a clone doing the work that she wants someone to do and it still won't be bloody good enough, so can you imagine me doing it! [therapists and client laughs]

T67: So it feels like trying to tread a line between doing enough in a gracious way that you don't feel guilty when they've gone, but trying to keep some life for yourself as well because you are 25 years of age, you are a young man with a life and most of your friends and peers won't be looking after their grandparents. [Clarifica ambivalências, conflitos ou circunstâncias presentes na narrativa do cliente]

C67: No, and I think also like a lot of my friends have many siblings or at least a sibling and I don't, you know I've got a half brother and I've got two step-brothers but they owe nothing to my mum and they owe nothing to my family, so if my granddad, if my mum ends up like my granddad or my nan I'm not gonna be able to do that my whole life you know, like in a way that I'm throwing my youth away and in a sense that I'm here, rather than at my nans, and I love her don't get me wrong and I'd do anything for her, because it's hard for her but am I stuck here? am I doing it because I have to do it? or am I missing on, am I gonna miss the best years of my life? and am I gonna regret this? and it's like my girlfriend she wants to travel and do these things and when I was younger maybe I thought I wouldn't mind maybe living abroad but as I've got older I've thought actually I don't want to do that, I don't want to live abroad, I wouldn't mind going on holiday but I wouldn't want to work abroad either I think, unless it was part of like the path to making sure I work in the UK if I worked for an embassy or whatever, as a civil servant.

T68: As a step. [Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]

C68: Then if I had to do two years abroad or whatever I would have to do it, but I don't want that to be the end game, I don't want to have to live abroad, not while I've got family and friends here.

T69: So there's kind of two sets of pressures, aren't there? There's that pressure that we've talked about to, you know, look after your mum and your grandma now, cos you're the man of the house, cos it doesn't sound like your uncle is quite adult, hum, and then on the other side of the there's the pressure of your peers and your girlfriend saying 'oh come on we need to be travelling and you know you can't stay here, you've got to do this and you've got to do that' so you're trying to balance those two tensions. [Clarifica ambivalências, conflitos ou circunstâncias presentes na narrativa do cliente]

C69: I think especially with my girlfriend is more kind of... she's... there's an uncertainty there of what's going on between us because she has only a few months left of her contract at work and then

she's, she's applying for jobs right left and centre at the moment and a few of them, quite a few of them will be abroad and she has no base in the UK, her family live in Japan, so there is no, where is she gonna live, if she hasn't got money or whatever she doesn't want to live with me for free, she doesn't want to do that with my nan she feels bad, so she will obviously go wherever she goes she might work with her dad in Japan cos he runs one third of a lawyers firm so if she can get a job with that it's no problem or if she wants to work for the UN or an embassy or whatever, cos she's got a degree she speaks five languages or so, hum, she wants to use those she doesn't want to be sat around the UK whereas I do, and so there's that kind of uncertainty whereas like I don't mind travelling I don't mind going on holiday and having a bit of fun you know, I've been to Thailand I've been to China I've done loads travelling when I was working as an assistant for two years every half term I went away, I had no money left at the end of the month but I just spent it on that and I enjoyed that, but I feel like I've done it, there are a few places that I still want to go but there are some places where if I don't go I won't be upset about it [T: No.] and whereas for her the thing is like if she doesn't do this, she had to do it, it's something she needs to do, she she's always been mobile.

T70: So it's more inbuilt into her way of life. [Explora a percepção do cliente sobre atitudes, ações ou circunstâncias de Outros significativos]

C70: Yeah she's been very nomadic in a sense cos she's you know, she's never had the same group of friends for more than ten years or anything like that, cos she lived until she was 9 in Pakistan had her friends from school there, whatever then moved to India went to school until she was 14 moved to Fulham, went to school until she was 18, went to Uni new friends you know it's like every four five years she's got a new set of friends and she hasn't got that sense of like an anchor, her friends are all over the world or her friends, I mean...

T71: So she's more cosmopolitan in a way as opposed to metropolitan. [Explora a percepção do cliente sobre atitudes, ações ou circunstâncias de Outros significativos]

C71: She is she's very international, whereas I'm Clapham born and bred, like I'm from London, I'm from south of the river and I always have been and...

T72: And I wonder if this is, is this any part of what you shared with me last week that you are not sure she's kind of your forever girlfriend? [Explora assunto na sequência de pista do cliente sobre tema que parece significativo]

C72: I think so, I think it's part of it because she wants to do all of these things and I don't want to stop her and if she wants to do these, and If I were to stop her and she were to settle down with me she'd be miserable, and you know I don't want that, I don't want her to have a miserable life with me because I've stopped her doing what she wanted to do, and likewise I wouldn't want anyone to stop me doing what I want to do either if I don't know what that is, or even if I have no clue or if I don't want to do anything at the moment, if, if I have someone to sit there that goes oh you can't do that you've got to come with me you know, like if I went with her six months after I got my degree or whatever, and a year later my nan passed away I'd never fucking forgive her, or I'd never forgive myself.

T73: No. Ok. Hum... [Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]

C73: Because you know my nan says to me, you can go you shouldn't waste your youth on me you should be able to do these things, she says that and she probably means it, but I wouldn't be happy if I went and the worst happened [T: No.] Because, you know, what's one year of my life, if it's to be with her and to make it the best for her and myself or whatever, but if I did leave and something were to happen like that I wouldn't forgive myself, so...

T74: So that puts limits on what you can do for the moment then, doesn't it? If you need to respect that feeling that you have. [Clarifica ambivalências, conflitos ou circunstâncias presentes na narrativa do cliente]

C74: Yeah, but then it goes back to that problem, what if in 20 years I'll be 45 and I'll still be living with my nan or living with my mum looking after my nan or whatever, I don't know.

T75: Yeah, there's so many there are lots of different ways of looking at that I guess, there's the way of looking at is that well, she's in her early 80's now, she's reasonably ok but she can't manage without you, but... [Sugere uma leitura complementar com base na narrativa do cliente]

C75: I mean yeah she's got a host of problems but unless they flare up she'll be plodding along for a little while, I reckon, but yeah the thing is that kind of mind set I think just 'what am I doing? I'm stuck and on top of that if I'm gonna earn money or whatever and if she loses the house where is she gonna live, hospice, how is she gonna afford that, you know, pensions might cover it but I don't know, my

mum's not gonna be able to afford it now that she's getting a mortgage or whatever, I can't afford it and it's just and another thing like where am I gonna live in the future, what am I gonna do if I get, house prices, no one can afford London, no one born in London can afford London for example, I mean there's a house, my nan could have bought the house that she lives in now that she rents she could have bought it for £5000 40 years ago it's a lot of money back then, but they had the money, granddad said no there's no need to there's no need to do that, that's where I think he's a bit of an idiot I think but like when it comes to stuff like that, could have bought it...

T76: But it's a slightly socialist mentality that that generation, perhaps, believed that we would always be able to rent, he couldn't see the fut... who could? *[Sugere uma leitura complementar com base na narrativa do cliente]*

C76: He'd be kicking himself he's be rolling over if he had a grave, but I mean that house across the road is worth 2.3 million and it's just like, that's what, and they are not even that amazing they are the same as my nans, what the hell like it's just ridiculous and I go well I'm fucked, where am I gonna live, if I earn 30k a year it will take me 30 years if that's not, if I save every penny and I don't spend any money, to get a million pounds, there's no chance like, that's why I don't want to be a teacher cos you'd be working 60 hours you'll earn peanuts and you can't even live on your own in London and that's if you want the best teacher pay scale cos if you don't want to live in London you are on 21 grand which oh great that's loads of money if you want to live in the middle of nowhere, and you still have to live with four or five people who you are sharing a house with cos you can't afford it and...

T77: And I guess in some ways living with your gran... You've sort of been spoiled in a way as you haven't had to share with random strangers, that's been good hasn't it? *[Sugere uma leitura complementar com base na narrativa do cliente]*

C77: I'm lucky, I don't have to pay any bills, I think yeah definitely and its gonna be a huge shock I think when I realise that I earn one hundred percent and 65 percent goes to something that I don't see, or don't feel the benefit of or whatever and it would be like well...

T78: It's quite a lot to try to take in and to process I think, I think it's a really difficult part of...

C78: Growing up...

T79: Growing up, yeah. *[Valida a vivência do cliente]*

C79: That's why, I mean, ignorance is bliss, that's why people that, I think, its why certain people who are at university that I know will tell you that anything on ITV or anything on Towie or whatever or any of that mindless trash and they go 'oh I could watch this for days, the best thing ever' and then they read all the gossip magazines and it's just like, and celebrity culture I think it's a phenomenon that I don't understand and I think and it just I think it's just like maybe it's just I'd say that you're not the most intelligent person that you find enjoyment from watching this but I think the more intelligent people are very cynical about things or they think that definitely the more you know, the more you can complain about, the more you realise that actually I've not got a good deal here, whereas if I was thick as shit, and I had no clue about what was going on, to be blunt, I wouldn't care, I'd be happy, if I didn't know that I wasn't earning top whack or I wasn't living a full comfortable life, what would I complain about, I'd be happy to watch Kim Kardashian do whatever as she's my new goddess or whatever but that's not who I am and that's, I feel like because I've got, especially with my love of geography and reading around, I feel like I'm very cynical and I know a lot about what's going on in the world and there's so much shit that doesn't need to be, and stuff is addressed that shouldn't have as much address, like, like you've got the issues in the middle east or whatever they get all the news, like for example like you've got what's going on in the middle east is the turmoil is why is that so big and it's because we want political ties there because of oil or whatever and it's its just as shallow as that we don't care so they go oh what's this gonna do to the price of oil and it's...

T80: And it feels like a really difficult part of growing up and growing older is... coming to terms with the fact that, and it doesn't really matter whether you're young now or whether you were young, there's always been some shit going on that is out of our control and it's really quite scary and quite overwhelming at times. *[Valida a vivência do cliente]*

C80: And I think yeah especially when you could end these things so effortlessly and it's just like, like I was reading about hum, like the middle east and the Taliban and Isis and whatever and if Pakistan actually just stopped supporting them it wouldn't exist but they don't stop supporting them because the Americans won't put their foot in because they need friends over there and it's just like that issue or you've got, hum, the... I can't remember their name now just completely forgotten... Boku Harran,

you've got in Africa and they are doing things far worse than Isis but they've got no news coverage, nothing you don't hear about it, you only hear about it if you look for it...

T81: So it's confusing isn't it, like you say about the conspiracy theories even the news sounds like a conspiracy theory... what do you believe in...? *[Valida a vivência do cliente]*

C81: It's the media isn't it I mean like...

T82: What's manipulated? *[Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]*

C82: You believe what you are told unless you read round it and read four or five different newspapers but then who owns that newspaper owns the same bloody news channel you are reading and owns that website or that television show you now or and it's again like I think I've also read a statistic that said statistically we're in one of the most safest and peaceful times of humanity in the last 50 years or whatever but if you asked anyone on the street they probably tell you it's the worst time to be alive ever that there's wars going on here there and everywhere but that's only because the media shows that cos it sells, and, hum, I, I wouldn't say that the wool hasn't been pulled over my eyes in that sense cos like I don't believe everything the media says but also they have to show 24 hours news networks they have to show you shit that isn't relevant that is celebrity gossip.

T83: But it's hard not to be kinda overwhelmed by it, isn't it? just like piling in all the time, all the time, more and more and it adds another facet to everything that's already going on, trying to be an adult. *[Valida a vivência do cliente]*

C83: It's like yeah you pick up the news and how much of a newspaper is actually news, and I guess that's what happens when you make a newspaper every day that competes with a website because how much shit just doesn't happen that is worthy of newspapers so they make stuff up, a squirrel on roller blades or whatever you know and people will pick that up and read about it and laugh but then, yeah, it's just I think it's just like the more I am aware of these things the more miserable I am and I think it does just tie into I think growing up, the world changing or is it just my sense of the world changing.

T84: And again, both maybe, perhaps. *[Sugere uma leitura complementar com base na narrativa do cliente]* Let's... Shall we just have a look, I think we actually did without really prior planning here we did actually cover quite a few of the things that we set out as your goals, but let's... *[getting ipad out]* So one of your goals was to talk about loss, future worries, motivation, motivation's probably the only one we haven't covered but we could talk about that next week unless there is anything in particular you want to say about that now. *[Retoma objetivos terapêuticos para negociar/avaliar foco das sessões]*

C84: Hum, like I don't really know why I'm not motivated in everything right now, like I've still got an essay due on Monday and that's like with the extension like that's the final deadline and I still haven't done anything for it, I've done 200 words which I started before it was due in the first time and I haven't touched it and usually I get that kind of sense of fear of 'oh shit I better do this', and I do it and I'm pretty good when I get that kind of kick up the ass of I'm not sleeping I need to work, but I haven't got that and I've not got any sense of fear and I'm almost kind of like 'well do I care'? and it's the same way for my attendance this year it's been shocking.

T85: Yes, you said that last week. *[Explora assunto na sequência de pista do cliente sobre tema que parece significativo]*

C85: Whereas I always had a very good attendance

T86: Is that cos you lost interest in this? *[Explora tema com base em conjetura ou ressonância do próprio terapeuta]*

C86: But I think yeah, but at the same time I'm kind of pushing it and I'm kind of going how far can I go, nobody's said anything.

T87: Do you want someone to stop you? Is that what it's about? *[Explora assunto na sequência de pista do cliente sobre tema que parece significativo]*

C87: I don't know, no I don't think so I want a degree I want it done and at the same time I know that if I do the work I'll get the degree but...

T88: Cos you are in your last year, aren't you? *[Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes]*

C88: Yeah, I know it's very I would say it's very out of character of myself like ok I'm very good at doing things last minute, that's not out of character, but the fact that I still haven't started or that I'm not worried or attendance...

T89: It's your attendance and your lack of worry about not having started that seems to be a... that's the worry, but I'm wondering and I'm not searching for excuses for why you haven't done it, who knows, but, I'm wondering if you know your grieving process for you granddad may be taking a form that involves a lack of motivation for life, it could be something to do with that *[Propõe racional explicativo sobre a experiência interna ou distress sentido pelo cliente]* because a lack of motivation is part of depression, and while I don't necessarily see you as being severely depressed I do see you as really someone who is still in a mourning period [C: Right.] *[Faz psicoeducação sobre processos psicológicos]* but how do you understand it from your point of view? That's just my opinion, but how do you understand what might be happening for you? *[Transmite explicitamente ou insinua visão do cliente como agente central e ativo no processo terapêutico]*

C89: Hum, I don't know like since this year, I mean, I'm in a group of people this year I changed group in the last three years I've changed group three times and attendance wise first year I was perfect, I've always been punctual in the sense that if I say I'll be there on time, I'll be there on time, if I'm not there I'm not there kind of thing, and I get worried about being on time I get worried if I'm one minute late, that's my mindset so then second year I didn't like the group I was put in but I still turned up and I went to everything I did all the work and I made the most of it, and then this year is kind of like especially because I've been depressed since this year is when I've made note of it, and I've changed part of my degree and a lot of my degree the classes are very much geared towards the bit of education that I'm not going into anymore, how to teach or how you going to do this with this data or, how you going to get the behaviourist mindset of children or whatever and it's like this is very irrelevant for me now.

T90: And I wonder if that's tied in to the lack of motivation [C: Definitely...] like 'its not what I want to do'... *[Elabora tentativamente uma leitura possível com base na narrativa do cliente]*

C90: Like, for example, I've got professional studies in 15 minutes but I'm not going I've already made my mind up and...

T91: Is it because you'll be late? *[Explora tema com base em conjetura ou ressonância do próprio terapeuta]*

C91: No, I'll, you see, I'll make that exception because I'm here.

T92: So that was a good enough excuse for yourself not to go. *[Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]*

C92: Yeah and it's fine, and it's just like these studies I asked somebody what it's about and they said it's all about assessment and marking assessments and I thought, that's entirely irrelevant for me isn't it, so I thought well there's no point.

T93: If you want to *[Transmite explicitamente ou insinua visão do cliente como agente central e ativo no processo terapêutico]*, perhaps, maybe next week we will move your motivation to the top of... your motivation generally to the top of our agenda. *[Retoma objetivos terapêuticos para negociar/avaliar foco das sessões]*

C93: I think that would be better.

T94: Do you think that is a good idea? *[Transmite explicitamente ou insinua visão do cliente como agente central e ativo no processo terapêutico]*

C94: I think if we focused on it a bit.

T95: Yeah, may be. We can't really do much about the essay in terms of what we can do together, hum...

C95: No don't worry that's all on me, I understand that, I think.

T96: But maybe we can look a bit more forward and understand. *[Introduz e/ou negocia expectativas sobre processos de mudança]*

C96: Why, why are you thinking this way?

T97: Yeah, ok, right *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]* I'll switch off the recorder and *[#Intervenção não relevante para codificação]* I'll get you to do... I'm not doing very well here with what I'm supposed to be doing at all, let me see.... That's what I need to see, ok, save that [whilst on ipad] ok, here we go *[Comenta enquanto usa dispositivos informáticos ou*

sobre dificuldades técnicas], so if you would be kind enough to do for me... that's right, fill in the little questions on that. *[Apresenta ou contextualiza os instrumentos de monitorização clínica]*

[filling the forms]

C97: How do I feel about the session as in...

T98: This, how did this go for you ok, yeah, at the end of each one the little questions go how was this particular session so some may be better than others... *[Clarifica aspetos relacionados com o preenchimento dos instrumentos de monitorização clínica]* [filling the forms] Thank you then, next is... *[Agradece o preenchimento dos instrumentos de monitorização clínica]*

C98: [coughing] Sorry about my cough, I've had it over a week now it won't leave

T99: That's ok. Then just a couple of little notes in both of those boxes about the sessions as well. *[Apresenta ou contextualiza os instrumentos de monitorização clínica]* The paperwork isn't as onerous during the actual sessions [C: Hum.] it's just that assessment one seems to be endless paperwork. *[Gere expectativas sobre tempo dedicado ao preenchimento dos instrumentos de monitorização clínica]* [filling the forms] Thank you, so there's this. *[Agradece o preenchimento dos instrumentos de monitorização clínica]* So, I'll just make sure it's saved. *[Comenta enquanto usa dispositivos informáticos ou sobre dificuldades técnicas]*

C99: So you are here only on Tuesdays.

T100: Only on Tuesdays. *[Concerta agendamento da sessão seguinte]* So that is perfect, that is saved [about the form filling on the ipad]. *[Comenta enquanto usa dispositivos informáticos ou sobre dificuldades técnicas]* Now, the other thing is after Christmas does your timetable change? *[Concerta agendamento da sessão seguinte]*

C100: I have no classes so.

T101: You have no classes. So are you happy to keep coming at 1 o'clock? *[Concerta agendamento da sessão seguinte]*

C101: Yeah.

T102: Ok, lovely so that's what we will do after... after Christmas we will just carry on exactly as we are, so we will do one more session before Christmas. *[Concerta agendamento da sessão seguinte]*

C102: Next week.

T103: Next week and then we will start again... I think it's the 11th or something of January, I'll double-check that. *[Concerta agendamento da sessão seguinte]* And once again I am really sorry about that mix up with the appointment, I'll make sure that, essentially if you don't get an email about... The next interview which is only an hour will be do before our fifth session together, so we will have two more sessions before we even have to think about it but you will get an email to say it's at this time. *[#Intervenção não relevante para codificação]*

C103: And I will get an email from the person who is conducting the interview or yourself?

T104: No, it won't be from me, it will probably be from Barbara who is the administrator. *[#Intervenção não relevante para codificação]*

C104: Is that, that lady?

T105: No that's Deborah, Barbara has mad curly hair I don't know if you've ever seen her but, hum, I will see you and I'll remind you about it again and I will see you twice more anyway before we even have to think about it. *[#Intervenção não relevante para codificação]*

C105: Ok, is there a way to get into contact with you directly?

T106: If you need to speak to me or leave a message, have you got the clinic number? *[Esclarece forma de contacto com o terapeuta]*

C106: I don't think so, I might do, is it on, on one of the emails. I've not had an email from the clinic, unless I've had one from Barbara.

T107: The original appointment did you get an email? *[#Intervenção não relevante para codificação]*

C107: I went through someone and then eventually Barbara.

T108: Barbara. So the phone number should be on there you can always drop them an email so for instance if you thought I'm not going to be able to make that session just drop them a message, I'm not sure if there is an answer phone but I'd get the message. *[Esclarece forma de contacto com o terapeuta]*

C108: Ok.

T109: Thank you, Martin. Oh, yes, I must remember to turn the recorder off. [#Intervenção não relevante para codificação]

ANEXO G – Codificação aberta de sessões – Pfd022 session 2

Pfd022 – session 2

T1: Ok, now we're recording. *[Informa cliente que estão a ser gravados]* So, is there anything in particular that you want to talk about today? *[Incita cliente a definir foco ou assuntos que gostaria de explorar em sessão]* I get the impression that you kind of want to talk about being piqued off with yourself... *[laughs]* *[Usa o humor]*

C1: Hum, I don't know, no, that's just that's just me being annoyed because, every time I've been here, so this is the third time now, I've not been late I've been ridiculously early or I've been on time and I've been at university anyway so just across the road and I'd remembered when to be here and then for then for some reason, yesterday I was just like 'was it one o'clock or two o'clock?' and I don't know what threw me off, and so I've just been like thinking 'when is it?' so I emailed at nine o'clock this morning but I didn't get a response so I was just like, I could not remember and then, I was at home watching TV, I was distracted and I noticed the time and I was really 'shit it's ten to one' and then I went 'God' and suddenly it occurred to me it's like 'I think it was one o'clock' and I was meaning to have left earlier anyway so that I'd be here for one just in case it was, but I just didn't realise the time and then I left, I ran out of the house and it's just like... as soon as I feel like every time I need to do anything of any urgency somebody always go 'oh, can you do this for me can you do that?' and it's just like... or my nan rather says 'can you put the heating on?, can you take this... can you do...' and it's just like 'well, I can, I don't bloody want to, I haven't got time'.

T2: So you end up trapped in a situation where you're doing it and then you feel a bit resentful? *[Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]*

C2: Yeah, yeah or I'm very agitated and I do it anyway and I do it so quick so fast and it's just like, on the way out the door kind of thing. And I might as well have to do whatever I have to do twice because I probably haven't done it well enough at all in the first place.

T3: The other rule is of life 'more haste, less speed', isn't it? When we're trying to do things quickly. *[Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]*

C3: Yeah, yeah, yeah and then I hit every red light, you know, it's just typical and it's just like... I can cycle here quicker than I can drive here sometimes and I have done but it's just, and you get stuck behind every driver that drives super slow, you know, don't go at the speed limit they go ten miles below it and you're just like 'oh my God' and it's just...

T4: The whole world is conspiring. *[Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]*

C4: Yeah it feels like everything is just falling in...yeah... and because I'm stuck behind driver number one, who's really slow, by the time I get to turn away from them I'm stuck behind driver number two, who's just turned in just in front of me because they had all that time because of driver number one being as slow and it's just like, everything feels like it's just, yeah, against you.

T5: And what's happening to your levels of stress or what's happening for you when that's happening? *[Procura focar a exploração de assunto introduzindo dimensões ou ligações que não estavam presentes na narrativa]*

C5: Well, I mean, until the moment where it went one o'clock I was really anxious and stressed and as soon as it went to one 'well I'm late now' and I wasn't stressed but I just went 'well I can't do anything about that, it's too late, I'm late'. But I don't know that's when the stress kind of settles down it's too late. It's out of my control.

T6: Ok. C'est la vie. *[Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]*

C6: Yeah, I'll be here when I'm here, I did manage to find parking straight away though, which is nice but then I was late so it was already too late I guess. I bet if I got here two minutes before one o'clock I wouldn't have found a parking space so.

T7: It has that feeling. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]* But what I'm noticing is that you are, you're far more animated and even, I'd go as far as saying, a bit worked up about you being late and I'm thinking, well you turned up here two weeks ago

especially early for an appointment and we crocked it up and there was no one here and you... Is it different rules? *[Faz intervenção no contexto do aqui e agora da relação terapêutica]*

C7: I don't know... I feel like it's better to be, you know, an hour early than a minute late that's my kind of my own kind of motto of time and keeping to it and I understand that obviously the benefit of the doubt you can have and mistake and you might miss something or whatever, yeah, but, I don't know, I don't know, if you [addressing therapist] did it consistently then yeah I wouldn't be here on time myself consistently because I'd know there is no point because I'll be here fifteen minutes waiting fifteen minutes anyway might as well arrive turn up fifteen minutes later or something, so, but you haven't and I don't want to do that either I want to be here on time.

T8: Hum, so you would kind of take your cue if I was a bit careless with our session you might think... *[Clarifica características do funcionamento do cliente (reações cognitivas, crenças, estilo de coping, defesas, e.g.)]*

C8: In some ways...

T9: Yeah. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C9: Yeah, but then, in the kind of passive-aggressive way ever I'd probably be here early just to make sure... to rub it in.

T10: Hum, right, yes! *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C10: So but then...

T11: How would you be? Would you smile? *[Explora reações, características e crenças do cliente com base cenários hipotéticos]*

C11: I'd be polite. I'm always polite. I mean unless someone deserves to have me not be polite to them I'm usually polite. I mean, I am, I don't know.

T12: How would you make me pay? Just thinking about what you said about passive-aggressive. I'm wondering where the aggression would come. *[Explora reações, características e crenças do cliente com base cenários hipotéticos]*

C12: I'd just be consistently early and hope that you'd feel bad.

T13: [laughs]

C13: That's it, I'd just hope that some of the day you'd go 'oh, he's early again and I'm ten minutes late'.

T14: And if I didn't? *[Explora reações, características e crenças do cliente com base cenários hipotéticos]*

C14: Oh I would never know 'cause I won't ask you about it... [therapist laughs] I'd let myself think that you did feel bad and then I'll be happy in the knowledge that somehow...

T15: So you'd work out the scenario in your head? You'd assume that if you did that consistently no matter how dreadful my behaviour, that she must actually feel bad about that? *[Explora reações, características e crenças do cliente com base cenários hipotéticos]*

C15: Maybe, maybe. I'd been consistently early for the first seven weeks and then for the last week I'd be an hour late.

T16: Hum. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C16: Maybe, maybe I would....

T17: Give me seven chances! [laughs] *[Usa o humor]*

C17: Seven, yeah...

T18: And then it will be 'screw you, take that...' *[Clarifica características do funcionamento do cliente (reações cognitivas, crenças, estilo de coping, defesas, e.g.)]*

C18: [laughs] yeah maybe, who knows? I mean, I don't know, I didn't, I don't know I just, it's not often that I'm sat around waiting and it's not often that I make people sit around and wait for me not while... I mean, if I do I let them know but because I can't let you know, that doesn't help.

T19: No, it's kind of frustrating, isn't it? *[Faz reflexão empática tentativa sobre experiência interna do cliente]* And we're having a bit of fun with this but actually it is really, I think it's really interesting to see how people react, how we all react to situations, how we manage when we feel we've been in the

wrong or when we feel other people are in the wrong, how that plays out in our relationships because... *[Comunica sobre ou enquadra intenções ou sentido da sua intervenção]* Do you think that how we are in one situation is how we are in lots of situations? Do you think you give people lots of chances? [C19: I think...] T20: And then they don't turn up... *[Incita à exploração do cliente sobre visão de si mesmo]*

C20: Yeah, I think I am quite, I believe people are better than they are, I mean not necessarily strangers, I assume the worst of strangers, but as soon as I know their name and I know, and I've spoken to them, I assume that they are better than they are until they let themselves down... or they don't keep up to my high standards of what I expect. I mean I've expressed an expectation on them which I don't really know them they don't know me which is entirely unfair of me to say that they are this person because I've got nothing to base that on but then, I think I do give people a lot of chances especially like my friends or whatever and I feel like some of my friends from like secondary school, I had a good group of friends that we used to do stuff together and we went on holiday together and then they all went to university and I stayed in London and they all left and I always felt like I would be the one to text, I would be the one to phone them and then it got to the point where I realised 'ok, I keep doing this and they weren't really asking an effort' and then I stopped or whatever at one particular person I stopped kind of texting or phoning him and it had been almost seven months until I actually received any word from him and that wasn't even first hand it was through someone else saying 'oh he's doing something you're invited by the way if you wanna turn up' and I'm like 'well he could invite me himself' so... that kind of thing so I feel like, well how many chances did I give him over the years to show that he wanted to put any effort in and I feel like maybe I do that a lot [T: Hum...], with a lot of my friends but I think in the other side of things I've kind of taken a really fair kind of attitude and I don't give a shit anymore and I'm really like, with my friends I'm just like 'ah, I understand they're busy' and I think it's when you look at your Facebook friends group and you go 'oh, I got seven hundred friends' you don't have seven hundred friends you've got seven hundred people you know that you now know online or on social media. The friends I can list are probably on... ten digits that I'd go 'ok, they're friends', but and I think maybe it's that realisation I think so... don't really owe them anything and they don't owe me anything so why should I, why should I kind of impose 'oh he's not really making an effort' I don't really care in the end.

T21: Hum, so it's finding some balance between the not caring and the...

C21: Caring a little bit.

T22: Caring a little bit, enough to make an effort. *[Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]*

C22: Yeah.

T23: Yeah, hum... *[Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu]* Yeah that's a tricky, that's a tricky balance to find, isn't it? *[Faz reflexão empática tentativa sobre experiência interna do cliente]*

C23: I think that you can't apply... whatever the formula is, you can't apply it to everybody because everyone's different and some people just have different things going on. I've got things going on sometimes and I understand that maybe I was like that to someone when I didn't realise it until it was too late and I've probably lost friends through making other friends and then kind of, not really ignoring them, but maybe I've had other things going on [T: Yeah.] my priorities have been muddled up or in a different order and so yeah...

T24: Yeah... I find myself wondering how that plays out with the relationship or the non-relationship with your own father who had lots of opportunities to make an effort and didn't... And you made an effort. *[Procura focar a exploração de assunto introduzindo dimensões ou ligações que não estavam presentes na narrativa]*

C24: Hum, I don't know I don't think about him, I don't chose to think about him and I don't chose to not think about him and I'd say that it was only when I got to maybe like about ten years old that I realised actually it's not normal to not have a father figure or a father in life and not everybody has just a mum and I've never really kind of owed anything to him or said that what I lack is because of my lack of a father if anything I've always said that if I were to be a father I'd be a better version of my mum or I'd be... actually, I'd be in the picture, but who knows, I mean... I don't know, I don't think...

T25: Do you think she is a good mum? *[Explora a percepção do cliente sobre atitudes, ações ou circunstâncias de Outros significativos]*

C25: I mean she's the only one I have so I can't really compare her. I mean, I could always say that 'oh she could have bought me more stuff or she could have done all these things' or whatever but no, I think she's been a perfect mum. I think, you know, she's taught me enough to get by and the ways that I need to interact with others in order to not be stepped on but also in order to get along with people. I understand... I stick up for myself she's always told me 'do that, stick up for yourself, don't let people just...' if it's wrong then, you know, and you're in the right, let them know but know when you're kind of beat in a sense.

T26: Hum, so do you think you learned your 'I'm gonna give you a certain amount of chances before I pull the plug' attitude from her? Is she like that? [*Procura focar a exploração de assunto introduzindo dimensões ou ligações que não estavam presentes na narrativa*]

C26: I think, I don't know. I don't know because I think my mum has got a kind of a different set of friends in the sense that she's always had different people in her life or, as I've grown up I've always seen consistent faces for a period of time and they they've kind of disappeared for a bit but I see them every now and then, and then a year or two later I'd see them again for a period of time and then they disappear so maybe, but, maybe I think it was just because I realised why do I care? And it's more like, well, they don't care clearly so why am I bothered? Same way that you kind of go well why do I care how I look or... why does everyone care how they look? If everyone else is too busy caring about their own way they look, they don't care about you or the way I look, they care about themselves too much to even bother. But then, obviously that's not true because people do care about the way they look so then and... people must therefore look at other people and go 'oh, I've said it myself probably, I've seen someone who's dressed and go, do they own a mirror?' kind of thing and it's just... so I mean, if I do it, other people do it and [T: Yeah.]. But it's kind of like to what point do you care and to who, how much do you let caring influence your actions and...

T27: How much do you think you care on a scale of one to ten?

C27: About what?

T28: About what other people think of you. [*Incita à exploração do cliente sobre visão de si mesmo*]

C28: Probably a six or a seven.

T29: Hum, ok, so quite high. [*Incita à exploração do cliente sobre visão de si mesmo*]

C29: Yeah, I mean, I care, I mean... it depends on what people we're talking about. I mean, if it's my friends who I'd consider people that are friends, I probably care that they think that positively of me, nobody wants to be that person where they go 'oh there he comes', you know? I don't want to be that person, hum... but at the same time I don't want to do, all of my actions, I don't want every action I do to be calculated to the fact of 'oh this is gonna get me some points in how much they care about me'... no, I don't want that stress. So... Don't know.

T30: Hum... Feels like there's always a lot to figure out, isn't there, just to be alive, just to function. You've got to think about certain things in order to not have to think about them. [*Faz reflexão empática tentativa sobre experiência interna do cliente*]

C30: Yeah, yeah.

T31: It looks like we're all just wondering around, don't we? But actually the way you're talking about it now has really highlighted for me there's always lots going on for everyone isn't there? Even if it's like... [*Revela ressonância interna perante conteúdos da narrativa do cliente*]

C31: Yeah, I don't think existential crisis, am I the only person here, is this a game or are we all... I mean you kind of look at everybody and everyone's kind of a blank canvas to the extent that, they've all got their own lives, but how much do their lives matter in the grand scheme of my own life and the grand scheme of things and I think it's just like, actually they've all got their own shit going on they've all got problems they've all got, not problems they've all got issues and stuff might be happening to them and on the surface they all look like they've got their shit together. I mean except for the person who really doesn't and I question whether they have a mirror, like the majority of people that you walk past on the street you go 'oh, they've figured it out' and I think it's just kind of like they've probably haven't. They're faking it until they make it.

T32: Do you think that lots of people are like that? [*Explora worldview ou crenças do cliente*]

C32: I mean it'd be pretty sad if everybody was kind of like 'oh shit, what's going on?' but then it would be kind of reassuring because then it would be kind of like, 'well I'm not in the minority here'. Everybody kind of doesn't really know what's going on. So it's the same kind of thing where you go 'mum, what's the answer to this question?' and you expect them to know 'cause they're your parents

and they're an adult but then I realise actually I am an adult and kids asked me these questions especially being in a school setting they go 'why is this this?' and I just go 'I don't know' but then they expect me to know and you know. Other things like, getting a mortgage and all these things it's just like, how does that work, I mean, I don't have to have one, I've not had to get one, I've not really have to do much with that kind of stuff so I'm just kind of like it will come a time when I'll go... I'll be questioning about getting one and I'll be like, I don't really know anything about this, I'm not really prepared. I could ask my mum and she'd probably know more about considering she had a mortgage and it would be kind of like... she'll say to me, and I know what she'll say, she'll say 'you're an adult now, Martin, you should know these things' [giggles] how should I know if I've not experienced this?

T33: I think I'd argue that it's quite hard to know some things unless you've done it. [C33: Hum.] T34: Otherwise it's just this abstract idea. Seems sort of magical. Until you've actually done it, yeah... [Valida a vivência do cliente]

C34: Yeah, I guess, and it's kind of like, she says stuff like... I remember the first time I got pulled over by the police just after my first year of driving it had been a year and a day and it was because my insurance had run out, but I renewed it and because it was so new, the system hadn't updated on the police car but then my MOC actually had run out a week ago but they didn't know that until after they checked everything else and I'd said to the officer 'I've only been driving a year and I was under the impression that I would get a letter in the post saying the MOT is due' which they had stopped doing two years prior, but my mum told me they did that so I phoned her and I was... I've been pulled over I better go to the nearest garage whatever and she starts having a go at me and all on the offensive on the backfoot straight away saying 'oh no, you should know these things you're an adult' and I'm like 'but I did ask I am an adult, I do know what I know, because I asked you and you told me the wrong information' and she went 'wah' and hung up on me so, it's kind of like, I don't think I'll ask my mum much anymore about anything to be honest, yeah, so, it's kind of like, I should know these things but then she doesn't know half the shit I know about geography.

T35: So you've reached a place where you kind of realise, it may have taken a few years, that actually 'cricket, I'm nearly as grown up as my mum'.

C35: I think, yeah.

T36: I have some knowledge in some areas and gaps in others but, hum, 'hello so does she!' [Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]

C36: Yeah.

T37: Was that scary? Is that a scary... [C37: [overlapping] It's terrifying.] T38: ...revelation. [Faz conjectura empática tentativa sobre experiência interna do cliente]

C38: I mean it's terrifying considering that I wanna be like in the room and... if someone said 'will all the adult in the room put their hand up' I don't wanna be the person that says 'that's me' I'm gonna be [laughs] I'm gonna sit down and go 'no, everyone else can handle my shit, it's easier', you know, you're growing up and you don't care about anything, just do my homework, go to school, go out in the morning 'cause my mum woke me up in the morning or, until I got an alarm clock, and then you know, all I worried about was getting there on time, not getting detention after school because then I had to get home late and less time for myself so if I got detention in the lunchtime that would be better and then, get food on the table, which my mum pretty much puts it there and it's at this time pretty much and how much easier is that? Didn't have to worry about bills, just stuff appears, magic, you know. And now it's kind of like...

T39: You make childhood sound really nice. [Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]

C39: Well, to an extent, I mean [giggles] I mean, up until I was sixteen and then I started working every day or most days, but, yeah. That's the kind of like, idea of childhood [mumbles] I went out and played out and enjoyed myself but, the only thing you really worried about was am I gonna be home for dinner on time.

T40: And am I gonna be able to get my granddad to let me stay up late and watch whatever I want... [Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]

C40: Yeah, when I was younger defiantly yeah, Monty Python.

T41: And is that how.... 'cause you're talking of him really fondly and when you do talk about it, is that how you feel? Do you feel it was a good childhood? *[Explora tema com base em conjectura ou ressonância do próprio terapeuta]*

C41: Yeah, I would say I had a good childhood, I mean there were times when I was bored, but I was a lot to handle I mean, my ADHD back then was a lot and I was talking a lot, I was running around, I was all over the place. Hum, and so I was just everywhere so it was...

T42: Did you feel like... [C42...moments] T43: ...you were a lot to handle? Or did you... *[Explora assunto na sequência de pista do cliente sobre tema que parece significativo]*

C43: No.

T44: No you didn't realise? *[Questiona para procurar captar experiência interna ou vivência do cliente]*

C44: No, because I mean, you're egotistical back then aren't you? When you're that age, I don't give a shit about anyone else just care about myself and how much fun I can have. I used to say to my mum all the time 'I'm bored' and she'd go 'how are you bored? Why are you bored?' and it's just like, 'I have nothing to do, I'm bored' or I've done everything, but there's plenty to do, it's just like, do I want to do it on my own? Do I have anyone to do that with? And, I think it was always like I grew up without siblings and I made do on my own, but I think there was a lot of times where it was more like I was bored 'cause I didn't have anyone to play with or to do anything with.

T45: Yeah. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C45: Like to talk to... and I think that's kind of, as I've grown up it's kind of the same thing like, a lot of people kind of hang out with their parents, they might talk to their mum or their dad as more of a friends now, especially considering that you know, if they weren't related they could be colleagues [T: Hum, hum.] but then I don't have that kind of same kind of relationship with my mum. I don't live with my mum, I see her and I feel like, you know, I don't think that if we were working together we'd be friends kind of thing.

T46: Would she annoy you? *[Explora a percepção do cliente sobre atitudes, ações ou circunstâncias de Outros significativos]*

C46: Probably, I mean she annoys me as she's my mum, she annoys me so I mean, but it's just. Yeah, there's things like, I can't, I don't have that kind of thing like, I try to do things with her like I've said 'do you want to go to the cinema?' or whatever and we do these things but then she'll always... it always comes back to at the end of whatever fun activity we've done, she will question like whatever my life choices are lately or what they're gonna be.

T47: Oh... [jokingly] *[Usa o humor]*

C47: Yeah, it's just like brilliant back down to reality so before I decided to drop the practical part (part of the course) she was going 'oh, you have to do the practical part you've gotta become, you should do a year and then quit or do a year and go abroad' and it's just like, but this is none of the things I want to do [T: Hum.] but it would be like we've watched a lovely film in the cinema and then get out and she'd go 'see you can't quit your nursing otherwise you..' and it's like shut up. So it's just...

T48: So it sounds like you kind of want her to be your friend... *[Sugere uma leitura alternativa ou que introduz algum desafio face à visão do cliente]*

C48: Yeah, in a way.

T49: She's kind of still being a mum. *[Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta]*

C49: She's just a thorn in my backside, I think.

T50: [laughs]

C50: Yeah, she just won't shup up without... she's putting her kind of wishes of what she had achieved on myself I believe.

T51: Oh, interesting, ok... *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C51: Like, she thinks that... 'cause she always says 'oh, I should never have listened to granddad and I should have gone to university' 'cause she got an apprenticeship and she went into the printing press which is no longer a thing you can do so, she's got a completely redundant skill and it's just like, well had you not listened to him you would have maybe gone to university or whatever, but, now you're telling me to listen to you but, you're advise is you shouldn't have listened to your bloody parents.

T52: [laughs] Bit of a mixed message there. *[Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]*

C52: So yeah, so, I mean...

T53: That feels like really tricky one as well because your granddad sounds like a really nice man but from what you've shared with me he possibly lacked... well...

C53: He was a socialist.

T54: He was a socialist. He had socialist principles and he possibly, like most of us, he couldn't really see what the future would bring financially so, perhaps he didn't make the soundest material decisions... *[Clarifica ambivalências, conflitos ou circunstâncias presentes na narrativa do cliente]*

C54: No.

T55: ...but it's hard, you know, that's a really tricky one. *[Faz reflexão empática tentativa sobre experiência interna do cliente]*

C55: I think he made decisions for the time. He didn't think about the future he wasn't planning for the future, he was thinking about then, the now and what's best useful now and then printing maybe was, something that 'oh, we're gonna always need those' well or we need those.

T56: And I wonder, if he was still here if he hadn't been ill and had dementia I know we have to wave a magic wand about this but if he, if he could have been here and sound in mind and body would you listen to his advise about what to do? *[Explora reações, características e crenças do cliente com base cenários hipotéticos]*

C56: Yeah probably, because he was thinking about the now, whereas my mum is trying to think about the future and I'm trying to think about the future and the problem is thinking about the future is miserable.

T57: OK. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C57: Because I don't know, the future is uncertain, it's never gonna be a certainty and I think that's what the issue is because I don't know what I want to do in the future, I'm constantly worrying about it now so I'm not enjoying my time here now.

T58: So that's what's missing since your grandpa is gone is that the kind of grounding in the now... [C58: Yeah.] T59: ...how to be now... *[Elabora tentativamente uma leitura possível com base na narrativa do cliente]*

C59: Yeah, I think so 'cause like he made the best of the situation at hand whereas he didn't worry as much about, you know if it made you happy, do it, don't worry about the consequences which is in some ways probably a really good idea, in other ways could be disastrous but I think it was just the other opinion, 'cause my mum is constantly going 'future, future, future, future, future, bla, bla, bla' and then my granddad used to be now kind of... and I talked to him about everything.

T60: Feels like it was a good balance in a way. *[Valida a vivência do cliente]*

C60: Yeah.

T61: Yeah. *[Faz intervenção conversacional curta que valida resposta e/ou incita a continuar]*

C61: Yeah, he's like my conscious, my mum on one shoulder and my granddad on the other I think my mum is probably the devil, probably [T: Uh...] *[Usa o humor]*

T62: Is the devil a bad thing? *[Explora worldview ou crenças do cliente]*

C62: I mean, always gives you what you want but you kind of have to reap the rewards for the rest of eternity so...

T63: Ok... That's quite profound, so she's giving you what you want, but you're paying the price. *[Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]*

C63: Yeah, listening to her nag, is probably it.

T64: Does she own your soul? *[Usa o humor]*

C64: [laughs] I'm only gonna find out, won't I? Maybe... I don't know, I feel like it was a good balance I think, I did talk to my granddad about you know, maybe I didn't talk to him about now, but he probably shed in all his wisdom and you know knowledge, cause that's what I saw, he was the patriarch of the family who knew it all and even he knew everything about the past, even it was a bit biased.

T65: So he was the past and the present and your mum could be the future, because it was safe, he was your safe place *[Sugere uma leitura complementar com base na narrativa do cliente]*, that's what it feels like. *[Recorre a 'hedging language' (linguagem tentativa)]*

C65: Yeah, yeah, I used to ask him about everything I used to talk to him about cowboys and Indians or the war or you know, why was it black and white television? Did they not invent paint, kind of stuff like, I was really interested like 'how did that work?'

T66: Was he always able to come up with something, an answer that was satisfactory for you? *[Explora a percepção do cliente sobre atitudes, ações ou circunstâncias de Outros significativos]*

C66: If he didn't take the piss, yeah. He could always say they had an... I mean I might not have understood the answer at the time but, yeah, pretty much he'd say something that satisfied my needs at the time whatever that may be I mean... Yeah... And he was a handyman and he could do, he could do things when I, you know, if I asked him about dinosaurs he would be able to tell me all about them, he could draw them he could make a paper plane all different types, yeah... whereas, yeah, my mum couldn't do it [laughs].

T67: I have to share this with you, I really wish I could have met your grandpa [laughs] he just sounds like a real proper grandpa, sort of, yes, everything if you could imagine one up that that's what you'd ask for. *[Revela ressonância interna perante conteúdos da narrativa do cliente]*

C67: Yeah.

T68: I feel sad I can't meet him. *[Revela ressonância interna perante conteúdos da narrativa do cliente]*

C68: Yeah, he was, he was the best kind of granddad you could ever get, yeah. He always had a sense of cynical humour but...

T69: What would you think he would be saying to you now? If he could see you here? What would he have to say about this? *[Explora reações, características e crenças do cliente com base cenários hipotéticos]*

C69: I don't know, I really don't know... [brief pause] I think it's hard to think about that... [pause] I don't know, in a way I think he probably does have a more sensitive side, one that I never really saw, I mean he obviously, he definitely had an angry side, I saw that a few times when he'd be pissed off at whatever, but... He definitely had a short temper [T: Hum.] but, I mean, so I don't know what he'd say. Maybe he'd give me kind of like 'back in my day' kind of talk, say 'you can't be like this you're a man you know or whatever, you know bla, bla, bla', but he might surprise me and be kind of like 'we all have our doubts, etc' but, I don't know, I really don't know what he'd say or how he... work... [long pause]

T70: I know... We can only guess... *[Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar]* Hum, we've just out of time, but *[Informa ou refere-se explicitamente a aspetos relacionados com gestão do tempo da sessão]*, I'm conscious that we didn't really talk about the goals, is there anything that you would like to bring up about your own goals? *[Retoma objetivos terapêuticos para negociar/avaliar foco das sessões]*

C70: Hum...

T71: How are you finding having goals? *[Explora se objetivos formulados são significativos ou produtivos, sugerindo reformulá-los se pertinente]*

C71: Hum, I mean it is good to kind of have something when we get here to kind of try and talk about or try to tick off essentially, but...

T72: Which we have spectacularly not done today [laughs] *[Usa o humor]*

C72: I think goals are like rules they are made to be broken, aren't they? and goals, I mean, you can try and achieve them. It's a good thing we don't call them dreams because then they really are unreachable, aren't they? But, I think it's just, yeah, I don't know, hum, it's good to have them to think about them here, but I don't really think about them a lot outside of here I don't, you know...

T73: Do you think that we need to talk together maybe after Christmas about re-shaping them so that they feel more like something that has relevance for you outside the sessions? *[Explora se objetivos formulados são significativos ou produtivos, sugerindo reformulá-los se pertinente]*

C73: I think in a way I kind of think, maybe it's because of the way... if they're goals you kind of think they're like mission statements essentially aren't they... I'm trying to think I'm not gonna go in my mind I don't go I'm gonna overcome my grief of losing my granddad and it's more like, sometimes I just

think about I mean I live in the house that he was in and my room is the room he was in bedridden in...so, you know, there's constant reminders of it, hum, and the anxiety and the worry of the future is kind of just something that is consistently there.

T74: Hum, so is there a way in which having goals which seem future orientated adds to the anxiety or...? *[Explora se objetivos formulados são significativos ou produtivos, sugerindo reformulá-los se pertinente]*

C74: I don't think so, I mean I'm not anxious about trying to overcome my goals, I mean, now that I'm thinking about it maybe it'll become that way 'cause I'll be like 'well I've got goals and I've only got so many weeks to achieve them with your help so'.

T75: That's why I'm wondering if we should re-visit them, even if it's just to re-word them. *[Explora se objetivos formulados são significativos ou produtivos, sugerindo reformulá-los se pertinente]*

C75: Yeah, maybe, it may be a good idea, we could try that.

T76: Maybe, I don't know, if you have thoughts about that over the Christmas break then you know, it would be really good to hear them when we meet again *[Explora se objetivos formulados são significativos ou produtivos, sugerindo reformulá-los se pertinente]* which will be on the 9th of January, I'm sure that's the Tuesday, I don't want to confuse you *[Concerta agendamento da sessão seguinte]* 'cause I'm... I don't want to use up one of my seven chances. *[Usa o humor]*

C76: [laughs]

T77: I think it's Tuesday the 9th of January.

C77: Yeah, I'll look at the calendar.

T78: And you wanted to say one o'clock?

C78: Yes please, let's not confuse myself more over that one, 9th of January.

T79: At one o'clock. Ok.

C79: Monday, that's on a Monday the 9th, the 10th is a Tuesday.

T80: The 10th, that's the day.

C80: One o'clock.

T81: What I might do is ask [names the administrator] to send an email just to confirm the time and the date, cause it is a three week break so it's sometimes hard to hold on to all the information. *[Concerta agendamento da sessão seguinte]* Ok, so should we just do our post... you did your goal thing didn't you so we just need to do... [works on the ipad] we did those, so we just need to do these two thingies. *[Apresenta ou contextualiza os instrumentos de monitorização clínica]* But I will ask to her to send an email, Martin, just to confirm it. *[Concerta agendamento da sessão seguinte]*

C81: Ok

[filling in the forms]

T82: Then there's just that two line one... yeah... *[Apresenta ou contextualiza os instrumentos de monitorização clínica]*

[filling in the forms]

C82: Thank you.

T83: Thank you, Martin. Lovely. *[Agradece o preenchimento dos instrumentos de monitorização clínica]* So if those, I'll just make sure I'm saving that, this plays up sometimes. *[Comenta enquanto usa dispositivos informáticos ou sobre dificuldades técnicas]*

C83: So Tuesday the 10th at one o'clock?

T84: Tuesday the 10th at one o'clock! *[Concerta agendamento da sessão seguinte]*

ANEXO H – Resumo dos códigos gerados no processo de codificação aberta

- 1 Acentua de forma explícita a escolha do cliente quanto à decisão de iniciar terapia
- 2 Agradece o preenchimento dos instrumentos de monitorização clínica
- 3 Apresenta ou contextualiza os instrumentos de monitorização clínica
- 4 Assegura ao cliente a disponibilização de registos ou resultados da aplicação de instrumentos de monitorização clínica
- 5 Ausculta a experiência do cliente sobre grau de diretividade imprimido pelo terapeuta
- 6 Ausculta a experiência global do cliente sobre a sessão
- 7 Clarifica ambivalências, conflitos ou circunstâncias presentes na narrativa do cliente
- 8 Clarifica aspetos contratuais relacionados com duração da terapia e/ou cadência e duração das sessões
- 9 Clarifica aspetos relacionados com o preenchimento dos instrumentos de monitorização clínica
- 10 Clarifica características do funcionamento do cliente (reações cognitivas, crenças, estilo de coping, defesas, e.g.)
- 11 Clarifica dinâmicas relacionais com figuras de vinculação ou Outros significativos
- 12 Clarifica sobre questões de anonimato no contexto do protocolo de investigação
- 13 Clarifica tentativamente a experiência do cliente, tal como é percebida pelo terapeuta
- 14 Comenta enquanto usa dispositivos informáticos ou sobre dificuldades técnicas
- 15 Completa ou reflete a visão ou a narrativa emocional do cliente mostrando sintonia e incitando a continuar
- 16 Comunica sobre ou enquadra intenções ou sentido da sua intervenção
- 17 Concerta agendamento da sessão seguinte
- 18 Convida cliente a desenvolver tarefas extraterapêuticas
- 19 Convida cliente a refletir sobre os objetivos definidos entre sessões
- 20 Cria expectativa sobre abordagem aos objetivos formulados nas sessões seguintes
- 21 Cumprimenta ou despede-se do cliente
- 22 Discute questões de (quebra de) confidencialidade
- 23 Disponibiliza-se para clarificar dúvidas no preenchimento dos instrumentos de monitorização clínica
- 24 Elabora tentativamente uma leitura possível com base na narrativa do cliente
- 25 Elabora tentativamente uma leitura recorrendo a imagens ou metáforas
- 26 Elabora tentativamente uma leitura sobre o funcionamento ou estratégias de coping do cliente
- 27 Empatiza e valida resistência mostrada pelo cliente
- 28 Enquadra o uso de instrumentos de monitorização clínica no contexto dos objetivos do protocolo de investigação
- 29 Enquadra uso de instrumentos de monitorização clínica num contexto relacional, dando-lhe primazia
- 30 Esclarece forma de contacto com o terapeuta
- 31 Espelha ou ecoa palavras do cliente com a intenção de mostrar sintonia, concordar, reforçar, validar ou mostrar que compreendeu
- 32 Explora a perceção do cliente sobre atitudes, ações ou circunstâncias de Outros

- significativos
- 33 Explora a qualidade da rede de suporte do cliente
 - 34 Explora assunto na sequência de pista do cliente sobre tema que parece significativo
 - 35 Explora como correu a entrevista do protocolo de investigação
 - 36 Explora comportamentos auto ou heterolesivos (risco atual ou passado)
 - 37 Explora comportamentos de risco na sequência da narrativa do cliente
 - 38 Explora contextos (circunstâncias, precipitantes, mecanismos de coping, e.g.) relacionados com distress exacerbado/pedido do cliente
 - 39 Explora contextos escolar, académico, experiências profissionais, projeto profissional
 - 40 Explora dados pessoais gerais (identidade de género, agregado familiar, e.g.)
 - 41 Explora dinâmicas relacionais com figuras de vinculação ou eventos/memórias significativas da infância
 - 42 Explora eventuais limitações, deficiências ou doenças físicas do cliente
 - 43 Explora experiências prévias de acompanhamento psicológico ou outros recursos de ajuda
 - 44 Explora lifestyle do cliente (exercício, lazer, e.g.)
 - 45 Explora ou procura captar expectativas do cliente sobre mudança terapêutica
 - 46 Explora perceção do cliente sobre origens dos problemas ou de características suas
 - 47 Explora preferências do cliente sobre condução das sessões
 - 48 Explora reações, características e crenças do cliente com base cenários hipotéticos
 - 49 Explora resultados ou respostas aos questionários em contexto relacional
 - 50 Explora se o cliente já respondeu anteriormente a instrumentos de monitorização clínica no contexto terapêutico
 - 51 Explora se objetivos formulados são significativos ou produtivos, sugerindo reformulá-los se pertinente
 - 52 Explora tema com base em conjectura ou ressonância do próprio terapeuta
 - 53 Explora tema dos relacionamentos românticos (atuais e passados)
 - 54 Explora tema ou questiona com objetivo de compreender circunstâncias, informações gerais ou atitudes de terceiros
 - 55 Explora visão de futuro ou aspiracional do cliente
 - 56 Explora vivência da toma de medicação psiquiátrica na sequência da narrativa
 - 57 Explora vivência do cliente sobre distress ou problemas atuais na sequência da sua narrativa
 - 58 Explora worldview ou crenças do cliente
 - 59 Expressa abertamente dificuldade em captar experiência interna do cliente
 - 60 Faz comentário sobre os instrumentos de monitorização clínica
 - 61 Faz conjectura empática tentativa sobre experiência interna do cliente
 - 62 Faz intervenção conversacional curta que valida resposta e/ou incita a continuar
 - 63 Faz intervenção no contexto do aqui e agora da relação terapêutica
 - 64 Faz psicoeducação sobre alívio sintomatológico sentido relacionando-o com a expectativa de obtenção de ajuda
 - 65 Faz psicoeducação sobre aspetos sintomatológicos
 - 66 Faz psicoeducação sobre foco e processos da sessão de assessment

- 67 Faz psicoeducação sobre modelo terapêutico e qual a visão sobre o papel do cliente
- 68 Faz psicoeducação sobre processos psicológicos
- 69 Faz psicoeducação sobre processos terapêuticos (papel do cliente, estilo do terapeuta, e.g.)
- 70 Faz reflexão empática tentativa sobre experiência interna do cliente
- 71 Fornece informação (folheto) sobre recursos de ajuda adicionais
- 72 Gere expectativas sobre tempo dedicado ao preenchimento dos instrumentos de monitorização clínica
- 73 Incita à co-elaboração da redação dos objetivos
- 74 Incita à exploração do cliente sobre visão de si mesmo
- 75 Incita à reflexão, formulação e clarificação de objetivos terapêuticos
- 76 Incita cliente a abordar assuntos significativos que o fizeram procurar apoio psicológico
- 77 Incita cliente a aprofundar a sua experiência interna sobre tema ou evento relevante
- 78 Incita cliente a definir foco ou assuntos que gostaria de explorar em sessão
- 79 Incita cliente a explorar recursos psicológicos, estratégias de coping e/ou custos psicológicos
- 80 Incita cliente a expressar discordância ou ser crítico sobre as intervenções ou sugestões do terapeuta
- 81 Incita cliente a expressar se a leitura do terapeuta lhe faz sentido
- 82 Incita cliente a fornecer *feedback* sobre a sessão e/ou postura do terapeuta
- 83 Informa cliente que estão a ser gravados
- 84 Informa ou refere-se explicitamente a aspetos relacionados com gestão do tempo da sessão
- 85 Informa ou relembra aspetos contratuais sobre uso de instrumentos de monitorização clínica
- 86 Introduce e/ou negocia expectativas sobre processos de mudança
- 87 Introduce expectativas positivas sobre processo de mudança com base na leitura dos resultados da aplicação de instrumentos de monitorização clínica
- 88 Introduce expectativas sobre uso de medidas de outcome como indicador terapêutico (privilegiando a relação)
- 89 Organiza, sumaria, estabelece cronologia ou salienta sequência de eventos ou circunstâncias significativas
- 90 Procura captar se compreendeu bem ou esclarecer ao que o cliente se refere
- 91 Procura estabelecer elos temporais, compreender circunstâncias/dinâmicas familiares ou com pares e/ou outras informações relevantes
- 92 Procura focar a exploração de assunto introduzindo dimensões ou ligações que não estavam presentes na narrativa
- 93 Procura que cliente clarifique significados de conteúdos da sua narrativa
- 94 Promove análise conjunta do questionário sobre preferências, explorando ou clarificando respostas do cliente
- 95 Propõe racional explicativo sobre a experiência interna ou distress sentido pelo cliente
- 96 Questiona cliente sobre assuntos significativos da sua história da vida e que acha

- pertinente referir na sessão de assessment
- 97 Questiona para procurar captar experiência interna ou vivência do cliente
 - 98 Questiona sobre comportamentos aditivos
 - 99 Questiona sobre medicação psiquiátrica (tipo, dosagem, impacto, e.g.)
 - 100 Reage de forma expressiva ou opinativa
 - 101 Recorre a 'hedging language' (linguagem tentativa)
 - 102 Relaciona ou capitaliza estratégias extraterapêuticas espontâneas do cliente e processos do trabalho terapêutico
 - 103 Retoma objetivos terapêuticos para negociar/avaliar foco das sessões
 - 104 Revela impressões sobre o cliente
 - 105 Revela ressonância interna perante conteúdos da narrativa do cliente
 - 106 Salienta e valida os recursos psicológicos ou estilo de coping do cliente
 - 107 Salienta o carácter fluido e não vinculativo das preferências manifestadas
 - 108 Salienta o carácter não vinculativo dos objectivos formulados e/ou enquadra a formulação de objetivos como um processo ongoing
 - 109 Sinaliza tema relevante a abordar depois da sessão de assessment
 - 110 Solicita anuência do cliente para tomar notas
 - 111 Sugere analisar e/ou explora em conjunto resultados (charts) dos instrumentos de monitorização clínica aplicados
 - 112 Sugere tentativamente ligação ou padrão
 - 113 Sugere tentativamente objetivos com base em leitura abrangente da narrativa do cliente
 - 114 Sugere uma leitura alternativa ou que introduz algum desafio face à visão do cliente
 - 115 Sugere uma leitura complementar com base na narrativa do cliente
 - 116 Transmite explicitamente ou insinua visão do cliente como agente central e ativo no processo terapêutico
 - 117 Usa o humor
 - 118 Valida a dificuldade do cliente em formular objetivos
 - 119 Valida a vivência do cliente
 - 120 Valida percepção do cliente sobre utilidade ou fiabilidade das medidas dos instrumentos de monitorização clínica
 - 121 Valida preferência manifestada pelo cliente sobre foco da sessão