

Source No.	I feel calm — I feel angry — I feel guilty — I feel strong —	I feel hopeful — I feel depressed — I feel under stress — I feel free —	I feel confident — I feel lonely — I feel childish — I feel happy —
Source No.	I feel calm — I feel angry — I feel guilty — I feel strong —	I feel hopeful — I feel depressed — I feel under stress — I feel free —	I feel confident — I feel lonely — I feel childish — I feel happy —
Source No.	I feel calm — I feel angry — I feel guilty — I feel strong —	I feel hopeful — I feel depressed — I feel under stress — I feel free —	I feel confident — I feel lonely — I feel childish — I feel happy —
Source No.	I feel calm — I feel angry — I feel guilty — I feel strong —	I feel hopeful — I feel depressed — I feel under stress — I feel free —	I feel confident — I feel lonely — I feel childish — I feel happy —

APPENDIX C

Therapist Activity Sheet

SESSIONAL RECORD

.....
 THERAPIST:
 PATIENT:

Session No.: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

History, patterns, feelings, meanings	Rules, arrangements of therapy	Assigning self-monitoring of any variable moods or symptoms	Discussing self-monitorings and Psychotherapy File	Formulating TPs/TPPs with patient	TPP recognition homework assignment	TPP homework discussed	TPP/TP ratings done by patient	Other homework assignments	Interpreting transference (± counter-transference) in relation to TPPs
	*	*	*	*			*		
							*		
							*		
							*		
							*		
							*		
							*		
							*		
							*		
							*		
							*		
							*		
							*		

Other (specify)

Role-plays gestalt, etc.

The fact and meaning of termination

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* Normal procedure should include this.

APPENDIX D

Rating Chart

NAME:
 DATE OF FIRST CONSULTATION:

Rate each problem:

Describe problem:	Describe aim:	Rate each problem:		
		Aim achieved	No change	Much worse
Describe problem:	Describe aim:			
Describe problem:	Describe aim:			
Describe problem:	Describe aim:			
Date:				
Session No.:				

APPENDIX E

Relationship Test/ Grid

The purpose of this form is to help in the understanding of the patterns of your relationships with others. It is part of an ongoing research project and a similar form has proved useful in identifying difficulties and clarifying the goals of treatment. You are asked to rate a number of relationships against a number of descriptions; some descriptions are provided and some relationships named, but there are also spaces for you to add your own. First decide which relationship you are going to add, listing these people in the numbered spaces below, giving their initials, their sex, and their relationship, e.g. boyfriend, female flatmate, hated male teacher, sister, etc.

1. Initials Sex Role in your Life

- 2.
3.
4.
5.
6.

Now choose at random any two of these and jot down, on scrap paper, descriptions of how they feel and act towards you, and of how you feel and act towards them, noting both similarities and differences. Repeat this with different relationships, and go on until you feel the important descriptions have been noted. Now turn to the rating grid; you will see that ten descriptions are provided and that a further six spaces are left blank. Write into these spaces the six most important of your own descriptions, leaving out any that are already provided. At the top of the form you will see the numbered relationships, these numbers correspond to your list above. Each relationship is rated against each description by allocating a score between 5 (very true) and 1 (not true at all). Fill in the form fairly quickly, rating all the relationships on each description in turn (i.e. fill in row by row, not column by column). After it has been processed we will discuss what can be deduced from the test.

NAME:
DATE:

Rating grid

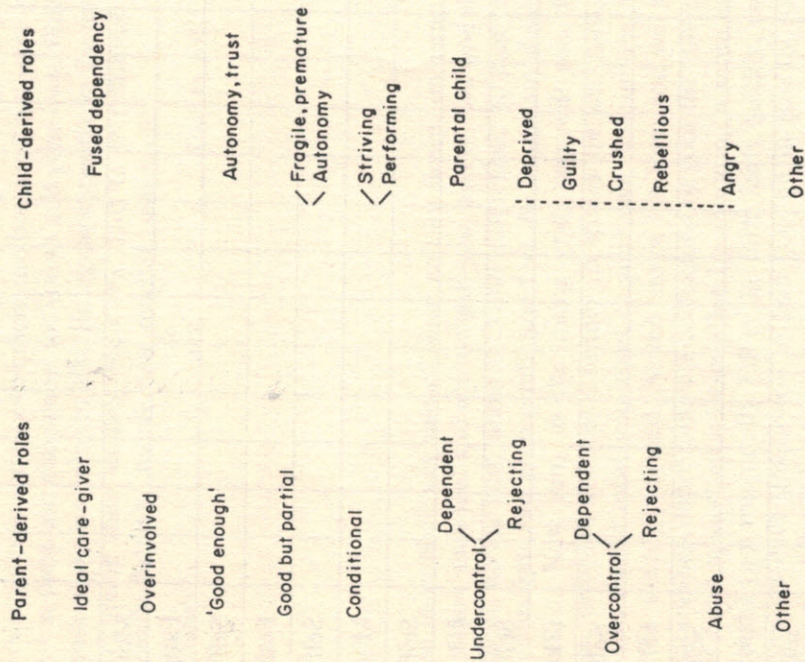
Table with 16 rows and 10 columns. Rows 1-10 contain descriptions like 'Looks after', 'Is forgiving to', 'Respects', etc. Columns 1-10 contain relationship roles like 'Mother to father', 'Father to mother', etc. Columns 11-16 contain rating scales from (1) to (6).

Rate each relationship on each description with a number, scoring thus according to the degree to which the description applies.

Date:
5 = Very true
4 = True
3 = +/-
2 = Not true
1 = Not true at all

Mother to father
Father to mother
Self to father at age
Father to self
Self to mother at age
Mother to self
Self to (1)
(1) to self
Self to (2)
(2) to self
Self to (3)
(3) to self
Self to (4)
(4) to self
Self to (5)
(5) to self
Self to (6)
(6) to self
Self to self

Reciprocal Role Analysis



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COGNITIVE-ANALYTIC THERAPY: ACTIVE PARTICIPATION IN CHANGE

A New Integration in Brief Psychotherapy

Anthony Ryle, *St Thomas's Hospital, London*

With contributions from Amanda M Poynton, *Guy's Hospital, London*

and Bee J Brockman, *West Midlands Regional Health Authority, Birmingham.*

This book presents a time-limited approach to psychotherapy. It describes a new framework for brief therapy—Cognitive—Analytic Therapy—the application of psychoanalytic understanding and of some psychoanalytic techniques within a framework, and with additional treatment methods derived from cognitive psychology and psychotherapy. This therapy involves a high degree of patient participation in the describing and in the learning to recognize and alter recurrent maladaptive procedures. The book is intended as a guide to clinical work—ideas and methods are illustrated with a large amount of case description, with writing from therapists and patients, and with some directly recorded material from sessions. Cognitive—Analytic Therapy is a precise and powerful method which uses active techniques, which recruits the patients' capacities and which takes account of the complexity of psychotherapeutic change. The approach is brief, effective and researchable and is suitable as the first intervention in most patients.

Anthony Ryle's book will be essential reading to those already engaged in Cognitive—Analytic Therapy and will introduce many others to the possibility of an effective and theoretically coherent integration of psychodynamic, cognitive and behavioural therapies.

About the author

Anthony Ryle qualified in medicine in 1949 and was until 1964 in general practice where his interest in neuroses and therapy began and where his first research was carried out. He was Director of the University Health Service at the University of Sussex until 1979. He is currently consultant psychotherapist at the United Medical and Dental Schools of Guy's and St Thomas's Hospital in London where he is active in both research and teaching and in the development of Cognitive—Analytic Therapy.

This book appears in the Wiley Series on Psychotherapy and Counselling, Series Editors Franz Epting, University of Florida, and Glenys Parry, University of Southampton.

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