*Appendix 2: Example transcript*

**S4**

So I guess so bearing in mind that he is saying that he doesn't want To come back to sessions.

A - And I think probably what I would do is write him a letter

R - so that I could set out and think really carefully about what I wanted to say In terms of an apology for you know what I what I done in the session and how that had made him feel.

And so that's probably that's probably what I would do

A - and it invite him to come back if he felt like that would be Something he was able to.

R - Yeah, I suppose it's about acknowledging that you've done something that has really impacted that other person and has been under therapeutic care.

**R = 2**

**A = 2**

**S3**
R - I suppose what I'm thinking is she is 14 year olds very, very frightened girl.

R - She's having a lot of control taken away from her

R - and the main thing that I'm thinking is To really give her a sense that I am understanding or trying to understand what this is like for her.

R - and to give her hope that this is something that we can work on together

R - and that there is hope for her anxiety to improve even if That there's limited hope that her, her life will extend.

A - So I guess in this scenario. I would be working towards thinking about what is it about dying that she's so frightened of?

R - What does she think that process is gonna be like?

A - I suppose i would be formulating but essentially identify what her beliefs are about the dying process.

A - And and seeing if there's any sort of misconceptions about that.

And that that would be My thinking about it, but there's a heck of a lot in that scenario there.

A - I'd be exploring what she thinks it is about eating and drinking that will make the cancer worse.

R - And because I guess if you could get her eating and drinking She would start feeling a lot better, she'd start feeling a lot more in control.

R - And If she was feeling better, then that is likely to have quite a big impact on her anxiety

R - because I guess that Some of the physical symptoms, she might be experiencing are likely to be lack of hydration nutrition.

R - I mean, if the theory that she's feeling that things are very out of control has any merit to it, then I think things Like Collaboration is probably one of the things that would be important.

R - And In terms of Making that sort of important in the therapy interactions, enabling her to feel like she has some sense of Control

R - and it sort of hopes for more equal relationship that she has rather than what's happening medically.

**R = 12**

**A = 4**

**S2**
R - I mean, the first thing that comes to mind is I feel like this is definitely a case where I would want to be taking to supervision a lot.

And bearing in mind that I suppose my first thoughts about it is a warning.

A - I would want to Assuming that I don't know this already. I would want to know what the current risk assessment is for John.

And then I would probably if I would

R - I mean, it sounds Like he's developing Some possibles of OCD style and Avoidance behaviors

A - and I guess I would be formulating those with him

R - but I think I'd probably need to have an updated sense of his risk before I wanted to embark on the correct treatment.

R - I mean, it sounds like he's genuinely genuinely, sorry and

R - so I think you'd need a lot of compassion, regardless of what followed on from that.

A - And I'd be Trying to encourage him to sort of pause on that withdrawing from his family and if it seemed like it was safe to do so

R - So I'm helping him to to sort of For that not to get any worse I guess.

R - Yeah, because I suppose you'd have to really have a clear sense of what the clients experience was.

R - I mean, I guess this is the sort of case that is really gonna test your in-action reflection skills,

R - so sort of Being able to sort of hold uncomfortable feelings and still sort of engage your compassionate muscles if you like.

R - So I guess probably sort of using your emotional intelligence in the interactions with John.

**R = 10**

**A = 3**

**S1**

R - So I guess that It it's recognizing That this is a very, very distressed person in front of me

R - and Is understandable in the context of her loss and the nature of the loss

A - So I would be communicating that to her and

A - I would try to help her to calm down.

R - to sort of get back into that sort of workable zone And to a point where She is less distressed

A - I would See if I could find an opportunity to talk about and help her to reflect on what had happened and what she'd said.

A - And reflecting on whether or not that was helpful or unhelpful.

A - And what impact that had on her, what impact that has sort of more generally

A - and try and explore whether or not This happens in other in other times and what impact that has.

A - but the first thing to do is to respond to her distress in that moment

A - and try and help her to get to A different emotional state so she so we can have a decent conversation.

R - I would say demonstrating active and receptive listening is unlikely to be helpful because it might be encouraging

R - if it's normalizing and Validating The clients experience as in They're traumatized, They've experienced a traumatic grief reaction, then that's important isn't it?

R - You obviously wouldn't want to validate or normalize the experience of responding with anger so it depends what you mean by their experience.

A – I would use sort of emotional intelligence to monitor your own responses to things.

R - Being able to be I suppose keep yourself calm in that situation so that you can respond calmly

A - but I would be responding in a therapeutic manner to this person who's in a lot of distress. But who said some really, really offensive things.

R - And said things in her opinion based on what's happened to her based on her distress.

R - which obviously is not consistent with my values and Opinions.

R - I think it would be quite hard to hear those words in the therapy session.

R - And I think they're probably generate quite a lot and the emotion in me,

A - So what I would want to be doing is trying to manage that myself,

R - so that I can think clearly and not be another person in the room who's sort of overcome with feelings so that we're both not thinking in the situation.

**R = 12**

**A = 11**