**Appendix**

*Therapist System of Categories*

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| **Categories** | **Definitions and examples** |
| Exploring  | Verbalizations by the therapist, usually questions, that request information about unknown aspects. E.g., Therapist: “*What is love for you?*” |
| Questioning | Verbalizations by the therapist, mainly questions, that challenge or discuss some aspects of the patient’s approach; not with the aim of knowing the information (it is already known or obvious), but to make the patient doubt about it.  |
| Validity. Questions aimed at challenging logic or evidence. E.g., Therapist: “*What proof do you have to think that?”* |
| Severity. Questions aimed at challenging the impact of the consequences. E.g., Therapist: “*Would the consequences be so terrible?*” |
| Utility. Questions aimed at challenging the utility of thinking or behaving in a particular way. E.g., Therapist: “*How does thinking like that help you?*” |
| Questioning and exploring categories can be, in turn:• Indicating the direction of the response. E.g., Therapist: “A*ccording to what we have said, don’t you think that would be politically correct?*”• Without indicating the direction of the response. E.g., Therapist: “*Is that politically correct?*” |
| Explaining  | Verbalizations by the therapist that explain, inform or argues an alternative approach to the one proposed by the client. |
| In a technical manner: Functional explanations and explanations about some psychological aspect (e.g., how anxiety/worries/social skills/etc. works). E.g., Therapist: “*You think the way you think, because you have experienced very unpleasant situations with him; and every time he says something to you, those emotions of discomfort appear.*” “*A hypochondriac is someone who worries about having a disease and constantly check his health.*” |
| In a non-technical manner: Alternative explanations or explanations about some other aspect. E.g., Therapist: “*Maybe he goes out, because he doesn’t want to stay home alone, not because he wants to see someone else.*” |
| Motivating | Verbalizations by the therapist that explain the consequences of patient’s behavior will have, is having, has had or could have in the clinical change. E.g., Therapist: “*The moment you start not presuming that others may think something bad of you, you'll start to be happy.*” |
| Using analogies | Verbalizations by the therapist, usually examples or metaphors, comparing situations, behaviors or consequences with similar characteristics to the element the therapist wants to contrast.  |
| Patient’s context. Analogies that differ little from the context of the patient with which they are being compared and that could hardly be extrapolated to other circumstances. E.g., Context: patient does not understand why her partner does not like to stay home if she goes out. Therapist: “*Imagine that your partner finds it frightening that you stay home alone, so every time he goes out, he forces you to go out too. How would you feel after several years living that situation? What would you say to him?*” |
| External context. Analogies that differ in several elements from the context of the patient with which they are being compared and that could be extrapolated to a wide variety of situations. E.g., Therapist: “*Trying to make someone change is like putting up a wall in the middle of the ocean. No matter how much effort it takes to build it, it will always be torn down and it will be pointless.*” |
| Training in reasoning rules | Verbalizations by the therapist, in form of a rule or instruction, aimed at teaching the patient how he/she should or should not reason. E.g., Therapist: *These two approaches are exclusive, if you think one you can't think the other. You must be consistent in those situations.*” |
| Providing target verbalization | Verbalizations by the therapist that he/she wants the patient to express explicitly. The therapist leads to the target verbalization clearly. E.g., Therapist: “*It would be better to say ...*”, “W*hat you should think in those cases is ...*”, *"Don’t you think it makes more sense to think ...?*” |
| **Modifier** | **Definition** |
| Aversive component | The aversive component can be marked for any of the categories strategies of described above. Verbalizations by the therapist that may be aversive to the patient, such as strategies in which irony, sarcasm, extreme or absurd examples are used. E.g., Patient: “*Yeah, but I put up with a lot, I'm able to put up with a lot of frustration.*” Therapist: “*Yes, that can also be said by an abused person, a person who is used to steal on the street... who is sexually abused...*” |