The CCRT Method and its discoveries:

A framework of findings since its start in 1977.

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This work offers an overview of the main findings on the CCRT method and on its discoveries beginning with the very first CCRT study (Luborsky, 1977). It will help orient CCRT researchers and CCRT users so that they can fit together the many facets of the many findings into a framework. Such a framework is needed because it is hard to achieve an organized perspective on such a large and rapidly growing field or even to be aware of some of its discoveries and , even more, to know the needed future of the work.

This overview reveals that the CCRT field has already arrived at a solid basis for celebration: the evidence from the CCRT research that it has amassed that it is a clinically and quantitatively sound concept similar to the one that Freud (1912) termed the „transference template". Freud's term for his concept implies that the template is a schema that acts as a pattern-shaper of successive editions of narratives about relationship events. The CCRT as it is inferred from narratives about relationship episodes is a knowledge structure, both conscious and unconscious, that guides the conduct of relationship interactions and the memories of these.

The April 1995 meeting in Ulm, Germany celebrated the 10th anniversary of the CCRT group at the Ulm University's Department of Psychotherapy and Psychosomatics; it was the first international conference devoted entirely to the CCRT method and its discoveries. The papers that are summarized in this report were those given at that conference plus additions from the Society for Psychotherapy Research CCRT pre-conference meetings of June 1995, June 1996, and June 1998.

One way to get an idea of the broad expanse of the CCRT field is to look over the CCRT Newsletter (sent on request), a publication that started in 1990. The latest issue of the CCRT Newsletter in January 1998 reports with a worldwide scope that includes about 150 ongoing research studies with about 80 publications. The rapid flourishing of the findings with the CCRT method fits one of E.G. Boring's (___) observations at the end of his monumental „The History of Experimental Psychology" about the pattern of growth of research discoveries. He saw that around each new method a cluster of discoveries is generated and these discoveries form a

related cluster because it is the new method that makes the discoveries possible.

The main findings of CCRT research are organized into two main categories: Contributions to the CCRT‘s method and discoveries with the method. Each findings is usually proceeded by the data of the first study. Each finding listed under each is followed by a section on the future requirements to develop the finding further.

A. CONTRIBUTIONS TO THE CCRTS‘S METHOD

∑

A1 1984:

Standard categories specify part of the tailor-made categories.

These sets of standard categories, with the exceptions of Edition 1, continue to be widely used:

Edition 1: About 1984, the first set of standard categories was constructed and called „Edition 1“ (Luborsky, 1986); it consisted of about 16 wishes, 16 ROs, and 16 RSs and was based on the CCRT of 16 cases of outpatients in psychotherapy. (Chapter 2 in Luborsky 1998)

Edition 2: It consisted of about 30 categories for each component. (Crits-Christoph & Demorest, 1988) (Chapter 2 in Luborsky, 1998)

Edition 3: Because the number of categories in Edition 2 (above) was too extensive for practical use a third edition was prepared based on clusters of the categories in Edition 2 (Barber, Crits-Christoph, & Luborsky, 1990). These consisted of clusters of the variables in Edition 2 (Luborsky, 1998 Chapter 2) so that there were now eight clusters of wishes, eight clusters of ROs, and eight clusters of RSs. Because of their simplicity these clusters have been widely used.

Benjamin‘s SASB categories: Because of the need to have a more systematically derived and reliable set, the SASB categories have been used as another sets of standard categories for CCRT scoring for example in the: Cyclical Maladaptive Pattern (CMP) method by Schacht, Binder, and Strupp (1984).

The QUAINT categories: (Crits-Christoph, 1990). This method also uses Benjamin‘s SASB categories plus an additional set (Connolly, ---). It uses a cluster analysis method to determine the multiple themes in each patient‘s narratives.

Recently the Ulm-Leipzig group has provided a new systematized category sstructure based on logical arguments and empirical screening of available data sets (Albani et al. in press)

The use of tailor-made versus standard categories:

The CCRT method started with tailor-made categories (Luborsky, 1977). Such categories are the scorers‘ inferences which when combined lead to the CCRT. The problem with the tailor-made categories is the judge‘s difficulty in summarizing such categories across cases. The use of standard categories is a major advance in terms of reliability and of ease of comparison across judges and across samples.

Yet an inevitable problem with standard categories is that they do not fully cover the same area as the tailor-made categories, even though they tend to make clearer what they do cover. To deal with this, it is helpful to increase the number of standard categories because they tend to broaden the coverage of the terrain. However, beyond a certain point, the number of standard categories confuses the judges by overwhelming them with having to judge too many categories.

Actually the standard categories and the tailor-made categories have considerable overlap. The evidence for this comes partly from the results of Luborsky, Barber, Schaffler, and Cacciola (1990) where in Table 8-4 we can see that much of what is in the tailor-made categories appears again in the standard categories for the 33 cases in the Penn Psychotherapy Sample.

The future: The best resolution is not to make a choice. One can retain the tailor-made categories, but also translate them into standard categories by a convenient, reliable and not too long list of standard categories. In essence, this recommendation opts for using both systems for evaluating the CCRT in relationship narratives.

The basis for choosing each of the Standard Categories for inclusion in the set:

(1) Selection of standard categories by their frequency in narratives:

One solution is to use the frequency of a category in various samples, as was done with Edition 1, 2, and 3.

The future: We are aiming at developing a new set of scoring categories which would result in a revised Edition 2, which would be based on the „Enlarged Sample," as well as on the Penn Psychotherapy study sample.

(2) The selection of standard categories by their location in the category space of the coordinates:

The category space has been well established by coordinates settled on by Benjamin (__) with categories selected by their fit into that space. Among the limits of this approach are that the estimate of the location in the coordinates space occupied by the categories depends on the coordinates that are used, for example, Strong vs. Weak.

The future: Comparisons should be made of these two methods of selecting standard categories: the frequency criterion for selecting categories versus the location in the space of the coordinates. A study that was related to these methods by Connolly (1995) compared the Benjamin ( ) SASB-based system with the Edition 2 system. She found that the CCRT Edition 2 list of categories had a sparse representation in certain areas. However conclusions from this comparison depends on the degree to which one accepts the logic of each method. It may be better to have representation according to the frequency of categories in certain samples than it is to have representation in terms of position in the space of the coordinates. Another problem was the limitation in the Connolly (1995) system to evaluating each narrative by itself in random order rather than by the usual clinical system of scoring narratives in a context of the session, where the scorer knows the other narratives and the session as well.

The number of the items in each cluster:

A new analysis of scoring categories can result in a revised Edition 3 with more than the current limit of eight wishes, eight RO's, and eight RS's (check with Waldinger with his 16 categories).

A2 1986

A summary of eight reliability studies of the CCRT shows that clinicians can agree in their formulations of the CCRT.

From the start of the CCRT method, a reliable method was sought: Luborsky, Crits-Christoph, and Mellon (1986); Crits-Christoph, Luborsky, Dahl, Popp, Mellon, and Mark (1988). The most complete review of agreement studies on the CCRT (Luborsky & Diguer, 1998) included eight samples with a mean weighted kappa for Wishes .60, Responses from Others .68, and Responses of Self .71. These are considered to be in the „good“ range according to Landis and Koch (1970).

The future:
It is important to recognize, however, that because none of these 8 reliability studies have used all of the recommended current procedures listed below, the reliabilities in later studies could be even higher.

A3
The two main scoring procedures were:
(A) Rating the top two standard categories versus (B) rating all standard categories.

For the sake of simplicity we decided that in most reliability studies we would ask the CCRT judge to score only the two top standard categories -- the first and second rank of the standard categories. It is these two, and especially the first rank of the top two, that is used in chapter 6 of Luborsky and Diguer (1998). The only study where we rated all standard categories for each thought unit was Luborsky, et al. (1996) which was a study of children at age 3 and again at age 5. While ratings of all standard categories are more time consuming than just selecting the first and second rank of the standard categories, the additional time for rating them all is not much greater and it might produce much more information.

The future:
An exact comparison of the two procedures has yet to be done. Also, specific reliabilities of each type of component are also needed.

A4 1994

The use of the CCRT scoring improvements (Luborsky, 1998 Chapter 2) simplifies the scoring.

These improvements in CCRT scoring procedures are easy to use and are useful:

1) An independent pre-scoring judge prepares the transcript before the CCRT judges do their scoring: This judge marks the thought units that are to be scored by the CCRT judges so that all CCRT judges will score the same marked units.
2) The same independent pre-scoring judge also marks the type of component to be scored for each scorable unit (that is, the Wish, RO, and RS). A simplification of the first and second improvement is that the units and the type of component are designated by the first judge and then used by other judges.
3) The CCRT judges can actually rate *all* of the types of categories for every scorable thought unit, not only, as has often been done in the past, for the two top-ranked categories. (The forms are given at the end of Chapter 2 of the Luborsky, 1998).
4) Initial practice cases are essential before judges (both the pre-scoring CCRT judges and the CCRT judges) are permitted to launch on the scoring of a sample of the CCRTs.

On the basis of this practice, only those judges are used for reliability studies, who show that they can agree with each other on practice cases.

5) Training in CCRT scoring should include certain types of scores that are sometimes neglected such as: (a) the positive and negative dimensions and (b) the distinction between direct and inferential, such as W versus (W), (c) the inclusion in the scoring of references to the patient‘s symptoms (depression, anxiety, etc.).
6) The entire sample should be rated by the same judges rather than by several judges.
7) The similarity of scoring of judge 1 and judge 2 should be evaluated by the appropriate weighting system devised by Diguer and Luborsky (1997).

The future:

A review of eight samples with similar reliability measures (Luborsky & Diguer, 1998, chapter 6) shows that these past studies were not done entirely according to all of the recommended current CCRT procedures. We found, however, that there is a tendency for high conformity with current procedures being associated with high weighted Kappa. A goal for future research, therefore, should be to re-score the samples according to current CCRT procedures and see whether reliability is improved.

The trend for the use of the current CCRT procedures to show higher reliability, however, does not show up for the three year-olds sample; if that unusual sample is excluded from the groups there is some improvement in the weighted Kappas. That study, in fact, never used practice cases and also, of course, never discussed them, and it turns out that there were great discrepancies in the judges' styles.

A5 1994:

A new method has been developed for scoring sequences of components in the relationship episodes:

Before the use of this sequence of components method proposed by Dahlbender, Albani, Pokorny, Kächele (Chapter 5, Ulm book, Dahlbender 1995), only the frequency of the components in any order was the usual score; now a potentially useful alternative score is available.

A6 1986:

Self-report CCRT questionnaires have been constructed:

The first such questionnaire was developed by Crits-Christoph (1986). Several new ones are now being developed: 1) Jacques Barber and Paul Crit-Christoph (University of Pennsylvania) 2) Dahlbender, Torres, Reichert, Stubner, Frevert, Kächele (University of Ulm) and Leichsensing, Seinfeld (Gottengen). Like the original observer-judged CCRT, the self-report CCRT questionnaire aims to specify the central relationship pattern. The first CCRT self-rated questionnaire showed some evidence for its validity: it correlated significantly with the Weinberger defense measure (Luborsky, Crits-Christoph, & Alexander, 1990). Some

of the findings, for example, were: the less repressive the defense, the more the CCRT questionnaire „wish to dominate“ (r=.67, p<.01); the less repressive the defense, the more the higher order factor 2 of the CCRT questionnaire, „to be less competitive“ (r=.85, p<.001).

The future:
Barber and Crits-Christoph (___) are developing a much more expanded CCRT questionnaire.

A7 1998:
Self-interpretation of the CCRT is a method that facilitates the evaluation of the subjects‘ interpretation of their own narratives.

Results of the self-interpretation method (Luborsky, 1978), briefly reported in Crits-Christoph & Luborsky (1998, Chapter 15), show that the procedure of asking patients for their own interpretation of their narratives can give valid information. The patient‘s ratings of their own wishes as part of the self-interpretation of the RAP were positively correlated with the set of scales of the Rorshach Index of Repressive Style (Luborsky, Crits-Christoph & Alexander 1990). These repressive style scales showed significant correlations, for example, a) the more repressive the patient‘s style, the fewer specific responses and the more of a wish for sexual gratification (r=-.51, p<.05); (b) the fewer of these specific responses, the more the wish to win the affection or attention of another over someone else (i.e. an Oedipal wish).

The future:
Studies of validity of the method are needed. The one by Crits-Christoph et al (1990) showed some evidence of validity: there was considerable agreement with the observer–judged method. The work on self-interpretation of RAP narratives should be expanded to include narratives told during sessions.

A 8
1990 The Relationship Anecdote Paradigm (RAP) Interview is a valid alternative method of eliciting narratives:

The RAP interview is a method of eliciting narratives by a special interview. The RAP narratives can then be used in the same way as the spontaneously told narratives derived from sessions. In 4 of the 8 reliability studies the weighted kappas are almost as high as for session narratives (Luborsky & Diguer, 1998). There is also evidence in fact that there is significant similarity of the CCRTs derived from RAP narratives versus the CCRTs derived from the session-based CCRTs (Barber, Luborsky, Crits-Christoph, and Diguer, 1995).

The future:

More and larger exact comparisons are needed between CCRTs from sessions and CCRTs from RAPs. The study by Staats and Strack (1995) showed a deficiency in the test stability of the CCRT on replication of the RAP after six to eight months. It is not clear whether there was something special or atypical about the collection of these RAPs or some other factors that were atypical; the study, therefore needs to be replicated.

A 9

The scoring of positive and negative patterns has been expanded and validated

The positive-negative dimension of the CCRT was first described and illustrated in Luborsky (1977) and further developed in Luborsky. (1990) The scale has been expanded from two points to four points and its validity examined; judges were found to be able to agree on this dimension very well (Grenyer and Luborsky, 1998). Adult patients in psychotherapy tend to tell narratives that are very negative in their CCRT components; but they become somewhat less negative during psychotherapy although the changes in this dimension in therapy tend to be small. Negative expectations also tend to differ in the worst as compared with the best ending episodes (Seganti, 1995).

A10

A new facet of relationship narratives has been shown to be useful: The degree to which patients describe themselves as in interaction with others.

A new method has been fashioned by Mitchell (1995) that identifies the degree to which the patients reveal themselves in their narratives as in interaction with others. Higher percentages of links with others in narratives are found to be associated with greater differentiation.

DISCOVERIES THROUGH THE CCRT

B 1 1977

The patients‘ narratives about relationship episodes are a vital and meaningful unit in psychotherapy sessions

Narratives about relationship episodes within sessions had never before been systematically used as a unit of analysis in psychotherapy research until Luborsky (1977). This systematic use has led to several novel findings. One of these is an exact count of the frequency of such narratives in sessions -- the average session in psychotherapy has 4.1 passably complete narratives, with the usual range from 1 to 7 narratives per session (Luborsky, Barber, Schaffler, & Cacciola, 1990). These frequencies were found in the Penn Psychotherapy Study based on the usual sample of 42 cases from the Penn Psychotherapy study using sessions three and five as the typical sessions chosen for extracting the CCRT early in psychotherapy

The future:

(summarize the similar data from the Penn Depression study based on approximately 30 cases).

B 2 1990

The types of CCRT patterns that are most frequent have been identified:

A basic research question is about the content of the most common CCRTs. The earliest quantitative examination of the most frequent and pervasive types of CCRTs across the narratives is in Luborsky, Barber, Schaffler, and Cacciola (1990). In the Penn psychotherapy study (from Table 8-3) (Luborsky & Crits-Christoph, 1990) the most frequent Wish in terms of standard categories is to be close and accepting versus distant; the most frequent Response from Other is rejecting and opposing, and the most frequent Responses of Self are disappointed, depressed, and angry.

The future: Each of the studies with sizable samples should also tabulate the most frequent types of CCRTs so that we could learn which are the

most common and which are the most rare and whether across samples there is consistency in the types of components. In future studies we should also find a way to examine the frequency of the combined triads of W, RO, and RS.

B3

Large differences have been found in the pervasiveness of the CCRT from subject to subject

A few studies have reported the amount of pervasiveness of each subject‘s CCRT‘s (Connolly, ____). It is also known that such differences correlate with the degree of psychiatric severity of the subjects–the more the pervasiveness, the more the psychiatric severity (Cierpka et al., 1997).

It is likely that the type of scoring procedure of the narratives may influence the estimates of the pervasiveness, for example, the system used by Connolly (___) scores each narrative by itself, and in random order so that the pervasiveness is likely to be smaller with such a procedure than with the usual procedure.

The future: More studies are needed under different conditions of the variations of pervasiveness from subject to subject. Obviously a comparison is needed to check on the gains and losses of each procedure: each narrative in random order or in the context of the set.

B4 1990

Different states of consciousness such as in dreams as well as waking narratives have similar CCRTs.

The first report showed parallels of the CCRTs of dreams and waking narratives for three cases (Popp, Luborsky, & Crits-Christoph, 1994). A larger replication study showed that the CCRT has good agreement between judges for the standard category CCRT scoring of dream reports (Popp, Diguer, Luborsky, Faude, Johnson, Morris, Schaffer, Schaffler, & Schmidt, 1998)–the CCRT clusters which were highest ranking CCRTs in narratives had parallels with the highest ranking in waking narratives.

The future: On the basis of the study of the comparison of CCRTs of dreams and narratives by Popp et al (1998) the suggestion could now be taken more seriously to include dreams along with the narratives in CCRT studies.

A study of 24 daydreams by Steigler and Pokorny (1995) shows some interesting trends: if the „other" in the comparison is human then the life period is adult and the responses from other and of self would be negative. If the „other" is non-human the life period will be childhood, and then the responses from other and from self will be positive. These interesting major tendencies should be replicated in a larger group of daydreams, and the daydreams compared with narratives and with night dreams.

B5 1994

There is a major congruence in the CCRT pattern expressed in narratives told in sessions versus in narratives told before therapy starts (by „RAP narratives"):

This discovery comes from a basic research question: Is the CCRT before treatment and before the therapist has been met similar to the CCRT after the treatment has started? The only study of this comparison (Barber, Luborsky, Crits-Christoph, & Diguer, 1995) showed significant similarity of the CCRT before psychotherapy (by the Relationship Anecdote Paradigm [RAP]) versus the CCRT during the early psychotherapy sessions. The major implication of this is that there is a major pattern or schema that gets re-expressed at the two times despite the influence of the therapist.

B6 1995

Consistency during the psychotherapy and over the life span is found in the CCRT pattern:

Freud (1912) thought the transference template does not change much over the life span.

A study that gives some support to an element in this finding deals with changes in the CCRT patterns of young children; it is a comparison of CCRTs of children at age three and the same children at age five

(Luborsky, Luborsky, Diguer, Schaffler, Schmidt, Dengler, Faude, Morris, Buchsbaum, & Emde,1995). This study found high consistency in CCRTS at the two points. A study of adolescents also showed consistency from age 14 to age 24 (Waldinger, __)

In my first report on the CCRT (1977) I reported on its consistency at least within the period of psychotherapy -- the CCRT at the end of treatment retains important aspects of the original CCRT. The main changes that occur over the time of the psychotherapy appear to be only small ones in the content of the CCRT but changes in the responses from other and response of self become more positive and less negative (Crits-Christoph & Luborsky, 1998). Changes are more impressive in the ability to master the conflicts in the CCRT (Grenyer and Luborsky, 1998). To assess the change it requires a procedure for establishing the similarity of the original CCRT and the end state CCRT. Such a procedure by Diguer and Luborsky (1998) is a method of weighted similarities for each component.

A study by Schauenburg, Schafer, Raschka, and Benninghoven (1995) likewise suggests that the changes in the CCRT over the period of three months of psychotherapy are small and generally non-significant. However, the study used in-patients and a small sample size of fifteen, which may have diminished the likelihood of significant results.

The future: Longer periods of life need to be examined.

B7 1992

The first controlled evidence has been assembled about the parallel of the CCRTs for the therapist with the CCRTs for other people:

This is a clearly expected parallel based on Freud‘s (1912) central clinical observation about the transference template. It has now, for the first time, been shown between the CCRT for relationships with others and the CCRT for relationships with the therapist (Fried, Crits-Christoph, & Luborsky (1992). This has been neatly demonstrated from the sample of 35 patients in the Penn Psychotherapy study by the parallel of CCRT patterns based on the patient‘s general relationship pattern with the CCRT pattern based on narratives about the therapist.

The broader issue of the consistency of themes across different „objects“ (i.e. people) in narratives has been examined by Frevert et al (1990). This broader topic is basic to the CCRT because of the clinical expectation that narratives about different people will have common themes.

B8 1990

Significant and meaningful associations were found between measures of repressive defenses and CCRT scores.

The first study of this association is Luborsky, Crits-Christoph, and Alexander (1990). In it, 16 subjects each wrote three narratives about their early memories, which were scored by two independent CCRT judges. The Holzman Repression measure correlated, as would be expected, with less wish to assert ($r = -.55$, $p < .01$), less wish to hurt ($r = -.47$, $p < .05$), less negative response from other (domination: $r = -.50$, $p < .05$), and more positive response from others (affection: $r = .43$, $p < .05$).

Freni et al. (1995) examined the relationship between the defenses and the CCRT in 20 patients in psychotherapy. Five defense clusters were associated with at least one CCRT component. The correlations seem to be in line with clinical experience. Four factors were identified through factor analysis: disturbance of pre-Oedipal relationships, controlling issues, ego functioning, and a sense of the availability of help.

The future: More and larger studies of the relationship of the CCRT with other measures of defenses need to be done.

B9

Comparisons of CCRTs of patients with different diagnoses need to be done:

A huge number of studies are ongoing but mostly they have not yet been published. They cover about nine different diagnoses. The CCRT Newsletter, January 1998, lists 34 ongoing studies of CCRT in different diagnostic groups! The earliest one is Eckert (1990) with depressed patients. The largest number of ongoing studies, that is 7, is with the dia-

gnostic category of Borderline personality; the next largest is with personality disorders.

The future: To do such comparative studies properly we need norms for all samples and we need matched samples. Eckert et al. (1990) for example, showed high levels of hostility in the depressed sample, but there were no systematic comparisons with other samples.

B 10

Awareness of the CCRT is a difficult research topic but it now shows signs of progress.

An approach that has only begun to be explored is the comparison of direct expression versus observer‘s inference which are respectively covered by the direct type of component versus the inferred type of component. Inferred scores are indicated by parenthesis, for example, W versus (W).

A new instrument had been constructed for studies of the subject‘s level of awareness; it is the Self-Understanding of Interpersonal Patterns (SUIP) (Connolly, Crits-Christoph, Shappell, Schweizer, et al, in preparation). It has shown good reliability and some evidence of validity. Its results should be compared with the self-interpretation of the CCRT method (Luborsky, 1978).

The future: Future studies on this topic should continue to fill in our knowledge about the conscious versus unconscious aspects of each patient‘s CCRT. It is a crucial topic for the CCRT for it is a necessary mark of the concept of transference template that parts of it are out of awareness.

B11 1990

There is much evidence from studies of the CCRT for similarities with Freud‘s observations about the transference template:

A correspondence is evident for 18 of 23 of Freud‘s observations about the concept of „transference“ as compared with CCRT evidence (in Luborsky, 1998). For 5 of the 23 observations, no studies have yet been done The presence of so many parallels suggests that the CCRT method offers a reliable measure of the transference concept.

Conclusions

The now not-so-new CCRT Method has increasingly been doing what generative methods do–it is has sparked a spate of studies that have revealed much new information. It has achieved helpful improvements in method and a good level of reliability. The method has made possible important discoveries about patients usual relationship patterns, as revealed in their relationship narratives. We have specified many future studies that logically follow from where we are now.

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Table 1

Freud's "Transference Template" Observations versus the CCRT Evidence for them

	Freud‘s Observations	CCRT Evidence[a]
1.	Wishes toward people are prominent	+
2.	Wishes conflict with responses from other and of self	+
3.	Especially evident in erotic relationships	+?
4.	Partly out of awareness	+?
5.	Originates in early parental relationships	+
6.	Comes to involve the therapist	+
7.	May be activated by the therapist's perceived characteristics	R
8.	May distort perception	R
9.	Consists of one main pervasive pattern	+?
10.	Subpatterns appear for family members	+?
11.	Distinctive for each person	+?
12.	Remains consistent over time	+
13.	Changes slightly over time	+
14.	Shows short-term fluctuations in activation	R
15.	Accurate interpretation changes expression of pattern	+
16.	Insight into pattern can benefit patient	+0?
17.	Can serve as resistance	R

18.	Symptoms may emerge during its activation	+?
19.	Is expressed in and out of therapy	+
20.	Positive vs. negative patterns are distinguishable	+
21.	Is expressed in multiple modes (dreams and narratives)	+
22.		
23.	Innate disposition plays a part	R

[a] Symbols used:

+	Study with positive results
+?	Preliminary study with positive results
+0?	Study with mixed results
R	Remains to be studied

Occasion #1	Occasion #2

Res	Tailor-made Categories	Standard Categories	REs	Tailor-made Categories	Standard Categories
1.			1.		
2.			2.		
3.			3.		
4.			4.		
5.			5.		
6.			6.		
7.			7.		
8.			8.		
9.			9.		
10.			10.		
		W /10 REs			W /10 REs
		RO /10 REs			RO /10 REs
		RS 10 Res			RS /10 REs

Figure 1: Diagram of the Facets of CCRT analysis

Legend:
1= Amount of repitition for each component frequency (for frequency typed of component).
2= Across occasions

Table 2

Summary: Discoveries from the CCRT method

* Frequency and characteristics of relationship episodes
* Expression of CCRTs across states: dreams and waking narratives
* Survey of types of CCRTs across samples
* Narratives and CCRTs told to a therapist versus told to others
* Consistency over the treatment and over the life span
* Consistency in relationship with therapist and with other types of other people
* Consistency versus difference for types of defenses
* Consistency versus differences for different diagnoses (to be done)
* Freud‘s transference template versus CCRT evidence

Table 3

Summary: Where from here?

* Diagnoses and the CCRT
* Guidance from the CCRT to the conduct of psychotherapy
* Best methods for training in the use of the CCRT

Table 4

Summary: Variations and improvements in the CCRT method

* Improved standard categories
* Improved reliability procedures („current procedures“)
* Sequences versus sum of components
* Self-report versus observer evaluation
* Self-interpretation of the CCRT