

Data Entry Initials: \_\_\_\_\_  
Date: \_\_\_\_\_  
Second Entry: \_\_\_\_\_  
Date: \_\_\_\_\_

Interviewer's ID #: \_\_\_\_\_  
Therapist's ID #: \_\_\_\_\_  
Client ID #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Assessment: \_\_\_\_\_

UNIVERSITY OF WASHINGTON  
BEHAVIORAL RESEARCH & THERAPY CLINIC  
**THERAPIST INTERVIEW-4**  
**PAPER AND PENCIL VERSION**  
**LONG FORM**

**PLEASE RESTRICT YOUR RESPONSES TO THE CLIENT, \_\_\_\_\_,**  
**DURING THE FOLLOWING TIME PERIOD: \_\_ \_\_/\_\_/\_\_ \_\_/\_\_ \_\_TO\_\_ \_\_/\_\_/\_\_ \_\_/\_\_**

**RATE HOW WELL YOUR CLIENT IS DOING NOW:**

1. How would you rate the overall improvement of this client during the time you saw him/her?

- 1 = Very much improved
- 2 = Much improved
- 3 = Minimally improved
- 4 = No change
- 5 = Minimally worse
- 6 = Much worse
- 7 = Very much worse

2. Compared to when this client entered the study, how improved is this client ?

- 1 = Very much improved
- 2 = Much improved
- 3 = Minimally improved
- 4 = No change
- 5 = Minimally worse
- 6 = Much worse
- 7 = Very much worse

3. Compared to how your client is doing now, in the coming year rate how much you expect your client to get...

- 1 = Very much improved
- 2 = Much improved
- 3 = Minimally improved
- 4 = No change
- 5 = Minimally worse
- 6 = Much worse
- 7 = Very much worse

**RATE YOUR CLIENT’S TREATMENT IN THIS PROGRAM:**

4. Treatment has been...

- 1 = Very much helpful
- 2 = Much help
- 3 = Minimally helpful
- 4 = No change
- 5 = Minimally harmful
- 6 = Much harm
- 7 = Very much harmful

5. How helpful were *you* to this client?

- 1 = Very much helpful
- 2 = Much help
- 3 = Minimally helpful
- 4 = No change
- 5 = Minimally harmful
- 6 = Much harm
- 7 = Very much harmful

6. For dealing with the coming year, how helpful do you expect the treatment provided in this program to be?

- 1 = Very much helpful
- 2 = Much help
- 3 = Minimally helpful
- 4 = No change
- 5 = Minimally harmful
- 6 = Much harm
- 7 = Very much harmful

7. How would you rate your own satisfaction level concerning your therapy with this client?

- 1 = Very much satisfied
- 2 = Much satisfied
- 3 = Minimally satisfied
- 4 = Neutral
- 5 = Minimally unsatisfied
- 6 = Much unsatisfied
- 7 = Very much unsatisfied

8. How confident would you be in recommending the treatment your client received to a friend of yours with similar problems?

|                         |   |   |                       |   |   |                   |
|-------------------------|---|---|-----------------------|---|---|-------------------|
| Not at all<br>confident |   |   | Somewhat<br>confident |   |   | Very<br>confident |
| 1                       | 2 | 3 | 4                     | 5 | 6 | 7                 |



15. Do you feel personal limits or boundary issues in general were a significant issue in treatment?

- 0 = No**
- 1 = Yes**

16. What personal limits or boundaries do you find yourself observing or setting with just about every client you see at this time?

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17. What personal limits or boundaries did you need to observe or set with this client that you usually do not have to observe or set with all clients. What limits or boundaries did this client push.

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18. Which of the following have you done with this client?

Please use the 1-5 rating scale below to clarify frequency of application.

**1 = I do/did not do this at all or very rarely.**

**2 = I do/did this occasionally.**

**3 = I do/did this frequently.**

**4 = I do/did this most of the time.**

**5 = I do/did this all of the time or almost all of the time.**

- \_\_\_\_ 18a. make connections between your client's automatic thoughts, faulty beliefs, and emotional problems.
- \_\_\_\_ 18b. confront your client and don't allow the client to avoid anything.
- \_\_\_\_ 18c. set limits and observe firm boundaries.
- \_\_\_\_ 18d. be self-disclosing.
- \_\_\_\_ 18e. be warm and supportive and provide encouragement.
- \_\_\_\_ 18f. actively validate your clients thoughts, feelings, and behavior.
- \_\_\_\_ 18g. very specifically explain what the treatment is at each point and why it will be effective.
- \_\_\_\_ 18h. discuss how to achieve distance from thoughts and feelings.
- \_\_\_\_ 18i. teach your client how to tolerate distress and accept life as it is.
- \_\_\_\_ 18j. allow your client to talk about whatever the client wants to discuss.
- \_\_\_\_ 18k. make sure that you and your client discuss the client's most serious problematic behaviors.
- \_\_\_\_ 18l. make phone calls and enlist the help of others for your client (for example, to obtain medications, find housing, find employment, etc.).
- \_\_\_\_ 18m. give your client extra time and accept phone calls.
- \_\_\_\_ 18n. teach new skills and how to solve problems effectively.
- \_\_\_\_ 18o. provide information, advice and practical suggestions about what your client should do.
- \_\_\_\_ 18p. give homework assignments, such as recording feelings, activities, or events that occur between sessions or to do a certain number of pleasant things.
- \_\_\_\_ 18q. help your client to identify the immediate events prior to the client's problematic behaviors that may be causing them and to identify the consequences of those behaviors.
- \_\_\_\_ 18r. discuss the meaning of your client's behaviors or dreams and fantasies.
- \_\_\_\_ 18s. make connections between your client's problems in relationships and emotional problems.
- \_\_\_\_ 18t. discuss how to reach out for help and to ask effectively for help when needed.
- \_\_\_\_ 18u. discuss your relationship with your client and help your client interact more effectively with you and help your client solve problems going on in therapy.
- \_\_\_\_ 18v. talk about traumatic events in your client's childhood, such as sexual abuse.
- \_\_\_\_ 18w. discuss connections between your client's current problems and childhood experiences, for instance with parents.
- \_\_\_\_ 18x. advocate for your client with government agencies (e.g. DSHS)
- \_\_\_\_ 18y. discuss the use of support groups, 12 step or other
- \_\_\_\_ 18z. explore how spirituality can enhance your client's recovery
- \_\_\_\_ 18aa. discuss personal qualities that get in the way of your client's recovery
- \_\_\_\_ 18bb. work on issues related to helping your client gain/maintain employment or managing money

\_\_\_\_ 18cc. Other, please describe: \_\_\_\_\_  
\_\_\_\_\_

**TERMINATION OF TREATMENT**

19. Did the client drop out of treatment prior to the completion of the research?

- 0 = No (Skip to question #21)
- 1 = Yes (Continue to question #20)

20. What was the reason for treatment ending? Please check all those that apply using the space to the **left** of the number.

- \_\_\_\_ 20a. \_\_\_\_ Your client moved from area.
- \_\_\_\_ 20b. \_\_\_\_ Your client had practical problems (e.g., lack of child care, transportation),
- \_\_\_\_ 20c. \_\_\_\_ Your client had time problems (e.g., difficulty scheduling sessions because of other commitments).
- \_\_\_\_ 20d. \_\_\_\_ Your client had medical reasons (e.g., pregnancy, hospitalization).
- \_\_\_\_ 20e. \_\_\_\_ Your client's problems improved and s/he no longer felt a need for treatment.
- \_\_\_\_ 20f. \_\_\_\_ Your client was not improving as much as s/he wanted to.
- \_\_\_\_ 20g. \_\_\_\_ Your client was dissatisfied with treatment. That is, things about psychotherapy and/or you bothered your client.
- \_\_\_\_ 20h. \_\_\_\_ Your client wanted a different treatment.
- \_\_\_\_ 20i. \_\_\_\_ Your client got pressure or advice from outsiders (friends, spouse, or other people criticized your client for being in treatment or said s/he didn't need it).
- \_\_\_\_ 20j. \_\_\_\_ Your client was afraid that his/her employer or others would find out that s/he was in psychotherapy.
- \_\_\_\_ 20k. \_\_\_\_ You retired
- \_\_\_\_ 20l. \_\_\_\_ You left town/moved.
- \_\_\_\_ 20m. \_\_\_\_ You terminated treatment because your client was doing better and didn't need more treatment.
- \_\_\_\_ 20n. \_\_\_\_ You terminated treatment because managed care/insurance would not authorize more visits.
- \_\_\_\_ 20o. \_\_\_\_ You terminated treatment because you felt unable to help your client further.
- \_\_\_\_ 20p. \_\_\_\_ You terminated treatment because your client broke an agreement or contract.
- \_\_\_\_ 20q. \_\_\_\_ You terminated treatment because you were burned out.
- \_\_\_\_ 20r. \_\_\_\_ There were problems with fees.
- \_\_\_\_ 20s. \_\_\_\_ Other reasons that led to treatment ending that weren't mentioned?

Specify: \_\_\_\_\_  
\_\_\_\_\_

Now, go back over each reason you endorsed with a check and indicate the degree of influence this factor had on the termination of therapy. Please rate each checked answer in the space to the **right** of the number using a 1-10 scale with:

**1-----5-----10**

**Very Slight  
Influence**

**Moderate  
Influence**

**Very Great  
Influence**

**TREATMENT MATCHING**

**21. Specifically, where do you think your client would have been best served? Please choose from following options**

- 20a. Inpatient-Hospital (short term)
- 20b. Inpatient-Institution or Residential (long term)
- 20c. Day Treatment
- 20d. Community Mental Health (with range of services)
- 20e. Agency Treatment Settings (outpatient e.g. Catholic Community Services)
- 20f. Outpatient Group Practice with back-up (private practice)
- 20g. Outpatient (private practice)
- 20h. Standard DBT (Individual and Group COMBINED)
- 20i. DBT skills group
- 20j. Individual DBT therapy
- 20k. Clinical case management
- 20l. Activities Group
- 20m. Individual/Group drug counseling (COMBINED)
- 20n. Individual drug counseling ONLY
- 20o. Group drug counseling ONLY
- 20p. Other, please specify: 20o. \_\_\_\_\_

**22. Was there anything remarkable about the treatment of this client that was not captured? (anything remarkable not captured so far.)**

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**WHEN FORM IS COMPLETED PLEASE PUT IN RETURN POSTAGE PAID ENVELOPE-  
THANKS FOR YOUR TIME AND YOUR CAREFUL CONSIDERATION**