

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 confident			Somewhat confident			Very 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?

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.

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.)

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