

CARD A
TREATMENT PROVIDERS

Outpatient

1. Individual psychotherapy or counseling
2. Group psychotherapy or counseling
3. Couples, marital or family psychotherapy or counseling
4. Case management
5. Day treatment, structured or life skills model (including as part of residential program)
6. Day treatment, unstructured or club house model (including as part of residential program)
7. Formal drug/alcohol program
8. Job skills or vocational counseling rehabilitation
9. 12 step group
10. Spiritual counseling or direction
11. Specific short-term skills training class (e.g., assertiveness, stress management)

THI CARD B
DESCRIPTION OF TREATMENT

Please tell me if your therapist/counselor/group does/did the following things:

- 1 = My therapist did not do this at all.
- 2 = My therapist did this occasionally.
- 3 = My therapist did this frequently.
- 4 = My therapist did this most of the time.
- 5 = My therapist did this all of the time.

- a. makes connections between my automatic thoughts (thoughts that come to you unexpectedly and/or instantly), faulty beliefs, and my emotional problems.
- b. confronts me and won't let me avoid anything.
- c. sets limits and observe firm boundaries.
- d. is self-disclosing about himself/herself.
- e. is warm, supportive, and provide encouragement.
- f. actively validates my thoughts, feelings, and what I do.
- g. is very specific in explaining what the treatment is at each point and why it will be effective.
- h. talks to me about how to get distance from my thoughts and feelings.
- i. teaches me how to tolerate distress and accept life as it is.
- j. lets me talk about whatever I feel like discussing.
- k. makes sure that we talk about my most serious problematic behaviors.
- l. makes phone calls for me and enlist the help of others (for example, to obtain medications, find housing, find employment, etc.).
- m. gives me extra time and take phone calls.
- n. teaches me new skills and how to solve my problems effectively.
- o. gives me information and advice and will make practical suggestions about what I should do.
- p. gives me homework assignments, such as recording feelings, activities, or events that occur between sessions or to do a certain number of pleasant things for myself or family members.
- q. helps me identify the immediate events prior to my problematic behaviors that may be causing them and to identify the consequences of my behaviors.
- r. discusses the meaning of my behaviors or dreams and fantasies with me.
- s. makes connections between my problems in relationships and my emotional problems.
- t. talks to me about how to reach out for help and ask effectively for help when I need it.
- u. discusses and help me interact more effectively with him/her and will help me solve problems going on in therapy.
- v. talks to me about traumatic events in my childhood, such as sexual abuse.
- x. discusses connections between my current problems and childhood experiences, for instance with my parents.

**THI APPENDIX A
TREATMENT PROVIDERS**

Outpatient

- 1=Individual psychotherapy or counseling
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- 5=Day treatment, structured or life skills model (including as part of residential program)
- 6=Day treatment, unstructured or club house model (including as part of residential program)
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- 9=12 step group
- 10=Spiritual counseling or direction
- 11=Specific short-term skills training class (e.g., assertiveness, stress management)

APPENDIX B
MEDICAL PROBLEM CODES

Categories of illness:

01 = IMMUNE DISEASE

Asthma
Allergy
Other (Specify)

02 = COLLAGEN DISEASE
(Specify)

03 = JOINT DISEASES
(Specify)

05 = NEUROLOGIC
Cerebral vascular diseases
Meningitis
Other (Specify)

06 = RESPIRATORY
Emphysema
Bronchitis
Cold
Other (Specify)

07 = CARDIOVASCULAR
(Specify) Does not include hypertension/coronary
artery disease
Heat stroke

08 = RENAL
Kidney disease
Prostate disease
Bladder
Herpes, V.D. (male)
Other (Specify)

09 = DIGESTIVE SYSTEM
Peptic ulcer
Bowel disease
Liver disease
Other (Specify)
Flu

10 = NUTRITIONAL
(Specify)

11 = HEMATOLOGIC
Anemia
Dehydration
Other (Specify)

12 = METABOLIC
(except diabetes)
(Specify)

13 = ENDOCRINE
Thyroid
Adrenal
Pituitary
Other (Specify)

14 = MUSKULO-SKELETAL
Trauma
Hernia
Other (Specify)

15 = HEREDITARY
(Specify)

16 = DERMATOLOGICAL
Skin disease
Other (Specify)

17 = GYNECOLOGICAL

Fibroids
Endometriosis
Herpes, V.D. (female)
Other (Specify)

25 = DIABETES MELLITUS

18 = SENSORY ORGAN

Eye disease
Ear disease
Other sensory losses/disorders (Specify)

26 = PREGNANCY

Induced abortion
Miscarriage

20 = SPECIFIC SYMPTOMS Associated With
Specific Diagnosis
(vague complaints)

27 = HEALTH MAINTENANCE
(flue shots, eye glasses, pap &
pelvic, routine check, blood
work or post-op checks)

21 = BREAST

Cystic breast
Other (Specify)

28 = TRAUMA (breaks/sprains)
(Specify)

22 = CORONARY ARTERY DISEASE

Myocardial Infarc.
Angina

29 = CONSULTATION

23 = HYPERTENSION

30 = MEDICATIONS

24 = MIGRAINE HEADACHES

31 = TOXIC OD

APPENDIX C
REASON FOR MEDICATION

- 1 = High blood pressure
- 2 = Angina/heart pain
- 3 = Other heart problem (arrhythmia)
- 4 = Diabetes
- 5 = Asthma or allergy
- 6 = Arthritis
- 7 = Physical injury or accident
- 8 = Thyroid
- 9 = Cold, flu
- 10 = Headache/pain
- 11 = Migraine headache (physician diagnosed)
- 12 = Check-up (routine)
- 13 = Infection
- 14 = Malignancy
- 15 = Trauma (broken bones, cut, bruise, burn)
- 16 = Sleep problems
- 17 = Seizures
- 18 = Ulcer/ Stomach/GI Tract
- 19 = Medication side effects
- 20 = Dermatology (skin)
- 21 = Gynecological (e.g., cramps, bleeding)/Birth control
- 22 = Anti-inflammatory
- 23 = Diuretic/Water retention
- 24 = Nerve disorder (reflex sympathetic dystrophy)
- 25 = Hormones
- 26 = Nausea
- 27 = Muscle spasms
- 28 = Drug or alcohol addiction
- 29 = Psychotic symptoms
- 30 = Depression
- 31 = Anxiety
- 32 = Appetite control

DIRECTIONS

The Treatment History Interview 2 (THI-2) is used to collect information about psychotherapy, hospitalizations, medical treatment, pharmacotherapy and any other means of psychologically related help that the subject may use. The THI is divided into three sections or parts, and their accompanying appendices.

Data is collected for either a year prior to the date of the initial interview, or for an “interval” history (covering the intervening time between scheduled assessments or some other arbitrary time span determined by the assessor.)

Part 1

Part 1 is used to record treatment with any kind of therapist, group, comprehensive treatment program or other type of provider offering psychotherapy or psychological assistance. Part 1 uses Appendix A which lists the different codes for type of treatment provider.

Questions S1-S5 summarize all treatment providers and programs in Part 1 with which the individual is involved. A THI Part 1 is then completed for each of these providers or programs. The term provider refers to the individual or individuals providing the treatment, such as individual therapy, case management, 12 step group. The term program refers to any treatment which involves more than one provider at any one time (e.g., case manager and a series of groups in a day treatment program) or a series of providers (e.g., substance abuse programs in which you change groups every few weeks). Due to the complexity of coding programs, an abbreviated version of Part 1 was developed to be used in conjunction with the more comprehensive version used for individual providers. These versions are known as the “Short” and “Long” respectively.

If the subject is seeing a single provider who is not part of a more comprehensive program, answer Questions 6 = 0 and simply complete the Long version.

If the subject is involved in a more comprehensive program a Long version will be completed for each component of the program, while a Short version will be completed for any remaining milieu. For example, in DBT a Long version would be completed for individual psychotherapy and for group skills training. In the instance of a club house model of day treatment with case management, a Long version would be completed for the case management and a Short version for the general milieu. A methadone program which involves individual counseling, daily dosing and drop in acupuncture would require two Long versions, one for the counseling and one for acupuncture, and one Short version for the daily dosing component.

Inpatient psychotherapy is included in Part 1 of the THI for the purposes of ascertaining how much and what type of therapy subjects receive on inpatient units. If this degree of detail is not important to your study, you may elect to not include it in this section, since number of days is already assessed in Part 2.

When an individual therapist or other provider is out of town, the subject may see a back-up therapist. A mini-THI should be complete. Questions 1 should be coded the same as the regular therapist. Questions 2, 3, 5, 7, 8, 10-16, 24, 25, 28, 29 and 32 should be asked and a “-8” entered for all other questions.

Part 2

Part 2 is used to record hospital treatment, medical treatment, emergency treatment and any other type of treatment not covered in Part 1 or 3. Treatment is categorized by both treatment provider (e.g., emergency room, detox center, crisis clinic) and by reason for treatment (parasuicidal behavior, substance abuse, medical problem). Part 2 uses Appendix B which lists the medical codes for medical problems.

In general, the categories of treatment provider are self-explanatory. Psychiatric Hospital/Floor - Court Ordered includes orders written by MHP's in Washington state (e.g., for 72 hour holds) as well as orders from judges. Inpatient/Residential Recovery for Drug and Alcohol Treatment includes both drug and alcohol treatment specialty units in large hospitals and residential settings designed for drug and alcohol treatment which function like hospitals (e.g., patients generally do not leave during the day) such as Cedar Hills in Washington state. Detox refers to city, county or state facilities for detox. It also includes detox on an inpatient setting if that was the only treatment received there. If the inpatient detoxification was part of a longer inpatient treatment program, code under Inpatient/Residential Recovery for Drug and Alcohol Treatment. Physician visits includes visits to pharmacotherapists. CDMHP's refers to the Mental Health Professionals in Washington who go out into the community to assess whether or not an individual should be committed to the hospital. Do not include contact with the MHP's if it occurred during a subject's visit to the emergency room. Instead, describe it under emergency room. "Other" is for less commonly used treatment providers such as physical therapists, homeopaths, etc. If you are uncertain whether something should be included at all, code it in the "Other" category because once you have the information, you can always decide how to use it later.

In general, the categories of reasons for treatment are also self-explanatory. The treatment should be coded as far to the left as possible if there are multiple reasons for the treatment. For example, if somebody goes to the emergency room because they have hurt themselves and are still suicidal, code under parasuicide. For some of the treatment provider categories, some reasons for treatment are not applicable, and thus non-applicable spaces are deleted from the form. Detox and drug and alcohol inpatient treatment should be coded only under substance or alcohol abuse (if both, code under substance). Individuals do not go to physicians or nurses for treatment of suicide ideation or alcohol abuse per se, although they might go to these providers for medications for these problems, in which case you would code under psychotropic medications.

Coding rules are fairly simple. For the questions concerning number of visits, admissions, days or calls, enter a number between 0 and infinity. If the questions for a provider type summed across treatment reasons = "0" then enter "-8" for Describe, ROI and Who paid? If the questions sum to greater than 0 then complete the other questions. Under who paid, a number between 0 and 100 should be entered for each payer type, summing to 100.

Part 3

Part 3 details the use of psychotropic and non-psychotropic medications, the codes of which are listed in the Drug Appendix used across instruments. Part 3 also uses Appendix C which lists reasons for taking the medications.

Part 3 is self-explanatory. Complete S1-12 to summarize all use of psychotropic and non-psychotropic medications. Then complete Questions 1-16 for each medication listed in S5 or S11.

APPENDICES

Appendix A (Treatment Providers):

Lists various types of helpers and their codes for use in Part 1.

Appendix B (Medical Problem Codes):

Lists codes for categories of illnesses for use in Part 2, in the Medical Code column.

Appendix C (Reason for Medication):

Consists of codes for reasons for taking a medication, as asked for in Part 4.

THI CODING INSTRUCTIONS

Code each question as indicated in the interview. use the following codes for missing data:

-7 = Subject does not know answer, e.g., "I don't know."

-8 = Not applicable. Example: If a subject attends Alcoholics Anonymous, Question A1c (Address) should be coded "-8" since no Informed Consent will be mailed, nor will any research contact with AA ever occur.

-9 = Data not available due to difficulty (e.g., subject refusal) or assessor error.

Informed Consent for Disclosure of Records and Information

To verify the subject's verbal report of treatment history, she/he is asked to sign an Informed Consent for Disclosure of Records and Information (ROI) for each documented helper in Part 1 (with some exceptions, as explained below). A Consent is also needed for each hospital providing medical or psychiatric treatment, and for each doctor, nurse, and/or clinic which provided medical or psychiatric treatment as indicated in Part 2. And, finally, for each doctor prescribing medications itemized in Part 3. Note that helpers in Part 1 requiring an Informed Consent form are listed by code number at the bottom of page one and on Appendix A. Lay groups are excluded from this requirement since generally such a group would not have a formal record keeping system, e.g., Alcoholics Anonymous.

Little difficulty is encountered with subjects if it is made clear to them that the purpose of the Informed Consent for Disclosure is to verify the verbal information she/he has just provided and nothing more.