# Handouts for Therapist Training

A Table of Contents:

| Week | Therapy | After the session |
|---|---|---|
| 1 | • Consent<br>• #1 STS & OQ 45.2<br>• Risk (if applicable)<br>• Complete Part 1 (e.g., items 1-3) of Therapist Treatment Worksheet (Post-Therapy) | • Complete Part 1 & 2 of Therapist Treatment Worksheet<br>• Risk (if applicable)<br>• Read Principles 1 & 8 and start thinking functional impairment and relationship development in the context of treatment goal planning |
| 2 | • Conduct therapy using principles 1-4 & 8 | • Complete Part 3 of Therapist Treatment Worksheet<br>• Read Principles 2-4 and continue to think about relationship development |
| 3 | • Conduct therapy using principles 1-4 & 8 | • Review Principles 2-4 and continue to think about relationship development |
| 4 | • Conduct therapy using principles 1-4 & 8 | • Watch DVD<br>• TPRS (Independent rating if you can have one more rater)<br>• Emphasize Principles 1-4 |
| 5 | • Conduct therapy adding principle 1-4 & 8 | • Watch DVD<br>• TPRS (Consensual rating) or Read explanation of TPRS/Check rating<br>• Review Principles 1-4<br>• Read Principle 5. |
| 6 | • #2 STS/OQ45 Follow Up Version<br>• Risk (if applicable)<br>• Conduct therapy adding principle 5 | • Complete Part 4 of Therapist Treatment Worksheet<br>• Risk (if applicable)<br>• Read Principles 5-7<br>• Review Completed Worksheet |
| 7 | • Conduct therapy adding principle 5-7 | • Review Part 4 of Therapist Treatment Worksheet<br>• Focus on Principles 5-7 |
| 8 | • Conduct therapy adding principle 5-7 | • Complete Part 5 of Therapist Treatment Worksheet<br>• Review Principles 5-8<br>• Review Completed Worksheet |

| | | |
|---|---|---|
| 9 | • Conduct therapy adding principle 1-8 | • Watch DVD<br>• TPRS (Independent rating if you can have one more rater)<br>• Emphasize Principles 1-8 |
| 10 | • Conduct therapy using principles 1-8 | • Watch DVD<br>• TPRS (Consensual rating) or Read Explanation of TRPS/Check rating<br>• Review Principles 1-8 |
| 11 | • Conduct therapy adding principle 1-8 | • Principles 1-8<br>• Review Completed Worksheet |
| 12 | • #3 STS/OQ45 Follow Up Version<br>• Risk (if applicable)<br>• Conduct therapy adding principle 1-8 | • Complete Part 6 of Therapist Treatment Worksheet<br>• Risk (if applicable)<br>• Follow Principles 1-8<br>• Review Completed Worksheet |
| 13 | • Conduct therapy using principles 1- 8 | • Follow Principles 1-8<br>• Review Completed Worksheet |
| 14 | • Conduct therapy adding principle 1-8 | • Follow Principles 1-8<br>• Review Completed Worksheet |
| 15 | • Conduct therapy adding principle 1-8 | • Follow Principles 1-8<br>• Review Completed Worksheet |
| 16 | • #4 STS/OQ45 Follow Up Version<br>• Risk (if applicable) | • Complete Part 7 of Therapist Treatment Worksheet<br>• Reflect all your work |

1. **Procedure**
    a. Pre-Therapy
        i. Therapist
            1. After receiving the client's participation, the therapist will call in and set up therapy session #1 for 90 minutes.
    b. Therapy Session #1 (Set up 90 Minutes)
        i. Therapist
            1. Check out iPad
                a. Sign out
                b. Verify battery/wifi
            2. Collect OQ45 assessment
            3. Start DVD
            4. Conduct the Therapy Session #1 (45 minutes First)
            5. **Administer STS/Innerlife** **Check the wifi signal.**
            6. Review client risk endorsement
                a. After the client is done with the STS on the iPad the therapist will have to log out of the client portal and into their own innerlife account to see if any risk items have been endorsed
                b. Evaluate "Risk Graph" on iPad
                c. If risk items are not endorsed, skip steps 7
            7. Discuss risk items with client (if applicable)
                a. If necessary, conduct Risk Assessment and Intervention

Print a copy of Risk Graph (if applicable) and attach the copy to Risk Consult write-up prior to the client file.

    c. Post-Therapy Session #1
        i. Therapist
            1. Completes Part 1 of the Therapy Worksheet and assesses risk level.
            2. Therapist reviews the graphs and the risk assessment in the chart and complete Part 1 & 2 of the Therapist Treatment Worksheet and read Principles #1 and #8.
            3. Therapist begins process of risk factor/functional impairment/ relationship factors into treatment goal planning.
            4. Therapist reviews the Therapist Treatment Worksheet and views a portion of the DVD session.
            5. Therapist rates his/her compliance with Principle 1. The treatment plan should be modified accordingly.
            6. Therapist reviews Part 3 (i.e., Principles 2-4) of the Therapist Treatment Worksheet and his/her compliance.
    d. Post-Therapy Session #2

**i.** Therapist

**1.** Therapist reviews the Therapist Treatment Worksheet and views a portion of the DVD session.

**2.** Therapist rates his/her compliance with Principle 1. The treatment plan should be modified accordingly.

**3.** Therapist reviews Part 3 (i.e., Principles 2-4) of the Therapist Treatment Worksheet and rates the trainee's compliance.

**e.** Post-Therapy Session #3

**i.** Therapist

**1.** Therapist rates his/her compliance with Principle 2-4. The treatment plan should be modified accordingly.

**2.** Therapist continues to focus on relationship development.

**f.** Post-Therapy Session #4

**i.** Therapist

**1.** Therapist continues to review Principles 1-4 and focuses on relationship development.

**2.** Therapist watches 10 minutes of the previous therapy session DVD recording.

**3.** Therapist and (if possible the other rater) rate his/her behavior by completing separate TPRS assessments.

**a.** The assessments should be completed separately and should be based only on the observed behaviors from the 10-minute DVD.

**4.** If no other rater, therapist rates TPRS.

**g.** Post-Therapy Session #5

i. Therapist

**1.** Therapist and (if possible the other rater) compare their ratings on the TPRS from the previous session and will then come to a **consensual agreement about each item.**

**2.** **If no, therapist reads explanation of TPRS and will then come to an agreement about each item.**

**3.** Therapist works on Principles 1-4 while incorporating Principle 5.

**h.** Therapy Session #6

**i.** Therapist

**1.** Check out iPad

**a.** Sign out

**b.** Verify battery/wifi

**2.** Collect OQ45 assessment

**3.** Start DVD

**4.** Administer STS/Innerlife Follow Up Version **Check the wifi signal.**

5. Review client risk endorsement
    a. After the client is done with the STS on the iPad therapist will have to log out of the client portal and into their own log-in to see if any risk items have been endorsed
    b. Evaluate "Risk Graph" on iPad
    c. Evaluate risk items on OQ45
    d. If risk items are not endorsed, skip to step #6
6. Discuss risk items with client (if applicable)
    a. If necessary, conduct risk assessment and intervention
7. Conduct Therapy adding Principle #5
8. Complete therapy session with client
9. Print a copy of Risk Graph (if applicable) and put the copy and Risk write- up into the client file.

i. Post-Therapy Session #6
    i. Therapist
        1. Therapist reviews Part 4 (e.g., principles 5-7) of the Therapist Treatment Worksheet and rates his/her compliance with Principles 2-7.
            a. Concerns or questions which cannot be resolved in supervision should be directed (in narrative format) to Dr. Beutler via email lbeutler@paloaltou.edu

j. Post-Therapy Session #7
    i. Therapist
        1. Therapist reviews the Therapist Treatment Worksheet and views a portion of the DVD session if needed.
        2. Therapist reviews Part 4 (i.e., Principles 5-7) of the Therapist Treatment Worksheet and rates his/her compliance.

k. Post-Therapy Session #8
    i. Therapist
        1. Therapist reviews the Therapist Treatment Worksheet and views a portion of the DVD session if needed.
        2. Therapist reviews Part 5 (i.e., Principles 5-8) of the Therapist Treatment Worksheet and rates his/her compliance.

l. Post-Therapy Session #9
    i. Therapist
        1. Therapist watches 10 minutes of the previous therapy session DVD recording.
        2. Therapist and (if possible the other rater) rate his/her behavior by completing separate TPRS assessments.

**a.** The assessments should be completed separately and should be based only on the observed behaviors from the 10-minute DVD.

**3.** If no other rater, therapist rates TPRS.

**ii.** Emphasize Principles 1-8.

**m.** Post-Therapy Session #10

**ii.** Therapist

1. Therapist rates his/her ongoing treatment plan for compliance with Principle 8 and integration with other principles in planning continuation of treatment (this process may be delayed to the next session if necessary).
2. Therapist and (if possible the other rater) compare their ratings on the TPRS from the previous session and will then come to a **consensual agreement about each item.**
3. **If no, therapist reads explanation of TPRS and will then come to an agreement about each item.**

**n.** Post-Therapy Session #11

**i.** Therapist

**1.** Therapist reviews the Therapist Treatment Worksheet and views a portion of the DVD session if needed.

**2.** Therapist reviews the completed Therapist Treatment Worksheet and check his/her compliance.

**3.** Continue to integrate Principle 1-8.

**o.** Individual Session #12

**i.** Therapist

**1.** Check out iPad

**a.** Sign out

**b.** Verify battery/wifi

**2.** Collect OQ45 assessment

**3.** Start DVD

**4.** Administer STS/Innerlife Follow Up Version **Check the wifi signal.**

**5.** Review client risk endorsement

**a.** After the client is done with the STS on the iPad therapist will have to log out of the client portal and into their own log-in to see if any risk items have been endorsed

**b.** Evaluate "Risk Graph" on iPad

**c.** Evaluate risk items on OQ45

**d.** If risk items are not endorsed, skip to step #6

**6.** Discuss risk items with client (if applicable)

**a.** If necessary, conduct risk assessment and intervention

7. Conduct Therapy adding Principle #1-8
8. Complete therapy session with client
9. Print a copy of Risk Graph (if applicable) and put the copy and Risk write- up into the client file.

**p.** Post-Therapy Session #12

1. Therapist reviews Part 6 of the Therapist Treatment Worksheet and rates the final treatment plan for his/her compliance with Principles 1-8.
2. Therapist reviews all eight principles and develops a long-term plan.

**q.** Post-Therapy Session #13, 14 & 15

**i.** Therapist

1. Therapist reviews the Therapist Treatment Worksheet and views a portion of the DVD session if needed.
2. Therapist check his/her compliance with Principle 1-8. The treatment plan should be modified accordingly.

**r.** Therapy Session #16

**i.** Therapist

1. Check out IPad
    **a.** Sign out
    **b.** Verify battery/wifi
2. Collect OQ45 assessment
3. Start DVD
4. Administer STS/Innerlife Follow Up Version **Check the wifi signal.**
5. Review client risk endorsement
    **a.** After the client is done with the STS on the iPad therapist will have to log out of the client portal and into therapist own log-in to see if any risk items have been endorsed
    **b.** Evaluate "Risk Graph" on iPad
    **c.** Evaluate risk items on OQ45
    **d.** If risk items are not endorsed, skip to step #6
6. Discuss risk items with client (if applicable)
    **a.** If necessary, conduct risk assessment and intervention
7. Complete therapy session with client
8. Collect/label DVD
9. Print a copy of Risk Graph (if applicable) and attach the copy to Risk Consult write-up into the client file.

**s.** Post-Individual Supervision #16

**i.** Therapist

1. Therapist reviews Part 7 of the Therapist Treatment Worksheet and check the final treatment plan with Principles 1-8.

**STS 8 Evidence-Based Principles**

*Impairment Level Principle.*

1. For all patients with moderate to severe impairment, the therapist should identify social service or medical care needs and arrange for attention to these needs. Those with low social support systems, in particular, need assistance from the therapist to develop social support and support services. This may mean the use of adjunctive group or multi-person interventions.

*Relationship Principles.* Three principles draw the supervisors' and students' attention to the importance of the therapeutic relationship in effecting change.

2. Therapy is likely to be beneficial if a strong working alliance is established and maintained during the course of treatment.

3. The qualities of a good working alliance are likely to be facilitated if the therapist relates to clients in an empathic way, adopts an attitude of caring, warmth, and acceptance, and an attitude of congruence or authenticity.

4. Therapists are likely to resolve alliance ruptures when addressing such ruptures in an empathic and flexible way.

*Resistance Principles*. One principle describes the central role of varying one's approach when client resistance is encountered.

5. In dealing with the resistant client, the therapist's use of directive therapeutic interventions should be planned to inversely correspond with the patient's manifest level of resistant traits and states. Non-confrontational strategies are most helpful in working with such clients.

*Coping Style Principles.* Ways that clients cope with change affect the goals that optimally guide psychotherapy. Two principles define this relationship.

6. Clients whose personalities are characterized by relatively high "externalizing" styles (e.g., impulsivity, social gregariousness, emotional liability, and external blame for problems), benefit more from direct behavioral change and symptom reduction efforts, including building new skills and managing impulses, than they do from procedures that are designed to facilitate insight and self-awareness.

7. Clients whose personalities are characterized by relatively high "internalizing" styles (e.g., low levels of impulsivity, indecisiveness, self-inspection, and overcontrol) tend to benefit more from procedures that foster self-inspection, self-understanding, insight, interpersonal attachments, and self-esteem than they do from procedures that aim at directly altering symptoms and building new social skills.

*Readiness Principle.* Client readiness and receptivity are important qualities, but patients differ widely in these qualities. Stages of readiness that predict treatment effects have been identified.

8. Clients who are in more advanced stages of readiness for change (e.g., preparation, action, maintenance) are more likely to improve in psychotherapy than those at lower stages of readiness (pre-contemplation, contemplation).

Therapist Treatment Worksheet

**Part 1**

Instructions: Part 1 should be completed after **individual therapy session#1.** The therapist should refer to the STS graphs (primary, secondary, and planning dimensions) to complete the following. These graphs are located in the Innerlife/Clinician Portal.

1. List Primary Symptoms and Risk Scales which are 60 or more.

2. List Secondary Symptoms which are 65 or more.

3.

| List STS Planning Dimensions | Score | Description (Circle one) | | |
|---|---|---|---|---|
| Severity | _____ | High (>60) | Low (<60) | |
| Chronicity | _____ | High (>60) | Low (<60) | |
| Social Isolation | _____ | High (>60) | Low (<60) | |
| Resistance | _____ | High (>65) | Mod (60-64) | Low (<60) |
| Externalizing Coping Styles | _____ | | | |
| Internalizing Coping Styles | _____ | | | |
| Coping Style | _____ | Ext (>1) | Int (<1) | |
| Readiness for Change (See the report) | Precontemplation | Contemplation | Preparation/Action | |

Therapist Treatment Worksheet

## Part 2

Instructions: Part 2 should be completed during individual supervision **following therapy session #1**. The therapist rates his/her compliance to principle 1 by reference to the descriptors provided below.

Functional Impairment

- **Principle 1 -**For all patients with moderate to severe impairment, the therapist should identify social service or medical care needs and arrange for attention to these needs. Those with low social support systems, in particular, need assistance from the therapist to develop social support and support services. This may mean the use of adjunctive group or multi-person interventions.

Compliance with this principle requires that if your patient has moderate to severe functional impairment, you set up additional arrangements such as risk consult, psychiatric referral, medical referral, mental status examination, sleeping referral or culturally adaptive social services. This principle includes if patients have low social support systems, you may provide the use of adjunct group, couples, or family therapy.

A. How well did you set multi-person interventions (in addition to your individual session) that address the patients' functional impairments and lack of social support systems?

_____

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Very Little | | A Bit | | Quite A Bit | | A Lot |

B. How effectively did you insert procedures to evaluate and instigate corrective changes (if needed) to address self-damaging and dangerous symptoms such as suicidality, substance abuse, and aggression?

_____

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Did Not Address | | Quite Poorly | | Quite Well | | Very Well |

# Therapist Treatment Worksheet

## Part 3

Relationship

- **Principle 2 -** Therapy is likely to be beneficial if a strong working alliance is established and maintained during the course of treatment.
- **Principle 3 -** The qualities of a good working alliance are likely to be facilitated if the therapist relates to clients in an empathic way, adopts an attitude of caring, warmth, and acceptance, and an attitude of congruence or authenticity.

Compliance with these principles requires that you respond in a warm, accepting, and caring manner. You exhibit no defensiveness, be able to listen, and provide an atmosphere that is accepting and encouraging of expression.

A. How well did you convey these attitudes during this session?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Very Poorly | | Quite Poorly | | Quite Well | | Very Well |

B. How effectively did you spend time specifically discussing the client's feelings about what is happening in therapy or his/her feelings about the therapist, or his/her expectations of what therapy should be like? What is happening in therapy?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Very Poorly | | Quite Poorly | | Quite Well | | Very Well |

- **Principle 4** - Therapists are likely to resolve alliance ruptures when addressing such ruptures in an empathic and flexible way.

After developing therapeutic alliance, a primary emphasis on relationship development should be initiated whenever the patient either resists a therapeutic intervention or following any therapist initiated intervention that might cause a tear or might interrupt the flow of the relationship. At these times, you do three things: (1) acknowledge the legitimacy of the patient's feelings; (2) reflect feelings of discomfort, anger, or discontent; and (3) discuss the current patient-therapy relationship. Based on these considerations:

C. How well did you address disruptions to the therapeutic relationship?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Very Poorly | | Quite Poorly | | Quite Well | | Very Well |

D. How effectively did you explore the patient's feelings about the therapist or discuss differences in the way the therapist and client viewed the relationship?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Very Poorly | | Quite Poorly | | Quite Well | | Very Well |

# Therapist Treatment Worksheet

**PART 4**

Resistance

- **Principle 5**- In dealing with the resistant patient, the therapist's use of directive therapeutic interventions should be planned to inversely correspond with the patient's manifest level of resistant traits and states. Non-confrontational strategies are most helpful in working with such patients.

A. How well did you avoid encountering patient resistance?

_____

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Very | | Quite | | Quite | | Very |
| Poorly | | Poorly | | Well | | Well |

Compliance also requires that you remain calm, supportive, and objective, even if the patient becomes angry and defiant. Ideally, the patient will evidence no more than very mild levels of resistance and non-compliance with treatment demands, but if resistance does emerge, you should not respond with anger, should not imply blame to the patient, and should avoid putting the patient on the defensive in any way. You should be able to tolerate anger and being seen as wrong or ineffectual.

B. How well did you manage to stay calm and open in the face of any patient resistance?

_____

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Very | | Quite | | Quite | | Very |
| Poorly | | Poorly | | Well | | Well |

C. How successful were you in overcoming patient resistance if and when it occurred in order to restore or maintain productive intervention?

_____

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Very | | Quite | | Quite | | Very |
| Poorly | | Poorly | | Well | | Successfully |

Compliance with this principle is defined by whether the therapist uses the procedures that best fit the level of defiance and resistance manifested by the patient. If the patient is oppositional and has very high levels of trait resistance, you should demonstrate some effort to use paradoxical strategies such as prescribing the symptom, cautioning against change, or reframing the resistance as its opposite--cooperation. If the patient is not directly oppositional, though resistant, you should respond with acceptance and with interventions that encourage the patient to feel more in control of what happens. You should avoid direct guidance and making assignments. These things should be negotiated with the objective of getting the patient to set their own assignments and to find their own solutions. The patient's autonomy and power of self-direction should be reinforced and you should avoid direct demands or generally, even direct suggestions. In contrast, for the low resistant patient, you can provide guidance, set the agenda, and make homework assignments. Based on the foregoing, respond to one of the following items:

D. (If the patient is moderate or high resistant) How well was you able to accept the patient's need to lead, approaching and backing away, assuming a passive role, providing non-directive facilitation, or using paradoxical interventions to avoid resistance?

E. (If the patient is low resistant) How well was you able to assume leadership and an instructional role, guiding and directing the session, employing active techniques, and keeping the focus of the session on relevant topics?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Very Poorly | | Quite Poorly | | Quite Well | | Very Well |

Coping Style

- **Principle 6** - Patients whose personalities are characterized by "externalizing" styles (e.g., impulsivity, social gregariousness, emotional liability, and external blame for Problems), benefit more from direct behavioral change and symptom reduction efforts, including building new skills and managing impulses, than they do from procedures that are designed to facilitate insight and self-awareness. Therapists should focus on direct change, enhancing external cues to gain emotional control, and developing problem solving and self-control skills. Therapeutic Change is likely if therapists help such clients accept, tolerate, and at times fully experience their emotions.
- **Principle 7** - Patients whose personalities are characterized by "Internalizing" styles (e.g., low levels of impulsivity, indecisiveness, self-inspection, and over control) tend to benefit more from procedures that foster self-inspection, self-understanding, insight, interpersonal attachments, and self-esteem than they do from procedures that aim at directly altering symptoms and building new social skills. The therapist treating such patients should especially focus on cognitive change, emotional expression, and physiological response as a way of modifying behavioral and emotional change.

Internalizing patients should be confronted with internal experiences and feelings that are being avoided; externalizing patients should be confronted with external events and avoided behavior. Your main efforts are to encourage the internalizing patient to FEEL and BE AWARE of their own anxiety, and to encourage the externalizing patient to DO things differently. The internalizing patient is also encouraged to discover the origin and conditions surrounding the feelings and symptoms. Insight and awareness should be emphasized for this patient. In contrast, treatment of the externalizing patient emphasizes specific symptoms and things to do and change. The preponderance of your work should be appropriate to these differential goals–Feeling versus Doing.

Good compliance when working with the internalizing patient, includes some focus on the historical significance of the problem and on the thematic re-enactment of critical relationship patterns. For the externalizing patient, good compliance means focusing on the here and now, on current problems and symptoms, and on targeted skills that need to be developed. Based on these considerations, respond to one of the following items, depending on the patient's coping style.

A. (If the patient is an **externalizer**) How well did you keep the focus on current behavior, building current skills, and "doing" things differently as opposed to trying to develop insight into the historical roots of one's behavior, discussing the past, and identifying recurrent themes and feelings?

B. (If the patient is an **internalizer**) How well did you keep the focus on the historical roots of the problem, on

recurrent themes in the person's life, or on creating insight and awareness of the meaning of current experiences and "feelings", as opposed to finding resolutions to current problems, altering current symptoms, or discovering the historical roots to the patient's skills, and deficits?

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| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Very Poorly | | Quite Poorly | | Quite Well | | Very Well |

# Therapist Treatment Worksheet

**PART 5**

Readiness for Change

- **Principle 8-** Patients who are in more advanced stages of readiness for change (e.g., preparation, action, maintenance) are more likely to improve in psychotherapy than those at lower stages of readiness (pre-contemplation, contemplation).

A. At lower stage of readiness, the patient usually has no intention of changing their behavior, and typically denies having a problem or patients want to stop feeling so stuck and start understanding his/her problems but he/she do not know how to change. How much did you understand his/her readiness, reflect his/her situations and feelings rather than use problem-solving approaches to change his/her behaviors so quickly?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Did Not Address | | Quite Poorly | | Quite Well | | Very Well |

B. At middle stage of readiness, the patient is committed to action, and may appear ready, he/she has not necessarily resolved his/her ambivalence. How well did you develop a firm, detailed scheme for action to carry his/her client thought?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Did Not Address | | Quite Poorly | | Quite Well | | Very Well |

## Therapist Treatment Worksheet

## Part 6

Instructions: Part 6 should be completed after **therapy session # 12.** The therapist should refer to the STS Treatment Follow up (primary, & secondary symptoms) to complete the following. These graphs are located in the Innerlife/Clinician Portal.

1. List Primary & Secondary Symptoms and Risk Scales which are 60 or more (Treatment Follow up).

2. List STS Planning Dimensions (From Graphs)

| | | Score | Description (Circle one) | |
|---|---|---|---|---|
| Severity | _____ | High (>60) | Low (<60) | |
| Chronicity | _____ | High (>60) | Low (<60) | |
| Social Isolation | _____ | High (>60) | Low (<60) | |
| Resistance | _____ | High (>65) | Mod (60-64) | Low (<60) |
| Externalizing Coping Styles | _____ | | | |
| Internalizing Coping Styles | _____ | | | |
| Coping Style | _____ | Ext (>1) | Int (<1) | |
| Readiness for Change (See the report) | | Precontemplation | Contemplation | Preparation/Action |

3. **Rate Your Principles' Compliance**

***Rating Scale***: *1=Poor 2=Fair 3=Good 4=Very Good 5=Excellent*

| | | | | | |
|---|---|---|---|---|---|
| Principle 1- Functional Impairment…… | **1** | **2** | **3** | **4** | **5** |
| Principle 2- (Relationship) Working Alliance | **1** | **2** | **3** | **4** | **5** |
| Principle 3- (Relationship) Person Centered | **1** | **2** | **3** | **4** | **5** |
| Principle 4- (Relationship) Repairing a Rupture | **1** | **2** | **3** | **4** | **5** |
| Principle 5- Levels of Resistance | **1** | **2** | **3** | **4** | **5** |
| Principle 6- Levels of Externalizing Coping Style | **1** | **2** | **3** | **4** | **5** |
| Principle 7- Levels of Internalizing Coping Style | **1** | **2** | **3** | **4** | **5** |
| Principle 8- Readiness for Change | **1** | **2** | **3** | **4** | **5** |

## Therapist Treatment Worksheet

## Part 7

Instructions: Part 7 should be completed after **individual session # 16.** The therapist should refer to the STS Treatment Follow up (primary, & secondary symptoms) to complete the following. These graphs are located in the Innerlife/Clinician Portal.

1. List Primary & Secondary Symptoms and Risk Scales which are 60 or more (Treatment Follow up).

2. List STS Planning Dimensions (From Graphs) Score Description (Circle one)

| | | | |
|---|---|---|---|
| Severity | _____ | High (>60) | Low (<60) |
| Chronicity | _____ | High (>60) | Low (<60) |
| Social Isolation | _____ | High (>60) | Low (<60) |
| Resistance | _____ | High (>65) | Mod (60-64) Low (<60) |
| Externalizing Coping Styles | _____ | | |
| Internalizing Coping Styles | _____ | | |
| Coping Style | _____ | Ext (>1) | Int (<1) |
| Readiness for Change (See the report) | Precontemplation | Contemplation | Preparation/Action |

3. **Rate Your Principles' Compliance**

***Rating Scale***: *1=Poor 2=Fair 3=Good 4=Very Good 5=Excellent*

| | | | | | |
|---|---|---|---|---|---|
| Principle 1- Functional Impairment…… | **1** | **2** | **3** | **4** | **5** |
| Principle 2- (Relationship) Working Alliance | **1** | **2** | **3** | **4** | **5** |
| Principle 3- (Relationship) Person Centered | **1** | **2** | **3** | **4** | **5** |
| Principle 4- (Relationship) Repairing a Rupture | **1** | **2** | **3** | **4** | **5** |
| Principle 5- Levels of Resistance | **1** | **2** | **3** | **4** | **5** |
| Principle 6- Levels of Externalizing Coping Style | **1** | **2** | **3** | **4** | **5** |
| Principle 7- Levels of Internalizing Coping Style | **1** | **2** | **3** | **4** | **5** |
| Principle 8- Readiness for Change | **1** | **2** | **3** | **4** | **5** |

STS Therapy Activity Scale (Revised-TPRS) (March, 2011) for Therapist

Please watch your DVD (more than 10 minutes) with your supervisor, rate this form independently first and develop a consensual one with your supervisor at 3rd or 4th supervision session.

At the 3rd Session, we focus on relationship principles (No.1-9) but please rate at end of this form.

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|---|---|---|---|---|---|
| 1. What percentage of time did you provide information to or teach your client something? | ☐ Up to 20% of the time | ☐ Up to 40% of the time | ☐ Up to 50% of the time | ☐ Up to 60% of the time | ☐ Up to 100% of the time |
| 2. What percentage of time did you spend following your client's topics that were introduced by your client? | ☐ Up to 20% of the time | ☐ Up to 40% of the time | ☐ Up to 50% of the time | ☐ Up to 60% of the time | ☐ Up to 100% of the time |
| 3. How much did you introduce the topic or initiate a change of topics? | ☐ Up to 20% of the time | ☐ Up to 40% of the time | ☐ Up to 50% of the time | ☐ Up to 60% of the time | ☐ Up to 100% of the time |
| 4. How much did your client introduce the topics or initiate a change of topics? | ☐ Up to 20% of the time | ☐ Up to 40% of the time | ☐ Up to 50% of the time | ☐ Up to 60% of the time | ☐ Up to 100% of the time |
| 5. You make meaningful interventions during the session. | ☐ Strongly Disagree | ☐ Disagree | ☐ Marginally Agree | ☐ Agree | ☐ Strongly Agree |
| 6. You appropriately time techniques and interventions during the session. | ☐ Strongly Disagree | ☐ Disagree | ☐ Marginally Agree | ☐ Agree | ☐ Strongly Agree |
| 7. You smoothly and effectively employ techniques and interventions. | ☐ Strongly Disagree | ☐ Disagree | ☐ Marginally Agree | ☐ Agree | ☐ Strongly Agree |
| 8. You present yourself in a professional and competent manner. | ☐ Strongly Disagree | ☐ Disagree | ☐ Marginally Agree | ☐ Agree | ☐ Strongly Agree |
| 9. You present yourself as being knowledgeable. | ☐ Strongly Disagree | ☐ Disagree | ☐ Marginally Agree | ☐ Agree | ☐ Strongly Agree |

At the 6th Session, we **gradually** incorporate these interventions with relationship principles.

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| 10. *To what extent did you attempt to raise your client's level of emotional arousal, or deepen your client's level of feeling, or produce an awareness of hidden feeling states? | ☐ Not at all (0 attempt) | ☐ A little (1-2 attempts) | ☐ Some (Several attempts) | ☐ Quite a bit (Several for several minutes) | ☐ A lot (Multiple for majority time) |
| 11. Evaluate the extent to which your client's emotional state escalated during the session. | ☐ Not at all (0 attempt) | ☐ A little (1-2 attempts) | ☐ Some (Several attempts) | ☐ Quite a bit (Several for several minutes) | ☐ A lot (Multiple for majority time) |
| 12. *To what extent was your client encouraged by you to bring up, move closer to, or discuss painful and emotionally charged material? | ☐ Not at all (0 attempt) | ☐ A little (1-2 attempts) | ☐ Some (Several attempts) | ☐ Quite a bit (Several for several minutes) | ☐ A lot (Multiple for majority time) |

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| 13. You focus on your client's current, identifiable, problematic behavior. | ☐ Not at all (0 attempt) | ☐ A little (1-2 attempts) | ☐ Some (Several attempts) | ☐ Quite a bit (Several for several minutes) | ☐ A lot (Multiple for majority time) |
| 14. You seek to identify the situational consequences, rewards or payoffs for problematic and/or non-problematic behaviors? | ☐ Not at all (0 attempt) | ☐ A little (1-2 attempts) | ☐ Some (Several attempts) | ☐ Quite a bit (Several for several minutes) | ☐ A lot (Multiple for majority time) |
| 15. You seek to identify relationship between your client's patterns of thoughts and actions as applied to current symptoms. | ☐ Not at all (0 attempt) | ☐ A little (1-2 attempts) | ☐ Some (Several attempts) | ☐ Quite a bit (Several for several minutes) | ☐ A lot (Multiple for majority time) |
| 16. You employ techniques to directly change some symptoms, such as using relaxation to reduce anxiety, direct behavioral suggestions and homework, behavioral contracting to reduce conflict, systematic desensitization to reduce phobic avoidance, assertion training to increase communication, role playing to increase pro-social behavior, self-control methods to reduce or increase targeted behaviors, and the like. | ☐ Not at all (0 attempt) | ☐ A little (1-2 attempts) | ☐ Some (Several attempts) | ☐ Quite a bit (Several for several minutes) | ☐ A lot (Multiple for majority time) |
| 17. You evaluate your client's progress in terms of current behavioral change. | ☐ Not at all (0 attempt) | ☐ A little (1-2 attempts) | ☐ Some (Several attempts) | ☐ Quite a bit (Several for several minutes) | ☐ A lot (Multiple for majority time) |
| 18. You seek to identify a history of recurring conflicts in interpersonal relationships as a way of helping your client understand your client's current problems. | ☐ Not at all (0 attempt) | ☐ A little (1-2 attempts) | ☐ Some (Several attempts) | ☐ Quite a bit (Several for several minutes) | ☐ A lot (Multiple for majority time) |
| 19. You employ techniques to increase your client's historical understanding of themselves. | ☐ Not at all (0 attempt) | ☐ A little (1-2 attempts) | ☐ Some (Several attempts) | ☐ Quite a bit (Several for several minutes) | ☐ A lot (Multiple for majority time) |
| 20. You seek to enhance your client's understanding or awareness of emotional experience, including historical development. | ☐ Not at all (0 attempt) | ☐ A little (1-2 attempts) | ☐ Some (Several attempts) | ☐ Quite a bit (Several for several minutes) | ☐ A lot (Multiple for majority time) |
| 21. You pursue discussion of early memories and/or events in your client's life as a way of inducing improvement in current life and symptoms. | ☐ Not at all (0 attempt) | ☐ A little (1-2 attempts) | ☐ Some (Several attempts) | ☐ Quite a bit (Several for several minutes) | ☐ A lot (Multiple for majority time) |
| 22. You try to uncover early experiences and unconscious wishes as a way of producing insight. | ☐ Not at all (0 attempt) | ☐ A little (1-2 attempts) | ☐ Some (Several attempts) | ☐ Quite a bit (Several for several minutes) | ☐ A lot (Multiple for majority time) |

STS Therapy Activity Scale (Revised-TPRS; 2011) for Therapists (self-training)

## I. Directiveness

Directiveness refers to the degree to which the therapist, rather than the patient, takes the initiative in the session. Level of directiveness is indicated by the degree to which the therapist controls the topics and activities of therapy. Directiveness includes the introduction of new topics, limiting the range of responses encouraged, changing topics, and the provision of direct instruction or information. Make the following rating based on the degree to which the therapist exerted this level of control on the session or on the client's activities. Do not rate the degree to which you think the directiveness is appropriate–simply the frequency with which therapist directs and initiates.

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| 18. What percentage of time did you provide information to or teach your client something? | ☐ Up to 20% of the time | ☐ Up to 40% of the time | ☐ Up to 50% of the time | ☐ Up to 60% of the time | ☐ Up to 100% of the time |
| 19. What percentage of time did you spend following your client's topics that were introduced by your client? | ☐ Up to 20% of the time | ☐ Up to 40% of the time | ☐ Up to 50% of the time | ☐ Up to 60% of the time | ☐ Up to 100% of the time |
| 20. How much did you introduce the topic or initiate a change of topics? | ☐ Up to 20% of the time | ☐ Up to 40% of the time | ☐ Up to 50% of the time | ☐ Up to 60% of the time | ☐ Up to 100% of the time |
| 21. How much did your client introduce the topics or initiate a change of topics? | ☐ Up to 20% of the time | ☐ Up to 40% of the time | ☐ Up to 50% of the time | ☐ Up to 60% of the time | ☐ Up to 100% of the time |

*Question 3:* Example might include statements such as "Last time we met you mentioned ...", and "Let's get back to focusing on your relationship with X at this time". Other examples are seen when topics change and therapist either refocus the client on the original topic or introduces a change of topic him/herself.
*Question 4:* This is a measure of the degree to which the client "sets the agenda" for the therapy. The client talks about what he/she wants to talk about, as opposed to what the therapist necessarily want them to discuss. The sum of the scores for items 3 and 4 should equal 100%.

## II. Therapist Skill

Therapist skill is judged by how smoothly the therapist intervenes, how accurately the therapist intervenes, and how meaningful the interventions are. "Smoothness" is reflected in the way things are said and the way interventions are chained together. Smooth interventions or smooth topical sequences seem to flow from one to another without disruptions or abrupt changes. "Accuracy" is defined as the level that it is both acceptable to the client and the degree of consistency from one intervention to another. An accurate intervention is one that can be acknowledged as helpful by the client and one that has content that is repeated in other interventions without inconsistency. "Meaningfulness" is reflected in how helpful they are or how helpful they appear to be in strengthening the treatment relationship, motivating change, instigating change, or reinforcing changes. To be meaningful, an intervention must be seen as helpful by the patient.

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| 22. You make meaningful interventions during the session. | ☐ Strongly Disagree | ☐ Disagree | ☐ Marginally Agree | ☐ Agree | ☐ Strongly Agree |
| 23. You appropriately time techniques and interventions during the session. | ☐ Strongly Disagree | ☐ Disagree | ☐ Marginally Agree | ☐ Agree | ☐ Strongly Agree |
| 24. You smoothly and effectively employ techniques and interventions. | ☐ Strongly Disagree | ☐ Disagree | ☐ Marginally Agree | ☐ Agree | ☐ Strongly Agree |

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| 25. You present yourself in a professional and competent manner. | ☐ Strongly Disagree | ☐ Disagree | ☐ Marginally Agree | ☐ Agree | ☐ Strongly Agree |
| 26. You present yourself as being knowledgeable. | ☐ Strongly Disagree | ☐ Disagree | ☐ Marginally Agree | ☐ Agree | ☐ Strongly Agree |

*Question 6:* Good timing is judged by its impact on the client. A well-timed intervention meets little resistance and creates some movement–a positive change of some kind.
*Question 8:* The competent therapist exerts a sense of confidence and calmness, remains unruffled, and conveys the feeling that no problem is insurmountable. It may be reflected in dress, posture, how questions and other interventions are offered, by an attitude of respect, and by appropriately fitting client and therapist demeanor.
*Question 9:* The skillful therapist presents him/herself as a credible authority. This is done more by attitude and non-verbal style than by words. The skillful therapist is one who presents with quiet confidence and who is not flustered or caught up by client distress.

**III. Emotional Arousal**

All varieties of psychotherapy are devoted to managing the level of patient arousal or distress in order to keep these experiences within an optimal range conducive to therapeutic work. While this may involve the content of thought or imagination, the focus here is largely on what the therapist intends to happen. Some items ask about what actually happens with the patient's level of arousal, distress, and feeling, but most require an inference of therapist plan or intent either to raise or lower the patient level of arousal. Some of the following items are identified with an asterisk (*) to indicate the ones that require an inference of therapist intention. Unmarked items should be rated for the degree to which you can observe a given change or emotional level.

Controlling emotional arousal usually requires raising the client's distress level or directing it to a productive topic of focus when the client is unmotivated and unfocused, but it also may mean the provision of support, comfort, and relief when emotional distress is so high that it impairs client functioning. Sometimes it means increasing one's awareness of their emotions and sensations and other times it simply means raising or lowering these states, whether or not understanding and awareness is present. An optimal arousal level is one that facilitates motivation, allows focus on important tasks and topics, and moves the client to search for a way of reducing discomfort. Optimal arousal will facilitate self-observation, disconfirmation of distorted, maladaptive beliefs, and provoke cognitive and behavioral change.

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| 27. *To what extent did you attempt to raise your client's level of emotional arousal, or deepen your client's level of feeling, or produce an awareness of hidden feeling states? | ☐ Not at all (0 attempt) | ☐ A little (1-2 attempts) | ☐ Some (Several attempts) | ☐ Quite a bit (Several for several minutes) | ☐ A lot (Multiple for majority time) |
| 28. Evaluate the extent to which your client's emotional state escalated during the session. | ☐ Not at all (0 attempt) | ☐ A little (1-2 attempts) | ☐ Some (Several attempts) | ☐ Quite a bit (Several for several minutes) | ☐ A lot (Multiple for majority time) |
| 29. *To what extent was your client encouraged by you to bring up, move closer to, or discuss painful and emotionally charged material? | ☐ Not at all (0 attempt) | ☐ A little (1-2 attempts) | ☐ Some (Several attempts) | ☐ Quite a bit (Several for several minutes) | ☐ A lot (Multiple for majority time) |

*Question 10:* Techniques used to deepen the client's contact with intense emotions include reflection of feelings that are out of the client's awareness; asking the client to trace or track feelings, noting when he/she has felt this way before; employing exercises, such as the two-chair or empty-chair technique to talk about feelings, having

the client use physical exercises to get in "contact" with unrecognized emotions, using exposure techniques to bring thoughts or images of avoided material into focus, confronting the client with feelings that are not being acknowledged, identifying the feelings associated with various behaviors, and drawing attention to sensory experiences as a way of contacting more emotional intensity.

*Question 11:* Rate how much more anxious, angry, happy, sad, excited did the client become during any point in this segment. Indicators of increased affect include crying, tense body posture, heightened voice tone and strained intonation, loss of eye contact with therapist, increased foot shaking, etc..

**IV. Behavior vs Insight Focus**

Two different sets of concepts are required to rate these items. The first set requires a determination of whether the efforts of the therapist were designed to effect Direct or Indirect change. Some therapists see treatment change as best coming from a direct process of focusing on current and recent problems, identifying obstacles and problems, and doing things that alter current symptoms, present feelings, skills, or knowledge. Sometimes they also help a person develop new skills that are not available to them.

Alternatively, other therapists see the work of treatment as being to produce indirect change. They are less concerned with immediate and present problems as they are on the relationship of these problems to some kind of understanding of past events, early relationships, and hidden feelings. They work to uncover the nature of past or historical events and to bring out feelings that are not directly observed or directly known to the patient. Both types of therapists may work on self-knowledge, but the former (direct) works on present experiences, problems, and successes while the latter (indirect) focuses on what things were learned at critical, early periods of life. The therapist who takes an indirect stance works to produce insight—an understanding and recognition of how past events and traumas produce current problems. The difference between the two is the relative focus on both PAST events and inner experiences that are NOT WITHIN ONE'S CONSCIOUS EXPERIENCE.

A second kind of distinction is between external behavior and internal experience. Some items require ratings of behaviors or require a judgment of how well the therapist links behaviors to thoughts and feelings. If overt behavior, either past or present, is the point of focus, then the therapist is to be judged as valuing behavior. In contrast, if the therapist focuses primarily on how one feels or thinks, with no reference to overt behavior and consequences, they should be rated as valuing internal experience.

Since therapists are likely to use a variety of procedures, base your rating on where the therapist's efforts primarily center–direct vs indirect or external vs internal experience.

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| 30. You focus on your client's current, identifiable, problematic behavior. | ☐ Not at all (0 attempt) | ☐ A little (1-2 attempts) | ☐ Some (Several attempts) | ☐ Quite a bit (Several for several minutes) | ☐ A lot (Multiple for majority time) |
| 31. You seek to identify the situational consequences, rewards or payoffs for problematic and/or non-problematic behaviors? | ☐ Not at all (0 attempt) | ☐ A little (1-2 attempts) | ☐ Some (Several attempts) | ☐ Quite a bit (Several for several minutes) | ☐ A lot (Multiple for majority time) |
| 32. You seek to identify relationship between your client's patterns of thoughts and actions as applied to current symptoms. | ☐ Not at all (0 attempt) | ☐ A little (1-2 attempts) | ☐ Some (Several attempts) | ☐ Quite a bit (Several for several minutes) | ☐ A lot (Multiple for majority time) |
| 33. You employ techniques to directly change some symptoms, such as using relaxation to reduce anxiety, direct behavioral suggestions and homework, behavioral contracting to reduce conflict, systematic | ☐ Not at all (0 attempt) | ☐ A little (1-2 attempts) | ☐ Some (Several attempts) | ☐ Quite a bit (Several for several minutes) | ☐ A lot (Multiple for majority time) |

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| desensitization to reduce phobic avoidance, assertion training to increase communication, role playing to increase pro-social behavior, self-control methods to reduce or increase targeted behaviors, and the like. | | | | | |
| 34. You evaluate your client's progress in terms of current behavioral change. | ☐ Not at all (0 attempt) | ☐ A little (1-2 attempts) | ☐ Some (Several attempts) | ☐ Quite a bit (Several for several minutes) | ☐ A lot (Multiple for majority time) |
| 23. You seek to identify a history of recurring conflicts in interpersonal relationships as a way of helping your client understand your client's current problems. | ☐ Not at all (0 attempt) | ☐ A little (1-2 attempts) | ☐ Some (Several attempts) | ☐ Quite a bit (Several for several minutes) | ☐ A lot (Multiple for majority time) |
| 24. You employ techniques to increase your client's historical understanding of themselves. | ☐ Not at all (0 attempt) | ☐ A little (1-2 attempts) | ☐ Some (Several attempts) | ☐ Quite a bit (Several for several minutes) | ☐ A lot (Multiple for majority time) |
| 25. You seek to enhance your client's understanding or awareness of emotional experience, including historical development. | ☐ Not at all (0 attempt) | ☐ A little (1-2 attempts) | ☐ Some (Several attempts) | ☐ Quite a bit (Several for several minutes) | ☐ A lot (Multiple for majority time) |
| 26. You pursue discussion of early memories and/or events in your client's life as a way of inducing improvement in current life and symptoms. | ☐ Not at all (0 attempt) | ☐ A little (1-2 attempts) | ☐ Some (Several attempts) | ☐ Quite a bit (Several for several minutes) | ☐ A lot (Multiple for majority time) |
| 27. You try to uncover early experiences and unconscious wishes as a way of producing insight. | ☐ Not at all (0 attempt) | ☐ A little (1-2 attempts) | ☐ Some (Several attempts) | ☐ Quite a bit (Several for several minutes) | ☐ A lot (Multiple for majority time) |

*Question 13:* This item is designed to identify the degree to which the therapist uses DIRECT change methods. Some procedures that are usually associated with a behavioral or symptom focus include:

1) Social skills training (assertiveness and communication)
2) In vivo or in vitro exposure to avoided items
3) Reinforcement or instruction in reinforcement principles
4) Self-monitoring of behaviors (and thoughts)
5) Stimulus control of behaviors (and thoughts)
6) Contingency management/token economies
7) Role enactment
8) Graded practice
9) Counterconditioning
10) Self-instruction
11) Covert and overt practice
12) Graded exposure
13) Withdrawal of reinforcement

*Question 16:* This item is designed to identify the degree to which the therapist uses INDIRECT change methods-change through insight. One aspect of that is helping a person see patterns in their relationships, historically. Historical consideration need not go back to childhood, but it must illustrate an enduring pattern, over time, in which recurrent themes have occurred in relationships.

*Question 18:* Historical insight will typically focus on eliciting the client's awareness of past intra- and interpersonal events that evoked emotional and/or cognitive experience that are similar to those occurring in the present. The focus tends to be more on cognitive knowledge and awareness than on uncovering and creating

emotional experiences. Some procedures associated with development of historical self-understanding include:

1) Free association
2) Encouragement of transferential projections
3) Free fantasy exploration
4) The construction & analysis of genograms
5) Dream interpretations
6) Interpretation of resistance and defenses
7) Discussion of early memories
8) Two-chair work on interpersonal splits
9) Analysis of hidden motives through assessment of common mistakes or slips.

*Question 19:* This item is designed to identify the relative use of procedures that are designed to make one more aware of current feelings and emotions. It is aimed at bringing out and articulating feelings, and usually focuses on how these feelings are rooted in early experience or prior relationships, though not always. The procedures may include efforts to help the patient name the emotion, to identify where in their body they "feel it", and to connect it to other times in one's history when he or she has felt this way. Some procedures associated with enhancing emotional awareness include:

1) Focusing on sensory states
2) Two-chair work on emotional splits
3) Structured imagery
4) Reflective mirroring of the hidden self
5) Free association to sensory cues
6) Reflection of feeling
7) One-chair work on unfinished business
8) Gestalt dreamwork
9) Enacting emotional opposites
10) Physical expression and release exercises

*Question 20:* This item is designed to identify the amount of relative effort spent on uncovering information about events that may have caused the problem as an avenue to producing change. A high score will indicate both the discussion of past events with an apparent, implicit assumption that identifying these relationships will be helpful in making or producing change. That is, this is not just gathering history. It is an effort to help the client change.

**Therapist Checklist (Put this sheet on top of the file)** STS/Innerlife Project (Client No. /Initial )

| Session (1-16) | How well do you think that you complete these steps? Please rate (1poor, 2 fair, 3 good, 4 very good, 5 excellent) in each week. | Rate (1-5) | Date |
|---|---|---|---|
| 1 | Complete Part 1& 2 of Therapist Treatment Worksheet & Check Principle 1 & 8/Treatment Goal | | |
| 2 | Complete Part 3 of Therapist Treatment Worksheet & Check Principle 2-4 | | |
| 3 | Review Part 3 of Therapist Treatment Worksheet & Check Principle 2-4 | | |
| 4 | Watch DVD, Rate TPRS independently, and emphasize Principle 1-4 (TPRS Consensual Rating can be done session 5) | | |
| 5 | Complete TPRS (Consensual Rating) or read explanation of TPRS/check therapist activities. Incorporate Principle 5 into Principles 1-4 | | |
| 6 | Complete Part 4 of Therapist Treatment Worksheet & Check Principle 5-7 | | |
| 7 | Review Completed Part 1-4 of Therapist Treatment Worksheet & Check Principle 5-7 | | |
| 8 | Complete Part 5 of Therapist Treatment Worksheet & Check Principle 5-8 | | |
| 9 | Watch DVD, Rate TPRS independently, and emphasize Principle 1-8 (TPRS Consensual Rating can be done session 10) | | |
| 10 | Complete TPRS (Consensual Rating) read explanation of TPRS/check therapist activities. Incorporate Principle 5-8 into Principles 1-4 | | |
| 11 | Review Completed Part 1-5 of Therapist Treatment Worksheet & Check your compliance with Principle 1-8 | | |
| 12 | Complete Part 6 of Therapist Treatment Worksheet & Check your compliance with Principle 1-8 | | |
| 13 | Review Completed Part 1-6 of Therapist Treatment Worksheet & Check your compliance Principle 1-8 and think about long-term goals | | |
| 14 | Review Completed Part 1-6 of Therapist Treatment Worksheet & Check your compliance Principle 1-8 and think about long-term goals | | |
| 15 | Review Completed Part 1-6 of Therapist Treatment Worksheet & Check your compliance Principle 1-8 and think about long-term goals | | |
| 16 | Complete Part 7 of Therapist Treatment Worksheet and reflect this experience | | |

**Please check Assessment Activities**

**1st Therapy Session**

| Assessment | Check | Date |
|---|---|---|
| 1) STS/Innerlife Initial | | |
| 2) OQ 45.2 | | |

**6th Therapy Session**

| Assessment | Check | Date |
|---|---|---|
| 3) STS/Innerlife Follow up | | |
| 4) OQ 45.2 | | |

**12th Therapy Session**

| Assessment | Check | Date |
|---|---|---|
| 1) STS/Innerlife Follow up | | |
| 2) OQ 45.2 | | |

**16th Therapy Session**

| Assessment | Check | Date |
|---|---|---|
| 1) STS/Innerlife Follow up | | |
| 2) OQ 45.2 | | |