

ATTACHMENT 1

CLINICIAN'S SURVEY OF THE QUALITY OF PSYCHOSOCIAL CARE FOR
TREATMENT OF ADULTS WITH POST TRAUMATIC STRESS DISORDER (PTSD)

INSTRUMENT FOR ASSESSING THE QUALITY OF PSYCHOSOCIAL CARE FOR TREATMENT OF ADULTS WITH POST TRAUMATIC STRESS DISORDER (PTSD): CLINICIAN VERSION

Instructions: Please complete this survey based on the recent (INSERT DATE) therapy session you just had with INSERT CLIENT NAME.

Note: Not every therapeutic element will be delivered in every therapy session. Only endorse “yes” to those survey items that reflect the treatment you provided in this session. If the item did not occur in this session, please mark “no”. Your responses will be kept confidential and will not be shared with your client.

During this session:	Please circle one response:
1. Did you set an agenda?	Yes / No
2. Did you go over the agenda with the client?	Yes / No
3. Did you provide background on the treatment rationales and concepts during this session (i.e., why you are asking the client to do something or explaining why something is occurring within the session)?	Yes / No
4. Did you discuss or check-in on the client’s treatment expectations (i.e., what will happen, how treatment will progress, expectations for improvement)?	Yes / No
5. Did you and your client mutually set or check-in on goals for treatment?	Yes / No
6. Did you identify salient problem areas related to the trauma? - Problem areas might include self-blame, other blame, power and control issues, beliefs impacted by the trauma (e.g., the world is a dangerous place), self- esteem, safety, trust, intimacy, and perception of danger.	Yes / No
7. Did you use cognitive restructuring techniques (techniques to address cognitive issues such as negative thoughts, distortions, false beliefs or perceptions and replace them with accurate and more useful cognitions) to work on the identified problem areas?	Yes / No
8. Did you use a Socratic discussion method, that is, statements or questions designed for the client to examine their beliefs? For example: <ul style="list-style-type: none">- How do you know this? Can you give me an example?- What are some other ways of viewing this? What are the pros and cons to your way of thinking about this?- How did you come to this conclusion? What evidence do you have to justify this?	Yes / No

[Label with therapist's unique ID numbers will be placed here]

9. Did you **facilitate** the development of alternative hypotheses (i.e., alternative viewpoints or explanations) to problematic beliefs? Yes / No
- Examples of alternative hypotheses to problematic thinking might include:
- 1.) Distortion: People in authority can't be trusted.
More Helpful Thought: People in authority are individuals, and they don't all share the same strengths and weaknesses
 - 2.) Distortion: Everyone is out to hurt me. I can't trust anyone
More Helpful Thought: There are some dangerous people out there, but not everyone is out to harm you
10. Did you **identify** areas of trauma related avoidance, where the trauma has shifted or restricted daily patterns of living (i.e., the trauma has influenced daily functioning)? For example, a client may avoid places with loud noises and lots of people. Yes / No
11. Did you **use techniques** to systematically approach areas of trauma related avoidance, where the trauma has shifted daily patterns of living (i.e., the trauma has influenced daily functioning) from easier to more difficult situations? Yes / No
- For example, a person in a motor vehicle accident may be fearful of driving. An approach from easy to more difficult might look like:
 - o Easy: Encouraging the client to ride in a car as a passenger for a short period of time.
 - o Difficult: Encouraging the client to drive on street and then a freeway, etc.
12. Did you use any of the following techniques to deal with trauma related avoidance? Yes / No
- a. Ask the client to imagine their traumatic experience for longer than 10 mins Yes / No
 - b. Ask the client to write about their traumatic experience Yes / No
 - c. Socratic discussion method (i.e., "How do you know this? Can you give me an example?")
 - d. Real world experiments like visiting a place related to the traumatic experience with the client for longer than 10 mins Yes / No
13. Did you discuss and process the details of the client's recounting of the trauma, including the emotions surrounding the event? Yes / No
14. Did you struggle to manage time for **any** of the reasons below: Yes / No
- Client talked incessantly or tangentially
 - Client had trouble keeping on task
 - Session time was abbreviated
 - You had trouble keeping the client on task
15. Were you directive (i.e., followed the agenda or guided the client to relevant discussion) during this session? Yes / No
16. Did you ask your client for feedback or input on their treatment (i.e., "how is this working?"; "Are we working on things that you think are important?")? This would not include progress monitoring. Yes / No
17. Did you ask your client for feedback on you? Yes / No

[Label with therapist's unique ID numbers will be placed here]

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| 18. | Did you assign your client homework or practice assignments (to be completed by the <i>next session</i>) to deal with issues surrounding PTSD symptoms (i.e., avoidance, thought monitoring, problematic beliefs, anxiety) or issues related to the trauma? | Yes / No |
| 19. | Did you review the assignment instructions and verify the client has a thorough understanding of the homework for the next <i>session</i> ? | Yes / No |
| 20. | Did you address difficulties or barriers related to completing of homework from the <i>previous session</i> ? | Yes / No |
| 21. | Did you work with your client to come up with solutions to difficulties, barriers, or issues in completing the homework from the <i>previous session</i> ? | Yes / No |
| 22. | Did you review and discuss your client's homework assigned during the <i>previous session</i> ? | Yes / No |
| 23. | When reviewing the homework assigned from the <i>previous session</i> , did you encourage the client or provide them with constructive feedback? | Yes / No |

For the following questions, please think about the overall course of treatment with this client.

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| 24. | I am confident in my ability to help this client. | Never / Rarely / Occasionally / Sometimes / Often / Very Often / Always |
| 25. | I believe this client likes me as a therapist. | Never / Rarely / Occasionally / Sometimes / Often / Very Often / Always |
| 26. | This client and I have built mutual trust. | Never / Rarely / Occasionally / Sometimes / Often / Very Often / Always |
| 27. | a. Have you ever conducted a suicide risk assessment for this client? | Yes / No |
| | b. Did you conduct suicide risk assessment <i>during this session</i> ? | Yes / No |
| 28. | a. Have you ever used information from your suicide risk assessment to influence treatment or monitor progress for this client? | Yes / No |
| | b. Did you use information from your suicide risk assessment to influence treatment or monitor progress <i>during this session</i> ? | Yes / No |
| 29. | a. Have you ever used any valid standardized instruments (e.g., The Revised PTSD Checklist) or psychometric scales to monitor PTSD symptoms and assess change? | Yes / No |
| | b. Did you use any valid standardized instruments (e.g., The Revised PTSD Checklist) or psychometric scales to monitor PTSD symptoms and assess change <i>during this session</i> ? | Yes / No |
| 30. | a. Have you ever provided the client with education on their symptoms (i.e., education on avoidance, flashbacks, etc.)? | Yes / No |
| | b. Did you provide the client with education on their symptoms (i.e., education on avoidance, flashbacks, etc.) <i>during this session</i> ? | Yes / No |
| 31. | a. Have you ever provided the client with specific education on the nature of the traumatic event (i.e., changes in viewpoint or perception or facts about the type of trauma)? | Yes / No |
| | - For example, this might include education on the nature of acquaintance rape vs. stranger rape. Or how sexual assault generally influences view points and beliefs. Or how a perpetrator may groom their victim before an assault. | |

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| b. Did you provide provided the client with specific education on the nature of the traumatic event (i.e., changes in viewpoint or perception or facts about the type of trauma) <i>during this session?</i> | Yes / No |
| 32. a. Have you ever provided the client with an outline or overview of the treatment process (i.e., what will happen over the course of treatment)? | Yes / No |
| b. Did you provide the client with an outline or overview of the treatment process (i.e., what will happen over the course of treatment) <i>during this session?</i> | Yes / No |
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Thank you for your participation!
PLEASE PRESS SUBMIT TO TRANSMIT YOUR RESPONSES

NOTE for OMB purposes: The user will log in with a unique username and password. By logging in, the system will link their unique ID to the survey data. Once the user hits submit, the system will also timestamp the time of completion and link it to the survey data

