PSYCHOTHERAPEUTIC IDENTITY

(ThId)

A questionnaire about training, experience, style, and values

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Translation into English by Rolf Sandell (2001)

A. Personal and professional background
A1. Age: yrs A2. Gender: 1. Male 2. Female
A3. What is your basic academic training? 1. Medicine, specializing in: 2. Psychology 3. Social work 4. Other:
A4. What is your basic training as a psychotherapist? (State type of psychotherapy and institute.)
A5. Do you have any auxiliary post-graduate training in psychotherapy? 1. No 2. Yes:
A6. Do you have formal training as a psychotherapy supervisor? 1. No 2. Yes:
A7. Do you have any academic training outside the field of psychotherapy? 1. No 2. Yes:
A8. When were you licensed or chartered as a psychotherapist (or psychoanalyst)?

B. Professional experience

This section is about the amour	This section is about the amount and content of your professional experience.					
B1. How long have you been co	onducting p	sychotherapy	?			
a years before being lice	ensed (or fin	ishing forma	l training)			
b years after being licen	ised (or finis	hing formal t	training)			
B2. How are these years distrib	uted across	the following	settings?			
a years with inpatients i	n public psy	chiatric healt	th care			
b years with outpatients	in public ps	sychiatric hea	lth care			
c years in private practic						
d years in other settings						
B3. Please indicate by tick mar following forms of psychothera		y patients yo	u have treated	d in each of t	he	
	0	1-9	10-24	25-49	50-	
Psychoanalysis						
Individual psychotherapy, 1-2 sessions per week						
Individual psychotherapy, 3 sessions per week						
Focused brief or time-limited psychotherapy						
Crisis therapy						
Group therapy						
Family therapy						
Other forms:						

B4. Do you regularly use any oth (e.g., art, dance, hypnosis)?	er technique than	conversation in you	ır psychotherapy work
1. No			
2. Yes:			
B5. Do you regularly work with eating disorders, psychosomatic	-	special problem (e.ş	g., psychotic patients,
1. No			
2. Yes:			
B6. During the past year, have yo	ou had any superv	ision?	
1. Yes, regularly	2. Yes	s, occasionally	3. Not at all
B7. During the past year, have yo	ou supervised othe	r psychotherapists	or colleagues?
1. Yes, regularly	2. Yes	s, occasionally	3. Not at all
B8. Do you have any professiona health care and the like?	al experience in ot	her fields than psyc	hotherapy, psychology,
1. No			
2. Yes:			
C. Personal therapy			
C1. Please describe the kinds and	durations of pers	onal therapy (or an	alysis) you have had
yourself:			
Type of therapy	Frequency (sessions per week)	Started, year	Terminated, year

C2. I have not been in personal therapy or analysis.						
D. Theoretical orientation						
D1. At present, how much is y	our work ba	sed in the fo	ollowing theore	etical orientat	ions?	
	Not at all	Little	Moderately	Rather much	Much	
Classical psychoanalysis (Freudian)						
Object relational psychoanalysis						
Lacanian psychoanalysis						
Cognitive psychotherapy						
Behaviour therapy						
Existential psychotherapy (Da-sein, Mayian etc.)						
Experiential psychotherapy (Gestalt, psychodrama etc.)						
Client-centered (Rogerian)						
Analytical psychology (Jungian)						
Adlerian psychotherapy						
Systemic therapy						
Other orientations:						

E. Therapeutic style

The purpose of this section is to get a picture of how you usually work therapeutically with your patients. We realize it will vary with different patients, but are interested in what you yourself consider as basic, typical, and consistent in your way of conducting psychotherapy.

E1. To what extent do you think the following techniques or "ingredients" contribute to long-term and stable therapeutic change?

	Not at all	A little	Moderately	Rather much	Much
1. Stimulating the patient to think about his problems in more positive ways					
2. Helping the patient control his/her emotions					
3. Consideration and good caretaking					
4. Working with the patient's childhood memories					
5. Helping the patient forget painful experiences					
6. Giving the patient concrete advice					
7. Letting the patient herself/himself take the initiative in the therapy					
8. Educating the patient about his/her symptoms and psychic problems					
9. Helping the patient to avoid repeating old mistakes					
10. Giving the patient concrete goal	s				
11. Letting the therapist take the initiative and lead the sessions					
12. Working for the patient's adjustment to prevailing social circumstances					
13. Helping the patient avoid anxiety-provoking situations					

14. Helping the patient clarify his/herfeelings			
15. Questioning the patient's attitudes and behaviour			
16. Helping the patient understand that old behaviour and relations are being repeated			
17. Helping the patient understand that old reactions and relations are being repeated with the therapist			
18. Supporting the patient in the therapy to reflect on early painful experiences			
19. Giving the patient the opportunity to work with his/her dreams			
20. Letting the patient get things off his/her chest			
21. Being a warm and kind therapist			
22. Helping the patient see the connections between his/her problems and childhood			
23. Supporting and encouraging the patient			
24. Making the patient feel well liked by the therapist			
25. Working with the patient's symptoms			
26. Helping the patient to adapt/adjust to his/her symptoms			
27. Accepting the patient as he/she is			
28. Working with the patient's defences			
29. Helping the patient become reality-orientated			

30. Interpreting the patient's body language					
31. Letting the patient act out his/her feelings (catharsis)					
32. Bringing the patient's sexuality to the fore					
33. Helping the patient remember and confront possible sexual abuse					
E2. What are you like as a therapist? T statements?	To what exte	nt do you a	greee with th	ne followin	ng
	Not at all	A little	Moderately	Rather much	Mucho
1. I am active in sessions					
2. I find it difficult to deal with the patient's aggression					
3. I do not express my own feelings in the sessions					
4. I do not answer personal questions from the patient					
5. My verbal interventions are brief and concise					
6. If a patient asks, I might agree to talk with one of his/hers relatives					
7. I do not allow long periods of silence during the therapy session					
8. I keep my personal opinions and circumstances completely outside the therapy					
9. My therapeutic technique varies from patient to patient					
10. I have a positive attitude towards extra sessions					

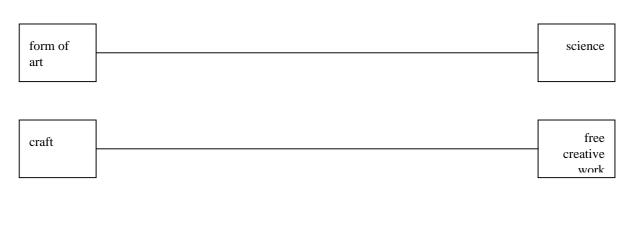
11. I am more neutral than personal in therapy			
12. I do not want the patient to develop strong feelings towards me as a person			
13. I want the patient to develop strong feelings in the therapy			
14. My spontaneity is a valuable therapeutic instrument			
15. It is important to show my empathy with the patient's problems			
16. It is important to order and structure the material			
17. My countertransference is an important instrument in my work			
18. I easily frustrate the patient			
19. I often put questions to the patient			
20. I admit my own mistakes to the patient			
21. It is important to convey hope to the patient			
22. Keeping the therapeutic frame is fundamental in my work			
23. I prefer working in the here-and-now rather than the there-and-then			
24. I doubt my own ability to contain the patient's feelings			
25. My involvement with the patient's life goals is an obstacle to therapeutic work			
26. I always communicate the therapeutic goals to the patient in the beginning of a therapy			
27. I always make the therapeutic goals explicit to myself during a therapy			

28. I work best with patients who resemble me			
29. I avoid physical contact with the patient			
30. I like being confrontative			
31. I am anxious for the patient to achieve his/her life goals			

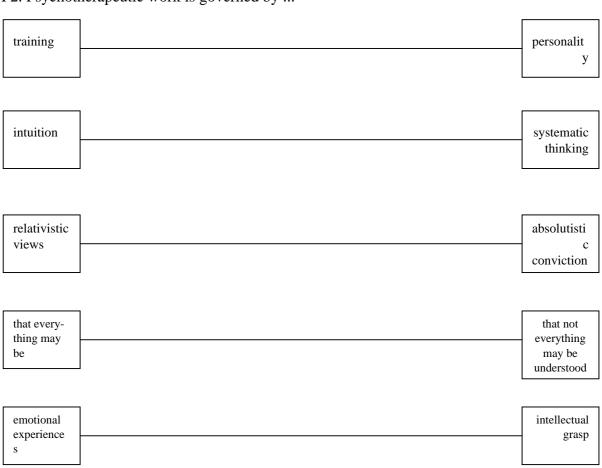
F. Assumptions about psychotherapy and personality

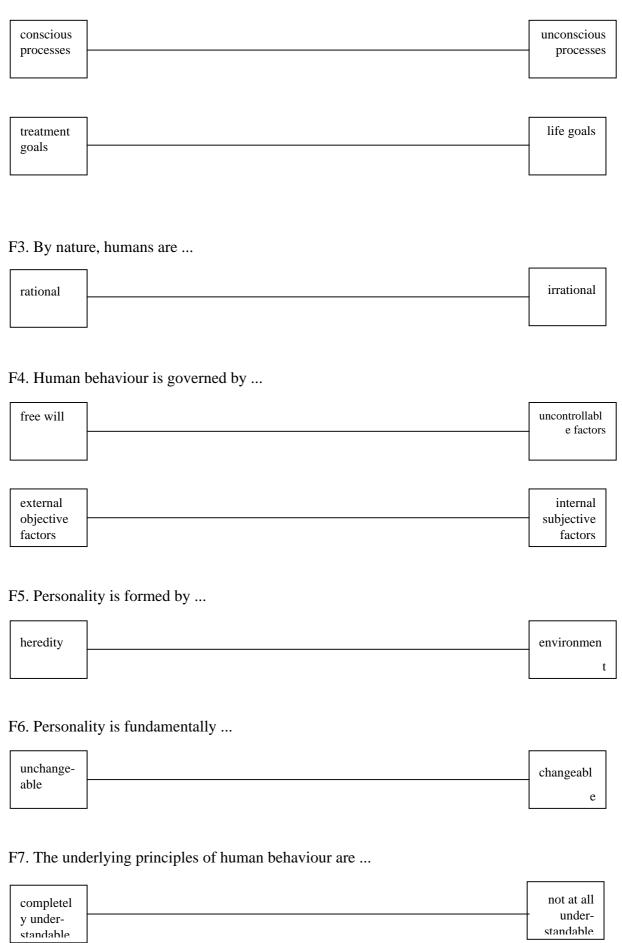
This section is about your notions about the nature of psychotherapy and the nature of man. Put a tick mark on each scale where it best fits your position between the two poles.

F1. Psychotherapy may be described as a ...



F2. Psychotherapeutic work is governed by ...





F8. Humans may develop ...



G. Free associations

G1. What do you consider to be your strongest asset as a psychotherapist?	
G2. What do you consider to be your greatest limitation as a psychotherapist	?
G3. What do you consider to be the primary aim of a psychotherapeutic treat	tment?
G4. In your opinion, what exerts the most negative influence on a psychothe treatment?	rapeutic

Thank you for your cooperation!

We wish to thank you for taking your time to answer our questions. Finally, we say you to answer some questions concerning your feelings about our questionnaire.	hould like
H1. Would you be willing to participate in a personal interview at some later date follow up and deepen the results of our questionnaire study?	e for us to
☐ 1. Yes, I would ☐ 2. No ☐ 3. Don't	know
H2. How stimulating do you feel it was for you to fill out the questionnaire?	
very	not at all
stimulatin	stimulatin
H3. How fatiguing do you feel it was for you to fill out the questionnaire?	
very	not at all
fatiguing	fatiguing
H3. How easy or difficult do you feel it was for you to fill out the questionnaire?	
very easy	very
	difficult
We appreciate other comments or thoughts that you may have about the question	naire: