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**Client code: Date: Interviewer:**

**Client Preference Endpoint Interview Schedule**

This interview should be a semi-structured, empathic exploration of the client’s experience of working with preferences in therapy. It also offers them an opportunity to debrief following the end of their work at the Clinic. It is best for the interviewer to adopt an attitude of curiosity about the topics raised in the interview, using the suggested open-ended questions, plus empathic understanding responses to help the client elaborate on his or her experiences. Clients should be asked questions in the schedule even if they appear to have covered that topic earlier, to ensure that all questions are fully addressed.

Ask the client to provide as many details as possible, and use the ‘anything else’ probe (e.g., ‘Are there any other ways that having this preference met was helpful?’), inquiring in a non-demanding way until the client runs out of things to say. Remember, be willing to follow the client's story, and be curious about what they have to report, while at the same time making sure that all the questions are explored.

Please remember that the interview is an opportunity for the client to reflect on her/his experience of preference work in therapy, and *not* a further therapy session.

The interviews are expected to last approximately60 minutes, and 90 minutes at most.

Materials to bring to the interview, *if on-site*, are as follows. If off-site, access to materials will be provided by the on-site research team:

* Interview schedule
* Audio recorder
* Tablet
* Client’s completed C-NIP forms: Assessment, Session 4, Session 10
* Paper copies of all forms not on the tablet

On-site team should set up the endpoint interview session on Pragmatic Tracker, with the appropriate measures, so that it is ready for/completed by the start of the interview.

## Introduction

Begin by welcoming the client and thanking her/him for coming, introducing yourself, and explaining the structure and aims of the interview. This can be phrased along the following lines*:*

*Thank you very much for coming along/speaking to us today. We really appreciate your time. My name is \_\_\_\_\_\_\_\_\_\_\_\_ and my role here in the clinic/research is \_\_\_\_\_\_\_\_\_\_\_\_\_. We have about an hour together now, and the main aim of this meeting is to ask you some questions about an area that we are really interested in researching: clients’ preferences in therapy. I’ll say more in a minute about that. Before that, though, I am going to ask you to complete some final measures on our iPads and ask you some general questions, and at the end we wanted to ask you about how you felt towards the various measures we used in the clinic. You may have other things you’d like to say about your time at the clinic that we’d be really interested to hear about. Do you have any questions about this interview?*

## Complete endpoint measures

On-site: hand client the tablet and invite her/him to complete final outcome and process measures (If off-site interviewer, interviewee will be asked to complete the measures prior to interview).

## Opening questions

* Can you tell us a bit about your experiences here in the Clinic?
* Did you find the therapy helpful or unhelpful, overall?
* What did you find helpful?
* What did you find unhelpful?

## Introduction to Preferences

*So I’d like to now ask you about client preferences in psychotherapy. Currently, there is some research to suggest that listening, or not listening, to client preferences may affect treatment, but we know very little about how such effects might arise. The purpose of the interview is therefore to help us better understand how client preferences emerge, to what extent they may be discussed/accommodated in therapy, and what the effects of such accommodation or non-accommodation might be.*

*So, could I ask, just generally, What does the word ‘preference’ call to mind? (if interviewee is struggling, consider using prompt: ‘Can you think of a time in your life or an area in your life where you had strong preferences about something?’)*

*When we ask you about your preferences today, what we want to specifically focus on is how you wanted things to happen in therapy,* ***or not happen****. This focus is different from your goals, which might have been the things that you wanted to achieve by the end of treatment. Instead, preferences are about what you might have wanted the therapy to look like,* ***or not look like****. For example, a client might have a goal to be happier in her/his daily life. That is a therapy goal. The preferences are their thoughts about what they wanted to happen in therapy to bring about that change. Preferences are also different from expectations. For example, when I open up my lunchbox, I might expect to see an egg sandwich (if that is what I packed), but would really prefer a slice of pizza. So, we are focused on your therapy preferences – what your wants and desires were for what the therapy would look like, itself? That is, what you wanted to talk about, what you wanted to do, and so on. Of course, you may not have had, or been aware of, any preferences at all for your therapy when it began—and that’s totally fine to say. Perhaps, then, some preferences began to emerge during the course of your therapy. We’d like to know about those, as well.*

*Many different types of therapy preferences can exist. They can be preferences about the type of treatment that is provided, preferences about how that treatment is delivered, preferences about the type of therapist with whom you work, and more.* ***Preferences can also be about the things we don’t want, as well as the things we do****. We are interested in hearing about whatever preferences you may have had; how you and your therapist elicited and discussed them, if at all; and how preference accommodation, or lack thereof, impacted your treatment. I will have a few specific questions that will guide our interview today, but feel free to share whatever you think is important regarding preferences.*

## Initial Preferences

* What, if any, preferences did you have *when you came into* therapy?
  + - Treatment preferences
    - Therapist preferences
    - Activity preferences
      * Methods/style of therapy
      * Topic (i.e., content of what gets talked about)
      * Format of therapy
    - Other preferences not noted above

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**For each preference, I’d like to explore the following questions with you:**

* Where do you think this preference might have come from?
  + To what extent, if any, might it be based on previous experiences of therapy?
* How, if at all, did this preference change over the course of therapy?
* To what extent was this preference (a) elicited/discussed and (b) accommodated in the therapy?
  + What facilitated this elicitation/discussion/accommodation, if anything?
  + What hindered this elicitation/discussion/accommodation, if anything?
  + How did this elicitation/discussion/accommodation affect you (e.g., thoughts, feelings, impact on willingness to engage in therapy, therapy outcomes, other impacts)?
    - Why were you affected in this way?
* How important was it to you that this preference was (a) elicited/discussed, and (b) accommodated in the therapy?

## Emerging Preferences

* Were there any preferences that you had that emerged over the course of therapy (rather than being present or known when you began therapy)? [If so, for each one, cover **block above**]

## Un-Articulated Preferences

* Were there any preferences that you had that you did not articulate to your therapist?
  + If not, why not?
  + What would have helped you share these preferences?

## Balancing Responses (if Required)

* (If only positive aspects focused on) Were there any ways in which preference elicitation, discussion, and accommodation was hindering or unhelpful in the therapeutic process?
* (If only negative aspects focused on) Were there any ways in which preference elicitation, discussion, and accommodation was helpful in the therapeutic process?

## C-NIP Review

* Before we finish, I wanted to look back over with you the preferences you stated on these forms?
  + So, initially [use just assessment C-NIP], you expressed/did not express strong preferences for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?

**For each of the four dimensions, explore the following questions:**

* So could you tell me, please, why you responded to these questions in that way (e.g., why were those your preferences?). Where did that preference come from?
* If we look at your subsequent responses on this dimension (show Session 4 and 10 forms), we can see that your strong preference/lack of strong preference \_\_\_\_\_\_\_\_\_\_\_ (e.g., ‘remains present’, ‘is no longer there’, ‘emerges’). Could you say, please, why you think that changed/didn’t change?
* To what extent do you think this preference was accommodated in the therapy?
  + What facilitated this elicitation/discussion/accommodation, if anything?
  + What hindered this elicitation/discussion/accommodation, if anything?
  + How did this elicitation/discussion/accommodation affect you (e.g., thoughts, feelings, impact on willingness to engage in therapy, therapy outcomes, other impacts)?
    - Why were you affected in this way?
* How important was it to you that this preference was (a) elicited/discussed, and (b) accommodated in the therapy?

## Review of measures

Show the client each of the measures/form used in the study on the tablet one-by-one, and ask her/him to rate each one in terms of how helpful or unhelpful s/he found it in terms of her/his change or development (e.g., did it help her/him reflect on their goals, did it give her/him a clearer sense of what s/he want from therapy). For each measure, invite her/him to explain why s/he rated it in that way, and what her/his experience was of completing it.

* Patient Health Questionnaire (PHQ-9) (assm, every session, endpoint)
* Generalised Anxiety Disorder (GAD-7) (assm, every session, endpoint)
* Authenticity Scale (assm, reviews, last session, endpoint)
* Goals Form (assm, every session, endpoint)
* Therapy Personalisation Form/C-NIP (assessment, reviews)
* Client Note Form (every session)
* Session Effectiveness Scale (every session)
* Alliance Negotiation Scale (ANS) (reviews, last session, endpoint)
* Working Alliance Inventory (reviews, last session, endpoint)
* Relational Depth Frequency Scale (RDFS) (reviews, last session, endpoint)

## Suggestions. Do you have any suggestions for us, regarding the research or the therapy? Do you have anything else that you want to tell me?

## Any further questions. Ask client if there is anything further s/he would like to say about the study, or anything she would like to know more about.

**Thank client for participation**

**Helpfulness of measures record**

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| --- | --- |
|  | 1 = very unhelpful  2 = unhelpful  3 = neither  4 = helpful  5 = very helpful  X = don’t know |
| Patient Health Questionnaire (PHQ-9) (assm, every session, endpoint) |  |
| Generalised Anxiety Disorder (GAD-7) (assm, every session, endpoint) |  |
| Authenticity Scale (AS) (assm, reviews, endpoint) |  |
| Goals Form (assm, every session, endpoint) |  |
| C-NIP (assessment, reviews) |  |
| Client Note Form (every session) |  |
| Session Effectiveness Scale (every session) |  |
| Alliance Negotiation Scale (ANS) (reviews, endpoint) |  |
| Working Alliance Inventory (reviews, endpoint) |  |
| Relational Depth Frequency Scale (RDFS) (reviews, endpoint) |  |