<u>therapy related interpersonal behaviors</u> <u>(trib-g) anchors</u>

A. clear & positive communication 1. clarity of expression	
inconsistent; speech is hesitant, inappropriate	understandable; speaks fluently, short and concise
pauses, mental leaps are present	statements
2. ability to present own ideas in a clear and	d convincing manner
appears withdrawn, reserved in the presentation of	presents ideas in a clear, convincing and
his/her own ideas; hardly any reference to the	enthusiastic manner; self-confident, refers to the
subject, monosyllabic, speaks quietly, does not	topic; asks questions to make sure that the others
develop own ideas; does not participate in discuss-	have understood; explains own ideas flexibly
ion; connection to the topic is hard to recognize	
B. empathy & communicative attunement	
3. capacity for careful and active listening	
uninvolved, disinterested, appears distant; not	careful and active listening (nodding, leaning
approving, provides no feedback, easily distracted,	forwards); pays attention, open-minded,
interrupts others without thematic link	encouraging, approving, gives positive feedback
4. empathy/ability to accurately perceive the emotions of others	
does not show understanding of others' feelings;	understands others' feelings, concerns and ideas; is
not empathic towards others; does not adopt others'	empathic towards others; adopts different points of
point of view; disrespectful	view; appreciative; appears able to discern what
	others are thinking or feeling
C. respect	& warmth
5. general behavior towards others	
distant, avoids eye-contact, withdrawn, impassive,	friendly, open-minded, appropriate eye-contact,
limited facial expression	appears warm-hearted
D. managing criticism	
6. response to contrary opinions	
does not accept contrary opinions; only cares about	high acceptance of contrary opinions and different
his own point of view; self-centered	point of views; tolerant
7. response to feedback about own behavior (1)	
dismissive, narrow-minded, hard to convince,	takes others' comments and feedback seriously;
stubborn, no self-reflection	reflective; insightful
8. response to feedback about its own behavior (2)	
feels hurt, aggrieved; provides inadequate excuses;	reacts seriously, objective; adopts a neutral
assumes no responsibility for own actions (angry,	position; does not take things personally rather
offended)	factual; content-related
E. willingness to cooperate	
9. ability & willingness to engage with & refine the ideas of other group members	
is not able & willing to engage with & build upon	is able & willing to engage with & build upon others'
others' ideas; behaves competitively & self-centered	ideas; behaves cooperatively, integrates ideas well

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Objective: In the past decade, variation in outcomes between therapists (i.e., therapist effects) have become increasingly recognized as an important factor in psychotherapy. Less is known, however, about what accounts for differences between therapists. The present study investigates the possibility that therapists' basic therapy-related interpersonal skills may impact outcomes. Method: To examine this, psychotherapy postgraduate trainees completed both an observer- and an expert-rated behavioral assessment: the Therapy-Related Interpersonal Behaviors (TRIB). TRIB scores were used to predict trainees' outcomes over the course of the subsequent five years. Results: Results indicate that trainees' with more positively rated interpersonal behaviors assessed in the observer-rated group format but not in a single expert-rated format showed superior outcomes over the five-year period. This effect remained controlling for therapist characteristics (therapist gender, theoretical orientation [cognitive behavioral or psychodynamic], amount of supervision, patient's order within therapist's caseload), and patient characteristics (patient age, gender, number of comorbid diagnoses, global severity, and personality disorder diagnosis). Conclusions: These findings underscore the importance of therapists' interpersonal skills as a predictor of outcome and source of therapist effects. The potential utility of assessing therapists' and therapists-in-training interpersonal skills are discussed.

TRIB-G. The contributions of each candidate to a group discussion on a provoking film were rated using the TRIB-G by trained raters. Ratings were based on nine behaviors selected from a larger pool of 17 items linked to aspects of potential group dynamics a prior pilot study of n=82 candidates (Eversmann, 2008). Items were selected based on their relevance to therapist features theoretically linked to building a pantheoretical successful therapeutic relationship (e.g., Ackerman & Hilsenroth, 2001; Hermer & Röhrle, 2008). Hence, the rating scale entailed behavioral patterns from the following domains: (1) "clear and positive communication" (two items); (2) "empathy and communicative attunement" (two items); (3) "respect and warmth" (one item); (4) "managing of criticism" (three items); and (5) "willingness to cooperate" (one item). A high raw score indicates high interpersonal competence. Each item was rated on a five-point Likert-type scale ranging from zero to four. The end-points of the scale were behaviorally anchored to ensure a uniform understanding of the terms. A total score was computed by taking the sum of all nine items. The factor analysis using varimax-rotation indicated that all items loaded on one main factor (78% of explained variance) (Eversmann, Schöttke, Wiedl, & Rogner, 2011). The measure has shown some evidence of interrater reliability (e.g., estimated intraclass correlation [ICC] varied between 0.61 and 0.71 depending on training experience and the group of raters (Eversmann et al., 2011, see Supplemental Materials). In a prior study, that described the construction of the TRIB-G, results of the factor analysis and the ICC's were reported. The sample involved n=82 therapist trainees. In the present sample (n = 42), the average score of the TRIB-G was 27.0 (SD=4.85; Min.=12, Max.= 35) ... The participants ... participated in structured group discussions in groups ranging in size from 6 to 12 participants. The group discussion started with a provocative 15 min film clip. The film clip included a demonstration of an intervention that was not part of the therapeutic training offered at the institute. Previous work has established that this clip incites debate among therapy trainees (Reckewerth, 2006). The participants were asked to monitor their feelings and thoughts during the viewing of the clip and to discuss them afterwards. After watching the video clip, the moderator repeated the standardized instructions and emphasized that the focus of the discussion was the emotional, physiological, and behavioral reactions experienced by the trainees. A scientific debate of therapeutic techniques was not requested. Trained raters observed the behavior of the candidates and evaluated their contributions to the discussion using the TRIB-G ... the analyses of patient symptom change indicated that those therapists who demonstrated strong interpersonal skills, as rated by trained observers within a group assessment format, achieved better outcomes with their patients. Indeed, the relationship between trainees' interpersonal capacities (assessed prior to formal training in the provision of therapy) remained a predictor of patient outcomes when simultaneously controlling for a host of patient and therapist variables (e.g., theoretical orientation, patient personality disorder diagnosis, amount of supervision) ... Future work may do well to examine the training potential implied by our results. For example, based on the current study, TRIB-G scores could be used to develop specialized interpersonal skills training as a compliment to traditional psychotherapy training. Work in this direction could increase our knowledge regarding effective methods for the training of therapists.