

Participant ID: _____

Date: _____

**Instructions for Completing the
Therapist Behavioral Intention Survey (T-BIS)**

Please read the following directions carefully **BEFORE** you begin.

Overview: This survey consists of 2 separate case scenarios. You will be asked to respond to each scenario by indicating the intervention strategies (taken from the Monthly Treatment Progress Summary) that you intend to use with the hypothetical client in the first 6 months of treatment.

Survey Format & Instructions for each Section: Each of the 2 case scenarios consists of 2 sections:

1. **Hypothetical Case Scenario:** includes a **Narrative Description** & the **Treatment Targets** that you are addressing in treatment. You will not be providing responses in this section; this is just for information purposes.
 - a. **ALL** relevant details of the case are included here and will hold for the duration of treatment. If something is not included, assume it is not a problem for this client.
2. **Intervention Strategies that YOU Intend to Use Over the First 6 Months of Treatment** (pgs. 3 & 6, yellow pages): This is the **ONLY** section you will be completing for each scenario.

****Important Information for Completing the Measure****

- Do your best to imagine yourself in this scenario and respond as if this is an actual client you are treating. Use only the information provided to determine your responses.
- Assume that **NO** major crises or significant barriers will occur over the course of treatment.
- Assume that it would be appropriate to have multiple hours of treatment per week for each youth. Your supervisor and agency are supportive of your therapeutic approach.

Thank you for contributing to this study by completing this survey!

Therapist Behavioral Intention Survey (T-BIS)

Hypothetical Case Scenario for I.K. (Narrative Description)

Instructions: Please read the following description carefully and do your best to imagine this as an actual referral you have just received. This narrative will hold for the duration of treatment and no crises or significant barriers will occur.

A 16-year-old boy (“I.K.”) was recently referred to you for **intensive in-home services** to address his challenges with anxiety and avoidance. I.K. has received counseling services at school for the last six months, during which time his symptoms have continued to worsen. Some of the members on his school team recommended that I.K.’s mother seek more intensive services for him through CAMHD as a next step. This is his first time receiving **any** type of mental health treatment outside the school. I.K. is of mixed ethnicity, speaks only English, and has always lived in Hawai‘i.

So far, you have had only one session during which you conducted a standard intake interview with I.K. and his mother. During your interview, you learned the following information:

History:

- I.K. has always been shy, introverted, and quiet.
- His challenges with anxiety became more impairing in middle school, when he began avoiding some social situations at school (e.g., missing school on class presentation days, refusing to participate in class discussions), stopped playing team sports, and would become very distressed in new situations with other kids he did not know (e.g., going to a summer day camp, first day of school).
- Despite these challenges, he maintained close friendships with a few friends, was a B student at school, and had only minor issues with school attendance.

Current Presentation:

- I.K.’s mother reported she didn’t consider seeking services for him until recently, because she herself was shy and “outgrew it” over time. However, I.K.’s anxiety has become more severe lately, compelling her to look for help.
- In the last 6 months, I.K. has been avoiding going to social events or places (e.g., the mall, movies, grocery store) and has started refusing to participate in any class presentations, group activities, or assemblies at school. He is also frequently arguing with his parents to let him stay home from school and has been missing an increasing number of classes due to being in the nurse’s office with headaches and stomachaches. As a result, his grades have dropped to C’s and D’s across most of his core subjects.
- Although he has always gotten along well with peers and has never experienced bullying, he is convinced that nobody likes him and everyone thinks he is stupid, especially girls. He explained that he wants a girlfriend, but is afraid that he will embarrass himself if he tries to talk to girls at school.
- At your first session, I.K. was engaged and openly shared with you that he is looking forward to starting therapy with the goal of being able to attend Prom at the end of the year.

Other information:

- I.K. is compliant and eager to please, and does not have any other mental health symptoms outside of what was reported above. He is motivated, insightful, and intellectually able to participate in treatment. His long-term goals include finishing high school and going to college.
- I.K.’s mother is similarly motivated to help him, and has flexibility with her work schedule and home responsibilities to allow for both her and I.K. to participate in treatment (e.g., transportation, regular attendance).

Hypothetical Case Scenario for I.K. Continued (Treatment Targets)

Below are the Targets YOU are Addressing in Treatment:

	Activity Involvement		Community Involvement		Hyperactivity		Positive Peer Interaction		Shyness
	Academic Achievement		Contentment, Enjoyment, Happiness		Learning Disorder, Underachievement		Phobia/Fears		Sleep Disturbance
	Adaptive Behavior/Living Skills		Depressed Mood		Low Self-Esteem		Positive Thinking/Attitude		Social Skills
	Adjustment to Change		Eating, Feeding Problems		Mania		Pregnancy Education/Adjustment		Speech and Language Problems
	Aggression		Empathy		Medical Regimen Adherence		Psychosis		Substance Use
	Anger		Enuresis, Encopresis		Occupational Functioning/Stress		Runaway		Suicidality
X	Anxiety		Fire Setting		Oppositional/Non-Compliant Behavior		School Involvement		Traumatic Stress
	Assertiveness		Gender Identity Problems		Peer Involvement		School Refusal/Truancy		Treatment Engagement
	Attention Problems		Grief		Peer/Sibling Conflict		Self-Control		Willful Misconduct, Delinquency
X	Avoidance		Health Management		Personal Hygiene		Self-Injurious Behavior		Other:

Definition of Targets (for your reference):

1. **Anxiety** – A general uneasiness that can be characterized by irrational fears, panic, tension, physical symptoms, excessive anxiety, worry, or fear.
2. **Avoidance** – Behaviors aimed at escaping or preventing exposure to a particular situation or stimulus.

COMPLETE THIS PAGE

Intervention Strategies that YOU Intend to Use Over the First 6 Months of Treatment with I.K.

Instructions: Please respond to **EVERY** intervention strategy below by writing either a “1,” “0,” or “?” in the box to the left of each strategy:

- **1 = I intend to use this strategy as the focus of least one session with this client**
- **0 = I intend NOT to use this strategy as the focus of at least one session with this client**
- **? = I POSSIBLY intend to use this strategy as a focus of at least one session with this client, but am hesitant to state a strong intention**

Please make sure your answers are clearly marked & **do not leave any strategy blank**. Remember, the treatment targets you are addressing include: **Anxiety & Avoidance**.

	Activity Scheduling		Emotional Processing		Line of Sight Supervision		Personal Safety Skills		Stimulus or Antecedent Control
	Assertiveness Training		Exposure		Maintenance or Relapse Prevention		Physical Exercise		Supportive Listening
	Attending		Eye Movement, Tapping		Marital Therapy		Play Therapy		Tangible Rewards
	Behavioral Contracting		Family Engagement		Medication/ Pharmacotherapy		Problem Solving		Therapist Praise/Rewards
	Biofeedback, Neurofeedback		Family Therapy		Mentoring		Psychoeducation, Child		Thought Field Therapy
	Care Coordination		Free Association		Milieu Therapy		Psychoeducation, Parent		Time Out
	Catharsis		Functional Analysis		Mindfulness		Relationship or Rapport Building		Twelve-Step Program
	Cognitive		Goal Setting		Modeling		Relaxation		Other:
	Commands		Guided Imagery		Motivational Interviewing		Response Cost		Other:
	Communication Skills		Hypnosis		Natural and Logical Consequences		Response Prevention		Other:
	Crisis Management		Ignoring/Differential Reinforcement of Other Behavior		Parent Coping		Self-Monitoring		
	Cultural Training		Individual Therapy for Caregiver		Parent/Teacher Monitoring		Self-Reward/ Self-Praise		
	Discrete Trial Training		Insight Building		Parent/Teacher Praise		Skill Building		
	Educational Support		Interpretation		Peer Pairing		Social Skills Training		

Please answer the following:

- Very Unlikely Very Likely
1. What is the likelihood of a positive outcome for I.K.? 1 2 3 4 5 6 7
-
2. When do you expect to end treatment with I.K.? _____ Months from intake

Hypothetical Case Scenario for J.A. (Narrative Description)

Instructions: Please read the following description carefully and do your best to imagine this as an actual referral you have just received. This narrative will hold for the duration of treatment and no crises or significant barriers will occur.

“J.A.” is a 10th grade boy recently referred to you for **intensive in-home services** for disruptive, oppositional, and rule-breaking behaviors. This is his first time receiving **any** type of mental health treatment outside the school. Members of J.A.’s school team noted concerns about his problematic trajectory and recommended his mother seek more intensive services for him through CAMHD to address his concerns at home as well as school. J.A. has always lived in Hawai’i, speaks only English, and is of mixed ethnicity.

So far, you have had only one session during which you conducted a standard intake interview with J.A. and his mother. During your interview, you learned the following information:

History:

- J.A. was a stubborn, argumentative child who became easily upset if things didn’t go his way. In elementary school, he had challenges with outbursts and being physically reactive to peers, but his behavior was generally managed in the classroom. These challenges worsened during middle school.
- J.A. switched schools for 8th grade after his family moved during the summer for his father’s job. During 8th grade, he had significantly more disciplinary referrals for behavioral outbursts (e.g., swearing at the teacher, work refusal, pushing his desk/throwing supplies when frustrated), which were primarily triggered by: demands being placed on J.A., frustration over difficult work, or perceiving a peer as starting a conflict with him.

Current Presentation:

- J.A. joined a varsity sports team this year. Since then, J.A. started skipping classes to hang out with his older teammates off campus, some of whom have a reputation for starting fights and causing trouble at school. He has also been breaking curfew, frequently saying curse words towards his family, and lying to his parents about hanging out with his new friends. Although some of his friends use drugs and drink, J.A. has never used substances himself.
- At school and home, J.A. continues to have issues with a short temper and reacts quickly and aggressively (e.g., yelling, swearing, punching walls) to frustration or perceived slights from others.
- Both J.A. and his mother noted they are tired of the constant arguing and yelling at home, and wish things would improve between J.A. and his parents. J.A.’s mother also stated that J.A. and his brothers frequently engage in minor verbal and/or physical fights.
- J.A. has always been a B/C student, but his grades recently dropped to D’s and a few F’s, resulting in him being placed on probation from athletics. J.A. told you he is “willing to do whatever it takes to stay on the team.”

Other information:

- According to J.A., his coaches had been starting him in most games prior to probation, which he described as the first time he had felt really good at something.
- J.A.’s older sibling also had problems with delinquent behavior in school. J.A.’s mother told you that she and J.A.’s father have always struggled with being consistent with rules and consequences.
- Both parents are motivated to help J.A., and have flexibility with their schedules and home responsibilities to allow for their own and J.A.’s participation in treatment.
- J.A. seems to like talking to you and is intellectually able to participate in treatment.

Hypothetical Case Scenario for J.A. Continued (Treatment Targets)

Below are the Targets YOU are Addressing in Treatment:

	Activity Involvement		Community Involvement		Hyperactivity		Positive Peer Interaction		Shyness
	Academic Achievement		Contentment, Enjoyment, Happiness		Learning Disorder, Underachievement		Phobia/Fears		Sleep Disturbance
	Adaptive Behavior/Living Skills		Depressed Mood		Low Self-Esteem		Positive Thinking/Attitude		Social Skills
	Adjustment to Change		Eating, Feeding Problems		Mania		Pregnancy Education/Adjustment		Speech and Language Problems
X	Aggression		Empathy		Medical Regimen Adherence		Psychosis		Substance Use
	Anger		Enuresis, Encopresis		Occupational Functioning/Stress		Runaway		Suicidality
	Anxiety		Fire Setting	X	Oppositional/Non-Compliant Behavior		School Involvement		Traumatic Stress
	Assertiveness		Gender Identity Problems		Peer Involvement		School Refusal/Truancy		Treatment Engagement
	Attention Problems		Grief		Peer/Sibling Conflict		Self-Control		Willful Misconduct, Delinquency
	Avoidance		Health Management		Personal Hygiene		Self-Injurious Behavior		Other:

Definition of Targets (for your reference):

1. **Aggression** – Verbal and/or physical aggression, or threat thereof, that results in intimidation, physical harm, or property destruction.
2. **Oppositional/Non-Compliant Behavior** – Behaviors that can be described as refusal to follow adult requests or demands or established rules and procedures (e.g., classroom rules, school rules, etc.).

Intervention Strategies that YOU Intend to Use Over the First 6 Months of Treatment with J.A.

Instructions: Please respond to **EVERY** intervention strategy below by writing either a “1,” “0,” or “?” in the box to the left of each strategy:

- **1 = I intend to use this strategy (as the focus of at least one session) with this client**
- **0 = I intend NOT to use this strategy (as the focus of at least one session) with this client**
- **? = I POSSIBLY intend to use this strategy (as a focus of at least one session) with this client, but am hesitant to state a strong intention.**

Please make sure your answers are clearly marked & **do not leave any strategy blank**. Remember, the treatment targets you are addressing include: **Oppositional/Non-Compliant Behavior & Aggression**.

	Activity Scheduling		Emotional Processing		Line of Sight Supervision		Personal Safety Skills		Stimulus or Antecedent Control
	Assertiveness Training		Exposure		Maintenance or Relapse Prevention		Physical Exercise		Supportive Listening
	Attending		Eye Movement, Tapping		Marital Therapy		Play Therapy		Tangible Rewards
	Behavioral Contracting		Family Engagement		Medication/ Pharmacotherapy		Problem Solving		Therapist Praise/Rewards
	Biofeedback, Neurofeedback		Family Therapy		Mentoring		Psychoeducation, Child		Thought Field Therapy
	Care Coordination		Free Association		Milieu Therapy		Psychoeducation, Parent		Time Out
	Catharsis		Functional Analysis		Mindfulness		Relationship or Rapport Building		Twelve-Step Program
	Cognitive		Goal Setting		Modeling		Relaxation		Other:
	Commands		Guided Imagery		Motivational Interviewing		Response Cost		Other:
	Communication Skills		Hypnosis		Natural and Logical Consequences		Response Prevention		Other:
	Crisis Management		Ignoring/Differential Reinforcement of Other Behavior		Parent Coping		Self-Monitoring		
	Cultural Training		Individual Therapy for Caregiver		Parent/Teacher Monitoring		Self-Reward/ Self-Praise		
	Discrete Trial Training		Insight Building		Parent/Teacher Praise		Skill Building		
	Educational Support		Interpretation		Peer Pairing		Social Skills Training		

Please answer the following:

Very Unlikely Very Likely

1. What is the likelihood of a positive outcome for J.A.? 1 2 3 4 5 6 7

2. When do you expect to end treatment with J.A.? _____ Months from intake