

Experiential Therapy of Depression Project
Brief Structured Recall:
Procedure Manual Version 3.51 (11/89)
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Part 1: Client Recall

- I. Preparation: While the client is completing his or her postsession forms, make sure you have all the materials needed:
 - A. Therapist should have given client and self the following regular Post-Session Forms:
 1. Client Post-Session Questionnaire (including H.A.T.)
 2. Client Personal Questionnaire (for next time)
 3. Therapist Post-Session Questionnaire
 - B. In addition, make sure that the therapist has administered the two Luborsky-Penn forms:
 1. Helping Alliance Questionnaire (for client)
 2. Facilitating Behaviors (for therapist)
 - C. Recall Materials:
 1. Client Event Recall Form (Version 3.51)
 2. Therapist Event Recall Form (Version 3.2 or 3.51)
 3. This Manual
 4. Event Record Forms for taking notes on Event (10 or more)
 5. Videotape of session, rewound to beginning of session
 6. Client and Therapist One-month Review forms (blank)
 - D. Tape recorder for recording recall (test to make sure it's working properly)
 - E. (Where appropriate:) Client One-Month Review Questionnaire from previous recall, with description of previous event and possible changes written in.
- II. Event identification (First part of Recall)
 - A. Orient Client to Recall Procedure. If the client has never done a recall before, give him or her some orientation to the process. Give a version of this:

In a couple of minutes, I will be playing back parts of the tape of the session you have just finished. I'll do this to help you remember what was going on during particular moments in the session. Clients and therapists often have many unspoken experiences during sessions, including thoughts, feelings, images, memories, and evaluations of the helpfulness of things said; we find it extremely interesting to learn about those unspoken experiences.

After this, ask the client if he or she has ever seen a videotape him/herself before. Be sensitive to the fact that some clients may need to be desensitized to seeing themselves.

- B. Read H.A.T. answers to questions 1 -5 aloud back to client to verify the information, to familiarize yourself with it, and to see if the client wishes to add anything. (If s/he does, write it down.)
- C. If client says event is very long (more than 10 min.), ask client to identify the most helpful (or important) part of the longer event; then do recall on this most important part.
- D. What to do if the client identifies all or most of the session as the significant event: First, ask the client to take a moment to think over the session to see if any part or topic now stands out as having been most helpful or important. If that does not produce a specific event, reschedule the recall for a later session and try again. Do not force the client to "come up" with a minor event, as this will yield poor data and be frustrating for all concerned. (The same procedure should be followed if the client says that there was no helpful event in the session. Note also that clients will occasionally identify events which they feel are important but whose helpfulness they do not know at that point.)
- E. Verify the information on questions 6 & 7 on the H.A.T. form (reverse side). If the client has forgotten to put the helpfulness ratings down for these, ask her/him to do so now.
- F. Locate Event:
 - 1. Wind tape forward by fixed counter units (e.g., 100, 50, 20; roughly 10-, 5-, or 2-minute intervals), depending on how far into tape client has said event is and how close you think you are to it. (On many machines, 60 min. is 900-1000 counter units.) It is very important to be conservative in how far forward you wind the tape - if you go past the event, clients often become quite confused. Also, be more conservative for "smaller" events, as these are harder to find. Remember also that clients sometimes err with regard to event length and location; we only ask them about location to get a very rough estimate.
 - 2. When you stop the tape, play 10-20 sec, long enough to allow the client to remember what was going on at that point in the session. If the client doesn't volunteer the information, ask him/her if the event is before or after this.
 - 3. Repeat this process until (a) you end up in the middle of the event or (b) the client tells you the event is coming right up.
- G. Surveying the Event:
 - 1. Find Beginning of Event.
 - a. First, with the client's help, find the beginning of the event, winding back and/or playing forward until you find it. Make sure to have the client tell

- you exactly (down to the word) where the event begins. If the client needs encouraging, tell him/her that he/she is the best judge of when the event started, although you recognize that it may be somewhat arbitrary.
- b. Write down the counter number (or video stopwatch time) for the exact beginning of the event. Mark the beginning of the event on the record sheet (draw a heavy line, write BEGIN).
2. Instructions. When the beginning of the event has been found, hand the client a copy of the Client Event Recall Form and talk him or her through the instructions on the first page; be sure to point out the three kinds of information you are looking for: most important things client said, most important things therapist said, and the end of the event.
 3. Play Through Event. Begin playing the event through. As you do so, you will need to do three things:
 - a. Keep an eye on the client, looking for nonverbal signs that s/he has something to note or say. When this happens, stop the tape, and ask the client if s/he wants to say anything or if a peak or the end has been reached.
 - b. Take brief notes on the event: for each speaking turn (more than "Uh-Huh!"), jot down the speaker (T or C), the first word, and a key word. Write more detailed notes for first and last speaking turn in the event and any "peak" responses. Have the client define the exact end of the event, and mark the boundary of the event on the record sheet (draw a heavy line and write "END").
 - c. For all "peak" responses, write down the following information on the Event Record Forms:
 - (i) Counter/clock numbers for any "peak" responses and the end of the event. (These go at the end of the speaking turn, not the beginning.)
 - (ii) Helpfulness ratings for any "peak" responses (give client a copy of the Helpfulness Rating Scale, which can be found on Event Record Forms or the Client Recall Form).
 - (iii) Mark all peaks with an asterisk in the * column.
 4. Helpful Hints for Surveying the Event:
 - a. If you suspect the client has forgotten to pay attention for peaks or the end of the event, you can occasionally stop the tape in order to inquire gently (e.g., "Anything so far?" "Anything more?" "Are we still in the event?") (but don't overdo it!).
 - b. If the client goes through the entire event without identifying peaks for both client and helper, ask him or her to describe the most helpful things the client and/or therapist said and then have the client review the event in order to locate these.
 - c. It is generally useful to rewind the tape a bit after stopping it, otherwise a few seconds of tape will be missed.

III. Event Description (second part of Client Recall)

- A. Open-ended Inquiry. This part of the recall should run 10 minutes or longer. You should encourage the client to talk freely, while you take brief notes. Give the client a copy of the form so s/he can follow along on, but record his/her responses yourself on your copy. Keep in mind that clients may answer more than one question at a time. Use Open Questions and not-too deep Reflections to encourage the client to tell you more; do not interpret, reassure or reflect deeply, or the recall is guaranteed to turn into another helping session and the client's answers may be biased. After the client has given an initial answer to the questions, a useful strategy is to ask her/him if there are any other feelings, intentions, etc. (but don't overdo this either, or the client will feel put upon!).

In Version 3.5, the client is essentially being asked to focus/free associate to a wide range of questions which are intended to serve as memory probes. Be careful not to push the client on this, but allow him or her to not have anything to say in response to a particular probe.

- B. Structured Inquiry: Next, continue on to the more structured parts of the recall.
1. Helpfulness Ratings: Notes:
 - a. Q1. If the client distinguishes between helpfulness "then" and helpfulness "now," record both, writing "then" and "now" next to the ratings. Be sure to check these ratings against the rating the client originally gave the event on the H.A.T. questionnaire; it is very common for helpfulness to change between filling out the H.A.T. and recall. If this is the case, ask in an inquiring, interested manner about the discrepancy, to find out its cause (usually it reflects the impact of the research procedures on the client's experience of the event).
 2. Impact ratings: Notes:
 - a. Make sure the client understands that he/she is to make these ratings on the basis of the descriptor(s) which fit best, and encourage him/her to tell you this (you can circle any descriptors the client mentions as particularly appropriate, and cross out any which are explicitly ruled out). Encourage the client to use the "experiential matching" procedure described in the instructions for these ratings.
 - b. Follow-up questions: When the client gives a "3," "4" or "5" rating for an impact, ask him/her to describe the content of the impact, that is, what it about. The "suggested follow-up probes" sheet is essential for this purpose.
 - c. Important: The follow-up probes also act as checks to make sure the client is using the rating scales properly; if the client's answer to the probe doesn't seem to fit, ask him/her the probe again or ask him/her to explain further. Make a note if you think the client has misunderstood the category, but don't push him/her any further than this.
 - d. Most important impact (Q18): Hand the client the recall form so s/he can glance through his/her ratings to pick the most important or helpful impact

(Note: It doesn't have to be the highest rating; but if it isn't, reflect this back to the client: "So, even though you didn't give _____ the highest rating, it was still the most important for you.")

3. Client Feelings and other Experiences Ratings: For questions 8-12, ask the client to describe the specific experience on which the rating is based.
4. Take notes to record anything else that comes up (e.g., client remarks about the procedure.)

IV. Administration of Client One-Month Review Questionnaire: The first One-Month Review should be done with the client; after that, it can be carried out with clients either in person or by mailing forms to them. Since we do recalls every four sessions, it is usually convenient to do the One-Month Review from the previous recall at the same time as the next recall. The client review can be done either at the beginning or the end of the recall session.

V. Client Recall: Administrative Details

- A. Prepare Client One-Month Review Questionnaire. While you have the client recall forms at hand, take a moment to put the appropriate information on the Client One-Month Review Questionnaire. (This will save having to hunt through files later and will decrease the likelihood of the forms being forgotten.)
 1. Look up H.A.T. description of the event you've just gone over with the client. Copy the descriptive information regarding event itself from questions 1 and 2 on H.A.T. form; be sure to edit out information on impacts (to avoid prejudicing review data); write this in the space at the top of the form.
 2. Look up the "possible changes" section of Client Event Recall Form from today's event; copy these onto the lines in question 6, page 4 of the One-Month Review Questionnaire.
- B. Check over data for completeness and legibility. Please carefully check over the information you have recorded on the client event description form to make sure it is complete and legible; the information is no good if no one can read it!

Part Two: Therapist Recall

I. Preparation for Therapist Self-recall

- A. Label all record sheets, forms, and tapes for case, session and date.
- B. Write the number of any "peak" therapist responses in the appropriate spaces in "Sequence" section of the Therapist Event Recall Form. If the client has not specified a peak for the event, use the first major therapist speaking turn in the event, and fill in detail on the event notes.
- C. Rewind session video or audio tape to beginning of event.
- D. If applicable, write note reminding therapist to do his/her One-Month Review Questionnaire for the previous event.
- E. Take a blank Therapist One-Month Review Questionnaire and attach a note to it asking the therapist to prepare the form after doing his/her recall, then file it in the "Therapist Event Review Pending" file.
- F. Deliver tape, Therapist Event Recall Form, blank Therapist One -Month Review Questionnaire, and records of event to therapist.

II. Therapist Recall:

- A. It is very helpful for the therapist to have some familiarity with the Comprehensive Process Analysis (CPA) framework, since parts of the Therapist Event Recall Form are based on it. In particular, the Context section is derived from the levels of context part of the CPA framework.
- B. The first time a therapist goes through recall, he or she should be taken through it as a structured interview by someone with a good knowledge of the procedure and the CPA framework. In this way, any misunderstandings or confusions about the intent of particular questions can be cleared up immediately. After the first time, however, the therapist can fill out the form on his/her own, as a questionnaire. (Allow 1 -2 hours for this, depending on experience and complexity of event.)
- C. Suggestions for Doing Therapist Recalls:
 - 1. In filling out the Therapist Event Recall Form, the therapist is allowed (and encouraged) to jump around from heading to heading, in order to make sure material is in the right place. (This is particularly true of the Context section.)
 - 2. Therapists should explicate "obvious" aspects of the event and should not assume that "everybody knows X"; it is precisely such "taken for granted" assumptions or observations which may not be shared by those working in

different theoretical orientations. Being able to explicate these assumptions is a valuable potential contribution of this research.

3. It's OK to speculate freely about "possible changes."
4. It's OK to be detailed in describing client general characteristics.

III. Therapist One-Month Review Questionnaire:

- A. Therapist should do this him/herself. He or she can consult the event notes used in the original recall of the event, but it is often useful to look at the tape of the event again.
- B. Setting up Therapist One-Month Review Questionnaire. At the end of your self-recall, look up the "possible changes" on Therapist Event Description Form and transfer these to rating scales on review questionnaire. Attach the event notes to the Questionnaire. If you forgot to do this, or can't find the form, you'll have to set up a new one by looking up your Event Description Form in the files.

Recommended Follow-up Probes for Impact Ratings (7/88)

Whenever the client rates an impact with a "3" or higher, she or he should be asked an appropriate follow-up probe regarding the content of the impact. This practice also serves as a check of whether the client is using an impact item properly.

1. Realization about self: What was the **new** thing that you realized about yourself there?
2. Realization about someone else: What was the **new** thing that you realized about someone else there?
3. Awareness--Clarification: What was the **feeling or experience** that you became more aware of or clearer about there?