

Progress in Treatment Questionnaire – Therapist (PITQ-t)

Circle the number to show what percentage of the time your client has demonstrated the following behaviors, cognitions or experiences in the **last 6 months**.

1. Engages in self-injurious behavior (e.g., cutting, burning) or suicide attempts.
0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)
2. Engages in potentially self-damaging acts such as abusing substances, purging, shoplifting, driving unsafely.
0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)
3. Identity is strongly tied to being a victim of abuse.
0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)
4. Understands that they have a dissociative disorder (DD) and generally acknowledges that this diagnosis is accurate.
0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)
5. Able to maintain a fairly strong treatment alliance, and when there are disruptions to the alliance, able to work productively to repair it.
0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)
6. Knows and uses self-soothing strategies (e.g., any type of calming strategy that is not used explicitly to contain PTSD symptoms or prevent dissociation) when they are needed.
0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)
7. Knows and uses containment strategies (e.g., hypnotic or imagery techniques used to contain intrusive PTSD symptoms) when they are needed.
0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)
8. Knows and uses grounding techniques to prevent self from going numb, zoning out, having amnesic lapses when they are needed (e.g., techniques such as muscle contractions, movement, or touching an object to avoid dissociating).
0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)
9. Keeps oriented in the present (i.e., does NOT get confused about past and present).
0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)
10. Shows good awareness of his/her emotions and feels his/her body sensations.
0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)
11. Shows good affect tolerance (can feel emotions without getting overwhelmed).
0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)

12. Shows good impulse control (e.g., can feel angry or depressed without acting it out).
0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)
13. Is aware that the traumawas not his/her fault.
0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)
14. Manages daily functioning well (e.g., managing hygiene, maintaining a home, paying bills).
0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)
15. Has continuous awareness of behaviors, that is, the patient does not report time loss or other signs of amnesia (e.g. no behaviors done out of their awareness, no possessions for which they can't recall how they obtained them, etc.).
0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)
16. Able to deal with stressful situations without dissociating.
0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)
17. Able to maintain healthy personal and professional relationships with other people.
0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)
18. Able to experience grief stemming from trauma-related losses.
0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)
19. Has found ways to make life feel meaningful and rewarding.
0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)
20. Has a generally positive view of him/herself.
0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)
21. Has a generally positive view of other people.
0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)
22. Able to experience sexual intimacy without difficulties such as intense shame, flashbacks or dissociation and with some pleasure.
0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)
23. Able to tolerate doing trauma focused abreactive work (i.e., able to express intense affect about past trauma, talk in detail about traumatic events, as well as explore the meaning, impact, and conflicts related to trauma).
0% 10 20 30 40 50 60 70 80 90 100%
(never) (always)

Parts-related questions. The following questions are for persons who have dissociated self-states / “parts”. If these items do not apply to your patient, please circle “not applicable”. Otherwise, please circle the percentage of time each statement applies to your patient.

24. Has awareness that all dissociated self-states are part of himself/herself and share one body (i.e., does not believe one alter can “kill” another and survive the suicide).
 0% 10 20 30 40 50 60 70 80 90 100%
 (never or not applicable) (always)
25. Knows parts and understands their functions (i.e., what purposes they serve, such as helping manage feelings related to trauma).
 0% 10 20 30 40 50 60 70 80 90 100%
 (never or not applicable) (always)
26. Shows good internal communication and cooperation among parts.
 0% 10 20 30 40 50 60 70 80 90 100%
 (never or not applicable) (always)
27. Has reliable co-consciousness with all parts.
 0% 10 20 30 40 50 60 70 80 90 100%
 (never or not applicable) (always)
28. Has integrated at least two parts.
 0% 10 20 30 40 50 60 70 80 90 100%
 (never or not applicable) (always)
29. Has integrated all parts and no longer experiences amnesia, voices, passive influence or other signs of identity fragmentation.
 0% 10 20 30 40 50 60 70 80 90 100%
 (never or not applicable) (always)

PITQ-t Scoring

To score the PITQ-t, treat the percentages endorsed as points (e.g., 0% = 0 points, 100% = 100 points). *NOTE:* Items 1, 2, and 3 are reverse-scored (i.e., 0=100 points, 10=90, 20=80, 30=70, 40=60, 50=50, 60=40, 70=30, 80=20, 90=10, 100=0 points).

The procedure for calculating a PITQ-t score is different for patients with and without dissociated self-states.

For patients without dissociated self-states

Add the points corresponding to the percentages endorsed for items 1 through 23 and divide by 23 (i.e., maximum score = 100, minimum score = 0).

For patients with dissociated self-states

Add the points corresponding to the percentages endorsed for items 1 through 29 and then divide the total by 29 (i.e., maximum score = 100, minimum score = 0).

The use of this measure is free of charge. Please note, however, that norms for the PITQ-t have not yet been established. If you use the PITQ-t in research, please share your feedback and findings with BBrand@towson.edu and Hugo.Schielke@gmail.com.