

# Inventory for the balanced assessment of Negative Effects of Psychotherapy (INEP)

*Optional title for patients to avoid bias: Unexpected incidents during and after psychotherapy*

Questionnaire number: \_\_\_\_\_

Dear patient,

this questionnaire entails questions about your recent psychotherapy. We will present you a list of possible outcomes of psychotherapeutic treatments. Please indicate for each of the outcomes whether they concur with your personal experience of psychotherapy. Furthermore, we are interested in possible causes of these outcomes. For every outcome, please indicate whether you think it was caused by your therapy or by other life circumstances unrelated to the therapy.

Please bear in mind that there are no right and wrong answers. Just indicate the box, which best suits your personal views and experiences.

**In case you had more than one prior psychotherapies, please refer to your latest treatment.**

The processing will take about **10 minutes**. Please do not omit any statement.

Fully agree	Mostly agree	Slightly agree	Not applicable/ unchanged	Slightly agree	Mostly agree	Fully agree
+3	+2	+1	0	-1	-2	-3

Since the end of my therapy and in comparison to before I started treatment...									What caused this outcome?		
		3	2	1	0	-1	-2	-3	The therapy	Other circumstances	
1. I feel...	better.	0	0	0	0	0	0	0	worse.	0	0
2. Trusting others comes....	easier.	0	0	0	0	0	0	0	harder.	0	0
3. I am .... troubled by my past.	less.	0	0	0	0	0	0	0	more.	0	0
4. My partner and I experience... (skip in case of no current relationship)	less conflicts.	0	0	0	0	0	0	0	more conflicts.	0	0
5. The relationship with my family has...	improved.	0	0	0	0	0	0	0	worsened.	0	0
6. The relationship with my friends has...	improved.	0	0	0	0	0	0	0	worsened.	0	0

Please indicate your agreement/disagreement with every listed statement.	Fully agree	Mostly agree	Slightly agree	Disagree	What caused this outcome?	
					The therapy	Other circumstances
7. I am anxious that my colleagues or friends could find out about my psychotherapy.	0	0	0	0	0	0
8. I have troubles finding insurance or am anxious to apply for new insurance.	0	0	0	0	0	0
9. I have more financial worries than before.	0	0	0	0	0	0
10. I feel addicted to my therapist.	0	0	0	0	0	0
11. I have troubles making important decisions without my therapist.	0	0	0	0	0	0
12. My partner is or has been jealous of my therapist. (skip, in case of no current relationship)	0	0	0	0	0	0
13. Everybody has ups and downs. Since the end of my therapy, I have experienced more downs.	0	0	0	0	0	0
14. Since the end of my therapy, I have changed for the worse.	0	0	0	0	0	0
15. During treatment or since the end of my therapy, I suffered from suicidal thoughts or intentions for the first time ever.	0	0	0	0	0	0

The professional therapist-patient relationship is usually guided by mutual respect and trust. However, in exceptional cases violations of this professional relationship might result in unwanted effects and adverse events. The following statements refer to such exceptions.

Even if they do not apply to most patient-therapist relationships, we would like you to indicate your agreement or disagreement with each of the statements.

Please indicate whether or not you agree with the following statements.	Disagree/ Not applicable	Slightly agree	Mostly agree	Agree	If yes, please describe the manner in which it occurred
16. I felt hurt by what the therapist told me.	0	0	0	0	_____
17. I felt personally ridiculed by my therapist.	0	0	0	0	_____
18. I felt sexually molested by my therapist.	0	0	0	0	_____
19. My therapist attacked me physically.	0	0	0	0	_____
20. My therapist forced me to do things I did not want to do (e.g., confrontations, role plays).	0	0	0	0	_____

