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| Date: | Session number: | Contract length: | Client code: |
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Relational Depth Frequency Scale—Therapist version (RDFS-T)

Below is a list of items representing experiences people might have in therapy.

Please think of your relationship with your client and select how frequently you have experienced the moments described in each item.

There is no right or wrong answer, individuals relate differently.

Each item follows the statement:

“Over the course of therapy with my client, there were moments where...”

1. We were deeply connected to one another

| | | | | |
|-----------------|------------------------|----------------|------------|------------------------------|
| ① Not at all | ② Only occasionally | ③ Sometimes | ④ Often | ⑤ Most or all of the time |
|-----------------|------------------------|----------------|------------|------------------------------|

2. We were immersed in the present moment

| | | | | |
|-----------------|------------------------|----------------|------------|------------------------------|
| ① Not at all | ② Only occasionally | ③ Sometimes | ④ Often | ⑤ Most or all of the time |
|-----------------|------------------------|----------------|------------|------------------------------|

3. There was a deep understanding between us

| | | | | |
|-----------------|------------------------|----------------|------------|------------------------------|
| ① Not at all | ② Only occasionally | ③ Sometimes | ④ Often | ⑤ Most or all of the time |
|-----------------|------------------------|----------------|------------|------------------------------|

4. It felt like a shared experience

| | | | | |
|-----------------|------------------------|----------------|------------|------------------------------|
| ① Not at all | ② Only occasionally | ③ Sometimes | ④ Often | ⑤ Most or all of the time |
|-----------------|------------------------|----------------|------------|------------------------------|

5. I felt like we were totally in-the-moment together

| | | | | |
|-----------------|------------------------|----------------|------------|------------------------------|
| ① Not at all | ② Only occasionally | ③ Sometimes | ④ Often | ⑤ Most or all of the time |
|-----------------|------------------------|----------------|------------|------------------------------|

6. It felt we were completely open with each other

| | | | | |
|-----------------|------------------------|----------------|------------|------------------------------|
| ① Not at all | ② Only occasionally | ③ Sometimes | ④ Often | ⑤ Most or all of the time |
|-----------------|------------------------|----------------|------------|------------------------------|

Thank you for completing this form

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|-------|----------|--------------|
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Relational Depth Frequency Scale—Client Version (RDFS-C)

Below is a list of items representing experiences people might have in therapy.

Please think of your relationship with your therapist and select how frequently you have experienced the moments described in each item.

There is no right or wrong answer, individuals relate differently.

Each item follows the statement:

'Over the course of therapy with my therapist, there were moments where...'

1. We were deeply connected to one another

| | | | | |
|-----------------|------------------------|----------------|------------|------------------------------|
| ① Not at all | ② Only occasionally | ③ Sometimes | ④ Often | ⑤ Most or all of the time |
|-----------------|------------------------|----------------|------------|------------------------------|

2. We were immersed in the present moment

| | | | | |
|-----------------|------------------------|----------------|------------|------------------------------|
| ① Not at all | ② Only occasionally | ③ Sometimes | ④ Often | ⑤ Most or all of the time |
|-----------------|------------------------|----------------|------------|------------------------------|

3. There was a deep understanding between us

| | | | | |
|-----------------|------------------------|----------------|------------|------------------------------|
| ① Not at all | ② Only occasionally | ③ Sometimes | ④ Often | ⑤ Most or all of the time |
|-----------------|------------------------|----------------|------------|------------------------------|

4. It felt like a shared experience

| | | | | |
|-----------------|------------------------|----------------|------------|------------------------------|
| ① Not at all | ② Only occasionally | ③ Sometimes | ④ Often | ⑤ Most or all of the time |
|-----------------|------------------------|----------------|------------|------------------------------|

5. I felt like we were totally in-the-moment together

| | | | | |
|-----------------|------------------------|----------------|------------|------------------------------|
| ① Not at all | ② Only occasionally | ③ Sometimes | ④ Often | ⑤ Most or all of the time |
|-----------------|------------------------|----------------|------------|------------------------------|

6. I felt we were completely open with each other

| | | | | |
|-----------------|------------------------|----------------|------------|------------------------------|
| ① Not at all | ② Only occasionally | ③ Sometimes | ④ Often | ⑤ Most or all of the time |
|-----------------|------------------------|----------------|------------|------------------------------|

Thank you for completing this form