Contextual CBT Therapy Rating Scale

Directions: Assess the therapist on a scale from 0 to 6, and record the rating on the line next to the item number. Descriptions are provided for even-numbered scale points. If you believe the therapist falls between two of the descriptors, select the intervening odd number (1, 3, 5). For example, if the therapist set a very good agenda but did not establish priorities, assign a rating of a 5 rather than a 4 or 6.

If the descriptions for a given item occasionally do not seem to apply to the session you are rating, feel free to disregard them and use the more general scale below:

0  1   2   3  4  5  6
Poor     Barely Adequate    Mediocre        Satisfactory           Good      Very Good           Excellent

Please do not leave any item blank. For all items, focus on the skill of the therapist, taking into account how difficult the patient seems to be.

Part I. GENERAL THERAPEUTIC SKILLS

1. AGENDA

0  Therapist did not set agenda.
2  Therapist set agenda that was vague or incomplete.
4  Therapist worked with patient to set a mutually satisfactory agenda that included specific target problems (e.g., anxiety at work, dissatisfaction with marriage.)
6  Therapist worked with patient to set an appropriate agenda with target problems, suitable for the available time. Established priorities and then followed agenda.

2. ELICITING FEEDBACK

0  Therapist did not ask for feedback to determine patient’s understanding of, or response to, the session.
2  Therapist elicited some feedback from the patient, but did not ask enough questions to be sure the patient was oriented to the therapy task(s) during the session or to understand the patient’s reaction to the session.
4  Therapist asked enough questions to be sure that the patient was oriented to the current therapy task and to determine the patient’s reactions to the session. The therapist adjusted his/her behavior in response to the feedback, when appropriate.
6  Therapist was especially adept at eliciting and responding to verbal and non-verbal feedback throughout the session (e.g., elicited reactions to session, regularly checked for understanding, helped summarize main points at end of session).
3. EMPATHY, LISTENING, & UNDERSTANDING

0 Therapist repeatedly failed to understand what the patient explicitly said and thus consistently missed the point. Poor empathic skills.
2 Therapist was usually able to reflect or rephrase what the patient explicitly said, but repeatedly failed to respond to more subtle communication. Limited ability to listen and empathize.
4 Therapist generally seemed to grasp the patient’s “internal reality” as reflected by both what was explicitly said and what the patient communicated in more subtle ways. Good ability to listen and empathize.
6 Therapist seemed to understand the patient’s “internal reality” thoroughly and was especially adept at listening and empathizing.

4. WARMTH, GENUINENESS, & INTERPERSONAL EFFECTIVENESS

0 Therapist had poor interpersonal skills. Seemed hostile, demeaning, condescending, or in some other way destructive to the patient.
2 Therapist did not seem destructive, but had significant interpersonal problems. At times, therapist appeared unnecessarily impatient, aloof, and insincere or had difficulty conveying confidence and competence.
4 Therapist displayed a satisfactory degree of warmth, concern, confidence, genuineness, and professionalism. No significant interpersonal problems.
6 Therapist displayed optimal levels of warmth, concern, confidence, genuineness, and professionalism, appropriate for this particular patient in this session. Treated the patient like a competent peer.

5. VALIDATION

0 Therapist invalidated the patient.
2 Therapist was not invalidating, but repeatedly failed to validate the patient when validation would have been appropriate.
4 Therapist found opportunities to communicate that patient’s responses were understandable given their histories, or else normative under the circumstances.
6 Therapist was especially adept at looking for the valid aspect of a patient’s response and validating that as normative and/or understandable.

**Indicate below validation strategies observed:

1 - Awake, aware, mindfully in the present moment  Most of the time  Sometimes  Rarely
2 - Accurately reflected what patient said  Most of the time  Sometimes  Rarely
3 - Accurately reflected what patient thought/felt but did not say  Most of the time  Sometimes  Rarely
4 - Communicated patient’s response was understandable in light of patient’s history or biological process  Enough  Not enough  Inappropriately
5 - Communicated patient’s response was normative and understandable in light of current context  Most of the time  Sometimes  Rarely
6 - Responded with genuineness, not hiding self behind a “typical therapist” responses  Most of the time  Sometimes  Rarely
### 6. COLLABORATION

0. Therapist did not attempt to set up collaboration with patient.

2. Therapist attempted to collaborate with patient, but had difficulty either defining a problem that the patient considered important or establishing rapport.

4. Therapist was able to collaborate with patient, focus on a problem that both patient and therapist considered important, and establish rapport.

6. Collaboration seemed excellent; therapist encouraged patient as much as possible to take an active role during the session (e.g., by offering choices) so they could function as a “team”.

### 7. PACING AND EFFICIENT USE OF TIME

0. Therapist did not attempt to structure therapy time. Session seemed aimless, with a predominance of unfocused conversation.

2. Therapist made some attempt to give the session direction, but the therapist had significant problems with structuring or pacing (e.g., too little structure, inflexible about structure, too slowly paced, too rapidly paced).

4. Therapist was reasonably successful at using time efficiently. Therapist maintained appropriate control over flow of discussion and pacing.

6. Therapist used time efficiently by tactfully limiting peripheral and unproductive discussion and by pacing the session as rapidly as was appropriate for the patient.

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### Part II. CONCEPTUALIZATION, STRATEGY, AND TECHNIQUE

### 8. CONCEPTUALIZATION OF THE PATIENT

0. Therapist did not have a conceptualization of the patient consistent with behavioral or cognitive-behavioral theory.

2. Therapist had a conceptualization of the patient consistent with behavioral and/or cognitive behavioral theory; however, the conceptualization was inadequate for addressing all the relevant problems in an effective treatment plan.

4. Therapist had a mostly coherent and comprehensive conceptualization of the patient that was consistent with BT/CBT theory and suitable for effective treatment planning.

6. Therapist had a very comprehensive and coherent conceptualization of the patient, consistent with BT/CBT theory and very useful for addressing all relevant presenting problems and target behaviors.

### 9. TREATMENT PLAN/STRATEGY FOR CHANGE (Note: For this item, focus on the quality of the therapist’s strategy for change, not on how effectively the strategy was implemented or whether change actually occurred.)

0. Therapist did not have a BT/CBT strategy for change.

2. Therapist had a BT/CBT strategy for change; however, either the overall strategy for bringing about change seemed vague, or not supported by empirical literature, or otherwise did not seem promising in helping the patient.

4. Therapist seemed to have a generally coherent BT/CBT treatment plan/strategy for change that is supported by the research literature as appropriate for patient’s presenting problem(s).
Therapist had a BT/CBT treatment plan/strategy for change that seems especially promising in that it is supported by the research literature as appropriate for the patient’s presenting problem(s), and also accounts for the individual patient’s strengths, vulnerabilities, and needs.

10. GUIDED DISCOVERY
0  Therapist relied primarily on debate, persuasion, or “lecturing”. Therapist seemed to be “cross-examining” patient, putting the patient on the defensive, or forcing his/her point of view on the patient.
2  Therapist relied too heavily on persuasion and debate, rather than guided discovery. However, therapist’s style was supportive enough that patient did not seem to feel attacked or defensive.
4  Therapist, for the most part, helped patient see new perspectives through guided discovery (e.g., examining evidence, considering alternatives, weighing advantages and disadvantages) rather than through debate. Used questioning appropriately.
6  Therapist was especially adept at using guided discovery during the session to explore problems and help patient draw his/her own conclusions. Achieved an excellent balance between skillful questioning and other modes of intervention.

11. FOCUSING ON KEY BEHAVIORS/THOUGHTS/EMOTIONS
0  Therapist did not attempt to elicit or focus on specific behaviors, thoughts, or emotions.
2  Therapist used appropriate techniques to elicit behaviors/thoughts/emotions; however, therapist had difficulty finding a focus or focused on behaviors/thoughts/feelings that were irrelevant to the patient’s key problems.
4  Therapist focused on specific behaviors/thoughts/emotions relevant to the target problem. However, therapist could have focused on more central behaviors/thoughts/feelings that offered greater promise for progress.
6  Therapist very skillfully focused on key behaviors/thoughts/emotions that were most relevant to the problem area and offered considerable promise for progress.

12. BEHAVIORAL TRACKING (helping patients notice antecedents and consequences of behavior, including relationships among situations, thoughts, feelings, and behavior)
0  Therapist did not attempt to help patient accurately track the relationships between behavior and its antecedents and consequences.
2  Therapist attempted to help the patient track his/her behavior, and its antecedents and consequences. However, the therapist’s style or strategy was not effective.
4  Therapist was moderately successful in helping the patient track antecedents and consequences of behavior, including noticing relationships among situations, thoughts, feelings, and behavior.
6  Therapist very skillfully assisted patient in tracking antecedents and consequences of relevant target behaviors.

13. ATTENDING TO IN-SESSION CLINICALLY RELEVANT BEHAVIOR (CRB1s and 2s)
0  Therapist either inadvertently reinforced patient behavior that is related to the clinical problem (CRB1s) or punished patient behavior that represented clinical progress (CRB2s). Therapist behavior is impeding clinical progress.
2  Therapist is not impeding clinical progress, but is not actively seeking to block CRB1s or reinforce CRB2s.
4  Therapist was moderately successful at responding effectively to CRB1s and CRB2s: therapist seemed to notice their occurrence and attempted to reinforce CRB2s.
Therapist was very skillful at blocking or not reinforcing behavior related to the clinical problem(s) and responded in naturally reinforcing ways to patient behavior that represented clinical improvement.

14. APPLICATION OF BT/CBT STRATEGIES (Note: For this item, focus on how skillfully the techniques were applied, not on how appropriate they were for the target problem or whether change actually occurred.) To complete this item, identify up to three strategies that the therapist used in the session. A partial list of possible strategies is presented here:

<table>
<thead>
<tr>
<th>Strategy</th>
</tr>
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<tbody>
<tr>
<td>Behavior chain analysis</td>
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<tr>
<td>Solution analysis</td>
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<tr>
<td>Skills training</td>
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<tr>
<td>Psychoeducation</td>
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<tr>
<td>Exposure</td>
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<tr>
<td>Facilitating acceptance/willingness</td>
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<tr>
<td>Cognitive challenging</td>
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<tr>
<td>Facilitating self-as-context</td>
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<tr>
<td>Cognitive defusion</td>
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<tr>
<td>Mindfulness/present moment</td>
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<tr>
<td>Values identification</td>
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<tr>
<td>Behavioral monitoring</td>
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<td>Behavioral activity scheduling</td>
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<tr>
<td>Goal setting</td>
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<tr>
<td>Problem solving</td>
</tr>
<tr>
<td>Relaxation/breathing training</td>
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</tbody>
</table>

_______ 14A. Name the strategy used, if any ______________________________

0  Therapist did not use any BT/CBT strategy.
2  Therapist used the above strategy consistent with the therapist’s treatment plan, but there were significant flaws in the way it was applied.
4  Therapist applied this strategy with moderate skill.
6  Therapist very skillfully and resourcefully used this strategy.

_______ 14B. Name the strategy used, if any ______________________________

0  Therapist did not use any BT/CBT strategy.
2  Therapist used the above strategy consistent with the therapist’s treatment plan, but there were significant flaws in the way it was applied.
4  Therapist applied this strategy with moderate skill.
6  Therapist very skillfully and resourcefully used this strategy.

_______ 14C. Name the strategy used, if any ______________________________

0  Therapist did not use any BT/CBT strategy.
2  Therapist used the above strategy consistent with the therapist’s treatment plan, but there were significant flaws in the way it was applied.
4  Therapist applied this strategy with moderate skill.
Therapist very skillfully and resourcefully used this strategy.

15. HOMEWORK

0 Therapist did not attempt to incorporate homework relevant to the treatment plan.
2 Therapist had significant difficulties incorporating homework (e.g., did not review previous homework, did not explain homework in sufficient detail, assigned inappropriate homework).
4 Therapist reviewed previous homework and assigned “standard” BT/CBT homework generally relevant to issues dealt with in session. Homework was explained in sufficient detail.
6 Therapist reviewed previous homework and carefully assigned homework drawn from BT/CBT therapy for the coming week. Assignment seemed “custom tailored” to help patient incorporate new perspectives, test hypotheses, experiment with new behaviors discussed during session, etc.

Part III. ADDITIONAL CONSIDERATIONS

16. Were there any significant unusual factors in this session that you feel justified the therapist’s departure from the standard approach measured by this scale?
YES (Please explain below) NO

17. How difficult did you feel this patient was to work with?

0  1  2  3  4  5  6
Not difficult at all Extremely Difficult

Part IV. OVERALL RATINGS AND COMMENTS

18. How would you rate the clinician overall in this session, as a CBT therapist?

0  1  2  3  4  5  6
Poor Barely Adequate Mediocre Satisfactory Good Very Good Excellent

COMMENTS AND SUGGESTIONS FOR THERAPIST’S IMPROVEMENT (also use back):