**Name: Date: Module: Markers:**

**ITEM 1 – AGENDA SETTING AND ADHERENCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Competence level | | | | Examples NB: Score according to features, not examples! |
| 0 |  |  |  | No agenda set, highly inappropriate agenda set, or agenda not adhered to. |
|  |  |
| 1 |  |  | Inappropriate agenda set (eg. lack of focus, unrealistic, no account of patient’s presentation, homework not reviewed. |
|  |  |
| 2 |  |  | An attempt at an agenda made, but major difficulties evidence (eg. Unilaterally set). Poor adherence. |
|  |  |
| 3 |  |  | Appropriate agenda, which was set well, but some difficulties evident (eg. Poor collaboration). Some adherence. |
|  |  |
| 4 |  |  | Appropriate agenda, minor difficulties evident (eg. no prioritization), but appropriate features covered (eg. review of homework). Moderate adherence. |
|  |  |
| 5 |  |  | Appropriate agenda set with discrete and prioritized targets – review at the end. Agenda adhered to. Minimal problems. |
|  |  |
| 6 |  |  | Excellent agenda set, or highly effective agenda set in the face of difficulties. |
|  |  |

**ITEM 2 – FEEDBACK**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Competence level | | | | Examples NB: Score according to features, not examples! |
| 0 |  |  |  | Absence of feedback or highly inappropriate feedback. |
|  |  |
| 1 |  |  | Minimal appropriate feedback (verbal and/or written) |
|  |  |
| 2 |  |  | Appropriate feedback, but not given frequently enough by therapist, with insufficient attempts to elicit and give feedback, eg. feedback too vague to provide opportunities for understanding and change. |
|  |  |
| 3 |  |  | Appropriate feedback given and elicited frequently, although some difficulties evident in terms of content or method of delivery. |
|  |  |
| 4 |  |  | Appropriate feedback given and elicited frequently, facilitating moderate therapeutic gains. Minor problems evident (eg. inconsistent). |
|  |  |
| 5 |  |  | Highly appropriate feedback given and elicited regularly, facilitating shared understanding and enabling significant therapeutic gains. Minimal problems. |
|  |  |
| 6 |  |  | Excellent use of feedback, or highly effective feedback given and elicited regularly in the face of difficulties. |
|  |  |

**ITEM 3 – COLLABORATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Competence level | | | | Examples NB: Score according to features, not examples! |
| 0 |  |  |  | Patient is actively prevented or discouraged from being collaborative. |
|  |  |
| 1 |  |  | The therapist is too controlling, dominating, or passive. |
|  |  |
| 2 |  |  | Some occasional attempt at collaboration, but didactic style or passivity of therapist encourages passivity or other problems in the therapeutic relationship. |
|  |  |
| 3 |  |  | Teamwork evident, but some problems with collaborative set (eg. not enough time allowed for the patient to reflect and participate actively). |
|  |  |
| 4 |  |  | Effective teamwork is evident, but not consistent. Minor problems evident. |
|  |  |
| 5 |  |  | Effective teamwork evident throughout most of the session, both in terms of verbal content and use of written summaries. Minimal problems. |
|  |  |
| 6 |  |  | Excellent teamwork, or highly effective teamwork in the face of difficulties. |
|  |  |

**ITEM 4 – PACING AND EFFICIENT USE OF TIME**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Competence level | | | | Examples NB: Score according to features, not examples! |
| 0 |  |  |  | Poor time management leads either to an aimless or overly rigid session. |
|  |  |
| 1 |  |  | The session is too slow or too fast for the current needs and capacity of the patient. |
|  |  |
| 2 |  |  | Reasonable pacing, but digression or repetitions from therapist and/or patient lead to inefficient use of time; unbalanced allocation of time, over time. |
|  |  |
| 3 |  |  | Good pacing evident some of the time, but diffuse at times. Some problems evident. |
|  |  |
| 4 |  |  | Balanced allocation of time with discrete start, middle and concluding phases evident. Minor problems evident. |
|  |  |
| 5 |  |  | Good time management skills evident, session running smoothly. Therapist working effectively in controlling the flow within the session. Minimal problems. |
|  |  |
| 6 |  |  | Excellent time management, or highly effective management evident in the face of difficulties. |
|  |  |

**ITEM 5 – INTERPERSONAL EFFECTIVENESS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Competence level | | | | Examples NB: Score according to features, not examples! |
| 0 |  |  |  | Therapist’s manner and interventions make the patient disengage and become distrustful and/or hostile (absence of/or excessive I, ii, iii). |
|  |  |
| 1 |  |  | Difficulty in showing empathy, genuineness and warmth. |
|  |  |
| 2 |  |  | Therapist’s style (eg. intellectualization) at times impedes his/her empathic understanding of the patient’s communications. |
|  |  |
| 3 |  |  | The therapist is able to understand explicit meanings of patient’s communications, resulting in some trust developing. Some evidence of inconsistencies in sustaining a relationship. |
|  |  |
| 4 |  |  | The therapist is able to understand the implicit, as well as the explicit meanings of the patient’s communications and demonstrates it in his/her manner. Minor problems evident (eg. inconsistent). |
|  |  |
| 5 |  |  | The therapist demonstrates very good interpersonal effectiveness. Patient appears confident that he/she is being understood, which facilitates self-disclosure. Minimal problems. |
|  |  |
| 6 |  |  | Highly interpersonally effective, even in the face of difficulties. |
|  |  |

**ITEM 6 – ELICITING OF APPROPRIATE EMOTIONAL EXPRESSION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Competence level | | | | Examples NB: Score according to features, not examples! |
| 0 |  |  |  | Patient is under- or over-stimulated (eg. his/her feelings are ignored or dismissed or allowed to reach an unmanaged pitch). Or the therapist’s own mood or strategies (eg. intellectualization) adversely influences the session. |
|  |  |
| 1 |  |  | Failure to facilitate access to, and expression of, appropriate emotional expression. |
|  |  |
| 2 |  |  | Facilitation of appropriate emotional expression evident, but many relevant opportunities missed. |
|  |  |
| 3 |  |  | Some effective facilitation of appropriate emotional expression, created and/or maintained. Patient enabled to become slightly more aware. |
|  |  |
| 4 |  |  | Effective facilitation of appropriate emotional expression leading to the patient becoming more aware of relevant emotions. Minor problems evident. |
|  |  |
| 5 |  |  | Very effective facilitation of emotional expression, optimally arousing the patient’s motivation and awareness. Good expression of relevant emotions evident – done in an effective manner. Minimal problems. |
|  |  |
| 6 |  |  | Excellent facilitation of appropriate emotional expression, or effective facilitation in the face of difficulties. |
|  |  |

**ITEM 7 – ELICITING KEY COGNITIONS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Competence level | | | | Examples NB: Score according to features, not examples! |
| 0 |  |  |  | Therapist fails to elicit relevant cognitions. |
|  |  |
| 1 |  |  | Inappropriate cognitions and emotions selected, or key cognitions/emotions ignored. |
|  |  |
| 2 |  |  | Some cognitions/emotions (or one key cognition, eg. core belief) elicited, but links between cognitions and emotions not made clear to patient. |
|  |  |
| 3 |  |  | Some cognitions/emotions (or one key cognition) elicited in a competent way, although some problems evident. |
|  |  |
| 4 |  |  | A number of cognitions and emotions (or one key cognition) elicited in verbal or written form, leading to a new understanding of their relationship. Minor problems evident. |
|  |  |
| 5 |  |  | Effective eliciting and selection of a number of cognitions/emotions (or one key cognition), which are generally dealt with appropriately. Minimal problems. |
|  |  |
| 6 |  |  | Excellent work done on key cognition(s) and emotions(s), even in the face of difficulties. |
|  |  |

**ITEM 8 – ELICITING AND PLANNING BEHAVIOURS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Competence level | | | | Examples NB: Score according to features, not examples! |
| 0 |  |  |  | Therapist fails to elicit relevant behaviours and plans. |
|  |  |
| 1 |  |  | Inappropriate behaviours focused on and/or plans generated. |
|  |  |
| 2 |  |  | Some behaviours and plans elicited, but links between behaviours, cognitions and emotions not made clear to patient. |
|  |  |
| 3 |  |  | Some behaviours and plans elicited in a competent way, although some problems evident. |
|  |  |
| 4 |  |  | A number of behaviours and plans elicited in verbal or written form, leading to a new understanding of their importance in maintaining problems. Minor difficulties evident. |
|  |  |
| 5 |  |  | Effective eliciting and selection of a number of behaviours and plans, which are generally dealt with appropriately. Minimal problems. |
|  |  |
| 6 |  |  | Excellent work done on behaviours and plans, even in the face of difficulties. |
|  |  |

**ITEM 9 – GUIDED DISCOVERY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Competence level | | | | Examples NB: Score according to features, not examples! |
| 0 |  |  |  | No attempt at guided discovery (eg. hectoring and lecturing). |
|  |  |
| 1 |  |  | Little opportunity for discovery by patient. Persuasion and debate used excessively. |
|  |  |
| 2 |  |  | Minimal opportunity for discovery. Some use of questioning, but unhelpful in assisting the patient to gain access to his/her thoughts or emotions or to make connections between themes. |
|  |  |
| 3 |  |  | Some reflection evident. Therapist uses primarily a questioning style which is following a productive line of discovery. |
|  |  |
| 4 |  |  | Moderate degree of discovery evident. Therapist uses a questioning style with skill, and this leads to some synthesis. Minor problems evident. |
|  |  |
| 5 |  |  | Effective reflection evident. Therapist uses skilful questioning style leading to reflection, discovery and synthesis. Minimal problems. |
|  |  |
| 6 |  |  | Excellent guided discovery leading to a deep patient understanding. Highly effective discovery produced in the face of difficulties, with evidence of a deeper understanding having been developed. |
|  |  |

**ITEM 10 – CONCEPTUAL INTEGRATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Competence level | | | | Examples NB: Score according to features, not examples! |
| 0 |  |  |  | The absence of an appropriate conceptualization. |
|  |  |
| 1 |  |  | The lack, or inappropriateness or misapplication of a conceptualization leads to a neutral impact (eg. interferes with progress or leads to aimless application of procedures). |
|  |  |
| 2 |  |  | Some rudimentary conceptualization arrived at, but not well integrated with goals of therapy. Does not lead to a clear rationale for interventions. |
|  |  |
| 3 |  |  | Cognitive conceptualization partially developed with some integration, but some difficulties evident (eg. in synthesizing and in sharing it with the patient). Leads to coherent interventions. |
|  |  |
| 4 |  |  | Cognitive conceptualization is moderately developed and integrated within the therapy. Minor problems evident. |
|  |  |
| 5 |  |  | Cognitive conceptualization is very well developed and integrated within the therapy – there is a credible cognitive understanding leading to major therapeutic shifts. Minimal problems. |
|  |  |
| 6 |  |  | Excellent development and integration evident, or highly effective in the face of difficulties. |
|  |  |

**ITEM 11 – APPLICATION OF CHANGE METHODS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Competence level | | | | Examples NB: Score according to features, not examples! |
| 0 |  |  |  | Therapist fails to use or misuses appropriate cognitive and behavioural methods. |
|  |  |
| 1 |  |  | Therapist applies either insufficient or inappropriate methods, and/or with limited skill or flexibility. |
|  |  |
| 2 |  |  | Therapist applies appropriate methods, but major difficulties evident. |
|  |  |
| 3 |  |  | Therapist applies a number of methods in competent ways, although some problems evident (eg. the interventions are incomplete). |
|  |  |
| 4 |  |  | Therapist applies a range of methods with skill and flexibility, enabling the patient to develop new perspectives. Minor problems evident. |
|  |  |
| 5 |  |  | Therapist systematically applies an appropriate range of methods in a creative, resourceful and effective manner. Minimal problems. |
|  |  |
| 6 |  |  | Excellent range and application, or successful application in the face of difficulties. |
|  |  |

**ITEM 12 – HOMEWORK SETTING**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Competence level | | | | Examples NB: Score according to features, not examples! |
| 0 |  |  |  | Therapist fails to set homework, or sets inappropriate homework. |
|  |  |
| 1 |  |  | Therapist does not negotiate homework. Insufficient time allotted for adequate explanation, leading to ineffectual task being set. |
|  |  |
| 2 |  |  | Therapist negotiates homework unilaterally and in a routine fashion, without explaining the rationale for new homework. |
|  |  |
| 3 |  |  | Therapist has set an appropriate new homework task, but some problems evident (eg. not explained sufficiently and/or not developed jointly). |
|  |  |
| 4 |  |  | Appropriate new homework jointly negotiated with clear goals and rationales. However, minor problems evident. |
|  |  |
| 5 |  |  | Appropriate homework negotiated jointly and explained well, including an exploration of potential obstacles. Minimal problems. |
|  |  |
| 6 |  |  | Excellent homework negotiated, or appropriate one set in the face of difficulties. |