Schema Therapy Rating Scale

For Individual Therapy Sessions
(STRS-I-1)
August 15, 2005
Preliminary Draft

Therapist:_____ Patient:_____ Date of Session:_____

Tape ID#:_____ Rater:_____ Date of Rating: _____

Session#_____ ( ) Videotape ( ) Audiotape ( ) Live Observation

Directions: For each item, 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 is better than the description for 4, but not as good as the description for 6, assign a rating of 5.

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

0	1	2	3	4	5	6
Very Poor	Poor	Unsatisfactory	Adequate	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. Only use the option of N/A ("Not Applicable") when it is offered to you for the item you are rating. (Do not use this rating scale for very early or termination sessions.)

Part I. GENERAL THERAPEUTIC SKILLS

_____ 1. LIMITED REPARENTING

Limited reparenting involves the therapist directly meeting core needs for the patient that were not fulfilled in childhood, within the appropriate boundaries of the therapeutic relationship. Limited reparenting includes warmth, acceptance, non-verbal expressions of caring, validation, promoting autonomy, setting limits, as well as other behaviors that relate to unmet childhood needs. To score 5 or 6, the therapist must reparent beyond "standard therapist" caring and warmth.

0 Acted in ways that hurt the patient (such as being critical, rejecting, or provocative); or did not engage in any healthy reparenting (i.e., there was an absence of warmth or caring).

2 Some reparenting, but minimal. Did not hurt the patient, but had significant difficulty meeting the patient's core emotional needs (e.g., was cold, distant, invalidating).

4 Did a good job meeting most core needs, but did not demonstrate reparenting that went beyond that of a warm, caring therapist from many other therapy approaches.

6 Excellent and appropriate reparenting. Went beyond standard warmth and caring in meeting the patient's core needs (e.g., gave extra therapy time if needed, made phone calls, self-disclosed, gave transitional objects).

Exclusions: This item does not refer to the ability of the therapist to empathize with or understand the patient, since these are covered in item 2. Also, when reparenting is done through imagery, it should be scored under emotion-focused change techniques (item 11), not rated as part of this item.

_____ 2. UNDERSTANDING AND ATTUNEMENT

0 Therapist repeatedly failed to understand what the patient explicitly said and thus consistently missed the point. Very 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 Good ability to listen and empathize. Therapist generally seemed to grasp the patient's "internal reality," as reflected by both what the patient explicitly said and what the patient communicated in more subtle ways.

6 Excellent ability to understand and empathize. Therapist seemed to understand the patient's "internal reality" throughout and was adept at communicating this understanding through appropriate verbal and non-verbal responses to the patient (e.g., tone of the therapist's response conveyed attunement to the patient's emotional state).

Exclusion: This item refers to the therapist's depth of empathy and understanding, but does not include warmth, caring, or other aspects of "limited reparenting" from Item 1 above.

_____ 3. COLLABORATION, FEEDBACK & SESSION FOCUS

0 Therapist did not collaborate with the patient, establish a session focus, or ask for feedback about the session or the therapy relationship.

2 Therapist attempted to collaborate with patient, but had significant difficulty defining a problem that the patient considered important, establishing a working alliance with the patient, or asking for feedback.

4 Therapist did a good job of collaborating with the patient: focusing on a problem that both patient and therapist considered important, establishing a good working alliance, and asking for general feedback.

6 Collaboration seemed excellent. In addition to agreeing on the focus and having a very good alliance, the therapist encouraged the patient as much as possible to take an active role during the session (e.g., by offering choices), so they could function as team. Therapist was adept at asking for feedback, sensing how the patient was responding to the session, and adjusting his/her approach to further the collaboration.

_____ 4. THERAPIST BALANCE & FLEXIBILTY

Therapist demonstrated a balanced and flexible approach in his/her style of therapy, appropriate to the patient's mood and session goals. For example, the therapist blended being gentle with confrontation; being directive with being less active; easygoing versus pushing; allowing freedom of expression while setting limits; and blending emotion with rationality.

0 Therapist fails to use a balanced, flexible approach in many important aspects of his/her behavior (e.g., seems rigid, overly confrontational, too passive, too domineering, too rational, or too restrictive). This lack of balance was clearly detrimental to the session.

2 Therapist was balanced in some respects, but failed to be flexible in one or two important ways that affected the overall helpfulness of the session negatively.

4 Therapist does a good job of balancing different elements of his/her therapeutic approach. However, the style does not seem optimal for this particular patient; the therapist lacked balance in one or more less important areas. However, these limitations did not significantly reduce the helpfulness of the session.

6 Therapist is excellent at maintaining a balanced therapeutic style, and shows an optimal level of flexibility in adapting his/her style to the specific needs and feelings of this patient throughout the session.

_____ 5. THERAPIST CONFIDENCE & EASE

Therapist appeared to have healthy confidence about own abilities; did not seem anxious or insecure; conveyed a sense of clarity about the direction of the session; not overconfident, trying to impress, trying too hard to please, or self-centered; seemed comfortable and at ease being him/herself, instead of playing the role of a therapist.

0 Therapist seems extremely insecure, lacking in confidence, or self-aggrandizing. Appears either much too anxious or overconfident; or does not take any control over the direction of the session.

2 Therapist has significant difficulties appearing relaxed and secure, or providing direction. May come across as either too eager to please, passive, or self-centered.

4 Therapist does a good job of conveying confidence about him/herself, and providing direction to the session. Seems generally relaxed, rather than insecure or trying to impress.

6 Therapist demonstrates optimal levels of self-confidence, ease, and inner security. Provides helpful direction in a comfortable manner. Therapist seems especially natural and spontaneous being him/herself, instead of seeming to follow standard "rules" about what a good therapist should be or do.

Part II. CONCEPTUALIZATION AND EDUCATION

___6. SCHEMA EXPLORATION AND ASSESSMENT

Through a process of exploration and assessment, the therapist tries to conceptualize the patient's problems and underlying themes and patterns in schema terms. Through the use of skillful questioning, understanding current life experiences, and the interpretation of schema inventories, the therapist identifies schemas, modes, coping styles, and life patterns.

N/A The therapist did not engage in schema exploration or assessment. However, these were not necessary or appropriate for this particular session.

0 The therapist failed to explore or assess themes, schemas, or patterns, although this process would have been necessary or highly desirable for this session to be effective.

2 The therapist made some attempt to explore or assess schemas or patterns, but did not ask questions in a skillful way, use the inventories correctly, or integrate the information in a useful way. Thus the schema conceptualization was inaccurate, incomplete, or did not fit together in a coherent manner.

4 The therapist did a good job of conceptualizing the patient's problems and themes in schema terms. The therapist used questioning, inventories, or the patient's adult life experiences to develop a useful, accurate conceptualization.

6 Excellent schema exploration and assessment. Therapist was very skillful at gathering information, asking questions, using inventories, and/or asking about life experiences. The therapist showed considerable insight, and the ability to synthesize diverse information into a unified conceptualization, custom-tailored to this patient.

Exclusion: This item does not include discussion of childhood origins, the use of childhood imagery, or the exploration of the therapy relationship for assessment. These are rated in Item 8. The item also does not include educating the patient about the conceptualization, which is rated in Item 7.

_____ 7. SCHEMA EDUCATION & LABELING

Therapist educates the patient in schema terms about his/her current problems, life patterns, emotional reactions, misperceptions, or maladaptive behaviors. Therapist explicitly labels schemas, core needs, modes, and/or coping styles for the patient, as they arise. Therapist effectively communicates these concepts in a manner that the patient can clearly understand.

0 Therapist did not educate the patient about his/her problems in a way that the patient could understand, *and* did not label schemas, core needs, modes, and/or coping styles when they came up.

2 Therapist *attempted* to educate the patient about his/her problems, but: the concepts or schema labels were explained incorrectly; the therapist failed to use schema language; or did not communicate concepts in a way that the patient seemed to understand them clearly.

4 Therapist did a good job educating the patient about his/her current problems; successfully explained these problems using schema-based labels; and was effective in communicating this information in a manner that the patient could understand. Therapist could have been more skillful in explaining the patient's problems or in using schema terminology.

6 Therapist did an excellent job educating the patient about his/her current problems; explained these problems using appropriate schema labels; and very skillfully communicated this information in a manner that the patient could easily understand and relate to.

_____ 8. LINKING SCHEMA-DRIVEN SITUATIONS

Therapist links different life situations or events – past and present -- that share the same underlying schemas, modes, emotions, behaviors, and/or coping styles. The most common links are between: current life problems, childhood or adolescent origins, earlier adult life situations, or interactions in the therapy relationship. Linking can be done through imagery, by asking the patient to identify similar situations, or by the therapist pointing out similarities between events.

0 Therapist did not attempt to link life events that share common, schema-related themes.

2 Therapist attempted to link schema-related events, but: the links were inaccurate or did not resonate for the patient; or were not communicated in a way that the patient could understand how the events were linked.

4 Therapist did a good job of linking schema-related events. However, the links could have been more central to the patient's life problems, or could have been communicated more effectively to the patient (e.g., could have utilized imagery instead of just pointing out links verbally).

6 Therapist did an excellent job linking life events that share a common, schema-related theme. The links were central to the patient's current issues, and were communicated to the patient using the most effective techniques and the most understandable language.

Part III. SCHEMA CHANGE

_____ 9. SCHEMA STRATEGY FOR CHANGE

Therapist should have a clear strategy to make progress with the patient's current problem. It should be clear to the rater that the therapist is guiding the patient toward schema change in a consistent and coherent manner. The therapist must use strategies that seem *appropriate* and *promising* in helping the patient change, and are drawn from schema therapy.

(For example, therapist recognizes that patient's Vulnerable Child mode has been activated by separation from boyfriend, and then uses imagery to reparent patient in this situation. Therapist could also have used some other schema strategy for this same situation, such as behavioral pattern-breaking, cognitive restructuring, or the therapy relationship, and still have scored equally high, if the strategy was appropriate and promising.)

N/A The therapist did not attempt to bring about any schema change during this session (e.g., session was focused on assessment or relationship-bonding only). However, it was appropriate for the therapist *not* to attempt schema change in this session.

0 Therapist either did not demonstrate any clear strategy for change, or did not use strategies that are drawn from *schema* therapy (i.e., therapy approach was too general or "generic", in the sense that it could be typical of many other therapy approaches).

2 Therapist had a strategy for change and utilized schema therapy techniques. However, the strategy was vague and inconsistent; or the strategy and techniques did not seem appropriate for the patient's problems in this session.

4 Therapist seemed to have a good, coherent strategy for change that showed reasonable promise and incorporated schema therapy techniques. However, either the therapist could have utilized a better strategy for change, or could have incorporated more appropriate schema therapy techniques for this session.

6 Therapist followed an excellent strategy for change that seemed very clear, consistent, appropriate, and promising for the patient's problems, and incorporated the most appropriate schema therapy techniques for this session.

Note: This item does not refer to how well the therapist applied *the strategy. This will be rated in items 10, 11 and 12. If the strategy was drawn from schema therapy and was appropriate for the problem, the therapist should score high on this item, even if the therapist executed the techniques in an ineffective way. Furthermore, the therapist should* not *be rated lower if no change takes place, as long as the strategy is reasonable.*

_____ 10. APPLICATION OF COGNITIVE CHANGE TECHNIQUES

Therapist applies cognitive techniques drawn from schema therapy in a skillful manner. Cognitive change techniques usually focus on the logical, empirical, or rational analysis of beliefs. Some of the common cognitive techniques that may be used include:

a. Therapist reframes the past to fight schemas. For example, therapist reattributes parent's negative treatment of the child to parent's deficiencies instead of to patient's deficiencies.
b. Therapist helps patient reattribute adult life problems to schemas or schema modes instead of inherent flaws in the patient.
c. Therapist helps patient look at evidence to test out whether a particular schema is accurate, and points out cognitive distortions that are schema-driven.
d. Therapist tests a schema by conducting a life review, gathering evidence pro and con to refute the schema.
e. Therapist builds a strong rational and empirical case against a schema that the patient intellectually accepts.

f. Therapist conducts a schema dialogue with the patient between the schema side and the healthy side for cognitive restructuring.
g. Therapist develops a schema flashcard that summarizes the Healthy Adult viewpoint, based on the schema flashcard template.
h. Therapist reviews a completed Schema Diary with the patient.

Exclusions: Rater should not *be judging whether the cognitive technique utilized is a good strategy overall, or whether cognitive techniques were necessary for this session. Therapists should be rated solely on how well they* implement *cognitive techniques in this session.*

Clarification: Role-playing, dialogues, and imagery are generally considered cognitive techniques only when they are intended primarily to change the patient's distorted cognitive perspective. If the role-play, dialogue, or image is intended primarily to change emotions *or for limited reparenting, then it is considered an emotion-focused technique. If the focus is on changing behavior, then it is considered behavioral pattern-breaking.*

N/A Therapist did not utilize any cognitive change techniques.

0 Therapist did a *very poor* job implementing cognitive change techniques.

2 There were *major flaws* in the way cognitive techniques were applied that significantly limited their effectiveness.

4 Therapist did a *good* job in applying cognitive techniques, but could have been more skillful.

6 Therapist did an *excellent* job applying cognitive techniques for change.

_____ 11. APPLICATION OF EMOTION-FOCUSED CHANGE TECHNIQUES

Therapist applies emotion-focused change techniques, drawn from schema therapy, in a skillful manner. Some of the common emotion-focused techniques that may be used include:

a. Reparenting the Vulnerable Child through imagery
b. Venting anger at significant others (usually in the Angry Child mode)
c. Grieving over losses
d. Imagery to bypass the Detached Protector
e. Letters to parents expressing emotions and unmet needs
f. Imagery dialogues to externalize and fight the Punitive Parent
g. Working with traumatic memories

Exclusion: Rater should not *be judging whether the emotion-focused technique is a good strategy overall, or whether emotion-focused techniques were necessary for this session. Therapists should be rated solely on how well they* implement *emotion-focused techniques in this session.*

Clarification: If the role-play, dialogue, or image is intended primarily to change emotions *or for limited reparenting, then it is considered an emotion-focused technique. Role-playing, dialogues, and imagery are generally considered cognitive or behavioral techniques only when they are intended to practice an interpersonal skill or to directly change the patient's distorted cognitive perspective.*

N/A Therapist did not utilize any emotion-focused change techniques.

0 Therapist did a *very poor* job implementing emotion-focused change techniques.

2 There were *major flaws* in the way emotion-focused change techniques were applied that significantly limited their effectiveness.

4 Therapist did a *good* job in applying emotion-focused change techniques, but could have been more skillful.

6 Therapist did an *excellent* job applying emotion-focused techniques for change.

_____ 12. APPLICATION OF BEHAVIORAL PATTERN-BREAKING

Therapist applies behavioral pattern-breaking techniques, drawn from schema therapy, in a skillful manner. Behavioral techniques are focused on behavior change, including learning interpersonal skills and limit-setting. Some of the common behavioral pattern-breaking techniques that may be used include:

a. Therapist uses imagery or role playing to rehearse real-life situations outside the session.
b. Therapist and patient discuss new ways of handling life problems outside the session.
c. Therapist discusses how to change dysfunctional patterns in intimate relationships or friendships.
d. Therapist discusses how to change dysfunctional patterns in work or school situations.
e. Therapist pushes patient to make a life change that was discussed previously but was not followed through on, using empathic confrontation or "contingency management."
f. Therapist sets limits when patient "acts out" in a dysfunctional way (e.g., missing sessions, drinking too much, calling therapist at home too much).
g. Therapist discusses making major life changes so patient can get core needs met.
h. Therapist identifies schemas or modes that are blocking patient from making behavioral changes, and uses techniques to overcome obstacles to behavior change.

Exclusion: Rater should not *be judging whether the behavioral technique is a good strategy overall, or whether behavioral techniques were necessary for this session. Therapists should be rated solely on how well they* implement *behavioral techniques in this session.*

Clarification: Role-playing, dialogues, and imagery are generally considered behavioral when they are intended to practice an interpersonal skill, directly change some other behavior, or set limits. If the role-play, dialogue, or image is intended primarily to change emotions *or for limited reparenting, then it is considered an emotion-focused technique. If the focus is on changing thoughts and beliefs, then it is considered a cognitive technique.*

N/A Therapist did not utilize any behavioral pattern-breaking techniques.

0 Therapist did a *very poor* job implementing behavioral pattern-breaking techniques.

2 There were *major flaws* in the way behavioral pattern-breaking techniques were applied that significantly limited their effectiveness.

4 Therapist did a *good* job in applying behavioral pattern-breaking techniques, but could have been more skillful.

6 Therapist did an *excellent* job applying behavioral pattern-breaking techniques.

_____ 13. THERAPY RELATIONSHIP FOR CHANGE

Therapist notices when schemas, coping styles, or modes are activated by the therapy relationship itself, and then utilizes the relationship as a vehicle for bringing about schema change. Therapist focuses on interactions between the therapist and patient in the "here-and-now," during the session.

N/A The patient's relationship with the therapist did not seem to be an issue that was triggered or came up during the session. The therapist was correct in not focusing on the therapy relationship directly.

0 The therapy relationship *did* seem to be an issue during the session, but the therapist either failed to address it when he/she should have, or dealt with the relationship in a harmful way.

2 The therapist noticed that the therapy relationship came up as an issue, and discussed it during the session. However, the therapist either did not seem to grasp correctly what was happening in the therapy relationship; or did not attempt to *change* the schemas, coping styles, or modes that were activated.

4 Therapist did a good job bringing up issues that arose in the therapy relationship. Therapist seemed to have a good grasp of what was happening between them, and communicating this to the patient. Therapist was reasonably effective utilizing schema techniques to change the patient's maladaptive reactions to the therapy relationship.

6 Therapist did an excellent job bringing up issues that arose in the therapy relationship, understood accurately what was happening between them, and helped the patient understand the schemas, modes, or coping styles that were activated. Therapist skillfully corrected the patient's maladaptive cognitive, emotional, or behavioral reactions in order to bring about schema change in the therapy relationship, using appropriate techniques such as self-disclosure, cognitive restructuring, or behavioral rehearsal.

Exclusion: This item does not refer to Limited Reparenting, which is rated under item 1. Bringing the therapist into an image is rated under item 11. Also, this item is only scored when schemas are triggered in the therapy relationship. Otherwise, score this item N/A.

_____ 14. SELF-HELP TECHNIQUES OUTSIDE SESSION

Therapist suggests or assigns appropriate, schema-based "homework" or coping skills that the patient can try during the week *outside* the session, in order to consolidate or advance the therapy work that took place *during* the session. Therapist reviews assignments from the previous session. If patient has not completed previous assignment, therapist explores reasons and attempts to resolve obstacles. Some common self-help assignments from schema therapy include:

- ❑ Flashcard
- ❑ "Transitional object"
- ❑ "Schema Diary"
- ❑ Listen or record audiotape of healthy schema responses
- ❑ Monitor emotions, modes, or schema triggers
- ❑ Mode or schema dialogues
- ❑ Reach out to friends
- ❑ Work on intimate relationships
- ❑ Nurture the Abandoned Child
- ❑ List pros and cons for decision-making, or evidence to test validity of schemas
- ❑ Call therapist when appropriate
- ❑ Practice healthy behavioral changes

N/A Therapist did not assign self-help work, and it was appropriate *not to* assign any for this session. (For this item, "N/A" should only be used for unusual sessions. It is almost always appropriate to assign some kind of self-help work outside the session.)

0 Therapist did not assign or suggest any self-help work outside the session, even though it would have been appropriate and helpful to do so.

2 Therapist suggested or assigned self-help work outside the session, but the assignment was not helpful or relevant to the patient, was much too vague, or was not explained clearly enough for the patient to understand it. Therapist may also have failed to review the previous week's self-help work adequately.

4 Therapist did a good job reviewing previous week's self-help assignment, and working to overcome obstacles if necessary. Therapist assigned "standard" schema-based self-help work to help the patient change schemas and deal with life situations during the coming week. Self-help assignments could have been better-tailored to fit the unique needs of this patient, or to advance the work of this session.

6 Therapist did an excellent job reviewing previous week's self-help assignment, and working to overcome obstacles if necessary. Therapist assigned schema-based self-help work directly relevant to this session, and custom-tailored to help the patient incorporate new perspectives.

TOTAL SCORE: _____

NUMBER OF ITEMS SCORED (Excluding N/A): _____

MEAN SCORE: ____ . ____

Part IV. OVERALL RATINGS AND COMMENTS

_____ A. **OVERALL SESSION RATING**

How would you rate the **clinician overall** in this session, as a schema therapist?

0	1	2	3	4	5	6
Very Poor	Poor	Unsatisfactory	Adequate	Good	Very Good	Excellent

_____ B. If you were conducting an outcome study in schema therapy, **would you select this therapist to participate** at this time (assuming this session is typical)?

1	2	3	4	5
Definitely Not	Probably Not	Uncertain	Probable Yes	Definitely Yes

_____ C. **How difficult did you feel the patient was to work with?**

0	1	2	3	4	5	6
Very Easy & Receptive			Average Difficulty			Extremely Difficult

_____ D. Were there any **significant, unusual factors** that you feel justify ***excluding this session*** in evaluating this therapist? (If your answer is "yes" or "uncertain," please explain why on the lines below.)

YES (Exclude session) **NO** (Do not exclude) **UNCERTAIN**

If "yes" or "uncertain," please explain:

_____

_____

_____