

Clinical Rating Scale (CRS) ¹

Clinician: _____

Patient: _____

Session Number: _____

Date of Session: _____

Date of Rating: _____

Rater: _____

Instructions

Each item on this scale lists a clinical interview process and all item responses range from 0 (low) to 6 (high).

Descriptive anchors are provided only for even-numbered ratings; however, odd numbers (i.e., 1, 3, and 5) may be used when ratings fall between two descriptive anchors.

Section I. Structure

1. "Agenda" (clinician's attention to patient's chief complaints, problems, concerns)

- 0 The clinician seemed unaware of the patient's agenda.
 - 2 The clinician elicited agenda items that were vague or incomplete.
 - 4 The clinician elicited agenda items and attempted, with some success, to prioritize these and follow agenda.
 - 6 The clinician set an excellent, comprehensive agenda, identified important problems, prioritized, and followed agenda.
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2. Mood check

- 0 The clinician seemed unaware of the patient's mood.
 - 2 The clinician superficially checked patient's mood; did not recognize important concerns.
 - 4 The clinician asked about mood, recognized important concerns (e.g., depression, anxiety, anger).
 - 6 The clinician did an excellent of asking about mood, followed-up with clarification, put important mood-related concerns on the agenda and addressed these concerns.
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3. Bridge from previous visit

- 0 The clinician seemed to ignore the previous session/contact with the patient.
- 2 The clinician made superficial reference to the previous session.
- 4 The clinician bridged by mentioning previous session or by asking patient about previous session.
- 6 The clinician discussed previous session with patient; emphasized important issues; related previous session to present agenda items; added unresolved issues to present agenda.

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4. Inquired about primary problem: _____

- 0 The clinician ignored primary problem (e.g., drug/alcohol abuse, depression, anxiety, marital distress, etc.).
 - 2 The clinician superficially asked about primary problem, but did not follow-up.
 - 4 The clinician asked specific questions about primary problem.
 - 6 The clinician asked excellent questions about primary problem and then followed-up with appropriate responses and interventions.
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5. Reviewing previous homework

- 0 The clinician seemed to ignore previous homework.
 - 2 The clinician mentioned previous homework but did not review.
 - 4 The clinician briefly reviewed previous homework or if not done, inquired about reasons.
 - 6 The clinician thoroughly reviewed previous homework or discussed incomplete homework.
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6. Assigning new homework

- 0 The clinician seemed to avoid assigning important new homework relevant to the present session.
 - 2 The clinician had significant difficulties incorporating new homework (did not collaboratively assign new homework, provide sufficient detail, or begin homework in session.)
 - 4 The clinician assigned appropriate homework relevant to issues dealt with in session.
 - 6 The clinician collaboratively assigned excellent, detailed homework; discussed fully with patient and began to plan and practice homework in the session.
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7. Capsule summaries

- 0 The clinician provided capsule summaries during the session that were blatantly inaccurate.
 - 2 The clinician provided capsule summaries that appeared to be superficial or irrelevant.
 - 4 The clinician provided capsule summaries that appeared to be accurate and meaningful.
 - 6 The clinician reliably and accurately provided excellent capsule summaries that were meaningful to the patient; the clinician also checked capsule summaries for accuracy and revised when appropriate to do so.
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8. Patient summary and feedback

- 0 The clinician discouraged the patient from summarizing or giving feedback about the session.
 - 2 The clinician superficially asked for summary or feedback but did not adequately respond.
 - 4 The clinician effectively asked for summary and feedback throughout session and acknowledged patient's responses.
 - 6 The clinician asked for summary and feedback throughout session, responded in a positive, supportive manner, and appropriately adjusted behaviors based on the patient's feedback.
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9. Focus/structure

- 0 The clinician was unfocused. Session seemed aimless.
 - 2 The clinician seemed to have some direction, but was distracted by peripheral issues.
 - 4 The clinician was reasonably successful at maintaining focus and following main issues.
 - 6 The clinician used time extremely effectively by directing the flow of conversation and redirecting when necessary. Session seemed well-paced, focused, and structured.
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II. Development of a Collaborative Therapeutic Relationship

10. Socialization to counseling approach, concepts, process, or structure

- 0 The clinician missed important opportunities to explain their conceptualization of depression, anxiety, or substance abuse; missed opportunities to discuss such concepts; missed important opportunities to help the patient understand the process or structure of counseling.
 - 2 The clinician superficially mentioned their therapeutic approach, concepts, process, or structure but not in a timely manner or relevant to the patient.
 - 4 The clinician described relevant model, concepts, process, or structure.
 - 6 The clinician did an outstanding job of describing relevant model, concepts, process, or structure; applied these to patient in a timely manner; checked the patient's understanding and elicited feedback.
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11. Warmth/genuineness/congruence

- 0 The clinician appeared cold, detached, uncaring.
 - 2 The clinician appeared slightly aloof, distant, incongruent.
 - 4 The clinician appeared reasonably warm and genuine.
 - 6 The clinician appeared optimally warm, genuine, caring, and congruent.
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12. Acceptance/respect

- 0 The clinician appeared critical, disrespectful, judgmental.
 - 2 The clinician appeared slightly critical, disrespectful, judgmental.
 - 4 The clinician appeared reasonably accepting, respectful, nonjudgmental.
 - 6 The clinician appeared fully accepting, respectful, nonjudgmental.
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13. Attentiveness

- 0 The clinician ignored important obvious and subtle (i.e., verbal and nonverbal) cues.
 - 2 The clinician was attentive to some obvious cues but missed important subtle cues.
 - 4 The clinician was attentive to obvious cues and somewhat attentive to subtle cues.
 - 6 The clinician was extremely attentive to important obvious and subtle cues.
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14. Accurate empathy

- 0 The clinician demonstrated poor empathy skills; did not seem to understand the patient.
 - 2 The clinician demonstrated limited empathy skills; could reflect and paraphrase what the patient explicitly said, but missed important subtle issues.
 - 4 The clinician displayed good empathy skills. Generally seemed to grasp patient's perspective (from both subtle and obvious patient cues).
 - 6 The clinician demonstrated excellent empathy skills and insight; shared insights with patient.
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15. Collaboration

- 0 The clinician monopolized the session or left all responsibility to the patient.
- 2 The clinician attempted to collaborate but took too little or too much responsibility for defining or resolving the patient's problems.
- 4 The clinician was somewhat collaborative; shared some responsibility with patient.
- 6 The clinician was extremely collaborative; shared responsibility for defining patient's problems and potential solutions; functioned as a "team."

III. Development and Application of the Case Conceptualization

16. Eliciting thoughts

- 0 The clinician ignored important opportunities to ask patient about thoughts.
 - 2 The clinician elicited some thoughts but did not relate these to patient's problems.
 - 4 The clinician did a reasonably good job of eliciting thoughts; briefly related these to patient's problems.
 - 6 The clinician did an excellent job of eliciting thoughts; effectively related these to patient's problems.
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17. Eliciting core beliefs and schemas

- 0 The clinician ignored important opportunities to ask patient about core beliefs or schemas.
 - 2 The clinician did a fair job of eliciting beliefs/schemas but did not relate these to patient's problems.
 - 4 The clinician did a reasonably good job of eliciting core beliefs/schemas; briefly related these to problems.
 - 6 The clinician did an excellent job of eliciting core beliefs/schemas; effectively related these to patient's problems.
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18. Eliciting meaning/understanding/attributions

- 0 The clinician ignored important opportunities to ask for the patient's understanding or attribution (i.e., the "meaning") of salient problems (e.g., "How do you understand your addiction?").
 - 2 The clinician did a fair job of asking for meaning but never followed up appropriately.
 - 4 The clinician did a good job of asking for the meaning of salient events and beliefs; provided some follow-up.
 - 6 The clinician did an excellent job of asking for meaning; followed-up very appropriately and substantially.
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19. Addressing key issues

- 0 The clinician never identified or discussed important key issues (e.g., adaptability, autonomy, commitment, integrity, intimacy, and so forth).
 - 2 The clinician superficially mentioned at least one key issue, but never followed-up.
 - 4 The clinician mentioned at least one key issue and briefly discussed.
 - 6 The clinician raised extremely important and salient key issue(s), fully discussed these with the patient, and related key issue(s) to schemas, beliefs, thoughts, and so forth.
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20. Case conceptualization: Linking past to present

- 0 The clinician missed opportunities to address the development of the patient's problems.
 - 2 The clinician did a fair job of inquiring about the development of problems but did not link to current functioning.
 - 4 The clinician inquired about developmental processes, and loosely related to present functioning.
 - 6 The clinician inquired about developmental processes; linked accurately to current beliefs, thoughts, behaviors; elicited feedback from the patient regarding accuracy/usefulness.
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21. Sharing the conceptualization with the patient

- 0 The clinician did not share important case conceptualization material with the patient.
- 2 The clinician briefly and superficially mentioned the conceptualization to the patient.
- 4 The clinician shared important features of the case conceptualization with the patient.
- 6 The clinician provided the patient with an excellent, thorough conceptualization of his or her problems; elicited feedback from the patient regarding accuracy/usefulness.

IV. Therapeutic Techniques

22. Guided discovery

- 0 The clinician did not use guided discovery; instead was too passive or directive.
 - 2 The clinician was somewhat passive or directive but was still supportive to the patient.
 - 4 The clinician used some questioning and some reflective responses to help patient begin to understand important issues.
 - 6 The clinician very skillfully used a balance of open-ended questions, reflective, confrontive, and interpretive responses to guide patient's understanding of important issues.
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23. Asking for evidence/alternative views

- 0 The clinician missed important opportunities to ask for "evidence" or "alternative views" in response to maladaptive beliefs (i.e., "What is your evidence for that belief?" or "How else could you look at that?").
 - 2 The clinician superficially mentioned the importance of "evidence" or "alternative views."
 - 4 The clinician asked appropriately for "evidence" or "alternative views."
 - 6 The clinician asked, in a very timely and effective manner, for patient's evidence for maladaptive beliefs; where appropriate asked for alternative views; appropriate followed-up.
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24. Use of alternative techniques

- 0 The clinician missed important opportunities to use standard counseling methods.
 - 2 The clinician attempted to use standardized methods but did not do so effectively.
 - 4 The clinician used standardized techniques in a reasonably effective manner.
 - 6 The clinician did an outstanding job of selecting and applying standardized methods.
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25. Overall performance as a clinician

- 0 In this session, the clinician does not demonstrate a grasp of the treatment model; does not use case formulation well; major flaws in use of techniques.
 - 2 The clinician demonstrates basic skills in this session but does not perform consistently. Needs to work on content, timing, or tactfulness of interventions. Has some grasp of problems but misses relevant material.
 - 4 The clinician's performance in this session is good. Uses case formulation well and applies it comfortably. Is consistently accurate in formulating patient's problems. Skillful in the application of techniques.
 - 6 The clinician's performance in this session is excellent. Interview is at a level equal to or superior to supervisor's own level of proficiency. Clinician applies the formulation with ease and flexibility.
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How difficult was this patient (circle one)?

0	2	4	6
Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult

Strengths of the clinician, as demonstrated in the present session:

Weaknesses of the clinician, as demonstrated in the present session:

Other comments: