

Name of Rater _____

FEEDBACK SCORE SHEET FOR COLLABORATIVE CASE CONCEPTUALIZATION RATING SCALE

Clinician _____ Session # _____ Session Date _____ Rating Date _____ Total Score _____

() Video Recording () Audio Recording () Live Observation

IMPORTANT: The 'Key Features' on the CCCRS scale describe the important aspects that need to be considered when scoring each item. First, are the key features *present*? Secondly, how *consistently* are they present? Thirdly, how *appropriately* and *competently* are they used? Should you judge that a particular item is *appropriately absent* (e.g. "conceptualization linked to treatment planning" in an assessment session) you should indicate "not applicable" in addition to giving a score of 0.

Please refer to *both* the CCCRS scale *and* coding manual in marking. The "examples" given in the CCCRS manual are useful guides, but should not be regarded as absolute rating criteria. Rate each score as 0-3. When scoring, if criteria for a higher score is not quite met, then the lower score would be chosen, but it can be useful to indicate in text what would have been necessary to achieve the higher score.

CCCRS ITEMS

LEVELS OF CONCEPTUALIZATION

KEY POINTS & COMMENTS REGARDING IMPROVEMENT

SCORE

1. Conceptualization is linked to client presenting issues, priorities, and goals for therapy in the context of the session agenda.		
2. Therapist provides a clear explanation and rationale for the elements included in the conceptualization.		
3. Coherent, meaningful and relevant account of presenting issues using an appropriate level of conceptualization that appears well-matched to the client's ability to understand, stage of therapy, and the issue being conceptualized. Beliefs, emotions, behaviors and/or physical responses are linked, embedded in specific situations and a "good fit."		
4. The conceptualization is as simple as possible given the stage of therapy.		

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COLLABORATION	KEY POINTS & COMMENTS REGARDING IMPROVEMENT	SCORE
5. Conceptualization is collaboratively developed. The client is actively engaged. Client and therapist ideas are equally valued in figuring out conceptualization.		
6. Relevant cultural aspects of client's experience are incorporated and/or conceptualizations use client's language, metaphors, and images.		
7. The therapist demonstrates a genuine curiosity and interest in understanding and seeing experience through the client's eyes. Socratic methods are used as appropriate (balance is Socratic more than didactic).		
EMPIRICISM		
8. The conceptualization reflects the most appropriate evidence-based theories. If a good evidence-based model exists, the therapist uses that issue-specific model. If no specific model exists, the therapist uses the most appropriate generic CBT model.		
9. The conceptualization is based on specific client experiences, is <i>individualized</i> to fit this client and is tested empirically. Therapist and client test the "fit" between the conceptualization and client experience. The therapist recognizes client experiences that <u>do or do not</u> fit with conceptualization and encourages the client to notice experiences that <u>are consistent or inconsistent with</u> the conceptualization (in session and/or as homework).		
10 Treatment planning is linked to the conceptualization and the results of interventions are reviewed in light of the conceptualization.		

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STRENGTHS & RESILIENCE FOCUS	KEY POINTS & COMMENTS REGARDING IMPROVEMENT	SCORE
11 Therapist is interested in client strengths and uses guided discovery to draw these out. This includes identification of "hidden" strengths which the therapist brings into client awareness.		
12 The working case conceptualization includes client strengths. Strengths inform the treatment plan. (Note: Item 13 refers to identification and interest in strengths. Item 12 assesses how well these strengths are incorporated into the case conceptualization <u>and</u> treatment plan)		
13 Client aspirations and positive goals are discussed vs. problem focus only (E.g., therapist asks Q's to prompt client consideration of how s/he would like things to be)		
14 Conceptualization processes highlight what the client is doing well and enhance the client's self-efficacy and resilience.		

Ratings Summary

Levels of Conceptualization: _____ (Sum items 1 - 4 Maximum score 12)

Collaboration: _____ (Sum items 5 - 7 Maximum score 9)

Empiricism: _____ (Sum items 8 - 10 Maximum score 9)

Strengths & Resilience Focus: _____ (Sum items 11 - 14 Maximum score 12)

Total Score: _____ Maximum score 42

_____ Rate overall competence with which this therapist used collaborative case conceptualization
 0 = incompetent, 1 = novice, 2 = competent, 3 = proficient/expert

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CCCRS ITEM NUMBER	KEY POINTS & COMMENTS REGARDING IMPROVEMENT