**Cognitive Processing Therapy (CPT):**

**Therapist Adherence and Competence Protocol**

**Individual Version - Revised**

**Revisions by:**

**Alexandra Macdonald, Ph.D., Shannon Wiltsey-Stirman, Ph.D., Jennifer Wachen, Ph.D., and Patricia Resick, Ph.D.**

**Original forms (formerly “Cognitive Processing Therapy – Cognitive Only”) by:**

**Anna K. Birks, Psy.D., Carie Rodgers, Ph.D., and Leslie A. Morland, Psy.D.**

**December 2014**

**Cognitive Processing Therapy**

**Therapist Adherence and Competence Protocol**

**Rater Instructions**

**Adherence:**

For each item, assess **if the therapist demonstrated the** **particular behavior** described in the item. If so, circle YES. If not, circle NO. For any **NO** item, circle **N/A** for the related competency rating. Elements which are not addressed are not rated for competency.

**Competence:**

For each item, assess **how well the therapist carried out** **the particular behavior** described in the item. Behavioral descriptions are included to assist in determining competency. For all competence items, assess therapist competency while taking into account the patients’ presenting problems, level of difficulty, and the stage of therapy. Use the rating scale described below and circle the corresponding number for that item.

**Rating Scale for assessing Competence:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 = Poor | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent | N/A |
| Inadequate skill/delivery or executed very poorly | Did some things right, but had significant problems or did not complete core elements | Did ok, but many opportunities for improvement.  “good enough” | Good skills, included all **major** elements of session; some areas could be improved | All elements of session presented in a clear manner; little or no improvement needed |  |

**\*BOLDED items are required to be present in order for a rating of a 3 or higher to be given\***

**Poor:** Rating is given when elements are inaccurately presented and demonstrate poor understanding of concepts or the use of the elements were so poor that it would have been better if it wasn’t presented at all (e.g., confirming a stuck point)

**Fair:** Rating is given when some elements are present and discussed correctly, however, core elements were not presented or there were significant problems in the delivery of the material

**Satisfactory:** Rating is given when most elements are presented but there were many opportunities to improve, such as a lack of examples or attempts to personalize material for understanding. This is a “good enough” delivery of skill.

**Good:** Rating is given when all core elements are presented, material is personalized to the patient, examples are trauma-focused (as opposed to discussions of present-day concerns only), and worksheets are utilized in session, but there could still be improvement in one more several of these areas. For example, some additional personalization of material could be present, therapist could complete more than one worksheet, and/or focus more trauma-specific worksheets.

**Excellent:** Rating is given when all elements of the session are addressed and presented in a clear and thoughtful manner. Provided specific examples and connected the elements to patient. Used trauma-specific examples and completed at least one worksheet, and possibly started a second in session.

***Example:***

**Session 1 Skill:** Therapist educated the client about PTSD and the 3 symptom clusters:

**Poor**: Provided general description of PTSD symptoms with no examples. Clearly read directly from the manual. No description of PTSD as non-recovery.

**Fair:** Provided general description of PTSD symptoms with only 1 example. Focused mainly on re-experiencing and rushed through other clusters. Presented non-recovery model, but did not answer client’s questions about that topic.

**Satisfactory**: Educated the client on PTSD or the 4 symptom clusters and provided a few examples. Presented non-recovery and answered a question on it.

**Good:** Educated the client on PTSD or the 4 symptom clusters and some examples of each symptom cluster. Encouraged client discussion of symptoms and kept a good pace through the material.

**Excellent**: Educated the client on PTSD and the 4 symptom clusters: discussed reexperiencing, beliefs, arousal, and avoidance symptoms; provided examples for each symptom cluster based on client’s direct experiences; facilitated client member participation in discussing examples. Presented PTSD non-recovery in a supportive manner.

**Essential but not Unique Elements:**

Rate therapist competence related to the following tasks using the Likert scale below:

1 = Poor 2 = Fair 3 = Satisfactory 4 = Good 5 = Excellent

|  |  |
| --- | --- |
| 1. Established rapport. | 1 2 3 4 5 |
| 1. Reviewed the homework and discussed barriers to completing, if applicable | 1 2 3 4 5 |
| 1. Structured the session and used time effectively. | 1 2 3 4 5 |

**Proscribed Elements**

Circle yes or no for the following items.

|  |  |
| --- | --- |
| 1. Significant problems arose that led to a departure from the agenda (please describe in Part V.). | YES or NO |
| 1. Therapist implemented interventions which are not included in manual or the model of treatment, except as clearly dictated by patient safety. | YES or NO |
| 3. Therapist engaged in more than 15 minutes of off-task discussion. | YES or NO |

**Part V. Additional Comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SESSION 1**

**Session Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cohort: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rater: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rating Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adherence:** Did the therapist complete the task?

**Competence:** Rate therapist competency related to the following tasks using the Likert scale below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 = Poor | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent | N/A |
| Inadequate skill/delivery or executed very poorly | Did some things right, but had significant problems or did not complete core elements | Did ok, but many opportunities for improvement.  “good enough” | Good skills, included all **major** elements of session; some areas could be improved | All elements of session presented in a clear manner; little or no improvement needed |  |

**\*BOLDED items are required to be present in order for a rating of a 3 or higher to be given\***

|  |  |  |
| --- | --- | --- |
| **Adherence** | **Competence** | |
| Yes/No | 1. Educated client on PTSD:    * **discussed 4 symptom clusters of reexperiencing, cognitions/emotions, arousal and escape/avoidance symptoms,**    * **presented in the context of non-recovery,**    * provided examples for symptoms,    * facilitated client participation in discussing examples. | 1 2 3 4 5 N/A |
| Yes/No | 1. Educated client about fight-flight response:    * **easily paired with environmental cues,**    * used relevant examples. | 1 2 3 4 5 N/A |
| Yes/No | 1. Educated client on cognitive theory:    * **organize world into categories,**    * **explained just world myth,**    * **described assimilation and over-accommodation,**    * used relevant examples. | 1 2 3 4 5 N/A |
| Yes/No | 1. Provided education on types of emotions:    * **natural vs. manufactured,**    * examples of different emotions & combination of emotions. | 1 2 3 4 5 N/A |
| Yes/No | 1. Provided treatment rationale:    * **recognition/modification of unhelpful thoughts and feelings,**    * acceptance of the reality of the traumatic event, to develop more balanced beliefs,    * **feel natural emotions associated with the traumatic event.** | 1 2 3 4 5 N/A |
| Yes/No | 1. Explained stuck points:    * **defined stuck points,**    * discussed how stuck points are formed,    * **introduced Stuck Point Handout,**    * provided examples of stuck points. | 1 2 3 4 5 N/A |
| Yes/No | 1. **Clearly and completely assigned practice assignment:** complete Impact Statement (hand-written if possible, focus on meaning not detail). | 1 2 3 4 5 N/A |

**Essential but not Unique Elements**

Rate therapist competency related to the following tasks using the Likert scale below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 = Poor | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent | N/A |

|  |  |
| --- | --- |
| 1. Established rapport. | 1 2 3 4 5 |
| 1. Reviewed the homework and discussed barriers to completing, if applicable. | 1 2 3 4 5 |
| 1. Structured the session and used time effectively. | 1 2 3 4 5 |

**Proscribed Elements**

Circle yes or no for the following items.

|  |  |
| --- | --- |
| 1. Significant problems arose that led to a departure from the agenda (please describe in Part V.). | YES or NO |
| 1. Therapist implemented interventions which are not included in manual or the model of treatment, except as clearly dictated by patient safety. | YES or NO |
| 3. Therapist engaged in more than 15 minutes of off-task discussion. | YES or NO |

**Part V. Additional Comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SESSION 2**

**Session Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cohort: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rater: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rating Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adherence:** Did the therapist complete the task?

**Competence:** Rate therapist competency related to the following tasks using the Likert scale below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 = Poor | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent | N/A |
| Inadequate skill/delivery or executed very poorly | Did some things right, but had significant problems or did not complete core elements | Did ok, but many opportunities for improvement.  “good enough” | Good skills, included all **major** elements of session; some areas could be improved | All elements of session presented in a clear manner; little or no improvement needed |  |

**\*BOLDED items are required to be present in order for a rating of a 3 or higher to be given\***

|  |  |  |
| --- | --- | --- |
| **Adherence** | **Competence** | |
| Yes/No | 1. Discussed the Impact Statement:    * **explored impact of traumatic event,**    * praised for completing,    * **if client did not complete, therapist had client describe meaning of events orally and reassign.** | 1 2 3 4 5 N/A |
| Yes/No | 1. Assisted client in identifying Stuck Points from impact statement:    * **discussed examples of assimilation and over-accommodation using examples from impact statements,**    * begin building stuck point log. | 1 2 3 4 5 N/A |
| Yes/No | 1. Discussed relationship between events, thoughts and feelings:    * asked for examples of feelings and the associated physical sensations,    * **introduced Identifying Emotions handout (e.g., basic emotions, varied intensity of emotions, secondary emotions),**    * **discussed example of how interpretations of events affect feelings,**    * used relevant examples. | 1 2 3 4 5 N/A |
| Yes/No | 1. **Completed A-B-C worksheet with the client on relevant example.** | 1 2 3 4 5 N/A |
| Yes/No | 1. **Clearly and completely assigned the practice:** daily completion of A-B-C sheet with at least one sheet on trauma. | 1 2 3 4 5 N/A |

**Essential but not Unique Elements**

Rate therapist competency related to the following tasks using the Likert scale below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 = Poor | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent | N/A |

|  |  |
| --- | --- |
| 1. Established rapport. | 1 2 3 4 5 |
| 1. Reviewed the homework and discussed barriers to completing, if applicable. | 1 2 3 4 5 |
| 1. Structured the session and used time effectively. | 1 2 3 4 5 |

**Proscribed Elements**

Circle yes or no for the following items.

|  |  |
| --- | --- |
| 1. Significant problems arose that led to a departure from the agenda (please describe in Part V.). | YES or NO |
| 1. Therapist implemented interventions which are not included in manual or the model of treatment, except as clearly dictated by patient safety. | YES or NO |
| 3. Therapist engaged in more than 15 minutes of off-task discussion. | YES or NO |

**Part V. Additional Comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SESSION 3**

**Session Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cohort: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rater: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rating Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adherence:** Did the therapist complete the task?

**Competence:** Rate therapist competency related to the following tasks using the Likert scale below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 = Poor | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent | N/A |
| Inadequate skill/delivery or executed very poorly | Did some things right, but had significant problems or did not complete core elements | Did ok, but many opportunities for improvement.  “good enough” | Good skills, included all **major** elements of session; some areas could be improved | All elements of session presented in a clear manner; little or no improvement needed |  |

**\*BOLDED items are required to be present in order for a rating of a 3 or higher to be given\***

|  |  |  |
| --- | --- | --- |
| **Adherence** | **Competence** | |
| Yes/No | 1. Reviewed A-B-C worksheets:    * **labeled thoughts versus emotions,**    * highlighted changing thoughts can change intensity and types of feelings**,**    * began to challenge assimilated stuck points,    * pointed out mismatches between thoughts and emotions,    * **identified Stuck Points.** | 1 2 3 4 5 N/A |
| Yes/No | 1. Identified and challenged stuck points used Socratic questioning (i.e., “What else could you have done?” “What might have happened then?”):    * focused on trauma-specific and assimilation stuck points whenever possible,    * used the Stuck Point Log to track stuck points. | 1 2 3 4 5 N/A |
| Yes/No | 1. **Reviewed A-B-C worksheet on trauma-related example.** | 1 2 3 4 5 N/A |
| Yes/No | 1. **Clearly explained practice assignment:** daily completion of A-B-C sheet with at least one sheet on trauma. | 1 2 3 4 5 N/A |

**Essential but not Unique Elements**

Rate therapist competency related to the following tasks using the Likert scale below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 = Poor | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent | N/A |

|  |  |
| --- | --- |
| 1. Established rapport. | 1 2 3 4 5 |
| 1. Reviewed the homework and discussed barriers to completing, if applicable | 1 2 3 4 5 |
| 1. Structured the session and used time effectively. | 1 2 3 4 5 |

**Proscribed Elements**

Circle yes or no for the following items.

|  |  |
| --- | --- |
| 1. Significant problems arose that led to a departure from the agenda (please describe in Part V.). | YES or NO |
| 1. Therapist implemented interventions which are not included in manual or the model of treatment, except as clearly dictated by patient safety. | YES or NO |
| 3. Therapist engaged in more than 15 minutes of off-task discussion. | YES or NO |

**Part V. Additional Comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SESSION 4**

**Session Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cohort: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rater: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rating Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adherence:** Did the therapist complete the task?

**Competence:** Rate therapist competency related to the following tasks using the Likert scale below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 = Poor | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent | N/A |
| Inadequate skill/delivery or executed very poorly | Did some things right, but had significant problems or did not complete core elements | Did ok, but many opportunities for improvement.  “good enough” | Good skills, included all **major** elements of session; some areas could be improved | All elements of session presented in a clear manner; little or no improvement needed |  |

**\*BOLDED items are required to be present in order for a rating of a 3 or higher to be given\***

|  |  |  |
| --- | --- | --- |
| **Adherence** | **Competence** | |
| Yes/No | 1. Reviewed A-B-C worksheets:    * helped further differentiate between thoughts and feelings,    * **highlighted how changing thoughts changes type and intensity of emotions,**    * **challenge assimilation stuck points.** | 1 2 3 4 5 N/A |
| Yes/No | 1. Identified and challenged stuck points used Socratic questioning (i.e., “What else could you have done?” “What might have happened then?”):    * **discussed hindsight bias,**    * focused on trauma-specific and assimilation stuck points whenever possible,    * used the Stuck Point Log to track stuck points. | 1 2 3 4 5 N/A |
| Yes/No | 1. Explained difference between responsibility and blame:    * **provided definition of both concepts,**    * discussed examples relevant to client. | 1 2 3 4 5 N/A |
| Yes/No | 1. Introduced Challenging Questions Worksheet to help challenge stuck points:    * **used relevant Stuck Point examples,**    * **provided explanation of questions using examples,**    * provided alternative hypotheses. | 1 2 3 4 5 N/A |
| Yes/No | 1. **Clearly and completely assigned practice assignment:** daily completion of Challenging Questions Worksheet, with one focused on the trauma/ blame. | 1 2 3 4 5 N/A |

**Essential but not Unique Elements**

Rate therapist competency related to the following tasks using the Likert scale below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 = Poor | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent | N/A |

|  |  |
| --- | --- |
| 1. Established rapport. | 1 2 3 4 5 |
| 1. Reviewed the homework and discussed barriers to completing, if applicable | 1 2 3 4 5 |
| 1. Structured the session and used time effectively. | 1 2 3 4 5 |

**Proscribed Elements**

Circle yes or no for the following items.

|  |  |
| --- | --- |
| 1. Significant problems arose that led to a departure from the agenda (please describe in Part V.). | YES or NO |
| 1. Therapist implemented interventions which are not included in manual or the model of treatment, except as clearly dictated by patient safety. | YES or NO |
| 3. Therapist engaged in more than 15 minutes of off-task discussion. | YES or NO |

**Part V. Additional Comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SESSION 5**

**Session Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cohort: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rater: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rating Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adherence:** Did the therapist complete the task?

**Competence:** Rate therapist competency related to the following tasks using the Likert scale below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 = Poor | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent | N/A |
| Inadequate skill/delivery or executed very poorly | Did some things right, but had significant problems or did not complete core elements | Did ok, but many opportunities for improvement.  “good enough” | Good skills, included all **major** elements of session; some areas could be improved | All elements of session presented in a clear manner; little or no improvement needed |  |

**\*BOLDED items are required to be present in order for a rating of a 3 or higher to be given\***

|  |  |  |
| --- | --- | --- |
| **Adherence** | **Competence** | |
| Yes/No | 1. Facilitated discussion while reviewing Challenging Questions Worksheet(s):    * **discussed questions patient had difficulty with,**    * **helped analyze and confront Stuck Points,**    * addressed hindsight bias. | 1 2 3 4 5 N/A |
| Yes/No | 1. Identified and challenged stuck points used Socratic questioning (i.e., “What else could you have done?” “What might have happened then?”):    * discussed hindsight bias,    * focused on trauma-specific and assimilation stuck points whenever possible,    * used the Stuck Point Log to track stuck points. | 1 2 3 4 5 N/A |
| Yes/No | 1. Introduced Patterns of Problematic Thinking Worksheet:    * **discussed each pattern & provided examples,**    * described how patterns become automatic, creating negative feelings (using an example to illustrate),    * helped generate trauma and non-trauma examples of problematic thinking patterns. | 1 2 3 4 5 N/A |
| Yes/No | 1. **Clearly and completely assigned practice assignment:** daily completion of Patterns of Problematic Thinking Worksheet. | 1 2 3 4 5 N/A |

**Essential but not Unique Elements**

Rate therapist competency related to the following tasks using the Likert scale below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 = Poor | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent | N/A |

|  |  |
| --- | --- |
| 1. Established rapport. | 1 2 3 4 5 |
| 1. Reviewed the homework and discussed barriers to completing, if applicable | 1 2 3 4 5 |
| 1. Structured the session and used time effectively. | 1 2 3 4 5 |

**Proscribed Elements**

Circle yes or no for the following items.

|  |  |
| --- | --- |
| 1. Significant problems arose that led to a departure from the agenda (please describe in Part V.). | YES or NO |
| 1. Therapist implemented interventions which are not included in manual or the model of treatment, except as clearly dictated by patient safety. | YES or NO |
| 3. Therapist engaged in more than 15 minutes of off-task discussion. | YES or NO |

**Part V. Additional Comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SESSION 6**

**Session Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cohort: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rater: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rating Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adherence:** Did the therapist complete the task?

**Competence:** Rate therapist competency related to the following tasks using the Likert scale below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 = Poor | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent | N/A |
| Inadequate skill/delivery or executed very poorly | Did some things right, but had significant problems or did not complete core elements | Did ok, but many opportunities for improvement.  “good enough” | Good skills, included all **major** elements of session; some areas could be improved | All elements of session presented in a clear manner; little or no improvement needed |  |

**\*BOLDED items are required to be present in order for a rating of a 3 or higher to be given\***

|  |  |  |
| --- | --- | --- |
| **Adherence** | **Competence** | |
| Yes/No | 1. Facilitated discussion related to Problematic Patterns Worksheet:    * **discussed patterns client had difficulty with,**    * **identified tendencies toward particular patterns,**    * discussed how patterns may have affected reactions to the trauma,    * used Socratic questions to help replace problematic patterns with more balanced cognitions. | 1 2 3 4 5 N/A |
| Yes/No | 1. Introduced Challenging Beliefs Worksheet:  * **described outline of worksheet,** * identified previous pieces presented, * **completed sheet with Stuck Point with patient,** preferably on a trauma-related thought. | 1 2 3 4 5 N/A |
| Yes/No | 1. **Clearly and completely assigned the practice assignment:** daily challenging of Stuck Points using the Challenging Beliefs Worksheets. | 1 2 3 4 5 N/A |

**Essential but not Unique Elements**

Rate therapist competency related to the following tasks using the Likert scale below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 = Poor | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent | N/A |

|  |  |
| --- | --- |
| 1. Established rapport. | 1 2 3 4 5 |
| 1. Reviewed the homework and discussed barriers to completing, if applicable | 1 2 3 4 5 |
| 1. Structured the session and used time effectively. | 1 2 3 4 5 |

**Proscribed Elements**

Circle yes or no for the following items.

|  |  |
| --- | --- |
| 1. Significant problems arose that led to a departure from the agenda (please describe in Part V.). | YES or NO |
| 1. Therapist implemented interventions which are not included in manual or the model of treatment, except as clearly dictated by patient safety. | YES or NO |
| 3. Therapist engaged in more than 15 minutes of off-task discussion. | YES or NO |

**Part V. Additional Comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SESSION 7**

**Session Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cohort: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rater: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rating Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adherence:** Did the therapist complete the task?

**Competence:** Rate therapist competency related to the following tasks using the Likert scale below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 = Poor | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent | N/A |
| Inadequate skill/delivery or executed very poorly | Did some things right, but had significant problems or did not complete core elements | Did ok, but many opportunities for improvement.  “good enough” | Good skills, included all **major** elements of session; some areas could be improved | All elements of session presented in a clear manner; little or no improvement needed |  |

**\*BOLDED items are required to be present in order for a rating of a 3 or higher to be given\***

|  |  |  |
| --- | --- | --- |
| **Adherence** | **Competence** | |
| Yes/No | 1. Facilitated discussion related to Challenging Beliefs Worksheet(s):    * discussed successes and/or problems in changing cognitions/Stuck Points,    * **helped client confront problematic cognitions they were unable to modify on their own,**    * **used Socratic questions to challenge beliefs.** | 1 2 3 4 5 N/A |
| Yes/No | 1. Introduced Safety Module    * **reviewed module; defined safety for self and others**    * **explored how the trauma affected beliefs about safety for self (e.g., “I can keep myself safe) and others (e.g., “the world is dangerous”)**    * compared safety beliefs prior to and after the traumatic event    * identified safety-related Stuck Points to be challenge | 1 2 3 4 5 N/A |
| Yes/No | 1. **Clearly and completely assigned practice assignment:** read Safety Module and daily completion of Challenging Beliefs Worksheets, with at least one being on a safety-related Stuck Point. | 1 2 3 4 5 N/A |

**Essential but not Unique Elements**

Rate therapist competency related to the following tasks using the Likert scale below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 = Poor | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent | N/A |

|  |  |
| --- | --- |
| 1. Established rapport. | 1 2 3 4 5 |
| 1. Reviewed the homework and discussed barriers to completing, if applicable | 1 2 3 4 5 |
| 1. Structured the session and used time effectively. | 1 2 3 4 5 |

**Proscribed Elements**

Circle yes or no for the following items.

|  |  |
| --- | --- |
| 1. Significant problems arose that led to a departure from the agenda (please describe in Part V.). | YES or NO |
| 1. Therapist implemented interventions which are not included in manual or the model of treatment, except as clearly dictated by patient safety. | YES or NO |
| 3. Therapist engaged in more than 15 minutes of off-task discussion. | YES or NO |

**Part V. Additional Comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SESSION 8**

**Session Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cohort: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rater: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rating Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adherence:** Did the therapist complete the task?

**Competence:** Rate therapist competency related to the following tasks using the Likert scale below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 = Poor | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent | N/A |
| Inadequate skill/delivery or executed very poorly | Did some things right, but had significant problems or did not complete core elements | Did ok, but many opportunities for improvement.  “good enough” | Good skills, included all **major** elements of session; some areas could be improved | All elements of session presented in a clear manner; little or no improvement needed |  |

**\*BOLDED items are required to be present in order for a rating of a 3 or higher to be given\***

|  |  |  |
| --- | --- | --- |
| **Adherence** | **Competence** | |
| Yes/No | 1. Facilitated client discussion related to Challenging Beliefs Worksheet(s):    * discussed successes and/or problems in changing cognitions/Stuck Points,    * **helped client confront problematic cognitions they were unable to modify on their own**,    * **used Socratic questions to challenge beliefs,**    * discussed Stuck Points related to safety (self and others) if possible. | 1 2 3 4 5 N/A |
| Yes/No | 1. Reviewed Safety Module:    * **discussed any self and other safety beliefs and facilitated discussion on related Stuck Points,**    * discussed low versus high probability,    * calculated percentages related to safety related Stuck Points. | 1 2 3 4 5 N/A |
| Yes/No | 1. Introducing the Trust Module:    * **reviewed module and defined self-trust and trust of others,**    * explored how the trauma affected beliefs about trust for self and others,    * compared trust beliefs prior to and after the traumatic event,    * identified Stuck Points to be challenged. | 1 2 3 4 5 N/A |
| Yes/No | 1. **Clearly and completely assigned practice assignment:** read trust module and daily completion of Challenging Beliefs Worksheets, with at least one being on a trust-related Stuck Point. | 1 2 3 4 5 N/A |

**Essential but not Unique Elements**

Rate therapist competency related to the following tasks using the Likert scale below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 = Poor | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent | N/A |

|  |  |
| --- | --- |
| 1. Established rapport. | 1 2 3 4 5 |
| 1. Reviewed the homework and discussed barriers to completing, if applicable | 1 2 3 4 5 |
| 1. Structured the session and used time effectively. | 1 2 3 4 5 |

**Proscribed Elements**

Circle yes or no for the following items.

|  |  |
| --- | --- |
| 1. Significant problems arose that led to a departure from the agenda (please describe in Part V.). | YES or NO |
| 1. Therapist implemented interventions which are not included in manual or the model of treatment, except as clearly dictated by patient safety. | YES or NO |
| 3. Therapist engaged in more than 15 minutes of off-task discussion. | YES or NO |

**Part V. Additional Comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SESSION 9**

**Session Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cohort: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rater: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rating Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adherence:** Did the therapist complete the task?

**Competence:** Rate therapist competency related to the following tasks using the Likert scale below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 = Poor | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent | N/A |
| Inadequate skill/delivery or executed very poorly | Did some things right, but had significant problems or did not complete core elements | Did ok, but many opportunities for improvement.  “good enough” | Good skills, included all **major** elements of session; some areas could be improved | All elements of session presented in a clear manner; little or no improvement needed |  |

**\*BOLDED items are required to be present in order for a rating of a 3 or higher to be given\***

|  |  |  |
| --- | --- | --- |
| **Adherence** | **Competence** | |
| Yes/No | 1. Facilitated client discussion related to Challenging Beliefs Worksheet(s):    * discussed successes and/or problems in changing cognitions/Stuck Points,    * **helped client confront problematic cognitions they were unable to modify on their own**,    * **used Socratic questions to challenge beliefs,**    * discussed Stuck Point related to trust (self and others) if possible. | 1 2 3 4 5 N/A |
| Yes/No | 1. Reviewed Trust Module:    * **discussed trust and facilitated a discussion on related Stuck Points,**    * **focused on clients’ self and other trust issues,**    * **explained different kinds of trust (i.e., money versus secret), and that trust is not all or none, but lies on a continuum (e.g., Star diagram),**    * discussed how trust impacts their relationships. | 1 2 3 4 5 N/A |
| Yes/No | 1. Introduced Power/Control Module:  * **reviewed module & defined self-power and concept of self-efficacy,** * **explored how the trauma affected beliefs about power/control for self and others,** * compared power/control beliefs prior to and after the traumatic event, * identified Stuck Points to be challenged. | 1 2 3 4 5 N/A |
| Yes/No | 1. **Clearly and completely assigned the practice assignment:** read the Power/Control Module and daily completion of Challenging Beliefs Worksheets, with at least one being on a power/control-related Stuck Point. | 1 2 3 4 5 N/A |

**Essential but not Unique Elements**

Rate therapist competency related to the following tasks using the Likert scale below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 = Poor | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent | N/A |

|  |  |
| --- | --- |
| 1. Established rapport. | 1 2 3 4 5 |
| 1. Reviewed the homework and discussed barriers to completing, if applicable | 1 2 3 4 5 |
| 1. Structured the session and used time effectively. | 1 2 3 4 5 |

**Proscribed Elements**

Circle yes or no for the following items.

|  |  |
| --- | --- |
| 1. Significant problems arose that led to a departure from the agenda (please describe in Part V.). | YES or NO |
| 1. Therapist implemented interventions which are not included in manual or the model of treatment, except as clearly dictated by patient safety. | YES or NO |
| 3. Therapist engaged in more than 15 minutes of off-task discussion. | YES or NO |

**Part V. Additional Comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SESSION 10**

**Session Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cohort: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rater: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rating Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adherence:** Did the therapist complete the task?

**Competence:** Rate therapist competency related to the following tasks using the Likert scale below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 = Poor | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent | N/A |
| Inadequate skill/delivery or executed very poorly | Did some things right, but had significant problems or did not complete core elements | Did ok, but many opportunities for improvement.  “good enough” | Good skills, included all **major** elements of session; some areas could be improved | All elements of session presented in a clear manner; little or no improvement needed |  |

**\*BOLDED items are required to be present in order for a rating of a 3 or higher to be given\***

|  |  |  |
| --- | --- | --- |
| **Adherence** | **Competence** | |
| Yes/No | 1. Facilitated client discussion related to Challenging Beliefs Worksheet(s):    * discussed successes and/or problems in changing cognitions/Stuck Points,    * **helped client confront problematic cognitions they were unable to modify on their own**,    * **used Socratic questions to challenge beliefs,**    * discussed Stuck Points related to power/control (self and others) if possible. | 1 2 3 4 5 N/A |
| Yes/No | 1. Reviewed Power/Control Module:    * **identified stuck points (e.g., “I need to be a ‘control freak’”) and helped client gain more balanced views of power/control,**    * explained that power and control also lie on a continuum (like trust, it’s not all or none),    * **discussed anger in the context of control.** | 1 2 3 4 5 N/A |
| Yes/No | 1. Introduced Ways of Giving and Taking Power Handout:  * **discussed example of each positive/negative ways of giving/taking power,** * encouraged client to give examples, * discussed barriers to positive giving/taking power. | 1 2 3 4 5 N/A |
| Yes/No | 1. Introduced Esteem Module:  * **reviewed module & defined self-esteem and esteem related to others,** * compared esteem related to self and others prior to and after the traumatic event, * identified Stuck Points to be challenged. | 1 2 3 4 5 N/A |
| Yes/No | 1. **Clearly and completely assigned practice assignment:** 1) Read Esteem Module; 2) Complete Challenging Beliefs Worksheets daily, with at least one being on an esteem-related stuck point 3) Give and receive compliments daily; and 4) do at least one nice thing for self each day. | 1 2 3 4 5 N/A |

**Essential but not Unique Elements**

Rate therapist competency related to the following tasks using the Likert scale below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 = Poor | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent | N/A |

|  |  |
| --- | --- |
| 1. Established rapport. | 1 2 3 4 5 |
| 1. Reviewed the homework and discussed barriers to completing, if applicable | 1 2 3 4 5 |
| 1. Structured the session and used time effectively. | 1 2 3 4 5 |

**Proscribed Elements**

Circle yes or no for the following items.

|  |  |
| --- | --- |
| 1. Significant problems arose that led to a departure from the agenda (please describe in Part V.). | YES or NO |
| 1. Therapist implemented interventions which are not included in manual or the model of treatment, except as clearly dictated by patient safety. | YES or NO |
| 3. Therapist engaged in more than 15 minutes of off-task discussion. | YES or NO |

**Part V. Additional Comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SESSION 11**

**Session Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cohort: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rater: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rating Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adherence:** Did the therapist complete the task?

**Competence:** Rate therapist competency related to the following tasks using the Likert scale below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 = Poor | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent | N/A |
| Inadequate skill/delivery or executed very poorly | Did some things right, but had significant problems or did not complete core elements | Did ok, but many opportunities for improvement.  “good enough” | Good skills, included all **major** elements of session; some areas could be improved | All elements of session presented in a clear manner; little or no improvement needed |  |

**\*BOLDED items are required to be present in order for a rating of a 3 or higher to be given\***

|  |  |  |
| --- | --- | --- |
| **Adherence** | **Competence** | |
| Yes/No | 1. Facilitated discussion related to giving/receiving compliments and engaging in pleasant activities:    * **reinforce behavior & encouraged to continue,**    * **explored related Stuck Points ,**    * **identified emotional reactions to compliments and engaging in pleasant activities.** | 1 2 3 4 5 N/A |
| Yes/No | 1. Facilitated client discussion related to Challenging Beliefs Worksheet(s):    * discussed successes and/or problems in changing cognitions/Stuck Points,    * **helped client confront problematic cognitions they were unable to modify on their own**,    * **used Socratic questions to challenge beliefs,**    * discussed stuck points related to esteem (self and others) if possible. | 1 2 3 4 5 N/A |
| Yes/No | 1. Reviewed Esteem Module:  * **explored self-esteem related beliefs & identified stuck points, such as being permanently damaged or needing to be perfect (perfectionism),** * discussed beliefs related to ability to self-soothe (problems with food/alcohol/spending), * **explored esteem beliefs related to others and identified over-accommodated beliefs to challenge.** | 1 2 3 4 5 N/A |
| Yes/No | 1. Introduced Intimacy Module:  * **reviewed module & defined self-intimacy and other-intimacy and generate examples,** * discussed how relationships may have been affected by the trauma, * compared self and other intimacy beliefs prior to and after the traumatic event, * identified Stuck Points to be challenged. | 1 2 3 4 5 N/A |
| Yes/No | 1. **Clearly and completely assigned practice assignment:** 1) read Intimacy module; 2) complete Challenging Beliefs Worksheets daily, with at least one being on an intimacy-related stuck point; 3) rewrite Impact Statement; 4) give and receive compliments daily; and 5) do at least one nice thing for self each day. | 1 2 3 4 5 N/A |

**Essential but not Unique Elements**

Rate therapist competency related to the following tasks using the Likert scale below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 = Poor | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent | N/A |

|  |  |
| --- | --- |
| 1. Established rapport. | 1 2 3 4 5 |
| 1. Reviewed the homework and discussed barriers to completing, if applicable | 1 2 3 4 5 |
| 1. Structured the session and used time effectively. | 1 2 3 4 5 |

**Proscribed Elements**

Circle yes or no for the following items.

|  |  |
| --- | --- |
| 1. Significant problems arose that led to a departure from the agenda (please describe in Part V.). | YES or NO |
| 1. Therapist implemented interventions which are not included in manual or the model of treatment, except as clearly dictated by patient safety. | YES or NO |
| 3. Therapist engaged in more than 15 minutes of off-task discussion. | YES or NO |

**Part V. Additional Comments:**

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**SESSION 12**

**Session Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cohort: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rater: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rating Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adherence:** Did the therapist complete the task?

**Competence:** Rate therapist competency related to the following tasks using the Likert scale below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 = Poor | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent | N/A |
| Inadequate skill/delivery or executed very poorly | Did some things right, but had significant problems or did not complete core elements | Did ok, but many opportunities for improvement.  “good enough” | Good skills, included all **major** elements of session; some areas could be improved | All elements of session presented in a clear manner; little or no improvement needed |  |

**\*BOLDED items are required to be present in order for a rating of a 3 or higher to be given\***

|  |  |  |
| --- | --- | --- |
| **Adherence** | **Competence** | |
| Yes/No | 1. Facilitated client discussion on Challenging Beliefs Worksheet(s):    * discussed successes and/or problems in changing cognitions/Stuck Points,    * **helped client confront problematic cognitions they were unable to modify on their own**,    * **used Socratic questions to challenge beliefs,**    * discussed Stuck Points related to intimacy (self and others) if possible. | 1 2 3 4 5 N/A |
| Yes/No | 1. Reviewed Intimacy Module:    * discussed how relationships have been affected by the trauma,    * **helped develop balanced beliefs to help improve current relationships and develop new ones,**    * identified ways to improve self-soothing to improve client’s life. | 1 2 3 4 5 N/A |
|  | 1. Discussed second Impact Statement:  * **asked client to review their final Impact Statement,** * **compared the first Impact Statement with second, identified changes made in cognitions, praised client for progress and changes made,** * identified remaining distortions and instructed client to continue challenging Stuck Points with their new skill set. | 1 2 3 4 5 N/A |
| Yes/No | 1. Initiated discussion on course of therapy/progress made:  * **reviewed concepts/skills learned,** * encouraged client to reflect on progress and changes made; reviewed Stuck Point Log, * **emphasized that continued success depends on practice of skills learned.** | 1 2 3 4 5 N/A |
| Yes/No | 1. Helped client plan for the future:  * **identified future goals and strategies for meeting goals,** * reviewed available resources, * reiterated treatment plans as necessary, * discussed life without PTSD. | 1 2 3 4 5 N/A |

**Essential but not Unique Elements**

Rate therapist competency related to the following tasks using the Likert scale below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 = Poor | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent | N/A |

|  |  |
| --- | --- |
| 1. Established rapport. | 1 2 3 4 5 |
| 1. Reviewed the homework and discussed barriers to completing, if applicable | 1 2 3 4 5 |
| 1. Structured the session and used time effectively. | 1 2 3 4 5 |

**Proscribed Elements**

Circle yes or no for the following items.

|  |  |
| --- | --- |
| 1. Significant problems arose that led to a departure from the agenda (please describe in Part V.). | YES or NO |
| 1. Therapist implemented interventions which are not included in manual or the model of treatment, except as clearly dictated by patient safety. | YES or NO |
| 3. Therapist engaged in more than 15 minutes of off-task discussion. | YES or NO |

**Part V. Additional Comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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