Schema Therapy Rating Scale for Children and Adolescents

For Individual Therapy Sessions

(STRS-CA)

Therapist: **Rater:** **Date of Rating:**

( ) **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 child 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 child that were not fulfilled in the past or present age, 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 child (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 child, but had significant difficulty meeting the child'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 child's core needs (e.g., gave extra therapy time if needed, made phone calls, gave little presents, self-disclosed, gave transitional objects).

Exclusions: This item does not refer to the ability of the therapist to empathize with or understand the child, 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 child explicitly said and thus consistently missed the point. Very poor empathic skills.

2 Therapist was usually able to reflect or rephrase what the child 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 child's "internal reality," as reflected by both what the child explicitly said and what the child communicated in more subtle ways.

6 Excellent ability to understand and empathize. Therapist seemed to understand the child's "internal reality" throughout and was adept at communicating this understanding through appropriate verbal and non-verbal responses to the child (e.g., tone of the therapist's response conveyed attunement to the child'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 child, establish a session focus, or ask for feedback about the session or the therapy relationship.

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

4 Therapist did a good job of collaborating with the child: focusing on a problem that both child 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 child 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 child was responding to the session, and adjusting his/her approach to further the collaboration.

___ 4. THERAPIST BALANCE, FLEXIBILTY and EMPATHIC CONFRONTATION

Therapist demonstrated a balanced and flexible approach in his/her style of therapy, appropriate to the child's needs, 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 (appropriate to the child's age).

N/A The session was devoted entirely to build up a good relationship. The confrontation with problems or other burdensome issues were not appropriate for this particular session.

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 child; 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 child throughout the session.

___ 5. THERAPIST CONFIDENCE, EASE & AUTHENTICITY

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, self-centered, or dominant; respected the child and treated him/her in a kind and benevolent way; 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. He/She conveyed an atmosphere of familiarity, in which things can be addressed without the need of informing parental caregivers, i.e. ensuring confidentiality.

Part II. CONCEPTUALIZATION AND EDUCATION

____6.MODE AND/OR SCHEMA EXPLORATION AND ASSESSMENT

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

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

0 The therapist failed to explore or assess themes, modes, 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 modes, schemas or patterns, but did not ask questions in an appropriate age-related way, use the diagnostic means correctly, or integrate the information in a useful way. Thus the mode and/or schema conceptualization was inaccurate, incomplete, or did not fit together in a coherent manner.

4 The therapist did a good job of conceptualizing the child's problems and themes in mode and/or schema terms. The therapist used questioning, diagnostic means, or the child's life experiences to develop a useful, accurate conceptualization.

6 Excellent mode and/or schema exploration and assessment. Therapist was very skillful at gathering information, asking questions, using diagnostic means, 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 child.

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 child about the conceptualization, which is rated in Item 7.

___ 7. MODE AND/OR SCHEMA EDUCATION &LABELING

Therapist develops – if possible with the child together - a model in mode and/or schema terms about the child's current problems, life patterns, emotional reactions, misperceptions, and/or maladaptive behaviors. Therapist explicitly labels and explains in an appropriate way the nature of modes, schemas, core needs, and/or coping styles, as they arise. Therapist effectively communicates these concepts in a manner that the child can clearly understand.

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

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

4 Therapist did a good job educating the child about his/her current problems using verbal and/or non-verbal communication (e.g. symbolic figures), successfully explained these problems using mode- and/or schema-based labels, and was effective in communicating this information in a manner that the child could understand. Therapist could have been more skillful in explaining the child's problems or in using mode and/or schema terminology.

6 Therapist did an excellent job educating the child about his/her current problems or presented it in a symbolic way, (e.g. symbolic figures); therapist explained these problems using appropriate schema labels(or for preschool children in a age-related dramaturgic play); and very skillfully communicated this information in a manner that the child could easily understand and relate to; showed high capacities in pedagogical skills.

___ 8. LINKING MODE AND/OR SCHEMA-DRIVEN SITUATIONS

Therapist links different life situations or events - past and present - that share the same underlying modes, schemas, emotions, behaviors, and/or coping styles (not applicable for children up to 5-6 years). The most common links are between: current life problems, childhood origins, earlier adult life situations, or interactions in the therapy relationship. Linking can be done through imagery, drawings, and by asking the child 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, mode and/or schema-related themes.

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

4 Therapist did a good job of linking mode- and/or schema-related events. However, the links could have been more central to the child's life problems, or could have been communicated more effectively to the child (e.g., could have utilized hand – or finger puppets or mode drawings instead of just pointing out links verbally).

6 Therapist did an excellent job linking life events that share a common, mode and/or schema-related theme. The links were central to the child's current issues, and were communicated to the child using the most effective techniques and the most understandable language(e.g. in a play).

Part III. MODE AND/OR SCHEMA CHANGE

____9. MODE AND/OR SCHEMA STRATEGY FOR CHANGE

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

(For example, therapist recognizes that child's Vulnerable Child mode has been activated by a teacher's blame, and then uses imagery to reparent child in this situation. Therapist could also have used some other mode and/or schema strategy for this same situation, such as role play, chair dialogue, 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 mode and/or 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 mode and/or 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 child'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 child'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 rater 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 and age-related manner. Cognitive change techniques usually focus – as far as the child's cognitive complexity allows it - 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 weaken modes and schemas. For example, therapist reattributes parent's negative treatment of the child to parent's deficiencies instead of to child's deficiencies (good preliminary work with parents is needed)

b. Therapist helps child reattribute his/her life problems with the help of the "competent, clever child mode" to dysfunctional modes or schemas instead of inherent flaws in the child.
c. Therapist helps child look at evidence to test out whether a particular mode and/or schema is accurate, and points out cognitive distortions that are mode- and/or schema-driven.
d. Therapist tests a mode and/or schema by conducting a life review, gathering evidence pro and con to refute the dysfunctional mode and/or schema in a way the child may understand and adopt.
e. Therapist builds a strong rational and empirical case against a dysfunctional mode and/or schema that the child intellectually accepts.
f. Therapist conducts a mode and/or schema dialogue with the child between the dysfunctional mode and/or schema side and the healthy side (i.e. competent, clever mode) for cognitive restructuring.

g. Therapist develops a mode and/or schema flashcard that summarizes the competent, clever mode's viewpoint, based on the mode and/or schema flashcard template.
h. Therapist reviews a completed Mode and/or schema Diary with the child.

i. Therapist uses stem stories, metaphors (e.g. glasses, overhead transparency), pictures, protagonists in children's books, visual presentation of the Inner House (Experierence-Schema-Mode-Connection) and/or with masks to illustrate schema modes.

Exclusions: Rater should not *be judging whether the cognitive technique utilized is a good strategy overall (Item 9), 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: Above mentioned techniques are generally considered as cognitive techniques only when they are intended primarily to change the child's distorted cognitive perspective. If the techniques mentioned from a.)till i.)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. However, these were not necessary or appropriate for this particular session or for the child's age.

0 Therapist did a *very poor* job implementing cognitive change techniques or applied techniques inappropriate to the child's age that resulted in an over- or underload.

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 and age-related manner. Some of the common emotion-focused techniques that may be used include:

a. Reparenting the Vulnerable Child through drawings, hand and finger puppets, imagery etc.

b. Venting anger at significant others (usually in the Angry Child mode)

c. Grieving over losses

d. Drawings, hand and finger puppets, chair dialogue, imagery to bypass the Detached Protector

e. For adolescents: Writing letters to parents expressing emotions and unmet needs (letters are not intended to send)

f. Imagery dialogues to externalize and disempower the Demanding, Criticizing or Punitive Mode

g. Working with traumatic memories (e. g. IRRT)

h. Working with stem stories, metaphors (e.g. glasses, overhead transparency), pictures, protagonists in children's books, visual presentation of the Inner House (Experierence-Schema-Mode-Connection) and/or with masks to illustrate modes and schemas.

Exclusion: Rater should not *be judging whether the emotion-focused technique is age-related or 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 above mentioned techniques are intended primarily to change emotions *or for limited reparenting, then it is considered an emotion-focused technique. Techniques mentioned from a.) to h.) are generally considered cognitive or behavioral techniques only when they are intended to practice an interpersonal skill or to directly change the child'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 an age-related and 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 child discuss new ways of handling life problems outside the session.

c. Therapist discusses how to change dysfunctional patterns in friendships and for adolescents in intimate relationships.

d. Therapist discusses how to change dysfunctional patterns in all spheres of life like school, family, peer group and for adolescents in work or educational situations.

e. Therapist and child develop ways to make a life change that was discussed previously but was not followed through on, using empathic confrontation on basis of a solid relationship, schedules of reinforcement, contingency management, and other behavioral techniques that are planed thoroughly and conducted in small steps.

f. Therapist sets limits when child "acts out" in a dysfunctional way (e.g., behaving silly or disrespectful).

g. Therapist and child anticipate major life changes (e.g. change of school, move, parent's separation) so child can learn to articulate core needs to get them met.

h. Therapist identifies schemas or modes that are blocking child from making behavioral changes, and uses techniques to overcome obstacles to behavior change.

i. Therapist guides/instruct the child (or protagonist in therapeutic play) to change behavior, if he/she is no capable of doing this on his/her own because he/she is too young or not yet developed enough.

Exclusion: Rater should not *be judging whether the behavioral technique is age-related or 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: Above mentioned techniques are generally considered behavioral when they are intended to practice an interpersonal skill, directly change some other behavior, or set limits. Techniques mentioned from a.) to i.) are 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 modes, schemas, or coping styles are activated by the therapy relationship itself, and then utilizes the relationship as a vehicle for bringing about mode and/or schema change. Therapist focuses on interactions between the therapist and child in the "here-and-now," during the session.

N/A The child'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 modes, schemas, or coping styles 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 child. Therapist was reasonably effective utilizing mode and/or schema techniques to change the child'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 child in an age-and situation-related manner to understand the modes, schemas, or coping styles that were activated. Therapist skillfully corrected the child's maladaptive cognitive, emotional, or behavioral reactions in order to bring about mode and/or 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 modes and/or schemas are triggered in the therapy relationship. Otherwise, score this item N/A.

____14. SELF-HELP TECHNIQUES OUTSIDE SESSION

Therapist suggests or assigns appropriate, mode- and/or schema-based "homework" or coping skills that the child 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 child has not completed previous assignment, therapist explores reasons and attempts to resolve obstacles. Some common self-help assignments from schema therapy include:

1. Flashcard for modes and/or schemas

2. Transitional object

3. Mode and/or schema Diary

4. Listen or record audiotape of healthy mode and/or schema responses

5. Monitor emotions, modes, or schemas in all its facets(triggers)

6. Mode and/or schema dialogues

7. Reach out to friends

8. Work on close relationships (for adolescent: an intimate relationship)

9. Nurture and strengthen the neglected, isolated, vulnerable and/or abandoned Child

10. List pros and cons for decision-making, or evidence to test validity of mode and/or schemas

11. Call therapist when appropriate (for adolescents)

12. Practice healthy behavioral changes

13. Becoming aware and articulation of one's own needs

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. Unless child is in preschool age, 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 child, was much too vague, or was not explained clearly enough for the child 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" mode- and/or schema-based self-help work to help the child change modes and/or 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 child, 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 mode- and/or schema-based self-help work directly relevant to this session, and custom-tailored to help the child 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 child 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:

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