

Client Initials:
Date of Session:
Time of Session:

Therapist ID	
Client ID	
Agency ID	

Chart Stimulated Recall

Note: Please fill in client demographic information prior to beginning CSR

→ Please note the time right now: _____ Today's Date: _____

Hello, my name is _____ and I'm here to conduct a Chart Stimulated Recall with you. The chart is meant to help you remember the interaction you had with your client and help us better understand the treatment you are providing your client. As a note, please do not use your client's name to protect client privacy. Before we get started, for each chart, I will need to make sure it meets some criteria for us to include it in our discussions today.

1. Have you written the note for the session yet?

Exclude session if note has not been written yet.

YES NO

2. How well do you remember this particular session with your client?

Note: If recall is 1, exclude session.

1	2	3	4	5	6	7
Very Poor		Acceptable		Good		Excellent

Was session excluded?

YES
 NO

If yes, please note why it was excluded: _____

Stop administration for this chart if session needs to be excluded, and begin with new chart on another worksheet.

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I have some information about the client from the other paperwork you filled out that I would like to confirm with you before we get started.

Age: _____

Gender: _____

Primary diagnosis: _____

Comorbid diagnoses: _____

Interviewers: probe as needed to ensure that diagnoses provided are specific (e.g. if a therapist reports that client has ADHD, follow-up and ask if the therapist knows what subtype of ADHD)

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What I'd like to do now is ask you what you did in your last session with this client. Please note that when we say “client”, we mean any member(s) of the family system and support network that were present in the room during the therapy session. I would like you to take the next 2 to 5 minutes to talk me through your last session. Tell me what you did. As a reminder, the chart is meant to help you remember the interactions you had with your client so that we can better understand the treatment you are providing to your client. Please feel free to reference the chart as often as you need.

INTERVIEWER: Listen carefully while respondent is speaking. Note any specific CBT interventions that you hear. For example, if the therapist says that they worked on relaxation skills, then you would score that below and in the scoring sheet.

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Now I am going to ask you about some specific CBT interventions that you may or may not have used with your client in the last session. Please tell me if you have used the interventions as I go through. We don't expect that you would have done all of these interventions, so it's ok if your answer is no. There are plenty of reasons why you might not have used CBT interventions in session, we are just focusing on CBT for the purposes of this study. Please note that there are no right or wrong answers!

Adherence Scoring: CBT Interventions

***Interviewer Instructions:** Listed below are therapist interventions commonly used in therapy. For each intervention, ask the therapist if they used [INTERVENTION NAME] in their session. Provide the therapist with the definition of the intervention and the example statement and ask them to provide you with some information about how they used the intervention in their session.*

*Using the Likert scale provided below, please indicate the extent to which each CBT intervention is present in the CSR you are discussing. Probe as needed to determine extensiveness ratings. For each intervention, ask about how much time the therapist spent in their session on that intervention. Place the appropriate number from the Likert scale in the space provided next to each item. For each item, make sure to ask approximately how much of the session time (**small, medium or large**) was spent for each endorsed skill.*

1	2	3	4	5	6	7
Not At All		Somewhat		Considerably		Extensively

1.

PSYCHOEDUCATION ABOUT THE PROBLEM: Provided information to the client to teach him/her about the nature of the problem for which s/he is seeking treatment
This can include: providing education to the client about topics such as child development, parent-child relationships, or, symptoms, causes or treatment of the problem for which the client is seeking treatment
<i>Example: "It seems like you've been lashing out at the people you care about a lot lately. That is a pretty common thing we see with depression, where it can make you more irritable."</i>
Time Spent (small, medium or large portion of session; if N/A, please write 0): _____

2.

COGNITIVE EDUCATION: Discussed with the client that his/her thoughts can impact how s/he acts and feels.
This can include: teaching how thoughts influence body feelings and behavior; pointing out examples of the link between thoughts, body, feelings, and behavior from the client's own life
<i>Example: "Getting butterflies in your stomach when you are thinking about taking a big test is an example of how your thoughts relate to how you feel in your body."</i>
Time Spent (small, medium or large portion of session; if N/A, please write 0): _____

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3.

COGNITIVE DISTORTION: Discussed with the client how s/he can identify unhelpful ways of thinking that influence how s/he feels and behaves and learn other ways of thinking that may be more helpful.
This can include: helping the client identify thoughts that may not be accurate or helpful; teaching the client to become more aware of his/her thoughts; encouraging the client to challenge his/her thoughts and develop helpful ways of thinking
<i>Example: "I heard you say that you feel like you're stupid because you got a bad grade on your assignment. That sounds like an unhelpful thought. What's another way you could think about it?"</i>
Time Spent (small, medium or large portion of session; if N/A, please write 0): _____

4.

ANTECEDENTS, BEHAVIORS, & CONSEQUENCES (ABC) MODEL*: Discussed with the client how understanding what happens before and after a specific behavior (e.g., school refusal, a temper tantrum) is important for learning how to change that behavior.
This can include: identifying things that happen before a specific behavior (antecedents); identifying things that happen after a specific behavior (consequences); teaching the client about how and why to identify antecedents and consequences.
<i>Example: "You've been skipping school a lot lately. What's been going on in the morning on those days you are skipping school?"</i>
Time Spent (small, medium or large portion of session; if N/A, please write 0): _____
<i>*Item name is "Functional Analysis of Behavior" on TPOCS RS</i>

5.

RELAXATION: Discussed with the client strategies s/he can use to relax to cope with strong feelings.
This can include: teaching or encouraging the client to use deep breathing, muscle relaxation strategies, meditation, pleasant mental (i.e., guided) imagery, or other relaxation strategies
<i>Example: "I can tell that you are upset by what your mom said to you earlier. Why don't you try taking some deep breaths to relax."</i>
Time Spent (small, medium or large portion of session; if N/A, please write 0): _____

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6.

EXPOSURE OR TRAUMA NARRATIVE: Planned, conducted, or reviewed the client’s attempt to complete structured activities designed to help them face their fears.
This can include: providing education about exposures, having the client make a list of uncomfortable situations and rank them from easy to hard; preparing for an exposure, helping the client gradually face uncomfortable feelings or situations (e.g., anxiety, reminders of trauma) in a supported way; having the client construct or share a trauma narrative
<i>Example: “You’ve been working so hard to write down the story of the trauma that you went through. Today I was thinking we could work on the next chapter of your narrative.”</i>
<i>Example: “Are you ready to face your fear of spiders? Let’s start by looking at some pictures of a spider that I have here.”</i>
Time Spent (small, medium or large portion of session; if N/A, please write 0): _____
<i>*Item name is “Respondent Strategies” on TPOCS-RS</i>

7.

BEHAVIORAL ACTIVATION: Discussed with the client how participating in pleasant or fun activities can lead to improvements in mood.
This can include: teaching the client about the relationship between pleasurable activities and mood; engaging in pleasurable activities in session to demonstrate the impact of these activities on mood; assigning the client to participate in pleasurable activities to improve mood
<i>Example: “Let’s make a list of fun activities that you can do this week. I would like you to pick a few activities to do and track what happens to your mood before and after you do those activities.”</i>
Time Spent (small, medium or large portion of session; if N/A, please write 0): _____

8.

COGNITIVE COPING SKILLS: Taught or reviewed how to use <u>cognitive</u> coping skills (e.g., problem-solving) with the client to help him/her effectively deal with difficult situations such as strong feelings (e.g., losing temper, feeling nervous) or social situations with peers or family.
This can include: teaching or encouraging the client to use thinking strategies to improve his/her social functioning, improve his/her ability to solve problems, manage his/her anger, communicate more effectively, or generally improve his/her daily functioning in response to stress using a cognitively oriented coping strategy
<i>Example: “It seems like it has been hard for you to spend the time you want with your friends lately. Can you use your problem-solving steps to think through ways that we can make this more possible for you?”</i>
Time Spent (small, medium or large portion of session; if N/A, please write 0): _____

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9.

<u>SOCIAL OR COMMUNICATION SKILL BUILDING*</u>: Taught or reviewed how to use <u>behavioral</u> coping skills (e.g., social-skills, communication, assertiveness) to help the client effectively deal with difficult social situations with peers or family.
This can include: teaching or encouraging the client to use behavioral skills to help improve his/her life, such as assertiveness skills and social skills; identifying situations in which the client could use a specific skill.
<i>Example: "I would like us to practice meeting new people. What are some ways we should act when we approach a new person?"</i>
Time Spent (small, medium or large portion of session; if N/A, please write 0): _____
<i>*Item name is Skill Building on TPOCS RS</i>

10.

<u>REINFORCEMENT STRATEGIES – CHILD*</u>: Discussed with the <u>child</u> how rewards and consequences can be used to change his/her behavior or directly used rewards in session with the child to shape his/her behavior.
This can include: teaching the child information about rewards or consequences; teaching the child how to set up rewards for himself/herself; reviewing how previously developed reward systems are working; using rewards with a child directly (e.g., providing a reward or verbal praise for homework completion)
<i>Example: "I know that making that phone call is going to be pretty hard. What can you do to reward yourself after you are successful at making the call?"</i>
Time Spent (small, medium or large portion of session; if N/A, please write 0): _____
<i>*Item name is Operant Strategies-Child on TPOCS RS</i>
NOTE: probe specifically for use of labeled praise

11.

<u>REINFORCEMENT STRATEGIES – PARENT*</u>: Discussed with a <u>caregiver</u> how rewards and consequences can be used to change his/her child's behavior.
This can include: teaching a caregiver strategies such as how to use positive attention, rewards, time-out, ignoring, or give consequences to change his/her child's behavior; encouraging a caregiver to use one or more of these strategies, reviewing one or more of these strategies that were discussed in previous sessions (e.g., checked on how a reward system has been working)
<i>Example: "It seems like your child is getting a lot of attention from you when she throws a tantrum when she doesn't want to do her homework. Let's talk about why ignoring this behavior might be helpful."</i>

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Time Spent (small, medium or large portion of session; if N/A, please write 0): _____
<i>*Item name is Operant Strategies-Parent on TPOCS RS</i>

12.

OTHER PARENTING SKILLS*: Discussed with a caregiver how to improve parenting skills to manage his/her child's behavior or improve communication with his/her child.
This can include: teaching a caregiver how to set limits, give instructions to his/her child in an effective way, provide appropriate supervision, monitor his/her child's behavior, or communicate effectively
<i>Example: "When you are giving your son a task to do, it is helpful to make sure that he is paying attention to you and to make sure to keep the instructions simple and clear."</i>
Time Spent (small, medium or large portion of session; if N/A, please write 0): _____
<i>*Item name is Parenting Skills on TPOCS RS</i>

Therapist Confidence Rating

Interviewer Instructions: After completing the chart-stimulated recall questions, ask the therapist to rate how accurately they feel the chart-stimulated recall represented what they did in session and circle their response below:

How confident are you (THERAPIST) that the answers you provided above accurately reflect what you did in your session?						
1	2	3	4	5	6	7
Very Poor		Acceptable		Good		Excellent

Did therapist look at the chart during this interview? YES NO

Interviewer Confidence Rating

How confident are you (INTERVIEWER) that the answers you provided accurately reflect what you heard in this chart-stimulated recall?						
1	2	3	4	5	6	7
Very Poor		Acceptable		Good		Excellent

Continue on next page with questions to guide competence scoring

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Competence Scoring (Overall Quality)- Interviewer Rating

Interviewer Instructions: After completing the chart-stimulated recall adherence questions, ask the following questions to guide competency ratings

Next, I would like you to take the next 1 to 2 minutes to tell me about how you delivered the CBT interventions we just discussed. I am interested in hearing about things like how collaborative your approach was, what type of teaching strategies you used, and how you may have adapted the CBT interventions for your client's needs. Please feel free to reference the chart as often as you need.

INTERVIEWER: Listen carefully while respondent is speaking. Note items reflective of competence that you hear (see table below for cheat sheet of CBT competence items).

<i>Interviewer cheat sheet: what to listen for when rating competence</i>	
<i>Collaborative style (vs. didactic) Knowledge of intervention Variety of teaching strategies: (e.g., socratic questioning [“downward arrow”], modeling, in-session practice, role play)</i>	<i>Adapts material Makes material relevant and understandable for client Uses examples from client's life</i>

Continue on next page to provide your competence rating

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Competence = Skillfulness + Responsiveness: Competence ratings estimate the technical quality of instructional practices (skillfulness) and their timing and appropriateness for the given child and situation (responsiveness). In other words, how well did the therapist deliver the cognitive-behavioral interventions in a responsive, individualized, and clear way for the client? How well was the therapist able to skillfully deliver the cognitive behavioral interventions while tailoring the intervention to the client’s individual needs, and responding flexibly to the client during the session?

Please rate the overall quality of the therapist’s behavior—the quality of the effort/attempt—and not necessarily the outcome. Do not rate therapist poorly if a client had difficulty due to low insight or low motivation for treatment. Good and motivated children can cover up poor competence whereas children who lack motivation and insight can make the most competent therapists flounder.

Please see the Interviewer Guide for Competence Coding to help guide your rating.

The competence rating is made on a rating on a 7-point Likert-type scale (please circle your rating):						
1	2	3	4	5	6	7
Very Poor		Acceptable		Good		Excellent



Please note the time right now: _____

Date Coded: _____

Coded in real time

In the space below, please document anything unusual or of note that happened during this chart stimulated recall.
