

Client Initials:
Date of Session:
Time of Session:

Therapist ID	
Client ID	
Agency ID	

Behavioral Rehearsal

Prior to beginning, fill in client demographic information below from the earlier completed measures

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

Hello, my name is _____ and I'm here to conduct a Behavioral Rehearsal with you. The goal of these behavioral rehearsals, or role-plays, is to help us better understand the treatment you are providing to your client. I will ask you to spend 15 minutes demonstrating the primary cognitive behavioral therapy (or CBT) interventions you delivered to your client.

First, I will ask you to tell me a little about your client so that I know how to act. Then we will do the 15 minute role-play. We will do this for each of the 3 sessions that you taped.

Remind therapist prior to every role play: As a note, you can use my name rather than your client name in the role play interaction to protect client privacy

Before we get started, I will need to make sure that your sessions meet some criteria for us to include it in our role-plays today.

1. 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

Please note why if it was excluded: _____

Stop administration for this session if session needs to be excluded, and begin with new session 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 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)

For the purposes of the role-plays we will do together today, we are interested only in the CBT interventions you delivered to your client. There are plenty of reasons why you might use interventions in session that are not CBT interventions. We are just focusing on CBT for the purposes of this study. I have a list of common CBT interventions here (*hand BR Strategies List to therapist*). Please take a minute to look over this list and how we defined these interventions. Using this list, think about what CBT interventions you used, and tell me which interventions you will demonstrate during our 15 minute role play. If you delivered CBT for more than 15 minutes in this session, this may mean condensing some of what you did in your session during this role play to show us what you did, which is absolutely fine. If you delivered CBT for less than 15 minutes, please do not feel like you need to role play for the full 15 minutes. Please note that there are no right or wrong answers!

If this is BR with client #1: Encourage therapist to take their time reviewing the interventions.

Note here which interventions the therapist plans to role-play. If needed, encourage clinician to avoid describing what they did in session as you prefer to see what they did rather than have them tell you

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Before we get started, can you give me a 30 second overview of what your client is like so I know how to act? For example: is your client really active, talkative, destructive, quiet, etc.?

It will also be helpful for me to have a 1-minute overview of how your client responded to the CBT interventions to help me act like your client. Is there anything I need to say to help guide the conversation? For example, if you talked about the cognitive model, it would be help me to know the thoughts, feelings, and behaviors the client shared or if you did a trauma narrative, it would be helpful to get the gist of what the client shared.

Probe for both what the therapist did and how the client responded to the therapist.

Thank you for providing me with that information. Now, I would like you to spend 15 minutes role-playing how you used CBT in your session with me. Please know that I will do my best to role-play your child client, but I may not get every detail right. Please bear with me and continue with the role-play even if I don't get your client perfectly. After our role-play, I will ask you to rate how similar I was during the role-play to how your client acted in your session, as I know I may not act perfectly like your client! If you finish role playing before 15 minutes is up or want to switch and show another strategy, just clap your hands. I will give you a 5 minute warning before the time is up

Complete 15 minute role-play (set timer for 10 minutes; re-set for 5 additional minutes after first 10 minutes).

After role-play is completed, ask: How similar was I during that role-play to how your client acted in session? Please give me a rating on a scale of 1 to 7, where 1 is not at all similar and 7 is extremely similar:

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

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Therapist Confidence Rating

Interviewer Instructions: After completing the behavioral rehearsals, ask the therapist to rate how accurately they feel the role-plays overall represented what the therapist did in session and circle their response below:

How confident are you (THERAPIST) that these role plays accurately reflected what you did in your session?						
1	2	3	4	5	6	7
Very Poor		Acceptable		Good		Excellent



Please note the time right now: _____

Please hand the therapist the self-report Competence measure to complete

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Behavioral Rehearsal Adherence Scoring: CBT Interventions

Using the Likert scale provided below, please indicate the **extent to which each CBT intervention is present in the BR you are reviewing**. 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.

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

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

_____ 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

_____ 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

_____ 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>*Item name is "Functional Analysis of Behavior" on TPOCS RS</i>

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_____ 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

_____ 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>*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

_____ 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

_____ 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>*Item name is Skill Building on TPOCS RS</i>

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10.

<p>REINFORCEMENT STRATEGIES – CHILD*: 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.</p>
<p>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)</p>
<p><i>*Item name is Operant Strategies-Child on TPOCS RS</i></p>

11.

<p>REINFORCEMENT STRATEGIES – PARENT*: Discussed with a <u>caregiver</u> how rewards and consequences can be used to change his/her child's behavior.</p>
<p>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)</p>
<p><i>*Item name is Operant Strategies-Parent on TPOCS RS</i></p>

12.

<p>OTHER PARENTING SKILLS*: Discussed with a <u>caregiver</u> how to improve parenting skills to manage his/her child's behavior or improve communication with his/her child.</p>
<p>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</p>
<p><i>*Item name is Parenting Skills on TPOCS RS</i></p>

Interviewer Confidence Rating

How confident are you (INTERVIEWER) that your ratings accurately reflect what you observed in this behavioral rehearsal?						
1	2	3	4	5	6	7
Very Poor		Acceptable		Good		Excellent

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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



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In the space below, please document anything unusual or of note that happened during this behavioral rehearsal.
