

PERSON-CENTRED & EXPERIENTIAL PSYCHOTHERAPY SCALE-10 (v. 1.2, 12/12/12)

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Client ID:	Session:
Rater:	Segment:

Rate the items according to how well each activity occurred during the therapy segment you've just listened to. It is important to attend to your overall sense of the therapist's immediate experiencing of the client. Try to avoid forming a 'global impression' of the therapist early on in the session.

1. CLIENT FRAME OF REFERENCE/TRACK:

How much do the therapist's responses convey an understanding of the client's experiences as the client themselves understands or perceives it? To what extent is the therapist following the client's track?

Do the therapist's responses convey an understanding of the client's inner experience or point of view immediately expressed by the client? Or conversely, do therapist's responses add meaning based on the therapist's own frame of reference?

Are the therapist's responses right on client's track? Conversely, are the therapist's responses a diversion from the client's own train of thoughts/feelings?

- 1 No tracking:** Therapist's responses convey no understanding of the client's frame of reference; or therapist adds meaning based completely on their own frame of reference.
- 2 Minimal tracking:** Therapist's responses convey a poor understanding of the client's frame of reference; or therapist adds meaning partially based on their own frame of reference rather than the client's.
- 3 Slightly tracking:** Therapist's responses come close but don't quite reach an adequate understanding of the client's frame of reference; therapist's responses are slight "off" of the client's frame or reference.
- 4 Adequate tracking:** Therapist's responses convey an adequate understanding of the client's frame of reference.
- 5 Good tracking:** Therapist's responses convey a good understanding of the client's frame of reference.
- 6 Excellent tracking:** Therapists' responses convey an accurate understanding of the client's frame of reference and therapist adds no meaning from their own frame of reference.

2. PSYCHOLOGICAL HOLDING:

How well does the therapist metaphorically hold the client when they are experiencing painful, scary, or overwhelming experiences, or when they are connecting with their vulnerabilities?

High scores refer to therapist maintaining a solid, emotional and empathic connection even when the client is in pain or overwhelmed.

Low scores refer to situations in which the therapist avoids responding or acknowledging painful, frightening or overwhelming experiences of the client.

- 1 No holding:** Therapist oblivious to client's need to be psychologically held: avoids responding, acknowledging or addressing client's experience/feelings.
- 2 Minimal holding:** Therapist seems to be aware of the client's need to be psychologically held but is anxious or insecure when responding to client and diverts or distracts client from their vulnerability.
- 3 Slight holding:** Therapist conveys a bit of psychological holding, but not enough and with some insecurity.
- 4 Adequate holding:** Therapist manages to hold sufficiently the client's experience.
- 5 Good holding:** Therapist calmly and solidly holds the client's experience.
- 6 Excellent holding:** Therapist securely holds client's experience with trust, groundedness and acceptance, even when the client is experiencing, for example, pain, fear or overwhelmedness

3. EXPERIENTIAL SPECIFICITY:

How much does the therapist appropriately and skilfully work to help the client focus on, elaborate or differentiate specific, idiosyncratic or personal experiences or memories, as opposed to abstractions or generalities?

E.g., By reflecting specific client experiences using crisp, precise, differentiated and appropriately empathic reflections; or asking for examples or to specify feelings, meanings, memories or other personal experiences.

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| 1 | No specificity: therapist consistently responds in a highly abstract, vague or intellectual manner. |
| 2 | Minimal specificity: therapist seems to have a concept of specificity but doesn't implement adequately, consistently or well; therapist is either somewhat vague or abstract or generally fails to encourage experiential specificity where appropriate. |
| 3 | Slight specificity: therapist is often or repeatedly vague or abstract; therapist only slightly or occasionally encourages experiential specificity; sometimes responds in a way that points to experiential specificity, at times they fail to do so, or do so in an awkward manner. |
| 4 | Adequate specificity: where appropriate, therapist generally encourages client experiential specificity, with only minor, temporary lapses or slight awkwardness. |
| 5 | Good specificity: therapist does enough of this and does it skilfully, where appropriate trying to help the client to elaborate and specify particular experiences. |
| 6 | Excellent specificity: therapist does this consistently, skilfully, and even creatively, where appropriate, offering the client crisp, precise reflections or questions. |

4. ACCEPTING PRESENCE:

How well does the therapist's attitude convey an unconditional acceptance of whatever the client brings?

Does the therapist's responses convey a grounded, centred, and acceptant presence?

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| 1 | Explicit nonacceptance: Therapist explicitly communicates disapproval or criticism of client's experience/ meaning/feelings. |
| 2 | Implicit nonacceptance: Therapist implicitly or indirectly communicates disapproval or criticism of client experience/meaning/feelings. |
| 3 | Incongruent/inconsistent nonacceptance: Therapist conveys anxiety, worry or defensiveness instead of acceptance; or therapist is not consistent in the communication of acceptance. |
| 4 | Adequate acceptance: Therapist demonstrates calm and groundedness, with at least some degree of acceptance of the client's experience. |
| 5 | Good acceptance: Therapist conveys clear, grounded acceptance of the client's experience; therapist does not demonstrate any kind of judgment towards client's experience/behaviour |
| 6 | Excellent acceptance: Therapist skilfully conveys unconditional acceptance while being clearly grounded and centred in themselves, even in face of intense client vulnerability. |

5. CONTENT DIRECTIVENESS:

How much do the therapist's responses intend to direct the client's content?

Do the therapists' responses introduce explicit new content? e.g., do the therapist's responses convey explanation, interpretation, guidance, teaching, advice, reassurance or confrontation?

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| 1 | "Expert" directiveness: Therapist overtly and consistently assumes the role of expert in directing the content of the session |
| 2 | Overt directiveness: Therapist's responses direct client overtly towards a new content. |
| 3 | Slight directiveness: Therapist's responses direct client clearly but tentatively towards a new content. |
| 4 | Adequate nondirectiveness: Therapist is generally nondirective of content, with only minor, temporary lapses or slight content direction. |
| 5 | Good nondirectiveness: Therapist consistently follows the client's lead when responding to content. |
| 6 | Excellent nondirectiveness: Therapist clearly and consistently follows the client's lead when |

responding to content in a natural, inviting and unforced manner, with a high level of skill.

6. EMOTION FOCUS:

How much does the therapist actively work to help the client focus on and actively articulate their emotional experiences and meanings, both explicit and implicit?

E.g., By helping clients focus their attention inwards; by focusing the client's attention on bodily sensations; by reflecting toward emotionally poignant content, by inquiring about client feelings, helping client intensify, heighten or deepen their emotions, by helping clients find ways of describing emotions; or by making empathic conjectures about feelings that have not yet been expressed. Lower scores reflect ignoring implicit or explicit emotions; staying with non-emotional content; focusing on or reflecting generalized emotional states ("feeling bad") or minimizing emotional states (e.g., reflecting "angry" as "annoyed").

- 1 **No emotion focus:** therapist consistently ignores emotions or responds instead in a highly intellectual manner while focusing entirely on non-emotional content. When the client expresses emotions, the therapist consistently deflects the client away from them.
- 2 **Minimal emotion focus:** therapist seems to have a concept of emotion focus but doesn't implement adequately, consistently or well; therapist may generally stay with non-emotional content; sometimes deflects client way from their emotion; reflects only general emotional states ("bad") or minimizes client emotion.
- 3 **Slight emotion focus:** therapist often or repeatedly ignores or deflects client away from emotion; therapist only slightly or occasionally helps client to focus on emotion; while they sometimes respond in a way that points to client emotions, at times they fail to do so, or do so in an awkward manner.
- 4 **Adequate emotion focus:** where appropriate, therapist generally encourages client focus on emotions (by either reflections or other responses), with only minor, temporary lapses or slight awkwardness.
- 5 **Good emotion focus:** therapist does enough of this and does it skilfully, where appropriate trying to help the client to evoke, deepen and express particular emotions.
- 6 **Excellent emotion focus:** therapist does this consistently, skilfully, and even creatively, where appropriate, offering the client powerful, evocative reflections or questions, while at the same time enabling the client to feel safe while doing so.

7. DOMINANT OR OVERPOWERING PRESENCE:

To what extent does the therapist project a sense of dominance or authority in the session with the client?

Low scores refer to situations in which the therapist is taking charge of the process of the session; acts in a self-indulgent manner or takes over attention or focus for themselves; interrupting, talking over, silence or controlling the process; or acting in a definite, lecturing, or expert manner.

High scores refer to situations in which the therapist offers the client choice or autonomy in the session, allows the client space to develop their own experience, waits for the client finish their thoughts, is patient with the client, or encourages client empowerment in the session.

- 1 **Overpowering presence:** Therapist overpowers the client by strongly dominating the interaction, controlling what the client talks about or does in the session; clearly making themselves the centre of attention; or being patronizing toward the client.
- 2 **Controlling presence:** Therapist clearly controls the client's process of the session, acting in an expert, or dominant manner.
- 3 **Subtle control:** Therapist subtly, implicitly or indirectly controls what and how the client is in the session.
- 4 **Noncontrolling presence:** Therapist generally respects client autonomy in the session; therapist does not try to control client's process.
- 5 **Respectful presence:** Therapist consistently respects client autonomy in the session.
- 6 **Empowering presence:** Therapist clearly and consistently promotes or validates the client's freedom or choice, allowing client space as they desire.

8. CLARITY OF LANGUAGE:

How well does the therapist use language that communicates simply and clearly to the client?

E.g., therapist's responses are not too wordy, rambling, unnecessarily long; therapist does not use language that is too academic or too abstract; therapist's responses do not get in the client's way.

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| 1 | No clarity: Therapist's responses are long-winded, tangled, and <i>confusing</i> . |
| 2 | Minimal clarity: Therapist's responses are wordy, rambling or <i>unfocused</i> . |
| 3 | Slight clarity: Therapist's responses are <i>somewhat clear</i> , but a bit too abstract or long. |
| 4 | Adequate clarity: Therapist's responses are <i>clear but a bit too long</i> . |
| 5 | Good clarity: Therapist's responses are <i>clear and concise</i> . |
| 6 | Excellent clarity: Therapist's responses are very clear and concise, even <i>elegantly</i> capturing <i>subtle</i> client experiences in a few choice words. |

9. CORE MEANING:

How well do the therapist's responses reflect the core, or essence, of what the client is communicating or experiencing in the moment?

Responses are not just a reflection of surface content but show an understanding of the client's central/core experience or meaning that is being communicated either implicitly or explicitly in the moment; responses do not take away from the core meaning of client's communication.

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| 1 | No core meaning: Therapist's responses address only the cognitive content or stay exclusively in the superficial narrative. |
| 2 | Minimal core meaning: Therapist's responses address mainly the cognitive content or the superficial narrative but bring occasional glimpses into the underlying core feeling/ experience/ meaning. |
| 3 | Slight core meaning: Therapist's responses partially but incompletely address the core meaning/feeling/ experience that underlies the client's expressed content. |
| 4 | Adequate core meaning: Therapist's responses were close to the core meaning/feeling/ experience that underlies the client's expressed content, but do not quite reach it. |
| 5 | Good core meaning: Therapists' responses accurately address the core meaning/feeling/ experience that underlies the client's expressed content. |
| 6 | Excellent core meaning: Therapists' responses address with a high degree of accuracy the core meaning/feeling/ experience that underlies the client's expressed content. |

10. EMOTION REGULATION SENSITIVITY:

How much does the therapist actively work to help the client adjust and maintain their level of emotional arousal for productive self-exploration?

Client agency is central; this is not imposed by the therapist. There are three possible situations:

(a) If the client is overwhelmed by feelings and wants help in moderating them, does the therapist try to help the client to manage these emotions? E.g., By offering a calming and holding presence; by using containing imagery; or by helping the client self-soothe vs. allowing the client to continue to panic or feel overwhelmed or unsafe.

(b) If the client is out of touch with their feelings and wants help in accessing them, does the therapist try to help them appropriately increase emotional contact? E.g., by helping them review current concerns and focus on the most important or poignant; by helping them remember and explore memories of emotional experiences; by using vivid imagery or language to promote feelings vs. enhancing distance from emotions.

(c) If the client is at an optimal level of emotional arousal for exploration, does the therapist try to help them continue working at this level, rather than deepening or flattening their emotions?)

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| 1 | No facilitation: therapist consistently ignores issues of client emotional regulation, or generally works against client emotional regulation, i.e., allowing client to continue feel overwhelmed or distanced. |
| 2 | Minimal facilitation: therapist seems to have a concept of facilitating client emotional regulation but doesn't implement adequately, consistently or well; therapist either generally ignores the client's desire to contain overwhelmed emotion or to approach distanced emotion; sometimes they misdirect the client out of a productive, optimal level of emotional arousal, into either stuck or overwhelmed emotion or emotional distance or avoidance. |
| 3 | Slight facilitation: therapist often or repeatedly ignores or deflects client away from their desired level of emotional regulation productive for self-exploration; therapist only slightly facilitates productive self-exploration. While they sometimes respond in a way that facilitates client productive emotional regulation, at times they fail to do so, or do so in an awkward manner. |
| 4 | Adequate facilitation: Where appropriate, therapist generally encourages client emotional regulation (e.g., by helping them approach difficult emotions or contain excessive emotional distress as desired by client), with only minor, temporary lapses or slight awkwardness. |
| 5 | Good facilitation: therapist does enough emotional regulation facilitation and does it skilfully and in accordance with client's desires, where appropriate trying to help the client to maintain a productive level of emotional arousal. |
| 6 | Excellent facilitation: therapist does this consistently, skilfully, and even creatively, where desired, offering the client evocative or focusing responses to help the client approach difficult emotions when they are too distant and to contain overwhelming emotions, all within a safe, holding environment. |