

ATOS THERAPIST 1-PAGE BRIEF OVERVIEW – 20 POINT BRIEF RATING GUIDES 9/16
The Psychotherapy Research Program at HMS
Kristin Osborn

CORE AFFECTIVE CONFLICT: 1) Anger/Assertion ____ 2) Sadness/Grief ____ 3) Closeness/Tenderness/Love ____
 4) Positive Feelings for Self ____ 4.1) Self Compassion ____ 4.2) Self Interest ____ 4.3) Self Respect 4.4) Self Confidence/Mastery
 4.5) Self Worth ____ 4.6) Self Entitlement/Deserving ____ 4.7) Other ____
 5) Sexual Feelings 6) Enjoyment ____ 7) Interest/Excitement ____ 8) Healthy Fear ____ 9) Other ____ 10) Unclear ____

DOES THERAPIST HAVE AWARENESS & INSIGHT INTO MALADAPTIVE PATTERNS OF THOUGHTS, FEELINGS OR BEHAVIORS AND CAN HE/SHE COMMUNICATE IT TO THE PATIENT?

81-100--Excellent recognition of maladaptive patterns. Therapist suggests a hypothesis and describes problem pattern clearly, notes defenses and anxieties used to ward off a specific feeling, origin of behaviors, and impact. Therapist asks for patient collaboration.

61-80-Good recognition of maladaptive patterns. Therapist wonders out loud about maladaptive patterns, notes defenses and anxieties to ward off a specific feeling, explores origin and/or impact of behaviors, but the therapist is not directly noting their observations or asking for collaboration.

41-60-Moderately clear recognition of maladaptive patterns. Therapist describes occurrence of maladaptive patterns by noting defenses and anxiety, but does not address origin or impact. Therapist does not ask for patient collaboration.

21-40-Minimal recognition of maladaptive patterns. Therapist points out parts of the problem patterns, notes a defense and/or anxieties, but does not explore the origin of the behaviors or ask for patient collaboration. Patient points out problem patterns and therapist validates observations.

1-20-No recognition of maladaptive patterns and appears unsure even if patient points them out. Therapist may mention anxieties or defenses, but appears to have little focus or clarity. Therapist seems to have no or resists awareness/insight even if prompted by the patient.

DOES THERAPIST ATTEMPT TO INCREASE MOTIVATION TO GIVE UP MALADAPTIVE PATTERNS?

81-100--Excellent Interventions to help patient give up maladaptive patterns and replace with experience and/or expression of adaptive affect. Therapist stays focused in the face of patient discomfort and communicates that maladaptive patterns are ego-dystonic and describes potential for change.

61-80 - Strong Intervention to help patient give up maladaptive patterns and replace with experience and/or expression of adaptive affect. Therapist tries to stay focused in the face of patient discomfort, tries to communicate that maladaptive patterns are ego-dystonic and tries to describe potential for change.

41-60- Explicit/Moderate Intervention to help patient give up maladaptive patterns. Therapist may point out cost of maladaptive patterns, but may not point out benefits or vice versa. Therapist seems ambivalent and there is a lack of focus, particularly in the face of patient discomfort. Therapist may or may not communicate that maladaptive patterns are ego-dystonic and may or may not describe potential for change. Patient may do so on their own and therapist is responsive.

21-40- Implicit/Low Intervention to help patient give up maladaptive patterns. Therapist may not explore the maladaptive patterns or point out the cost and benefits. Therapist seems unaware and/or does not communicate that maladaptive patterns are ego-dystonic and does not describe potential for change. Patient may do so on their own, but therapist is not responsive.

1-20-No Intervention to help patient give up maladaptive patterns and no responsiveness if patient tries to do so on their own.

DOES THERAPIST USE INTERVENTIONS TO EXPOSE PATIENT TO BODILY EXPERIENCE OF ADAPTIVE AFFECT?

81-100--Excellent Interventions to expose adaptive affect. Therapist interventions are deliberate, focused, and tenacious, therapist is obviously attempting to assist patient with experiencing adaptive affect.

61-80--Strong Intervention to expose adaptive affect. Therapist interventions are deliberate and focused, therapist is attempting to assist patient with experiencing adaptive affect, but is not trying to help the patient experience more affect.

41-60--Moderate Intervention to expose adaptive affect. Therapist seems focused on assisting patient with experiencing affect and uses effective interventions, but doesn't seem to be particularly determined to find an intervention that may help expose more adaptive affect.

21-40--Low Intervention to expose adaptive affect. Therapist doesn't appear focused or aware of emerging adaptive affect, may even be blocking emerging adaptive affect.

1-20-No intervention to expose adaptive affect. Therapist seems unaware of emerging adaptive affect and offers no interventions to increase affect exposure, may even block emerging adaptive affect.

DOES THERAPIST INQUIRE OR POINT OUT PATIENT'S NEW LEARNING: ADAPTIVE EXPRESSION OF THOUGHTS, FEELINGS, WISHES, OR NEEDS.

81-100--Excellent Interventions Therapist describes observations fully and helps the patient to see new changes he/she exhibits

inside and outside the session.

61-80--Good Interventions Therapist describes observations fully, but doesn't explore further to see if patient can see the changes.

41-60--Moderate Interventions Therapist notes changes observed inside and outside the session, but doesn't elaborate or help the patient to see the changes.

21-40--Low Interventions Patient notes the changes inside or outside the session, therapist agrees, and may explore further.

1-20--No Interventions Patient notes changes experienced, but therapist disagrees or doesn't respond.

DOES THERAPIST INTERVENE TO REGULATE INHIBITORY AFFECT? (ANXIETY, GUILT, SHAME, PAIN).

81-100--No Interventions: Therapist doesn't offer any interventions to regulate anxiety

61-80--Low Interventions: Therapist offers interventions, but does not pursue

41-60--Moderate Interventions Therapist offers interventions and seems ambivalent or unsure as to whether or not to pursue

21-40--Good Interventions: Therapist offers interventions and seems comfortable in pursuing

1-20--Excellent Interventions. Therapist offers interventions and seems comfortable regulating pursuit as needed

DOES THERAPIST INTERVENE TO ASSIST PATIENT IN IMPROVEMENT IN SELF-IMAGE

81-100--Excellent Interventions Therapist uses interventions to help patient have a healthier sense of self and to be compassionate and accepting of strengths and vulnerabilities and will challenge self-blame or shame.

61-80--Good Interventions Therapist helps patient to have a healthier sense of self and to be compassionate and accepting of strengths and weaknesses, but does not challenge some self-blame or shame.

41-60--Moderately Interventions Therapist sometimes helps patient to have a healthier self-image, but accepts versus challenges signs of self-blame or shame.

21-40--Low Interventions Therapist barely helps patient to have a healthier sense of self, and seems to be encouraging lack of compassion or low ability for self-acceptance.

1-20--No interventions Therapist appears to validate an unhealthy sense of self and does not challenge patients lack of self-compassion, awareness, acceptance, or grandiosity.

DOES THERAPIST INTERVENE TO ASSIST PATIENT IN IMPROVEMENT IN IMAGE OF OTHERS

81-100--Excellent Interventions Therapist uses interventions to help patient have a healthier sense of others and to be compassionate and accepting of their strengths and vulnerabilities with little to no idealization or devaluation.

61-80--Good Interventions Therapist uses interventions to help patient have a healthier sense of others and to be compassionate and accepting of their strengths and vulnerabilities, but does not fully address idealization or devaluation.

41-60--Moderate Interventions Therapist uses interventions to help patient have a healthier sense of others and to be moderately compassionate and accepting of their strengths and vulnerabilities, but does not address idealization or devaluation.

21-40--Low Interventions Therapist does not use interventions to help patient have a healthier sense of others or to be compassionate and accepting of their strengths and vulnerabilities and enables idealization and devaluation.

1-20--No Interventions Therapist does not use interventions to help patient have a healthier sense of self, enables a maladaptive sense of others with little to no compassion, empathy or acceptance and much devaluation, idealization and splitting.