CLIENT READINESS

This section will acquaint you with assessing how open or closed a client may be to therapist intervention. The intervention impact will be based on weather or not the client readiness increases post therapist intervention.

A client may bring a varied sense of how they understand who they are and how they make meaning out of themselves and their context. A client may not always be open to reflecting or receiving interventions even if they have been so, before. Understanding the nuance behind this involves some basic components. The following is a list of things you may encounter when you read through session excerpts which will help you assess client readiness.

What the client may say?	What might it suggest?	How open might they be?
This will always go on, I will never stop being depressed. Or why am I always depressed?	Their view of themselves is fixed or rigid. A lens of "totality" or permanence of difficulty or self.	Not Open: They may need more space before a therapist can intervene actively.
I don't think things can be different. I think sometimes is therapy working? What is happening? why does it have to be this way?	Clients begin getting curious about themselves or others or their difficulties, yet may be feeling stuck or helpless or frustrated.	Somewhat open: Openness would depend on their understanding of their agency implied or explicit or how intensely they may be experiencing their emotions.
It made me think I don't always have all the answers. I know we have discussed pausing before reacting but i can't stop myself	Clients begin to accept that there may be more to themselves, others, an event or situation or experience than they had previously thought or imagined. They will either not be able to implement insight or have not yet started thinking about how to change. Contextualisation will be more of either themselves or others not both	Open to more perspectives and insights: May be able to accept some reflections and insights, however deeper layered insights may still be overwhelming. Gentle push may seem more acceptable to them than deeper reflections.
I Know we should have planned it sooner but there is a lot going on for both of us and I think	Clients will express understanding or	Responsive to deeper reflections or

interventions: Will be sometimes it's okay to let ourselves be. contextualisation of themselves Though later I found myself feeling annoyed at and others. Will be able to able to hold difficult the pending work again. resolve situations most times emotions without but may feel psychologically or collapsing into emotionally disorganised in dysregulation. Will be able highly emotionally charged to receive deeper situations. reflection or interventions. I found myself thinking yesterday how much I Clients will be able to identify Highly open yet filtered. have changed. There was a time when losing the concern, its impact on Will be open to holding my job would have totally thrown me off but themselves and pivot towards therapist's interventions or action or insight that helps this time i know i have to rest it out so i have reflections as something been taking it slow. I have a few months before manage the concern without that can be filtered through i have to apply to jobs again so i'm just going active prompting. the lens of what is needed to rest and in a few weeks start polishing my by them vs what maybe therapist's own perspective.

The rating level for the client's self concept and meaning making don't always align and that would also impact openness.

For eg: I stopped myself from binging so many times this week and I tried to soothe myself but I know none of this will last because I am inconsistent. The client may have been acting their self concept differently but their view may still be rigid making them less likely to be open.

A client's openness may shift and change within one session or multiple, it doesn't always remain static.

Question to ask to assess readiness:

- 1. How was the client thinking of themselves?
- 2. How open or closed was their meaning making around themselves or the concern?
- 3. Was this a good point where a therapist intervention would have landed?

THERAPIST MEANING MAKING

You will be using rubric to score therapist responses or interventions in session. This is on a scale from TF1 to TF5. This rating encapsulates the therapist's positioning, their understanding, collaboration, and meaning-making style.

A therapist plays an important role in therapy. How they understand the meaning of what is occurring in therapy is an essential characteristic of process based models. Below are example statements by a therapist in session. The table below will walk you through what to look for, how to code. Remember this rubric is not to assess the quality of therapist response, it is only to understand a therapist's meaning-making at a given moment.

EXAMPLE STATEMENT	WHAT TO LOOK FOR	CODE
 You just don't want to change Have you tried going for a run? If you had just done the exercises i asked you to, you won't feel this way 	Expert stance by therapist either through direct suggestion of intervention or direct judgement/ conclusive statements. There will be no scaffolding involved here. Therapists will use an expert stance.	TF1: Directive and Expert position
 Why do you think we keep talking about the same problem? Maybe your boss is the problem? I think we should focus on regulation right now? 	May question what is important or what is happening? Will invite some form of collaboration yet on a conclusion drawn independently by the therapist. The therapist will remain the expert on the problem or the direction of intervention	TF2: Suggestive Interpretation
Can we explore what might be happening at this moment for you? Does this remind you of anything	The therapist will actively involve the client in exploring more about a certain event or situation and may use indirect	TF3: Collaborative Exploration

_				
		that has happened before?	indications to improve client insight but will not use any pattern developed from previous sessions. Therapist will begin collaboration but still direct interventions based on their understanding and worldview	aistilou'i
		As you mentioned previously, the difficulty with being appreciated is because you often felt judged while growing up. Do you think those experiences plays any role here? I see that you often come into the	Therapists will start tracking patterns outside or in the sessions but will direct interventions to build more insight in a specific area or encourage small action outside without direct suggestion of any skill or technique.	TF 4: Pattern oriented Reflection/intervention
		session feeling tired and often first stay in my presence for 30-40 minutes before you begin to speak. We have spoken about how you have often been led down by mental health professionals. I wonder if this is about safety?	Therapists will be increasingly collaborative. The therapist will place almost equal value on client and therapist meaning making.	
		You stayed through this very difficult conversation today in session! I'm intrigued, what do you think was helping you stay with this conversation today?	Therapists will use patterns in session or emerging from outside session, be reflective of their own perception/ feeling towards the pattern and invite the client to reflect on a skill or	TF5: Client led integration
	2.	Skills are transferable. I wonder how you can continue using this skill in other areas of your life like with friends or with your boss?	may encourage the practice of this in session skill outside. Therapists will showcase fluidity, flexibility, transparency of their own stance and encourage or invite the client to feel more empowered. Therapists will place more value on client meaning making.	

Psychoeducation can fall in any of these 5 ratings based on how the psychoeducation is articulated:

	_
THERAPIST EXAMPLE OF PSYCHOEDUCATION	CODE
1. This is anxiety. Anxiety has a wide range of symptoms	TF1
Seems like you often feel anxious. Would you like to know more about anxiety?	TF2
3. I've noticed that you have been feeling anxious for a while. Would you like to explore more about how this works?	TF3
4. What is this feeling that you're describing right now, how do you experience it? When does this usually come up?Would you like to know how neurobiology may explain this?	TF4
5. This feeling that you have many times called "annoying"; How do you make meaning out of this? Where does this meaning come from? Does this meaning work for you? What else might this feeling be saying?	TF5

The therapist meaning making is not being coded for quality- each may represent an appropriate stance at different moments based on client readiness.

THERAPIST INTERVENTION IMPACT

This is the second you will use. This will walk you through the codes you will use to assess how well a therapist's intervention/reflection landed. You will rate based on 3 score +1,0 and -1.

SCORE	MEANING	
+1	Therapist intervention supported deeper insight or action	
0	Therapist intervention had no observable impact	
-1	Therapist intervention disrupted progress, reinforced older patterns, or increased rigidity.	

CONFIDENCE SCORE.

This is the third rubric you will use. You will score the confidence in your assessment of therapist intervention on a likert scale of 1 to 5. You are not scoring yourself or the therapist—you're rating how clear or ambiguous the shift is in the client narrative when a therapist stance is used. This helps us know when intervention impact is straightforward versus when it is harder to tell.

CONFIDENCE SCORE	ASSESSMENT OF CONFIDENCE	
1: Total guess	The client shift is unclear or ambiguous	
2: Tentative Clarity	Movement is somewhat clear but you are unsure of shift. Partially visible shift but seems unstable.	
3: Middle confidence	Movement seems likely as there are signs of readiness but self position isn't yet anchored and hence it could go both ways	
4: Confident	The shift is visible, meaningful and moderately held.	
5: Very Clear	The shift (or non-shift) is strong and unambiguous. The shift is very clear.	