GROUP SCHEMA THERAPY RATING SCALE -revised (GSTRS-R) (fin- 2014-07-07)

Rater: _____ Institute/country: _____ Date: _____

Group/tape number: _____ Institute/country: _____

Session no.: _____

Therapist A: _____ Therapist B: _____

Please give your final rating of each item after watching the complete tape, but feel free to pause the tape at any time (e.g., to scan the items, look something up in the guidelines, take notes, or rate behaviors that you have gained sufficient information on). Both therapists can be rated simultaneously.

For each therapist and item, please rate **adherence** first. If the described therapist behavior was observable, mark "1" (even if the behavior was not displayed consistently). If you never observed the behavior, mark "0". Some behaviors may not have been observable, because they were not indicated, the other therapist performed the behavior, or they were not applicable (n/a) for some other reason. In that case mark "0", but specify why.

Example 1		*Therapist A*		*Therapist B*	
18. Therapist manages occurring conflicts (between members, between co-therapists and between members and co-therapists). **Comments:**		☒	1	0	☒
		0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	
		☐ not indicated ☒ other therapist ☐ n/a, other reason:		☐ not indicated ☐ other therapist ☐ n/a, other reason:	

0 = not observed   1 = observed   n/a = not applicable

Please **do not rate competence** and **enter a missing** in the data file, if you have rated already **"0"** for **adherence**. Keep in mind that the more proficient the therapist performed, the higher you should rate his/her behavior.

Example 2		*Therapist A*		*Therapist B*	
18. Therapist manages occurring conflicts (between members, between co-therapists and between members and co-therapists).		☒	1	0	☒
		0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 —☒— 4 — 5 — 6	
		☐ not indicated ☒ other therapist ☐ n/a, other reason:		☐ not indicated ☐ other therapist ☐ n/a, other reason:	

0 = very poor   1 = poor   2 = unsatisfactory   3 = adequate   4 = good   5 = very good   6 = excellent

GENERAL THERAPIST BEHAVIOR	Therapist A		Therapist B	
01. Therapist has a positive presence (e.g., warm, confident, open, authentic).	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	
	always indicated/applicable		always indicated/applicable	
02. Therapist utilizes positive nonverbal communication (e.g., smiling, nodding, open arms).	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	
	always indicated/applicable		always indicated/applicable	
03. Therapist is attentive to each group member (e.g., making eye contact, listening, asking questions).	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	
	always indicated/applicable		always indicated/applicable	
04. Therapist addresses and resolves alliance ruptures using schema therapy techniques and terminology. (e.g., apologizing for not seeing the VC, pointing out one´s demanding parent, explaining the idea behind an intervention, apologizing for having been too quick, impatient or for not explaining enough details before an intervention, or for overlooking an important patient response)	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	
	always indicated/applicable		always indicated/applicable	
05. Therapist addresses both cognitive and emotional processes of the patient in an integrated manner. Integration means that both processes are included for the same issue or are present in the same intervention.	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	
	always indicated/applicable		always indicated/applicable	

	Therapist A		Therapist B	
06. Therapist self-discloses in an appropriate manner that serves the therapy process. (e.g., to reduce participants' shame, to show that nobody is perfect, to model how being aware of and open about one's own schema driven reactions leads to more control and more effective coping).	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	
	☐ not indicated ☐ other therapist ☐ n/a, other reason:		☐ not indicated ☐ other therapist ☐ n/a, other reason:	

LIMITED REPARENTING

	Therapist A		Therapist B	
07. Overall, the Therapist behaves like a good parent for the group (e.g., by being fair and caring and signaling and providing safety for all members).	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	
	always indicated/ applicable		always indicated/ applicable	
08. Therapist attends to the need that is present for a patient based upon the mode he or she is in (e.g., validating/protecting VC, limiting IC, allowing AC's to vent anger, reinforcing HA and HC, disempowering DemP/PP, addressing DP).	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	
	always indicated/ applicable		always indicated/ applicable	
09. Limit setting: Therapist limits dysfunctional and disruptive behavior (e.g., violation of ground rules, verbal attack of another member) immediately, firmly and directly Empathic confrontation is a different intervention.	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	
	☐ not indicated ☐ other therapist ☐ n/a, other reason:		☐ not indicated ☐ other therapist ☐ n/a, other reason:	
10. Empathic confrontation: therapist confrontation is done in firm but friendly manner, the patient's underlying need is addressed. (a) Name the problem behavior, (b) strengthen connection, (c) connect to history or underlying feelings, (d) point out the result of the action, (e) discuss more effective options to get the patient's needs met.	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	
	☐ not indicated ☐ other therapist ☐ n/a, other reason:		☐ not indicated ☐ other therapist ☐ n/a, other reason:	

Item				
11. Therapist uses schema and mode language to label, identify, comment on, or regulate participant´s experiences and behavior (in session or in a reported event outside of group). If appropriate, the underlying needs of the individual and the group as a whole are also labeled and addressed, including individual modes (e.g., "Tough Tammy, Mean Mommy").	0 | 1 0 — 1 — 2 — 3 — 4 — 5 — 6 always indicated/ applicable		0 | 1 0 — 1 — 2 — 3 — 4 — 5 — 6 always indicated/ applicable	
12. Therapist facilitates group members´ involvement in the process (e.g., inviting responses from each group member) and their involvement and connection with each other (i.e., weaving the group together).	0 | 1 0 — 1 — 2 — 3 — 4 — 5 — 6 always indicated/ applicable		0 | 1 0 — 1 — 2 — 3 — 4 — 5 — 6 always indicated/ applicable	
13. Therapist is an active leader, who allows enough room (silence) for participants' involvement, but not so much that anxiety builds up. Therapist uses direction and limit setting actively to keep the group in the "working window" of activation, preventing over activation (high tension, turmoil, verbal attacks) as well as under activation (e.g., detachment, lethargy).	0 | 1 0 — 1 — 2 — 3 — 4 — 5 — 6 always indicated/ applicable		0 | 1 0 — 1 — 2 — 3 — 4 — 5 — 6 always indicated/ applicable	
14. Therapist alternates between focusing on one individual member, each individual member in succession, and the group as a whole (individual work is time limited and made salient for all)	0 | 1 0 — 1 — 2 — 3 — 4 — 5 — 6 always indicated/ applicable		0 | 1 0 — 1 — 2 — 3 — 4 — 5 — 6 always indicated/ applicable	
15. Therapist encourages participants to self-disclose and to experience and express feelings and emotions in the session.	0 | 1 0 — 1 — 2 — 3 — 4 — 5 — 6 always indicated/ applicable		0 | 1 0 — 1 — 2 — 3 — 4 — 5 — 6 always indicated/ applicable	
16. Therapist addresses and manages interpersonal tensions, irritations, quarrels and/or open conflicts that occur (between members, between co-therapists and between members and co-therapists) according to the stage of the group. Healthy conflict can occur without breaking ground rules.	0 | 1 0 — 1 — 2 — 3 — 4 — 5 — 6 ☐ not indicated ☐ other therapist ☐ n/a, other reason:		0 | 1 0 — 1 — 2 — 3 — 4 — 5 — 6 ☐ not indicated ☐ other therapist ☐ n/a, other reason:	

GROUP CLIMATE	Therapist A		Therapist B	
17. Therapist creates a warm atmosphere and the feeling of belonging and safety (everyone is important to the group – no one is neglected/excluded/left out).	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	
	always indicated/ applicable		always indicated/ applicable	
18. Therapist creates an atmosphere that encourages and engages the playful child mode of each member and the group as a whole. This could be done explicitly by using an exercise or task, implicitly by smiling, laughing, nonverbal teasing, or by para- lingual tone.	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	
	always indicated/ applicable		always indicated/ applicable	
19. Therapist fosters group cohesion and acceptance. (e.g., by pointing out similarities among group members while also supporting the acceptance of differences; limiting any negative evaluations of other members, encouraging "I feel" language instead of judgments of the other).	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	
	always indicated/ applicable		always indicated/ applicable	

STRUCTURE	Therapist A		Therapist B	
20. Therapist establishes and maintains the working frame of a group by time and task management and reminders of ground rules. High level competence is defined by: the balance of structure and flexibility, and the therapist setting the stage for the task or topic and guiding the group actively toward a goal while also adjusting to the group needs.	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	
	always indicated/ applicable		always indicated/ applicable	

	0	1	0	1
21. Therapist utilizes the component of ST that matches the stage the group is in. Stage I: Safety, ST education, connection in early sessions. Stage II: experiential → cognitive → in the middle working stage of group. Stage III: behavioral pattern breaking → implementation in later working or autonomy stage).	0 — 1 — 2 — 3 — 4 — 5 — 6 always indicated/ applicable		0 — 1 — 2 — 3 — 4 — 5 — 6 always indicated/ applicable	
22. Therapist pays attention to the order of activities in the session (e.g., simple safety images at the beginning and end of each session, allowing adequate time for wrap-up).	0 — 1 — 2 — 3 — 4 — 5 — 6 always indicated/ applicable		0 — 1 — 2 — 3 — 4 — 5 — 6 always indicated/ applicable	
23. Therapist explains the (schema-therapy) rationale behind techniques and approaches to provide transparency. The point at which this is done may vary – sometimes before and sometimes coming after (e.g. following an experiential exercises). Therapist chooses the most suitable point in time for this explanation, so that the emotional process is facilitated (and not disturbed or closed down etc.)	0 — 1 — 2 — 3 — 4 — 5 — 6 always indicated/ applicable		0 — 1 — 2 — 3 — 4 — 5 — 6 always indicated/ applicable	
24. Therapist gives some assignment or task (could be a question to consider further).These assignments must be followed up on in some way in the next session – either used in the session or collected for therapist review and return with comments..	0 — 1 — 2 — 3 — 4 — 5 — 6 ☐ not indicated ☐ other therapist ☐ n/a, other reason:		0 — 1 — 2 — 3 — 4 — 5 — 6 ☐ not indicated ☐ other therapist ☐ n/a, other reason:	

CO-THERAPIST TEAM	Therapist A		Therapist B	
25. Co-therapists show a connection (e.g., eye contact, paying attention to each other, smiling at each other, acknowledging and complementing each other, seem well informed about each others' approach/goal, seem to be following the same plan).	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	
	always indicated/ applicable		always indicated/ applicable	
26. Co-therapists model healthy interactions, including disagreement (i.e., open and authentic communication).	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	
	always indicated/ applicable		always indicated/ applicable	
27. Co-therapists support each other's interventions - verbally as well as non-verbally (e.g., by giving each other space to complete an intervention and not jumping in unless there is a definite problem like lack of clarity, participants are misunderstanding, or a maladaptive schema/mode of the therapist has been triggered).	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	
	always indicated/ applicable		always indicated/ applicable	
28. Co-therapists provide back-up for each other (e.g., taking over as last resort if the other therapist is struggling, or uncontrolled mode triggering of the co-therapist is evident) and/or use verbal or nonverbal signals to ask for assistance from each other when needed.	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	
	☐ not indicated ☐ other therapist ☐ n/a, other reason:		☐ not indicated ☐ other therapist ☐ n/a, other reason:	

SPECIFIC SKILLS RATING

| Therapist A: _____ | Therapist B: _____ |

While watching the film and rating items 1 - 28, whenever you observe either of the therapists performing a specific skill (e.g., safety bubble imagery), please pause the tape as soon as the performance is completed and rate the respective item:

Please rate **adherence** first. Mark "1" for the therapist that had performed the skill and then rate how competent his/ her performance was. Keep in mind that the more proficient the therapist performed, the higher you should rate his/her behavior.

If a therapist did not perform a specific skill throughout the complete session, mark "0" for that therapist on the respective item.

Please rate **competence** ONLY if you have rated "1" for adherence.

Example 1

	Therapist A		Therapist B	
16. Mode role plays (modified psychodrama)	X	1	X	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	
17. Use of transitional objects	X	1	0	X
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — X — 4 — 5 — 6	

0 = very poor   1 = poor   2 = unsatisfactory   3 = adequate   4 = good   5 = very good   6 = excellent

If both therapists have *collaborated* in performing a specific skill, please mark "1" for the therapist that has taken the lead in performing the skill (i.e., had a more dominant role) and mark "0" for the other therapist - unless he/she performs the specific skill at another time during the session.

However, if both therapists played an equally important role, mark "1" for *both* therapists and then rate each therapist's competence in performing the specific skill separately.

Example 2

	Therapist A		Therapist B	
16. Mode role plays (modified psychodrama)	0	X	0	X
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	
17. Use of transitional objects	X	1	0	X
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — X — 4 — 5 — 6	

0 = very poor   1 = poor   2 = unsatisfactory   3 = adequate   4 = good   5 = very good   6 = excellent

Anticipatory Socialization to the group modality and ST Education

	Therapist A		Therapist B	
29. ANTICIPATORY SOCIALIZATION INTO Group ST and how this group model and process works. Information that Patients have been given about how group can help, what behavior is expected of him/her, what the therapists role are, ground rules of the group, etc. is referred to explicitly or implicitly.	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	
30. Schema Therapy model education – what are schemas and modes, which does a patient have, how they relate to his/her problems and how they will be worked with in the groups sessions .	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	

MODE AWARENESS AND CHANGE WORK

	Therapist A		Therapist B	
31. Experiential focusing exercise A physical exercise for awareness in which one person stands 12 feet away from another, then takes slow steps toward him/her until they are 3 feet apart. The instruction given is to note any sensation, feeling or thought that you are aware of with each step. Both then write down their experiences at each step.	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	
32. Physical grounding exercise Exercises in which movement is used to increase physical awareness or create tension followed by relaxation to bring a person more in touch with their body.	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	
33. Circle monitoring A system of analyzing an experience in terms of the situation, thought, feeling, sensation, need, schemas, mode, action taken and result. It may begin with a focus on one patient but must involve other group members. This particular format arranges these components in a circle. It may also be given as an assignment**.**	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	

34. Mode monitoring collecting information about what situation, thought, feeling, action, etc. a person experiences when they are in a particular mode.	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	

35. Mode dialogues/role-play for awareness Group members are arranged in different positions to represent the relationship among the various. They play the mode they are assigned. The goal is to increase awareness of how and when that mode operates, does it get the patients need met and what is the cost.	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	

36. Others:	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	

COGNITIVE INTERVENTIONS

	Therapist A		Therapist B	
37. Schema Therapy education information about the ST model of the etiology of psychological problems in terms of unmet childhood needs and temperament and how ST works. Especially education about people's needs, emotions, children's rights, learning, the necessity to make mistakes to learn, how early experiences form schema modes, and lead to repetition of patterns, etc. Furthermore the kind of education that is woven into the therapy process, e.g. during discussion or in experiential interventions should be coded here.	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	
38. Pro and con exercises The pros and cons of a particular behavior or choice are identified and analyzed with the goal of choosing a new more effective behavior For example, whether to stop using avoidance to cope with fear or anxiety about being around other people.	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	

39. Cognitive restructuring and reattribution **Comments:** A patient´s core beliefs are examined – e.g. the belief that "my needs were not met as a child because I am bad" the evidence for and against is weighed, other possible explanations for the experience are considered – a new belief is formed and articulated- e.g. my needs were not met because my parents did not know how, I was a good kid".	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	
40. Evidence logs Patients collect written evidence of feelings or behaviors that support or refute their early maladaptive schemas. For example, "I tried something new, I was not good at it, but nothing terrible happened – no one rejected me or laughed at my attempt.	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	
41. Problem solving. For example, a patient brings in a dilemma of wanting to cancel a visit to her mother because she has been asked on a date by a man she really likes. Problem solving would identify the problem, examine options, analyze the pros and cons and come to a decision.	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	
42. Flashcards or mode memos to use as cognitive antidotes for schemas and modes using a form similar to that of Jeff Young: when I feel X and am in my Y mode, I want to do Z, which will not get my need today met, so instead I will do A to be more effective.	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	
43. Identify cognitive distortions (in looking at thoughts that maintain schemas and modes identify any faulty logic based on cognitive distortions like "all or nothing" thinking, negative forecasting, catastrophizing, etc.)	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	
44. Others:	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	

EXPERIENTAL INTERVENTIONS	Therapist A		Therapist B	
45. Imagery (Safety Bubble, Good Parent) The Safety Bubble is an imagery exercise in which patients use the image of a large, protective "magical" bubble around them to provide safety. The Good Parent imagery exercise has the therapist read to the group a collection of messages they have generated that a good parent would say to a child who they loved and that they would like to have heard or heard more in childhood. Exercises that orient patients to what imagery is may also be used here – for example, imaginary visit to toy store or ice-cream shop.	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	
46. Imagery change work (e.g., imagery rescripting) Imagery rescripting is an exercise in which a patient(s) imagines a new ending for a painful memory or imagines a future experience (like a flash-forward) that better meets the needs of the patient(s). For a high competence rating the group should be included in this process, e.g. the group brainstorms a new ending, all are asked to take in the words of the rescripting for themselves. Two main variations are possible: imagery for the group as a whole, imagery rescripting that begins with the memory of one patient then moves to include the rest in planning and implementing the rescripting.	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	
47. Mode dialogues/role-plays for change This exercise actively involves more than one group member. Various group members take the roles of another patient's modes. They interact as the mode they are playing with whichever mode the protagonist patient is playing. The purpose is to get a fuller picture of the dynamics of the modes: the functions they have, the experience of them, the effects they have on others and whether they work in adult life to get needs met.	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	
48. Use of transitional objects- An object that represents the therapist or group symbolically, like the soothing blanket of a young child) is given to each group member.	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	

49. Creative representations of group experiences- (making a drawing, symbol, choosing a picture from a magazine to represent an experience in the group or more generally to represent the group "family" to be used for comfort, soothing, support, etc. The same can be done to represent a patient's experience of a mode or the mode of the group as a whole.	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	

50. Special group rituals/events (e.g., birthdays, holidays, supporting members on special occasions).	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	

51. Play: any playful activity that can involve the therapists and the whole group with the purpose of accessing and allowing the HCM to be present. It can be as simple as blowing bubbles, playing a memory or word game with low demand characteristics, singing a childhood song together.	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	

52. Others:	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	

BEHAVIORAL PATTERN BREAKING INTERVENTIONS

	Therapist A		Therapist B	
53. Emergency plans These are written plans specific to patients that identify any safety issues they have related to modes, what the underlying need is and how they can take safe alternative action to meet it. The patient commits to take the new action indicated and if they cannot to contact the emergency service that has been identified ahead of time for him/her. Emergency plans are mode management plans for potentially dangerous or life-threatening behaviors.	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	

54. Mode management plans (Similar to the emergency plan – these look more generally at identifying the problems that a mode presents, mode triggers, choice points and alternate healthy action a patient can take that will more effectively meet their need and have less negative consequences.	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	
55. Role-play practice, behavioral rehearsal, practicing new behavior (or example, asking for help from a friend in an assertive manner).	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	
56. Others:	0	1	0	1
	0 — 1 — 2 — 3 — 4 — 5 — 6		0 — 1 — 2 — 3 — 4 — 5 — 6	