



## MOL Session Evaluation – Other

Carey, T. A., & Tai, S. J.

1. To what extent was the content of the session generated by the patient?

1 2 3 4 5 6 7 8 9 10  
not at all completely

Examples:

2. To what extent did the therapist question rather than advise, suggest, or teach?

1 2 3 4 5 6 7 8 9 10  
not at all totally

Examples:

3. To what extent did the therapist ask about disruptions?

1 2 3 4 5 6 7 8 9 10  
not at all constantly

Examples:

4. To what extent did the therapist ask detailed and specific questions about the current topic of conversation?

1 2 3 4 5 6 7 8 9 10  
not at all constantly

Examples:

5. To what extent did the therapist question rather than assume?

1 2 3 4 5 6 7 8 9 10  
not at all extremely

Examples:

6. To what extent did the therapist ask about the patient's immediate experience?

1 2 3 4 5 6 7 8 9 10  
not at all constantly

Examples:

7. To what extent did the therapist follow rather than lead the client?

1 2 3 4 5 6 7 8 9 10  
not at all extremely

Examples:

8. To what extent did the therapist facilitate the client sustaining a focus in one or more areas?

1 2 3 4 5 6 7 8 9 10  
not at all constantly

Examples:

9. Comments about the session:

10. Suggestions for improvement and development:

## MOL Session Evaluation - Behavioural Indicators

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1. Therapist asks something like "What would you like to talk about today?"; Therapist discusses topics that the patient nominates.
2. Absence of advice or suggestions; When asked by the patient for advice the therapist continues to use MOL by asking things like: "Are you wondering what you should be doing just now?", "What made that question pop into your head at this moment?", "What sort of advice do you think would be helpful for you just now?". A ratio in the range of perhaps 6:1 to 8:1 for the number of questions to statements.
3. The therapist picks up on disruptions in the patient's flow of speech and asks things like: "What's going through your mind just now?", "What were you thinking when you paused just then?", "What were you shaking your head about while you were talking just now?".
4. The questions the therapist asks sound curious rather than rhetorical; process as well as content questions are asked; there is a preponderance of questions that invite concrete rather than abstract answers like: "How many times does X occur?", "When you're feeling X, what else do you notice?", "Does Y ever happen when you're thinking Z?", "How big is it?", "What colour is it?", "Does it have a shape?", "Are there edges to it?", "How do you know when W is starting to happen?", "When you feeling Y, does it come on suddenly or gradually?", "Is it a constant feeling or does it fluctuate or pulsate or change in some other way?".
5. The therapist asks questions that might appear obvious or simplistic, the therapist routinely clarifies the meanings of words and checks for understanding; questions like the following would be asked: "When you say 'depression' what do you mean by that?", "You called your thoughts bad just now, what's the bad aspect to the thoughts you're referring to?", "When you say X are you meaning something like Y?", "Does Z go along with W?".
6. The therapist draws the patient's attention to the thoughts and feelings that occur for the patient as they discuss the patient's nominated topics. Questions such as the following would be expected: "What's going through your mind as you describe these events to me?", "What occurs to you when you express things that way?", "What do you think when you hear yourself say that?", "Are you comparing X and Y just now?", "Is there something you're avoiding or trying not to think about while we're talking?".
7. The therapist explores the topics and issues that the client provides. The therapist also discusses the topics in a way that seems to be indicated by the client and acknowledges and accommodates aspects such as the pace of the client's dialogue. If the client talks about images, the therapist asks questions about images, if the client talks about feelings the therapist asks about feelings, and so on.
8. Through systematic questioning, the therapist helps the client maintain their focus on a particular topic for a sustained period of time. For example, even with a disruption the therapist might ask 3 or 4 questions about the disruption rather than just one.