

# Clinical Assessment of Modes – Observer (CAM-O)

## Training, Version 3.0

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The purpose of this questionnaire is to assess the different ways that therapists communicate with clients during therapy. Please reference this training for administration guidelines and examples when completing the CAM-O and CAM-O-LF.

### GENERAL GUIDELINES

**Choosing a version:** The Clinical Assessment of Modes (CAM) is designed to assess a therapist's communication with adult clients. Use the pediatric (PCAM) or caregiver (CGCAM) versions to assess a therapist's communication with pediatric clients or caregivers of clients, respectively. Using an observer's perspective, the CAM-O assesses the frequency of a therapist's mode use in general, and the Long Form (CAM-O-LF) assesses the frequency of both a therapist's successful and unsuccessful attempts at mode use. Versions for the therapist's perspective (CAM-T) and the client's perspective (CAM-C) are available for therapists and clients to rate a therapist's communication, but this training focuses on questions specific to the CAM-O and CAM-O-LF.

**Rate the therapist's behavior and the client's reaction:** Rate the therapist's approach to communication on the CAM-O-LF by observing the client's response to determine whether the communication strategy (i.e., mode) was successful or unsuccessful. Remember to only score communication as successful if it is received and interpreted by the client as the therapist originally intended. Signs of successful communication include (1) the client's participation in treatment and (2) positive or neutral verbal or nonverbal responses.

**Frequency ratings:** Rate the frequency (e.g., Never, Rarely, Occasionally, Frequently) of the therapist's overall mode use (CAM-O) or successful and unsuccessful mode use (CAM-O-LF) within the overall context of a single interaction. Use the "Not Applicable" ("N/A") rating when a communication strategy does not apply to the situation.

**Be aware of bias in ratings:** Score what you observe objectively. Do not allow ratings to be influenced by a liking or disliking of the therapist, an opinion of the therapist's technical skills, or knowledge of the therapist's experience level or past experiences with other clients. Avoid inflated (i.e., Halo Effect) and deflated (i.e., Horn or Devil Effect) ratings of the therapist, which can occur when items are rated based on scoring of another item or an overall judgment of the therapist or client.

### Overall Impressions

A. How effective was the therapist in communicating with the client?

0	1	2	3	4
Not at all	Slightly	Somewhat	Very	Extremely

B. How effective was the therapist in helping the client work toward the client's goals?

0	1	2	3	4
Not at all	Slightly	Somewhat	Very	Extremely

**Reference:**

Taylor, R. R. (2008). *The intentional relationship: Occupational therapy and use of self*. Philadelphia, PA: F.A. Davis.

**Citing this assessment:**

Taylor, R. R. & Popova, E. S. (2018). Clinical Assessment of Modes – Observer Training, Version 3.0. Intentional Relationship Model Clearinghouse, Department of Occupational Therapy, College of Applied Health Sciences, University of Illinois at Chicago, Chicago, IL. Retrieved from <http://irm.ahslabs.uic.edu/assessments/>

C. How often did you observe **incongruent** mode use?

0 Not at all                      1 Slightly                      2 Somewhat                      3 Very                      4 Extremely

**Incongruent Mode Use:** A therapist attempts to deliver a mode, but the mode is either misunderstood or perceived as insincere by the client due to an inconsistency between what is said and what is conveyed (i.e., the therapist's tone, quality or pace of voice, body language, facial expression, or other non-verbal indicator).

*Example 1: When the client successfully completed an activity, the therapist wore a false smile and, with hands on hips, responded, "Good ... Mary," in a halting manner (long pause between Good and Mary) with an unenthusiastic, flat tone of voice (Incongruent Encouraging Mode).*

*Example 2: After the client disclosed that they did not want to use a shower chair, the therapist responded, "Oh, I understand," in a dismissive and unemotional tone of voice because the therapist actually disapproved of the client's decision but thought sharing this would be inappropriate (Incongruent Empathizing Mode).*

D. How often did you observe **mixed** mode use?

0 Not at all                      1 Slightly                      2 Somewhat                      3 Very                      4 Extremely

**Mixed Mode Use:** A therapist delivers two modes with emotional congruence, but they are not well differentiated. This is most likely to occur in situations when a therapist is attempting to shift modes rapidly, but the therapist fails to appropriately terminate or time mode usage and the two modes are mixed (i.e., blended) together.

*Example 1: When the client successfully completed an activity, the therapist said, "Great job!" with congruently proud and positive affect and then immediately said, "OK, now clean up," with a congruently firm and authoritative tone of voice (Mixed Encouraging Mode with Instructing Mode).*

*Example 2: After the client disclosed their reasons for continuing to smoke, the therapist responded, "It makes sense to me that you would not want to give up smoking," in an emotionally congruent, validating tone of voice, and then immediately said, "But let's talk about other ways you might be able to find pleasure in life that are better for your health," in an emotionally congruent, authoritative tone of voice (Mixed Empathizing Mode with Instructing Mode).*

E. How often did you observe mode **mismatch** between the therapist and the needs of the client?

0 Not at all                      1 Slightly                      2 Somewhat                      3 Very                      4 Extremely

**Mode Mismatch:** A therapist attempts a mode purely and congruently, but the mode was not appropriately matched to the needs of the client. The client responds to the mode mismatch by not engaging in treatment or not showing acceptance of the mode.

*Example 1: When the therapist asked the client to sign their name ten times, the client refused and questioned the purpose of the activity (Mismatched Instructing Mode).*

*Example 2: After a stressful transfer, the therapist asked the client about how they felt, and the client did not respond and immediately looked away from the therapist (Mismatched Empathizing Mode).*

F. Are there communication strategies the therapist could have implemented more effectively? *(select all that apply)*

- Advocated** for the client by referring them to other people with similar experiences or informing them about resources in their community.
- Collaborated** with the client by giving them more control, supporting the client's ability to make more choices, or facilitating the client's ability to decide what they wanted to do during the session.
- Empathized** with the client by asking questions about their experience or listening to better understand the client's thoughts, feelings, or needs.
- Encouraged** the client by focusing on positive outcomes, rewarding or reinforcing the client's decisions or actions, or instilling hope.
- Instructed** the client by creating structure, being more directive, or providing more information or feedback.
- Problem-solved** with the client by outlining options, analyzing potential consequences of choices, or asking strategic questions that helped the client think differently about the situation.
- None of the above** - I am satisfied with how the therapist communicated and interacted.

## Successful and Unsuccessful Mode Use

Rate how frequently the therapist used this type of communication with the client on \_\_\_\_\_ (Date) from \_\_\_\_\_ (Start Time) to \_\_\_\_\_ (End Time).  
If the statement does not apply to the situation observed, rate the item as “Not Applicable” (“N/A”).

<b>Advocating Mode</b>											
These items include the therapist’s communication strategies that aim to normalize the client’s situation and facilitate the client’s access to resources. The therapist may advocate for the client directly (e.g., suggesting the client advocate for their own resources) or indirectly (e.g., suggesting, in the client’s presence, that the caregiver advocate for the client).											
Item	N/A	Successful Mode Use				Unsuccessful Mode Use					
1. The therapist talked with the client about how to get access to resources or people in the community where they live. <i>Example: The therapist helped the client access community resources one-on-one or through discussion with their caregiver or a different professional.</i>		0 Never	1 Rarely	2 Occasionally	3 Frequently	0 Never	1 Rarely	2 Occasionally	3 Frequently		
2. The therapist and the client talked about legal, educational, or social rights for people with disabilities. <i>Example: The therapist spoke to the client about rights to accommodations mandated under the Americans with Disabilities Act.</i>		0 Never	1 Rarely	2 Occasionally	3 Frequently	0 Never	1 Rarely	2 Occasionally	3 Frequently		
3. The therapist reminded the client that other people in their situation share similar experiences, feelings, or thoughts. <i>Example: The therapist made a normalizing statement, such as, “A lot of people have trouble using a touchpad.”</i>		0 Never	1 Rarely	2 Occasionally	3 Frequently	0 Never	1 Rarely	2 Occasionally	3 Frequently		
4. The therapist made the client aware of individuals, social groups, or places in the community that were not a part of the hospital or clinic. <i>Example: The therapist made the client aware of support groups for people living with cancer in their community.</i>		0 Never	1 Rarely	2 Occasionally	3 Frequently	0 Never	1 Rarely	2 Occasionally	3 Frequently		
5. The therapist helped the client make contact with people who have a similar experience or disability. <i>Example: The therapist connected the client with a stroke survivor living independently in the community.</i>		0 Never	1 Rarely	2 Occasionally	3 Frequently	0 Never	1 Rarely	2 Occasionally	3 Frequently		

## Successful and Unsuccessful Mode Use

<b>Collaborating Mode</b>									
These items include the therapist's communication strategies that aim to give the client power or control over the treatment process. The client is an active agent in goal setting and activity engagement, and the therapist follows the will of the client. Note: Collaborating Mode is different from Problem-Solving Mode in that the therapist does not have an agenda when asking questions.									
Item	N/A	Successful Mode Use				Unsuccessful Mode Use			
<p>6. The therapist allowed the client to choose what would happen next.</p> <p><i>Example: The therapist asked the client, "What do you want to do next?" and allowed the client to begin their preferred grooming routine.</i></p>		0 Never	1 Rarely	2 Occasionally	3 Frequently	0 Never	1 Rarely	2 Occasionally	3 Frequently
<p>7. The therapist made sure that the client worked on what mattered most to the client.</p> <p><i>Example: The therapist asked the client, "Your goal is to better manage feelings of anger. Should we practice that?"</i></p>		0 Never	1 Rarely	2 Occasionally	3 Frequently	0 Never	1 Rarely	2 Occasionally	3 Frequently
<p>8. The therapist improved or changed something when the client pointed out that it was not helpful.</p> <p><i>Example: The therapist rescheduled the client's session to the morning when the client reported too much fatigue during the afternoon to fully participate in the session.</i></p>		0 Never	1 Rarely	2 Occasionally	3 Frequently	0 Never	1 Rarely	2 Occasionally	3 Frequently
<p>9. The therapist said or did things that made the client feel like an active participant and decision-maker in the therapy process.</p> <p><i>Example: The therapist used phrases that empowered the client to assert their will (e.g., "I like your idea. Let's try that!").</i></p>		0 Never	1 Rarely	2 Occasionally	3 Frequently	0 Never	1 Rarely	2 Occasionally	3 Frequently
<p>10. The therapist gave the client control over what they accomplished.</p> <p><i>Example: The therapist allowed the client to plan a shopping trip and did not instruct or guide the process with their own agenda.</i></p>		0 Never	1 Rarely	2 Occasionally	3 Frequently	0 Never	1 Rarely	2 Occasionally	3 Frequently

## Successful and Unsuccessful Mode Use

<b>Empathizing Mode</b>									
These items include the therapist's communication strategies that aim to understand and validate the client's feelings, thoughts, and needs.									
Item	N/A	Successful Mode Use				Unsuccessful Mode Use			
<p>11. The therapist listened to the client with true interest.</p> <p><i>Example: The therapist attempted to understand the client by using summary statements and reflecting on what the client communicated verbally or nonverbally.</i></p>		0 Never	1 Rarely	2 Occasionally	3 Frequently	0 Never	1 Rarely	2 Occasionally	3 Frequently
<p>12. The therapist asked the client questions with a high level of sensitivity, such that the client felt comfortable responding.</p> <p><i>Example: The therapist said to the client, "This seems emotionally challenging for you. Do you want to talk more about your experience?"</i></p>		0 Never	1 Rarely	2 Occasionally	3 Frequently	0 Never	1 Rarely	2 Occasionally	3 Frequently
<p>13. The therapist tried to understand the client's thoughts and feelings, no matter what they were.</p> <p><i>Example: The therapist validated the client's expression of negative thoughts and feelings by making direct eye contact and stating, "I can understand your frustration."</i></p>		0 Never	1 Rarely	2 Occasionally	3 Frequently	0 Never	1 Rarely	2 Occasionally	3 Frequently
<p>14. The therapist shared their personal experience so that the client did not feel alone.</p> <p><i>Example: The therapist said to the client, "When I was pregnant, I also experienced discrimination at work, and that was a difficult time for me."</i></p>		0 Never	1 Rarely	2 Occasionally	3 Frequently	0 Never	1 Rarely	2 Occasionally	3 Frequently
<p>15. The therapist tried hard to understand the client's needs by listening, observing, or asking as many questions as necessary.</p> <p><i>Example: The therapist allowed the client to express their emotions and asked, "Do you feel ready to continue?" when the client paused and looked at the therapist.</i></p>		0 Never	1 Rarely	2 Occasionally	3 Frequently	0 Never	1 Rarely	2 Occasionally	3 Frequently

## Successful and Unsuccessful Mode Use

<b>Encouraging Mode</b>									
These items include the therapist's communication strategies that aim to help the client be positive, confident, and hopeful.									
Item	N/A	Successful Mode Use				Unsuccessful Mode Use			
16. The therapist pointed out what the client was good at doing. <i>Example: The therapist said, "You use your walker very safely!" and smiled to celebrate the client's success.</i>		0 Never	1 Rarely	2 Occasionally	3 Frequently	0 Never	1 Rarely	2 Occasionally	3 Frequently
17. The therapist made the client feel confident about what the client was doing. <i>Example: The therapist said to the client, "You're getting this very quickly," when the client was able to implement a modified dressing technique.</i>		0 Never	1 Rarely	2 Occasionally	3 Frequently	0 Never	1 Rarely	2 Occasionally	3 Frequently
18. The therapist's positive attitude showed belief in the client's ability to do something the client thought could not be done. <i>Example: The therapist said to the client, "I know you can do this," after the client looked doubtfully at the therapist when they had difficulty locating their shoes.</i>		0 Never	1 Rarely	2 Occasionally	3 Frequently	0 Never	1 Rarely	2 Occasionally	3 Frequently
19. The therapist said things that made the client feel hopeful. <i>Example: The therapist emphasized the client's progress and long-term potential when the client became discouraged about their current performance.</i>		0 Never	1 Rarely	2 Occasionally	3 Frequently	0 Never	1 Rarely	2 Occasionally	3 Frequently
20. The therapist gave the client a compliment or otherwise rewarded the client for something they did. <i>Example: The therapist praised the client by stating, "You're reaching your goals!" when the client reported using a coping strategy during a difficult conversation.</i>		0 Never	1 Rarely	2 Occasionally	3 Frequently	0 Never	1 Rarely	2 Occasionally	3 Frequently

## Successful and Unsuccessful Mode Use

<b>Instructing Mode</b>									
These items include the therapist's communication strategies that aim to provide clear information, instruction, and feedback.									
Item	N/A	Successful Mode Use				Unsuccessful Mode Use			
21. The therapist explained what was happening or told the client what would happen next. <i>Example: The therapist said to the client, "Once you are seated at the edge of the bed, I will check your vitals, and then you can stand."</i>		0 Never	1 Rarely	2 Occasionally	3 Frequently	0 Never	1 Rarely	2 Occasionally	3 Frequently
22. The therapist told or demonstrated to the client how to improve their performance or behavior. <i>Example: The therapist said to the client, "Use a knife in your other hand," when the client attempted to cut their food using one hand and a fork.</i>		0 Never	1 Rarely	2 Occasionally	3 Frequently	0 Never	1 Rarely	2 Occasionally	3 Frequently
23. The therapist gave the client clear directions. <i>Example: The therapist used step-by-step verbal instruction and demonstration to show the client how to use a visual schedule during a work task.</i>		0 Never	1 Rarely	2 Occasionally	3 Frequently	0 Never	1 Rarely	2 Occasionally	3 Frequently
24. The therapist showed a sense of conviction when making a recommendation. <i>Example: The therapist said, "Don't bend forward, bend your knees," when educating the client on proper body mechanics.</i>		0 Never	1 Rarely	2 Occasionally	3 Frequently	0 Never	1 Rarely	2 Occasionally	3 Frequently
25. The therapist taught the client something. <i>Example: The therapist educated the client on how to maintain hip precautions while the client was getting dressed.</i>		0 Never	1 Rarely	2 Occasionally	3 Frequently	0 Never	1 Rarely	2 Occasionally	3 Frequently



## Successful and Unsuccessful Mode Use

<b>Problem-Solving Mode</b>									
These items include the therapist's communication strategies that aim to facilitate active scaffolding of the client's problem-solving process through providing guiding comments and Socratic questioning. Note: Problem-Solving Mode is different from Collaborating Mode in that the therapist guides the agenda by asking strategic questions.									
Item	N/A	Successful Mode Use				Unsuccessful Mode Use			
<p>26. The therapist helped the client think about a problem or activity in a different way.</p> <p><i>Example: The therapist asked the client, "What are some ways we can adapt this paint brush?" to reframe the client's belief that they could no longer paint.</i></p>		0 Never	1 Rarely	2 Occasionally	3 Frequently	0 Never	1 Rarely	2 Occasionally	3 Frequently
<p>27. The therapist explained different alternatives when guiding the client to make a decision or to complete an action.</p> <p><i>Example: The therapist and the client explored different ways of completing a cooking activity using assistive equipment and modifying body position.</i></p>		0 Never	1 Rarely	2 Occasionally	3 Frequently	0 Never	1 Rarely	2 Occasionally	3 Frequently
<p>28. The therapist helped the client think about a problem in a clear-headed, non-emotional way.</p> <p><i>Example: The therapist helped the client calmly resolve a problem (e.g., "What have you accomplished in therapy that would prove you are reaching your goals?").</i></p>		0 Never	1 Rarely	2 Occasionally	3 Frequently	0 Never	1 Rarely	2 Occasionally	3 Frequently
<p>29. The therapist helped the client consider many different ways of doing things.</p> <p><i>Example: The therapist and the client reviewed several transportation options offered in their community as part of a driving cessation plan.</i></p>		0 Never	1 Rarely	2 Occasionally	3 Frequently	0 Never	1 Rarely	2 Occasionally	3 Frequently
<p>30. The therapist helped the client look at a problem by breaking it down into smaller parts.</p> <p><i>Example: The therapist said, "First, let's think about safety risks when showering. Then, let's think about what materials you can use to shower safely."</i></p>		0 Never	1 Rarely	2 Occasionally	3 Frequently	0 Never	1 Rarely	2 Occasionally	3 Frequently

## Scoring Guidelines

The Clinical Assessment of Modes (CAM) consists of 30 items that can be broken down into six subscales: Advocating Mode, Collaborating Mode, Empathizing Mode, Encouraging Mode, Instructing Mode, and Problem-Solving Mode. The CAM-O-LF items are rated according to Successful and Unsuccessful domains.

Total and mean CAM scores can be obtained for each of the six subscales to measure the therapist’s overall use of IRM-based communication strategies. To calculate the total CAM score, sum the scores across all 30 items. To calculate individual subscale scores, sum the scores across each mode. **Total or subscale scores can only be summed when there are no missing items.** If any items are missing, calculate the mean of the completed items only. To calculate the mean score, sum the scores across the completed items and divide the sum by the number of items completed.

Score the assessment according to the following criteria:

Never = 0

Rarely = 1

Occasionally = 2

Frequently = 3

Not Applicable = 0

Mode	Items	Domain Scores	
		Successful	Unsuccessful
Advocating	1-5		
Collaborating	6-10		
Empathizing	11-15		
Encouraging	16-20		
Instructing	21-25		
Problem-Solving	26-30		
<b>Total Score</b>	<b>All</b>		