

TreeholeHK Practitioner Evaluation Rubric

Internal Assessment Guide

Theoretical Foundation

This rubric evaluates three core capacities identified by research as predictive of therapist effectiveness. Unlike competency frameworks that emphasise technical adherence, we prioritise the practitioner’s capacity for genuine human encounter—the ability to be *with* a client rather than *doing to* them.

Our approach draws from:

- **Existential-humanistic tradition:** The therapist’s authentic presence as the primary therapeutic instrument (Yalom, 1980; 2002)
 - **Relational psychoanalysis:** Countertransference as information, not contamination (Mitchell & Aron, 1999)
 - **Therapeutic presence research:** Full engagement in the here-and-now as a measurable, outcome-relevant capacity (Geller & Greenberg, 2002; 2012)
 - **Alliance research:** The relationship itself as a primary change mechanism (Bordin, 1979; Horvath & Symonds, 1991; Flückiger et al., 2018)
 - **Facilitative interpersonal skills research:** Observable relational behaviours that predict client outcomes across orientations (Anderson et al., 2009; 2016)
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How the Three Dimensions Differ

Each dimension captures something distinct. A practitioner can be strong in one area while weak in another. The following profiles illustrate how the dimensions separate:

Profile	Authenticity	Formulation	Attunement	What It Looks Like
The De-fended Technician	Low	High	Low	Brilliant pattern recognition, offers incisive interpretations. But emotionally remote—never shows they’re affected, doesn’t check if observations land, steamrolls past client hesitation. Clients feel “figured out” but not met.
The Warm Blank	Low	Low	High	Lovely rapport, exquisite pacing, client feels safe and liked. But the practitioner hides behind warmth—never offers a real observation, never shows their own reaction, sessions feel pleasant but go nowhere.
The Raw Nerve	High	Low	Low	Visibly moved, shares their own reactions freely, clearly present as a whole person. But can’t read the room—doesn’t notice when client is overwhelmed, offers no useful formulation, authenticity becomes self-indulgent rather than serving the client.

Profile	Authenticity	Formulation	Attunement	What It Looks Like
Authentic but Unresponsive	High	High	Low	Present and insightful—uses self well, sees patterns clearly. But delivers interpretations without checking if they land, doesn't adjust pacing, misses ruptures. Client feels seen but not partnered with.
Attuned but Hollow	Low	High	High	Reads client perfectly, offers sharp formulations, checks understanding. But something's missing—practitioner seems to be performing attunement rather than genuinely there. Technically skilled but not quite real.
Present but Shallow	High	Low	High	Genuinely warm, emotionally honest, beautifully attuned to client's state. But offers little beyond reflection—no pattern recognition, no direction, no depth. Sessions feel good but don't illuminate.

The goal is **High / High / High** — but recognising these profiles helps evaluators resist halo effects and rate each dimension independently.

Dimension 1: Relational Authenticity

Definition: The capacity to use one’s own felt experience as a therapeutic instrument—noticing internal responses and allowing them to inform, rather than obstruct, the clinical work.

Core question: Does the practitioner *use themselves*?

Theoretical Rationale

Yalom argues that the therapist’s authentic engagement is not merely permissible but essential: “It’s the relationship that heals” (Yalom, 1989, p. 112). This stands against the classical notion that the therapist should be a blank screen. Contemporary relational thinking reconceptualises countertransference not as interference but as valuable data about the therapeutic dyad (Mitchell & Aron, 1999).

Geller and Greenberg’s research on therapeutic presence operationalises this: “Therapeutic presence involves bringing one’s whole self into the encounter with the client, being completely in the moment on a multiplicity of levels, physically, emotionally, cognitively and spiritually” (Geller & Greenberg, 2002, p. 82). Presence involves being fully *there*—bodily grounded, emotionally receptive, cognitively attuned—rather than retreating into technique or professional distance.

Critically, relational authenticity is not unfiltered self-expression. It requires what Gelso calls “countertransference management”—awareness of one’s reactions and discernment about what serves the client. Meta-analytic findings confirm that successful countertransference management is related to better therapy outcomes ($r = .39, p < .001$; Hayes, Gelso, Goldberg, & Kivlighan, 2018). The skilled practitioner notices “I’m feeling protective of this person” or “I notice I want to rescue them from this silence” and uses that information thoughtfully.

What We’re Looking For

The practitioner demonstrates awareness of their own internal state during the session and can use this appropriately. They do not hide behind questions or interpretations to create emotional distance. When moved, they allow this to be visible in a way that serves the client. They can tolerate discomfort—their own and the client’s—without rushing to fix or deflect.

Rating Scale

Rating	Description
4 - Exemplary	The practitioner is visibly present and emotionally engaged throughout. They name or show their felt response at least once in a way that deepens connection (e.g., “I notice I feel quite moved hearing you describe that”). They tolerate emotional intensity without rescuing, intellectualising, or deflecting. Their authenticity feels natural, not performed. The “client” experiences being met by a whole person, not a professional mask.
3 - Competent	The practitioner shows genuine warmth and engagement. They appear to have internal responses but may not explicitly use them. They tolerate emotional moments adequately but may occasionally retreat into technique (asking another question, offering a reframe) when staying present would serve better. Authenticity is present but restrained.
2 - Developing	The practitioner maintains professional composure but feels emotionally distant. They rely heavily on questions or reflections that create safety for themselves rather than connection with the client. When emotional intensity arises, they may rush past it or subtly redirect. There’s a sense of the practitioner <i>managing</i> the session rather than being <i>in it</i> .
1 - Inadequate	The practitioner appears disconnected, defended, or performing a role. They show little evidence of being affected by the client’s material. Responses feel formulaic or technique-driven. The “client” experiences being observed or analysed rather than accompanied. Alternatively, the practitioner may be emotionally reactive in ways that burden rather than serve the client.

Dimension 2: Formulation Depth

Definition: The capacity to offer understanding that makes the client feel genuinely seen, and that points toward a realistic path forward.

Core question: Does the client feel understood *and* see a way forward?

Theoretical Rationale

The evidence linking formulation quality directly to client outcomes is surprisingly weak. Experts formulate differently than novices, but training therapists to formulate better doesn't reliably improve client outcomes (Kendjelic & Eells, 2007). What *does* predict outcome is whether the client feels understood—and that operates through the alliance.

This reframes what formulation is for. A formulation matters not because it's technically sophisticated, but because of what it *does*: when a practitioner offers an observation and the client thinks “yes, that's exactly it”—that's an alliance-building moment. The felt sense of being deeply understood predicts engagement, hope, and outcome (Flückiger et al., 2018).

Jerome Frank's (1961) common factors research identifies *demoralisation* as the core of what brings people to therapy—and *remoralization* as the core of what helps. Clients improve partly because therapy provides a coherent framework for understanding their suffering and a credible path forward. A formulation that connects insight to action restores hope. Hopelessness is what keeps people stuck.

From an existential perspective, formulation also means grasping what matters to this particular person—their values, their vision of a life worth living (Yalom, 1980). Change that doesn't connect to what the client actually cares about is hollow. The practitioner asks not just “What's wrong?” but “What would better look like for *you*?”

Sound prognosis is equally critical. Overpromising breeds disappointment and damages trust. Underpromising breeds hopelessness. The skilled practitioner holds hope and realism together—communicating genuine belief in the possibility of change while honestly acknowledging difficulty, time required, and factors that may complicate progress.

What We're Looking For

The practitioner offers understanding that lands—the client feels “yes, you get it.” This understanding points somewhere: it suggests what might help, what the client might try, what change could realistically look like. The practitioner communicates prognosis honestly: neither falsely optimistic nor unnecessarily discouraging. They connect insight to the client's own goals and values, not abstract notions of health.

We are not looking for theoretical sophistication or clever pattern-recognition. We are looking for understanding that helps.

Rating Scale

Rating	Description
4 - Exemplary	The practitioner offers at least one observation that reveals something the “client” hadn’t fully articulated but immediately recognises as true. Their formulation is not merely descriptive but generative—it opens pathways for action. They connect insight to practical next steps or directions for change, grounded in what matters to the client. They communicate realistic prognosis: honest about difficulty and timeframe without extinguishing hope. Their formulation feels collaborative—offered tentatively, inviting the client’s response—rather than delivered as expert pronouncement. They hold complexity, acknowledging what remains unclear. The “client” feels genuinely understood <i>and</i> sees a way forward.
3 - Competent	The practitioner shows capacity for pattern recognition and offers reasonable hypotheses about underlying dynamics. Their observations are accurate but may stay somewhat close to what the client already knows. They make some connection between understanding and action, but this link may be implicit or underdeveloped. Prognosis is addressed but may be vague or overly cautious. They demonstrate psychological thinking but may not reach the level of illumination or practical utility. The “client” feels understood but may not feel clearer about what to do.
2 - Developing	The practitioner stays mostly at surface level, reflecting content accurately but not generating deeper understanding. They may offer observations that are technically correct but don’t add much. Formulation remains disconnected from action—insight without direction. Alternatively, they may jump to solutions without adequate formulation, offering generic advice that doesn’t fit this particular client. Prognosis is either absent, unrealistically optimistic (“You’ll feel better soon”), or unnecessarily pessimistic. The “client” feels heard but neither deeply understood nor clearer about the path forward.

Rating	Description
1 - Inadequate	The practitioner shows little evidence of thinking beneath the surface. They may simply reflect back what was said, ask questions without apparent direction, or offer interpretations that feel off-base or formulaic. There is no meaningful bridge between understanding and action—or they leap to advice without understanding at all. They may over-promise results, make guarantees, or conversely communicate hopelessness. Alternatively, they may over-pathologise, reduce the client to a diagnosis, or demonstrate rigid theoretical thinking that obscures rather than illuminates. The “client” feels misunderstood, confused about next steps, or given false expectations.

Dimension 3: Relational Attunement

Definition: The capacity to create felt safety and genuine connection—to make the client feel met as a whole person rather than a problem to be solved, and to invite their active participation as a collaborative partner.

Core question: Does the practitioner *adjust to the client*?

Theoretical Rationale

Decades of research confirm that the therapeutic alliance is one of the strongest predictors of outcome across all modalities. Bordin’s (1979) tripartite model identifies three components: agreement on goals, agreement on tasks, and the affective bond. Meta-analytic synthesis of 295 studies covering over 30,000 patients found the overall alliance-outcome association was $r = .278$ (Flückiger, Del Re, Wampold, & Horvath, 2018). While all three components matter, the bond—the felt sense of trust and connection—is foundational. Without it, even technically excellent interventions fail.

Anderson’s research on Facilitative Interpersonal Skills (FIS) operationalises the relational capacities that predict therapist effectiveness: warmth, empathy, verbal fluency, emotional expressiveness, and the ability to repair ruptures. In a study of 25 therapists treating 1,141 clients, FIS was the only variable that accounted for variance in outcomes—not age, training, or theoretical orientation (Anderson, Ogles, Patterson, Lambert, & Vermeersch, 2009). Notably, these

skills predict outcome *across* theoretical orientations—they are not technique-specific but reflect fundamental human relating capacities.

Attunement involves more than being warm or likeable. It requires sensitivity to the client’s moment-to-moment state and the flexibility to adjust accordingly. The attuned practitioner notices when the client is overwhelmed and slows down, senses when they need challenge versus support, and catches subtle ruptures before they become impasses.

Crucially, attunement also means recognising the client as an active agent in the process—not a passive recipient of treatment. The practitioner who truly attunes does not merely *do to* the client but *works with* them, treating the client’s perspective as equally valid data and inviting their participation in setting direction and evaluating progress.

For Hong Kong specifically, attunement includes cultural sensitivity—awareness of how local context shapes the expression and experience of distress, without stereotyping or making assumptions.

What We’re Looking For

The practitioner creates an atmosphere where the “client” feels safe and respected from the first moment. Their pacing matches the client’s needs. Language is accessible, not jargon-laden or condescending. They demonstrate genuine curiosity rather than clinical interrogation. When small ruptures occur (a misattunement, a response that doesn’t land), they notice and address them. Importantly, they actively invite the client’s perspective—checking whether observations resonate, welcoming disagreement, and treating the client as a collaborator rather than a passive recipient. The “client” leaves feeling like a person who was met and respected as the expert on their own experience, not a case that was processed.

Rating Scale

Rating	Description
4 - Exemplary	<p>Rapport is established quickly and feels natural, not performed. The practitioner’s pacing, language, and emotional tone match what the “client” needs moment to moment. They demonstrate genuine curiosity and warmth without over-familiarity. If a rupture occurs (a misattunement, a response that misses), they notice and repair it gracefully. Critically, they actively invite the client’s participation: checking whether their observations land (“Does that fit for you?”), welcoming alternative perspectives, and treating the client’s experiential knowledge as equal to their professional interpretation. The “client” feels genuinely cared about as a person and respected as an active partner in the work.</p>
3 - Competent	<p>The practitioner is warm and professional. Rapport is adequate—the “client” feels reasonably comfortable. Pacing is generally appropriate though may occasionally miss the mark. They demonstrate respect and care but the connection may feel slightly effortful or professional rather than fully natural. They accept client input when offered but may not actively invite it. Minor misattunements may go unaddressed but do not significantly damage the relationship. The “client” feels heard but may not feel fully empowered as a collaborator.</p>
2 - Developing	<p>The practitioner is polite but somewhat stiff or distant. The “client” feels they are being interviewed rather than met. Pacing may be off—too fast, too slow, or insensitive to emotional shifts. Language may be overly clinical or, alternatively, artificially casual. Warmth is present but doesn’t fully land. The practitioner operates as the expert, rarely checking whether their interpretations fit the client’s experience or inviting the client to shape the direction. The relational atmosphere is adequate but not inviting.</p>

Rating	Description
1 - Inadequate	The practitioner fails to establish adequate rapport. The “client” feels uncomfortable, judged, or like a specimen being examined. Pacing is significantly mismatched—the practitioner may be pushy, interrogative, or conversely so passive that no connection forms. They may be condescending, use excessive jargon, or demonstrate poor boundaries. Ruptures occur and go unaddressed or are handled poorly. The client’s perspective is dismissed or overridden; the practitioner positions themselves as the sole authority on the client’s experience.

Minimum Threshold

For selection, we require:

- No dimension rated below **3**
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