Cognitive Therapy Scale

Therapist:__________________ Patient:___________________ Date of Session:________________

Tape ID#:_____________________ Rater:______________________ Date of Rating:_________________

Session#__________ ( ) Videotape ( ) Audiotape ( ) Live Observation

Directions: For each time, assess the therapist on a scale from 0 to 6, and record the rating on the line next to the item number. Descriptions are provided for even-numbered scale points. <u>If you believe the therapist falls between two of the descriptors, select the intervening odd number (1, 3, 5</u>). For example, if the therapist set a very good agenda but did not establish priorities, assign a rating of a 5 rather than a 4 or 6.

If the descriptions for a given item occasionally do not seem to apply to the session you are rating, feel free to disregard them and use the more general scale below:

0	1	2	3	4	5	6
Poor	Barely Adequate	Mediocre	Satisfactory	Good	Very Good	Excellent

Please do not leave any item blank. For all items, focus on the skill of the therapist, taking into account how difficult the patient seems to be.

<u>Part I. GENERAL THERAPEUTIC SKILLS</u>

___1. AGENDA

0 Therapist did not set agenda.

2 Therapist set agenda that was vague or incomplete.

4 Therapist worked with patient to set a mutually satisfactory agenda that included specific target problems (e.g., anxiety at work, dissatisfaction with marriage.)

6 Therapist worked with patient to set an appropriate agenda with target problems, suitable for the available time. Established priorities and then followed agenda.

___2. FEEDBACK

0 Therapist did not ask for feedback to determine patient's understanding of, or response to, the session.

2 Therapist elicited some feedback from the patient, but did not ask enough questions to be sure the patient understood the therapist's line of reasoning during the session <u>or</u> to ascertain whether the patient was satisfied with the session.

4 Therapist asked enough questions to be sure that the patient understood the therapist's line of reasoning throughout the session and to determine the patient's reactions to the session. The therapist adjusted his/her behavior in response to the feedback, when appropriate.

6 Therapist was especially adept at eliciting and responding to verbal and non-verbal feedback throughout the session (e.g., elicited reactions to session, regularly checked for understanding, helped summarize main points at end of session.

___3. UNDERSTANDING

0 Therapist repeatedly failed to understand what the patient explicitly said and thus consistently missed the point. Poor empathic skills.

2 Therapist was usually able to reflect or rephrase what the patient explicitly said, but repeatedly failed to respond to more subtle communication. Limited ability to listen and empathize.

4 Therapist generally seemed to grasp the patient's "internal reality" as reflected by both what the explicitly said and what the patient communicated in more subtle ways. Good ability to listen and empathize.

6 Therapist seemed to understand the patient's "internal reality" thoroughly and was adept at communicating this understanding through appropriate verbal and non-verbal responses to the patient (e.g., the tone of the therapist's response conveyed a sympathetic understanding of the patient's "message"). Excellent listening and empathic skills.

___4. INTERPERSONAL EFFECTIVENESS

0 Therapist had poor interpersonal skills. Seemed hostile, demeaning, or in some other way destructive to the patient.

2 Therapist did not seem destructive, but had significant interpersonal problems. At times, therapist appeared unnecessarily impatient, aloof, insincere <u>or</u> had difficulty conveying confidence and competence.

4 Therapist displayed a <u>satisfactory</u> degree of warmth, concern, confidence, genuineness, and professionalism. No significant interpersonal problems.

6 Therapist displayed <u>optimal</u> levels of warmth, concern, confidence, genuineness, and professionalism, appropriate for this particular patient in this session.

___5. COLLABORATION

0 Therapist did not attempt to set up a collaboration with patient.

2 Therapist attempted to collaborate with patient, but had difficulty <u>either</u> defining a problem that the patient considered important <u>or</u> establishing rapport.

4 Therapist was able to collaborate with patient, focus on a problem that both patient and therapist considered important, and establish rapport.

6 Collaboration seemed excellent; therapist encouraged patient as much as possible to take an active role during the session (e.g., by offering choices) so they could function as a "team".

___6. PACING AND EFFICIENT USE OF TIME

0 Therapist made no attempt to structure therapy time. Session seemed aimless.

2 Session had some direction, but the therapist had significant problems with structuring or pacing (e.g., too little structure, inflexible about structure, too slowly paced, too rapidly paced).

4 Therapist was reasonably successful at using time efficiently. Therapist maintained appropriate control over flow of discussion and pacing.

6 Therapist used time efficiently by tactfully limiting peripheral and unproductive discussion and by pacing the session as rapidly as was appropriate for the patient.

Part II. CONCEPTUALIZATION, STRATEGY, AND TECHNIQUE

___7. GUIDED DISCOVERY

0 Therapist relied primarily on debate, persuasion, or "lecturing". Therapist seemed to be "cross-examining" patient, putting the patient on the defensive, or forcing his/her point of view on the patient.

2 Therapist relied too heavily on persuasion and debate, rather than guided discovery. However, therapist's style was supportive enough that patient did not seem to feel attacked or defensive.

4 Therapist, for the most part, helped patient see new perspectives through guided discovery (e.g., examining evidence, considering alternatives, weighing advantages and disadvantages) rather than through debate. Used questioning appropriately.

6 Therapist was especially adept at using guided discovery during the session to explore problems and help patient draw his/her own conclusions. Achieved an excellent balance between skillful questioning and other modes of intervention.

___8. FOCUSING ON KEY COGNITIONS OR BEHAVIORS

0 Therapist did not attempt to elicit specific thoughts, assumptions, images, meanings, or behaviors.

2 Therapist used appropriate techniques to elicit cognitions or behaviors; however, therapist had difficulty finding a focus <u>or</u> focused on cognitions/behaviors that were irrelevant to the patient's key problems.

4 Therapist focused on specific cognitions or behaviors relevant to the target problem. However, therapist could have focused on more central cognitions or behaviors that offered greater promise for progress.

6 Therapist very skillfully focused on key thoughts, assumptions, behaviors, etc. that were most relevant to the problem area and offered considerable promise for progress.

___9. STRATEGY FOR CHANGE (Note: For this item, focus on the quality of the therapist's strategy for change, not on how effectively the strategy was implemented or whether change actually occurred.)

0 Therapist did not select cognitive-behavioral techniques.

2 Therapist selected cognitive-behavioral techniques; however, either the overall strategy for bringing about change seemed vague <u>or</u> did not seem promising in helping the patient.

4 Therapist seemed to have a generally coherent strategy for change that showed reasonable promise and incorporated cognitive-behavioral techniques.

6 Therapist followed a consistent strategy for change that seemed very promising and incorporated the most appropriate cognitive-behavioral techniques.

___10. APPLICATION OF COGNITIVE-BEHAVIORAL TECHNIQUES (Note: For this item, focus on how skillfully the techniques were applied, not on how appropriate they were for the target problem or whether change actually occurred.)

0 Therapist did not apply any cognitive-behavioral techniques.

2 Therapist used cognitive-behavioral techniques, but there were <u>significant flaws</u> in the way they were applied.

4 Therapist applied cognitive-behavioral techniques <u>with moderate skill.</u>

6 Therapist <u>very skillfully</u> and resourcefully employed cognitive-behavioral techniques.

___11. HOMEWORK

0 Therapist did not attempt to incorporate homework relevant to cognitive therapy.

2 Therapist had significant difficulties incorporating homework (e.g., did not review previous homework, did not explain homework in sufficient detail, assigned inappropriate homework).

4 Therapist reviewed previous homework and assigned "standard" cognitive therapy homework generally relevant to issues dealt with in session. Homework was explained in sufficient detail.

6 Therapist reviewed previous homework and carefully assigned homework drawn from cognitive therapy for the coming week. Assignment seemed "custom tailored" to help patient incorporate new perspectives, test hypotheses, experiment with new behaviors discussed during session, etc.

Part III. ADDITIONAL CONSIDERATIONS

12. (a) Did any special problems arise during the session (e.g., non-adherence to homework, interpersonal issues between therapist and patient, hopelessness about continuing therapy, relapse?)

YES NO

___ (b) If yes:

0 Therapist could not deal adequately with special problems that arose.

2 Therapist dealt with special problems adequately, but used strategies or conceptualizations inconsistent with cognitive therapy.

4 Therapist attempted to deal with special problems using a cognitive framework and was moderately skillful in applying techniques.

6 Therapist was very skillful at handling special problems using cognitive therapy framework.

13. Were there any significant unusual factors in this session that you feel justified the therapist's departure from the standard approach measured by this scale?

YES (Please explain below) NO

Part IV. OVERALL RATINGS AND COMMENTS

14. How would you rate the clinician overall in this session, as a cognitive therapist?

0	1	2	3	4	5	6
Poor	Barely Adequate	Mediocre	Satisfactory	Good	Very Good	Excellent

15. If you were conducting an outcome study in cognitive therapy, do you think you would select this therapist to participate at this time (assuming this session is typical?)

0	1	2	3	4
Definitely Not	Probably Not	Uncertain – Borderline	Probably Yes	Definitely Yes

16. How difficult did you feel this patient was to work with?

0	1	2	3	4	5	6
Not difficult -Very receptive			Moderately difficult			Extremely difficult

17. COMMENTS AND SUGGESTIONS FOR THERAPIST'S IMPROVEMENT:

18. OVERALL RATING:

Rating Scale:

0	1	2	3	4	5
Inadequate	Mediocre	Satisfactory	Good	Very Good	Excellent

Using the scale above, please give an overall rating of this therapist's skills as demonstrated on this tape. Please circle the appropriate number.

For instructions on the use of this scale, see: Young J.E., & Beck, A.T. (August, 1980). Cognitive Therapy Scale Rating Manual.