

COGNITIVE THERAPY SCALE FOR PSYCHOSIS (CTS-PSY)
Haddock et al 2001

**MODIFIED FROM COGNITIVE THERAPY SCALE
YOUNG AND BECK, (1980)**

MODIFIED BY HADDOCK AND KINDERMAN (1994)

MODIFIED BY HADDOCK ET AL (2001)

GUIDELINES FOR RATERS

Reference:

Haddock, G., Devane, S., Bradshaw, T., McGovern, J., Tarrier, N., Kinderman, P., Baguley, I., Lancashire, S. and Harris, N. (2001) An investigation into the psychometric properties of the Cognitive Therapy Scale for Psychosis (CTS-Psy). Behaviour and Cognitive Psychotherapy 29, 2, pp 221-233.

I **GENERAL**

a) **AGENDA**

- 1 The therapist noted patient's current emotional status regarding agenda setting.
- 2 Therapist and patient established agenda for session.
- 3 Priorities for agenda items were established.
- 4 Agenda was appropriate for time allotment (neither too ambitious not too limited).
- 5 The agenda provided an opportunity for the patient to discuss salient events or problems occurring during the time since the last session.
- 6 The agenda was adhered to during the session where appropriate.

DESIRABLE THERAPIST STRATEGIES

Agenda setting done quickly and efficiently, but collaboratively.

Avoiding discussing specific problems prior to completing the agenda.

Pinpointing of specific target problem.

Agenda not being overly ambitious

Keeping target problem central not skipping from problem to problem

b) **FEEDBACK**

- 1 Therapist asked for feedback regarding previous session.
- 2 Therapist asked for feedback and reactions to present session.
- 3 Therapist asked client specifically for any negative reactions to therapist, content, problem formulation etc.
- 4 Therapist attempted to respond to patient's feedback.
- 5 Therapist checked that the client clearly understood the therapist's role and / or the purpose and limitation of sessions.
- 6 Therapist checked that s/he had fully understood the patient's perspective by summarising and asking client to fine-tune as appropriate.

DESIRABLE THERAPIST STRATEGIES

Strives throughout to be certain that the patient is responding positively to the therapeutic process

Asks for the patient's evaluation of each session

Encourages the patient to express any negative reactions to the therapist

Being sensitive to negative, covert reactions expressed by patient verbally and non-verbally

Continual checks to be certain that the patient understands the therapist's formulations through capsule summaries to fine-tune information.

c) **UNDERSTANDING**

- 1 Therapist conveys understanding by rephrasing or summarising what the patient had said.
- 2 Therapist shows sensitivity e.g. by reflecting back feelings as well as ideas.
- 3 Therapist's tone of voice was empathic.
- 4 Therapist acknowledged patient's viewpoint as valid and important.
- 5 Therapist did not negate patient's point of view.
- 6 Where differences occurred, they were acknowledged and respected.

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DESIRABLE THERAPIST STRATEGIES

Being sensitive to what the patient says and what they convey through tone of voice and non-verbal responses.

Use of rephrasing or summarising to convey understanding

Appropriate tone of voice and non-verbal responses

d) **INTERPERSONAL EFFECTIVENESS**

- 1 Therapist seemed open rather than defensive shown by not holding back impressions or information, nor evading patient's questions.
- 2 Content of what therapist said communicated warmth, concern and caring rather than cold indifference.
- 3 The therapist did not criticise, disapprove or ridicule the patient's behaviour or point of view.
- 4 The therapist responded to, or displayed, humour when appropriate.
- 5 Therapist made clear statements without frequent hesitations or rephrasing.
- 6 Therapist was in control of the session; s/he was able to shift appropriately between listening and leading.

DESIRABLE THERAPIST STRATEGIES

Being able to communicate the core conditions of the therapeutic relationship

Not playing the role of therapist but comes across as straightforward and direct

Answering questions not evading them

Conveying warmth and concern

Not ridicule, disapprove, criticise, patronise the patient

Displays a relaxed confidence (professional manner)

e) **COLLABORATION**

- 1 Therapist asked patient for suggestions on how to proceed and offered choices when feasible.
- 2 Therapist ensured that patient's suggestions and choice were acknowledged.
- 3 Therapist explained rationale for intervention(s).
- 4 Flow of verbal interchange was smooth with a balance of listening and talking.
- 5 Therapist worked with patient even when using a primarily educative role.

- 6 Discussion was pitched at a level and in a language that was understandable by the patient.

DESIRABLE THERAPIST STRATEGIES

A sense that the patient and the therapist are working together as a team

A sense that the patient and therapist are comfortable working together

No defensiveness from the patient or therapist

Displays a balance of structure against patient autonomy, deciding when to talk and when to listen.

The session is focused on a problem that both see as important.

Therapist explains the rationale for the assessment in a manner that demystifies the process of therapy

SPECIFIC

f) GUIDED DISCOVERY

- 1 Therapist used question to determine the meaning a client attached to an event or circumstance.
- 2 Used questions to show incongruities or inconsistencies in patient's conclusions without demeaning the person.
- 3 Used questions to help patient explore various facets of a problem.
- 4 Used questions to examine patient's arbitrary conclusions or assumptions.
- 5 Used questions to elicit alternative ways of showing a problem.
- 6 Used questions to consider alternative explanations.

DESIRABLE THERAPIST STRATEGIES

Appropriateness of using this style of questioning.

Skillfully phrased questions presented in a logical sequence.

Demonstrating the complete range of Socratic Questioning

Demonstrates guiding not persuasion or arguing or telling.

g) FOCUS ON KEY COGNITIONS

- 1 Therapist elicited (or referred to) specific thoughts, assumptions, images, memories, beliefs or perceptions in relation to problems.
- 2 Such cognitions elicited (or referred to) above are ones the patient reports as involved in key problems.
Such cognitions are usually explained or discussed in terms of:
- 3 Phenomenological characteristics (content, form, frequency, duration etc).
- 4 The relationship with patient's key problems.
- 5 The link between cognition and affect.
- 6 Such discussions take place in an atmosphere of collaboration between therapist and patient.

DESIRABLE THERAPIST STRATEGIES

Ongoing engagement in process of conceptualising the patient's problem
Socratic questioning

Use of realistic and clear imagery to help the patient picture the cause of distress

Use of role play

Taking advantage of mood shifts during the session.

h) CHOICE OF INTERVENTION

- 1 Therapist selected cognitive–behavioural intervention techniques.
- 2 The overall strategy was specifically related to the patient’s problems.
- 3 Each individual cognitive-behavioural technique was relevant to tone of the key problems of the patient.
- 4 Strategies used were directly related to a formulation or rationale.
- 5 The techniques chosen had demonstrable (via research evidence etc) potential for change with respect to the problems at which they were targeted.
- 6 Therapist sought adequate feedback from the patient regarding the strategy for change.

DESIRABLE THERAPIST STRATEGIES

Demonstrates desirable cognitive techniques for testing thoughts/beliefs

- Examining available evidence
- Generating alternatives
- Exploring biases in reasoning
- Re-attribution
- Listing the advantages and disadvantages of having a specific thought/belief
- Re-examining the evidence

Demonstrates desirable behavioural techniques for testing thoughts/beliefs

- Appropriately reflects stage of therapy
- Demonstrates scheduling of activities
- Explanation of the concepts of Mastery and Pleasure
- Negotiating graded task assignment
- Demonstrating cognitive rehearsal
- Demonstrating role-play
- Demonstrate appropriate teaching of diversion techniques.

i) HOMEWORK

- 1 Therapist explicitly reviewed previous week’s homework.
- 2 Therapist summarised conclusions derived, or progress made, from previous homework.
- 3 Appropriate homework was assigned.
- 4 Therapist explained rationale for homework assignment.
- 5 Homework was specific and details were clearly explained.
- 6 Therapist asked patient if s/he anticipated problems in carrying out homework.

DESIRABLE THERAPIST STRATEGIES

Providing clear rationale

Avoids the use of the word homework if it is inappropriate

Omits homework if appropriate

Offers suggestions for homework

Plans homework collaboratively

j) QUALITY OF INTERVENTION : COGNITIVE-BEHAVIOURAL TECHNIQUES

1 The therapist applied no cognitive-behavioural techniques.

Technique applied with:

1 barely adequate level of skill

2 mediocre

3 satisfactory

4 good

5 very good

6 excellent

7 **Note:** score for this question is 0 if no cognitive-behavioural techniques are applied.

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DESIRABLE THERAPIST STRATEGIES

Clear rationale for the intervention

Fluency in applying techniques

Techniques presented articulately in a language the patient understands

Techniques applied systematically

Demonstrate sensitivity in whether the patient is actually involved or not.

Resourcefulness of the therapist

ITEM		MAX SCORE	ACTUAL SCORE	COMMENTS
A	Agenda	6		
B	Feedback	6		
C	Understanding	6		
D	Interpersonal effectiveness	6		
E	Collaboration	6		
F	Guided discovery	6		
G	Focus on key cognitions	6		
H	Choice of intervention	6		
I	Homework	6		
J	Quality of Intervention	6		
	Total	60		
	Percentage Score			
	Final Score			

Overall Comments:

Signature of first marker:

DATE

Signature of second marker:

DATE

Signature of external marker:

DATE