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COGNITIVE THERAPY SCALE – REVISED (CTS-R)

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Name: _____ Scorer: _____ Date: _____ Session: _____

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The rating of the scale

The present seven point scale (i.e. a 0-6 Likert scale) extends from (0) where the therapist did not adhere to that aspect of therapy (non-adherence) to (6) where there is adherence and very high skill. Thus the scale assesses both adherence to therapy method and skill of the therapist. To aid with the rating of items of the scale, an outline of the key features of each item is provided at the top of each section. A description of the various rating criteria is given in the right hand margin – see example below in Figure 1. Further details are provided in the accompanying manual.

The examples are intended to be used as useful guidelines only. They are not meant to be used as prescriptive scoring criteria, rather providing both illustrative anchor points and guides.

Adjusting the scale in the presence of patient difficulties

The scale's dimensions were devised for patients assessed as being well/moderately suited for cognitive therapy (Safran & Segal, 1990). As such, adjustments may need to be made when patient difficulties are evident (e.g. excessive avoidance). Indeed, with problematic patients it is sometimes difficult to apply CT methods successfully; that is, with desirable change. In such circumstances the rater needs to assess the therapist's therapeutic skills in the application of the methods. Thus even though the therapist may be unsuccessful at promoting change, credit should be given for demonstrations of appropriate skilful therapy.

Safran, J.D. & Segal, Z.V. (1990) *Interpersonal processes in cognitive therapy*. New York, Basic Books.

Figure 1: Example of the scoring layout

Key features: this is an operationalised description of the item (see examples within the CTS-R).

Mark with an 'X' on the vertical line, using whole and half numbers, the level to which you think the therapist has fulfilled the core function. The descriptive features on the right are designed to guide your decision.

N.B. When rating, take into consideration the appropriateness of therapeutic interventions for stage of therapy and perceived patient difficulty.

Competence level		Examples
Incompetent	0	absence of feature, or highly inappropriate performance
Novice	1	Inappropriate performance, with major problems evident
	2	evidence of competence, but numerous problems and lack of consistency
Advanced beginner	3	competent, but some problems and/or inconsistencies
Competent	4	good features, but minor problems and/or inconsistencies
Proficient	5	very good features, minimal problems and/or inconsistencies
Expert	6	excellent performance, or very good even in the face of patient difficulties

* The present scale has incorporated the Dreyfus system (Dreyfus, 1989) for denoting competence, which is described fully in the manual. Please note that the top marks (i.e. near the 'expert' end of the continuum) are reserved for those therapists demonstrating highly effective skills, particularly in the face of difficulties (i.e. highly aggressive or avoidant patients; high levels of emotional discharge from the patients; and various situational factors).

The **'Key Features'** describe the important features that need to be considered when scoring each item. When rating the item, you must first identify whether some of the features are present. You must then consider whether the therapist should be regarded as competent with the features. If the therapist includes most of the key features and uses them appropriately (i.e. misses few relevant opportunities to use them), the therapist should be rated very highly.

The **'Examples'** are only guidelines and should not be regarded as absolute rating criteria.

Scoring Distribution

It is important to remember that the scoring profile for this scale should approximate to a normal distribution (i.e. mid-point 3), with relatively few therapists scoring at the extremes.

Dreyfus, H. L. (1989). The Dreyfus model of skill acquisition. *In* J. Burke (ed.) *Competency based education and training.* London: Falmer Press.

ITEM 1 - AGENDA SETTING & ADHERENCE

Key features: To address adequately topics that have been agreed and set in an appropriate way. This involves the setting of discrete and realistic targets collaboratively. The format for setting the agenda may vary according to the stage of therapy - see manual.

Three features need to be considered when scoring this item:

(i) presence/absence of an agenda which is explicit, agreed and prioritised, and feasible in the time available;
(ii) appropriateness of the contents of the agenda (to stage of therapy, current concerns etc.), a standing item being a review of the homework set previously;
(iii) appropriate adherence to the agenda.

Mark with an 'X' on the vertical line, the level to which you think the therapist has fulfilled the core function. The descriptive features on the right are designed to guide your decision.

NB: Agenda setting requires collaboration and credit for this should be given here, and here alone. Collaboration occurring at any other phase of the session should be scored under Item 3 (Collaboration).

Competence level	Examples NB: Score according to features, not examples!
0	No agenda set, highly inappropriate agenda set, or agenda not adhered to.
1	Inappropriate agenda set (e.g. lack of focus, unrealistic, no account of patient's presentation, homework not reviewed).
2	An attempt at an agenda made, but major difficulties evident (e.g. unilaterally set). Poor adherence.
3	Appropriate agenda, which was set well, but some difficulties evident (e.g. poor collaboration). Some adherence.
4	Appropriate agenda, minor difficulties evident (e.g. no prioritisation), but appropriate features covered (e.g. review of homework). Moderate adherence.
5	Appropriate agenda set with discrete and prioritised targets, reviewed at the end. Agenda adhered to. Minimal problems.
6	Excellent agenda set, or highly effective agenda set in the face of difficulties.

ITEM 2 - FEEDBACK

Key features: The patient's and therapist's understanding of key issues should be helped through the use of two-way feedback. The two major forms of feeding back information are through general summary and chunking of important units of information. The use of appropriate feedback helps both the therapist to understand the patient's situation, and the patient to synthesise material enabling him/her to gain major insight and make therapeutic shifts. It also helps to keep the patient focused.

Three features need to be considered when scoring this item:

(i) presence and frequency, or absence, of feedback. Feedback should be given/elicited throughout the therapy - with major summaries both at the beginning (review of week) and end (session summary), while topic reviews (i.e. chunking) should occur throughout the session;
(ii) appropriateness of the contents of the feedback;
(iii) manner of its delivery and elicitation (NB: can be written).

Competence level	Examples NB: Score according to features, not examples!
0	Absence of feedback or highly inappropriate feedback.
1	Minimal appropriate feedback (verbal and/or written).
2	Appropriate feedback, but not given frequently enough by therapist, with insufficient attempts to elicit and give feedback (e.g. feedback too vague to provide opportunities for understanding and change).
3	Appropriate feedback given and elicited frequently, although some difficulties evident in terms of content or method of delivery.
4	Appropriate feedback given and elicited frequently, facilitating moderate therapeutic gains. Minor problems evident (eg. inconsistent).
5	Highly appropriate feedback given and elicited regularly, facilitating shared understanding and enabling significant therapeutic gains. Minimal problems.
6	Excellent use of feedback, or highly effective feedback given and elicited regularly in the face of difficulties.

ITEM 3 - COLLABORATION

Key features: The patient should be encouraged to be active in the session. There must be clear evidence of productive teamwork, with the therapist skilfully encouraging the patient to participate fully (e.g. through questioning techniques, shared problem solving and decision making) and take responsibility. However, the therapist must not allow the patient to ramble in an unstructured way.

Three features need to be considered: the therapist style should encourage effective teamwork through his/her use of:

(i) verbal skills (e.g. non-hectoring);
(ii) non-verbal skills (e.g. attention and use of joint activities);
(iii) sharing of written summaries.

NB: Questioning is a central feature with regard to this item, but questions designed to facilitate reflections and self discovery should be scored under Item 9 (Guided Discovery).

Competence level	Examples NB: Score according to features, not examples!
0	Patient is actively prevented or discouraged from being collaborative.
1	The therapist is too controlling, dominating, or passive.
2	Some occasional attempt at collaboration, but didactic style or passivity of therapist encourages passivity or other problems in the therapeutic relationship.
3	Teamwork evident, but some problems with collaborative set (e.g. not enough time allowed for the patient to reflect and participate actively).
4	Effective teamwork is evident, but not consistent. Minor problems evident.
5	Effective teamwork evident throughout most of the session, both in terms of verbal content and use of written summaries. Minimal problems.
6	Excellent teamwork, or highly effective teamwork in the face of difficulties.

ITEM 4 - PACING AND EFFICIENT USE OF TIME

Key features: The session should be well 'time managed' in relation to the agenda, with the session flowing smoothly through discrete start, middle, and concluding phases. The work must be paced well in relation to the patient's needs, and while important issues need to be followed, unproductive digressions should be dealt with smoothly. The session should not go over time, without good reason.

Three features need to be considered:

(i) the degree to which the session flows smoothly through the discrete phases;
(ii) the appropriateness of the pacing throughout the session;
(iii) the degree of fit to the learning speed of the patient.

Competence level	Examples NB: Score according to features, not examples!
0	Poor time management leads either to an aimless or overly rigid session.
1	The session is too slow or too fast for the current needs and capacity of the patient.
2	Reasonable pacing, but digression or repetitions from therapist and/or patient lead to inefficient use of time; unbalanced allocation of time, over time.
3	Good pacing evident some of the time, but diffuse at times. Some problems evident.
4	Balanced allocation of time with discrete start, middle and concluding phases evident. Minor problems evident.
5	Good time management skills evident, session running smoothly. Therapist working effectively in controlling the flow within the session. Minimal problems.
6	Excellent time management, or highly effective management evident in the face of difficulties.

ITEM 5 - INTERPERSONAL EFFECTIVENESS

Key features: The patient is put at ease by the therapist's verbal and non-verbal (e.g. listening skills) behaviour. The patient should feel that the core conditions (i.e. warmth, genuineness, empathy and understanding) are present. However, it is important to keep professional boundaries. In situations where the therapist is extremely interpersonally effective, he/she is creative, insightful and inspirational.

Three features need to be considered:

(i) empathy - the therapist is able to understand and enter the patient's feelings imaginatively and uses this understanding to promote change;
(ii) genuineness - the therapist has established a trusting working relationship;
(iii) warmth - the patient seems to feel liked and accepted by the therapist.

Competence level	Examples NB: Score according to features, not examples!
0	Therapist's manner and interventions make the patient disengage and become distrustful and/or hostile (absence of/or excessive i, ii, iii).
1	Difficulty in showing empathy, genuineness and warmth.
2	Therapist's style (e.g. intellectualisation) at times impedes his/her empathic understanding of the patient's communications.
3	The therapist is able to understand explicit meanings of patient's communications, resulting in some trust developing. Some evidence of inconsistencies in sustaining relationship.
4	The therapist is able to understand the implicit, as well as the explicit meanings of the patient's communications and demonstrates it in his/her manner. Minor problems evident (e.g. inconsistent).
5	The therapist demonstrates very good interpersonal effectiveness. Patient appears confident that he/she is being understood, which facilitates self-disclosure. Minimal problems.
6	Excellent interpersonal effectiveness, or highly interpersonally effective in the face of difficulties.

ITEM 6 – ELICITING OF APPROPRIATE EMOTIONAL EXPRESSION

Key features: The therapist facilitates the processing of appropriate levels of emotion by the patient. Emotional levels that are too high or too low are likely to interfere with therapy. The therapist must also be able to deal effectively with emotional issues which interfere with effective change (e.g. hostility, anxiety, excessive anger). Effective facilitation will enable the patient to access and express his/her emotions in a way that facilitates change.

Three features have to be considered:

(i) facilitation of access to a range of emotions;
(ii) appropriate use and containment of emotional expression;
(iii) facilitation of emotional expression, encouraging appropriate access and differentiation of emotions.

Competence level	Examples NB: Score according to features, not examples!
0	Patient is under- or overstimulated (e.g. his/her feelings are ignored or dismissed or allowed to reach an unmanged pitch). Or the therapist's own mood or strategies (e.g. intellectualisation) adversely influences the session.
1	Failure to facilitate access to, and expression of, appropriate emotional expression.
2	Facilitation of appropriate emotional expression evident, but many relevant opportunities missed.
3	Some effective facilitation of appropriate emotional expression, created and/or maintained. Patient enabled to become slightly more aware.
4	Effective facilitation of appropriate emotional expression leading to the patient becoming more aware of relevant emotions. Minor problems evident.
5	Very effective facilitation of emotional expression, optimally arousing the patient's motivation and awareness. Good expression of relevant emotions evident – done in an effective manner. Minimal problems.
6	Excellent facilitation of appropriate emotional expression, or effective facilitation in the face of difficulties.

ITEM 7 – ELICITING KEY COGNITIONS

Key features: To help the patient gain access to his/her cognitions (thoughts, assumptions and beliefs) and to understand the relationship between these and their distressing emotions. This can be done through the use of questioning, diaries and monitoring procedures.

Three features need to be considered:

(i) eliciting cognitions that are associated with distressing emotions (i.e. selecting key cognitions or hot thoughts);
(ii) the skilfulness and breadth of the methods used (i.e. Socratic questioning; appropriate monitoring, downward arrowing, imagery, role-plays, etc.);
(iii) choosing the appropriate level of work for the stage of therapy (i.e. automatic thoughts, assumptions, or core beliefs).

NB: This item is concerned with the general work done with eliciting cognitions. If any specific cognitive or behavioural change methods are used, they should be scored under item 11 (change methods).

Competence level	Examples NB: Score according to features, not examples!
0	Therapist fails to elicit relevant cognitions.
1	Inappropriate cognitions and emotions selected, or key cognitions/emotions ignored.
2	Some cognitions/emotions (or one key cognition, e.g. core belief) elicited, but links between cognitions and emotions not made clear to patient.
3	Some cognitions/emotions (or one key cognition) elicited in a competent way, although some problems evident.
4	A number of cognitions and emotions (or one key cognition) elicited in verbal or written form, leading to a new understanding of their relationship. Minor problems evident.
5	Effective eliciting and selection of a number of cognitions/emotions (or one key cognition), which are generally dealt with appropriately. Minimal problems.
6	Excellent work done on key cognition(s) and emotion(s), or very good work done in the face of difficulties.

ITEM 8 – ELICITING BEHAVIOURS

Key features: To help the patient gain insight into the effect of his/her behaviours and planned behaviours with respect to the problems. This can be done through the use of questioning, diaries and monitoring procedures. This item helps ensure that the therapy is fully integrated with the patient's environment.

Two features need to be considered:

(i) eliciting behaviours that are associated with distressing emotions (including, use of safety seeking behaviours);
(ii) the skilfulness and breadth of the methods used (i.e. socratic questioning; appropriate monitoring, imagery, role-plays, etc.);

NB: This item is concerned with the general work done with eliciting behaviours. If any specific cognitive or behavioural change methods are used, they should be scored under item 11 (change methods).

Competence Level	Examples NB: Score according to features, not examples!
0	Therapist fails to elicit relevant behaviours.
1	Inappropriate behaviours focused on.
2	Some behaviours elicited, but links between behaviours and emotions not made clear to patient.
3	Some behaviours/emotions elicited in a competent way, although some problems evident.
4	A number of behaviours/emotions elicited in verbal or written form, leading to a new understanding of their importance in maintaining problems. Minor difficulties evident.
5	Effective eliciting and selection of a number of behaviours/emotions, which are generally dealt with appropriately. Minimal problems.
6	Excellent work done on behaviours and emotions, or very good work done in the face of difficulties.

ITEM 9 - GUIDED DISCOVERY

Key features: The patient should be helped to develop hypotheses regarding his/her current situation and to generate potential solutions for him/herself. The patient is helped to develop a range of perspectives regarding his/her experience. Effective guided discovery will create doubt where previously there was certainty, thus providing the opportunity for re-evaluation and new learning to occur.

Two elements need to be considered:

(i) the style of the therapist - this should be open and inquisitive;
(ii) the effective use of questioning techniques (e.g. Socratic questions) should encourage the patient to discover useful information that can be used to help him/her to gain a better level of understanding.

Competence level	Examples NB: Score according to features, not examples!
0	No attempt at guided discovery (e.g. hectoring and lecturing).
1	Little opportunity for discovery by patient. Persuasion and debate used excessively.
2	Minimal opportunity for discovery. Some use of questioning, but unhelpful in assisting the patient to gain access to his/her thoughts or emotions or to make connections between themes.
3	Some reflection evident. Therapist uses primarily a questioning style which is following a productive line of discovery.
4	Moderate degree of discovery evident. Therapist uses a questioning style with skill, and this leads to some synthesis. Minor problems evident.
5	Effective reflection evident. Therapist uses skilful questioning style leading to reflection, discovery, and synthesis. Minimal problems.
6	Excellent guided discovery leading to a deep patient understanding. Highly effective discovery produced in the face of difficulties, with evidence of a deeper understanding having been developed.

ITEM 10 - CONCEPTUAL INTEGRATION

Key features: The patient should be helped to gain an appreciation of the history, triggers and maintaining features of his/her problem in order to bring about change in the present and future. The therapist should help the patient to gain an understanding of how his/her perceptions and interpretations, beliefs, attitudes and rules relate to his/her problem. A good conceptualisation will examine previous cognitions and coping strategies as well as current ones. This theory-based understanding should be well integrated and used to guide the therapy forward.
Two features need to be considered:

(i) the presence/absence of an appropriate conceptualisation which is in line with goals of therapy;
(ii) the manner in which the conceptualisation is used (e.g. used as the platform for interventions, homework etc.).

NB: This item is to do with therapeutic integration (using theory to link present, past and future). If the therapist deals specifically with cognitions and emotions, this should be scored under Items 6 (Facilitation of Emotional Expression) and 7 (Eliciting Key of Cognitions)

Competence level	Examples NB: Score according to features, not examples!
0	The absence of an appropriate conceptualisation.
1	The lack, or inappropriateness or misapplication of a conceptualisation leads to a neutral impact (e.g. interferes with progress or leads to aimless application of procedures).
2	Some rudimentary conceptualisation arrived at, but not well integrated with goals of therapy. Does not lead to a clear rationale for interventions.
3	Cognitive conceptualisation partially developed with some integration, but some difficulties evident (e.g. in synthesising and in sharing it with the patient). Leads to coherent interventions.
4	Cognitive conceptualisation is moderately developed and integrated within the therapy. Minor problems evident.
5	Cognitive conceptualisation is very well developed and integrated within the therapy – there is a credible cognitive understanding leading to major therapeutic shifts. Minimal problems.
6	Excellent development and integration evident, or highly effective in the face of difficulties.

ITEM 11 - APPLICATION OF CHANGE METHODS

Key features: Therapist skilfully uses, and helps the patient to use, appropriate cognitive and behavioural techniques in line with the formulation. The therapist helps the patient devise appropriate cognitive methods to evaluate the key cognitions associated with distressing emotions, leading to major new perspectives and shifts in emotions. The therapist also helps the patient to both apply behavioural techniques in line with the formulation, and develop suitable plans to promote effective change. The therapist helps the patient to identify potential difficulties and think through the cognitive rationales for performing the tasks. The methods provide useful ways for the patient to test-out cognitions practically and gain experience in dealing with high levels of emotion. The methods also allow the therapist to obtain feedback regarding the patient's level of understanding of prospective practical assignments (i.e. by the patient performing the task in-session).

Three features need to be considered:

(i) the appropriateness and range of both cognitive methods (e.g. cognitive change diaries, continua, distancing, responsibility charts, evaluating alternatives, examining pros and cons, determining meanings, imagery restructuring, etc.) and behavioural methods (e.g. behavioural diaries, behavioural tests, role play, graded task assignments, response prevention, reinforcement of patient's work, modelling, applied relaxation, controlled breathing, etc.);

(ii) the skill in the application of the methods - however, skills such as feedback, interpersonal effectiveness, etc. should be rated separately under their appropriate items;

(iii) the suitability of the methods for the needs of the patient (i.e. neither too difficult nor complex).

NB:This item is not concerned with accessing or identifying thoughts, rather with their re-evaluation.

ITEM 11 (Continued) - APPLICATION OF CHANGE METHODS

Competence Level	Examples NB: Score according to features, not examples!
0	Therapist fails to use or misuses appropriate cognitive and behavioural methods.
1	Therapist applies either insufficient or inappropriate methods, and/or with limited skill or flexibility.
2	Therapist applies appropriate methods, but major difficulties evident.
3	Therapist applies a number of methods in competent ways, although some problems evident (e.g. the interventions are incomplete).
4	Therapist applies a range of methods with skill and flexibility, enabling the patient to develop new perspectives. Minor problems evident.
5	Therapist systematically applies an appropriate range of methods in a creative, resourceful and effective manner. Minimal problems.
6	Excellent range and application, or successful application in the face of difficulties.

ITEM 12 - HOMEWORK SETTING

Key features: This aspect concerns the setting of an appropriate homework task, one with clear and precise goals. The aims should be to negotiate an appropriate task for the stage of therapy in line with the conceptualisation; to ensure the patient understands the rationale for undertaking the task; to test out ideas, try new experiences, predict and deal with potential obstacles, and experiment with new ways of responding. This item ensures that the content of the therapy session is both relevant to, and integrated with, the patient's environment.

There are three aspects to this item:

(i) presence/absence of a homework task in which clear and precise goals have been set;
(ii) the task should be derived from material discussed in the session, such that there is a clear understanding of what will be learnt from performing the task;
(iii) the homework task should be set jointly, and sufficient time should be allowed for it to be explained clearly (i.e. explain, discuss relevance, predict obstacles, etc.).

NB: Review of homework from the previous session should be rated in Item 1 (Agenda Setting)

Competence Level	Examples NB: Score according to features, not examples!
0	Therapist fails to set homework, or sets inappropriate homework.
1	Therapist does not negotiate homework. Insufficient time allotted for adequate explanation, leading to ineffectual task being set.
2	Therapist negotiates homework unilaterally and in a routine fashion, without explaining the rationale for new homework.
3	Therapist has set an appropriate new homework task, but some problems evident (e.g. not explained sufficiently and/or not developed jointly).
4	Appropriate new homework jointly negotiated with a clear goals and rationales. However, minor problems evident.
5	Appropriate homework negotiated jointly and explained well, including an exploration of potential obstacles. Minimal problems.
6	Excellent homework negotiated, or highly appropriate one set in the face of difficulties.

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2. **Blackburn, I.M, James, I.A., Milne, D.L et al (2001) The revised cognitive therapy scale (CT-R): psychometric properties.** ***Behavioural and Cognitive Psychotherapy.*** **29(4), 431-447.**

3. **James, I.A., Blackburn, I.M., Milne, D. & Reichelt, F.K. (2001) Moderators of trainee therapists' competence in cognitive therapy.** ***British Journal of Clinical Psychology.*** **40, 131-141.**

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5. **Milne, D., Baker, C., Blackburn, I.M., James, I.A & Reichelt, F.K. (1999) Effectiveness of cognitive therapy training.** ***Journal of Behaviour Therapy and Experimental Psychiatry,*** **30(2), 81-92.**