

Cognitive Therapy Adherence and Competence Scale (CTACS)¹

Therapist: _____

Patient: _____

Session Number: _____

Date of Session: _____

Site: _____

Rater: _____

Date of Rating: _____

Instructions

Each item on this scale lists a cognitive therapy process or intervention and two ratings: **Adherence** and **Quality**. The **Adherence** rating reflects the degree to which the therapist engaged in the process or intervention. The **Quality** (i.e., competence) rating reflects how well the intervention was performed.

All items on this scale range from 0 (low) to 6 (high). Descriptive anchors are provided only for even-numbered ratings; however, odd numbers (i.e., 1, 3, and 5) may be used when ratings fall between two descriptive anchors. Regardless of whether or not the therapist engages in an intervention, the **Adherence** ratings should always be completed for each item. When an intervention or process appropriately does not occur, NA is the most appropriate **Quality** rating.

For each item, **Adherence**, and **Quality** ratings (i.e., 0 to 6 or NA) should be written in the two blank spaces provided to the left of the item number.

¹ For reprints or permission to use this instrument contact: Bruce S. Liese, Ph.D., University of Kansas Medical Center-Family Medicine, 3901 Rainbow Blvd., Kansas City, KS 66160-7370, (913) 588-1912.

I. Cognitive Therapy Structure

_____/_____
(Adherence) (Quality) **1. Agenda**

Adherence Rating:

0 2 4 6
None Some Considerable Thorough

Quality rating ("NA" if appropriately not done):

- 0 The therapist seemed unaware of the patient's agenda.
 - 2 The therapist elicited agenda items that were vague or incomplete.
 - 4 The therapist elicited agenda items and attempted, with some success, to prioritize these and follow agenda.
 - 6 The therapist set an excellent, comprehensive agenda, identified important target problems, prioritized, and followed agenda.
-

_____/_____
(Adherence) (Quality) **2. Mood check**

Adherence Rating:

0 2 4 6
None Some Considerable Thorough

Quality rating ("NA" if appropriately not done):

- 0 The therapist seemed unaware of the patient's mood.
 - 2 The therapist superficially checked patient's mood; did not recognize important concerns.
 - 4 The therapist asked about mood, recognized important concerns (e.g., depression, anxiety, anger).
 - 6 The therapist did an excellent of asking about mood, followed-up with clarification, put important mood-related concerns on the agenda and addressed these concerns.
-

_____/_____
(Adherence) (Quality) **3. Bridge from previous visit**

Adherence Rating:

0 2 4 6
None Some Considerable Thorough

Quality rating ("NA" if appropriately not done):

- 0 The therapist seemed to ignore the previous session/contact with the patient.
- 2 The therapist made superficial reference to the previous session.
- 4 The therapist bridged by mentioning previous session or by asking patient about previous session.
- 6 The therapist discussed previous session with patient; emphasized important issues; related previous session to present agenda items; added unresolved issues to present agenda.

_____/_____
(Adherence) (Quality) **4. Inquired about ongoing problem:** _____
(List primary problem)

Adherence Rating:

0 2 4 6
None Some Considerable Thorough

Quality rating ("NA" if appropriately not done):

- 0 The therapist ignored ongoing problem (e.g., drug/alcohol abuse, depression, anxiety, marital distress, etc.).
 - 2 The therapist superficially asked about ongoing problem, but did not follow-up.
 - 4 The therapist asked specific questions about ongoing problem.
 - 6 The therapist asked excellent questions about ongoing problem and then followed-up with appropriate responses and interventions.
-

_____/_____
(Adherence) (Quality) **5. Reviewing previous homework**

Adherence Rating:

0 2 4 6
None Some Considerable Thorough

Quality rating ("NA" if appropriately not done):

- 0 The therapist seemed to ignore previous homework.
 - 2 The therapist mentioned previous homework but did not review.
 - 4 The therapist briefly reviewed previous homework or if not done, inquired about reasons.
 - 6 The therapist thoroughly reviewed previous homework or discussed incomplete homework.
-

_____/_____
(Adherence) (Quality) **6. Assigning new homework**

Adherence Rating:

0 2 4 6
None Some Considerable Thorough

Quality rating ("NA" if appropriately not done):

- 0 The therapist seemed to avoid assigning important new homework relevant to the present session.
- 2 The therapist had significant difficulties incorporating new homework (did not collaboratively assign new homework, provide sufficient detail, or begin homework in session.)
- 4 The therapist assigned appropriate homework relevant to issues dealt with in session.
- 6 The therapist collaboratively assigned excellent, detailed homework; discussed fully with patient and began to plan and practice homework in the session.

_____/_____
(Adherence) (Quality) **7. Capsule summaries**

Adherence Rating:

0 2 4 6
None Some Considerable Thorough

Quality rating:

- 0 The therapist provided capsule summaries during the session which were blatantly inaccurate.
 - 2 The therapist provided capsule summaries which appeared to be superficial or irrelevant.
 - 4 The therapist provided capsule summaries which appeared to be accurate and meaningful.
 - 6 The therapist reliably and accurately provided excellent capsule summaries which were meaningful to the patient; the therapist also checked capsule summaries for accuracy and revised when appropriate to do so.
-

_____/_____
(Adherence) (Quality) **8. Patient summary and feedback**

Adherence Rating:

0 2 4 6
None Some Considerable Thorough

Quality rating:

- 0 The therapist discouraged the patient from summarizing or giving feedback about the session.
 - 2 The therapist superficially asked for summary or feedback but did not adequately respond.
 - 4 The therapist effectively asked for summary and feedback throughout session and acknowledged patient's responses.
 - 6 The therapist asked for summary and feedback throughout session, responded in a positive, supportive manner, and appropriately adjusted behaviors based on the patient's feedback.
-

_____/_____
(Adherence) (Quality) **9. Focus/structure**

Adherence Rating:

Adherence Rating:

0 2 4 6
None Some Considerable Thorough

Quality rating:

- 0 The therapist was unfocused. Session seemed aimless.
- 2 The therapist seemed to have some direction, but was distracted by peripheral issues.
- 4 The therapist was reasonably successful at maintaining focus and following main issues.
- 6 The therapist used time extremely effectively by directing the flow of conversation and redirecting when necessary. Session seemed well-paced, focused, and structured.

II. Development of a Collaborative Therapeutic Relationship

_____/_____
(Adherence) (Quality) **10. Socialization to CT model, concepts, process, or structure**

Adherence Rating:

0 2 4 6
None Some Considerable Thorough

Quality rating ("NA" if appropriately not done):

- 0 The therapist missed important opportunities to explain the CT conceptualization of depression, anxiety, or substance abuse; missed opportunities to discuss such concepts as "cognitive distortions" or missed important opportunities to help the patient understand the process or structure of CT (e.g., the agenda, collaboration, feedback, homework, and so forth).
 - 2 The therapist superficially mentioned cognitive model, concepts, process or structure but not in a timely manner or relevant to the patient.
 - 4 The therapist described relevant model, concepts, process, or structure of CT.
 - 6 The therapist did an outstanding job of describing relevant model, concepts, process, or structure; applied these to patient in a timely manner; checked the patient's understanding and elicited feedback.
-

_____/_____
(Adherence) (Quality) **11. Warmth/genuineness/congruence**

Adherence Rating:

0 2 4 6
None Some Considerable Thorough

Quality rating:

- 0 The therapist appeared cold, detached, uncaring.
 - 2 The therapist appeared slightly aloof, distant, incongruent.
 - 4 The therapist appeared reasonably warm and genuine.
 - 6 The therapist appeared optimally warm, genuine, caring, and congruent.
-

_____/_____
(Adherence) (Quality) **12. Acceptance/respect**

Adherence Rating:

0 2 4 6
None Some Considerable Thorough

Quality rating:

- 0 The therapist appeared critical, disrespectful, judgmental.
- 2 The therapist appeared slightly critical, disrespectful, judgmental.
- 4 The therapist appeared reasonably accepting, respectful, nonjudgmental.
- 6 The therapist appeared fully accepting, respectful, nonjudgmental.

_____ / _____ **13. Attentiveness**
(Adherence) (Quality)

Adherence Rating:

0 2 4 6
None Some Considerable Thorough

Quality rating:

- 0 The therapist ignored important obvious and subtle (i.e., verbal and nonverbal) cues.
 - 2 The therapist was attentive to some obvious cues but missed important subtle cues.
 - 4 The therapist was attentive to obvious cues and somewhat attentive to subtle cues.
 - 6 The therapist was extremely attentive to important obvious and subtle cues.
-

_____ / _____ **14. Accurate empathy**
(Adherence) (Quality)

Adherence Rating:

0 2 4 6
None Some Considerable Thorough

Quality rating:

- 0 The therapist demonstrated poor empathy skills; did not seem to understand the patient.
 - 2 The therapist demonstrated limited empathy skills; could reflect and paraphrase what the patient explicitly said, but missed important subtle issues.
 - 4 The therapist displayed good empathy skills. Generally seemed to grasp patient's perspective (from both subtle and obvious patient cues).
 - 6 The therapist demonstrated excellent empathy skills and insight; shared insights with patient.
-

_____ / _____ **15. Collaboration**
(Adherence) (Quality)

Adherence Rating:

0 2 4 6
None Some Considerable Thorough

Quality rating:

- 0 The therapist monopolized the session or left all responsibility to the patient.
- 2 The therapist attempted to collaborate but took too little or too much responsibility for defining or resolving the patient's problems.
- 4 The therapist was somewhat collaborative; shared some responsibility with patient.
- 6 The therapist was extremely collaborative; shared responsibility for defining patient's problems and potential solutions; functioned as a "team."

III. Development and Application of the Case Conceptualization

_____/_____
(Adherence) (Quality) **16. Eliciting automatic thoughts**

Adherence Rating:

0 2 4 6
None Some Considerable Thorough

Quality rating ("NA" if appropriately not done):

- 0 The therapist ignored important opportunities to ask patient about automatic thoughts (ATs).
 - 2 The therapist elicited some ATs but did not relate these to patient's problems.
 - 4 The therapist did a reasonably good job of eliciting ATs; briefly related these to patient's problems.
 - 6 The therapist did an excellent job of eliciting ATs; effectively related these to patient's problems.
-

_____/_____
(Adherence) (Quality) **17. Eliciting core beliefs and schemas**

Adherence Rating:

0 2 4 6
None Some Considerable Thorough

Quality rating ("NA" if appropriately not done):

- 0 The therapist ignored important opportunities to ask patient about core beliefs or schemas.
 - 2 The therapist did a fair job of eliciting beliefs/schemas but did not relate these to patient's problems.
 - 4 The therapist did a reasonably good job of eliciting core beliefs/schemas; briefly related these to problems.
 - 6 The therapist did an excellent job of eliciting core beliefs/schemas; effectively related these to patient's problems.
-

_____/_____
(Adherence) (Quality) **18. Eliciting meaning/understanding/attributions**

Adherence Rating:

0 2 4 6
None Some Considerable Thorough

Quality rating ("NA" if appropriately not done):

- 0 The therapist ignored important opportunities to ask for the patient's understanding or attribution (i.e., the "meaning") of salient problems (e.g., "How do you understand your addiction?").
- 2 The therapist did a fair job of asking for meaning but never followed up appropriately.
- 4 The therapist did a good job of asking for the meaning of salient events and beliefs; provided some follow-up.
- 6 The therapist did an excellent job of asking for meaning; followed-up very appropriately and substantially.

_____ / _____ **19. Addressing key issues**
(Adherence) (Quality)

Adherence Rating:

0 2 4 6
None Some Considerable Thorough

Quality rating ("NA" if appropriately not done):

- 0 The therapist never identified or discussed important key issues (e.g., adaptability, autonomy, commitment, integrity, intimacy, and so forth).
 - 2 The therapist superficially mentioned at least one key issue, but never followed-up.
 - 4 The therapist mentioned at least one key issue and briefly discussed.
 - 6 The therapist raised extremely important and salient key issue(s), fully discussed these with the patient, and related key issue(s) to schemas, core beliefs, conditional beliefs, ATs, and so forth.
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_____ / _____ **20. Case conceptualization: Linking past to present**
(Adherence) (Quality)

Adherence Rating:

0 2 4 6
None Some Considerable Thorough

Quality rating ("NA" if appropriately not done):

- 0 The therapist missed opportunities to address the development of the patient's problems.
 - 2 The therapist did a fair job of inquiring about the development of problems but did not link to current functioning.
 - 4 The therapist inquired about developmental processes, and loosely related to present functioning.
 - 6 The therapist inquired about developmental processes; linked accurately to current beliefs, thoughts, behaviors; elicited feedback from the patient regarding accuracy/usefulness.
-

_____ / _____ **21. Sharing the conceptualization with the patient**
(Adherence) (Quality)

Adherence Rating:

0 2 4 6
None Some Considerable Thorough

Quality rating ("NA" if appropriately not done):

- 0 The therapist did not share important case conceptualization material with the patient.
- 2 The therapist briefly and superficially mentioned the conceptualization to the patient.
- 4 The therapist shared important features of the case conceptualization with the patient.
- 6 The therapist provided the patient with an excellent, thorough conceptualization of his or her problems; elicited feedback from the patient regarding accuracy/usefulness.

IV. Cognitive and Behavioral Techniques

_____/_____
(Adherence) (Quality) **22. Guided discovery**

Adherence Rating:

0 2 4 6
None Some Considerable Thorough

Quality rating:

- 0 The therapist did not use guided discovery; instead was too passive or directive.
 - 2 The therapist was somewhat passive or directive but was still supportive to the patient.
 - 4 The therapist used some questioning and some reflective responses to help patient begin to understand important issues.
 - 6 The therapist very skillfully used a balance of open-ended questions, reflective, confrontive, and interpretive responses to guide patient's understanding of important issues.
-

_____/_____
(Adherence) (Quality) **23. Asking for evidence/alternative views**

Adherence Rating:

0 2 4 6
None Some Considerable Thorough

Quality rating ("NA" if appropriately not done):

- 0 The therapist missed important opportunities to ask for "evidence" or "alternative views" in response to maladaptive beliefs (i.e., "What is your evidence for that belief?" or "How else could you look at that?").
 - 2 The therapist superficially mentioned the importance of "evidence" or "alternative views."
 - 4 The therapist asked appropriately for "evidence" or "alternative views."
 - 6 The therapist asked, in a very timely and effective manner, for patient's evidence for maladaptive beliefs; where appropriate asked for alternative views; appropriate followed-up.
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_____/_____
(Adherence) (Quality) **24. Use of alternative cognitive and behavioral techniques**

Please specify technique(s): _____

Adherence Rating:

0 2 4 6
None Some Considerable Thorough

Quality rating ("NA" if appropriately not done):

- 0 The therapist missed important opportunities to use standard methods (e.g., Daily Thought Record, Advantages-Disadvantages analysis, Weekly Activity Schedule, scaling, three-question technique, imagery).
- 2 The therapist attempted to use standardized methods but did not do so effectively.
- 4 The therapist used standardized techniques in a reasonably effective manner.
- 6 The therapist did an outstanding job of selecting and applying standardized methods.

