

Competence and Adherence Scale for Cognitive Behavioral Therapy (CAS-CBT) for anxiety disorders in youth

The Competence and Adherence Scale for Cognitive Behavioral Therapy (CAS-CBT) for anxiety disorders in youth covers basic CBT components as well as specific session goals that can be specified by the user for the particular treatment. The scale is particularly useful for manualized treatment protocols that have specific session goals that should be assessed.

SCORING INSTRUCTIONS

Before watching the video

Read through the treatment manual and workbook for the session content (if using a manualized treatment protocol). Check what homework activities were scheduled for this session (if this information is available). Identify the session goals for this session. Read through the CAS-CBT measure to get familiarized with the measure.

While watching the video

Observe and evaluate the verbal and non-verbal behavior of the therapist seen in context of the scoring domains. Evaluate the effect the therapist's behavior has on the child/children.

ADHERENCE is rated based on *whether* the therapist has carried out the actual intervention/process and to *what extent* the therapist has carried out the actual intervention/process.

COMPETENCE is rated based on *how well/the degree of competence* the therapist executed the actual intervention/process. Examples are given in this scoring sheet to facilitate the competence ratings.

While watching the video, the rater should note relevant observations using key words on a separate note-sheet (see appendix A). The videotape can be paused if there is a need to make longer notes. Scoring will be completed after watching the video.

After watching the video

Final scores are made on the CAS-CBT scoring sheet (see appendix B).

When scoring, use the midpoint of the scale (3) as the vantage point and give a higher score if you rate the therapist as displaying more adherence/competence than the midpoint score (4-6), and a lower score if you rate the therapist as displaying less adherence/competence than the midpoint score (0-2). Use this document as a reference for scoring. The actual scoring is indicated using a separate scoring sheet (see appendix B). Circle the numbers on this sheet to register your scores.

I. Cognitive Behavior Therapy Structure

1. Homework activity review and planning/ presenting new homework tasks (adherence)

This item is scored based on how much time the therapist uses to review homework from the prior session (adherence score for this can be given 50% weight) as well as presenting and planning new homework tasks for the next session (adherence score for this can be given 50% weight).

Adherence rating:

0 None	1	2 Some	3	4 Considerable	5	6 Thorough
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2. Structure and progress (adherence)

This item is scored based on whether the therapist presents an agenda, follows the presented agenda and uses time efficiently to meet session goals.

Adherence rating:

0 None	1	2 Some	3	4 Considerable	5	6 Thorough
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3. Parental involvement* (adherence)

*Scored only if part of the treatment protocol, tick N/A if not applicable.

This item is scored based on whether parents are involved in the session. Parental involvement can be interventions such as informing parents about what was covered in the session and what homework activities their child has been given for next session. How much time a therapist devotes to parental involvement can vary for children versus adolescents, and from program to program.

Adherence rating:

0 None	1	2 Some	3	4 Considerable	5	6 Thorough
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4. Competence score for Cognitive Behavior Therapy structure

- 0 The therapist demonstrated poor skills in maintaining Cognitive Behavior Therapy structure.
E.g., the therapist appeared unclear, not interested, gave misleading information during homework monitoring, and/or the session was not goal oriented and time was not used efficiently in relation to the content that should be covered in the session, and/or the content for the session, session goals, homework and role of the parents were presented to the parents in a manner that was not at all engaging, very unstructured), and/or (if applicable) the therapist was not engaged, negative, critical or over-involved with the parents.
- 1 The therapist demonstrated limited skills in maintaining Cognitive Behavior Therapy structure.
E.g., the therapist mentioned the homework activities very briefly, gave unclear information or only superficial information regarding the child/children's homework tasks, and/or the session had a certain direction but the therapist seemed to be distracted by non-significant themes and did not use time efficiently to meet the session goals, and/or (if applicable) the therapist informed the parents about the session content, session goals, homework and the role of the parents, but could be more structured, and engaged in the process of informing the parents.
- 2 The therapist demonstrated good skills in maintaining Cognitive Behavior Therapy structure.
E.g., the therapist presented the homework activities in a clear and engaging manner, and displayed adequate positive reinforcement regarding the child's/children's homework tasks, and/or the session was focused well and time was used efficiently to meet the session goals, and/or the agenda was presented and followed in a good way, and/or(if applicable) the therapist informed the parents about the session content, session goals, homework and the role of the parents, in a structured, and engaging manner.
- 3 The therapist demonstrated excellent skills in maintaining Cognitive Behavior Therapy structure.
E.g., the therapist presented the homework activities in a very clear and engaging manner, and displayed a thorough focus and made excellent use of positive reinforcement regarding the child's/children's homework tasks, and/or time was used very efficient to cover the session content, and/or the session was highly focused and time was used efficiently to meet the session goals, and/or the agenda was presented and followed in an excellent way, and/or (if applicable) the therapist informed the parents about the session content, session goals, homework and the role of the parents, in an excellent way (a very structured, and engaging manner).

II. Process skills and relational skills

5. Positive reinforcement (adherence)

This item is scored based on the degree to which the therapist uses positive reinforcement (e.g., praise such as “Well done!”, “Good example Sarah”, nodding, rewards, etc.) both verbally and non-verbally in regard to the child’s verbal and non-verbal behavior.

Adherence rating:

0	1	2	3	4	5	6
None		Some		Considerable		Thorough

6. Collaboration (adherence)

This item is scored based on the degree to which the therapist facilitates collaboration (e.g., the degree to which the responsibility for tasks such as defining the child’s problem/ possible solutions is done in a collaborative way with the child/children). Low degree of collaboration is recognized by a therapist that monopolizes the session or alternatively leaves too much responsibility on the child/children.

Adherence rating:

0	1	2	3	4	5	6
None		Some		Considerable		Thorough

7. Flexibility (competence)

This item is scored based on the degree to which the therapist adjusts/tailors the intervention to the child's/children's condition, mood, problem, level of engagement or developmental level.

Competence rating:

0	1	2	3	4	5	6
None		Some		Considerable		Thorough

8. Competence score for process skills and relational skills

- 0 The therapist demonstrated poor process/relational skills.
E.g., the therapist employed positive reinforcement in a poor manner (e.g. gave attention to behavior that was unwanted), and/or invited the child/children to collaborate but in a negative, ambivalent manner that mostly did not motivate the child/children to engage with activity and exploration of their own ideas, solutions, examples, and/or the therapist came across as being cold, critical, judging or not showing respect for the child/children.
- 1 The therapist demonstrated limited process/relational skills.
E.g., the therapist gave positive feedback in a general/superficial manner that was not much linked to the child's/children's behavior/comments, and/or inconsistencies were found in the therapist's verbal versus non-verbal behavior, and/or the positive feedback only had a limited effect on the child/children (e.g., invites the child/children to collaborate, but is only partly successful in facilitating a constructive collaboration, either because the therapist is too active or to passive, or is too "clumsy" or unsuccessful in trying to make contact and facilitate understanding).
- 2 The therapist demonstrated good process/relational skills.
E.g., the therapist employed positive reinforcement both verbally and non-verbally and in a way that made the child/children respond so that there was an increase in desired behavior, and/or the therapist's feedback to the child/children was good but could have been used more frequently/been more specific in terms of reinforcing desirable behavior, and/or facilitates collaboration in ways that are good and convincing and that motivates the child/children to be actively engaged in the session, exploring own issues, solutions, examples.
- 3 The therapist demonstrated excellent process/relational skills.
E.g., the therapist employed encouragement and praise in a very successful way both verbally (e.g., "Thank you for sharing your ideas with us Martin!") and non-verbally (nodding, keeping eye contact) so that there was an increase in desired behavior (e.g., participation in the group, using new skills in other situations etc.), and/or the therapist's feedback to the child/children was very successful in terms of reinforcing desirable behavior (e.g., feedback was given in a respectful manner that facilitated collaboration in an very successful and convincing way), and/or the therapist is very successful in motivating the child/children to be actively engaged in the session, exploring own issues, solutions, examples, and/or the therapist came across as being very warm and sensitive.

III. Facilitating and completing session goals

In this part, you should define two (or more) main goals for the actual session to evaluate adherence and competence in relation to these.

9. Goal number 1 (adherence)

GOAL: _____

Adherence rating:

0	1	2	3	4	5	6
None		Some		Considerable		Thorough

10. Goal number 2 (adherence)

GOAL: _____

Adherence rating:

0	1	2	3	4	5	6
None		Some		Considerable		Thorough

11. Competence score for facilitating and completing session goals (Indicate "NA" if not applicable)

- 0 The therapist demonstrated poor skills in relation to facilitating the session goals.
(E.g., the therapist was not at all successful in presenting/facilitating the session goals, appeared to be not interested, gave misleading information).
- 1 The therapist demonstrated limited skills in relation to facilitating the session goals.
(E.g., the therapist was not able to present/facilitate the session goals in a good way, did not use relevant/concrete examples).
- 2 The therapist demonstrated good skills in relation to facilitating the session goals.
(E.g., the therapist displays good skills when presenting/facilitating the goals and explains the goals in an understandable way).
- 3 The therapist demonstrated excellent skills in relation to facilitating the session goals.
(E.g., the therapist presents the session goals in an excellent manner that engages the child/children, and uses relevant examples that are related to the child/children's problems/situation).

IV. Overall evaluation

12. Overall facilitation of the session

This item is scored based on an overall evaluation regarding the session that take into account the scales Cognitive Behavior Therapy Structure and Facilitating and Completing Session (Note that Process Skills and Relational Skills are only scored on the overall competence item).

Adherence rating:

0	1	2	3	4	5	6
None		Some		Considerable		Thorough

13. Overall competence evaluation of the therapist

- 0 The therapist demonstrated poor skills in relation to facilitating the session goals.
(E.g., the therapist demonstrated poor process skills, the way that structure was maintained and session goals were facilitated were exercised in a poor way).
- 1 The therapist demonstrated limited skills in relation to facilitating the session goals.
(E.g., the therapist demonstrated limited process skills, the way that structure was maintained and session goals were facilitated were exercised in a way that was evidenced by limited therapist skills).
- 2 The therapist demonstrated good skills in relation to facilitating the session goals.
(E.g., the therapist demonstrated good process skills, the way that structure was maintained and session goals were facilitated were exercised in a good way).
- 3 The therapist demonstrated excellent skills in relation to facilitating the session goals.
(E.g., the therapist demonstrated excellent process skills, the way that structure was maintained and session goals were facilitated were exercised in a very good way).

A. Was the videotape complete? Yes No

B. Were there any scoring difficulties due to the quality of the tape (image, sound, camera-angle, etc.)? Yes No

NOTES:

Additional notes on scoring

The CAS-CBT was originally developed to measure treatment integrity for a manualized CBT treatment for anxiety (both group and individual treatment of the Friends for life program by Barrett, 2004/2005). The use of the CAS-CBT for other purposes may necessitate further additions or exclusions of items. In the research trial where the CAS-CBT was developed, two session specific goals were specified for each session of the treatment. The use of the CAS-CBT for other treatments would necessitate that specific session goals are identified and used to tap into the goals for the specific treatment in question. When training scorers to use the CAS-CBT, it is important to train them in the treatment procedures that are being evaluated so that they are able to score both adherence and competence, and differentiate the two.

Adherence and competence can be further differentiated by: 1) the inclusion of detailed descriptions, outlining examples of what behaviors constitutes adherence versus competence for the protocol being evaluated and 2) including training videos of the protocol being evaluated in training of raters, with sessions where therapists are exhibiting different levels of adherence and competence (e.g., high adherence and low competence) to be able to differentiate the two in scoring discussions as part of the training. It is also important to discuss the different scorings item and derive at a consensus as to how you score them in relation to the specific treatment. For example, the client's age can influence how you score parental involvement. It may be that the time used to see the parents for adolescents would be less than for children, and if you use the CAS-CBT for both children and adolescent, it is useful to discuss the expectations you have for time used with the different age-groups.

Other issues to discuss with scorers could be:

- How to score videos where the angle of the camera is not covering all you would like to see (e.g., a whiteboard is used to present the agenda, but it is not visible and the therapist is referring to it and/or the client's or therapist's face is only visible during parts of the session).
- How you relate to therapies that are much shorter or much longer than intended (e.g., if a therapy session was running 15 minutes over the intended time frame, this would affect the progress and structure rating).
- The timing of different interventions (e.g. for parental involvement we evaluated that the most important adherence component was that the parents received the information they needed and not how long they were present in the session).
- Further operationalization of how you score the different items (e.g., for positive reinforcement it may be useful to discuss what the different ratings would include, an example could be that "some" would mean that the therapist misses out considerably on several possibilities to use the skill, and "thorough" would mean that the therapist uses positive reinforcement in most instances where it could be used).
- "Collaboration" should be defined so that the scorers know that we are trying to evaluate the degree to which the therapist facilitates collaboration. This could be misunderstood by scorers as being a measure of the collaboration present in the session, but we are interested in the facilitation of collaboration. E.g., a therapist may be displaying a high degree of facilitation of collaboration (adherence) and still have a low degree of collaboration because the client is not responding.
- "Flexibility" is also important to discuss with scorers, so that there is an agreement on how to score this dimension. The client's responsiveness and other client characteristics may influence how "flexible" a therapist needs to be, so it is useful to see flexibility in relation to this and agree on how to score the videos where not much flexibility is needed.

Appendix A: Note sheet for video scoring – CAS CBT

CBT structure

ID: _____

1. Homework activity monitoring and presenting new homework tasks

2. Progress and structure

3. Parental involvement (if applicable)

Process and relational skills

1. Positive reinforcement

2. Collaboration

3. Flexibility

Facilitating and completing session goals

1. Goal:

2. Goal:

Appendix B: Scoring sheet – CAS-CBT

Rater-ID: _____	Treatment: _____
Date: _____	Client age: _____
Video-ID: _____	Session number: _____

CBT Structure

1. Adherence: Homework activity monitoring and presenting new homework tasks	0 1 2 3 4 5 6
2. Adherence: Progress and structure	0 1 2 3 4 5 6
3. Adherence: Parental involvement* N/A () *Scored only if part of the treatment protocol, tick N/A if not applicable.	0 1 2 3 4 5 6
4. Competence score for Cognitive Behavior Therapy structure	0 1 2 3 4 5 6

Process/Relational Skills

5. Adherence: Positive reinforcement	0 1 2 3 4 5 6
6. Adherence: Collaboration	0 1 2 3 4 5 6
7. Competence: Flexibility	0 1 2 3 4 5 6
8. Competence score for process skills and relational skills	0 1 2 3 4 5 6

Facilitating and completing session goals

9. Adherence: Goal number 1	0 1 2 3 4 5 6
10. Adherence: Goal number 2	0 1 2 3 4 5 6
11. Competence score for facilitating and completing session goals	0 1 2 3 4 5 6

Overall evaluation

12. Adherence: Overall facilitation of the session	0 1 2 3 4 5 6
13. Competence: Overall competence evaluation of the therapist	0 1 2 3 4 5 6
A. Was the videotape complete?	Yes No
B. Were there any scoring difficulties due to quality of the videotape?	Yes No

NOTES: