

**Feedback Form**

*Final Version (3) - July 2014*

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**Assessment of Core CBT Skills (ACCS)**

**www.accs-scale.co.uk**

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**Brief Rating Guidelines**

**Using the ACCS manual**

**It is recommended that assessors spend some time reading and familiarising themselves with the ACCS manual before conducting an assessment.** Initially, the manual should be consulted on an item by item basis alongside completing the feedback form. Once the assessor becomes familiar with the scale, the manual can then be used as a frame of reference which can be consulted whenever questions or uncertainties arise. It is also recommended that assessors periodically re-review the manual to prevent assessor-drift.

**Numeric rating**

For each item assign a rating between 1 and 4. If the therapist is assessed as falling between two descriptors, the assessor can select a ½ mark (i.e. 1.5, 2.5, or 3.5). The overarching definitions of the scale are as follows:

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| --- | --- |
| **Performance Band**  **1. Limited** | **Generic Definition of Performance Band** |
| **2. Basic** | * Therapist fails to include feature outlined. * ***Or*** therapist demonstrates a significant absence of skill or an inappropriate performance which is likely to have negative therapeutic consequences. |
| **3. Good** | * Therapist’s performance is somewhat appropriate with some degree of skill evident. * However, major substantive problems are evident. |
|  | * Therapist demonstrates a good degree of skill with no major problems. * However, minor problems or inconsistencies are evident in the therapist’s performance. |
| **4. Advanced** | * Therapist consistently demonstrates a high level of skill with only very few and very minor problems. |

Please refer to the manual for guidance as to the type of performance which is consistent with each point on the rating scale for each individual item.

**Qualitative feedback**

For each domain, draw on the exemplar therapist behaviours provided and the session material being assessed to provide examples of what made some aspects of the therapist’s performance particularly successful what made some aspects of the therapist’s performance less successful. Suggest alternative, more skilful way of working within any weaker domains and highlight ways in which the therapist could further develop their skills in this area.

**Assessment Materials**

As well as a recording of a mid-treatment CBT session, **please also use the ACCS submission cover sheet** which provides additional contextual information which will help you make an informed rating of the therapist’s performance.

**Therapist’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Assessor’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Submission:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

See user manual page 6 – 7

**Domain 1 - Agenda Setting**

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| --- | --- |
| **1.1. Suitable Items:** Ability to help the patient identify and prioritise specific, relevant and appropriate agenda items. |  |
| **1.2. Feasible Agenda:** Ability to set an agenda which is realistic and feasible given the time available. |  |

**Key strengths and learning needs**:

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**Domain 2 - Formulation**

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| --- | --- |
| **2.1. Coherent and dynamic formulation:** Ability to develop a clear formulation which draws upon appropriate evidence-based theory to offer a concise, comprehensive and personalised explanation of relevant history, triggers and maintaining features of the patient’s problems. |  |

*Note: This item should be based on any written or diagrammatic formulation materials in addition to the session recording.*

**Key strengths and learning needs**:

See user manual page 9 - 13

**Domain 3 – CBT Interventions**

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| **3.1. Appropriate Intervention Targets:** Ability to skilfully define, clarify and specify intervention targets which both relevant evidence-based theory and the patient’s idiosyncratic formulation suggested were highly likely to be maintaining problems. |  |
| **3.2. Choosing Suitable Interventions:** Ability to select cognitive-behavioural interventions which form part of a logical, coherent and unified treatment strategy which is likely to bring about therapeutic change in the treatment target(s) and is suited to the patient’s therapeutic context. This selection was accurately guided by appropriate theory-based practice or practice based on evidence when possible. |  |
| **3.3. Rationale for Interventions:** Ability to facilitate the patient’s understanding of the importance and potential benefits of interventions. |  |
| **3.4.** **Implementing Interventions:** Ability to systematically implement intervention(s) in a fluent and articulate manner. To be sensitive and responsive to the therapeutic context and provide optimal levels of support, encouragement and praise. |  |
| **3.5. Reviewing Interventions:** Ability to conduct a comprehensive review of the results of interventions (whether positive or negative) in order to help the patient identify what they learned from the experience. |  |

**Key strengths and learning needs**:

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**Domain 4 – Homework**

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| **4.1. Reviewing Homework:** Ability to conduct a comprehensive review of previous homework (whether completed or not) in order to help the patient identify what they learned from the experience. |  |
| **4.2. Choosing Suitable Homework:** Ability to plan homework which is tailored to the therapeutic context and builds upon session material or previous homework. |  |
| **4.3. Rationale for Homework:** Ability to facilitate the patient’s understanding of the importance and potential benefits of homework. |  |
| **4.4. Planning Homework:** Ability to work with the patient to ensure they have a clear and detailed understanding of the homework task(s). |  |

**Key strengths and learning needs**:

**Domain 5 – Appropriate Tracking of Progress**

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| --- | --- |
| **5.1. Choosing Suitable Measures:** Ability to select appropriate, clinically relevant standardised **and/or** idiosyncratic methods for measuring change in symptoms and associated features (beliefs, behaviours, feelings) and movement towards goals. |  |
| **5.2. Implementing Measures**: Ability to administer measures at suitable time points across and within session and to skilfully review, interpret and respond to the information gleaned. |  |

*Note: This item should be based on any relevant written materials (e.g. completed questionnaires, diaries, belief ratings, treatment goals, etc.) in addition to the session recording.*

**Key strengths and learning needs**:

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**Domain 6 – Effective Use of Time**

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| --- | --- |
| **6.1. Pace:** Ability to pace the session in a manner which is well suited to the therapeutic context and patient’s capacity for learning. |  |
| **6.2. Time Management:** Ability to manage time within the session in a balanced and efficient manner. |  |
| **6.3. Maintained Focus:** Ability to maintain focus on important issues, whilst demonstrating appropriate flexibility in response to unanticipated issues. |  |

**Key strengths and learning needs**:

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**Domain 7 – Fostering Therapeutic Relationship**

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| --- | --- |
| **7.1. Interpersonal style:** Ability to embody a positive interpersonal style which is congruent with the therapeutic context. |  |
| **7.2. Empathic Understanding:** Ability to accurately grasp the content and emotional tone of the patient’s viewpoint (i.e. their understanding of themselves and the world around them) and to sensitively and appropriately conveying this understanding. |  |
| **7.3. Collaboration:** Ability to encourage the patient to take an active role in and to share responsibility for all aspects of the session in a manner suited to the stage of therapy and patient’s presentation. |  |

**Key strengths and learning needs**:

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**Domain 8 – Effective Two-way Communication**

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| --- | --- |
| **8.1. Patient Feedback:** Ability to elicit, explore and respond to feedback about the patient’s understanding of and reaction to all aspects of session. |  |
| **8.2. Reflective Summaries:** Ability to work with the patient to reflect upon and summarise salient session content in order to facilitate joint understanding of crucial therapeutic material and consolidate key learning. |  |

**Key strengths and learning needs**:

**Overall Session Score**

**Total Score** (*add the scores assigned for each item*):

|  |  |
| --- | --- |
|  | Range = 22 to 88 |

To aid in interpretation, the total score a therapist would achieve if their performance was consistently rated as 1, 2, 3, or 4 is:

One-limited = total score of 22, Two-basic = total score of 44, Three-good = total score of 66, Four-advanced = total score of 88.

**Average item score** *(total score divided by 22):*

|  |
| --- |
|  |

**Global Performance Rating**

Therapist’s overall performance within the session was:

**1. Limited**

**2. Basic**

**3. Good**

**4. Advanced**

If you believe the therapist falls between two of the descriptors, select a ½ mark (1.5, 2.5, or 3.5).

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**Patient Complexity Rating**

How complex do you feel the patient was to work with?

1. **Very Straightforward 2. Somewhat Straightforward 3. Somewhat Complex 4. Very Complex**

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|  |

**Skills Profile**

**Therapist’s Key Strengths**

What were the therapist’s key strengths within the session recording? How can the therapist continue to build upon these strengths in the future?

**Therapist’s Learning Needs**

Based on the session recording, what skills does the therapist need to concentrate on further improving and developing? How could the therapist further develop their skills in these areas?