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**UCL CBT competence rating scale**

**Background**

This scale is based on the UCL CBT competence framework (accessed at www.ucl.ac.uk/CORE/), and focuses on the basic and specific competences included in this framework. Successful deployment of these skills assumes that the therapist is able to demonstrate a range of core and generic therapeutic and professional skills that establish a safe and containing professional and relational context. A separate scale is available to evaluate these skills, and it is important to bear in mind that a low score on this scale makes it unlikely that CBT will be implemented effectively.

**Structure of the scale**

The scale reflects the structure of the CBT competence framework, and includes competences from the basic and specific domains of this framework. The items can be grouped together, as follows:

**Section 1: Underpinning CBT techniques**

1. Structuring sessions and agenda setting

2. Using summaries and feedback

3. Guided discovery and Socratic questioning

4. Identifying maintenance cycles

5. Sharing a CBT formulation

**Section 2: Change techniques based on discussion and experiential methods**

6. Using thought records

7. Working with safety behaviours

8. Detecting, examining and helping clients reality test automatic thoughts and images

9. Identifying and modifying assumptions

10. Working with beliefs

11. Working with imagery

12. Planning and reviewing practice assignments

13. Planning and conducting behavioural experiments

14. Activity monitoring and scheduling

15. Problem solving

16. Conducting exposure

17. Working with endings

**Section 3: Change techniques deployed for specific conditions**

18. Specific change techniques for working with panic

19. Specific change techniques for working with GAD

20. Specific change techniques for working with OCD

21. Specific change techniques for working with social anxiety

22. Specific change techniques for working with trauma

**Section 4: Reviewing the session as a whole**

23. Implementing CBT using a collaborative approach

24. Using measures

25. Using change techniques appropriate to the client’s presentation and problems

26. Metacompetences

**Rating**

It is helpful to hold the following pointers in mind when using the scale.

**Using clinical judgment in making a rating**

The competences in the scale are described using behavioural anchors; the intent is to focus on skills that are being demonstrated (and which should be observable), and to reduce reliance on inference. Nonetheless clinical judgment will always be relevant, since competence ratings will be determined by factors such as the relational context, or the degree to which the therapist’s interventions are responsive both to the implicit and explicit concerns and reactions of the client.

**Threshold for rating an intervention as competent**

The anchoring of the rating scale is set so that a score of 3 or more represents a passing grade, whereas a score of 2 or less indicates that the performance is below a level of competence expected of a skilled practitioner.

When raters are uncertain whether to rate an item as a ‘2’ or a ‘3’ they should bear in mind that this area of the scale represents a boundary between a passing and a failing grade.

**Is the practitioner doing the right thing, and are they doing it in the right way?**

Rating a competence item involves two somewhat distinct judgments:

* is the practitioner carrying out the actions you would expect to see ?
* are they doing this in a way that you judge to be competent and (more importantly) effective for this client in this session?

To give two examples:

* imagine a practitioner setting up a behavioural experiment. They do all the things you would expect them to do (e.g. set up the experiment collaboratively with the client, check what cognitions are being addressed, and so on) but the focus of the experiment is almost certainly not going to effect any change – for example, it is irrelevant to the formulation and/or issues that seem directly pertinent to the client’s difficulties, or it is hard to see how it follows on from the issues being discussed in the session.
* imagine a practitioner who is working with cognitions, but focuses on cognitions that are evidently tangential to the formulation, or are relatively unimportant and so unlikely to influence the client’s mood or anxiety.

As illustrated by these examples, the content and focus of the work is an important part of the rating – if the practitioner is doing the right thing but not going about it in the right way this should be reflected in the rating.

In terms of scoring the examples above, it might be tempting to give the practitioner a score of 3, because they seem to be following appropriate technique and at least some elements of the competence are in place. However, because the content and focus of the work is also important, these examples would merit a score of 2 (because as stated in the anchoring, the technique “is applied in a manner that is only marginally effective for this client”).

**Allowing for the absence of a competence area**

The scale tries to take into account the fact that while some specific skills should always be present and demonstrated consistently (such as using summaries and feeding back to the client ), some may be absent for completely legitimate reasons. For example:

* not every session involves working with imagery
* behavioural experiments aren’t always appropriate
* activity monitoring and scheduling may not be relevant to the client’s needs or presentation

When – and when not - to rate items as ‘non-applicable’

Although ratings of ‘non-applicable’ would be expected in Section 3 (because this focuses on tailoring interventions for specific presentations), elsewhere raters should assume that an item will be present unless there is a clear rationale for its absence – in other words, the default should be to rate each item

If an area of technique is not present, *but it should be*, a rating of 1 should be assigned (“relevant technique or process is not present, but should be”). A clear example would be a session where there is no discussion of practice assignments – homework is central to CBT practice, and so the absence of discussion is a marker of poor practice and would attract a rating of ‘1’.

**Concerns about “double counting” items**

CBT comprises overlapping techniques and although the UCL scale has attempted to delineate them, there will be instances when practitioners’ interventions straddle more than one item on the scale. If this is the case raters should rate *both* areas (and not be worried that they are ‘double-counting’).

For example, discussions of maintenance cycles might also include reference to a longitudinal formulation, and vice versa. Rather than trying to decide whether one or the other item should be scored, it makes sense to score on both (and not mark one or the other as non-applicable).

**Scoring**

Each area of competence is rated on a five-point scale:

|  |  |
| --- | --- |
| **Competence not demonstrated or requires major development**  | **1** |
|   | Relevant technique or process is not present, but should be  |
| Relevant technique or process is barely present and/or it is applied in a manner that is ineffective\* for this client |
| **Competence only partially and/or poorly demonstrated and requires significant development** | **2** |
|  | Only some aspects of the relevant technique or process are apparent, and/or it is applied in a manner that is only marginally effective\* for this client |
| **Competence demonstrated but requires further development**  | **3** |
|  | Relevant technique or process is present but delivered in a manner that is partial and so not as effective\* as it could be for this client, with a number of aspects requiring development (for example because it needs to be targeted more accurately to the client’s presentation, or applied more consistently or coherently) |
| **Competence demonstrated well but requires some specific development**  | **4** |
|  | Relevant technique or process is applied well and delivered in a manner that is effective\* for this client; however there are some specific (but not critical) areas for development  |
| **Competence demonstrated very well and requires no substantive development** | **5** |
|  | Relevant technique or process is applied fluently and coherently, in a manner that is demonstrably effective\* for this client |

\* in this context, “effective” means that the action being rated would be expected to produce the desired or intended result. As such it is a reference to within-session behaviours/reactions, rather than longer-term clinical change.

**Rating an item as ‘not applicable’**

|  |
| --- |
| This rating is used if an area of activity is not present, AND (in the rater’s view) does not need to be present because it is not relevant to, or required in, the specific session being rated. If an area of activity is not present but (in the rater’s view) it should be, then it should be rated as ‘1’ (indicating that the competence was not demonstrated and should have been).  |

**Setting the benchmark for ‘competence’**

A score of 5 indicates that competence is being demonstrated at the level of a skilled practitioner. Each score below this indicates that (to an increasingly greater extent) more development is required.

Raters should not adjust their scoring to reflect a practitioner’s stage of training (for example, making a score of 5 equivalent to the level they would expect a good student to achieve). As such, raters are expected to hold in mind an ‘absolute’ (rather than relative) standard of competence.

**Deriving an overall summative judgment of competence**

At this stage there is no empirical data to anchor summative judgments, but on logical rather than empirical grounds the summative judgements are as follows:

**Performance at a competent level**: This is indicated when half or more of the ratings are at 3, 4 or 5.

**Performance not at a competent level**: This is indicated when half or more of the ratings are at 1 or 2.

The worked example at the end of this document shows how the scores can be aggregated to arrive at a judgment.

**Adding comments/notes for supervision**

The scoring sheet includes a section for raters to add comments and supervision notes for each part of the scale.

**UCL CBT competence rating scale: Scoring Sheet**

**Section 1: Underpinning CBT techniques**

|  |  |
| --- | --- |
|  | Score or N/A\* |
| 1. Structuring sessions and agenda setting  |  |
| 2. Using summaries and feedback |  |
| 3. Guided discovery and Socratic questioning |  |
| 4. Identifying maintenance cycles |  |
| 5. Sharing a CBT formulation |  |

\* N/A (not applicable) = appropriate for this area of competence not to be demonstrated in this session

**Section 2: Change techniques based on discussion and experiential methods**

|  |  |
| --- | --- |
|  | Score or N/A\* |
| 6. Using thought records |  |
| 7. Working with safety behaviours |  |
| 8. Detecting, examining & helping clients reality test automatic thoughts and images |  |
| 9. Identifying and modifying assumptions |  |
| 10. Working with beliefs |  |
| 11. Working with imagery  |  |
| 12. Planning and reviewing practice assignments  |  |
| 13. Planning and conducting behavioural experiments  |  |
| 14. Activity monitoring and scheduling |  |
| 15. Problem solving |  |
| 16. Conducting exposure |  |
| 17. Working with endings |  |

\* N/A (not applicable) = appropriate for this area of competence not to be demonstrated in this session

**Section 3: Change techniques deployed for specific conditions**

|  |  |
| --- | --- |
|  | Score or N/A\* |
| 18. Specific change techniques for working with panic |  |
| 19. Specific change techniques for working with GAD |  |
| 20. Specific change techniques for working with OCD |  |
| 21. Specific change techniques for working with social anxiety |  |
| 22. Specific change techniques for working with trauma |  |

\* N/A (not applicable) = appropriate for this area of competence not to be demonstrated in this session

**Section 4: Reviewing the session as a whole**

|  |  |
| --- | --- |
|  | Score or N/A\* |
| 23. Implementing CBT using a collaborative approach |  |
| 24. Using measures |  |
| 25. Using change techniques appropriate to the client’s presentation and problems |  |
| 26. Metacompetences |  |

\* N/A (not applicable) = appropriate for this area of competence not to be demonstrated in this session

**Summary of scores**

|  |  |
| --- | --- |
| Number of items scored |  |
|  | Number of items above or below threshold for competence  | Proportion of items above/below threshold for competence  |
| Number of items scored 1  |  |  |  |
| Number of items scored 2  |  |
| Number of items scored 3  |  |  |  |
| Number of items scored 4  |  |
| Number of items scored 5  |  |

**UCL CBT competence rating scale: Scoring Sheet (worked example)**

**Section 1: Underpinning CBT techniques**

|  |  |
| --- | --- |
|  | Score or N/A\* |
| 1. Structuring sessions and agenda setting  | 2 |
| 2. Using summaries and feedback | 2 |
| 3. Guided discovery and Socratic questioning | 3 |
| 4. Identifying maintenance cycles | 3 |
| 5. Sharing a CBT formulation | N/A |

\* N/A (not applicable) = appropriate for this area of competence not to be demonstrated in this session

**Section 2: Change techniques based on discussion and experiential methods**

|  |  |
| --- | --- |
|  | Score or N/A\* |
| 6. Using thought records | N/A |
| 7. Working with safety behaviours | 2 |
| 8. Detecting, examining & helping clients reality test automatic thoughts and images | 3 |
| 9. Identifying and modifying assumptions | 2 |
| 10. Working with beliefs | N/A |
| 11. Working with imagery  | N/A |
| 12. Planning and reviewing practice assignments  | 3 |
| 13. Planning and conducting behavioural experiments  | 3 |
| 14. Activity monitoring and scheduling | N/A |
| 15. Problem solving | N/A |
| 16. Conducting exposure | N/A |
| 17. Working with endings | N/A |

\* N/A (not applicable) = appropriate for this area of competence not to be demonstrated in this session

**Section 3: Change techniques deployed for specific conditions**

|  |  |
| --- | --- |
|  | Score or N/A\* |
| 18. Specific change techniques for working with panic | 2 |
| 19. Specific change techniques for working with GAD | N/A |
| 20. Specific change techniques for working with OCD | N/A |
| 21. Specific change techniques for working with social anxiety | N/A |
| 22. Specific change techniques for working with trauma | N/A |

\* N/A (not applicable) = appropriate for this area of competence not to be demonstrated in this session

**Section 4: Reviewing the session as a whole**

|  |  |
| --- | --- |
|  | Score or N/A\* |
| 23. Implementing CBT using a collaborative approach | 3 |
| 24. Using measures | 1 |
| 25. Using change techniques appropriate to the client’s presentation and problems | 3 |
| 26. Metacompetences | 3 |

\* N/A (not applicable) = appropriate for this area of competence not to be demonstrated in this session

**Summary of scores**

|  |  |
| --- | --- |
| Number of items scored | 15 |
|  | Number of items above or below threshold for competence  | Proportion of items above/below threshold for competence  |
| Number of items scored 1  | 5 | 8 | 8/1553% |
| Number of items scored 2  | 3 |
| Number of items scored 3  | 7 | 7 | 7/1547% |
| Number of items scored 4  | 0 |
| Number of items scored 5  | 0 |