

CBT CONCEPTUAL CASE FORMULATION CONTENT RATING SCALE

Please circle the appropriate number:

- 0. Absent**
- 1. Barely adequate**
- 2. Mediocre**
- 3. Satisfactory**
- 4. Good**
- 5. Excellent**

Instructions

For each item circle the number corresponding to the clinician's competence on each of the four components of the CBT Conceptual Case Formulation. There are 5 descriptive response ratings. If the clinician's level of competence falls between the numbers mark as .5, (e.g. 3.5).

Problem List

- 0.** No problems identified
- 1.** Some problems identified by the client referred to in the formulation.
- 2.** Most problems identified by the client, specifically listed as problems.
- 3.** Most problems identified by the client listed and prioritised.
- 4.** All problems identified by the client listed and prioritised, indication of functional analysis of problems using the 5 part model, integration of interpersonal, cultural or environmental/ situational problems if necessary.
- 5.** All problems identified by the client listed and prioritised, indication of ability to: functionally analyse problems using the basic 5 part model, integration of interpersonal, cultural or environmental/ situational problems if necessary. Ability to speculate about problems outside of the client's immediate awareness, and to note problems that the client may wish to avoid e.g. suicidal, self-harm or addictive behaviours genetic or medical factors included if relevant.

Diagnosis:

0. No diagnosis mentioned in the case formulation.
1. Inaccurate diagnosis, too many diagnostic categories mentioned (scattered approach), unrelated to symptoms, or incorrectly related to symptoms.
2. Accurate, but broad general diagnostic categories referred to e.g. client suffers from anxiety.
3. Accurate axis 1 diagnosis noted , reference to axis 2 if relevant or primary diagnosis..
4. Accurate axis 1 diagnosis, “Goodness of fit” with presenting symptoms, Axis 2 diagnosis noted if relevant to the primary diagnosis. Trainee demonstrates an awareness of personality clusters or traits which may be relevant.
5. Accurate axis 1 diagnosis noted, “Goodness of fit” with presenting symptoms, Axis 2 diagnosis noted if relevant as the primary diagnosis. Trainee demonstrates an awareness of personality clusters or traits which may be relevant. The clinician specifies how these personality traits may affect the delivery of treatment, therapeutic relationship, length of treatment etc,

Working Hypothesis (This is the heart of the case formulation)

0. Absence of hypothesis
1. A few categories identified descriptive categories identified (e.g. childhood or developmental background information, precipitating factors etc) or, too little information, over inclusive, verbose, vague.
2. Some factors correctly identified, (e.g. core beliefs, underlying assumptions, compensatory behaviours, relevant background information, precipitating factors etc), but important omissions. Some inferential links made (e.g **x** core belief or assumption = **y** behaviour).
3. Identifies and makes **inferential** links between the categories listed : core beliefs about self (others & the world of secondary importance), underlying assumptions, compensatory behaviours, precipitant (a large scale or significant factor precipitating current problems), activating circumstances (smaller scale situations which precipitate negative mood

or maladaptive behaviour such as would appear in the 5 part model or thought record), relevant historical or developmental origins to the presenting psychological problems
Identifies maintaining factors (external or internal e.g compensatory behaviours, and strengths and assets.

4 . Identifies and makes inferential links between **most** of the categories listed : core beliefs about self (others & the world of secondary importance), underlying assumptions, compensatory behaviours, precipitant (a large scale or significant factor precipitating current problems), activating circumstances (smaller scale situations which precipitate negative mood or maladaptive behaviour such as would appear in the 5 part model or thought record), relevant historical or developmental origins to the presenting psychological problems
Identifies maintaining factors (external or internal e.g compensatory behaviours, and strengths and assets. Ability to link the above meaningfully, i.e find the relevant relationships between the above (e.g. this behaviour or emotion stems from this underlying belief) **Most of the factors listed below present.**

5. Presents a **coherent, meaningful, parsimonious** case formulation which include the identification of core beliefs about self (others & the world of secondary importance), underlying assumptions, compensatory behaviours, precipitant (a large scale or significant factor precipitating current problems), activating circumstances (smaller scale situations which precipitate negative mood or maladaptive behaviour such as would appear in the 5 part model or thought record), relevant historical or developmental origins to the presenting psychological problems
Identifies maintaining factors (external or internal e.g compensatory behaviours, and strengths and assets. Ability to link the above meaningfully, i.e find the relevant relationships between the above (e.g. this behaviour or emotion stems from this underlying belief) Speculation about potential obstacles in therapy, therapeutic relationship and client factors which logically connect with the case formulation.

Treatment Plan

- 0.** No treatment plan.
- 1.** Treatment plan limited, over inclusive, incomplete or lacking in any coherent link with the appropriate conceptually driven treatment.
- 2.** Some indication of treatment being linked to an appropriate CBT conceptual formulation, but too general, unstructured or incorrect order of interventions.
- 3.** Treatment planning guided by adherence to an appropriate CBT case formulation, specific to diagnosis ("goodness of fit of interventions"). Evidence of structure, ordered intervention.
- 4.** Treatment planning guided by adherence to an appropriate CBT case formulation, specific to diagnosis ("goodness of fit of interventions"). Attention to structure (e.g. appropriate order of interventions Use of appropriate behavioural interventions Use of appropriate cognitive interventions.
- 5.** Treatment planning guided by adherence to an appropriate CBT case formulation, specific to diagnosis ("goodness of fit of interventions"). Attention to structure (e.g. appropriate order of interventions Use of appropriate behavioural interventions Use of appropriate cognitive interventions Treatment plan individualised according to the CCF, e.g reflection on the therapeutic relationship, obstacles, length of therapy, need to refer out, seek supervision, address safety issues etc.

TOTAL SCORE: 20