

Revised-Cognitive Therapy for Psychosis Adherence Scale

Session number:

Date:

Therapists name:

Scorer:

| | | |
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| 1. | Recognising problems Did the therapist help the client to recognise, or encourage the client to acknowledge that they were experiencing problems? | |
| 2. | Engagement Did the therapist pay particular attention to issues that would facilitate the engagement of the client? | |
| 3. | Columbo style Did the therapist help the client to explain their reasons for holding a belief by apologising for being confused but then carefully questioning to gain the details? | |
| 4. | Normalising Did the therapist help the client to recognise that their psychotic symptoms are similar to experiences of many people who do not have a mental illness? | |
| 5. | Resolving ambivalence Did the therapist help the client to resolve their ambivalence about a possible course of action? | |
| 6. | Assessing psychotic experiences Did the therapist assess the antecedents, consequences, quality and impact if the client's psychotic experience? | |
| 7. | Developing a narrative perspective Did the therapist help the client to construct a narrative account of his/her experience as a meaningful sequence of events, and to develop and explore this narrative? | |
| 8. | Developing a model of psychosis Did the therapist work with the client to develop and individualised, shared understanding of the client's psychotic disorder? | |
| 9. | Evidence for delusional beliefs Did the therapist assess the evidence that the client uses to support his/her delusional beliefs? | |
| 10. | Verbal challenge of delusions Did the therapist challenge the client's beliefs through discussion? | |
| 11. | Validity testing Did the therapist encourage the client to 1) engage in specific behaviours for the purpose of testing the validity of their beliefs, OR 2) make explicit predictions about external events so that the outcomes of those events could serve as tests of those predictions OR 3) review the outcome of previous validity tests? | |
| 12. | Enhancing self-regulatory strategies Did the therapist help the client to improve their self-regulatory strategies OR review the effectiveness of strategies previously discussed or practised? | |
| 13. | Schema work Did the therapist assess and formulate underlying schemas and dysfunctional assumptions OR intervene on the basis of previous assessment of such schemas. | |
| 14. | Anxiety work Did the therapist assess the client's anxiety experience, develop an individualised explanatory framework and/or facilitate the client's management of their anxiety? | |
| 15. | Depression work Did the therapist work collaboratively with the client using cognitive techniques to address depression? | |
| 16. | Voices and other hallucinations Did the therapist work with the client on issues concerning their experience of hallucinations? | |
| 17. | Delusions Did the therapist work with the client on issues concerning their delusion(s)? | |
| 18. | Assessment of previous relapse Did the therapist assess the antecedents, quality, impact and appraisal of the client's previous experience(s) of relapse? | |
| 19. | Formulating a personal model of relapse Did the therapist work with the client to develop a shared, individualised understanding of the client's pattern of relapse? | |
| 20. | Relapse prevention interventions Did the therapist work with the client on developing ways in which a relapse prevention plan could be implemented OR review the implementation of a previously developed relapse prevention plan? | |
| 21. | Relapse cognitions Did the therapist assess and work with specific cognitions relevant to relapse? | |

Scoring guide

1. Was the item considered present and meeting minimal competence criteria defined in the scale manual?

| | |
|------------------------------|---|
| a) Not present | Rate as zero |
| b) Present and competent | Rate for frequency using +1 to +7 scale |
| c) Present but not competent | Rate for frequency using +1 to +7 scale |

2. If present, how frequently did the item occur? (-1 to -7 if not competent)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|--|---|--|---|---------------------------|---|--------------------------------------|
| Present | | Quite frequent | | Very frequent | | Extremely frequent |
| Sufficiently present to be considered a "dose" | | One significant or few brief occurrences | | Characterised the session | | Present throughout the whole session |

Developed by Rollison, Fowler et al, 2007 . Psychological Prevention of Relapse in Psychosis.