ADAPTED CTS-PSY FOR RELATING THERAPY CHECKLIST

Coding key:
0 = inappropriately omitted
1 = appropriately included
9 = not applicable (carries a score of 1)

GENERAL

a) AGENDA
1 The therapist noted patient’s current emotional status regarding agenda setting.
2 Therapist and patient established agenda for session.
3 Priorities for agenda items were established.
4 Agenda was appropriate for time allotment (neither too ambitious not too limited).
5 The agenda provided an opportunity for the patient to discuss salient events or problems occurring during the time since the last session.
6 The agenda was adhered to during the session where appropriate.

b) FEEDBACK
1 Therapist asked for feedback regarding previous session.
2 Therapist asked for feedback and reactions to present session.
3 Therapist asked client specifically for any negative reactions to therapist, content, problem formulation etc.
4 Therapist attempted to respond to patient’s feedback.
5 Therapist checked that the client clearly understood the therapist’s role and / or the purpose and limitation of sessions.
6 Therapist checked that s/he had fully understood the patient’s perspective by summarising and asking client to fine-tune as appropriate.

c) UNDERSTANDING
1 Therapist conveys understanding by rephrasing or summarising what the patient had said.
2 Therapist shows sensitivity e.g. by reflecting back feelings as well as ideas.
3 Therapist’s tone of voice was empathic.
4 Therapist acknowledged patient’s viewpoint as valid and important.
5 Therapist did not negate patient’s point of view.
6 Where differences occurred, they were acknowledged and respected.

d) INTERPERSONAL EFFECTIVENESS
1 Therapist seemed open rather than defensive shown by not holding back impressions or information, nor evading patient’s questions.
2 Content of what therapist said communicated warmth, concern and caring rather that cold indifference.
3 The therapist did not criticise, disapprove or ridicule the patient’s behaviour or point of view.
4 The therapist responded to, or displayed, humour when appropriate.
5 Therapist made clear statements without frequent hesitations or rephrasing.
6 Therapist was in control of the session, s/he was able to shift appropriately between listening and leading.

e) COLLABORATION
1 Therapist asked patient for suggestions on how to proceed and offered choices when feasible.
2 Therapist ensured that patient’s suggestions and choice were acknowledged.
3 Therapist explained rationale for intervention(s).
4 Flow of verbal interchange was smooth with a balance of listening and talking.
5 Therapist worked with patient even when using a primarily educative role.
6 Discussion was pitched at a level and in a language that was understandable by the patient.

f) HOMEWORK
1 Therapist explicitly reviewed previous week’s homework.
2 Therapist summarised conclusions derived, or progress made, from previous homework.
3 Appropriate homework was assigned.
4 Therapist ensured the patient understood the rationale for homework assignment
5 Homework was sufficiently specific and clear to be carried out
6 Potential difficulties in carrying out homework were anticipated

SPECIFIC

f) GUIDED DISCOVERY PROCESS FOR RELATING THERAPY
1 Therapist used questions/experiential exercises to explore relating.
2 Used questions/experiential exercises to consider the helpfulness of different ways of relating without demeaning the person.
3 Used questions/experiential exercises to help patient explore various facets of a relationship or episode of relating.
4 Used questions/experiential exercises to examine continuities between relating across different situations and/or between relationships with voices and with persons in the external world
5 Used questions/experiential exercises to elicit alternative ways of relating.
6 Used questions/experiential exercises to explore the potential consequences of different ways of relating
g) FOCUS ON EPISODES AND PATTERNS OF RELATING
1 Therapist elicited (or referred to) specific episodes or patterns of relating to voices or other people
2 The episodes or patterns of relating elicited (or referred to) above are relevant to those the person finds problematic.
   Such episodes or patterns of relating are usually explained or discussed in terms of:
3 Different styles of relating (e.g. submissive, assertive, aggressive).
4 The verbal and/or non-verbal aspects of relating
5 The effects of the patient engaging in different relating behaviours
6 Such discussions take place in an atmosphere of collaboration between therapist and patient.

h) CHOICE OF INTERVENTION
1 Therapist selected relating therapy techniques of intervention.
2 These were used with an overall strategy specifically related to the patient’s problems.
3 Each individual relating therapy technique was relevant to one of the key problems of the patient.
4 Strategies used were directly related to a relationally-informed formulation or rationale.
5 The relating therapy techniques chosen had potential for change with respect to the problems at which they were targeted.
6 Therapist sought adequate feedback from the patient regarding the strategy for change.

j) QUALITY OF INTERVENTION
1 The therapist applied no relating techniques.

   Technique applied with:
   1 barely adequate level of skill
   2 mediocre
   3 satisfactory
   4 good
   5 very good
   6 excellent

Note: score for this question is 0 if no cognitive-behavioural techniques are applied.