BECK INSTITUTE | COGNITIVE BEHAVIOR THERAPY

RECOVERY-ORIENTED COGNITIVE THERAPY (CT-R) FIDELITY SCALE:

1. What is this?

- A self-assessment tool to measure the degree to which your program/site is consistent with the CT-R model.

2. What is the purpose?

- Demonstrates how CT-R principles can translate into day-to-day work by describing components of a program that is consistent with the CT-R model.
- Helps sites reflect on the ways in which CT-R informs their practice, gauge the strengths of the site and identify areas that need improvement in relation to the CT-R model.
- Guides action plans to strengthen programming.
- Regular use of this tool will aide in sustainability of the CT-R model at your site.

3. Who should complete this?

- We recommend that this self-assessment be completed together by staff from multiple disciplines who are familiar with the day-to-day happenings at a site. This may include psychologists, nursing staff, social workers, peer support specialists, recreational therapists, and psychiatrists etc.

4. When should it be completed?

- We recommend that this be re-administered at least once per year. In the first year of CT-R implementation, however, we suggest that staff should revisit the action plan section of the tool more frequently to track progress and make adjustments to action plans if needed (i.e. every 3 to 4 months).

Instructions:

- This scale is broken up into seven different domains and each domain has 3 to 6 items.
- Read the description of the domain and definition of relevant terms for each domain.
- Determine the score for each item that most accurately describes the usual happenings at your site. Of note, a 3 is considered aspirational and many sites will not achieve this score in the early stages of implementation.
- At the end of each domain record your scores for each item and sum those items to get the domain score.
- Identify the areas of strength and opportunities for growth within that domain based on the item scores.
- Complete this process for all 7 domains.
- Turn to the summary page:
- Copy scores on to the summary page.
- Based on these scores identify 2 to 3 areas that would benefit from improvement relative to CT-R.
- Develop an action plan and timeline for these areas. Of note, it may make sense to focus on one area first before addressing the other areas

I. Milieu Factors:

An ideal CT-R milieu is a lively atmosphere filled with activity and connection. There are ample opportunities for individuals to engage with others in activities that are connected to their interests and the things that they value in their lives (e.g., music, reading, sports, spirituality, exercise, family). An active milieu provides multiple opportunities for individuals to draw conclusions about their capability, strength, and connection with others.

***Terms**:*

Milieu: Any environment where many people will be together in a shared space.

Activity: Individual or group-oriented programs or opportunities for interaction and the pursuit of interests and/or aspirations.

Aspirations: An individual's personal desires for their future.

1. CT-R Milieu Programming Frequency:

0: There is very little activity at the site (i.e., < 10% of shift waking hours)

1: There are occasional activities available at the site (i.e., more than 10% but less than 30% of waking hours)

2: There are frequent activities at the site (i.e., more than 30% but less than 50% of waking hours)

3: The milieu is very active during the day (i.e., more than 50% of waking hours)

2. Individual and Staff Interaction Level:

0: There is no interaction between staff and individuals during activities

1: There is minimal connection/interaction between staff and individuals during activities

2: There is some interaction between staff and individuals as evidenced by some opportunities for shared conversation and activity

3: There is significant engagement between staff and individuals during activities

3. Connection to Interests and Aspirations:

0: Activities are not connected to the individuals' interests and aspirations. There is no system in place to learn about individuals' interests/aspirations and modify programming accordingly

1: Activities are occasionally connected to individuals' interests and aspirations (i.e., less than 30% of the time). There is feedback system to modify programming accordingly, but it is used inconsistently

2: Activities are often connected to individuals' interests and aspirations (i.e., approximately 50% of the time). There is a feedback system to modify programming as necessary but it may not always be used

3: Activities are frequently connected to individuals' interests and aspirations (i.e., at least 75% of the time). There is a consistent feedback system to modify programming as necessary

4. Opportunities for Roles:

0: There are no opportunities for individuals to have roles or leadership positions in the milieu programs

1: There are minimal opportunities for individuals to have roles or leadership positions in the milieu programs

2: There are some opportunities for individuals to have roles or leadership positions in the milieu programs

3: There are opportunities for roles or leadership positions in the milieu programs for almost every individual

5. Drawing Conclusions:

0: There are no attempts to draw conclusions during the milieu activities about successes or individuals' abilities and strengths

1: There are minimal attempts to draw conclusions during the milieu activities about successes or individuals' abilities and strengths

2: There are some attempts to draw conclusions during the milieu activities about successes or individuals' abilities and strengths

3: There are frequent attempts to draw conclusions during the milieu activities about successes or individuals' abilities and strengths

Scoring

1. CT-R Milieu Programming Frequency:
2. Individual and Staff Interaction Level:
3. Connection to Interests and Aspirations:
4. Opportunities for Roles:
5. Drawing Conclusions:

Total Milieu Factors Score [1+2+3+4+5]:

Areas of Strength:

Opportunities for Growth:

II. Community Involvement:

Ideally, a CT-R program will provide individuals with many chances to connect to the things that matter to them in the community, regardless of level of care. For example, individuals may have the opportunity to participate in community activities (e.g., attending exercise classes, volunteering, taking classes). In facilities where individuals are not able to go into the community they may engage in activities on the unit that are directly related to their community aspirations (e.g., cooking group, book club, spirituality group). Engaging in meaningful activities or taking steps towards one's aspirations fosters hope, purpose, and builds confidence.

***Terms**:*

<u>Aspirations</u>: An individual's personal desires for their future.

1. Frequency of Community Involvement

0: There is no community involvement:

- At a site where community outings are possible, no community outings occur
- At a site where community outings are NOT possible (e.g., locked inpatient setting), activities that take place in the milieu are not linked in any meaningful ways to future community involvement

1: There is minimal community involvement, either through community outings or on-site activities linked to the larger community (i.e., less than 15% of activities)

2: There is some community involvement, either through community outings or on-site activities linked to the larger community (i.e., less than 50% of activities)

3: There is frequent and predictable community involvement, either through community outings or on-site activities linked to the larger community (i.e., more than 50% of activities)

2. Connection to Interests and Aspirations:

0: Community involvement activities are not connected to the individuals' interests and aspirations. There is no system in place to learn about individuals' interests/aspirations and modify programming accordingly

1: Community involvement activities are occasionally connected to individuals' interests and aspirations (i.e., less than 30% of the time). There is feedback system to modify programming accordingly, but it is used inconsistently

2: Community involvement activities are often connected to individuals' interests and aspirations (i.e., approximately 50% of the time). There is a feedback system to modify programming as necessary but it may not always be used

3: Community involvement activities are frequently connected to individuals' interests and aspirations (i.e., at least 75 % of the time). There is a consistent feedback system to modify programming as necessary

3. Opportunities for Roles:

0: There are no opportunities for individuals to have roles or leadership positions in the community involvement activities

1: There are minimal opportunities for individuals to have roles or leadership positions in the community involvement activities

2: There are some opportunities for individuals to have roles or leadership positions in the community involvement activities

3: There are multiple opportunities for individuals to have roles or leadership positions in the community involvement activities

4. Drawing Conclusions:

0: There are no attempts to draw conclusions during the community involvement activities about successes or individuals' abilities and strengths

1: There are minimal attempts to draw conclusions during the community involvement activities about successes or individuals' abilities and strengths

2: There are some attempts to draw conclusions during the community involvement activities about successes or individuals' abilities and strengths

3: There are frequent attempts to draw conclusions during the community involvement activities about successes or individuals' abilities and strengths

Scoring

1. Frequency of Community Involvement:
2. Connected to Interests and Aspirations:
3. Opportunities for Roles:
4. Drawing Conclusions:

Total Community Involvement Score [1+2+3+4]:

Areas of Strength:

Opportunities for Growth:

III. Treatment Planning:

Treatment planning occurs as a collaboration between treatment providers and individuals. The plan for treatment is anchored by an individual's aspirations. In the context of aspirations, treatment providers and individuals work together to identify meaningful steps towards these aspirations and manage challenges that may impact an individual's ability to move towards their aspirations. Treatments team meetings or treatment plan reviews offer the opportunity to celebrate successes (big or small), draw meaningful conclusions, and foster beliefs related to resiliency.

Terms:

Treatment team: A group consisting of an individual and all providers involved in the individual's treatment.

Treatment team meeting: A meeting where the treatment team comes together to develop and review treatment plans.

Activating the adaptive mode: Use of methods that increase energy, focus, and connection.

Aspirations: An individual's personal desires for their future.

Action plan: A step towards an individual's aspiration or step towards managing a specific challenge in the context of an aspiration.

1. Including Individuals in Treatment Team Meeting:

0: Treatment team or provider does not involve individuals in treatment planning

1: Treatment team or provider invites individuals to participate in treatment planning some of the time (more than 30% of the time)

2: Significant attempts are made to invite individuals to participate in treatment planning (more than 50% of the time)

3: Individuals are almost always invited to participate in treatment planning

2. Activating the Adaptive Mode During Treatment Team Meeting:

0: No attempts at activating the adaptive mode are made at the beginning of treatment planning meetings

1: Occasional, but inconsistent, attempts at activating the adaptive mode are made at the beginning of treatment planning meetings

2: Some consistent attempts at activating the adaptive mode are made at the beginning of treatment planning meetings 3: Meetings to discuss/develop treatment plan almost always begin with opportunities to activate the adaptive mode

3. Use of Aspirations to Frame Treatment Plan:

0: Individuals' aspirations are not accounted for in treatment plans and treatment providers make no attempts to identify aspirations

1: Individuals' aspirations are occasionally incorporated into the treatment planning process, when known. If not known, treatment providers occasionally attempt to collaborate with individual to identify aspirations (i.e., less than 30% of the time)

2: Individuals' aspirations are often incorporated into the treatment planning process, when known. If not known, treatment providers often attempt to collaborate with individual to identify aspirations (i.e., less than 50% of the time)

3: If aspirations are known, team will revisit and explore during meeting (i.e., more than 75% of the time). Team frequently supports individual in identifying aspirations if unknown

4. Collaboration in Treatment Planning:

0: Individuals are not part of developing their treatment plan

1: Treatment plan (i.e., meeting agenda, treatment goals, action plans) is dictated by team rather than individuals

2: Individuals provide feedback about current treatment but treatment goals and action plans are still generated and dictated by treatment team

3: Individual is actively engaged in the development of the treatment plan (collaborating on goals and action plans)

5. Drawing Conclusions:

0: There are no attempts made to draw conclusions about successes connected to the treatment plan and/or individuals' abilities and strengths

1: There are minimal attempts to draw conclusions about successes connected to the treatment plan and/or individuals' abilities and strengths

2: There are some attempts made to draw conclusions about successes connected to the treatment plan and/or individuals' abilities and strengths

3: There are frequent attempts made to draw conclusions about successes connected to the treatment plan and/or individuals' abilities and strengths

Scoring

1. Including Individuals in Treatment Team Meeting:
2. Activating the Adaptive Mode:
3. Use of Aspirations to Frame Treatment Plan:
4. Collaboration in Treatment Planning:
5. Drawing Conclusions

Total Treatment Planning Score [1+2+3+4+5]:

Areas of Strength:

Opportunities for Growth:

IV. Transition Planning:

Ideally, individuals and treatment providers begin to discuss transitions to different levels of care as soon as possible. Individuals are actively involved in these discussions and decisions. Individuals and treatment providers collaborate together to ensure that transitions are aligned with the individual's aspirations. For example, if an individual is interested in pursuing more schooling their educational goals should be a relevant part of the transition planning. There are opportunities to identify meaningful plans for action and connection after the transition occurs. Staff and the individual work together to foster resiliency in the context of potential challenges related to transitions.

***Terms**:*

<u>Aspirations</u>: An individual's personal desires for their future.

<u>Transition steps</u>: Actions that staff and individuals can engage in at their current level of care that are related to the transition process (e.g. garden club at current residence, visiting next level of care, finding the community garden near the next level of care).

1. Individual's Participation in Transition Planning:

0: Individual is never involved in transition planning

1: Individuals are kept informed of transition plans, but are not invited to participate in decisions

2: Individuals are kept informed of transition plans and are occasionally invited to participate in decisions

3: Individuals are actively and collaboratively involved in transition planning

2. Connecting Transitions/Discharges to Aspirations:

0: Aspirations are not incorporated into transition plans

1: Individual's aspirations are occasionally incorporated into the transition plan (i.e., less than 30% of the time)

2: Individual's aspirations are often incorporated into the transition plan (i.e., approximately 50% of the time)

3: Individual's aspirations are frequently discussed and connected to the transition plan (i.e., at least 75% of the time)

3. Planning for Next Steps:

0: Staff do not collaborate with individual to plan for next steps in the transition process

1: Staff occasionally collaborate with individual to identify next steps in the transition process (i.e., less than 30% of the time)

2: Staff often collaborate with individual to identify next steps in the transition process (i.e., approximately 50% of the time)

3: Staff consistently and frequently collaborate with individual to identify next steps in the transition process (i.e., at least 75% of the time)

4. Building Resiliency Relative to Transitions:

0: There are no attempts made to draw conclusions about being able to manage potential transition-related opportunities and challenges using prior successes and/or individuals' abilities and strengths

1: There are minimal attempts to draw conclusions about being able to manage potential transition-related opportunities and challenges using prior successes and/or individuals' abilities and strengths

2: There are some attempts made to draw conclusions about being able to manage potential transition-related opportunities and challenges using prior successes and/or individuals' abilities and strengths

3: There are frequent attempts made to draw conclusions about being able to manage potential transition-related opportunities and challenges using prior successes and/or individuals' abilities and strengths

Scoring

1. Individual's Participation in Transition Planning:
2. Connecting Transitions to Aspirations:
3. Planning for Next Steps:
4. Building Resiliency Relative to Transitions:

Total Transition Planning Score [1+2+3+4]:

Areas of Strength:

Opportunities for Growth:

V. CT-R Formulation:

A CT-R formulation is the anchor for rich understandings and developing meaningful and effective action plans. Ideally, sites will develop, review, and revise formulations regularly as they may evolve as individuals become empowered and pursue their aspirations. Sites also develop and implement interventions based on each individual's formulation, and have a method for communicating both formulations and intervention strategies to team members.

Terms:

<u>Formulation</u>: How we use the cognitive model to understand an individual's positive beliefs, aspirations, and challenges.

<u>Adaptive mode</u>: When it is that people are at their best.

<u>Aspirations</u>: An individual's personal desires for their future.

1. Documented CT-R Formulations:

0: CT-R formulations have not been created

1: CT-R formulations are complete for some individuals (i.e., less than 30 % of individuals)

2: CT-R formulations have been created for many individuals (i.e., approximately 50% of individuals)

3: CT-R formulations are completed for all individuals, and there is a plan in place to complete them as new individuals begin to participate in services

2. Completeness of CT-R Formulations:

0: CT-R formulations have not been completed

1: Formulations that have been developed may be missing significant components (i.e., only challenges are identified)

2: Formulations are all complete but may lack sufficient detail (e.g., meaning of aspirations, adaptive beliefs)

3: Formulations are clearly individualized and detailed

3. Strategies and Interventions:

0: Strategies and interventions do not connect to strengthening adaptive beliefs and action toward the meaning of aspirations

1: Strategies and interventions occasionally connect to strengthening adaptive beliefs and action toward the meaning of aspirations (i.e., less than 30% of the time)

2: Strategies and interventions sometimes connect to strengthening adaptive beliefs and action toward the meaning of aspirations (i.e., approximately 50% of the time)

3: Strategy and interventions are clearly and consistently connected to strengthening adaptive beliefs and action toward the meaning of aspirations (i.e., at least 75% of the time)

4. Team-Based Development of CT-R Formulations:

0: CT-R formulations have not been developed

1: CT-R formulations may be created with only limited input from team members

2: CT-R formulations may be created with input from some team members but not all disciplines

3: CT-R formulations have been created with feedback and input from team members from multiple disciplines

5. Communication of CT-R Formulation:

0: There is no plan in place to share/communicate CT-R formulations and action plans with team members

1: CT-R formulations and action plans are inconsistently shared/communicated with team members (i.e., less than 30% of the time)

2: CT-R formulations and action plans are sometimes shared/communicated with team members (i.e., approximately 50% of the time)

3: CT-R formulations and action plans are frequently shared/communicated with team members (i.e., at least 75% of the time)

6. Staff Knowledge of CT-R Formulation/Action Plans:

0: Team members are not aware of the CT-R formulations and/or action plans for the individuals with whom they work

1: Team members are infrequently aware of the CT-R formulations and/or action plans for the individuals with whom they work (i.e., less than 30% of individuals)

2: Team members are somewhat aware of the CT-R based formulations and/or action plans for the individuals with whom they work (i.e., approximately than 50% of individuals)

3: Team members are familiar with the components of the CT-R formulation and/or action plans for all individuals with whom they work directly

Scoring

1. Documented CT-R Formulations:
2. Completeness of CT-R Formulations:
3. Strategies and Interventions:
4. Team-Based Development of CT-R Formulations:
5. Communication of CT-R Formulation:
6. Staff Knowledge of CT-R Formulation/Action Plan:

Total CT-R Formulation Score [1+2+3+4+5+6]:

Areas of Strength:

Opportunities for Growth:

VI. Outcomes:

CT-R sites have a plan in place to assess outcomes for individuals who are receiving services. These assessments include a focus on aspiration attainment, participation in individually meaningful activities, and satisfaction with the program. Programs have plans in place to make programmatic or individualized changes based on outcomes.

Terms:

Aspirations: An individual's personal desires for their future.

1. Outcome Assessment:

0: No outcomes are collected

1: Outcomes are assessed inconsistently (i.e., less than 30% of the time)

2: Outcomes are sometimes assessed (i.e., approximately 50% of the time)

3: Outcomes are frequently assessed (i.e., at least 75% of the time)

2. Types of Outcomes Assessed:

0: No outcomes are assessed

1: Outcome assessments focus on symptom severity rather than participation in individually meaningful activities, aspiration attainment, and satisfaction with the program

2: Outcome assessments sometimes focus on participation in individually meaningful activities, aspiration attainment, and satisfaction with the program

3: Outcome assessments almost always address participation in individually meaningful activities, aspiration attainment, and satisfaction with the program

3. Use of Outcomes:

0: There is no plan in place to make programmatic or individualized changes based on outcomes.

1: Outcomes are inconsistently used to make programmatic or individualized changes (i.e., less than 30% of the time)

2: Outcomes are sometimes used to make programmatic or individualized changes (i.e., approximately 50% of the time)

3: Outcomes are consistently used to make programmatic or individualized changes

Scoring

1. Outcome Assessment:
2. Types of Outcomes Assessed:
3. Use of Outcomes:

Total Outcome Score [1+2+3]:

Areas of Strength:

Opportunities for Growth:

VII. Staff Factors:

Ideally, a strong CT-R program has a robust training program in place to support new staff as they learn CT- R. Of note, this can provide staff who are well versed in CT-R with opportunities for leadership and mentoring roles. Additionally, programs support ongoing improvement of staff CT-R skills by assessing their skills, conducting advanced or refresher trainings, and holding regular consultations.

Terms:

<u>Consultation</u>: Meetings where staff or team members come together to discuss CT-R theory, interventions, challenges, and possibly individual formulations.

1. Assessment of Staff CT-R Skills:

0: Staff CT-R skills are not assessed

1: Staff CT-R skills are inconsistently assessed. Feedback is inconsistent and there are no clear plans for improving skills

2: CT-R skills are assessed on a regular basis. Feedback is provided but there are inconsistent plans for improving skills

3: CT-R skills are assessed on a regular basis. Feedback is provided consistently and clear/collaborative plans are consistently developed to improve CT-R skills within a given period of time

2. Training and Integration of New Staff:

0: New staff are not introduced to the CT-R model and there is no training plan in place

1: Initial CT-R training is inconsistently provided to new staff (i.e., less than 30% of staff)

2: Initial CT-R training is sometimes provided to new staff (i.e., approximately 50% of staff)

3: Initial CT-R training is provided to the majority of new staff from all disciplines (i.e., at least 75% of staff)

3. Ongoing CT-R Training for Staff:

0: There is no ongoing training program in place to support staff in improving CT-R skills

1: Infrequent advanced or refresher CT-R trainings are offered

2: Advanced or refresher CT-R trainings are offered but may not be part of a consistent ongoing training plan

3: The facility has a consistent ongoing training program to support staff in improving their CT-R skills

4. Internal CT-R Consultation:

0: Staff do not have regularly scheduled CT-R consultations

1: Staff occasionally meet for CT-R consultation (i.e., < 1 meeting per month)

2: Staff have regularly scheduled CT-R consultations (i.e., at least twice a month)

3: Staff have regularly scheduled CT-R consultations (i.e., at least twice a month) with team members from multiple disciplines

5. Action Plan/Feedback System from Trainings or Consultation:

0: There is no system in place to follow-up on plans from trainings or consultations

1: Plans made in trainings or consultations inconsistently receive follow up (i.e., less than 30% of the time) and there is no consistent feedback strategy regarding the success of these plans

2: Plans made in trainings or consultations sometimes receive follow up (i.e., approximately 50% of the time). Feedback regarding the success of these plans is communicated inconsistently

3: Staff have a plan in place to ensure consistent follow up on interventions, share feedback on the identified interventions during consultation, and identify new strategies as necessary

Scoring

1. Assessment of Staff CT-R Skills:
2. Training and Integration of New Staff:
3. Ongoing CT-R Training for Staff:
4. Internal CT-R Consultation:
5. Action Plan/Feedback System:

Total Staff Factors Score [1+2+3+4+5]:

Areas of Strength:

Opportunities for Growth:

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CT-R Fidelity Scale Summary Sheet

Domain	Domain Score	Items	Item Score
1. Milieu Factors		1. CT-R Milieu Programming Frequency	
		2. Individual/Staff Interaction Level	
		3. Connection to Interests and Aspirations	
		4. Opportunities for Roles	
		5. Drawing Conclusions	
2. Community Involvement		1. Frequency of Community Involvement	
		2. Connected to Interests and Aspirations	
		3. Opportunities for Roles	
		4. Drawing Conclusions	
3. Treatment Planning		1. Including Individuals in Treatment Team Meeting	
		2. Activating the Adaptive Mode	
		3. Use of Aspirations to Frame Treatment Plan	
		4. Collaboration in Treatment Planning	
		5. Drawing Conclusions	
4. Transition Planning		1. Individual's Participation in Transition Planning	
		2. Connecting Transitions to Aspirations	
		3. Planning for Next Steps	
		4. Building Resiliency Relative to Transitions	
5. CT-R Formulation		1. Documented CT-R Formulations	
		2. Completeness of CT-R Formulations	
		3. Strategies and Interventions	
		4. Team-Based Development of CT-R Formulations	
		5. Communication of CT-R Formulation	
		6. Staff Knowledge of CT-R Formulation/Action Plan	
6. Outcomes		1. Outcome Assessment	
		2. Types of Outcomes Assessed	
		3. Use of Outcomes	
7. Staff Factors		1. Assessment of Staff CT-R Skills	
		2. Training and Integration of New Staff	
		3. Ongoing CT-R Training for Staff	
		4. Internal CT-R Consultation	
		5. Action Plan/Feedback System	

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CT-R Fidelity Scale Plans for Improvement

Action Plan 1:
Domain/Item Addressed:
Time Line:
Plan for Improvement:

Action Plan 2:
Domain/Item Addressed:
Time Line:
Plan for Improvement:

Action Plan 3:
Domain/Item Addressed:
Time Line:
Plan for Improvement:

Completed By:

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