

BCT: MEASURING THERAPIST COMPETENCE

Qualitative feedback on the BCTS-D v2: themes identified to improve the overall scale

Themes	Codes	No endorsed			Response or solution
Need to capture BCT competence better		Super- visors	Novices	Focus group	
	Assess the essence of the session and overall mark for pass/fail; this could be rated by both supervisors and trainees	2	1	1	Factors that conflate people's ratings were highlighted by the expert group such as the rater's overall feeling about a session. Adding an item about the overall session would therefore represent a possible bias (I like the therapist, the session felt comfortable). Further, the scale is designed to define the competence during that session only as competence might fluctuate over time and situation (Dobson & Singer, 2005).
	Assess how the therapist is teaching the couple skills			1	Teaching the couple skills is part of Item 9 (selection of intervention strategy), possibly item 10 (emotion-focused intervention), 11 (cognitive intervention), and 12 (behavioural intervention) depending on what the chosen intervention includes (i.e. communication skills training, problem-solving skills).

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Need to capture BCT competence better	Assess how well the therapist engages the couple in the process	1			This is already covered in the BCTS-D v2 with either Item 3 (collaboration) which assesses if the therapist ensured that each party present had a chance to contribute to the session and that the therapist created a working environment that fostered collaboration. Additionally, item 6 (therapist's interpersonal effectiveness) which assesses if the therapist engaged the couple and created an emotional climate that increases the likelihood of an effective session.
	Add a contextual framework of the overall therapy to the scale		2	2	The raters do receive an informal summary sheet (Appendix S) about the treatment. However, this could be included in the official rating pack.
Complexity of competence assessment ratings	Restricted ratings of 2,3 and 4's of BCT trainees on the BCTS-D v2	1			This was expected as all the ratings are for trainee therapists in their first year of BCT training and indicates the scale is working as it should. Higher end ratings of 5/6 are for levels of excellence.
	Complex and long manual which carries the risk that people won't use it	1	6	6	The BCTS-D v2 manual consists of 98 pages as the scale includes 15 items. Assessing competency is very complex and therefore asks for a lot of guidance, which is why the manual is long. However, the expert group are quite clear that the scale should always be used in

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Complexity of competence assessment ratings			combination with the manual to ensure a reliable competency assessment. Further, the expert group highlighted that training on how to use the scale plus support during supervision will be essential for its correct use and to overcome the barrier of not reading the manual.
	Uncertainty how to rate some items as more flexibility and possibly too subjective	23	The BCTS-D v2 is purposely more flexible in its use compared to the CTS-R. This is to reflect the nature of the treatment as BCT is a principle driven approach. This flexibility ensures that therapists are not scored down for adjusting their approach for potentially more complex couples (i.e. slowing session down when a lot of arguing between couple). The manual was developed to make the rating of the BCTS-D v2 more objective. More research on IRR is needed.
	Unclear how to rate when the performance is mixed	1	The manual of the BCTS-D v2 provides clear anchor points in the manual and examples of how to rate certain performances (even if mixed). More research needed to see what could be changed.

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Improve clarity on how to rate items/ use the scale	Uncertainty of how much training needed before able to use the BCTS-D v2 confidently.	2	The expert group are in the process of creating a standardised training session. However, they also emphasise that regular support during supervision on how to use the scale will be important in order to be able to use the scale reliably.	
	Clarification on scoring needed - how to rate items that are not present for appropriate reasons (i.e. item 10, 11, 12 (emotion-focused, cognitive and behavioural interventions)	4	6	The BCTS-D v2 manual explains that if an item is omitted due to appropriate reasons, it is to be given a pass (scored a 3). The expert group discussed that it might be useful to highlight this scoring rule directly on the scoresheet.
	Clarify the purpose of Item 4 (facilitating couple communication) compared to item 12 (behavioural intervention)	1		The item 4 (facilitating couple communication) focuses on the process of communication throughout a session (i.e. how to interrupt someone, how give someone time to find their words) and it's not about teaching a skill. This is covered in item 12 (behavioural intervention). This has been highlighted in the manual for both items now.

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Improve clarity on how to rate items/ use the scale	The scoring sheet is unclear	2	The descriptions of each item of the BCTS-D v2 scoresheet should only provide a small indication what the item is about. However, to actually rate the item the assessor needs to use the manual for clarification.
	Clarify how to differentiate between a score 3 and 4 with more examples	2	There are some examples in the manual for the BCTS-D v2 already. The expert group discussed that they would not like to add more examples and make the manual longer and more chaotic. Further, they highlighted the risk of the scale becoming too prescriptive if there are too many examples in the scale.
	Clarify difference between guided discovery versus cognitive intervention items by providing more examples	1	In the BCTS-D v2 item 7 (guided discovery) underpins an entire session while a cognitive intervention (item 11) can be present in some parts of the session, but might not always be. Therefore, in some sessions there might be some overlap, but in others there won't be. The expert group did not want to add more examples to not become too descriptive or confusing at this stage.

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Overlap of item	There is overlap of items, making rating difficult	1	This comment isn't very clear as to which items it applies and is therefore difficult to respond to.
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Themes identified to improve the three domains

Themes	Codes	No endorsed			Response or solution
		Super- visors	Novices	Focus group	
Domain 1: Structure of the session					
Improve clarity on how to rate items/ use the scale	Difficulty rating Item 2 (review of homework) if no prior homework set for appropriate reasons	1			Generally, in BCT it would be very unusual for there not to be any homework. The homework might be less structured and formally agreed compared to CBT, but usually there was something agreed in the previous session (except after assessment sessions). If it is obvious why homework was omitted, it would be scored as a pass (score 3), which is in the manual. More research needed to see if that needs clarifying.
	Clarify differences of the agenda setting (item 1) compared to individual CBT	1	1		The expert group highlight that item 1 (agenda setting) is not necessarily different from individual CBT. The way an agenda is set up might be more flexible as there is no need to set timings or have an exact list of topics.

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	Super- visors	Novices	Focus group
Domain 2: Interaction with the couple and management of therapeutic process			
Need to capture BCT competence better	Clarify the description of item 3 (collaboration)	1	The manual describes how item 3 (collaboration) is all about balance between the therapist, the couple and each partner equally. The expert group are currently reviewing the instructions in the manual and considering adapting those.
	Clarify how item 5 (pacing and flow) is different in couple therapy compared to individual therapy	1	The expert group discussed how the pace and flow of a BCT session isn't necessarily different to an individual CBT session. The main difference lies in how to manage the communication with the couple and the therapist, which is why item 4 (facilitating couple communication) was added to the scale.

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Need to capture BCT competence better	Incorporate attending to cultural differences into item 6 (therapist's interpersonal effectiveness) and make scoring more objective	1	1	1	Item 6 (therapist's interpersonal effectiveness) is part of assessing how the process of a therapy session went. The expert group highlighted that assessors often find this domain the most difficult to rate and that it might be the domain at risk of a bias such as personal liking. However, by using the accompanying manual of the BCTS-D v2 and attending training on how to use the scale any such bias is hoped to be minimised. More research will need to explore this issue further.
	Clarify how Item 7 (guided discovery) is different from CBT Socratic questioning and define the construct more clearly.	1			The expert group discussed how Socratic questioning is part of the guided discovery item, which defines a style of enquiry and exploration, and is not seen as a technique on its own. The manual mentions how BCT therapists are less likely to use the more traditional, Socratic-style questioning typical of individual CBT, and it is <i>unlikely</i> that the therapist will seek to 'expose' inaccuracies in one partner.

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Improve clarity on how to rate items/ use the scale

More specific examples for item 13 (dyadic conceptualisation) would be helpful	1	1		There are some examples in the manual for the BCTS-D v2 already. The expert group discussed that they would not like to add more examples and make the manual longer and more chaotic. Further, they highlighted the risk of the scale becoming too prescriptive if there are too many examples in the scale.
More examples of item 3 (collaboration) on scoring sheet		2		The expert group highlighted how having too many examples on the scoring sheet could lead to people not using the manual. To avoid this no further examples will be added to the scoring sheet.
Item 4 (facilitating couple communication) needs more behavioural descriptions and clarity on how to rate it (especially when little communication) - highlight that sharing thoughts and feelings does not belong to it.	1	2	2	The expert group highlighted how no communication can still be a facilitation of communication. The same counts if the intervention of 'sharing thoughts and feelings' was used a lot. There would still be communication (i.e. how the intervention was introduced and talked about it / did both clients have an opportunity to talk?). However, need to highlight that 'sharing thoughts and feelings' is part of item 10 (emotion-focused intervention).
Difficulties rating item 7 (guided discovery)	1			This comment was quite vague and the expert group felt to need further research in order to helpfully change the rating of item 7 (guided discovery).

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Overlap of item	Consider cultural influences as its own item or part of interpersonal effectiveness, rather than being part of Item 3 (collaboration).	1	The expert group discussed how cultural influences would normally be considered in item 6 (interpersonal effectiveness), but certainly not as its own item. The expert group are considering rewording item 6 to make this more obvious in the manual.
	Overlap of Item 3 (collaboration) with other items. This makes it difficult to rate.	1	This comment is tricky to respond to as it is not clear with what item it is supposed to overlap. However, the item was reviewed by the expert group anyway (see above).
	Overlap of Item 4 (facilitating couple communication) with other items such as item 9 (selection of intervention strategy). This makes it difficult to rate.	1	The expert group discussed how item 4 (facilitating couple communication) might overlap with other items (i.e. item 9 (selection of intervention) or item 11 (cognitive intervention)). The manual explains however that item 4 is about how the therapist manages the process of communication throughout a session (i.e. introducing an intervention or homework), rather than what intervention was selected or if the intervention was conducted well. There might be an area of overlap. This is outlined in the manual and will need further research to see how it could be helpfully changed.

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Overlap of item	Unclear purpose of item 7 (guided discovery) as all aspects covered in other items 3, 6 and 11 as well (collaboration, interpersonal effectiveness and cognitive intervention)	1		The expert group considered this issue and decided to do more research on IRR to see if item 7 is rated reliably between assessors or not before possibly omitting it from the scale.
	Collapse item 8 (formulation of depression) and item 13 (dyadic conceptualisation) into one item about psychoeducation	1	1	The manual describes how item 8 (formulation of depression) assesses the extent to which the therapist is able to identify and focus the session on the relevant individual, couple, and environmental factors that appear implicated in the patient's depression. The therapist needs to be clear as to whether their primary objective is to (1) target the disorder or (2) improve the relationship during a given session. However, item 13 (dyadic conceptualisation) taps something different and addresses the therapist's competence in helping the couple view and address their problems with a dyadic perspective. Many couples enter therapy exhibiting specific, and well-documented patterns of negative interaction, and it is essential, therefore, that the therapist knows how to identify and conceptualise their impact as a precursor to

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Need to capture BCT competence better					intervening. Therefore, the expert group decided that collapsing them into one item would make rating the item a lot more difficult. Further, often later in treatment there is not much use of Psychoeducation which would make a psychoeducation item difficult to rate.
		Super-visors	Novices	Focus group	
	Domain 3: Interventions selected and employed				
	More examples on scoring sheet for item 8 (formulation of depression), item 10 (emotion-focused), item 11 (cognitive) and item 12 (behavioural interventions).	2	3	1	As already mention the expert group do not want the score sheet to replace the manual or encourage assessors to not use the manual. Therefore, no further description will be added to the score sheet. Additionally, the expert group wouldn't want to give a list of interventions within the manual to avoid the BCTS-D v2 becoming to prescriptive, which would clash with the BCT ethos of being principle driven.

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Improve clarity on how to rate items/ use the scale	Clarify rating of item 10,11 and 12 (emotion-focused, cognitive and behavioural interventions) if an intervention includes elements of each	1		The manual of the BCTS-D v2 provides clear anchor points of how to rate each intervention (even with mixed performance). Further, the expert group highlighted that it is expected that the different interventions might cause a change within a different modality (i.e. cognitive intervention might cause an emotional shift within the couple). The assessor would however still rate the intervention rather than the outcome.
	Clarify how to rate item 8 (formulation of depression) if depression is not present.	2	1	The BCTS-D v2 was specifically designed to assess BCT competence for therapists treating patients suffering with depression. Therefore, even if the patient might not seem as depressed during a session, depression would still be part of the formulation.