

Fidelity To Cognitive Adaptation Training-Rated from Case Notes + Pictures

The 5 point scales for rating fidelity to the CAT model ranges from (0) where the therapist did not adhere to that aspect of the model to (4) where there is good adherence and very high skill. Thus, the scale assesses both adherence to the CAT model and skill in the application of CAT techniques.

General guidelines for scoring

- 0 Absence of the attribute, or highly inappropriate performance
- 1 Evidence of slight competence, but numerous problems and missing features
- 2 Competent, but some problems and/or missing features
- 3 Good features, but minor problems.
- 4 Excellent performance with no problems evident.

Item 1: Review of previously established supports

This item rates how well the therapist documented the environmental supports and assignments that were established or given on previous visits. This item is rated on the presence or absence of following characteristics: a) documentation of the supports established previously and/or any related assignments given to the patient, b) documentation of the specific problem or goal the support and/or assignment was designed to work toward and c) documentation of whether or not the support was used/helpful.

- 0 No documentation of previous supports or assignments
- 1 Cursory documentation in which support or assignment is listed without linking it to any specific goal or problem, and without documentation of whether it was used or helpful (e.g. reviewed pill container...)
- 2 Documentation of support or assignment linked to an explicit goal but lacking mention of use or helpfulness OR documentation of support or assignment on whether it was used/helpful BUT without mention of the specific goal for which it was applied (e.g. reviewed pill container for trouble remembering whether medication was taken each day OR reviewed pill container and reminded patient of goal to stay out of hospital and jail.)
- 3 Documentation of support or assignment linking it to an explicit goal AND documentation of use or helpfulness of the support or assignment. A slight problem evident—such as note could have been clearer on one of the aspects (e.g. reviewed pill container for trouble remembering whether medication for the day was taken, reminded patient of goal to stay out of hospital and jail).
- 4 Thorough documentation linking support or assignment to an explicit goal and a documentation of use or helpfulness of the support or assignment (e.g. Reviewed med container for trouble remembering whether medication for the day was taken, client used it 5 out of 7 days, liked it, discussed relationship of med adherence to staying out of hospital and jail).

Item 2: Use of Reinforcement

This item rates the therapist's use of reinforcement for current or previous attempts on the part of the patient at utilization of supports or following through on assignments. Reinforcement can be in the form of praise and positive statements about performance (i.e. social reinforcement) or tangible items (e.g. gift cards). This item is rated on the following characteristics: a) positive reinforcement is documented, b) documentation of the type of reinforcement (praise, tangible item), c) documentation of the specific behavior to which reinforcement is tied and d) documentation of reinforcement for more than one behavior. If patient did not meet specified behavioral demands for tangible item, criteria for earning a reinforcer may be documented and tied to specific behavior.

- 0 No reinforcement documented
- 1 Cursory documentation that is global, no specific type of reinforcement is documented AND no documentation that ties the reinforcement to any specific behavior (e.g. Reinforced patient.)
- 2 Reinforcement documented AND specific type is documented BUT no documentation present to tie reinforcement to specific behavior. (e.g. Gift card and praise given)
- 3 Reinforcement documented, specific type of reinforcement documented, documentation present to tie reinforcement to specific behavior. (e.g. Gift card and praise given for following hygiene schedule). Could have been clearer or reinforcement for additional behaviors could have been documented.
- 4 Reinforcement documented, specific type of reinforcement documented, documentation present to tie reinforcement to specific behavior. No problems noted. (Gift card and praise given for following hygiene schedule AND Praise given for completing job application to reach goal of independence)

Item 3: Problem Solving

This item rates whether the therapist documents problems identified with the use of supports or completion of assignments during the session. Ratings are based upon the following criteria: a) whether the therapist documented probing for problems and reasons the problem occurred, b) whether the therapist documented discussion regarding suggestions for ways around the problem (different support or placement, other strategies to try, ways to increase motivation) and c) whether the therapist documented a plan to address the problem. If problems are adequately probed for but none are apparent, full credit can be given for this item. If documentation states that after lengthy probing patient was unable to identify the cause, to get full credit the therapist would need to still document a strategy for change or investigation of the problem, and decide on an action plan.

- 0 No documentation of probing for problems or issues
- 1 Documentation is cursory, no specific reasons for problem identified, no suggestions are made for change, and no agreement is documented regarding how to proceed (only used the pill container twice, they said they would do better next week).
- 2 Documentation includes reason why the problem occurred or that patient was unable to identify what got in the way even with extensive probing), no

- specific suggestions are made for change and no agreed upon plan is documented (e.g. only used pill container twice, forgot to check it, will remember next week)
- 3 Documentation of probing is sufficient and includes reason why the problem occurred, specific suggestions are documented, but there is no documentation of an agreement regarding how to proceed (e.g. only used pill container twice, forgot to check it, discussed putting it in a different room).
OR all elements present but slightly unclear.
 - 4 All elements clearly documented. Probing is documented and includes reason why the problem occurred, specific suggestions for change are documented AND there is documentation of an agreed upon plan to proceed. (e.g. only used pill container twice, said they forgot to check it, discussed options, set an alarm next to it to remind them to use it.)

Item 4: Documentation of New Support(s)

This item rates how well the therapist documented the reasons for the new support. This item is rated on the following characteristics: a) specific problem that the support is designed to help is clearly documented, b) description of how the support is supposed to help the particular patient is documented and c) overall goal for using the support is documented.

- 0 No current support or assignment mentioned
- 1 A support named but specific behavior and overall goal are not documented. (e.g. brought hygiene supplies)
- 2 A support is named, but either the specific behavioral target or the overall goal is not documented. (e.g. brought hygiene supplies and discussed using soap and shampoo at least every other day)
- 3 A specific support is named that is tied to behavioral target and overall goal. (e.g., brought hygiene supplies, discussed using soap and shampoo at least every other day, discussed importance of hygiene in finding girlfriend). Minor problem may be evident or statement may lack clarity.
- 4 All elements present and well executed. A specific problem for the session is identified, is behaviorally defined and is clearly linked to an overall goal AND the use of the support is clearly and thoroughly explained. (e.g., brought hygiene supplies, discussed using soap and shampoo IN SHOWER at least every other day, discussed importance of hygiene in finding girlfriend). No problems evident.

Item 5: Behavioral Type

The extent to which the support established is appropriate for the client's behavioral type. This item is rated on the following characteristics: a) the appropriateness of the chosen support for behavior type and b) how appropriate the support is for the patient's situation (specifically placed or organized to increase the likelihood that behavior will be cued or inhibited).

- 0 No support is established when it would be useful
- 1 A support is established but it is not appropriate for behavioral type
- 2 The support itself is appropriate for behavioral type according to the manual (e.g. may cue or inhibit) BUT major problems exist. For example, support is placed in a very poor location making it unlikely that it will cue or inhibit the target behavior (e.g. the alarm is set up in a location in which it is not likely to be heard. Inappropriate clothing is separated from appropriate clothing but both are left too close together (e.g. hanging on separate sides of the closet) to make the separation effective in disinhibiting the wearing of inappropriate clothing.)
- 3 The support is appropriate for behavioral type, there is an appropriate placement of the support in the patient's situation that is likely to make the support work. A slight problem in placement (e.g. same color as last week)
- 4 The support and placement for support are appropriate for behavioral type, no problems noted.

Item 6: Executive Functioning

The extent to which the support established is appropriate for the client's level of executive functioning. This item is rated on the following characteristics: a) the appropriateness of the chosen support based on executive functioning, b) the appropriateness of the placement (proximity) of the support for executive function, and c) appropriateness of the size of support for executive function.

- 0 No supports are used
- 1 The support established is not appropriate for level of executive functioning
- 2 The support is somewhat appropriate for level of executive functioning, but proximity and size are both a problem (e.g. support is not large enough for someone with poor EF or support is too simplistic for someone with better functioning and may infantilize).
- 3 The support is appropriate for level of executive functioning but minor problems exist (e.g. the support may not work as well as possible in directing behavior due to poor placement OR size)
- 4 The support is appropriate for level of executive functioning and placement is appropriate for deficits ; no problems evident (e.g. could have gone one step further such as labeling outside etc).

Item 7: Creativity of Support

This item rates the extent to which the therapist devised a creative support using appropriate modalities (visual/auditory) and available technology.

- 0 No creativity in support (e.g. white paper sign taped to wall)
- 1 Slight creativity but very standard approach (e.g. florescent sign taped to the wall).
- 2 Moderate creativity but minor problems evident (e.g. florescent sign taped to the wall with picture of client's favorite basketball player).
- 3 Creative support using both visual and audio prompts but could have been taken one step further (e.g. sign taped to wall and alarm set to a specific time).
- 4 Extremely creative support using both visual and audio prompts including an electronic device. (e.g. sign taped to wall and motion detecting pig oinks every time client passes the sign).

Item 8: Future Supports/Goals

This item rates the documentation of plan for the next session including new supports or assignments. Homework may be documented when applicable. This item is rated on a) presence of documentation about the next session's target, b) a statement about what the therapist will do in the interim or what the therapist will bring for the next session, and c) a statement about what is expected of the client in the interim.

- 0 No documentation of goals or supports for the next session
- 1 Cursory documentation of future work without detailed plan (e.g. plan for next session: nutrition) and no specific support or assignment is mentioned, no documentation of what the therapist AND client will do in the interim
- 2 Documentation of next week's plan sufficient but no mention of what will be done by the patient AND therapist in the interim. (e.g. plan for next session: food pyramid for nutrition)
- 3 Clear statement about next week's plan, with limited documentation of either therapists or client's responsibility in the interim (e.g. plan for next session: therapist to bring food pyramid to work on nutrition).
- 4 Thorough documentation of next session with detailed plan AND agreed upon understanding of what BOTH the therapist and the client will do in the interim. (e.g. plan for next session: therapist to bring food pyramid to work on nutrition, client agrees to drink diet sodas instead of regular sodas).