Symposium: Innovations in Psychotherapy Process and Outcome Research: Introduction to the Cognitive Error Rating System and to the Coping Patterns Rating Scale

Chair: DESTEFANO, Jack, EdD, McGill University
Discussant: GAZZOLA, Nicola, PhD, University of Ottawa

A difficulty in conducting clinical research as well as clinical work in CBT lies in finding methods that detect cognitive errors (CEs) and coping strategies (CSs) as they occur or are reported in session by clients/patients. The Cognitive Error Rating System (CERS) and the Coping Patterns Rating Scale (CPRS) are the first known observer-rated measures of CEs and CSs. Unlike questionnaires, the two methods document cognitive distortions and coping mechanisms as they occur or are reported by a client/patient in any type of interview, including in session. The first presentation will present the CERS and its development, including examples of how it can be used by clinicians and clinical researchers. The second presentation will introduce the CPRS, with examples of how it can be used by clinicians and clinical researchers. For both presentations, examples of how each may be applied with real-life clinical cases will be provided. The third presentation will present findings from a study examining the construct of CEs in theory and in practice as reported by cognitive behavioural clinicians, as well as findings from a study on the face validity of the CERS. The fourth presentation will present findings from a study examining change in CEs and CSs and how this change is related to change in client/patient symptoms.

Cognitive errors in Cognitive Behavioural Therapy: A survey of researchers and practitioners and an assessment of the face validity of the Cognitive Error Rating Scale

MILMAN, Evgenia, MA, McGill University
Co-Author : DRAPEAU, Martin, PhD, McGill University

Constructs such as cognitive errors (CE) and other types of cognition are crucial to the advancement of Cognitive Behavioural Therapy (CBT) theory, practice, and research. However, much ambiguity remains surrounding the characterization and manifestation of CEs and other types of cognitions (e.g., Kwon & Oei, 1994). In response to this, Drapeau and Perry (2008) developed the Cognitive Error Rating Scale (CERS) which has the potential to clarify some of this ambiguity and to provide a means of assessing the manifestation of CEs. The present study first investigated whether the ambiguity surrounding the characterization and manifestation of cognition types translates from CBT literature to the experience of researchers and practitioners. An online survey (n = 128) indicated that this ambiguity is, in fact, not evident to researchers and practitioners. Demographic variables, including identity as a researcher versus practitioner, attitude toward manual use, and experience in practice, affected participants' assessment of the need for and the benefit from the provision of consensual definitions for cognition types in CBT theory. The study also examined the face validity of the CERS. Results showed that the CERS has strong face validity. The research implications of these findings are discussed.

Introduction to the Cognitive Error Rating System

ANTUNES ALVES, Sara, MA, McGill University
Co-Authors: SCHWARTZMAN, Deborah, MA, McGill University; D'ISUO, Debora, MA, McGill University; DRAPEAU, Martin, PhD, McGill University

Cognitive errors are illogical interpretations of the self, the world, and others' behaviours and intentions, and they play a strong role in the maintenance of depression and other disorders (Drapeau, Perry, & Dunkley, 2008). They are important considerations in treatment as they are examples of how we think and evaluate the world. Thus, a major goal of therapy is to reformulate clients' thought patterns in order to decrease depressive symptomatology. A difficulty in conducting research in cognitive behavioural therapy lies in finding or developing measures that can isolate cognitive errors, and then apply those measures to document response to treatment and better understand the psychotherapy process. The

Cognitive Error Rating System (CERS; Drapeau et al., 2005) is the first known observer-rated measure of cognitive errors (CEs). Unlike questionnaires, the CERS documents CEs as they occur or are reported by a client/patient in any type of interview. The rating method has been detailed and operationalized in a revised manual which presents how each of the twelve cognitive errors developed by A.T. Beck (1976), J.S. Beck and colleagues (1979), and other clinicians, may be measured. The manual contains detailed descriptions of each construct, including a definition and possible function, ways to differentiate between similar or related constructs, and examples from actual therapy sessions. This presentation will outline the central tenets of the method, and will enable observers to better understand and recognize cognitive errors as they occur in therapy. It may also provide observers with additional ways of conceptualizing client/patient problems and functioning.

Introduction to the Coping Patterns Rating Scale (CPRS)

ANTUNES ALVES, Sara, MA, McGill University
Co-Authors: SCHWARTZMAN, Deborah, MA, McGill University; D'ISUO, Debora, MA, McGill University; DRAPEAU, Martin, PhD, McGill University

Coping strategies are the affective, behavioural, and cognitive efforts made to respond to internal and external demands that are viewed as stressful (Perry et al., 2005). Maladaptive coping strategies such as avoidance and aggressive confrontation have been found to be more common among depressed than non-depressed populations. Thus, a central concern of CBT therapy in particular, is to identify clients' coping mechanisms that contribute to depression and other conditions and replace them with more effective responses to stress. A difficulty in conducting research in cognitive behavioural therapy lies in finding or developing measures that can identify coping strategies, and then applying the measures to document response to treatment and better understand the psychotherapy process. The Coping Patterns Rating Scale (CPRS; Perry et al., 2005) is the first known observer-rated measure of coping strategies (CSs). Unlike questionnaires, the CPRS method documents CSs as they occur or are reported by a client/patient in any type of interview. This rating method is detailed in a manual where each of the twelve coping styles are delineated in their three manifestations (i.e., cognitive, behavioural, and affective) based on the work of Skinner and colleagues (2003). The manual contains detailed descriptions of each construct, including a definition and possible function, ways to differentiate between similar or related constructs, and examples from actual therapy sessions. This presentation will outline the central tenets of the method, and will enable participants to better understand and recognize coping styles as they occur in therapy. It may also provide participants with additional ways of conceptualizing client/patient problems and functioning.

The relationship between cognitive errors and coping, and symptoms and outcome

SHEPTYCKI, Amanda, BA, McGill University
Co-Authors: D'ISUO, Debora, MA, McGill University; THOMPSON, Katherine, MA, McGil University; FITZPATRICK, Marilyn, PhD, McGil University; DRAPEAU, Martin, PhD, McGil University

A number of studies have shown a relation between cognitive errors and various indicators of psychopathology on the one hand, and between maladaptive coping strategies and other indicators of mental health on the other (e.g., Furlong & Oei, 2002; Miranda & Mennin, 2007; Newman et al., 2002). However, all of these studies were based on questionnaires that were used before and/or after a session. With this study, we reexamined how cognitive errors and coping strategies are related to psychopathology. We also examined how change in cognitive errors and coping is related to change in symptoms following treatment. Unlike in previous studies, cognitive errors (CEs) and coping strategies (CSs) were assessed using observer-rated methods (Drapeau et al., 2007; Perry et al., 2005). Data were collected as part of the landmark component study of cognitive behavioural treatment of depression conducted by Jacobson, Dobson, Truax, and colleagues (1996, 2008). Data from the full cognitive behavioural treatment condition were used in this study. Fifty participants were assessed before and after therapy using the Beck Depression Inventory, the Hamilton Depression Scale, and the Global Assessment

of Functioning Scale. One early and one late session were rated for CEs and CSs. Significant associations were found between specific CEs and symptoms and general functioning. Results also indicated some, although fewer, relationships between CSs and symptoms. Findings will be compared to results from studies that had used questionnaires only. Implications for treatment and research will be discussed. The value and importance of not relying only on questionnaires but also on using observer-rated methods will also be discussed.