

Vedlegg

Vedlegg 1

Generalized Anxiety Disorder Checklist: Combined self-control desensitisation and CBT (Tom D. Borkovec)

SESSION 1

- Description of treatment & Rationale
- SCD Hierarchy Construction
- Diaphragmatic Breathing (DB)
- Homework
- Distribution of inventories and instruments used in the therapy

SESSION 2

- Review of the Client's week
- Cognitive Therapy: Cognitive Monitoring and Identification
 - Give client the handout on characteristics of maladaptive thoughts, review this in session
- Progressive Relaxation
 - Focusing on the present moment: Perceive process and learning about the reality with paying attention to experience about reality moment to moment.
 - Demonstration of 7 muscle group PR
- Homework Assignment
 - Twice a day PR practice
 - Focusing on the present moment: Perceive process and learning about the reality with paying attention to experience about reality moment to moment.
 - Continuing self-monitoring of anxiety levels

SESSION 3

- Review of Week and Homework
- Cognitive Therapy: Challenging Automatic Thoughts and Beliefs

- Continue application training, discussion, questions and problem resolution.
- In Session PR application.
- Imagery training
- 7 Muscle Group PR Training and DB
- RSS
- Discussion of Experience, Resolution of Problems, Practice Reminder.
- Homework Assignment

SESSION 4

- Review of Week and Homework
- Cognitive Therapy: Continue discussion of 15 Styles of Distorted Thinking.
- Continue application training, discussion, questions and problem resolution.
 - In Session PR application.
 - Introduce SCD and select today's hierarchy scene.
 - 7 Muscle Group PR Training
 - SCD
 - Introduction of technique and how to apply it
 - RRS
 - Homework Assignment

SESSION 5

- Review of Week and Homework
- Cognitive Therapy: Logical Analysis Continued
- Continue application training, discussion, questions and problem resolution.
- In Session AR application.
- Self-Statement Training and SCD scene identification.
- 4 Muscle Group PR Training
- SCD
- RRS
- Homework Assignment

SESSION 6

- Review of week and homework
- Cognitive therapy: Continue Logical Analysis

- Continue application training, discussion, questions and problem resolution
- In session PR application
- Self-statement training and SCD scene selection
- 4 Muscle Group PR training
- SCD
- RSS
- Homework Assignment
 - Encouraged to enter anxiety provoking situations and applying newly acquired coping skills and to test belief hypotheses. Decide on specific approach tasks, as before

SESSION 7

- Review of week and homework
- Cognitive therapy: Developing Alternative Thoughts and Beliefs
- Continue application training, discussion, questions and problem resolution
- In session PR application
- Self-statement training and SCD scene selection
- 4 Muscle Group PR training
- SCD
- RRS
- Homework Assignment

SESSION 8

- Review of week and homework
- Cognitive therapy: Continue Alternative Thought and Belief Generation
- Continue application training, discussion, questions and problem resolution
- In session PR application
- Self-statement training and SCD scene selection
- Relaxation by Recall Group PR training
- SCD
- RRS
- Homework Assignment

SESSION 9

- Review of week and homework

- Cognitive therapy: Continue Alternative Thought and Belief Generation
- Continue application training, discussion, questions and problem resolution
- In session PR application
- Self-statement training and SCD scene selection
- Relaxation by recall PR training
- SCD
- RRS
- Homework Assignment

SESSION 10

- Review of week and homework
- Cognitive therapy: Decatastrophizing
- Continue application training, discussion, question and problem
- In session PR application
- Self-statement training and SCD scene selection
- Relaxation By Recall and Counting Training
- SCD
- RSS
- Homework Assignment

SESSION 11

- Review of Week and Homework
- Cognitive Therapy: Treatment of Underlying Beliefs
- Method
 - Review the client's history of irrational thinking and anticipate future false beliefs.
 - Prepare preventive beliefs for each threatening situation the client expects to face or, more generally, for overall client problems
 - Prepare a master list of situations that most people have to face sometime in their lives, along with irrational thoughts and alternative beliefs
 - The client needs to practice until they become second nature
- Continue application training, discussion, questions and problem resolution

- In Session PR application – the responsibility for recognizing early cues should have been transferred to the client
- Self-Statement training and SCD scene selection (as in session 5)
- Relaxation-by-counting alone
- SCD (as in session 5)
- RRS
- Homework Assignment

SESSION 12

- Review of Week and Homework
- Cognitive Therapy: Continue Treatment of Underlying Beliefs
- Continue application training, discussion, questions and problem resolution
- In Session PR application – responsibility for recognizing early cues should have been transferred to the client
- Self-Statement training and SCD scene selection
- Relaxation Training: the client is instructed to spend this period flexibly deploying the variety of relaxation methods
- SCD (as in session 5)
- RRS
- Homework Assignment

Vedlegg 2

Generalized Anxiety Disorder Checklist for Meta-cognitive therapy (adapted from Wells, 1997)

SESSION 1

- Generated a case formulation
- Socialised to the model
- Run suppression experiment
- Focus on verbal challenging uncontrollability belief
- Introduce worry postponement experiment
- Homework: Worry postponement, use WTR if necessary

SESSION 2

- Check homework & GADS, especially uncontrollability beliefs
- Verbal and behavioural reattribution to challenge uncontrollability
- Homework: Continue worry postponement & loss of control experiment

SESSION 3

- Check homework & GADS, especially uncontrollability beliefs
- Continue to challenge uncontrollability
- Run loss of control experiment in session if needed
- Begin to focus on challenging beliefs about danger
- Homework: Continue worry postponement, reverse worry avoidance

SESSION 4

- Check homework & GADS, especially uncontrollability beliefs
- Begin challenging beliefs about danger of worry
- Try to go crazy, damage self with worry experiment
- Homework: Push worry to test dangers

SESSION 5

- Review danger beliefs on GADS
- Continue challenging beliefs about danger
- Homework: behavioural experiments to challenge danger

SESSION 6

- Review danger beliefs on GADS
- Continue challenging beliefs about danger
- Homework: behavioural experiments to challenge danger

SESSION 7

- Review danger beliefs on GADS
- Continue challenging beliefs about danger
- Homework: behavioural experiments to challenge danger

SESSION 8

- Check GADS
- If negative at zero, move to challenge positive beliefs
- Homework: Mismatch strategy, increase/decrease worry strategy

SESSION 9

- Check GADS
- If negative at zero, move to challenge positive beliefs
- Homework: Mismatch strategy, increase/decrease worry strategy

SESSION 10

- Check GADS
- If negative at zero, move to challenge positive beliefs
- Homework: Mismatch strategy, increase/decrease worry strategy

SESSION 11

- Check residual scores on GADS, beliefs and avoidance
- Deal with residual avoidance/beliefs
- Introduce practices of alternative strategies to worry
- Relapse prevention: write therapy blueprint
- Homework: Specify based on above issues

SESSION 12

- Check residual scores on GADS, beliefs and avoidance
- Deal with residual avoidance/beliefs
- Introduce practices of alternative strategies to worry
- Homework: Specify based on above issues

Vedlegg 3

WAI

Nedenfor finner du 12 utsagn som beskriver noen av de tanker og følelser som man kan ha i forhold til sin terapeut (behandler). Til høyre for hvert utsagn er det en 7 punkts skala. Denne angir i hvilken grad utsagnet gjelder for deg. For eksempel hvis det aldri gjelder for deg, så setter du en ring rundt 1. Hvis det derimot alltid gjelder deg, setter du en ring rundt 7. Er det et sted mellom disse to ytterpunktene, setter du ring rundt et av de andre tallene som du synes passer best. Vi vil be deg svar mest mulig åpent om hvordan du opplever din terapeut og de samtalene du har med han eller henne.

Arbeid hurtig, dine første inntrykk er ofte de beste.

		Aldri	Sjelden	Av og til	En del ganger	Ofta	Veldig ofte	Alltid
1.	Terapeuten og jeg er enige om hva jeg må gjøre i behandlingen for å bedre situasjonen min	1	2	3	4	5	6	7
2.	Det jeg gjør i behandlingen gir meg nye måter å se problemet mitt på	1	2	3	4	5	6	7
3.	Jeg tror terapeuten liker meg	1	2	3	4	5	6	7
4.	Terapeuten forstår ikke hva jeg prøver å oppnå i behandlingen	1	2	3	4	5	6	7
5.	Jeg har tillit til at terapeuten er i stand til å hjelpe meg	1	2	3	4	5	6	7
6.	Terapeuten og jeg arbeider mot de mål vi er blitt enige om	1	2	3	4	5	6	7
7.	Jeg føler at terapeuten setter pris på meg	1	2	3	4	5	6	7
8.	Vi er enige om hva som er viktig for meg å arbeide med	1	2	3	4	5	6	7
9.	Terapeuten og jeg stoler på hverandre	1	2	3	4	5	6	7
10.	Terapeuten og jeg har forskjellige oppfatninger av mine problemer	1	2	3	4	5	6	7
11.	Vi har kommet fram til en god felles forståelse av hva slags forandringer som vil være til hjelp for meg	1	2	3	4	5	6	7
12.	Jeg tror at den måten vi arbeider med problemet mitt på er riktig	1	2	3	4	5	6	7

Generalized Anxiety Disorder Checklist for Meta-cognitive therapy (adapted from Wells, 1997)

Patient _____ Therapist _____ Date _____

ES	N()

SESSION 1

- ☐ ☐ Generated a case formulation
- ☐ ☐ Socialised to the model
- ☐ ☐ Run suppression experiment
- ☐ ☐ Focus on verbal challenging uncontrollability belief
- ☐ ☐ Introduce worry postponement experiment
- ☐ ☐ Homework: Worry postponement, use WTR if necessary

SESSION 2

- ☐ ☐ Check homework & GADS, especially uncontrollability beliefs
- ☐ ☐ Verbal and behavioural reattribution to challenge uncontrollability
- ☐ ☐ Homework: Continue worry postponement & loss of control experiment

SESSION 3

- ☐ ☐ Check homework & GADS, especially uncontrollability beliefs
- ☐ ☐ Continue to challenge uncontrollability
- ☐ ☐ Run loss of control experiment in session if needed
- ☐ ☐ Begin to focus on challenging beliefs about danger
- ☐ ☐ Homework: Continue worry postponement, reverse worry avoidance

SESSION 4

- ☐ ☐ Check homework & GADS, especially uncontrollability beliefs
- ☐ ☐ Begin challenging beliefs about danger of worry
- ☐ ☐ Try to go crazy, damage self with worry experiment
- ☐ ☐ Homework: Push worry to test dangers

SESSION 5

- ☐ ☐ Review danger beliefs on GADS
- ☐ ☐ Continue challenging beliefs about danger
- ☐ ☐ Homework: behavioural experiments to challenge danger

SESSION 6

- ☐ ☐ Review danger beliefs on GADS
- ☐ ☐ Continue challenging beliefs about danger
- ☐ ☐ Homework: behavioural experiments to challenge danger

SESSION 7

- ☐ ☐ Review danger beliefs on GADS
- ☐ ☐ Continue challenging beliefs about danger
- ☐ ☐ Homework: behavioural experiments to challenge danger

SESSION 8

- ☐ ☐ Check GADS
- ☐ ☐ If negative at zero, move to challenge positive beliefs
- ☐ ☐ Homework: Mismatch strategy, increase/decrease worry strategy

SESSION 9

- ☐ ☐ Check GADS
- ☐ ☐ If negative at zero, move to challenge positive beliefs
- ☐ ☐ Homework: Mismatch strategy, increase/decrease worry strategy

SESSION 10

- ☐ ☐ Check GADS
- ☐ ☐ If negative at zero, move to challenge positive beliefs
- ☐ ☐ Homework: Mismatch strategy, increase/decrease worry strategy

SESSION 11

- ☐ ☐ Check residual scores on GADS, beliefs and avoidance
- ☐ ☐ Deal with residual avoidance/beliefs
- ☐ ☐ Introduce practices of alternative strategies to worry
- ☐ ☐ Relapse prevention: write therapy blueprint
- ☐ ☐ Homework: Specify based on above issues

SESSION 12

- ☐ ☐ Check residual scores on GADS, beliefs and avoidance
- ☐ ☐ Deal with residual avoidance/beliefs
- ☐ ☐ Introduce practices of alternative strategies to worry
- ☐ ☐ Relapse prevention: write therapy blueprint
- ☐ ☐ Homework: Specify based on above issues

NOT PART OF THE MCT CONDITION:

- No awareness training of worry-cues
- No forms of relaxation techniques or focus thereon
- No breathing practice or learning of diaphragmatic breathing

Metacognitive Therapy Competency Scale

MCT-CS

Therapist:	Patient (initials):
Assessor:	Main diagnosis:
Date:	Treatment session no:

Instruction: Each item in this scale taps an element of Metacognitive therapy. It measures the level of competency of the therapist with respect to the most important aspects and techniques that are expected to be used. The items should be rated in terms of the proportion of the session they occupied and then scored from 1 (lowest) to 5 (highest) level of competency. A score of 0 means that the element is not performed, assessed or is not applicable.

The levels are:

- 1: Very poor performance, can scarcely identify the element
- 2: Weak, does not implement the element in the correct way
- 3: Mediocre level: Does it but with variable performance
- 4: Good level: Does it skilfully and consistently
- 5: Very good level: Does it as a specialist (correctly, efficiently and fully)
- 0: Not done/not assessable/not applicable

Item	Comments	% of session	Score
Setting goals and agenda			
MCT case conceptualisation is used			
Socialization (explaining the MCT model, illustrating mechanisms, using socialization experiments)			
Focusing on the CAS: (checkmark each observed) ___ Worry ___ Rumination ___ Threat monitoring ___ Suppression/thought control ___ Ineffective coping (eg. Avoidance, inactivity, sleep, drugs, rituals).			
Interpersonal skills: Empathy and communication			
Checking for metacognitive awareness (e.g. identifying triggers/rumination) and meta-appraisals (e.g. meta-worry)			

Shifting client to metacognitive mode of processing		
Use of metacognitive-focused change techniques		
Implementation and practice of detached mindfulness		
Use of specific measures (e.g. OCDs, MDDS, CAS-I, GADs, SPRS, PTSDs)		
Use of Attention modification techniques (SAR, external focus, ATT, banning threat monitoring)		
Use of worry & rumination postponement strategies		
Challenging positive metabeliefs		
Challenging negative metabeliefs		
Addressing or modification of meta emotions (e.g. fear of depression)		
Homework assignments		
Development of new plans for coping or processing (relapse prevention)		
Planning for next session		
Overall assessment Taking account of the ratings given provide an overall summary using this scale:	1: Very poor performance, can scarcely identify MCT elements 2: Weak, a few but poorly used MCT elements 3: Mediocre level: Many MCT elements but variable performance 4: Good level: Many MCT elements skilfully and consistently used 5: Very good level: Has acquired specialist competency (session consists almost entirely of MCT elements used efficiently, correctly, and interwoven with each other) 0: Does not do MCT- No adherence to MCT at all	0=F 1=E 2=D 3=C 4=B 5=A <div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto;"></div>

COMMENTS: _____

Time 2-4

0 – 1 – 2 – 3 – 4 – 5

0 – 1

Tema	Kompetanse	Skåre	Erterlevelse
Sette agenda			
Følge opp en agenda			
Måleinstrumenter			
Hjemmeoppgaver			
Undersøkelse uke/hjemmearbeid			
Fokus på AT/leveregler			
Arbeid med AT/leveregler			
Progressiv avspenning			
Selvkontroll desensitivisering(SCD)			
RRS			
Gi ny hjemmeoppgave			
Fleksibel bruk av teknikker			
Akseptering/respekt			
Helhetsvurdering kognitiv terapeut			

PROFILARK CBT VED GAD

1: Very poor performance, can scarcely identify CBT elements

2: Weak, a few but poorly used CBT elements

3: Mediocre level: Many CBT elements but variable performance

4: Good level: Many CBT elements skilfully and consistently used

5: Very good level: Has acquired specialist competency (session consists almost entirely of CBT elements used efficiently, correctly, and interwoven with each other)

0: Does not do CBT- No adherence to CBT at all

Total Kompetanse =

Total Etterlevelse =

Score Helhet =

Time 10 og 11

0 – 1 – 2 – 3 – 4 – 5

0 – 1

Tema	Kompetanse	Skåre	Erterlevelse
Sette agenda			
Følge opp en agenda			
Måleinstrumenter			
Hjemmeoppgaver			
Undersøkelse uke/hjemmearbeid			
Fokus på AT/leveregler			
Arbeid med AT/leveregler			
Progressiv avspenning			
Selvkontroll desensitivisering(SCD)			
RRS			
Gi ny hjemmeoppgave			
Problemløsning/ drøfte erfaring			
Fleksibel bruk av teknikker			
Akseptering/respekt			
Helhetsvurdering kognitiv terapeut			

PROFILARK CBT VED GAD

1: Very poor performance, can scarcely identify CBT elements

2: Weak, a few but poorly used CBT elements

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5: Very good level: Has acquired specialist competency (session consists almost entirely of CBT elements used efficiently, correctly, and interwoven with each other)

0: Does not do CBT- No adherence to CBT at all

Total Kompetanse =

Total Etterlevelse =

Score Helhet =

The Penn State Worry Questionnaire (PSWQ)

Skriv det tallet, som best beskriver hvor typisk eller beskrivende hvert utsagn er for deg, ved siden av hvert utsagn.

1	2	3	4	5
Ikke beskrivende		Noe beskrivende		Veldig beskrivende

- ___ 1. Jeg blir ikke bekymret selv om jeg ikke har tid til å gjøre alt. (R)
- ___ 2. Jeg blir overveldet av mine bekymringer.
- ___ 3. Jeg pleier ikke å bekymre meg. (R)
- ___ 4. Jeg blir bekymret i mange situasjoner.
- ___ 5. Jeg vet jeg ikke burde bekymre meg, men jeg klarer ikke la være.
- ___ 6. Jeg bekymrer meg mye når jeg blir stresset.
- ___ 7. Jeg bekymrer meg alltid for noe.
- ___ 8. Jeg synes det er lett å se bort fra bekymringer. (R)
- ___ 9. Straks jeg er ferdig med en oppgave begynner jeg å bekymre meg for alt annet jeg må gjøre.
- ___ 10. Jeg bekymrer meg aldri for noe som helst. (R)
- ___ 11. Når det ikke er noe jeg kan gjøre med et problem, slutter jeg å bekymre meg. (R)
- ___ 12. Jeg har vært en som bekymrer seg hele mitt liv.
- ___ 13. Jeg merker at jeg har bekymret meg.
- ___ 14. Har jeg først begynt å bekymre meg, kan jeg ikke slutte.
- ___ 15. Jeg bekymrer meg hele tiden.
- ___ 16. Jeg bekymrer meg for oppgaver inntil de alle er gjennomførte.

Navn: _____ Dato: _____

Total: _____