

# SOCIAL RECOVERY THERAPY



## ADHERENCE CHECKLIST



Participant ID: \_\_\_\_\_ Therapist: \_\_\_\_\_ Session Number: \_\_\_\_\_ Session Date: \_\_\_\_\_

**Reviewer note:** When rating adherence, a score of 0 (not satisfying model component/no evidence), 1 (partial adherence/lack of information/component not completed), 2 (SRT model components clearly evidenced and completed) should be given. As a rule – ratings of 0 or 2 should be given. A rating of 1 is only given if evidence provided by the therapist is unclear or if it only partially satisfies the criteria for model components.

Present?	Item	Description	Reviewer score (0-2)
	Engagement (compassion, validation, promoting hope)	Explanation of SRT at start of therapy, agenda setting, feedback, compassion, validation, promoting hope. This can and should be on-going throughout therapy. Identifying and discussing barriers to engagement. - <i>Adherent if therapist evidences explicit engagement strategies, client engages in session and agenda is set.</i>	
	Assessment	Developing a shared understanding of current difficulties; social, behavioural, cognitive and systemic. Behavioural and risk assessments included here. Explicit mood reviews and risk assessments should be included here. - <i>Only the first session will be ticked as an initial assessment. Any other assessment sessions will be ticked as ongoing.</i>	
	- Initial		
	- Ongoing		
	Timeline	Assessment/discussion of the impact of psychosis on current difficulties.	
	Problem and Goal List	Including development, setting and review. Any additional new problems or goals can be identified here even though it is not generated as part of a formal list. - <i>To satisfy a score of 2 on this item, explicit generation of problem/goal lists, reviews and discussions or additions thereafter must be evident. Working towards goals if linked within session can score a 1.</i>	
	Values-Based Assessment	Values map and work around values; including motivation to change which may not be classed as assessment but work on values. Developing values and reflecting back in later sessions to values. Thinking about things that are meaningful to the client and discussed as values. - <i>Initial generation, explicit discussion/review and values tasks score 2. Working towards values or just mention of values scores a 1.</i>	
	Social Recovery Formulation	Understanding onset and current maintenance of social recovery problems and other difficulties. Theory-practice links and conceptual integration. Linking maintenance formulations into process and longitudinal factors. Reviewing formulation and links or reflecting on changes in maintenance and reviewing components of specific models. Evidence participant helped to understand how CBT components relate to presenting problems. Change strategies/session material are related to formulation and underpinned in theory-practice links.	
	Psychoeducation – Normalising	Normalising experiences, symptoms and social withdrawal (avoidance) based on information discussed within formulation. Information relating to presenting problems.	

	Cognitive Work – Possible topics may include:	Cognitive work as a heading can include identification, discussion and change strategies.	
	- Thoughts/beliefs around unusual experiences	Possible topics as listed.  Also included here could be more generic cognitive strategies such as thought challenging, evidence for/against exercises, developing alternative appraisals, surveys. Guided discovery and Socratic dialogue included.	
	- Thoughts/beliefs around symptom/mood		
	- Stigma		
	- Negative beliefs about self/others/world		
	- Fostering positive sense of self and resilience		
	- Thoughts/beliefs regarding waiting until feel better/ more confident/ less anxious etc. before undertaking new activities.		
	Discussions/strategies regarding unusual experiences	Includes both discussion and implementation of strategies around unusual experiences. - <i>If cognitive strategies have been implemented “cognitive work” can be ticked as well.</i>	
	Discussions/strategies regarding social withdrawal	Includes both discussion and implementation of strategies around negative symptoms/withdrawal. This may include discussions around testing expectancies of success/pleasure. This may include discussions around social skills – modelling and role playing. - <i>If cognitive strategies have been implemented “cognitive work” can be ticked as well.</i>	
	Behavioural experiment (e.g. attention shift, dropping safety behaviours)  <i>Brief description (attach any behavioural experiment worksheets):</i> _____  _____	Includes behavioural experiments aimed at testing out a thought, belief, assumption or prediction. For example 2-way experiments, attention shifting, surveys, in-session, in-vivo, video feedback etc. Behavioural experiments should be set collaboratively with a clear plan. - <i>Can be completed in session, set as homework or reviewing experiment.</i>	
	Behavioural activation	Meaningful and based on goals/values. Doing things differently. Ideally keeping a log and set this up as mastery/pleasure activity scheduling. Should be mention of how scheduled behaviours / activities impact on mood / presenting problem. Clear rationale should be evident for activation.	
	Overcoming avoidance	Examples of overcoming avoidance include mindfulness, relaxation, diffusion, emotional regulation strategies and coping strategies, to anxiety provoking situations and trying new things (not including where set as behavioural experiment).	
	Involving other systems/organisations (e.g. employers, education & voluntary agencies)	This would include case management type work, risk management, safeguarding, including family and friends and Individual Placement & Support. Communicating, sharing and relaying information to others would be included here. Systemic work and involvement of others in therapy should be rated here also, for example, parents as co-therapists or sharing formulation/ strategies with others in the system. - <i>To score a 2, this work must be explicit and active e.g. supporting participant to appointments, liaising with other professionals/family members, involving others in sessions or making referrals. Discussions around this/making plans to do this may be rated as a 1.</i>	
	Any costs incurred due to behavioural work: £ _____ 	Costs relevant to behavioural activation, behavioural experiment, and involving other systems or organisations should be included here. This could include, for example, costs of admission to community activities.	

Reference: Hodgekins et al. 2019. Behavioural and Cognitive Psychotherapy.