ADHERENCE THERAPY COMPETENCY SCALE

Gray, R, Robson, D, & Bressington, D. (2007) Concordance skills and adherence therapy competency scale: Version II. Concordance Skills Manual. King's College London.

Background
The adherence therapy competency scale (ATCS) was initially developed to assess and monitor the fidelity to a treatment protocol for an international randomised controlled trail to assess the effectiveness of adherence therapy (Gray et al 2006). Adherence therapy and the concordance skills training package (Gray and Robson, 2005) is a collaborative, structured, and practical approach and is based on Motivational Interviewing, Cognitive Behavioural Therapy and Compliance Therapy. It is a flexible and adaptable toolkit that can be utilised by health care workers to structure their conversations with service users about medication.

The CSATCS has been adapted from the Cognitive Therapy Scale (CTS) (Young and Beck, 1980) and influenced by the further revisions and adaptations of the scale (James et al, 2000, Haddock et al, 2001) and research investigating the psychometric properties of the CTS (Vallis et al, 1986).

Instructions
The scale is intended for people who have received training in **medication***management* (Gray, 2001*),* Adherence Therapy (Gray et al, 2002) or Concordance Skills Training (Gray and Robson, 2005). It can be used for both research and training purposes to assess how competent a worker is in delivering either Adherence Therapy or Concordance Skills. It can also be used for research purposes to assess and monitor if the worker is faithfully following the model set out in either the Adherence Therapy or Concordance Skills Manual.

The ratings should be completed by an experienced and competent health professional trained in **medication***management*, Adherence Therapy or Concordance Skills.

The scale has 7 items rated on a 4 point scale. Items are weighted differently depending on the level of skill required. There is a descriptor for each rating that the rater should use to assess the worker. The worker needs to attain a score of 12 and above to be considered competent in applying these skills.

For the purposes of the **medication***managment* course, three people will rate the trainee, two competent health professionals trained in **medication***management* , Adherence Therapy or Concordance Skills and a carer and/or service user. The trainee will receive a combined score and written score from all three raters.

1. Beginning the session and setting a collaborative agenda

Collaborative agenda setting includes: eliciting a brief overview of how the patient has been since the last session; feedback of any homework set; a check of the patients current emotional state; a time check, a joint agreement on what will be discussed in the session and in what order; the points for discussion should be achievable in the time available; a get out clause; adherence to the agenda or flexibility depending on the change in the patients emotional state during the session.

Score	Rating	Descriptors
0	☐	The worker did not set an agenda or set their own agenda without consulting the patient
1	☐	The worker set an agenda that was either vague or incomplete or too unrealistic for the time available
2	☐	The worker and patient set a mutually satisfactory agenda that included specific areas for discussion, but either did not prioritize or was too inflexible.
3	☐	The worker worked with the patient to set an appropriate agenda with specific and relevant areas for discussion suitable for the time available. Established priorities and then was flexible in following this agenda.

Rater Comments:

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2. Reflective listening and conveying understanding

Reflective listening
The worker should check with the patient that they have accurately understood the patient's perspective through listening reflectively, and responding to non verbal communication. A simple reflection involves the worker capturing what the patient has said and conveying empathic understanding by presenting this back to them. A complex reflection involves the worker adding meaning to what the patient has said and conveying a deeper understanding to the patient.

Score	Rating	Descriptors
0	☐	The worker repeatedly failed to reflect back what the patient explicitly said and consistently missed the point of what the patient was saying. Poor empathic skills.
1	☐	The worker was usually able to reflect or rephrase what the patient explicitly said, but repeatedly failed to respond to more subtle communication. Limited ability to listen and empathise.
2	☐	The worker generally seemed to grasp the patient's perspective as reflected by both what the patient explicitly said and what the patient communicated in more subtle ways. Good ability to listen and empathise
3	☐	The worker seemed to grasp the patient's perspective thoroughly and was adept at communicating this understanding through appropriate verbal and non-verbal responses to the patient

Rater comments

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3. Collaboration

Collaboration involves providing a balance between encouraging the patient to express their point of view and providing structure and focus to the session (not being too controlling or too passive). The patient should be given the opportunity to be actively involved in any decision making process. Rationales should be given for every intervention. Sometimes it may be necessary to take an active therapeutic stance eg when the patient's symptoms such as cognitive difficulties get in the way of making decisions or when there are concerns for the safety of the patient or others. The worker can still be collaborative by being transparent and explaining their decision making process with the patient

Score	Rating	Descriptors
0	☐	The worker was prescriptive in their approach and showed no signs of collaboration.
1	☐	The worker attempted to collaborate with the patient, but had difficulty in maintaining this approach throughout the session by either being too controlling, persuasive or passive.
2	☐	The worker was able to collaborate with the patient, focus on a problem that both patient and the worker considered important and established a rapport.
3	☐	Collaboration seemed excellent, the worker encouraged the patient as much as possible to take an active role during the session (e.g. by offering choices) so they could function as a "team".

Rater comments

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4. Developing discrepancy

Developing discrepancy aims to draw the patient's attention to any inconsistent views they have between taking medication and achieving future goals e.g. some people may believe that they do not want to take medication in the long term but also recognise that medication helps prevent relapse. The workers role is to raise and develop these discrepancies with the patient in a subtle way without evoking resistance. The worker can do this by eliciting the good things and less so good things about maintaining/altering their current medication taking behaviour; exploring evidence; comparing their current situation to future aspirations, or taking the stance of being understanding yet confused or uncertain.

Score	Rating	Descriptors
0	☐	The worker relied primarily on debate, persuasion, or lecturing. The patient seemed to feel threatened and defensive.
2	☐	The worker tried to persuade the patient to alter their behavior, rather than develop discrepancy. However, the worker's style was supportive enough that patient did not seem to feel threatened or defensive.
4	☐	The worker, for the most part, helped the patient see a new perspective through developing discrepancy (e.g. examining evidence, considering alternative, weighing advantages and disadvantages) rather than through debate. Used questioning appropriately.
6	☐	The worker was especially adept at developing discrepancy during the session to explore problems and help patient draw his/her own conclusions. Achieved a balance between skilful questioning and other modes of intervention

Rater comments

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5. Dealing with resistance

In order for conversations about medication to flow well, the worker needs to be vigilant to signs of resistance e.g. arguing, denying, interrupting or ignoring. Strategies for dealing with resistance include: emphasizing personal choice and control; backing off and coming alongside the user; reassessing how important it is for the user to take medication and how confident they are in taking medication.

Score	**Rating**	Descriptors
0	☐	The worker evoked resistance or increased existing resistance through their style of interviewing.
2	☐	The worker made an attempt to work with resistance but fell in to the trap of either being confrontational, argumentative, or blaming.
4	☐	The worker, for the most part, used effective strategies to work with resistance (e.g. reflective listening, emphasis on personal choice/control, reassessing importance/confidence, backing off and coming alongside the patient). The conversation flowed well
6	☐	The worker was very skilled at working with resistance during the session. Made excellent use of strategies e.g. reflective listening, emphasis on personal choice/control, reassessing importance/confidence, backing off and coming alongside the patient). The conversation flowed very well

Rater comments

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6. Application of concordance assessment or key intervention

This item reflects how skilled the worker is in applying one of the following key interventions

Concordance assessment	☐	Exploring ambivalence	☐
Problem solving	☐	Talking about beliefs & concerns	☐
Looking back	☐	Looking forward	☐

Score	Rating	Descriptor
0	☐	The worker failed to use or misused a key intervention.
4	☐	The worker used an appropriate intervention but there were flaws in the use of it.
8	☐	The worker used an appropriate intervention with a reasonable level of skill.
12	☐	The worker used a key intervention in a creative, flexible and skillful manner.

Rater comments

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7. Ending the session and eliciting feedback

Eliciting feedback is a two way process and should be done throughout the session but particularly at the end. It helps the worker to understand the patients' perspective and as a way of checking the patients' understands the workers perspective. It also helps the patient to stay focused. The worker can do this by summarising throughout and at the end of the session. The worker should also elicit feedback from the patient about how they felt the session went. The worker should also complete the session by linking it to the following session and checking that the patient feels 'ok' to end the session.

Score	Rating	Descriptor
0	☐	The worker did not ask for or provide feedback.
1	☐	The worker elicited some feedback from the patient, but did not ask enough questions to be sure the patient understood the worker's line of reasoning during the session or to ascertain whether the patient was satisfied with the session
2	☐	The worker asked enough questions to be sure that the patient understood the worker's line of reasoning throughout the session and to determine the patient's reactions to the session. The workers adjusted his/her behaviour in response to the feedback, when appropriate.
3	☐	The worker was skilled at eliciting and responding to verbal and non-verbal feedback throughout the session (e.g. elicited reactions to session, regularly checked for understanding, helped summarise main points at end of session).

Rater comments

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