

Psychology and Psychotherapy: Theory, Research and Practice

The development of the compassion focused therapy therapist rating scale (CFT-TCRS).

--Manuscript Draft--

Article Type:	Research Paper
Manuscript Number:	
Full Title:	The development of the compassion focused therapy therapist rating scale (CFT-TCRS).
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Keywords:	Compassion Focused Therapy; Therapist Competency; Psychotherapy
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Question	Response
If you have any potentially competing interests to declare, please enter them in the box below. If you have no interests to declare, please enter 'none'.	none
Does this submission have any links or overlap with any other submitted or	This submission follows on from Liddell, Allan & Goss (2016) Therapist competencies necessary for the delivery of compassion-focused therapy. Psychology and

<p>published manuscripts, for this or any other publication? (For example; as part of a long-term project, using a shared data set, a response to, or extension of, earlier work.) If yes, please give brief details. If no, please enter 'none'. Any overlap not declared and later discovered will result in the manuscript being withdrawn from consideration.</p>	<p>Psychotherapy: Theory Research and Practice, 90(2), 156-176. This is part of a longer term project to identify the key competencies of CFT and construct and evaluate a therapist rating scale for CFT. However this paper is not a response to that paper, there is no shared data, and this paper is not an extension of the Liddell et al paper.</p>
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Short title: *CFT-TCRS*

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Acknowledgements: Leicestershire Partnership Trust

NHS sponsored this research.

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Abstract

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Design. The Delphi method was used to develop and operationalise the competencies required for inclusion in a CFT therapist competence scale over five rounds.

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Practitioner points

- The Compassion Focused Therapy Therapist Competency Ratings Scale (CFT-TCRS) is the first scale to operationalise the unique and generic competencies required to deliver Compassion Focused Therapy (CFT).
- The CFT-TCRS can be used as a learning guide for delivering CFT, to assess therapist competence for CFT training courses or clinical practice, and to assess fidelity in research trials.

Compassion-focused therapy (CFT) is a transdiagnostic psychological approach that draws on Buddhist philosophy and neuroscience, as well as social, developmental, and evolutionary psychology (Gilbert, 2009). It was initially developed for people with high levels of shame and self-criticism (Gilbert & Irons, 2005). There is emerging evidence for the effectiveness of CFT across range of clinical problems including; depression and anxiety (Gilbert & Procter, 2006; Judge, Cleghorn, McEwan, & Gilbert, 2012), personality disorder (Lucre & Corten, 2012), eating disorders (Gale, Gilbert, Read, & Goss, 2012; Kelly & Carter, 2015; Williams, Tsivos, Brown, Whitelock & Sampson, 2017), psychosis (Braehler *et al.*, 2013; Heriot-Maitland, Vidal, Ball & Irons, 2014; Kennedy & Ellerby, 2016; Laithwaite *et al.*, 2009; Mayhew & Gilbert, 2008), acquired brain injury (Ashworth, Gracey, & Gilbert, 2011; Ashworth, Clarke, Jones, Jennings, & Longworth, 2015), and post-traumatic stress disorder (Au *et al.*, 2017; Beaumont, Galpin, & Jenkins, 2012; Beaumont, Durkin, McAndrew, & Martin, 2016).

Treatment fidelity and therapist competence scales

Treatment fidelity is described as the degree to which an intervention is implemented as intended and includes therapist competence, therapist adherence to protocols and treatment

differentiation (Perepletchikova, Treat & Kazdin, 2007).

Monitoring and assessing treatment fidelity in research trials is required to ensure treatment has been delivered as intended, to increase the internal and external validity and validate the conclusions drawn (Nezu & Nezu, 2008, pp.263-284).

Therapist competence addresses "the extent to which a therapist has the knowledge and skill required to deliver a treatment to the standard needed for it to achieve its expected effects" (Fairburn & Cooper, 2011). To date, studies that have evaluated CFT have not assessed treatment fidelity (Leaviss & Uttley, 2015). Therefore, it is not clear whether treatment has been delivered as intended.

Thus far it has been difficult for CFT studies to assess treatment fidelity as there is no consensus about the competencies that need to be assessed or the behavioural anchors that could be used in a CFT therapist competency rating measure. Liddell, Allan and Goss (2016) developed a CFT competency framework outlining the necessary therapist competencies required to effectively deliver CFT. The framework comprised six key areas of competence and 25 main competencies. This framework was developed to provide guidance for clinicians and training courses delivering CFT. However, this framework is not a rating scale that can be used to assess CFT therapist competence in clinical practice, training or research. Gilbert and Wood have developed an unpublished

scale called the 'CFT Therapy Assessment Guide' to assess therapist competence in CFT training programmes. This 45-item scale aims to assess microskills, formulation skills, skills in explaining CFT, and contracting. However, this scale did not follow any formal procedure for item selection or for the development of the behavioural anchors required to rate specific competencies.

The aims of the present study were to identify initial candidate items that may be included in a CFT therapist rating scale and to develop the behavioural indicators to anchor these items. A Delphi methodology (Linstone & Turoff, 2002) was used to develop consensus each of the candidate items and their behavioural anchors to ensure that the scale represented the views of a range of experts in CFT.

Method

The Delphi method

The Delphi method is a way of structuring communication between experts to explore opinions and promote agreement about a complex problem (Linstone & Turoff, 2002). It is widely used to achieve a convergence of opinion among experts (Boukdid, Abdoul, Loustau, Sibony & Alberti, 2011). The advantages of this method include anonymity for group members and greater creativity and honesty (De Meyrick,

2003; Iqbal & Pison-Young, 2009). It is also a practical method when geography, time or other constraints may limit other forms of communication (Landetta, 2006). The Delphi method has been used to identify professional competencies in range of clinical settings and across a range of therapeutic models (Green & Gledhill, 1993; Garland, Hawley, Brookman-Frazer, & Hurlburt, 2008; Morrison & Barratt, 2010). This method was also used to develop the competency framework for CFT (Liddell *et al.*, 2016).

Participants

CFT is a relatively new therapeutic approach and so the sample of experts was drawn from a small pool of 20 clinicians, of whom eleven consented to participate. The participants consisted of two groups of CFT experts. Two experts in CFT were recruited to the independent expert panel (IEP). They were founder members of the Compassionate Mind Foundation. They were involved in the initial development and subsequent editing of items and behavioural anchors.

Nine participants were recruited to the second group. This was called the survey expert panel (SEP). The SEP participated in the online surveys that were used in the study. Members of the SEP were required to have both extensive knowledge and competency in delivering CFT. The SEP were experienced

CFT therapists who had previously been a member of the Compassionate Mind Foundation board or were trained and supervised by a member of the board. They had also been involved in devising CFT treatment protocols or training and supervising others in CFT.

Design and Procedure

The study was conducted using a modified Delphi method (Hsu & Sandford, 2007; Avella, 2016; Linstone & Turoff, 1975). A modification was made to the first round by using initial interviews with the IEP in order to review and condense previous work conducted in relation to CFT competencies.

The study took place over five rounds. Round one focused on identifying the initial candidate items for inclusion in a meeting with the IEP. Items were included in the scale if the IEP agreed that they were necessary for inclusion. This round identified 30 candidate items. In round two these items sent to the nine members of the SEP in the form of an online survey. Participants were asked to rate how important they thought each competency was for inclusion in a CFT therapist competence scale. This was rated using a five-point Likert scale ranging from “not important” to “very important”. The participants were asked to comment on the score they had provided and to suggest changes that might be required. They

were also asked to comment on how each item might be observed and measured in practice.

Content analysis was used to analyse the qualitative data (Graneheim & Lundman, 2004) in order to summarise the common themes reported by the SEP for each competence (Vaismoradi, Turunen & Bondas *et al.*, 2013). This information was used to provide summaries of the comments to guide the round three meeting with the IEP.

In round three the IEP met to finalise the items for inclusion in a draft scale and to develop the initial behavioural indicators that could be used to anchor each item. At the end of this round 23 candidate items and their behavioural anchors were drafted. The candidate items used a five-point Likert scale, with zero indicating an inappropriate or absent level of competency and four representing skillful enactment of a competency.

In round four a second online survey was conducted with the SEP using the items and rating scales developed in round three. In this survey the SEP were asked to rate on a five-point Likert scale whether the item accurately described and operationalised each competence using the same five-point Likert scale used in round two. An open-ended question offered the SEP an

opportunity to suggest changes to the draft scale. In round five the survey data from round four was reviewed by the IEP to finalise the scale.

Analysis

All discussions with the IEP (rounds one, three and five) were recorded on a digital recorder and contemporaneous notes were taken for later review. The quantitative survey data from round two was analysed to establish consensus for each item. For the item to be included in the scale, 80% of the SEP had to rate four or higher on the five-point Likert scale. A high level of consensus was chosen as the group was assumed to be relatively homogeneous and all participants were required to have an expert level of knowledge of CFT. In round four the data was analysed using a similar method to round two. However, a stricter consensus threshold was applied given that the aim was to edit and revise the scale items. This required 80% of the SEP give a rating of five out of five on the Likert scale. The items that did not reach this level of consensus were re-evaluated and edited based on the comments generated. Content analysis was applied to the qualitative data obtained in round two and four to summarise the views of the SEP and to identify possible refinements to the scale.

Results

Generation of the competency items

CFT unique competencies

The candidate items for the ‘CFT unique competencies’ developed in round one, the round two consensus levels, and the nature of the subsequent amendments of the candidate items in round three, are presented in Table 1.

<INSERT TABLE 1 ABOUT HERE>

Four of the ‘CFT unique competencies’ from round one did not reach the standard of consensus required in round two. Three of these competencies were rated as either ‘important’ or ‘very important’ with a consensus level of 77.8%. These were *understanding the human motivation system, theory of mind, and inference chains and cognitions*. One competence was rated as either ‘important’ or ‘very important’ with a consensus level of 55.5% (*distinguish between motives and emotions*). These five items were excluded from the next round. The competencies of *cultivate and tolerate emotions and breathing, training, tone of voice and facial expression* were also excluded by the IEP in round three based on comments from the SEP regarding item overlap. Ten of the ‘CFT unique competencies’ were reworded in round three based on SEP comments in round two. The description for the competence *unconscious emotions*

was the only item not amended in round three. An additional item, named *multiple-selves*, was constructed by the IEP based on recommendations by three of the SEP.

Microskills

The candidate items for the ‘CFT microskills’ developed in round one, the round two consensus levels, and the nature of the subsequent amendments of the candidate items in round three, are presented in Table 2.

<INSERT TABLE 2 ABOUT HERE>

The microskill item *agenda 1* did not reach the standard of consensus required in round two and this item was excluded. However, in round three the IEP agreed that some aspects of this item should be merged with the *agenda 2* item to make this more concise. The IEP excluded two additional microskills in round three. *Attuned and connected to client’s whole being* was excluded as proved too difficult to formulate behavioural anchors for this item. *Notices and reflects on the process of therapy* was excluded as these skills were covered by other items.

The item *non-verbal communication* was rated as ‘very important’ by all participants in round two, however the SEP

suggested that this item needed to be more specific and CFT focused. Therefore, in round three the IEP divided *non-verbal communication* into two separate items. One of these items focused on non-verbal communication as a generic therapy skill and the other item focused on CFT specific non-verbal skills. SEP comments suggested that several microskills should be combined and in round three the IEP merged *paraphrases* and *summarising* into a single item. The descriptions for the items *verbal communication*, *agenda 2*, and *mentalisation* were edited and reworded to increase clarity and specificity. Four item descriptions were not amended. These were *pacing*, *Socratic questioning*, *validates*, and *normalisation*

Finalising items and developing behavioural anchors

CFT unique competencies and behavioural anchors

In round three the IEP met to finalise the items for inclusion in the second version of the scale and to develop the initial behavioural indicators that might be used to anchor each item. The resulting 23 candidate items and their behavioural anchors were assessed by the SEP in a second online survey in round four. Table 3 presents the items for the ‘CFT unique competencies’ developed in round three, the round four

consensus levels, and the nature of the subsequent amendments of the candidate items in round five.

<INSERT TABLE 3 ABOUT HERE>

A number of changes were made to these candidate items. The SEP comments in round four suggested *building courage and motivation* could be divided into two items with an item focused on building courage to tolerate distress. In the round five this competence was divided into two competencies which were *building courage and building motivation*. The items *formulation links* and *developing individualised formulation* were combined in round five into a single *formulation* item. An additional item was added in round five called *cultivating and tolerating positive feelings in the drive system*.

The *fear, blocks and resistance* item was amended in the round five IEP meeting. Changes included adding content about the therapist recognising and addressing the client's fears, blocks and resistances to aid their recovery and to notice these fears as they arise in therapy. The IEP also changed the content and language used in the *functional analysis* item. This involved changing the word 'behaviour' to 'strategies' and adding the need to link safety strategies back to a wider formulation.

Several items were reworded in round five. The item label *CFT techniques* was changed to *compassionate mind training*. SEP feedback was used to clarify the language used in the *multiple-selves* item. The SEP noted that the “Three-Systems” model was included in three items (*motives and emotions*, *recognising the three systems*, and *understanding the relationship between three-systems*) therefore, in round five the IEP refined the item labels and behavioural anchors to *recognising motives and emotions*, *actively working with the three systems* and *understanding the relationship between three systems*. The SEP suggested that the item *unconscious emotions and processes* needed to be more clearly defined, and this was also done in round five.

Microskills and behavioural anchors.

Table 4 presents the candidate items for “CFT Microskills” that were developed in round three, the round four consensus levels, and the subsequent amendments made to candidate items in round five.

<INSERT TABLE 4 ABOUT HERE>

There were fewer qualitative comments and greater agreement about the ‘microskills’ items compared to the “CFT unique competency” items. However, the SEP noted that *paraphrasing and summaries* might be linked to the CFT model and formulation and so amendments were made to this item in the round five. The *Socratic questioning* item reached a 75% consensus level in round four. Here, the SEP noted that the use of open and closed questions should be added to the item, and this was done in round five.

The SEP suggested that *non-verbal communication* and *CFT principles and non-verbal communication* items overlapped and could be merged. The IEP changed the labels of these items to ‘*non-verbal communication to build rapport*’ and ‘*non-verbal communication and motivational/emotional systems*’ to increase clarity. The SEP also suggested that the *mentalisation* item required a clearer description of ‘*mentalisation*’ and ‘*perspective taking*’ and therefore examples were included in round five. Only 37.5% of the SEP in round four ‘strongly agreed’ that *agenda setting* was accurately defined. As there was only one SEP comment about this item it was difficult to interpret this low score and so this item was not amended.

Outcome of round five

At the end of round five 23 items reached the standard of consensus required for inclusion in the final version of the CFT-TCRS. This version consisted of 14 ‘CFT unique competencies’ and 9 ‘microskills’. An example of a CFT ‘unique competency’ is presented in Figure 1, and an example of a ‘microskill is presented in Figure 2.

INSERT FIGURE 1 ABOUT HERE

INSERT FIGURE 2 ABOUT HERE

Discussion

This is the first study that has attempted to reach consensus regarding the competencies and behavioural anchors for a CFT therapist competence rating scale. It focused on generating and operationalising the competencies in preparation for assessing the scale’s psychometric properties in a future study. This contrasts with some previous therapist competency rating scale studies that have focused on testing the scales psychometric properties rather than developing an initial expert consensus about the scale items (Blackburn *et al.*, 2001; Ogrodniczuk & Piper, 1999; Paivio, Holoway, & Hall, 2004; Vallis, Shaw, & Dobson, 1986; Young & Beck, 1980).

The “microskills” items generated less qualitative feedback and less disagreement compared to the “CFT unique competencies” items. This was not surprising as experts often have higher levels of agreement on generic therapeutic competencies that are applicable to all psychotherapies (Morrison & Barratt, 2010).

Overall, there were high levels of agreement on the “CFT unique competencies” that could be included in the scale, however there were different opinions regarding the content of some of these items, mainly in relation to item overlap. For example, some experts reported that the three items describing the affect regulation systems overlapped, that *functional analysis* seemed to overlap with *formulation*, and that the two non-verbal communication items also overlapped.

There were differences in opinion about whether ‘agenda setting’ was a standard part of a CFT. Despite the potential overlap with rating scales for other therapies, these skills were agreed to be essential for a CFT session as part of building a therapeutic relationship. This is in line with the literature regarding the therapeutic relationship as being a key ingredient for change and positive therapy outcomes (Ackerman & Hilsenroth, 2003).

The current CFT evidence base has been criticised for the lack of assessment of treatment fidelity (Leaviss & Uttley, 2015). This, at least in part, is due to the lack of an agreed measure of the competencies required to deliver CFT. The CFT-TCRS has the potential to be appropriate scale to assess treatment fidelity.

Strengths and limitations

This is the first study to define and operationalise the unique and generic competencies required to deliver CFT. Data was gathered over five rounds that involved approximately 16 hours of face-to-face meetings with the IEP and two survey rounds with the SEP which generated quantitative and qualitative data. The anonymity of the online survey facilitated ideas not influenced other members of the SEP. These surveys also enabled a geographically dispersed group of international experts to participate in the study.

The “CFT unique competencies” included in the final version of the CFT-TCRS were consistent with the CFT literature (Gilbert, 2009; 2014). The CFT-TCRS has included the views of expert clinicians working in a range of clinical settings and it is hoped the competencies measured will be generally applicable.

Given the relatively recent development of CFT, the number of experts meeting the threshold for inclusion was small.

However, similar participant numbers have been used in Delphi studies when experts have similar training and an in-depth understanding in the field of interest (Akins, Tolson & Cole, 2005). The online surveys method may have lacked the richness and depth that could be obtained using another methodology such as a focus group (Iqbal & Pipon-Young, 2009), however, this was not practical.

Future research

The next stage of development for the CFT-TCRS is to establish whether the scale can be reliably and validly used to evaluate CFT practice (Barber, Sharpless, Klostermann and McCarthy, 2007). This would be consistent with previous studies that have assessed the psychometric properties of competency scales for other psychological therapies (Bennett & Parry, 2004; Blackburn *et al.*, 2001; Chevron & Rounsaville, 1983; Ogrodniczuk & Piper, 1999).

Conclusions

The current study identified the therapist competencies and the behavioural anchors considered by experts to be essential for the effective delivery of CFT. A scale was developed to

measure these competencies. The CFT-TCRS comprises 14 “CFT unique competencies” and 9 “microskills”. It is not expected that all of the “CFT unique competencies’ will be observed in every CFT session, as this will depend on the client’s needs. However, it is likely that each of the “microskills” will be demonstrated in every CFT session. Future research is required to understand and evaluate the psychometric properties of this scale before it is used to formally assesses CFT therapist competence. However, in its current format it could be used as a guide for supervision and training purposes.

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Table 1. Candidate items for “CFT Unique Competencies” developed in round one: Round two consensus levels and amendments made to candidate items in round three.

Candidate items for CFT unique competencies generated in round one	Participant ratings of necessity of competencies two and consensus levels in round							Amendments made in round three
	Very important	Important	Moderately important	Somewhat important	Not important	Consensus >80%	Mean (SD)	
1.Psychoeducation	89.9	11.1	0	0	0	100	4.89 (0.35)	Reworded
2.Motives, emotions and three systems.	89.9	11.1	0	0	0	100	4.89 (0.35)	Reworded
3.Understand the human motivation system	67.7	11.1	22.2	0	0	78.8	4.44 (0.92)	Excluded
4.Cultivates emotion systems	78.8	11.1	11.1	0	0	88.9	4.67 (0.74)	Reworded
5.Understanding three-systems.	88.9	0	0	11.1	0	88.9	4.67 (1.06)	Reworded
6.Understand relationship between threat, drive and affiliative system	100	0	0	0	0	100	5.00 (0)	Reworded
7.Builds motivation	100	0	0	0	0	100	5.00 (0)	Reworded
8.Cultivate and tolerate emotions	100	0	0	0	0	100	5.00 (0)	Excluded
9.Breathing training, tone of voice and facial expressions.	100	0	0	0	0	100	5.00 (0)	Excluded
10.Forms and functions of self-criticism	77.8	11.1	0	0	11.1	88.9	4.33 (1.75)	Reworded
11.Theory of mind	56.6	22.2	11.1	11.1	0	77.8	4.22 (1.12)	Excluded
12.Distinguish between motives and emotions	33.3	22.2	33.3	0	11.1	55.5	3.67 (1.60)	Excluded
13.Fears/blocks/resistances	100	0	0	0	0	100	5.00 (0)	Reworded
14.Inference chains and cognitions	55.6	22.2	22.2	0	0	77.8	4.33 (0.88)	Excluded
15.Unconscious emotions	77.8	11.1	11.1	0	0	88.9	4.67 (0.74)	No changes
16.Attachment experiences	77.8	11.1	0	11.1	0	88.9	4.56 (1.07)	Reworded
17.Formulation	100	0	0	0	0	100	5.00 (0)	Reworded
New item: Multiple selves								New item.

Table 2. Candidate items for “CFT Microskills” developed in round one: Round two consensus levels and amendments made to candidate items in round three.

Candidate items for CFT microskills generated in round one	Participant ratings of necessity of competencies two and consensus levels in round							Amendments made in round three
	Very important	Important	Moderately important	Somewhat important	Not important	Consensus >80%	Mean (SD)	
18.Non-verbal communication	100	0	0	0	0	100	5.00 (0)	Two items
19.Verbal communication	100	0	0	0	0	100	5.00 (0)	Reworded
20.Pacing	100	0	0	0	0	100	5.00 (0)	No changes
21.Socratic questioning	88.9	11.1	0	0	0	100	4.78 (0.46)	No changes
22.Agenda 1	33.3	44.4	11.1	11.1	0	77.7	4.11 (1.07)	Excluded
23.Agenda 2	55.6	44.4	0	0	0	100	4.44 (0.52)	Reworded
24.Paraphrases	88.9	11.1	0	0	0	100	4.89 (0.35)	Combined with t25
25.Summarising	66.7	33.3	0	0	0	100	4.67 (0.52)	Combined with item 24
26.Validates	100	0	0	0	0	100	5.00 (0)	No changes
27.Normalisation	88.9	11.1	0	0	0	100	4.89 (0.35)	No changes
28.Mentalisation	77.8	22.2	0	0	0	100	4.78 (0.46)	Reworded
29.Attuned and connected to client's whole being	77.8	11.1	0	0	11	89	4.33 (1.75)	Excluded
30.Notices and reflects on the process of therapy	66.7	33.3	0	0	0	100	4.67 (0.51)	Excluded

Table 3 Candidate items for “CFT Unique Competencies” developed in round three: Round four consensus levels and amendments made to candidate items in round five.

Candidate items for CFT unique competencies generated in round three	Participants level of agreement regarding how accurately each competence was defined (percentage).						Amendments made in round five
	Strongly agree	Agree	Somewhat agree	Disagree	Strongly disagree	Mean (SD)	
1.Psychoeducation	62.5	12.5	25.0	0	0	4.38 (0.98)	Edited: description.
2.Motives and emotions	75.0	25.0	0	0	0	4.75 (0.38)	Edited: title/description.
3.Recognising the three-systems	62.5	37.5	0	0	0	4.63 (0.49)	Edited: title/ least competent anchor.
4.CFT techniques	50.0	37.5	12.5	0	0	4.38 (0.79)	Edited: title/ most competent anchor.
5.Understanding the relationship between three-systems	62.5	25.0	12.5	0	0	4.5 (0.79)	No edits, changed items structure in the scale.
6.Building motivation and courage	75.0	12.5	12.5	0	0	4.63 (0.76)	Separated into two items.
7.Cultivating and tolerating affiliative emotions	71.4	28.6	0	0	0	4.71 (0.41)	Edited: points to consider.
8.Functional analysis	50.0	25.0	25.0	0	0	4.25 (0.95)	New item added. Edited: points to consider/ Most competent anchor.
9.Fears, blocks and resistances	62.5	25.0	12.5	0	0	4.50 (0.79)	Edited: description/ points to consider/ most competent anchor.
10.Unconscious emotions and processes	62.5	25.0	12.5	0	0	4.50 (0.79)	Edited: item description/ points to consider/ most competent.
11.Formulation links	62.5	25.0	12.5	0	0	4.50 (0.79)	Item merged with item 12.
12.Developing individualised formulation	62.5	37.5	0	0	0	4.63 (0.49)	Item merged with item 11.
13.Multiple selves	57.1	42.9	0	0	0	4.57 (0.52)	Edited: points to consider.

Table 4. Candidate items for “CFT Microskills” developed in round three: Round four consensus levels and amendments made to candidate items in round five

Candidate items for CFT Microskills generated in round three	Participants level of agreement regarding how accurately each competence was defined (percentage).						Amendments made in round five
	Strongly agree	Agree	Somewhat agree	Disagree	Strongly disagree	Mean (SD)	
14. Non-verbal communication	87.5	0	0	0	12.5	4.50 (1.51)	Met consensus, but title defined to distinguish from item 15.
15. CFT principles and non-verbal communication	42.9	28.6	0	14.3	12.5	43.71 (1.6)	Edited: title/ description/ most competent anchor.
16. Verbal communication	87.5	12.5	0	0	14.3	5.00 (0)	Met consensus.
17. Pacing	62.5	37.5	0	0	0	4.63 (0.53)	Edited: least competent anchor.
18. Socratic questioning	75.0	12.5	12.5	0	0	4.63 (0.79)	Edited: points to consider
19. Paraphrasing and summaries	50.0	25.0	12.5	12.5	0	4.13 (1.46)	Edited: points to consider.
20. Agenda setting	37.5	50.0	0	12.5	0	4.00 (1.41)	No edits.
21. Validation	50.0	37.5	0	12.5	0	4.13 (1.46)	Merged with item 22.
22. Normalisation	62.5	37.5	0	0	0	4.63 (0.49)	Merged with item 21.
23. Mentalisation	42.9	28.6	28.6	0	0	4.17 (0.98)	All parts edited.

ITEM 2: Recognizing motives and emotions				
<p>The therapist helps the client to distinguish between motives and emotions that can be categorized as threat-focused, drive-reward focused and soothing-contentment focused and their evolved functions.</p> <p>These points should be considered when scoring:</p> <ul style="list-style-type: none"> • The three-circles model is correctly understood and explained. • Skillful and appropriate feedback is given. • The content is delivered alongside reflection, guided discovery, summarizing. <p>Unable to rate: X</p>				
Absent or inappropriate				Skillful enactment
0	1	2	3	4
Less competent			More competent	
<p>The therapist does not make reference to the three-circle model, uses inappropriate feedback and makes no links between theory and client's experience.</p>			<p>The therapist appropriately explores the three-circle model and uses this to help the client understand their experience and move the client forward in therapy. The therapist relates the three-circles model to examples in the client's life.</p>	

Figure 1. An example of a CFT 'unique competency'

ITEM 16: Non-verbal communication and motivational/emotional systems				
<p>The therapist uses non-verbal communication to elicit and enhance motivational or emotional systems (e.g. the therapist helps the client access their soothing, threat or drive-system).</p>				
<p>Unable to rate: X</p>				
Absent or inappropriate				Skillful enactment
0	1	2	3	4
Less competent			More competent	
<p>The therapist does not use, or inadequately uses, non-verbal communication.</p>			<p>The therapist explicitly uses their voice tone, facial expression and body posture to help the client activate and cultivate motivational or emotional systems (e.g. compassion or anger) in line with the goals of therapy (e.g. when exploring multiple selves or developing compassionate self).</p>	

Figure 2. An example of a CFT ‘microskill’