CORE BELIEFS ASSESSMENT
PROCEDURE: THE DEVELOPMENT
OF A COGNITIVE-BEHAVIOURAL
CASE FORMULATION METHOD

A Thesis Submitted to the College of
Graduate Studies & Research
in Partial Fulfilment of the Requirements
for the Degree of Doctor of Philosophy
in the Department of Psychology
University of Saskatchewan
Saskatoon, Saskatchewan

By Helen Jane Louisy
Spring, 1996

© Copyright Helen Jane Louisy, 1996. All rights reserved.
The author has granted a non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of this thesis in microform, paper or electronic formats.

The author retains ownership of the copyright in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

L’auteur a accordé une licence non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de cette thèse sous la forme de microfiche/film, de reproduction sur papier ou sur format électronique.

L’auteur conserve la propriété du droit d’auteur qui protège cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.
UNIVERSITY OF SASKATCHEWAN
College of Graduate Studies and Research

SUMMARY OF DISSERTATION
Submitted in partial fulfillment
of the requirements for the
DEGREE OF DOCTOR OF PHILOSOPHY

by
Helen J. Louisy
Spring, 1996

Examining Committee:
Dr. T. Witherspoon
Head, Dept. of Sociology
Dean's Designate, College of
Graduate Studies and Research

Dr. J. Cheesman
Chair of Advisory Committee,
Head, Dept. of Psychology

Dr. J. Mills
Supervisor, Department of
Psychology

Dr. L. McMullen
Department of Psychology

Dr. D. Hay
Department of Psychology

Dr. M. Genest
Head, Dept. of Psychology,
Acadia University, Wolfville,
Nova Scotia B0P 1X0

Dr. J. McClements
College of Physical
Education

External Examiner:
Dr. H. J. Stam
Department of Psychology
University of Calgary,
2500 University Drive N.W.,
Calgary, Alberta
T2N 1N4
Core Beliefs Assessment Procedure (CAP): The Development of a Semi-Structured Interview and Rating System to Assess Core Beliefs

Targeting core beliefs, negative self-evaluative cognitions central to a client’s problem, is critical for the success of cognitive-behaviour therapy. Thus, the ability of therapists to distinguish between a client’s core beliefs and peripheral beliefs has significance for treatment outcome. This research evaluated the reliability and validity of an assessment procedure developed to identify core beliefs, the Core Beliefs Assessment Procedure (CAP). This case formulation method operationalizes markers of core beliefs proposed in the literature and encompasses a semi-structured interview, a set of probes, and a rating system.

Twenty participants, receiving psychotherapy from a community mental health service, were administered the CAP. Core and peripheral case formulations were developed for each participant. Ten participants completed a second assessment session, with a different interviewer, one week later. The CAP showed strong interviewer reliability as six independent judges rated formulations developed by different interviewers for the same subject as more similar than formulations developed for different subjects. In addition, high inter-rater reliability regarding the intensity of affect ($r = .88$) and the commonness ($r = .95$) and vividness ($r = .93$) of metaphor in 4 videotaped interviews was achieved.
Results supported the criterion validity of 8 of the 10 markers of core and peripheral self-knowledge, as operationalized by the CAP. Interviewer ratings showed that core self-representations had significantly higher levels of affect, metaphor, and redundancy (i.e., process markers) than peripheral self-representations. Participant ratings showed that core self-representations had significantly higher levels of self-worth contingency, temporal stability, cross-situational consistency and problem relevance (i.e., content markers) than peripheral self-representations. Significant differences were not observed between core and peripheral self-representations on participant ratings of developmental primacy.

The relevance of core and peripheral case formulations to the participants' problems were rated both from the perspective of participants and the participants' therapists in order to determine the predictive validity of the CAP. Core case formulations were rated as being more relevant to the participants' problems and as having more utility for guiding treatment than peripheral case formulations. The reliability and validity of the CAP were established.
In presenting this dissertation in partial fulfilment of the requirements for a Postgraduate degree from the University of Saskatchewan, I agree that the libraries of this University may make it freely available for inspection. I further agree that permission for photocopying of this document, in whole or in part, for scholarly purposes may be granted by the professor who supervised my work, or in his absence, by the Head of the Department or the Dean of the College in which this dissertation work was done. It is understood that the recognition shall be given to me and to the University of Saskatchewan in any scholarly use which may be made of any material in my dissertation.

Requests for permission to photocopy or to make other use of material in this dissertation, in whole or in part, should be addressed to:

   Head of the Department of Psychology
   University of Saskatchewan
   Saskatoon, Saskatchewan, Canada
   S7N 5A9
ABSTRACT

This research evaluated the reliability and validity of a procedure for identifying and assessing core beliefs, the Core Beliefs Assessment Procedure (CAP). The CAP comprised a semi-structured interview, set of markers, and rating system. Twenty participants were administered the CAP. Participants were clients receiving psychotherapy from a community-based mental health service. Core and peripheral case formulations were developed for each participant. Ten participants completed a second assessment session, with a different interviewer, one week later. The CAP showed strong interviewer reliability. In addition, high inter-rater reliability regarding the intensity of affect ($r = .87$) and the commonness ($r = .96$) and vividness ($r = .93$) of metaphor was achieved.

Findings suggested that 8 of 12 markers, proposed in the study, adequately distinguished between core and peripheral self-knowledge. Interviewer ratings showed that core self-representations had significantly higher levels of affect, metaphor, and redundancy (i.e., process markers) than peripheral self-representations. Participant ratings showed that core self-representations had significantly higher levels of self-worth contingency, temporal stability, cross-situational consistency and problem relevance (i.e., content markers) than peripheral
self-representations. Significant differences were not observed between core and peripheral self-representations on participant ratings of developmental primacy.

The relevance of core and peripheral case formulations to the participants’ problems were rated both from the perspective of participants and the participants’ therapists in order to determine the validity of the CAP. Core case formulations were rated as being more relevant to the participants’ problems and as having more utility for guiding treatment than peripheral case formulations.

Therapists may find case formulations derived from the CAP useful for guiding treatment. Future research should test the hypothesis that a therapist following a core case formulation has greater treatment success than a therapist following a peripheral case formulation.
Acknowledgements

I am extremely grateful to Dr. Myles Genest, my supervisor, for his guidance and expertise throughout the completion of the dissertation. I am also grateful to Dr. John Mills, who graciously provided supervision, after Dr. Genest departed the University of Saskatchewan.

I would like to thank my committee members. Dr. Deb Hay and Dr. Linda McMullen were extremely dedicated and conscientious. Dr. Jim McClements offered insightful comments at the defense. I thank Dr. Hank Stam, external examiner, for his contributions at the defense.

I thank the Dept. of Psychology, Camp Hill Medical Centre, Halifax, Nova Scotia, for allowing their clients to participate in the pilot study. Dr. Michael Vallis contributed in the early stages of the project. I am thankful of the support of the Mental Health Division of Valley Health Services Association, Kentville, Nova Scotia. The Division supported my data collection in several ways. Dr. Brian Dufton was an invaluable contributor.

I am indebted to my parents who assisted me financially and emotionally throughout my tenure as a graduate student at the University of Saskatchewan. Finally, I thank my husband, Dr. Michael Ross, who came to know the project intimately and was a steadfast supporter of the work.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>ii</td>
</tr>
<tr>
<td>TABLE OF CONTENTS</td>
<td>v</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>ix</td>
</tr>
<tr>
<td>1. GENERAL INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>1.1 A History of the Distinction between Core and Peripheral Beliefs</td>
<td>6</td>
</tr>
<tr>
<td>Vertical Exploration</td>
<td>15</td>
</tr>
<tr>
<td>Inferring Common Themes</td>
<td>15</td>
</tr>
<tr>
<td>Accessing Hot Cognitions</td>
<td>16</td>
</tr>
<tr>
<td>Learning from Ineffective Strategies</td>
<td>16</td>
</tr>
<tr>
<td>1.2 Automatic Activation of Core versus Peripheral Self-knowledge:</td>
<td>21</td>
</tr>
<tr>
<td>An Initial Test of the Core versus Peripheral Distinction</td>
<td></td>
</tr>
<tr>
<td>2. CORE VERSUS PERIPHERAL SELF-KNOWLEDGE:</td>
<td>26</td>
</tr>
<tr>
<td>THE DEVELOPMENT OF AN ASSESSMENT PROCEDURE</td>
<td></td>
</tr>
<tr>
<td>2.1 Introduction</td>
<td>26</td>
</tr>
<tr>
<td>2.2 The Semi-Structured Interview: A Model</td>
<td>26</td>
</tr>
<tr>
<td>2.3 The Development of the Core Beliefs Assessment Procedure (CAP)</td>
<td>27</td>
</tr>
<tr>
<td>2.3.1 An Overview of the Core Beliefs Assessment Procedure (CAP)</td>
<td>27</td>
</tr>
<tr>
<td>2.3.2 The Interview</td>
<td>33</td>
</tr>
<tr>
<td>2.3.3 Markers of Core Self-Knowledge</td>
<td>38</td>
</tr>
<tr>
<td>Affectivity</td>
<td>38</td>
</tr>
<tr>
<td>Metaphor</td>
<td>40</td>
</tr>
<tr>
<td>Security Operations</td>
<td>44</td>
</tr>
<tr>
<td>Redundancy</td>
<td>46</td>
</tr>
<tr>
<td>Self-Worth Contingencies</td>
<td>47</td>
</tr>
<tr>
<td>Superordinacy</td>
<td>49</td>
</tr>
<tr>
<td>Temporal Stability</td>
<td>51</td>
</tr>
<tr>
<td>developmental Primacy</td>
<td>52</td>
</tr>
<tr>
<td>Cross-Situational Consistency</td>
<td>55</td>
</tr>
<tr>
<td>3. PILOT STUDY: REFINING THE ASSESSMENT PROCEDURE</td>
<td>58</td>
</tr>
<tr>
<td>3.1. Method</td>
<td>58</td>
</tr>
<tr>
<td>3.1.1 Participants</td>
<td>58</td>
</tr>
<tr>
<td>3.1.2 Materials</td>
<td>59</td>
</tr>
<tr>
<td>The Core Beliefs Assessment Procedure (CAP)</td>
<td>59</td>
</tr>
<tr>
<td>3.1.3 Procedure</td>
<td>59</td>
</tr>
<tr>
<td>Recruitment</td>
<td>59</td>
</tr>
<tr>
<td>Administration of Interview</td>
<td>59</td>
</tr>
</tbody>
</table>
3.2 Results
  3.2.1 Superordinacy 61
  3.2.2 Security Operations 66
  3.2.3 Affectivity 68
  3.2.4 Problem Relevance 69
3.3 Conclusion 70

4. ESTABLISHING THE RELIABILITY OF THE CORE BELIEFS
   ASSESSMENT PROCEDURE 72
4.1 Introduction 72
  4.1.1 Clinical Interviews: Agreement between
        Observers Rating the Same Interview 72
  4.1.2 Calculating Reliability Estimates for
        Case Conceptualization Methods 74
4.2 Method 78
  4.2.1 Participants 78
  4.2.2 Materials 83
        The Core Assessment Procedure 83
        Ratings Protocol 83
        Case Conceptualization 83
  4.2.3 Procedure 88
        Administration of the Interview 88
4.3 Results 89
  4.3.1 Inter-rater Reliability for
        Affect and Metaphor 89
  4.3.2 Interviewer Reliability - Ratings of
        Matched versus Mismatched Formulations 91
4.4 Discussion 98

5. PATIENT AND THERAPIST PERSPECTIVES OF CAP RESULTS:
   THE VALIDITY OF THE CORE VERSUS PERIPHERAL
   DISTINCTION 99
5.1 Introduction 99
5.2 Premise #1: Participant Ratings of
   Content Markers 100
  5.2.1 Method 100
  5.2.2 Participant Ratings of Content Markers
        of Core Versus Peripheral
        Self-Representations 101
5.3 Premise #2: Participant and Therapist Ratings
   of Core and Peripheral Formulations at a
   Feedback Session 105
  5.3.1 Method 107
  Participants 107
  Materials 108
    Core Beliefs Assessment Procedure 108
    Core and Peripheral Case
    Formulations 108
    Feedback Evaluation Ratings:
    Participant Version 108
    Feedback Evaluation Ratings: 108
Procedure
Administration of the CAP 110
Procedure for Administering the Feedback Evaluation Rating Form to Participants 110
Procedure for Administering the Feedback Evaluation Rating Form to Therapists 111

5.3.2 Results
Participants' Ratings 112
Therapists' Ratings 112
Therapists' Choice of Case Conceptualizations 116

5.4 Summary 116

6.0 GENERAL DISCUSSION 119
6.1 The Operationalization of a Set of Markers to Distinguish Core from Peripheral Beliefs 120
6.1.1 Markers That Were not Supported during CAP Development: Security Operations, and Developmental Primacy 122
Security Operations 122
Developmental Primacy 124
6.1.2 Superordinacy: A Special Case 125
6.1.3 Process Markers Supported during CAP Development: Metaphor, Affect and Redundancy 127
6.1.4 Content Markers Supported during CAP Development: Self-worth contingency, Temporal Stability, Cross-situational Consistency, Problem Relevance 128

6.2 The Treatment Utility of Core Case Conceptualizations 130
6.2.1 Choosing a Point of Intervention (i.e., Therapeutic Targets) 132
6.2.2 Predicting Behaviour in Therapy 132
6.2.3 Understanding and Addressing Noncompliance in the Therapy Relationship 139
6.2.4 Correspondence to Outcome and Sensitivity to Therapeutic Change: Future Research 141

6.3 Conclusion 147

REFERENCES 148
APPENDICES

A. The Core Beliefs Assessment Procedure (CAP) 159


C. Rating Scale for Superordinacy: A Rating Scale Deleted After Pilot work 202

D. Probing Questions and Rating Scale for Problem Relevance: A Marker Added after the Completion of Pilot Work 204

E. Description of Study for Recruitment 207

F. Consent Form #1 209

G. Participant Description Form 213

H. Rating Forms and Instructions for Judges Rating the Similarity of Matched and Mismatched Case Formulations 215

I. Description of Stimulus Materials Presented to Three Pairs of Judges Asked to Rate the Similarity of Matched versus Mismatched Formulations 219

J. Session Evaluation Form 221

K. Item Groupings for the Three Subscales of the Session Evaluation Form: Problem Relevance, Alliance, and Insight 228

L. Therapist Rating Form 231

M. Consent Form #2: Release of Information 233
### LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distinguishing Features of Core Beliefs and Peripheral Beliefs</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Cognitive Case Conceptualization Methods</td>
<td>20</td>
</tr>
<tr>
<td>3</td>
<td>A Proposed Set of Markers of Core Self-knowledge</td>
<td>29</td>
</tr>
<tr>
<td>4</td>
<td>The Rating Scale for Developmental Primacy: Temporal Onset</td>
<td>34</td>
</tr>
<tr>
<td>6</td>
<td>Description of Pilot Subjects</td>
<td>60</td>
</tr>
<tr>
<td>7</td>
<td>Rating Scale for Superordinacy</td>
<td>62</td>
</tr>
<tr>
<td>8</td>
<td>Core and Peripheral Self-Representations of Participant #4</td>
<td>63</td>
</tr>
<tr>
<td>9</td>
<td>Examples of Superordinate and Subordinate Constructs</td>
<td>64</td>
</tr>
<tr>
<td>10</td>
<td>Rating Scale for Security Operations</td>
<td>67</td>
</tr>
<tr>
<td>11</td>
<td>Final Set of Process and Content Markers of Core Self-Knowledge</td>
<td>71</td>
</tr>
<tr>
<td>12</td>
<td>Overview of the Nature of Participants’ Research Participation</td>
<td>76</td>
</tr>
<tr>
<td>13</td>
<td>Chronological Sequence of Participation across sessions for Participants</td>
<td>77</td>
</tr>
<tr>
<td>14</td>
<td>Description of Participants in Study 1 and Study 2</td>
<td>79</td>
</tr>
<tr>
<td>15</td>
<td>Selection criteria for Participant Selection</td>
<td>82</td>
</tr>
<tr>
<td>16</td>
<td>A Blank Rating Summary Form</td>
<td>84</td>
</tr>
<tr>
<td>17a</td>
<td>An Example of a Core Case Conceptualization and a Peripheral Case Conceptualization: Subject #11</td>
<td>86</td>
</tr>
<tr>
<td>17b</td>
<td>An Example of a Core Case Conceptualization and a Peripheral Case Conceptualization: Subject #18</td>
<td>87</td>
</tr>
</tbody>
</table>
GENERAL INTRODUCTION

A major premise of cognitive-behaviour therapy (CBT) is that cognitions guide or determine an individual’s affect and behaviour. Individuals with emotional disorders purportedly have irrational cognitions that engender both maladaptive behaviour and emotional distress (Beck, Rush, Shaw & Emery, 1979). It is essential that the cognitive-behavioral therapist be able to accurately identify and subsequently alter or eliminate the dysfunctional beliefs underlying a client’s psychopathology if the individual is to experience an alleviation of emotional distress.

In an article that can be considered both a theoretical rationale for CBT and a practical guide to the cognitive therapist, Safran, Vallis, Segal and Shaw (1986) emphasized that therapists must identify a client’s core beliefs in order to achieve effective therapeutic intervention. Core beliefs are idiosyncratic beliefs about the self that have a pervasive influence on an individual’s mood, thoughts, and behaviour whereas peripheral beliefs are beliefs that lack the significance of core beliefs. Safran et al. (1986) outlined several features that help to distinguish between core beliefs and peripheral beliefs (see Table 1).
Table 1

Distinguishing Features of Core and Peripheral Beliefs

Core beliefs are characterized by:

1. **High predictive utility**: enabling predictions of an individual’s thoughts, feelings, and behaviour.

2. **Superordinacy**: being superordinate in a hierarchical cognitive structure of self-knowledge.

3. **High resistance to change**: change of core beliefs leads to massive cognitive re-organization and alteration of personal identity which engenders anxiety.

4. **Underlying therapeutic setbacks**: violating core beliefs can precipitate a rupture in the therapeutic alliance or a setback in treatment.

5. **Durable therapeutic gains**: changing core beliefs represents deep change and results in long-lasting treatment gains.

6. **Self-worth contingency**: core beliefs are linked to contingencies for self-worth or self-evaluation.

7. **Developmental primacy**: core beliefs are acquired early in the developmental history of the individual.

8. **Cross-situational consistency**: core beliefs guide the individual’s behaviour across a range of situations.

9. **Temporal Stability**: core beliefs are stable over time.
Table 1 cont’d.

**Distinguishing Features of Core and Peripheral Beliefs**

Peripheral beliefs are characterized by:

1. **Low predictive utility**: do not enable predictions of the individual’s thoughts, feelings, and behaviour.

2. **Subordinacy**: being subordinate in a hierarchical cognitive structure of self-knowledge.

3. **Low resistance to change**: change of peripheral beliefs may not lead to substantive cognitive change or alteration of personal identity and hence fails to engender anxiety.

4. **Lack of relevance to therapeutic setbacks**: peripheral beliefs have few implications for treatment setbacks.

5. **Temporary therapeutic gains**: changing peripheral beliefs represents superficial change and results in temporary symptom relief or reduction of distress.

6. **Unrelated to self-worth**: peripheral beliefs have no or little relation to self-worth and self-evaluation.

7. **Developmental primacy**: peripheral beliefs are acquired late in the course of the individual’s development.

8. **Cross-situational consistency**: peripheral beliefs are situation-specific (i.e., salient in one situation).

9. **Temporal stability**: peripheral beliefs lack stability over time.
Knowledge of clients’ core beliefs has several implications for therapy. First, core beliefs are thought to have predictive utility. That is, once a core belief has been identified, the therapist is able to predict the thoughts, feelings, and behaviour of the client across a variety of situations. A peripheral belief may pertain only to a single situation in the client’s life and thus lack predictiveness across situations. Second, core beliefs are thought to be superordinate constructs within a hierarchical cognitive structure; hence modification of a core belief in therapy will produce reorganization throughout the entire structure. Peripheral beliefs are thought to be subsumed by or derived from core constructs; hence modification of a peripheral construct in therapy does not have implications for changing either core constructs or alternate peripheral constructs (Safran et al., 1986). Third, greater anxiety is likely to be elicited if a therapist targets the core belief of a client rather than a peripheral belief (Kelly, 1955). Excessive anxiety may reduce the client’s readiness for change (i.e., create resistance). Fourth, the client-therapist relationship might be threatened, and the client lost to treatment, if the therapist acts in a way to violate one of the client’s core beliefs (e.g., administers relaxation procedures to an agoraphobic client who believes it is essential to remain in control at all
times; Guidano & Liotti, 1983). Fifth, treatment might be unsuccessful if the therapist targets peripheral beliefs rather than core beliefs for intervention. Alteration of a core belief through therapy is thought to result in longlasting treatment gains and a significant improvement in functioning that persists over time. In contrast, alteration of a peripheral belief through therapy might result in a mild reduction of distress or symptom reduction, with no durable treatment gains (Guidano & Liotti, 1983). Therefore, the core versus peripheral distinction has several therapeutic implications but there is not a reliable and valid assessment procedure to identify core beliefs.

There has been little progress in developing assessment procedures with clinical relevance for the identification of core beliefs (Safran & Segal, 1990), even though the concept was formally proposed by Kelly in 1955 and reiterated by many other cognitive-behavioural theorists (e.g., Beck, Freeman et al., 1990; Liotti, 1989). A comprehensive assessment method of core beliefs is needed to enable therapists and researchers to assess core beliefs accurately and efficiently. In this research, I developed a semi-structured clinical interview and rating system for the assessment of core beliefs, based on the guidelines proposed by Safran et al. (1986), and assessed the psychometric properties of the method.
1.1 A History of the Distinction Between Core and Peripheral Beliefs

The core versus peripheral distinction was first proposed by George A. Kelly (1955) within his personal construct theory. He proposed that individuals form personal constructs as a way of imparting meaning and order to their physical and interpersonal realities. The primary function of personal constructs is to assist the individual to anticipate events. Personal constructs correspond to recurrent themes in the experiences of an individual which have some generality across situations (Neimeyer & Neimeyer, 1981).

Kelly’s personal constructs can be understood by referring to the current distinction in the cognitive-behavioural therapy literature between cognitive content, structure, and process (e.g., Kendall, 1992; Meichenbaum & Gilmore, 1984). Cognitive content can be defined as information that is stored and organized in memory (Kendall, 1992). Kelly defined a personal construct as a mental representation of reality that arises from the personal viewpoint of the individual. Kelly also proposed that personal constructs are hierarchically organized within a cognitive structure. Cognitive structure is defined as an organizational architecture that depicts how cognitive content is stored in relation to other cognitive content (Kendall, 1992). Kelly proposed a cognitive
structure with superordinate and subordinate relationships between constructs (i.e., organization corollary). Further, he suggested that personal constructs are dichotomous or bipolar (i.e., dichotomy corollary). Cognitive processes can be defined as those mental operations by which transformation of information occurs. They include memory processes such as search and storage mechanisms (i.e., retrieval), inferential processes (i.e., illusory correlation) and attentional processes (i.e., selective attention) (Meichenbaum & Gilmore, 1984). In Kelly’s fundamental postulate, he stated that "a person’s processes are psychologically channelized by the ways in which he anticipates events" (Kelly, 1955, p.103, v.1). Thus, personal constructs may function like a template or schema by guiding cognitive processes (Kendall, 1992).

Core constructs were defined by Kelly as pertaining to and maintaining an individual’s personal identity or sense of self. Peripheral constructs were defined as those pertaining to objective judgments which fail to deeply involve one’s personal identity, such as the type of knowledge that might be acquired through formal education. Peripheral constructs "can be altered without serious modification of the core structure" (Kelly, 1955, p.483, v.1). Kelly (1955) proposed that it was possible to distinguish core from peripheral beliefs on the basis
of how anxiety-provoking it was for the individual to anticipate a change in his or her beliefs. He hypothesized that clients experience threat when they become aware of an impending change in their core constructs and might show resistance in therapy, as a consequence. In contrast, peripheral constructs can be altered without evoking threat and do not engender therapeutic resistance (Kelly, 1955).

To summarize Kelly’s contribution, core constructs pertain to one’s definition of self or personal identity whereas peripheral constructs pertain to objective judgments of reality. In addition, change of core constructs evokes anxiety and resistance-to-change whereas change of peripheral constructs is less anxiety-provoking.

Several cognitive-behavioral theorists have recently advanced descriptions of core cognitive structures that share the defining features proposed by Kelly (1955) yet expand on his definition. These theorists can be placed within the developmental or constructivist camp of cognitive-behavioral theorists. Constructivists assert that humans actively create their personal and social realities and propose that idiosyncratic mental representations of self and the world arise from adaption to a particular psychosocial environment (Mahoney, 1988). Kelly (1955) and Mahoney (1985) proposed developmental primacy as an important aspect of the
formation of core beliefs. Early experiences, particularly if autonomically intense or repeated, represent formative influences in shaping personal meaning structures. Constructs acquired during childhood may constrain perception of new events by creating a proneness to construe these events in a consistent fashion with pre-existing interpretations. Clients experience deep change in therapy if constructs that were acquired during childhood are replaced with recently acquired constructs that are more mature.

Guidano & Liotti (1983) emphasize further the role of development in the acquisition of self-knowledge. They posit that self-knowledge is acquired through interactions with primary caregivers in which the self is mirrored and individuals become able to recognize invariant aspects of self (Guidano & Liotti, 1985). This premise is based on the looking glass effect originally proposed by Cooley (as cited by Popper & Eccles 1977). Popper and Eccles state that "just as we learn to see ourselves in a mirror, so the child becomes conscious of himself by seeing his reflection in the mirror of other people's consciousness of himself" (p.110).

Guidano & Liotti (1983) and Guidano (1988) place the process of acquiring a personal identity within a developmental framework and demarcate three different stages of self-knowledge acquisition. The stages are
as follows:

1) Infancy and preschool years (0 to 5 years).
2) Childhood (6 - 12 years).
3) Adolescence and youth (13 to 18 years).

Guidano and Liotti (1983) distinguish between three levels of cognitive structure: (a) tacit self-knowledge, (b) personal identity, and (c) attitudes toward reality. Tacit self-knowledge represents deep structure that is implicit and unavailable to conscious representation (i.e., knowledge of which the individual is unable to speak). The second level of structure is denoted personal identity. Personal identity comprises explicit self-knowledge that has been inferred from tacit self-knowledge and is a "theory of self": "Self-identity includes the overall pattern of traits and attitudes that an individual considers personal and distinctive and that are immediately available in the conscious representation the individual has of himself or herself" (Guidano & Liotti, 1983, p.68). Personal identity also comprises self-esteem. Self-esteem is determined by the level of discrepancy between the individual’s ideal self-image and ongoing estimates of behaviour. Self-esteem guides the individual’s self-evaluative activity and has implications for emotion. The third level is the individual’s attitude toward reality. Guidano & Liotti (1983) depict a hierarchical relationship in which attitudes toward self
subsume attitudes toward reality. The individual's model of the world is determined by the individual's model of self. Certain self-representations may predispose or bias the individual toward interpreting personal experiences in self-confirmatory ways. For instance, individuals with personal identities of weakness or vulnerability may view the world as threatening and interpret actions by others toward them as hostile. Individuals typically create social reality by carrying out actions that elicit reactions from others that validate and sustain their view(s) of self; an individual with a personal identity of weakness may behave in a submissive or apologetic manner toward others which then elicits reactions of dominance or aggressiveness.

Guidano & Liotti (1983) hypothesize that personal identity functions as a self-schema through processes of selective attention, memory for information congruent with the self-image, and automatic processing. They suggest that individuals may benefit from psychotherapy or an interpersonal relationship in which they are provided with adequate data by the other person in order to develop increased awareness of their personal identity.

Guidano & Liotti's framework of self can be mapped onto Kelly's personal construct theory. Guidano & Liotti distinguish between deep and superficial change; a change in personal identity or attitudes to oneself represents
change of beliefs at a deep level whereas a change in attitudes toward reality without any revision of personal identity represents change of beliefs at a superficial level. It can be proposed that a change in core constructs represents deep change whereas a change in peripheral constructs represents superficial change. Hence, superficial change denotes a change in surface structures such that an individual’s attitude toward reality is altered without a modification of personal identity. In contrast, deep change denotes a change in deep structures such that an individual’s attitude toward self is altered following the restructuring of personal identity. This distinction is consistent with other theorists such as Arnkoff (1980) who proposed a distinction between central and peripheral levels of therapeutic change.

Guidano & Liotti (1983) predict that when individuals participate in a therapy that promotes deep change strong resistance and distress will be engendered because individuals typically attempt to safeguard the structures of their identity. Therapeutic change is accomplished once an individual has achieved stable, explicit, alternative views of self to replace his or her original views of self. In this circumstance, a reorganization of the self-knowledge structure has occurred such that old beliefs are retained with different meanings alongside new
beliefs. Further, Guidano & Liotti (1983) hypothesize that the durability of therapeutic change is enhanced by selecting central (deep structures) rather than peripheral targets (superficial structures) for intervention.

Meichenbaum & Gilmore (1984) introduce the term "core organizing principle" to denote tacit knowledge that guides and influences the thoughts, feelings, and behaviour of the individual. They propose that knowledge of the core organizing principle(s) of a particular client enables the therapist to explain and predict the thoughts, feelings, and behaviour of that individual (i.e., predictive utility). As well, Meichenbaum and Gilmore (1984) emphasize cross-situational consistency as an additional element of the core versus peripheral distinction. They suggest that core organizing principles can be inferred by detecting consistency in an individual's emotional and behavioral responses across a range of situations. If an individual displays particular emotional and behavioural responses across a wide variety of situations it is likely these responses reflect the individual's core organizing principles.

Safran et al. (1986) summarized and expanded upon many of the features of core beliefs proposed by the theorists discussed above. Safran et al. (1986) proposed that "the first step in targeting core cognitive processes is to conduct a comprehensive assessment of an
individual's negative self-evaluative activity and higher-level constructs" (p. 514). In my opinion, the affective valence (i.e., positive or negative) of the content of the core beliefs is not predictive alone: the core beliefs need to be examined in relation to the individual's behaviour. Core beliefs may underly both the positive, adaptive behaviour of individuals and behaviour that is maladaptive and dysfunctional. For example, the core beliefs of being successful and intelligent may be crucial indicators of personal worth for a particular individual. Intelligence and success have a positive affective valence. However, they may underly adaptive or maladaptive behaviour. If the individual balances striving for competency in intellectual and career pursuits with other areas of life such as family, the core beliefs may sustain adaptive behaviour. If the individual is insecure about his or her level of intelligence and success and constantly takes on work commitments in order to demonstrate self-worth so that this striving endangers his or her health or family life the core beliefs may underly behaviour that is maladaptive. It is the latter type of behaviour that is typically of most interest to the clinician.

The authors described strategies for identifying core versus peripheral beliefs including: a) vertical exploration, b) identifying common themes, c) accessing
hot cognitions, and d) learning from ineffective strategies. Each of these strategies will be reviewed below.

**Vertical exploration**

Vertical exploration is based on the premise that core beliefs pertain to fundamental views of the self or tacit rules of self-knowledge. In this technique, a frequently used and helpful question is "what does this mean about you as a person?" (Howes & Parrott, 1991). This technique is particularly useful for identifying what the authors refer to as self-referent cognitions. An example might be an individual who states that being afraid of flying on an airplane signifies that he or she is "weak". This fear has been assigned personal meaning. The individual perceives himself or herself as weak and this has self-evaluative connotations. Thus, weakness may represent a core construct for this individual.

**Identifying common themes**

The approach of identifying common themes is based on the notion that individuals with similar psychological problems may have similar cognitive self-representations. The notion of disorder-specific content is well-exemplified by Beck & Freeman (1990) who specify common themes in the schematic content of individuals with various personality disorders. For instance, the authors propose that individuals with dependent personality
disorder often see themselves as needy and weak whereas individuals with narcissistic personality disorder see themselves as special.

**Accessing hot cognitions**

Safran et al. (1986) emphasize the importance of identifying moments when an individual is experiencing affect in a therapy session. They link this to theorizing by Greenberg and Safran (1984; 1986) who suggest that affectively charged moments in therapy that are consistent with the affect experienced when individuals experience their problems may increase the accessibility of important cognitions (i.e., a hot cognition). Shifts in affect may signal to the therapist that an associated cognition is important to the individual. Affect represents a marker of important cognitive activity.

**Learning from ineffective strategies**

Therapeutic resistance may represent an opportunity for the therapist to assess core beliefs. If a client demonstrates resistance to change this may signal that the therapist has challenged a core belief. As Rothstein and Robinson (1990) emphasize, exploring affectively charged issues in the client-therapy relationship may help determine the source of a client’s resistance to change.

I adopted the definition of core beliefs developed by the theorists above, however, I significantly differed from previous authors by suggesting that: (a)
distinguishing features of core beliefs characterize core self-knowledge, and (b) distinguishing features of peripheral beliefs characterize peripheral self-knowledge (Louisy, 1989). Thus, both "core" beliefs and "peripheral" beliefs pertain to the self. In previous definitions, theorists described peripheral beliefs as unrelated to the self (e.g., Kelly, 1955). That is, peripheral beliefs were described as attitudes toward reality and did not encompass personal beliefs about the self. I proposed that peripheral beliefs are related to the self but are less salient than core beliefs (Louisy, 1989). This position has significant implications; importantly, the therapist will be required to distinguish between views of self that are core or central to the individual’s problems and views of self that are peripheral to the individual’s problems. This is more stringent than regarding all self-referent information (i.e., pertaining to self) as core. This position is similar to that of Markus and colleagues who suggest that the self is comprised of multiple self-representations that vary in importance to the individual: some self-representations will be "core" and others will be "peripheral" (Cross & Markus, 1990; Markus, 1990).

Markus (1990) suggests that "core" self-representations are self-schemata. She proposes that these representations are cognitive generalizations about
the self derived from past experiences that organize and guide the processing of self-relevant information contained in the individual's experience (Markus, 1977). Self-schemata are self-representations that have received a high degree of cognitive, affective or somatic elaboration: "Those representations, that for whatever reason, have become the target of such intensive elaboration, are the self-schemata, and it is the self-schemata that will dominate consciousness and perhaps unconsciousness, and that can be considered the "core self" (p. 242). In her definition, "coreness" or "centrality" within the overall cognitive structure for self is a function of the degree of elaboration given to a particular self-representation.

Self-schemata, much like personal constructs, are said to have cognitive functions such as: a) shaping the perceiver's expectations, b) determining what stimuli are selected for attention, c) determining what stimuli are remembered, and d) determining which types of inferences are drawn (Cross and Markus, 1987). Self-schemata also play a role in regulating behaviour as individuals tend to behave in ways that derive from and are consistent with self-schemata in various domains (Cross & Markus, 1987).

More recently, Safran (1990) defined core beliefs as interpersonal schemata or tacit rules for maintaining relatedness. Interpersonal schemata are identified as
generic representations of self-other interactions in which self-worth contingencies function as implicit rules for maintaining relatedness.

Howes and Parrott (1991) identified the core versus peripheral conceptualization as one of several conceptual frameworks that a cognitive therapist is able to choose from in a given case (see Table 2). Parrott (1991) proposed that the core versus peripheral conceptualization can be placed within a hierarchical framework of therapeutic intervention in which a therapist can move from a simpler conceptualization to a more complex conceptualization, should interventions based on simpler conceptualizations fail.

In summary, several theorists, using slightly different terminology, have all proposed the existence of cognitive beliefs about the self and have advanced a distinction between core and peripheral beliefs. In previous work, I found some support for the validity of the core versus peripheral distinction and developed an assessment method to assess core self-knowledge (Louisy, 1989). This assessment method, The Self Inventory (SI), was designed to generate idiographic self-descriptive stimuli for an automatic processing task. I will review the findings of my previous research prior to discussing the present work. The present research entailed the development of the Core Beliefs Assessment Procedure
### Table 2

**Cognitive Case Conceptualization Methods**

<table>
<thead>
<tr>
<th>Conceptualization</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content-based conceptualization</td>
<td>negative cognitive triad (Beck et al., 1979)</td>
</tr>
<tr>
<td></td>
<td>case formulation method (Persons, 1989; Persons, Moony, &amp; Padesky, 1995)</td>
</tr>
<tr>
<td>Tripartite conceptualization</td>
<td>automatic thoughts, faulty information processing, dysfunctional assumptions (Beck et al., 1979)</td>
</tr>
<tr>
<td></td>
<td>products, structures, processes (Hollon &amp; Kriss 1984)</td>
</tr>
<tr>
<td>Core conceptualization</td>
<td>core versus peripheral constructs (Kelly, 1955)</td>
</tr>
<tr>
<td></td>
<td>core versus peripheral cognitive processes (Safran et al., 1986)</td>
</tr>
<tr>
<td></td>
<td>core versus peripheral self-knowledge (Louisy, 1989)</td>
</tr>
<tr>
<td>Developmental-constructivist conceptualization</td>
<td>deep versus surface cognitive structures (Guidano &amp; Liotti, 1983)</td>
</tr>
<tr>
<td>Interpersonal-based conceptualization</td>
<td>cognitive-interpersonal approach (Safran, 1990)</td>
</tr>
<tr>
<td></td>
<td>interpersonal scenarios (Muran, Samstag, Segal &amp; Winston, 1992)</td>
</tr>
</tbody>
</table>

*Note.* Adapted from Howes and Parrot (1991).
(CAP), a semi-structured interview and rating system developed to operationalize the core versus peripheral distinction in a more clinically relevant fashion than the Self Inventory.

1.2 Automatic Activation of Core versus Peripheral Self-Knowledge: An Initial Test

of the Core versus Peripheral Distinction

I developed a free-response format measurement procedure, the Self Inventory (SI), in order to operationalize two features of core self-knowledge: accessibility and self-perceived cross-situational consistency (Louisy, 1989). The SI provided guidelines to assist participants in generating idiographic self-descriptive trait adjectives. Adjectives were classified as core on the basis of two criteria. First, adjectives were ranked according to accessibility. Accessibility was defined as output primacy during an adjective generation technique. That is, adjectives listed early during adjective generation were ranked higher than those listed later. Second, adjectives were ranked according to self-perceived cross-situational consistency. That is, participants were asked to list eight situations in which they frequently found themselves and to list adjectives that described their behaviour in those situations. Adjectives were ranked according to the number of situations in which subjects reported them as self-
relevant. Those adjectives that were listed early and/or listed across two or more situations were selected as core. Peripheral adjectives were those that were situation-specific (i.e., listed in only one situation) and/or were listed late during generation.

The Self Inventory (SI) and classification system for core versus peripheral categories were found to have adequate test-retest reliability and discriminant validity. The predictive validity of the core versus peripheral distinction (as operationalized by the SI) was explored by comparing the automatic processing of core versus peripheral self-knowledge in a modified Stroop task. College student participants were administered a modified form of the Stroop task to test whether core adjectives would evoke significantly greater cognitive interference than peripheral adjectives during automatic processing. Participants were presented with adjectives written in different ink colours and were asked to name the colour of the ink. Cognitive interference is created by a word-reading response that interferes with or impedes the colour-naming response. The mean response latency of participants to adjectives classified as core on the SI was contrasted to the mean response latency of participants to adjectives classified as peripheral on the SI. Core adjectives did not consistently elicit greater cognitive interference than peripheral adjectives (Louisy,
One possible explanation why the results were not clearly supportive of the core versus peripheral distinction is the manner in which the SI operationalized core self-knowledge. The SI restricted the operationalization to two markers: (a) accessibility and (b) self-perceived cross-situational consistency. Clearly, the guidelines proposed by Safran et al. (1986) for distinguishing between core and peripheral self-knowledge encompassed a greater number of dimensions. Hence, the findings reported in the replication study may reflect the limited number of dimensions incorporated into the SI.

A second possible explanation as to why the expected core versus peripheral distinction was not obtained is that accessibility may represent a poor marker of core self-knowledge. Accessibility, the extent to which a client is aware of and can report cognitive content, has been linked to the salience or coreness of cognitive content by several researchers and theorists (e.g., Guidano & Liotti, 1983; Higgins, Rholes, & Jones, 1977; Higgins & King, 1981; Safran et al., 1986). Inconsistencies in the literature can be identified, however. Sometimes a direct relationship is proposed (e.g., Higgins, King & Mavin, 1982) and sometimes an inverse relationship is proposed (e.g., Guidano & Liotti,
A third view more clearly states that no relationship, neither direct nor inverse, exists between accessibility and salience (e.g., Kelly, 1955; Safran and Segal (1990)). This view holds that there is a continuum of accessibility of internal experience that can be defined by self-awareness and public communicability: at one extreme the individual is not fully aware of self-knowledge and has never communicated it to anyone else and at the other extreme the individual is both fully aware of self-knowledge and has communicated it to others. If one adopts the third view, accessibility is not a useful marker of core self-knowledge.

It is possible that the manner in which the core versus peripheral distinction was operationalized by the SI accounts for the inconclusive findings, hence, the development of a more sophisticated assessment procedure appeared warranted. The present research incorporated a greater number of distinguishing features of core self-knowledge in the development of a core case conceptualization method which represents the first systematic assessment procedure for assessing core beliefs. The core versus peripheral conceptualization, as proposed by Safran et al. (1986) has been subject to little direct investigation, and remains to be empirically validated (Howes & Parrott, 1991). The development of a clinical assessment method to adequately distinguish core
versus peripheral cognitive content would extend existing
guidelines and facilitate an empirical validation of the
core versus peripheral distinction. This is consistent
with an imperative identified by Dobson (1988) to develop
cognitive assessment methods that can assess cognitive
structure (e.g., schemas, beliefs, assumptions, cognitive
constructs, rules for living). Dobson stated "In short,
cognitive assessment devices are critical to the
validation of the models that guide theoretical
development and therapeutic interventions. Without such
devices the scientific community is no more likely to
accept the conjectures of cognitive-behavioral theorists
than early astronomers were to believe that the earth
revolved around the sun" (p.406).
CORE VERSUS PERIPHERAL SELF-KNOWLEDGE:
THE DEVELOPMENT OF AN ASSESSMENT PROCEDURE

2.1 Introduction

A clinical assessment procedure, the Core Beliefs Assessment Procedure (CAP), was developed to operationalize the core versus peripheral distinction. The CAP has three components: (a) a standard set of questions, (b) an interview manual that specifies a set of probes, and (c) a set of rating scales (See Appendix A-c). In contrast to Louisy (1989), this research entails: (a) Operationalization of a greater number of defining features of core beliefs, (b) the use of clinical populations rather than college students, and (c) the use of methodologies from the psychotherapy process research paradigm rather than cognitive tasks from the information-processing paradigm. The CAP was modelled after an interview developed by Safran, Segal, Shaw, and Vallis (1990) to assess the suitability of patients for short-term cognitive therapy.

2.2 The Semi-Structured Clinical Interview: A Model

Safran et al. (1990) developed a one-hour semi-structured interview to systematically elicit information from a client relevant to assessing his or her suitability
for cognitive therapy. The interview is referred to as the Suitability for Short-Term Cognitive Therapy (SSCT) Interview. An interview manual was developed to guide the interviewer to ask specific questions derived from nine dimensions with purported significance for the client's suitability for cognitive therapy. Each of the nine criteria are rated on 10-point Likert rating scales.

Those features of the SSCT that were incorporated into the present assessment procedure are: a) a set of theoretically-derived criteria, b) an interview manual specifying probes that are useful for eliciting information corresponding to each of the criteria during the interview, and c) quantitative rating scales corresponding to each of the criteria.

2.3 The Development of the CAP

2.3.1 An Overview of The Core Beliefs Assessment

Procedure: (CAP)

The first step in developing the CAP was to identify dimensions that represented markers of core beliefs. These markers or cues signal the presence of a core belief (Rice & Sapeira, 1984). A distinction was made between process and content markers with regard to categorizing representations about the self (Safran et al., 1986). Process markers refer to the manner in which individuals communicate information and content markers refer to the information itself: if the therapist is
attending to process markers the therapist is alert to "how" the individual speaks, whereas if a therapist is attending to content markers the therapist is alert to "what" the individual says (Safran et al., 1986). I proposed metaphor, affect, security operations and redundancy as process markers. I proposed temporal stability, developmental primacy, cross-situational consistency, self-worth contingency and superordinacy as content markers. The list of the proposed set of markers is presented in Table 3.

The second step was to develop a set of standard questions to elicit individuals' views of themselves. This set of questions encourages individuals to convey how they see themselves to the interviewer (e.g., I am a needy person). Individuals are asked to identify personal characteristics of which they are particularly proud or those they dislike. They are also encouraged to evaluate recent successes and failures and to identify personal characteristics demonstrated on those occasions. The interviewer takes note of and records all of the self-representations that have been generated during the interview.

The third step entailed developing a set of probes. Probes were designed to assist the interviewer to explore an individual's views of self in more detail according to the dimensions listed in Table 3. The format of the
Table 3

**A Proposed Set of Markers of Core Self-Knowledge**

<table>
<thead>
<tr>
<th>Process markers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Affectivity</td>
</tr>
<tr>
<td>2. Metaphor (Commonness)</td>
</tr>
<tr>
<td>3. Metaphor (Vividness)</td>
</tr>
<tr>
<td>4. Security Operations</td>
</tr>
<tr>
<td>5. Redundancy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Content markers</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Contingency for self-worth</td>
</tr>
<tr>
<td>7. Superordinacy</td>
</tr>
<tr>
<td>8. Temporal stability</td>
</tr>
<tr>
<td>9. Developmental primacy (Age at Onset)</td>
</tr>
<tr>
<td>10. Developmental primacy (Mirrored Self)</td>
</tr>
<tr>
<td>11. Cross-situational consistency</td>
</tr>
</tbody>
</table>
probing component is based directly on the SSCT. Safran et al. (1990) specified probing questions for the interviewer to use while assessing each of the suitability criteria. The SSCT is heavily weighted, however, to assessing global client and alliance dimensions during the interview. In contrast, the CAP assesses process and content markers specific to the self-representations elicited during the interview. For example, an interviewer using the SSCT assesses an individual's ability to become aware of and label emotions (e.g., ability to identify a particular emotion). An interviewer using the CAP assesses the intensity of emotion associated with a particular self-representation (e.g., affect associated with seeing oneself as overweight).

Many of the probes used in the CAP were adapted from questions specified in work by Michael White (1988a; 1988b). Working within a constructivist tradition, White has developed an approach to family therapy called "externalizing the problem". In an interviewing process, called "relative influence questioning", he assists individuals to distance from their problems. He attempts to have individuals recognize the effect of a problem on their lives and relationships and recognize their own role in the "life of the problem". One type of question encourages individuals to derive descriptions of themselves and to specify the influence of each view of
"self" on their affect, cognitions, and behaviour. A representative question is "what difference does knowing this about yourself make to how you feel about yourself?"

The third aspect of interview development was the development of rating scales for each dimension. The rating scales were designed to quantify the assessment of core and peripheral beliefs. The format of the rating scales was based on the rating scales of the SSCT. All dimensions are rated on a 6-point Likert scale (0-5). The rating scales are anchored such that 0 indicates peripheral and 5 indicates core in all cases. Several of the rating scales offer the opportunity for a collaborative approach between the interviewer and the respondent. The respondent can be given the list of anchoring statements and asked to select which one best applies to a particular self-representation. This reduces the level of inference required by the interviewer.

Probing, the occasion of asking for additional information regarding a particular self-representation, occurs both during and after the interview. During the interview, probing occurs largely for process markers (e.g., affect). After the interview, probing for content markers occurs. Once the respondent has completed the interview there is a 10 minute break during which the interviewer compiles a set of 10-12 self-representations for further probing. Then the session resumes and each
self-representation is reviewed separately in order to achieve ratings on the content markers.

The process markers (affect, metaphor, security operations, and redundancy) are typically probed and rated during the interview. These process markers correspond to spontaneous behaviour of the respondent during the interview and are rated according to their intensity when they are observed. For example, if a particular self-representation is associated with observable affect (e.g., tears) it receives a rating between (1-5) on the affectivity dimension, depending on how much affect is observed. A rating of zero is assigned if a particular self-representation is not associated with affect. Each point on the Likert scale for a dimension has an anchor statement to assist the interviewer to make the rating. The anchor statements were developed with the principle of "coder specificity" (Pinsoff, 1986). High coder specificity is achieved when the rater specifies the cue used in making a coding decision. High coder specificity is typically associated with a low level of inference.

Content markers are typically probed and rated after the interview: (a) self-worth contingency, (b) temporal stability, (c) superordinacy, (d) developmental primacy-onset, (e) developmental primacy - mirrored self, and (f) cross-situational consistency. Content markers can be rated based on a respondent’s self-report. This is
illustrated in the following example of probing by the interviewer:

Interviewer.- What age were you when you first saw yourself as overweight and unattractive?,
Respondent - Oh, at least since I was in grade school.
Interviewer - How old might you have been at that time?
Respondent- Oh, I'd say about 8 years old.
This answer would be rated as a 4 on the rating scale for the dimension corresponding to developmental primacy-temporal onset (See Table 4).

In the next section the set of standard questions will be described followed by a list and review of the initial markers. The theoretical rationale for each marker, the manner in which it was incorporated into the assessment procedure, and each rating scale will be presented, in turn.

2.3.2 The Interview

The standard semi-structured interview component of the CAP procedure is comprised of seven steps that assist the interviewer to elicit certain aspects of the client's self-knowledge. Each of these steps will be reviewed, in turn.

The first step, "General View of Self", is similar to the first step of the Self Inventory (Louisy, 1989). At this step respondents are asked to describe themselves using single words (i.e., trait adjectives). The
Table 4

The Rating Scale for Developmental Primacy:

Temporal Onset

This item has two rating scales a) temporal onset, and b) mirrored self. The first is a simple scale that reflects the age at which an individual first developed a particular belief about the self.

**TEMPORAL ONSET**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Do not rate. Respondent cannot identify age.</td>
</tr>
<tr>
<td>0</td>
<td>within last 6 months</td>
</tr>
<tr>
<td>1</td>
<td>22+ years of age</td>
</tr>
<tr>
<td>2</td>
<td>18 - 21 years of age</td>
</tr>
<tr>
<td>3</td>
<td>13 - 18 years of age</td>
</tr>
<tr>
<td>4</td>
<td>5 - 12 years of age</td>
</tr>
<tr>
<td>5</td>
<td>0 - 5 years of age</td>
</tr>
</tbody>
</table>
interviewer records the self-descriptive adjectives that
the respondent generates. Step One can be classified as
spontaneous adjective generation technique (Allen &
Potkay, 1973; Claeys, De Boeck, Van den Boesch, Biesmans,
Bohrer, 1985; Higgins, Klein & Straumann, 1985; Kelly,
1955; Page, 1979). This step orients respondents to the
task demands of the interview and to the interviewer’s
interest in views of self.

The second step "Other’s view of self" requires
respondents to list characteristics that others might use
to describe them, which they would not typically include
in a self-description, but which they might endorse if the
characteristic was presented to them. This step was
included to elicit peripheral self-knowledge and was
included to guard against the possibility that peripheral
self-knowledge might not be otherwise elicited.

The third step "Success/failure" was designed to
elicit self-evaluation. This step is consistent with the
premise that core self-knowledge encompasses self-worth
contingencies. The respondent is asked to identify recent
success and failure experiences in his or her life and to
specify in what way these experiences reflected personal
characteristics. Representative questions are, "What does
this success tell you about yourself that it is important
to know?" and "What personal characteristics did you
demonstrate on this occasion?"
Step four, "liked/disliked self", continues the theme of self-evaluation. The questions were designed to elicit self-evaluative content that specifically reflects self-worth. The questions were written with terms such as pride, self-respect, and criticism. A representative question is, "What qualities about yourself, in particular, contribute to your self-respect?"

The fifth step, "developmental primacy", was designed to tap the developmental basis of the subject's self-knowledge. This step is consistent with the emphasis by Guidano & Liotti (1983) on the developmental origins of views of self. Respondents are asked to describe themselves as a child and as a teenager. In addition, they are asked to identify which characteristics they possess as adults that have origins in childhood or adolescence. A representative question is "Which attributes did you possess as a teenager that you still possess today?". Finally, they are asked to identify how significant others, both family members and peers or teachers, would have described them in childhood or adolescence. These latter questions attempt to tap the process of mirroring. A representative question is, "If I were to ask each member of your family (parent, sister, brother) to describe you to me when you were a teenager, what attributes would their description include?".

Core beliefs have explicitly been defined as those
which are central to a client's problems (Safran et al., 1986). At the sixth step, "symptoms", respondents are asked to identify those problems which led them to seek professional help. They are then asked to identify whether having symptoms has affected their view of self (adapted from Vallis (1990) regarding "illness meaning" in health psychology populations). Finally, respondents are asked if they perceive that their symptoms are consistent with their self-knowledge. This question is consistent with an approach to assessment by Guidano (1988) in which clients' causal theories regarding their problems are elicited. This question is designed to ascertain if respondents are able to identify a causal relationship between their views of self and their problems. Individuals who answer in the affirmative are asked to identify the particular self-representation that they view as being consistent with their symptoms. Respondents are given an example of a Type A executive who perceives having a heart attack as consistent with his view of himself as a success-oriented, stressed, workaholic.

At the seventh step, respondents are asked to review the characteristics that were elicited during the interview and select the most important. The interview is designed to work somewhat like a funnel, in that respondents might become repetitive regarding a certain
view of self over the course of the interview and by the end of the interview would be able to recognize this redundancy. In the last question, respondents are asked to select the attribute that makes them unique.

During the interview, the interviewer stays alert to process or content markers of core beliefs. Probing questions pertaining to a particular marker are asked during the interview, as appropriate.

2.3.3 Markers of Core Self-Knowledge:

Process Markers

Affectivity

Rationale

Affect may represent a process marker of core cognitive beliefs: core cognitions are considered to be more accessible in affectively charged states (Howes & Parrott, 1991; Safran et al., 1986). If an individual displays emotion when discussing an aspect of himself or herself or demonstrates a shift in affect this suggests the presence of a cognition that is important to the client (Safran et al., 1986; Howes & Parrott, 1991). Negative affect may arise from self-worth discrepancies: an individual’s estimate of current behaviour and ability (i.e., actual self) is discrepant from his or her standards for self or valued self-image (i.e., ideal self) (Greenberg & Safran, 1986; Guidano & Liotti, 1983; Higgins, 1987).
**Probing Questions**

For this item, it is important for the interviewer to remain sensitive to affective shifts by the individual. The interviewer should question the individual concerning the self-knowledge **content** of his or her cognitions when affect is displayed. A representative question is, "What are you appreciating about yourself at this moment?". It is also important to identify the **nature** of the affect the individual is experiencing. A representative question might be, "What are you feeling at this moment?". As well, the behavioural cue that suggests the presence of affect should be noted. Behavioural cues represent nonverbal aspects of communication that suggest the presence of affect (e.g., crying, angry tone in voice).

**Rating Scale**

This rating scale gauges the intensity of the affect. Anchor statements are 1) **barely noticeable**, 2) **low**, 3) **moderate**, 4) **strong**, 5) **extreme**. The anchor for 0 is "this self-attribute was not associated with any observable affect". Examples are given to assist the rater in making ratings. Ratings are based on visible affect. Interviewers are required to specify the cue that led them to identify the presence of affect in order to enhance coder specificity.
Metaphor

Rationale

Metaphor may represent a second process marker. Safran et al. (1986) suggested that the vividness of a client’s metaphorical statement (i.e., I’m going to get squashed like a bug) is an indicator of emotional immediacy. Metaphor is a salient and compact way to organize and convey information about oneself (Muran & DiGuisepppe, 1990). Angus & Rennie (1989) report in a qualitative analysis of client-generated metaphors in psychotherapy that one of the roles of metaphoric expression in psychotherapy was to represent aspects of self-identity. They interpreted their findings as follows, "metaphor may be a symbolic representation of a dimly perceived, implicit identity and belief about the self. When this type of symbolization occurred in this study, it provided the therapists with an opportunity to work with the metaphor as a way of rendering the self-identity more explicit" (p.378) (see also Gonclaves & Craine, 1990).

McMullen (1985, 1989) has reported the findings of two intensive analyses contrasting the use of figurative language in successful versus unsuccessful cases in psychotherapy. The second publication described a study in which a sample of 6 cases was drawn from Strupp’s Vanderbilt Project. For this sample, metaphors related to
the major themes in the psychotherapy appeared to be dominated by a) self-image or attitudes to self, and b) concerns regarding interpersonal relationships. Less common thematic content was a) affect or expression of feelings, and b) concerns regarding finding a direction in life.

Cases with a successful outcome, according to McMullen (1989), featured client-generated metaphors which typically developed or became more well-elaborated over the course of treatment and related to a central theme which the client was working on. She suggested that greater cognitive differentiation and a willingness to engage in self-exploration might represent client antecedent variables. She discovered little role for therapist-generated metaphor in facilitating therapeutic change. This finding fails to support an emphasis in the literature concerning therapist-generated metaphor as a vehicle for change (e.g., Martin, Cummings, & Halberg, 1992). McMullen highlighted the assessment and therapeutic aspects of client-generated metaphor and encouraged therapists to attend to instances of figurative language by the client in order to construct a working model of the clients’ concerns, self-image, interpersonal relationships, perceptions, thoughts, affect and experiences.

It is important for the interviewer to attend to
examples of subject-generated metaphor. A metaphor can be defined as a statement that draws a similarity between two apparently dissimilar subjects (Muran & DiGuisepppe, 1990). Hill and Regan (1991) define metaphor as: (a) a non-literal usage of words, (b) an implicit or explicit comparison, or (c) a visual image.

Angus & Rennie (1989) highlighted a risk that the therapist and client interpret a metaphor differently. They suggested that assumptions by either participant concerning a shared context of meaning often result in misunderstandings in the client-therapist relationship. Similarly, Welch (1984) cautions that client-generated metaphors are idiographic and unique, and hence cannot be casually interpreted by the therapist with certainty. Angus & Rennie (1989) concluded that using a collaborative approach which includes a careful elucidation of the meanings associated with a metaphor is important.

**Probing Questions**

During the assessment the interviewer must be careful to elicit the associated meanings of the metaphor for the respondent. A representative assessment question is, "Help me to understand - what does this description of yourself mean about you as a person?". The respondent should be encouraged to specify self-representations that are associated with or have the same meaning as the metaphor. Metaphors are often associated with affect.
Affect-driven probes assist the interviewer in ascertaining the extent of or nature of the affect associated with a particular metaphor. A representative question is "how do you feel hearing yourself describe yourself as ____________________?".

**Rating Scale**

The rating scale assesses two components of metaphor. First, the rater is required to assess the vividness of the metaphor (the extent to which the metaphor is able to evoke an image). Second, the rater assesses the uniqueness of the metaphor. Common metaphors may represent parts of speech or cliches that do not necessarily reflect core self-knowledge. (e.g., I’m so tired I could drop). This distinction reflects Barlow and colleagues’ distinction (1970) between frozen and novel examples of figurative language. Two rating scales were developed to reflect these two dimensions of metaphor. The anchor for 0 on both rating scales is "this self-representation was not associated with a metaphor". The anchor statements for vividness measures the evocativeness of the metaphor or the ability of the metaphor to elicit an image and range from 1) barely able to evoke an image to 5) evokes a vivid, powerful image. The anchor statements for commonness measure the strength of the analogy made and how unusual the metaphor is. The items range from 1) mild analogy, not unusual (e.g., I'm
jumpy all the time like you might feel after drinking coffee) to 5) extreme analogy, very unusual (e.g. I'm giving, a giving tree or a listening post for friends). Raters are required to record the metaphor and specify the nature of the affect associated with the metaphor (e.g., anger, sadness, disgust).

Security Operations

Rationale

Security operations might represent a third process marker of core self-representations. Security operations can be defined as "defensive processing strategies or interpersonal maneuvers to reduce one's anxiety level" (Safran, Segal, Shaw, Vallis & Wallner, 1990). Safran & Greenberg (1988) suggest that security operation emotions can be thought of as secondary responses to an experienced threat to self-esteem (e.g., anger represents a response to cover up feelings of vulnerability). The therapist's task, they suggest, is to identify the primary emotion underlying the secondary emotion.

Probing Questions

During assessment it is important to note moments in which the individual is displaying behaviours that appear to represent security operations. For this item, the interviewer attempts to assess the extent that an individual's statement of self-knowledge is associated with security operations. This item is drawn from the
SSCT. The item on the SSCT measures security operations in a global fashion, across the interview, whereas the CAP item measures security operations that are specific to a particular self-representation. This marker requires a sensitivity to in-session process. Moments when the respondent feels that his or her self-esteem is being threatened might trigger the use of security operations. Examples of interpersonal behaviours that might represent security operations include: skirting of particular questions, looking away suddenly, qualifying a previous statement, a sudden shift in the nature of the discussion (from emotional to rational, from deep to superficial), or rapidity of speech (Safran, Segal, Shaw, & Vallis, 1990). Should there be any statements that are associated with anxiety or defensiveness the interviewer should probe to elicit the nature of the affect and/or the content of the self-knowledge. Representative questions are "What in particular about this view of yourself do you find most difficult to accept?" and "What qualities about yourself are you appreciating at this moment?". The interviewer is required to record the behavioural cue that suggested the presence of defensiveness and the content of the self-knowledge.

Rating Scale

This item reflects the extent of anxiety or defensiveness associated with a particular self-statement.
The intensity of the security operation is rated according to the strength of this behaviour during the interview. The anchor statement for a rating of 5 states that the security operation is very noticeable and quite disruptive. Anchor statements for ratings for anxiety/defensiveness are (1) barely noticeable, (2) mild, (3) moderate, (4) strong, (5) extreme. Examples are provided for the raters. The anchor statement for 0 specifies that the self-attribute was not associated with any observable anxiety/defensiveness.

Redundancy

Rationale

The final process marker is "redundancy". Searching for patterns or common themes in cognitions (Howes & Parrott, 1991) as well as making judgments concerning the logical consistency of the material gathered (Guidano & Liotti, 1983) are instances of using redundancy as an indicator of coreness.

During assessment, the pervasiveness of a particular view of self and/or rule for self-worth should be noted. This dimension is not associated with a set of prompts and simply requires the interviewer to count the frequency with which a self-representation appears across the seven steps of the interview.
Rating Scale

This rating scale assesses the frequency with which a respondent states a particular self-representation across the 7 steps of the standard interview. Anchor statements are (1) 1, (2) 2, (3) 3, (4) 4, (5) 5 or more segments.

2.3.4 Markers of Core Self-Knowledge:

Content Markers

Self-Worth Contingencies

Rationale

Safran (1990) proposed that "core" self-representations comprise self-worth contingencies or rules for self-evaluation that guide the individual's cognition, affect, and behaviour. For example, Price (1982) proposed that the behaviour pattern of a Type A individual can be understood as deriving from an underlying core belief that self-esteem is a direct function of one's tangible accomplishments and from the fear that resources such as recognition, abilities, and the like are scarce and fluctuating. Type A achievement-oriented behaviour can be understood as an attempt by the individual to prove himself or herself and overcome feelings of inadequacy engendered by these underlying cognitions. Similarly, Vitousek & Hollon (1990) suggest that eating disordered individuals have self-worth contingencies that feature weight and shape as the predominant referents for inferring personal value. Vitousek and Hollon (1990)
delineate weight-related schemata as the core cognitive-component of the eating disorders and define such schemata as organized cognitive structures around the issue of weight and its implication for self.

**Probing questions**

During assessment it is essential to determine the value placed upon each self-representation with regard to self-worth. Some self-representations might be relatively unimportant and unrelated to the individual’s aspirations and hopes, whereas others may be intrinsically related to subjective criteria for success, accomplishment, and self-esteem (Harter, 1990). The probing questions in this section attempt to assist the interviewer in ascertaining the contingency between a particular self-representation and the self-worth of the individual. Representative questions are: "How does this view of yourself affect your capacity to respect yourself?" "How important is being ___ _____ to your self-esteem, self-confidence or self-worth?"

**Rating Scale**

The rating scale reflects the extent to which a particular self-representation is associated with a self-worth contingency. As well, it measures the frequency with which the individual engages in self-evaluation for a particular self-knowledge domain. For example, individuals with eating disorders with a rigid self-worth
contingency for weight may be scored as having self-worth entirely based on their present level of thinness and as engaging in constant self-evaluation of that domain. The anchor statements refer to both a) the relationship to self-worth, and b) the frequency with which it determines self-evaluation. They are: (0) no relationship, never used; (1) barely any relationship, seldom used; (2) mild relationship, occasionally used; (3) moderate relationship, regularly used; (4) strongly contingent, often used; (5) entirely contingent, constantly used.

Superordinacy

Rationale

Superordinacy is frequently cited as a marker of core beliefs (e.g., Mahoney, 1980). Determining hierarchical relationships between self-representations may be an important step in the assessment of core beliefs. Core beliefs are thought to be superordinate to peripheral beliefs within the overall self system, such that the latter are subsumed by the former (Safran et al., 1986). For instance, an individual might picture himself or herself as timid and this might be one attribute that is encompassed by the superordinate construct of weakness or vulnerability.

Probing Questions

For this item, it is important for the interviewer to
ask questions about the meaning of each self-representation in a style of questioning called vertical exploration (Safran et al., 1986). A distinction can be made between downward and upward vertical exploration. In upward vertical exploration the interviewer tries to elicit superordinate constructs. Representative questions are "what does this mean about you as an individual?" and "what does this tell you about yourself?". In downward vertical exploration the interviewer tries to elicit or confirm subordinate constructs. A representative question is "is being __________ one example of being __________ such as you described to me earlier?.

Rating Scale

This item measures the extent to which a belief for self is connected to other beliefs in a hierarchical network. The rating scale assesses two dimensions: First, the hierarchical level of the self-representation within the cognitive structure. Second, the degree of centrality of the self-representation within the cognitive structure. At the lower end of the rating scale the anchor statements specify that the self-representation is subsumed by or is subordinate to one or more self-representations. At the middle of the rating scale, the anchor statement specifies that the self-representation subsumes other self-representations and is a superordinate construct. It is, however, only one of multiple superordinate constructs.
At the higher end of the scale, anchor statements specify that the self-representation is a superordinate construct that subsumes all others and has centrality or dominance within the cognitive structure. The anchor statement for a rating of zero specifies that the self-representation is unrelated to other self-representations.

**Temporal Stability**

**Rationale**

Temporal stability has been proposed as a distinguishing feature of core beliefs about the self (Louisy, 1989; Markus, 1990). Core beliefs are permanently designated as self-descriptive and are present in the domain of self-knowledge on an ongoing basis whereas peripheral beliefs are situation-specific and are present within the self-structure on a fluctuating basis as determined by context or environmental variables. Louisy (1989) reported findings that supported the hypothesis that core self-knowledge demonstrated greater temporal stability than peripheral self-knowledge.

**Probing Questions**

In order to ascertain the temporal stability of a self-representation the interviewer must elicit the length of time an individual has held a particular belief. A representative question might be, "How long have you seen yourself this way?"
Rating Scale

This two-component rating scale measures the extent to which a self-attribute is constant over time. First, the scale assesses a purely temporal dimension, reflecting the recency of the development of the belief. A second dimension measures the consistency with which an individual perceives himself or herself to have held a certain belief. This reflects a constancy dimension. Anchor statements are 1) recent, only begun to recognize; 2) recent, inconsistent; 3) developed within last few years, quite consistent; 4) maintained for several years, very consistent; 5) held as far back as can remember, extremely consistent. The anchor statement for 0 is that the individual "held the view of self previously for a brief time period and that it is no longer relevant in any way".

Developmental Primacy

Rationale

Developmental primacy might represent another content marker of core beliefs. As presented in the preceding discussion, views about the self acquired during childhood and early adolescence can be self-perpetuating. During an individual’s developmental history the views of significant others are incorporated into the view of self (Guidano & Liotti, 1983; Harter, 1990; Markus, 1977). Guidano & Liotti (1983) suggest that "core" or "deep"
self-representations have a developmental basis. Core beliefs are considered to have developmental primacy (i.e., occurred earlier than peripheral beliefs in the developmental history of the individual) (Mahoney, 1980; Safran, et al., 1986). Guidano & Liotti (1983) suggest that it is important to assess two main periods of personal development: a) infancy, preschool years, and childhood, and b) adolescence and early youth. It is important to ascertain the age that an individual first became aware of a particular self-representation. In addition, the individual should identify the age that an individual remembers having a particular view of self mirrored to him or her by significant others. Clearly, individuals will be offering historical information that relies on memory and may contain reconstructions. The source of external feedback to the individual should also be assessed because it may mediate the impact of the feedback. For instance, in one study it was found that classmates were more influential than close friends in matters of self-evaluation during adolescence (Harter, 1990). In contrast, parents were typically significant sources of feedback about the self throughout childhood and adolescence (Harter, 1990). In the CAP the inquiry ascertains the individual’s perception of the level of significance of the source of the feedback.
Probing Questions

Prompts for this dimension capture two aspects of the developmental origins of self-knowledge. First, the developmental stage is ascertained by asking the respondent to specify the age they were when they first held a certain view of self. This is called age at onset. A representative question is "How old were you when you first saw yourself this way?". Second, the developmental process of mirroring is explored. Mirroring is defined as a process by which the views of significant others concerning one's characteristics are incorporated into one's view of self. This is denoted mirrored self. The interviewer's task is to ascertain if the respondent can identify the role of mirroring in acquiring a particular self-representation. A representative question is, "Sometimes we come to believe that we are a certain way because people who are important tell us over and over that we are that way. Did people repeatedly tell you that you were __________?" If the respondent answers yes, the interviewer asks who the individuals would have been. This is based on the assumption that the importance of the individual to the respondent would have mediated the credibility given to the feedback and influenced the likelihood that the feedback was internalized.
Rating Scale

This dimension has two rating scales. The first scale measures age at onset. Anchors are 0) within last 6 months, 1) after subject was 22 years old (i.e., adulthood), 2) 18-21 years (i.e., young adult), 3) 13-18 years (i.e., adolescence), 4) 6-12 years (i.e., childhood), 5) 0-5 years (i.e., infancy, early childhood).

The second scale assesses mirroring. The interviewer asks the respondent the extent to which he or she can identify receiving feedback from others concerning an attribute/belief. Anchor statements are as follows: (0) unable to name; (1) able to name one individual who was not significant or unable to name any individuals but believes the view of self was shaped by others’ views; (2) able to identify one or more individuals who gave them feedback, individual(s) is mildly significant; (3) able to identify one or more individuals who gave them feedback, individual(s) is moderately significant; (4) able to identify one or more individuals who gave them feedback, individual(s) is very significant; (5) able to identify one or more individuals who gave them feedback, individual(s) is extremely significant.

Cross-Situational Consistency

Rationale

Cross-situational consistency represents an additional content marker (Safran et al, 1986). It is
important to determine if the individual employs the same self-evaluative strategies across a range of situations. Similarly, if there is some commonality amongst the types of situations that most frequently upset an individual and these situations are associated with specific negative cognitions then this may give clues as to the nature of the individual's rules for self-worth (Meichenbaum & Gilmore, 1984; Safran et al., 1986). A major defining principle of core cognitive processes is predictive utility: "their ability to predict an individual's emotional and behavioral responses to a wide variety of situations" (Safran et al., 1986)

**Probing Questions**

During assessment it is important to assess the breadth of impact that any self-representation has in the individual's life. For this dimension the interviewer needs to ask questions regarding the range of situations in which the individual perceives himself or herself to demonstrate a particular attribute or to hold a particular view of self. Representative questions are, "If I were to watch you behave across a lot of different situations would I see you behave like ___________ in the majority of them?". "Does this particular view of yourself affect how you act in many different situations in your life?"
Rating Scale

This scale measures the extent to which an individual’s view of self or attribute predicts the individual’s behaviour across situations. At one end of the scale the attribute or view of self is situation-specific. At the other end of the scale the attribute or view of self is general or pervasive and influences the individual’s behaviour in almost every domain. Anchor statements are (1) rarely apparent, not apparent in any particular situation; (2) apparent in more than one situation, very few activities; (3) apparent in more than one situation, some activities; (4) apparent in several situations, many activities; (5) apparent in almost every situation, most if not all activities.
3.0 PILOT STUDY:

REFINING THE ASSESSMENT PROCEDURE

The main objective of this study was to determine the feasibility of administering the CAP. My experience with the procedure in the course of the pilot study guided revisions to the CAP. In this pilot study, I established that the interview could be administered: self-representations could be elicited, probed, and rated. Several revisions were made to the CAP which are discussed below.

3.1 Method

3.1.1 Participants

Participants were 10 clients recruited from the Departments of Psychology and Inpatient Psychiatry at Camp Hill Medical Centre (see Table 5). Inclusion criteria were (a) the presence of psychological distress, and (b) the willingness to attend two interviews, both of which were either videotaped or audiotaped. Only one client consented to being videotaped.

Participants ranged in age from 20 to 67 years. Three were male and 7 were female. Five were inpatients and 5 were outpatients. Three of the outpatients were in the latter stage of a course of psychotherapy with staff
psychologists. The most frequent presenting problem for all clients was depression.

3.1.2 Materials

The Core Assessment Procedure (CAP)

The CAP, as described above, comprised: (a) a set of standard questions, (b) an interview manual that specifies a set of prompts, and (c) a set of rating scales (see Appendix A, Appendix B, and Appendix C).

3.1.3 Procedure

Recruitment

Staff psychologists identified clients who they considered to be appropriate participants for the study and gave them a written description of the study. Those individuals who agreed to participate were contacted by the author and scheduled for an initial interview.

Administration of Interview

After signing a consent form, participants were administered an interview and a ratings session (during which content markers were probed). The entire procedure required an average of three hours. Six of the interviews involved the administration of both the interview and ratings session on the same day, whereas the four remaining interviews comprised the administration of the ratings session after an interval of a week. The participant's schedule determined whether or not both stages were administered during the same day.
Table 6

Description of Pilot Participants

<table>
<thead>
<tr>
<th>Age</th>
<th>Sex</th>
<th>Source</th>
<th>Presenting Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Depression</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Suicide Attempt</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Abuse Victim</td>
</tr>
<tr>
<td>Case 1</td>
<td>20</td>
<td>M</td>
<td>Inpatient</td>
</tr>
<tr>
<td>Case 2</td>
<td>67</td>
<td>F</td>
<td>Inpatient</td>
</tr>
<tr>
<td>Case 3</td>
<td>41</td>
<td>F</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Case 4</td>
<td>36</td>
<td>F</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Case 5</td>
<td>41</td>
<td>F</td>
<td>Inpatient</td>
</tr>
<tr>
<td>Case 6</td>
<td>22</td>
<td>F</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Case 7</td>
<td>62</td>
<td>F</td>
<td>Inpatient</td>
</tr>
<tr>
<td>Case 8</td>
<td>31</td>
<td>M</td>
<td>Inpatient</td>
</tr>
<tr>
<td>Case 9</td>
<td>26</td>
<td>M</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Case 10</td>
<td>25</td>
<td>F</td>
<td>Outpatient</td>
</tr>
</tbody>
</table>

- Memory Impaired
- Depression
- Alcoholism
- Panic Disorder with agoraphobia
- Caregivers’ issues
- Depression
- Depression
- Dependent Personality Features
- Dizziness
- Depression
- Family issues
- Depression
- Avoidant & Schizotypal Personality Disorder
- Work stress
- Obsessive-Compulsive Personality Disorder
3.2 Results

As a result of the pilot testing, a decision was made to delete the marker for security operations from the CAP. The marker for superordinance was retained, however, the rating scale for superordinance was deleted from the rating system. As a result, the principle of superordinance was retained during the assessment procedure, however, superordinance was not measured quantitatively. During piloting, I discovered that establishing ratings for superordinance and security operations were extremely difficult.

3.2.1 Superordinacy

It was not possible to establish the nature of the hierarchical relationships between all of the self-representations within the set of self-representations selected as core and peripheral. This made it difficult to establish the level of superordinance or subordinance for each self-representation selected (see Table 7). For example, with extensive probing, I was able to determine some degree of superordinance for participant #4’s self-representations (see Tables 8 and 9), however, it was hard to do so in an extensive fashion such that each self-representation could be rated. The set of core and peripheral self-representations selected for participant #4 are listed in Table 8. Weak, Fearful, and Sensitive, are clearly superordinate self-representations with
Table 7

Rating Scale for Superordinacy

This item gauges the extent to which a belief for self is connected to other beliefs in a hierarchical network. Superordinate beliefs subsume subordinate beliefs, thus subordinate beliefs represent examples of or are category members of superordinate beliefs.

9 Do not rate insufficient information.

0 The individual indicates that this attribute/view of self does not relate to any other attribute/view of self.

1 The individual indicates that this attribute/view of self relates to one or more other self constructs and that it subsumed by them (e.g., "sociable" is one example of being a "likeable" person).

2 The individual indicates that this attribute/view of self relates to one or more other attributes/views of self. This attribute/view of self is a construct that may subsume one other construct, however, it is also subsumed by another construct (e.g., the person describes being "thoughtful" as one example of being a "quiet person". Being a "quiet" person is an example of being a "loner").

3 The individual indicates that this attribute/view of self relates to some other attributes/views of self. This view, however, is only one of a couple of superordinate self constructs (e.g., the person states that many self-descriptors fall under the category of "attractiveness" but indicates that equally many fall under the category of "hard-working").

4 The individual indicates that this attribute/view of self relates to several or many other attributes/views of self. This view of self encompasses many others (e.g., the person fits many self-descriptors into the view of self as "competent")

5 The individual indicates that this attribute/view of self relates to all other attribute/view of self. This view of self is superordinate to all others (e.g., the person fits all other self-descriptors into the category of "being a nice person").
Table 8

**Core and Peripheral Self-Representations of Participant #4**

<table>
<thead>
<tr>
<th>Core Self-representations</th>
<th>Peripheral Self-representations</th>
</tr>
</thead>
<tbody>
<tr>
<td>weak</td>
<td>loyal</td>
</tr>
<tr>
<td>fearful</td>
<td>positive</td>
</tr>
<tr>
<td>sensitive</td>
<td>nice</td>
</tr>
<tr>
<td>organized</td>
<td>hard-working</td>
</tr>
<tr>
<td>sociable</td>
<td>energetic</td>
</tr>
<tr>
<td>stupid</td>
<td>imaginative</td>
</tr>
</tbody>
</table>
### Table 9

**Examples of Superordinate and Subordinate Self-representations for Participant #4**

<table>
<thead>
<tr>
<th>Superordinate construct</th>
<th>Subordinate Constructs</th>
</tr>
</thead>
</table>
| WEAK                    | fear of loss of control  
                         | perfectionistic (i.e.,  
                         | fearful of criticism)  
                         | uptight                 
                         | a "sinner" (e.g., can't  
                         | say no to temptation)  
                         | soft/lenient (as a parent)  
                         | fear of flying          |
| FEARFUL                 | cautious               
                         | anxious, nervous       
                         | unassertive            
                         | protective (of children) |
| SOCIABLE                | active                 
                         | involved               |
| SENSITIVE               | concerned              
                         | helpful                
                         | considerate            
                         | caring                 
                         | conscientious          
                         | soft/lenient (as a parent)  |
| ORGANIZED               | aggressive             |
several subordinate self-representations (see Table 9). Sociable and organized are also superordinate to other constructs. Organized also appeared to be subordinate to fearful. This individual reported that she was organized in order to prevent crises that she feared might happen. As the daughter of alcoholic parents, she experienced a great deal of turmoil and unpredictability as a child which she strove to minimize as an adult. It proved difficult to place the location of the other seven self-representations (i.e., stupid, loyal, positive, nice, hardworking, energetic, imaginative) within a hierarchical cognitive structure. There were no spontaneous reports by the participant that these self-representations had relationships to other self-representations, and it was not feasible to ask the participant to make a self-report regarding the location of each particular self-representation within her cognitive structure. The process of establishing the nature of the relationships between different self-representations was extremely cumbersome and time-consuming. Participant #4 was quite insightful, which permitted some degree of success completing superordinacy ratings; however, most participants were unable to complete this task.

The principle that hierarchical relationships may exist between core and peripheral constructs, however, was retained within the interview. Vertical exploration,
which is used to elicit hierarchical relationships between constructs, is encouraged during the interview (also see probing questions in Appendix A). Upward vertical exploration elicits superordinate constructs whereas downward vertical exploration elicits subordinate constructs:

**VERTICAL EXPLORATION (up)**

"What does this mean about you as an individual?"

"What does this tell you about yourself?"

What difference does knowing this about yourself make to your understanding of yourself?"

**VERTICAL EXPLORATION (down)**

"Is being ______________ one example of being ____
__________ such as you described to me earlier?"

"You have spoken of needing to be ______________
how does being ______________ fit with that?"

### 3.2.2. Security Operations

I experienced difficulty in rating security operations at the specific level of a self-representation rather than at the global level of how much any one particular participant manifested defensiveness across the interview (see Table 10). For example, participant #1 was quite intellectualized in the interview. An abuse victim, he conveyed some very painful views of himself (e.g., "damaged goods") in a detached, logical style. While it was possible to detect this general security operation
Table 10

Rating Scale for Security Operations

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Do not rate. Insufficient information.</td>
</tr>
<tr>
<td>0</td>
<td>This self-knowledge attribute was not associated with any observable anxiety/defensiveness.</td>
</tr>
<tr>
<td>1</td>
<td>This self-knowledge attribute was associated with barely noticeable anxiety/defensiveness. For example, the individual's voice quality changed and his or her speech became more rapid while speaking about this characteristic, while, remaining open and direct.</td>
</tr>
<tr>
<td>2</td>
<td>This self-knowledge attribute was associated with a mild amount of anxiety/defensiveness. For example, the individual looked away briefly and hesitated before answering a question that required self-exploration.</td>
</tr>
<tr>
<td>3</td>
<td>This self-knowledge attribute was associated with moderate anxiety/defensiveness. For example, the individual engages in self-exploration of this attribute somewhat cautiously and appears to be censoring his or her answers.</td>
</tr>
<tr>
<td>4</td>
<td>This self-knowledge attribute was associated with strong anxiety/defensiveness. For example, the individual shifted the topic away from exploring this attribute but with guidance from the interviewer was willing to be re-directed.</td>
</tr>
<tr>
<td>5</td>
<td>This self-knowledge attribute was associated with extreme anxiety/defensiveness. Security operations were very noticeable and quite disruptive. For example, the individual exhibited a marked avoidance of exploring this attribute.</td>
</tr>
</tbody>
</table>
(i.e., intellectualization) it was very difficult to rate the level of intellectualization for each self-representation that was rated during the CAP procedure. As ratings of markers, in the CAP, are made at the level of the self-representation a decision was made to drop this marker from the interview procedure.

3.2.3 Affectivity

Based on the observation that participants could report having experienced strong affect outside of the interview in relation to a particular self-representation, the rating scale for affect was modified. I enlarged the rating scale for the affectivity dimension to incorporate affect that was both observed in the immediate moment and affect based on the self-report of the respondent regarding experiences outside of session. Reports of affect of strong intensity based on a particular self-representation would then be eligible for a high rating although the participant might not display the same intensity of affect in-session. This was evident in an interview with participant #7. One of the self-representations elicited during the interview was "being afraid of failing" and hence avoiding or putting off doing certain activities such as attending school. In her interview, the level of observed affect was mild and was rated as 2 (voice quality, emphasis). During self-report, however, she conveyed a much stronger degree of affect.
She noted that when she avoided going to school she put herself down and sometimes felt like "killing myself". On days when she stayed at home rather than attending school she "sinks into a hole". The content of these statements reflected a stronger intensity of affect than her demeanour conveyed, and was rated as a 4 on the scale.

3.2.4 Problem Relevance

A new content marker was added to the set of markers after the pilot study (see Appendix B). This marker captured the notion that core beliefs are central to an individual's problems (Safran et al., 1986). The new marker was called problem relevance. The interviewer needs to develop a theory of the origins of the individual's distress. This requires the interviewer to distinguish amongst the multiple views of self and world which are benign and those which are implicated in the individual's distress (Markus, 1990). That is, the individual may hold core beliefs that are benign and underlying adaptive behaviour, in addition to core beliefs that are dysfunctional and underlying maladaptive behaviour. It is also important to investigate the individual's theories regarding the etiology of his or her problem complaints.

The rating scale for this item gauges the extent to which a particular self-representation is related to the individual's presenting problem. Presenting problems
encompass symptoms, interpersonal behaviour, and current concerns. The item is written to elicit the respondent’s perceptions and the rating is based on the respondent’s response. Anchor statements are (0) entirely unrelated; (1) barely related; (2) mildly related; (3) moderately related; (4) strongly related; and (5) central.

3.3 Conclusion

After completion of the pilot study, it was possible to make modifications to the CAP. One markers, security operations, was deleted from the procedure. A second marker, superordinacy, was only partially retained in the procedure. Probing for superordinacy was encouraged during the interview, however, the rating scale for superordinacy was not retained. A third marker, problem relevance, was added. A fourth marker, affectivity, was revised. As a result, the final set of markers to be utilized in the studies for establishing the reliability and validity of the CAP were established (see Table 11).
Table 11

**Final Set of Process and Content Markers of Core Self-Knowledge**

<table>
<thead>
<tr>
<th>Process markers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Affectivity</td>
</tr>
<tr>
<td>2. Metaphor (Commonness)</td>
</tr>
<tr>
<td>3. Metaphor (Vividness)</td>
</tr>
<tr>
<td>4. Redundancy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Content markers</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Contingency for self-worth</td>
</tr>
<tr>
<td>6. Temporal stability</td>
</tr>
<tr>
<td>7. Developmental primacy (Age at Onset)</td>
</tr>
<tr>
<td>8. Developmental Primacy (Mirrored Self)</td>
</tr>
<tr>
<td>9. Cross-situational consistency</td>
</tr>
<tr>
<td>10. Problem relevance</td>
</tr>
<tr>
<td>11. Superordinacy*</td>
</tr>
</tbody>
</table>

*Note:* Superordinacy was retained during the probing stage of the interview, however, the rating scale was deleted from the CAP.
4.0 ESTABLISHING THE RELIABILITY OF THE
CORE ASSESSMENT PROCEDURE (CAP)

4.1 Introduction

There are two common methods for establishing reliability estimates for clinical interviews. First, it can be ascertained whether observers given the same interview material, in audiotape, videotape, or transcript form, are able to use a rating scheme and independently arrive at similar ratings of the material (i.e., inter-rater reliability). Second, it can be ascertained whether different interviewers can assess the same individual, on two separate occasions, and arrive at similar ratings of the individual’s behaviour, should that behaviour remain constant over time (i.e., interviewer reliability). I will review the approaches used for deriving estimates of inter-rater reliability and interviewer reliability for the CAP.

4.1.1 Clinical Interviews: Agreement Between Observers Rating the Same Interview

One method of assessing the reliability of a clinical interview is to establish inter-rater reliability by requiring a set of raters to score the same videotaped interview. Typically, the raters work independently. However, some studies report consensual methods for
establishing ratings (e.g., Perry & Cooper, 1989). The level of experience of the raters has been recognized as a potential factor influencing the level of reliability achieved.

It was predicted that raters would reach adequate levels of inter-rater reliability when assigning self-representations a numerical rating for the process dimensions of the CAP (i.e., affect, metaphor). Redundancy ratings are a frequency count and do not require raters to make judgments, hence, it was excluded. The dimension for metaphor has two sub-scales, commonness and vividness. Hence, coefficients for three variables were calculated. The level of agreement between raters was determined by calculating a reliability co-efficient, the Spearman rank order correlation coefficient. This co-efficient represents the extent to which raters rank-ordered the set of observations in the same fashion (Tinsley & Weiss, 1975). An adequate level of inter-rater reliability was adopted as equal to or above \( r = .60 \) (Landis & Koch, 1977). The inter-rater reliabilities of the content dimensions were not assessed. These ratings did not require judgments by raters: participants simply selected a statement to which a number corresponded on a Likert scale. There is no chance for disagreement between raters on content markers and inter-rater reliability does not apply.
4.1.2 Calculating Reliability Estimates for Core Case Conceptualizations:

A core case conceptualization enables a clinician to identify which cognitive targets to address when treating a particular client. It is an idiographic case formulation method. Procedures for determining the reliability of case formulation methods have been established by Luborsky and colleagues (e.g., Luborsky & Crits-Christoph, 1990). In one procedure, judges rate the degree of agreement of case formulations developed independently for the same case on a 3-point Likert scale. In a second procedure, the mean similarity ratings of case formulations from the same case (i.e., matched) and different cases (i.e., mismatched) are compared. It is expected that formulations from matched cases will be rated as significantly more similar than formulations from mismatched cases. The mismatched method for determining the reliability of a case formulation has been widely used (e.g., Johnson, Popp, Schact, Mellon, & Strupp, 1989; Horowitz, Rosenberg, Ureno, Kalehzan, & O’Halloran, 1989; Luborsky & Crits-Christoph, 1989; Perry, Augusto & Cooper, 1989) and was adopted for this study.

It was predicted that two different interviewers could independently develop similar core case conceptualizations for the same participant after separately interviewing this participant (see Table 12).
This is a test of interviewer reliability, in which variance is introduced largely by interview style, as little change is expected in the core beliefs of the participant. After conducting the interview, each interviewer wrote a core conceptualization based on four to six core self-representations. Interviews were conducted separately and the interviewers wrote the core conceptualizations independently of one another.

Methods to determine the extent of similarity or overlap between the two core case formulations were based on the mismatched method (Luborsky & Crits-Christoph, 1990). Five independent judges were asked to make similarity ratings on a 7-point Likert scale for six matched and six mismatched case conceptualizations. Matched conceptualizations were defined as those written by different interviewers for the same participant. Mismatched conceptualizations were defined as those written by either interviewer for different participants. It was predicted that similarity ratings would be higher for those matched core conceptualizations (matched for case) than for those mismatched core conceptualizations (mismatched for case). This prediction was tested by calculating a one-tailed t-test in which the mean similarity of the correctly matched conceptualizations was
Table 12

Overview of the Nature of Participants' Research Participation for Interviewer Reliability

Twenty participants completed the following steps:

1. **Interview**: Administration of interview by the author

2. **Selection**: Interviewer selects 6 core and 6 peripheral self-representations at a fifteen-minute break

3. **Probing Session**: Participant rates self-representations on rating scales for content markers in collaboration with the author

4. **Case formulation**: Interviewer develops one core case formulation and one peripheral case formulation for each participant

5. **Feedback Session**: Participants complete ratings of core and peripheral case formulations developed by the author

6. **Debriefing**: Interviewer provides a debriefing of the study to participants

Ten participants of the original sample of twenty participants completed the following additional steps:

1. **Interview**: Administration of interview by a different interviewer (B. Dufton)

2. **Selection**: Interviewer selects 6 core and 6 peripheral self-representations

3. **Case formulation**: Interviewer develops one core case formulation and one peripheral case formulation for each participant

Note: Five of the ten participants who attended two interview sessions were administered a first interview by B. Dufton and a second interview by H. Louisy (see Table 13).
Table 13

**Chronological Sequence of Participation across Sessions for Participants**

---

Ten participants:

**Session 1:** Interview with the author

**Session 2** (at least one week later): Feedback session

---

Five participants:

**Session 1:** Interview with the author

**Session 2** (one week later): Interview with B. Dufton

**Session 3** (at least one week after session 2): Feedback session

---

Five participants:

**Session 1:** Interview with B. Dufton

**Session 2** (one week later): Interview with the author

**Session 3** (at least one week after session 2): Feedback session
contrasted with the mean similarity of the mismatched conceptualizations.

4.2 Method

4.2.1 Participants

Twenty participants were recruited from Outpatient Mental Health Clinics at Valley Health Services Association, Kentville, Nova Scotia (see Table 14). Staff therapists (psychologists, social workers, community mental health nurses) identified individuals who they believed would fulfill selection criteria (see Table 15) and who were interested in participating. Therapists passed on names to the author who then contacted potential participants. The nature of the study, including the requirements of participation, was explained to prospective participants. Ethical guidelines for informed consent were observed during recruitment. Participants were given a description of the study (written and verbal; see Appendix E) and were given the opportunity to read and sign a detailed consent form, prior to participating. The consent form outlined ethical principles of confidentiality, voluntary participation, relationship of the study to treatment, expected risks and discomforts, and requirements for participation (see Appendix F). Descriptive information for each participant, such as psychiatric diagnosis, was collected from the therapist after the individual completed the study (see Appendix G).
<table>
<thead>
<tr>
<th>Case</th>
<th>Age</th>
<th>Sex</th>
<th>Source</th>
<th>Presenting Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case 1</td>
<td>40</td>
<td>F</td>
<td>Community clinic</td>
<td>Marital stress&lt;br&gt;Obsessive-compulsive&lt;br&gt;Personality Disorder</td>
</tr>
<tr>
<td>Case 2</td>
<td>34</td>
<td>F</td>
<td>Community clinic</td>
<td>Depression&lt;br&gt;Work stress&lt;br&gt;Parenting issues</td>
</tr>
<tr>
<td>Case 3</td>
<td>43</td>
<td>F</td>
<td>Community clinic</td>
<td>Depression&lt;br&gt;Anger outbursts</td>
</tr>
<tr>
<td>Case 4</td>
<td>51</td>
<td>F</td>
<td>Psychiatric Day Hospital</td>
<td>Adjustment disorder with depressed mood</td>
</tr>
<tr>
<td>Case 5</td>
<td>19</td>
<td>M</td>
<td>Psychiatric Day Hospital</td>
<td>Suicidal ideation&lt;br&gt;Relationship Break-up Independent Personality disorder</td>
</tr>
<tr>
<td>Case 6</td>
<td>28</td>
<td>F</td>
<td>Community clinic</td>
<td>Dysthymia&lt;br&gt;Avoidant Personality Disorder Vocational Issue</td>
</tr>
<tr>
<td>Case 7</td>
<td>39</td>
<td>F</td>
<td>Inpatient</td>
<td>Depression&lt;br&gt;Dysthymia&lt;br&gt;Post-Traumatic Stress Disorder</td>
</tr>
<tr>
<td>Case 8</td>
<td>44</td>
<td>F</td>
<td>Community clinic</td>
<td>Post-Traumatic Stress Disorder</td>
</tr>
</tbody>
</table>
### Table 14 cont’d.

**Description of Participants in Study 1 and Study 2 cont’d**

<table>
<thead>
<tr>
<th></th>
<th>Age</th>
<th>Sex</th>
<th>Source</th>
<th>Presenting Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case 9</td>
<td>26</td>
<td>F</td>
<td>Community clinic</td>
<td>Marital Problems</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Child Management Problems</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sexual Abuse Issues</td>
</tr>
<tr>
<td>Case 10</td>
<td>22</td>
<td>F</td>
<td>Community clinic</td>
<td>Dysthymia</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sexual Abuse</td>
</tr>
<tr>
<td>Case 11</td>
<td>20</td>
<td>F</td>
<td>Community clinic</td>
<td>Depression</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Marital Separation</td>
</tr>
<tr>
<td>Case 12</td>
<td>44</td>
<td>F</td>
<td>Community clinic</td>
<td>Parenting</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Husband’s illness</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Family conflict</td>
</tr>
<tr>
<td>Case 13</td>
<td>31</td>
<td>F</td>
<td>Community clinic</td>
<td>Panic Disorder</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Depression</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Marital Separation</td>
</tr>
<tr>
<td>Case 14</td>
<td>34</td>
<td>F</td>
<td>Community clinic</td>
<td>Post-Traumatic Stress</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Disorder</td>
</tr>
<tr>
<td>Case 15</td>
<td>37</td>
<td>F</td>
<td>Community clinic</td>
<td>Anxiety (re. work)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sleep disturbance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Weight problem</td>
</tr>
<tr>
<td>Case 16</td>
<td>37</td>
<td>F</td>
<td>Community clinic</td>
<td>Relationship</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Break-up</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Job stress</td>
</tr>
<tr>
<td>Case 17</td>
<td>42</td>
<td>F</td>
<td>Community clinic</td>
<td></td>
</tr>
</tbody>
</table>
### Description of Participants in Study 1 and Study 2 cont’d

<table>
<thead>
<tr>
<th>Case 18</th>
<th>28</th>
<th>F</th>
<th>Psychiatric Day Centre</th>
<th>Depression, Anxiety, Guilt, Anger, Self-esteem issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case 19</td>
<td>26</td>
<td>F</td>
<td>Psychiatric Day Centre</td>
<td>Anxiety, Depression, Social Phobia</td>
</tr>
<tr>
<td>Case 20</td>
<td>24</td>
<td>F</td>
<td>Psychiatric Day Centre</td>
<td>Gambling, Addiction, Anxiety, Depression, Relationship Break-up</td>
</tr>
</tbody>
</table>
Table 15

Selection Criteria for Participant Selection

Inclusion criteria for participation:
1. Evidence of psychological distress
2. Judged to be appropriate candidate for psychotherapy (e.g., has been referred to)
3. Is in the early stage of psychotherapy (e.g., no more than three sessions attended) if psychotherapy has ensued
4. Aged 18 - 70 years
5. Willing to attend audiotaped or videotaped interview sessions

Exclusion criteria for participation:
1. Presence of psychotic illness (e.g., presence of hallucinations and/or delusions)
2. Presence of organic brain dysfunction
3. Is in the latter stages of psychotherapy (e.g., has attended four or more sessions).
4.2.2 Materials

The Core Beliefs Assessment Procedure (CAP)

The CAP is an assessment method developed in the context of the present research and involves: (a) a set of standard questions, (b) an interview manual which specifies a set of prompts, and (c) a set of rating scales (see Appendix A and Appendix D).

Ratings Protocol

A list of the total set of self-representations identified during the interview was developed for each participant. The order of the list matched the order that the self-representations were elicited during the interview, as well as the step at which they were elicited. A subset of 10-12 self-representations that were probed in depth were attached to this summary sheet. The subset was listed in random order, without any indication of whether the self-representations were considered to be core or peripheral, by the interviewer. Finally, each of the 10-12 self-representations in the subset was transcribed to the appropriate line on a blank Rating Summary Form, in order to facilitate the ratings procedure for reliability judges (see Table 16).

Case Conceptualization

After each interview the following were developed:

1. a list of six "core" self-representations
2. a list of six "peripheral" self-representations
Table 16

A Blank Rating Summary Form

<table>
<thead>
<tr>
<th>ATTRIBUTE</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFFECTIVITY</td>
<td>9</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>METAPHOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMONNESS</td>
<td>9</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>VIVIDNESS</td>
<td>9</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>SELF-WORTH CONTINGENCY</td>
<td>9</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>TEMPORAL STABILITY</td>
<td>9</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>DEVELOPMENTAL PRIMACY: ONSET</td>
<td>9</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>MIRRORED SELF</td>
<td>9</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>CROSS-SITUATIONAL CONSISTENCY</td>
<td>9</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>PROBLEM RELEVANCE</td>
<td>9</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>REDUNDANCY</td>
<td>9</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Note: For Affectivity please specify the behavioral cue (e.g., crying) or statement that was observed in interview. The type of affect should be recorded. For Metaphor, please record the exact statement made by the respondent. For all other ratings jot down the interview material that informed your rating, in the righthand column (e.g., for age at onset dimension record "12 years" if this is when the respondent specifies establishing this view of self, record "aunt" if respondent specifies this individual for the mirrored self dimension).

AFFECTIVITY CUE: __________________________________________

TYPE: __________________________________________

METAPHOR PHRASE: __________________________________________
3. a core case conceptualization
4. a peripheral case conceptualization

A core and peripheral case conceptualization were
developed for each participant (e.g., for examples see
Table 17a & 17b). Each conceptualization was comprised of
as many of the following components as possible:
(a) a minimum of three of the self-representations from
the interviewer’s list of self-representations
(b) a statement concerning the developmental origins of
the self-representation(s)
(c) the implications of the self-representation(s) for the
respondent’s self-image and/or self-worth
(d) the implications of the self-representation(s) for the
respondent’s relationship with others
(e) the link between the self-representation(s) and the
respondents’ distress
(f) the relevance of the self-representation(s) to the
respondent’s presenting problems
(g) the predictive utility of the self-representation(s)
(i.e., cross-situational consistency)
(h) use of the respondent’s idiosyncratic language as much
as possible including metaphor.
Table 17a

An Example of a Core Case Conceptualization and a Peripheral Case Conceptualization: Participant #11

Core Conceptualization

This young woman sees herself as scattered and disorganized. She notes that she often relies on the guidance of others, which she sees as a form of dependency, as she is unable to manage things herself. She describes having difficulty thinking at times, "things are quite messy in my head" and sees herself as lacking logic. She notes that she is sometimes unable to respond rapidly and decisively around others and fears that they see her as lacking opinions or personality, "a loser". She denotes this as being a "blank, empty...viewless, and voiceless". She notes that she is often unable to express her feelings and others mistake this as being even-tempered. At times, however, she sees herself as quite spiteful and wishing bad fortune on those that she dislikes. She sees herself as moody and withdrawn, and generally unhappy, since her parents moved when she was 11 years old and she was unable to adapt to the change.

Peripheral Conceptualization

This young woman sees herself as a good person, and has seen herself this way for a long time. She takes pride in this. She recognizes that she has had a privileged upbringing although she does not always recognize the advantages that this brings. At times, she does not see herself as entitled to be unhappy because of the social and material advantages she enjoyed in her upbringing. She sees herself as a stubborn individual. She recognizes that she is tall and comments that despite being teased as a girl for her height that she quite likes being tall. She notes that others tend to mistake her quietness for snobbery however she does not see herself as a snob.
Table 17b

An example of a Core Case Conceptualization and a Peripheral Case Conceptualization: Participant #18

Core Conceptualization

This woman identifies herself as fat, ugly and stupid. After successfully losing weight to 155 lbs. she has rebounded to 278 lbs. and feels both that she has failed her deceased father (e.g., "I promised him I wouldn’t gain it all back") and that her weight drove away her fiancé. She wonders at times if she is a monster who drives away those she loves. Those she trusted the most, her fiancé and her sister, have abandoned her. This has exacerbated a strong fear of being alone. An inability to find a job in her field has led her to wonder if she was incompetent before and was simply fooling her employers (e.g., an imposter). A caring individual she is hurt easily and wears her emotions on her sleeve. Forced into the role as a mother to her younger sister and a confidant of her parents from a young age she appears to be accustomed to taking excessive responsibility for the welfare of others. She admits that she tends to take on everyone else’s problems to try and fix them. Lastly, she appears to be assuming excessive guilt for her father’s death and believes that if she had acted differently he might have lived.

Peripheral Conceptualization

This woman describes herself as friendly and kind. While she can recognize these characteristics as positive traits she does not give herself any credit for them. She notes that she can be particular and perfectionistic at times. For instance, her home tends to be immaculate. She reported that at times her perfectionism can lead her to be controlling of those around her and her fiancé used to remark on her standards around the home. Similarly, she has been given feedback that she can be bossy at times although she herself does not see herself in this way. She notes that she tends to be a somewhat quiet, shy individual who often shrinks from meeting others as she fears that they will judge her for her appearance. One exception to this shyness is an ability to stand up for herself in certain situations such as returning faulty merchandise to a store.
4.2.3 Procedure

Administration of the Interview

Twenty participants attended an interview session with the author. These interviews were recorded, in either videotape or audiotape format, if the participant had granted permission to do so. Participants were given a 10 to 15 minute break after the interview. During this time period the interviewer collated the self-representations from the interview notes and selected a subset of self-representations (10-12) to probe. The interviewer then resumed the session and conducted probing of each of the 10-12 self-representations using the six rating scales for content markers.

The author completed interviews for 20 participants. Ten interviews were conducted by a second interviewer, Dr. Brian Dufton for 10 participants of the original sample of 20 participants (see Table 12). Dr. Dufton, a registered clinical psychologist with 12 years experience with mental health and health psychology populations, is a cognitive-behavioural therapist. The order in which the two interviewers (i.e., author, Dr. Brian Dufton) administered the interviews was counterbalanced to control for order effects (see Table 13). Dr. Dufton did not complete ratings for process markers (in-interview) or content markers (post-interview) although he remained sensitive to markers throughout interview administration.
4.3 Results

4.3.1. Inter-rater Reliability for Affect and Metaphor

Two judges, the author and an independent rater, conducted ratings in order to establish the level of inter-rater reliability of two process markers, affect and metaphor. Raters were required to attend to verbal and nonverbal cues such as tone of voice, rate of speech, facial expression, tears, and body posture in order to complete the ratings (for rating scales see Appendix A). The rater was a doctoral level psychologist with 3 years of clinical experience in an outpatient mental health setting. His therapeutic orientation was cognitive-behavioral and interpersonal. The two judges observed the videotaped interviews and completed ratings for affect and metaphor (see Table 18) while observing the videotape. Videotapes of 4 participants were rated, which represents 20% of the sample. The judges were allowed to stop the tape in order to make a rating. Ratings were made independently. An estimate of inter-rater reliability was calculated using the Spearman rank order correlation coefficient.

The total number of self-representations for which ratings were tallied was 43. The result for ratings of affect was $r = .87$. Results were equally high for metaphor: the result for commonness was $r = .96$, and the result for vividness was $r = .93$. 
Table 18

Rating Form for Affect and Metaphor

<table>
<thead>
<tr>
<th>ATTRIBUTE</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFFECTIVITY</td>
<td>9 0 1 2 3 4 5</td>
</tr>
<tr>
<td>AFFECTIVITY CUE:</td>
<td></td>
</tr>
<tr>
<td>TYPE:</td>
<td></td>
</tr>
<tr>
<td>METAPHOR</td>
<td></td>
</tr>
<tr>
<td>COMMONNESS</td>
<td>9 0 1 2 3 4 5</td>
</tr>
<tr>
<td>VIVIDNESS</td>
<td>9 0 1 2 3 4 5</td>
</tr>
<tr>
<td>METAPHOR PHRASE:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ATTRIBUTE</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFFECTIVITY</td>
<td>9 0 1 2 3 4 5</td>
</tr>
<tr>
<td>AFFECTIVITY CUE:</td>
<td></td>
</tr>
<tr>
<td>TYPE:</td>
<td></td>
</tr>
<tr>
<td>METAPHOR</td>
<td></td>
</tr>
<tr>
<td>COMMONNESS</td>
<td>9 0 1 2 3 4 5</td>
</tr>
<tr>
<td>VIVIDNESS</td>
<td>9 0 1 2 3 4 5</td>
</tr>
<tr>
<td>METAPHOR PHRASE:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ATTRIBUTE</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFFECTIVITY</td>
<td>9 0 1 2 3 4 5</td>
</tr>
<tr>
<td>AFFECTIVITY CUE:</td>
<td></td>
</tr>
<tr>
<td>TYPE:</td>
<td></td>
</tr>
<tr>
<td>METAPHOR</td>
<td></td>
</tr>
<tr>
<td>COMMONNESS</td>
<td>9 0 1 2 3 4 5</td>
</tr>
<tr>
<td>VIVIDNESS</td>
<td>9 0 1 2 3 4 5</td>
</tr>
<tr>
<td>METAPHOR PHRASE:</td>
<td></td>
</tr>
</tbody>
</table>
4.3.2 Interviewer Reliability - Ratings of Matched versus Mismatched Core Case Formulations

Judges were asked to carry out the following similarity ratings: (a) the similarity of six pairs of core conceptualizations formulated by the two different interviewers for the same subject (i.e., matched conceptualizations) and (b) the similarity of six pairs of core conceptualizations formulated by either interviewer for different subjects (i.e., mismatched conceptualizations). For examples of pairs of matched and mismatched conceptualizations see Tables 19 and 20, respectively. The similarity ratings were comprised of four questions. The four questions were as follows:

Question 1. How similar are these two case conceptualizations?

Question 2. If two different therapists each used a different one of the case conceptualizations to guide their choice of targets in therapy, how similar would the focus of treatment be?

Question 3. Estimate the extent of overlap in content between the two case conceptualizations.

Question 4. How likely is it that the two different case conceptualizations apply to the same client?

Ratings for questions 1, 2, and 4 were made on a 7-point Likert scale ranging from 0 (not at all similar) to 7 (extremely similar). Ratings on question 3 were made on a scale of percentages between 0% and 100%. The rating scales are shown in Appendix H.
Table 19

Matched Case Conceptualizations for Participant #3

1. This woman is an extremely conscientious and responsible person who tends to be moral and clean-living. She is sometimes judgmental or intolerant of others. She describes herself as organized and as controlling and notes that this dates to childhood. Her children see her as a "stickler for details". She became threatened when her son became a rebellious adolescent and she was no longer able to maintain control of him. She noted that her husband did not support her when she tried to cope with or discipline her son and this upset and angered her. She labelled her need for his support as dependency. She tends to fail to recognize that she is entitled to have her needs met. She experiences guilt and berates herself as selfish or frivolous when she put her needs ahead of others. She labels herself as caring, however she is clearly self-sacrificing. She dislikes herself when she sees herself as impatient and demanding, although she may be confusing being assertive with these traits, and believes that she has lost friendships as a result. In general, she avoids confrontation. She sees herself as unassertive and at times she wonders if she is gullible. She experiences a strong conflict between seeing herself as forceful and domineering versus unassertive and wishy washy.

2. This individual is a conscientious and responsible woman who has tended to set unrealistic, perfectionistic demands on herself to meet goals and "be there" (be responsible) for others as a result of growing up in a home in which strictly enforced rules were the norm. She sees herself as a "control-freak" who becomes overinvolved and overinvested. It is extremely important to her to be in control of her feelings, her behaviour, her environment and other people. Indeed, feeling "out of control" has been one of the most difficult things to handle. Yet, she recognizes that many of her personality traits do have their positive side if she can manage to avoid extremes. For example, she is a caring compassionate person who emphasizes fairness, honesty, cooperation and high moral values. Likewise, she is a well-organized, energetic person who can accomplish tasks in a creative manner. She likes these qualities about herself, and although she still very much values "control", she also feels that the ways in which she sees herself are in a state of change. For example, she is even starting to see her quick temper and tendency to judge as having their positive sides.
Table 20

**Mismatched Case Conceptualizations for Participant #14 and Participant #15**

1. This woman is a very sensitive, caring and loving person. She often tries to rescue others and assumes some of their pain such that she becomes depressed or overwhelmed. This inability to detach from troubles then brings down those around her. She strives to be independent and worries that others might look down at her if she requests assistance. Recent financial strain galls her as she has been forced to ask for help. This self-sufficiency likely arises from a childhood in which no one protected her and she had to care for herself. She is used to meeting others' needs rather than allowing herself to need others. In fact, she does not see herself as worthy of help from others. One exception is a tendency to need a lot of attention ("TLC") in an intimate relationship. A survivor of child sexual abuse she prides herself on the stamina and determination that have allowed her to cope and carry on and create a life for herself. A life without an abusive ex-husband that lacks material security but offers the promise of healing.

2. This individual is a physically active, enthusiastic, intellectually curious, and "take charge" sort of person whose life generally seems to have gone along pretty well. Perhaps for that very reason, her recent emotional difficulties seem so "out of character" and eye-opening; that is, she has learned that she is stronger than she thinks, she doesn't have to depend on the approval of others, she can be more open to her feelings, and that her "inner life" is one well exploring. She is a person in transition. Certain qualities are very much there (e.g., creative, artistic), some are being recognized (e.g., competitiveness) while others seem to be stronger (being quiet, introspectiveness) and are balancing out still present but less prominent qualities such as extroversion and talkativeness. It is not yet clear where she will end up but she seems determined to remain open to growth and self-awareness.
A set of twelve pairs of conceptualizations were presented to each judge. Judges were mailed the set of case conceptualizations and returned completed ratings to the author by mail. Three different sets of case conceptualizations were prepared for each of the three pairs of judges (See Appendix I). The order of presentation within each set was randomized.

Judges were five doctoral level psychologists in Halifax-Dartmouth. One judge rated two different sets of conceptualizations (i.e., served twice). The judges reported having 3 to 14 years of clinical experience ($M = 10$ years) and 8 to 18 hours of direct clinical contact per week ($M = 13$ hours). One judge was a private practitioner, the remaining four judges worked in large teaching hospitals in a psychiatric or medical milieu. Three judges described their theoretical orientation as cognitive-behavioral, one judge described himself as integrative (cognitive-behavioral, psychodynamic, and systemic) and one judge described himself as interpersonal.

First, I will report the inter-rater reliability between each pair of judges across the four ratings questions (see Table 21). Three pairs of judges were provided with three different sets of case conceptualizations. The mean of the Spearman rank order correlation coefficients between all pairs was $r. = .69$. 
Table 21

Inter-Rater Reliability Between Three Pairs of Judges for Ratings of Similarity for Matched and Mismatched Conceptualizations

<table>
<thead>
<tr>
<th>Question 1</th>
<th>Question 2</th>
<th>Question 3</th>
<th>Question 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>r. = .91</td>
<td>r. = .89</td>
<td>r. = .92</td>
<td>r. = .89</td>
</tr>
</tbody>
</table>

Inter-Rater Reliability between Similarity Ratings by Judge 3 and Judge 4 for Four Questions

<table>
<thead>
<tr>
<th>Question 1</th>
<th>Question 2</th>
<th>Question 3</th>
<th>Question 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>r. = .74</td>
<td>r. = .31</td>
<td>r. = .74</td>
<td>r. = .60</td>
</tr>
</tbody>
</table>

Inter-Rater Reliability between Similarity Ratings by Judge 1 and Judge 5 for Four Questions

<table>
<thead>
<tr>
<th>Question 1</th>
<th>Question 2</th>
<th>Question 3</th>
<th>Question 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>r. = .52</td>
<td>r. = .56</td>
<td>r. = .56</td>
<td>r. = .65</td>
</tr>
</tbody>
</table>

Note: r. is Spearman rank order co-efficient
Pair one had the greatest inter-rater reliability averaging $r = .90$ (range: .89 - .92). Pair two averaged $r = .60$ (range: .31 - .74). Pair three averaged $r = .57$ (range = .52 - .65). Of the 12 findings, only 4 dropped below $r = .60$. Three of these values pertained to Pair three. As these values approached .60 this pair's ratings were retained. These results reflect the level of consistency between each pair of judges with regard to rank-ordering of similarity ratings within a set of 12 pairs of case conceptualizations.

The results of the comparisons between the value of the means of the similarity ratings of the matched versus mismatched case formulations, pooled across all judges, were all significant in the direction hypothesized as measured by unidirectional independent samples t-tests (see Table 22). Matched formulations were rated as significantly more similar and as holding a greater degree of overlap in content than mismatched formulations. It was estimated that the focus of treatment for two clinicians guided by a pair of matched formulations would be significantly more alike than the focus of treatment for two clinicians guided by a pair of mismatched formulations. Finally, judges' confidence that a pair of formulations were based on the same client was significantly greater for the matched versus mismatched formulations, as expected.
Table 22

Ratings of Similarity for Matched versus Mismatched Case Conceptualizations

<table>
<thead>
<tr>
<th>Question 1: Perceived similarity between the pair of case conceptualizations</th>
<th>Matched</th>
<th>Mismatched</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td></td>
<td>5.1</td>
<td>.47</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question 2: Perceived similarity of treatment focus if two different therapists were guided by the pair of case conceptualizations</th>
<th>Matched</th>
<th>Mismatched</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td></td>
<td>5.1</td>
<td>.58</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question 3: Estimated percentage of overlap of content between the pair of case conceptualizations</th>
<th>Matched</th>
<th>Mismatched</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td></td>
<td>68.3</td>
<td>7.89</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question 4: Estimate of likelihood that the pair of case conceptualizations apply to the same client?</th>
<th>Matched</th>
<th>Mismatched</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td></td>
<td>5.3</td>
<td>.64</td>
</tr>
</tbody>
</table>

Note. **** p < .0001.
4.4 Discussion

The CAP proved to be very reliable. First, raters were able to reach high levels of inter-rater reliability concerning the level of affect and metaphor evinced in videotaped interviews. Second, two different interviewers could interview the same subject on different occasions and independently develop core case conceptualizations that were shown to be similar. Judges recognized matched pairs of case conceptualizations as more similar than mismatched pairs of conceptualizations in a reliable fashion. As there were three different sets of case conceptualizations presented to three pairs of judges, these findings are not specific to one particular configuration of case conceptualizations or one particular pair of judges, thus indicating that the results are robust.
5.0 PARTICIPANT AND THERAPIST PERSPECTIVES
OF CAP RESULTS: THE VALIDITY OF THE
CORE VERSUS PERIPHERAL DISTINCTION

5.1 Introduction

The thrust of the CAP is to assist therapists to
identify beliefs about the self that are core rather than
peripheral self-representations. The CAP procedure
operationalizes a distinction between core and peripheral
self-knowledge. In this portion of the research, the
validity of the CAP was explored by assessing the
perceived utility of the CAP results from the perspective
of the participants and their therapists. One premise
underlying the CAP is that there are markers of core self-
lknowledge. For this premise to be supported self-
representations classified as core by the interviewer
should consistently be scored higher by participants on
each of the markers (e.g., self-worth contingency,
redundancy, temporal stability) than self-representations
classified as peripheral by the interviewer.

A second premise of the CAP is that core case
conceptualizations should be more helpful in guiding
treatment than peripheral case conceptualizations.
The support for this premise was evaluated by examining
participant and therapist ratings of the helpfulness of core versus peripheral case formulations. It was predicted that core case conceptualizations would be rated as more relevant to participants' problems than peripheral case conceptualizations, from both the perspective of the participant and the participant's therapist.

5.2. Premise #1:

Participant Ratings of Content Markers

Participant ratings of content markers of self-knowledge were examined to determine which markers appeared to distinguish between core and peripheral self-knowledge.

5.2.1 Method

The method for this part of the research has been previously described in section 4.2.

Participants

The 20 participants that were described in section 4.2.1 are the same participants for which the results are reported below.

Procedure

As described in section 4.2.3., the author selected six core and six peripheral self-representations for each participant after the interview. This is essentially a judgment task. The author remained sensitive to the set
of markers operationalized in the study while conducting the interview and when selecting the core self-representations. The author completed ratings for affect and metaphor based on material obtained during the interview. The subset of 10-12 self-representations chosen were subsequently rated by participants in a probing session on the six rating scales for content markers. The findings below show the mean of the ratings of core and peripheral self-representations on each of the 10 dimensions operationalized in the CAP. The results of interest are the participant ratings of content markers. The author’s ratings of the process markers (affect, redundancy and metaphor) were part of the decision-making procedure to identify core and peripheral self-representations and hence do not represent an independent measure. The author’s ratings of the four process markers are reported here, however, for completeness.

5.2.2 Results of Participant Ratings of Content Markers of Core versus Peripheral Self-representations

The results of analyses of the t-tests for all 10 dimensions are reported next. Results for all four process dimensions reveal significant differences between ratings for core versus peripheral self-representations (see Table 23). Core self-representations were associated
Table 23

A Comparison of the Means of the Interviewer’s Ratings of Core versus Peripheral Self-representations on Process Markers

<table>
<thead>
<tr>
<th></th>
<th>Core</th>
<th>Peripheral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean S.D. Mean S.D.</td>
<td>Mean S.D.</td>
<td>t value</td>
</tr>
<tr>
<td>Affect</td>
<td>2.3 1.4</td>
<td>0.7 0.8</td>
</tr>
<tr>
<td>Note: N = 97 core self-representations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N = 76 peripheral self-representations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metaphor-Commonness Mean S.D.</td>
<td>Mean S.D.</td>
<td>t value</td>
</tr>
<tr>
<td>1.1 1.3</td>
<td>0.3 0.8</td>
<td>5.3</td>
</tr>
<tr>
<td>Note: N = 124 core self-representations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N = 101 peripheral self-representations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metaphor-Vividness Mean S.D.</td>
<td>Mean S.D.</td>
<td>t value</td>
</tr>
<tr>
<td>1.0 1.2</td>
<td>0.2 0.6</td>
<td>5.2</td>
</tr>
<tr>
<td>Note: N = 124 core self-representations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N = 101 peripheral self-representations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Redundancy Mean S.D.</td>
<td>Mean S.D.</td>
<td>t value</td>
</tr>
<tr>
<td>2.5 1.4</td>
<td>1.2 0.5</td>
<td>5.8</td>
</tr>
<tr>
<td>Note: N = 126 core self-representations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N = 103 peripheral self-representations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. N = number of self-representations for which ratings were achieved. Ratings were made on a 6 point Likert scale with 0 = none and 5 = extreme.
with significantly more affect (M = 2.3) than peripheral self-representations (M = 0.7). Core self-representations were associated with levels of metaphor that were less common (M = 1.1) and more vivid (M = 1.0) than peripheral self-representations (M = 0.3 - commonness; M = 0.2 - vividness). Participants' core self-representations were associated with 62 examples of metaphor whereas participants' peripheral self-representations were associated with 19 examples of metaphor. Core self-representations (M = 2.5) were shown to be mentioned more frequently by participants across the course of the interview than peripheral self-representations (M = 1.2). Results for participant ratings of the six content markers are presented in Table 24. Significant differences in the predicted direction were obtained for four of the six content markers. Core self-representations (M = 3.7) were rated as having significantly more relevance for the participants' self-worth than peripheral self-representations (M = 2.3). Core self-representations (M = 4.1) were rated as having significantly greater temporal stability than peripheral self-representations (M = 3.6). In addition core self-representations (M = 3.8) were rated as having significantly greater cross-situational consistency than peripheral self-representations (M = 3.4). Finally, core self-representations (M = 3.1) were rated as having significantly more problem relevance than peripheral self-representations (M = 1.7).
Table 24

A Comparison of the Means of Participants' Ratings of Core versus Peripheral Self-representations on Content Markers

<table>
<thead>
<tr>
<th></th>
<th>Core</th>
<th>Peripheral</th>
<th>t value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Worth contingency</td>
<td>3.7, 1.2</td>
<td>2.3, 1.7</td>
<td>6.8***</td>
</tr>
<tr>
<td>Temporal Stability</td>
<td>4.1, 1.1</td>
<td>3.6, 1.4</td>
<td>2.8*</td>
</tr>
<tr>
<td>Cross-situational Consistency</td>
<td>3.8, 1.3</td>
<td>3.4, 1.4</td>
<td>2.5*</td>
</tr>
<tr>
<td>Developmental Primacy (Temporal Onset)</td>
<td>2.8, 1.3</td>
<td>2.7, 1.3</td>
<td>0.7</td>
</tr>
<tr>
<td>Developmental Primacy (Mirrored Self)</td>
<td>3.2, 1.5</td>
<td>2.9, 1.6</td>
<td>0.9</td>
</tr>
<tr>
<td>Problem Relevance</td>
<td>3.1, 1.7</td>
<td>1.7, 1.8</td>
<td>5.8**</td>
</tr>
</tbody>
</table>

Note.  * p < .01, ** p < .001, *** p < .0001

N = 121-126 core self-representations
N = 92-103 peripheral self-representations

Ratings were made on a 6 point Likert scale with 0 = none and 5 = extreme.
Ratings for two markers pertaining to the developmental antecedents of core self-representations failed to reveal significant differences between core and peripheral self-representations. Participants did not report that they established core self-representations at an earlier age than peripheral self-representations nor that figures in their life (parents, family members, peers, teachers or classmates) who gave them feedback regarding core self-representations differed in significance to them from figures in their life providing feedback regarding peripheral self-representations.

5.3. Premise #2: Participant and Therapist Ratings of Core and Peripheral Formulations at a Feedback Session

In the subsequent discussion, the findings regarding the premise that ratings of the helpfulness of core case formulations for guiding treatment would be higher than the ratings of the helpfulness of peripheral case formulations for guiding treatment are reported. Ratings were gathered from both the perspective of the participant and the perspective of the participant’s therapist. An evaluation form was constructed to assess the participants’ perspective of the relevance of the feedback to their problems. A measure was also developed to assess the therapists’ ratings of the helpfulness of the core and peripheral case conceptualizations. In both measures, two components of problem relevance were evaluated:
(a) perceived relevance of feedback to the client’s problems, and (b) expectations regarding the efficacy of treatment if treatment were based on the case formulation.

Problem relevance was selected as a dimension strongly associated with the definition of core beliefs: core beliefs have been defined as being central to a client’s problems (Safran et al., 1986). Client expectancy regarding the potential helpfulness of focusing on a particular target in therapy was selected as a dimension as theorists (e.g., Frank, 1985) have suggested that client expectancy regarding treatment efficacy may predict treatment outcome.

In summary, measures were developed to assist in exploring a second premise of the core versus peripheral distinction, as operationalized by the CAP, from both the perspective of the participant and the participant’s therapist. The predictions arising from the premise are as follows: (a) It was predicted that feedback of the CAP results based on core case formulations would be rated by participants as more relevant to their problems than feedback of the CAP results based on peripheral case formulations, and (b) it was predicted that feedback of the CAP results based on core case formulations would be rated by the therapists of participants as more relevant to the client’s problems than feedback of the CAP results based on peripheral case formulations.
These predictions were evaluated by comparing the mean of the feedback ratings of the core case conceptualizations to the mean of the feedback ratings of the peripheral case conceptualizations. One-tailed dependent sample t-tests were conducted on the ratings from the feedback evaluation forms. The tests were conducted as directional or one-way tests at the $p < .05$ level: The a priori prediction was that the mean of the core ratings would be higher than the mean of the peripheral ratings.

Both therapists and participants completed two sets of feedback ratings corresponding to individualized core and peripheral case formulations. Core and peripheral feedback was conceived of as a within-subjects independent variable with two levels (core, peripheral). That is, each participant and each therapist completed the feedback evaluation forms twice: once after reviewing the core case formulation and once after reviewing the peripheral case formulation for a single participant.

5.3.1 Method

Participants

Participants comprised the same 20 patients who have been previously described. All of the participants were clients receiving psychotherapy. Therapists were the individuals who referred the participants to the research study and were following respective participants in therapy. A total of six clinicians participated from
three different settings: an outpatient community mental health clinic, a psychiatric day centre, and a psychiatric inpatient unit. The clinicians were a doctoral level social worker, a master’s level social worker, two master’s level community mental health nurses, one psychiatrist and one bachelor’s level social worker. The clinicians’ level of experience ranged between 3 and 15 years.

Materials

Core Beliefs Assessment Procedure

The CAP has been described in preceding discussion.

Core and Peripheral Case Formulations

Both core and peripheral formulations were developed using the guidelines outlined in previous discussion (see pg. 83). The core and peripheral formulations for each participant were closely matched in length (within seven lines) and differed only with regard to content.

Feedback Evaluation Ratings: Participant version

A 20 item scale named the Session Evaluation Form (SEF) was constructed for the present research (see Appendix J). Each item was rated on an 11-point Likert scale ranging from 0 (not at all true) to 10 (extremely true). Items on the SEF were generated on theoretical grounds to tap problem relevance. Several items were adapted from existing measures including the Penn Helping Alliance Questionnaire Method (HAq) (Alexander & Luborsky, 1986) and the Session Impact Rating Scale (Elliott, 1986).
Other items were constructed for the study. Based on the content of the items, three subscales were formed (see Appendix K). The groupings were as follows: Items 1, 11, 12, 13, 15, 16, 17, 18 and 20 comprised the problem relevance subscale. Participants endorsing these items are reporting that they perceive the feedback to be relevant to their problems and that they regard the problematic views of self identified as appropriate targets in therapy. Items 2, 3, 4, 5, 6, and 8 comprised the alliance subscale. Participants endorsing these items are reporting that they found the interviewer to be helpful and that they felt understood. Items 7, 9, 10, 14 and 19 comprised the insight subscale. Participants endorsing these items are reporting that they have achieved a heightened understanding their difficulties.

The alliance subscale was not used as a dependent measure in this research. Participants received the core and peripheral case conceptualizations in a written format and alliance is not relevant under these circumstances. Alliance is generally based on an interpersonal interaction between a client and an individual providing an intervention to the client. In the format that the conceptualizations were administered participants reviewed written material on their own prior to completing feedback ratings. At first, feedback was to be administered in the form of a treatment intervention to participants, however, this form of administration was never implemented.
Feedback Evaluation Ratings: Therapist version

The form developed for therapists to assess the helpfulness of the case conceptualizations was a 4 item measure constructed for the present research (see Appendix L). Items were rated on an 11 point Likert scale (0 = not at all true to 10 = extremely true). Lastly, therapists were asked to select which of the two case conceptualizations they would use to guide the client’s treatment (i.e., forced choice procedure).

Procedure

Administration of the CAP

The procedure for the administration of the interview was described in section 4.2.3 of Study 1.

Procedure for Administering the Feedback Evaluation Rating Form to Participants

Twenty participants attended a feedback session scheduled approximately one to two weeks after the final interview. The author conducted the feedback session. Participants received two written case formulations. The core case formulation and peripheral case formulation were administered in a counterbalanced fashion across participants. Participants were informed that two researchers had reviewed the results of the interview and held diverging opinions regarding their case which were summarized in two case formulations. The two case formulations actually represented the core and peripheral case formulation that had been developed by the author for
that participant. Participants rated the helpfulness of
the two case formulations on the Session Evaluation Forms.
Participants completed the ratings in private. Following
completion of the ratings, participants were encouraged to
comment on the feedback they had received. Comments were
recorded. Participants were then debriefed. The reason
for misleading them regarding the nature of the two case
formulations was explained. The actual nature of the two
case formulations was also explained. Lastly,
participants were asked if they wished the author to
release the CAP results to their treating therapist and
signed a consent form if they so wished (see Appendix M).

Procedure for Administering the Feedback Evaluation
Rating Form to Therapists

Once the final feedback session was completed
participants indicated whether they wished the results of
the CAP to be released to their therapist. All of the
participants who were offered this opportunity granted the
release. Subsequently, therapists received core and
peripheral case conceptualizations and Therapist Ratings
Forms by mail. Therapists completed the ratings for each
conceptualization and selected the most helpful
formulation of the pair in a forced-choice procedure.
Therapists were informed which conceptualization was the
core case conceptualization, and which conceptualization
was the peripheral case conceptualization after completing
the ratings procedure. A total of 14 ratings forms were
completed of the 17 distributed, representing a return rate of 82%. Forms were not distributed for three participants whose treating therapist was away on leave.

5.3.2 Results

Participants’ Ratings

The results of the analyses of the t-tests for the participants’ ratings will be presented first (see Table 25). Participants found the core case conceptualization to be both more relevant to their problems and to increase their understanding of their problems to a greater extent than the peripheral case conceptualization. The results of a dependent sample one-tailed t-test for the subscale assessing problem relevance was significant, \( t(1, 13) = 4.54, p < .001 \). Participants evaluated the core case conceptualization as more relevant to their problems (\( M = 8.67, SD = 1.06, \text{ range was 6.67 to 10.00} \)) than the peripheral case conceptualization (\( M = 6.01, SD = 2.16, \text{ range was 1.11 to 8.67} \)). The results of a dependent sample one-tailed t-test for the subscale tapping insight was also significant, \( t(1, 14) = 2.14, p = .05 \). Participants rated the core case conceptualization as increasing their understanding of their problems, to a significantly greater extent (\( M = 7.81, SD = 1.49, \text{ range was 5 to 10} \)) than the peripheral case conceptualization (\( M = 5.97, SD = 2.82, \text{ range was 0 to 10} \)).
Table 25

The Helpfulness of Core versus Peripheral Case Conceptualizations: The Participants' Perspective

<table>
<thead>
<tr>
<th></th>
<th>Core</th>
<th>Peripheral</th>
<th>t value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td>Participants' Ratings of Problem Relevance: Core versus Peripheral Case Conceptualizations</td>
<td>8.76</td>
<td>1.06</td>
<td>6.01</td>
</tr>
<tr>
<td>Participants' Ratings of Insight: Core versus Peripheral Case Conceptualizations</td>
<td>7.81</td>
<td>1.49</td>
<td>5.97</td>
</tr>
</tbody>
</table>

Note. * = p < .05, ** = p < .01, *** = p < .001


**Therapists’ Ratings**

The results of the therapists’ ratings of the helpfulness of the core case conceptualization versus the peripheral case conceptualization indicated significant differences across four questions, as predicted. Results were analyzed with four one-tailed dependent sample t-tests to establish the significance of the difference between mean ratings of core versus peripheral case conceptualizations. Therapists noted that a core case conceptualization increased their understanding of their client’s problems to a greater extent ($M = 6.21$, $SD = 2.00$) than a peripheral case conceptualization ($M = 4.00$, $SD = 2.18$, $t_{(1,13)} = 2.59$, $p < .01$). Therapists also predicted that treatment would be enhanced to a greater extent if a therapist followed the core case conceptualization ($M = 7.86$, $SD = .95$) than if they followed the peripheral case conceptualization ($M = 4.14$, $SD = 2.21$; $t_{(1,13)} = 5.34$, $p < .001$). Therapists rated the feedback identified in the core case conceptualization ($M = 7.43$, $SD = 2.1$) as central to their client’s problems to a significantly greater extent than the feedback contained in the peripheral case conceptualizations ($M = 3.71$, $SD = 2.46$, $t_{(1,13)} = 3.48$, $p < .01$). Finally, therapists rated the likelihood that treatment would have a successful outcome as significantly greater if the therapist followed the core case conceptualization ($M = 7.64$, $SD = 2.06$) than if the therapist followed the
Table 26

The Helpfulness of Core versus Peripheral Case Conceptualizations: The Therapists’ Perspective

<table>
<thead>
<tr>
<th>Therapists’ Ratings of Increased Understanding of Problem Focus: Core versus Peripheral Case Conceptualizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
</tr>
<tr>
<td>M</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>6.21</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Therapists’ Ratings of Enhanced Treatment: Core versus Peripheral Case Conceptualizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
</tr>
<tr>
<td>M</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>7.86</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Therapists’ Ratings of Centrality of Areas Identified: Core versus Peripheral Case Conceptualizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
</tr>
<tr>
<td>M</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>7.43</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Therapists’ Ratings of Estimate of Successful Therapy Outcome: Core versus Peripheral Case Conceptualizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
</tr>
<tr>
<td>M</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>7.64</td>
</tr>
</tbody>
</table>

Note. * = p < .05, ** = p < .01, *** = p < .001
peripheral case conceptualization ($M = 3.79$, $SD = 2.52$, $t(1, 13) = 3.88$, $p < .001$).

One therapist commented on the formulations. Her comment suggested that she had eventually identified the client’s core beliefs after working with him for some time and that in her opinion the CAP identified the core beliefs much more efficiently: "interesting...(the core conceptualization) was quite accurate...after working with the client for significantly longer, core beliefs were identified." This comment directly supports the goals of interview development to assist therapists to identify core beliefs accurately and efficiently.

Therapists’ Choice of Case Conceptualization

The results of the forced-choice question in which therapists selected the case conceptualization that would be most helpful to them in formulating their clients’ problems and guiding their treatment interventions will be reported next. Of the 14 participants for whom rating forms were returned, therapists selected the core case formulation on 12 occasions and the peripheral case conceptualization on 2 occasions. This result (i.e., 12/14) is significantly greater than that predicted by chance (i.e., 7/14) ($\chi^2 = 20.2$, df = 1, $p < .01$).

5.4 Summary

Ratings of markers purported to be distinguishing features of core versus peripheral beliefs differed significantly in the predicted direction for ratings of
core versus peripheral self-representations. Core self-representations were associated with higher levels of self-worth contingency, temporal stability, cross-situational consistency, and problem relevance than peripheral self-representations. Differences were not obtained for two markers corresponding to the developmental origins of core beliefs: developmental primacy (onset) and developmental primacy (mirroring). It is difficult to ascertain whether this result corresponds to a failure in the operationalization of the concept of the acquisition of self-knowledge structures in the CAP methodology or if this result fails to support the theory that core beliefs are acquired earlier than peripheral beliefs.

The results suggest that both participants and their therapists identified the core case conceptualizations as significantly more relevant to the client’s problems and as having more potential for guiding treatment interventions than the peripheral case conceptualizations. Both participants and their therapists reported that core case conceptualizations increased their understanding of the participant’s problems to a greater extent than peripheral case conceptualizations. Therapists stated that following a core case conceptualization would improve the quality of the treatment delivered (above and beyond its current level). Participants and therapists both agreed that core case conceptualizations were more
relevant to their client’s problems than peripheral formulations. Therapists agreed that core case formulations were "key or central" to understanding the client’s difficulties and agreed that following a core case formulation would be more likely to lead to treatment success than a peripheral case formulation.
6.0 GENERAL DISCUSSION

The (CAP) is a comprehensive assessment method that allows cognitive-behavioural therapists to identify clients' core views of self. The CAP operationalized markers or defining features of self-knowledge and has demonstrated adequate inter-rater reliability and interviewer reliability. Strong inter-rater reliability was obtained for two process markers, affect and metaphor: raters observing four videotaped interviews were able to agree on the presence of and level of affect and metaphor. Good interviewer reliability was also obtained for the CAP: two different interviewers used the procedure on separate occasions and independently developed highly similar case conceptualizations for the same participants.

With regard to validity, both clients and therapists rated CAP core case conceptualizations as relevant to clients' problems and useful for guiding treatment. Core case conceptualizations were rated as more useful than peripheral case conceptualizations by both participants and therapists, as predicted. Participant ratings of content markers of contingency for self-worth, temporal stability, cross-situational consistency, and problem relevance supported the core versus peripheral classification of self-representations. The research
findings regarding the operationalization of the set of markers in the CAP will be discussed in more detail next.

6.1 The Operationalization of a Set of Markers to Distinguish Core from Peripheral beliefs

The CAP represented an operationalization of a set of markers that have been proposed by different theorists to pertain to core self-knowledge. Of the 12 markers examined during this research, 8 were shown by the findings to be useful in distinguishing between core and peripheral self-knowledge (see Table 27). Of the four remaining markers: one was deleted during the pilot stage of interview development. Security operations was eliminated due to difficulties in incorporating it into the assessment procedure. Superordinacy was retained during the probing stage of the interview, however, the rating scale for superordinacy was deleted from the rating system. Two markers of developmental primacy failed to distinguish between core and peripheral self-representations (i.e., developmental primacy, onset; developmental primacy, mirroring).
Table 27

Findings Regarding Proposed Process and Content Markers of Core Self-Knowledge

<table>
<thead>
<tr>
<th>Supported/Retained Process markers</th>
<th>Unsupported/Deleted Process Markers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Metaphor (Commonness)</td>
<td></td>
</tr>
<tr>
<td>3. Metaphor (Vividness)</td>
<td></td>
</tr>
<tr>
<td>4. Redundancy</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Content markers</th>
<th>Content Markers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Self-worth contingency</td>
<td>1. Developmental Primacy (age at onset)</td>
</tr>
<tr>
<td>2. Temporal stability</td>
<td>2. Developmental Primacy (mirroring)</td>
</tr>
<tr>
<td>3. Cross-situational consistency</td>
<td></td>
</tr>
<tr>
<td>4. Problem Relevance</td>
<td></td>
</tr>
<tr>
<td>5. Superordinacy*</td>
<td></td>
</tr>
</tbody>
</table>

Note: *Superordinacy was omitted from the rating system but remained an integral part of the interview process. As such, it was partially retained as a marker.

**Security Operations**

The marker for security operations, the level of anxiety or defensiveness displayed by the individual when discussing a particular self-representation, was deleted from the CAP at the pilot stage. Security operations is a global patient dimension that was incorporated in the criteria of the Suitability for Cognitive Therapy interview developed by Safran et al. (1990). Defensiveness is suitable to assess when establishing an individual’s likely responsiveness to psychotherapy. Security operations was included in the CAP on the premise that defensiveness might be apparent if an individual’s self-esteem is threatened while discussing core beliefs. During pilot work, however, it proved difficult to ascertain the level of defensiveness associated with any particular self-representation. As the validity procedure for the CAP entailed amassing ratings of particular self-representations, this marker was deleted from the procedure (see discussion on p. 66-68).

It was my impression during the study that some individuals displayed little defensiveness while discussing significant self-representations whereas others displayed greater levels of defensiveness. For example, Participant #8 laughed and gestured a great deal when
discussing self-representations of significance to her. Displays of laughter accompanying the discussion of various self-representations (e.g., procrastinator, unappreciative, noncompetitive, perfectionistic) were scored on the dimension for affect. These displays of emotion seemed incongruent with the content of her speech and likely represented anxiety or defensiveness. Laughter appeared to be a general security operation for this individual, and was captured for this individual under the rating for affect. In contrast, participant #18 cited many self-representations that suggested deep self-hatred (e.g., fat, stupid, ugly, loser) in an open and direct fashion without evident defensiveness or tension. Perhaps defensiveness is not a good process marker of core beliefs: individuals may display varying levels of self-awareness and/or defensiveness regarding core self-representations, and there may be no relationship between coreness and defensiveness. Individuals may display reduced defensiveness regarding certain view(s) of self if the view(s) is ego-syntonic and the individual is not cognizant of the view(s) as dysfunctional (e.g., an individual with a view of himself or herself as special or entitled may have little awareness of or defensiveness regarding this view). Alternately, the individual may have developed an awareness that he or she holds a view of self that is dysfunctional but perceive himself or herself to be making progress toward altering this belief and
hence have developed some acceptance of and openness about it.

**Developmental Primacy**

Support for two content markers of developmental primacy was not obtained. It is possible that the markers were not operationalized well in the CAP. Alternately, it is possible that developmental primacy alone does not distinguish a core belief. Perhaps, a peripheral belief may become established at the same age as a core belief for an individual but may lack other features of core beliefs including a contingency for self-worth, cross-situational consistency, and problem relevance. The peripheral belief may have been introduced into the cognitive structure of the individual at an early stage of development but lacks any other distinguishing feature of core beliefs, and therefore is essentially benign.

It is possible that a peripheral belief might have developmental primacy but may lack temporal stability whereas a core belief may have both developmental primacy and temporal stability. In the study, some peripheral self-representations were acquired at a young age by a participant but the individual no longer viewed the peripheral self-representation as self-relevant in adulthood (and hence at the time of the interview). Examples of this are constructs that are pertinent during childhood or adolescence (e.g., rebelliousness, moodiness) that no longer pertain in adulthood. Participant #12 saw
herself as a tomboy during adolescence. This construct had developmental primacy but lacked temporal stability. She no longer saw being a tomboy as self-descriptive during adulthood. In contrast, her core beliefs, such as honesty, were acquired at a young age and had temporal stability such that these self-representations remained self-relevant in adulthood.

6.1.2 Superordinacy: A Special Case

Superordinacy

The rationale for deleting the rating scale for superordinacy from the ratings system was that it was extremely difficult to ascertain the location of each self-representation within the cognitive structure of the individual. While hierarchical relationships between constructs typically become evident for a few self-representations for each individual, it was very unwieldy and time-consuming to assess the relative subordinacy or superordinacy of every self-representation being rated (i.e., 10-12 self-representations were typically rated per participant). The length of time it took to administer the CAP in the pilot study, when superordinacy was assessed, was approximately twice the length of time it took to administer otherwise. Thus, inclusion of superordinacy would potentially detract from the clinical utility of the CAP due to the increased time needed to administer the CAP.
The marker for superordinacy, while omitted from the rating procedure, was retained in the interview during probing. Interviewers were required to elicit relationships between constructs by asking questions consistent with the technique called vertical exploration (for discussion of this technique, see section 3.2, p.66; also see appendix A). New constructs were also elicited using this technique. For example, Participant #4 noted that she was pleased that she was a good cook. When she was asked what the significance of being a good cook was to her she responded that it meant that she was "loving" (i.e., cooking a meal was a way of expressing love and caring toward a family member). Being a good cook was an example of and was subordinate to the superordinate construct "loving". Similarly, participant #14 described herself as closed (e.g., "maintaining a facade for others", "having walls around myself"). Further probing revealed that being closed was a consequence of being perfectionistic. In her effort to hide from others that her life was not perfect, that, in fact, her marriage was failing, she remained guarded with others. For this participant, being closed was a subordinate construct of the superordinate construct of perfectionism. As these examples illustrate, the principle of superordinacy was retained in the CAP procedure.

The premise that core self-representations would be associated with higher levels of superordinacy than
peripheral self-representations was not examined during this research. It proved difficult to operationalize superordinancy (i.e., in a rating scale) in such a fashion that this premise could be explored. Establishing a satisfactory means of quantifying superordinacy remains a challenge to be met in future work.

6.1.3. Process Markers Supported during CAP Development: Metaphor, Affect and Redundancy

Interviewer ratings of affect, metaphor and redundancy were significantly different for core versus peripheral self-representations. Over the course of the interview, individuals were noted to display repetition in their answers regarding certain self-representations (i.e., redundancy). These self-representations were most often the core self-representations. Core self-representations were associated with three times as much affect as peripheral self-representations. Many participants used powerful metaphors to describe themselves (e.g., emotional like "mush", sensitive like a "stay-puff marshmallow man"). The inclusion of metaphor as a marker of core beliefs was supported: core self-representations were associated with a significantly greater degree of metaphor than peripheral self-representations. In addition to metaphor, individuals often spontaneously offered examples or anecdotal stories to further illustrate a core belief. Participant #8 gave a well-developed example of how her perfectionism often
leads her to procrastinate: she described ripping up a letter once she made a mistake and starting the letter again several times before achieving a draft she could mail in the course of letter-writing. Participant #10 told a story of failing to confront friends who stole personal items from her during a visit to her home as an example of being giving. She offered the rationale that her friends "obviously needed the items more than I did". Elaboration might represent an additional process marker of core beliefs worthy of study.

6.1.4. Content Markers Supported during CAP Development:

**Self-worth contingency, Temporal Stability; Cross-situational Consistency, Problem Relevance**

Core self-representations were rated as having significantly more relevance for the self-worth of individuals than peripheral self-representations. The mean rating for self-worth contingency for core self-representations was 4 on a 6-point Likert scale (0 = none, 1 = mild, and 5 = extreme) which corresponded to "my self-worth is strongly contingent on this self-representation and I often use it as a basis for self-evaluation". The relationship between the amount of self-worth implicated in a particular view of self (e.g., smart, attractive) and the overall, global level of self-esteem of an individual, from poor to high, warrants investigation. One might predict that the significance or dominance of the core self-representation within the overall cognitive structure
of the individual might mediate the overall impact of that particular view of self on the individual’s overall self-esteem (Markus, 1990).

Core self-representations were rated as having been held longer and as having more consistency than peripheral self-representations by participants. In future research, it might be appropriate to separate the perceived consistency of the belief from the perceived duration of the belief. Consistency has relevance for state versus trait models of personality.

Participants reported that core self-representations were relevant across more situations than peripheral self-representations. This dimension supports the principle of predictive utility. The therapist’s knowledge of the client’s core beliefs might assist him or her to predict the client’s thoughts, feelings or actions during situations within and outside of sessions.

Participants rated the relevance of core beliefs to their problems as significantly higher than the relevance of peripheral beliefs to their problems. The dimension of problem relevance captures the premise that if core beliefs are important determinants of an individual’s behaviour, knowledge of core beliefs should assist the therapist in identifying the determinants of an individual’s maladaptive behaviour. Core beliefs may represent the psychological mechanisms underlying or contributing to a client’s emotional distress. It is
argued that knowledge of core beliefs allows the therapist to intervene effectively with clients to assist them in overcoming their problems. The relevance of core case conceptualizations for guiding treatment will be discussed next.

6.2 The Treatment Utility of Core Case Conceptualizations

The findings of this research suggest that core case conceptualizations clearly have utility for guiding treatment. Core case conceptualizations were rated as having greater treatment utility from both the perspective of the therapist and the participant. This result is consistent with the objective of developing the CAP: the CAP was developed to be a case formulation method that enables the cognitive-behavioural therapist to identify cognitive targets for intervention. The manner in which case formulations have applicability for guiding treatment is discussed by Persons (1989) and summarized in Table 27. Many of these applications have clear parallels to concepts previously discussed in the introduction pertaining to the rationale for developing the CAP, including enhancing the durability of therapeutic gains, anticipating and understanding therapeutic resistance, and being able to predict the behaviour of the client (see Table 1. p. 2). The discussion to follow will focus on the manner in which the CAP has utility for helping (a) the therapist to select intervention strategies, (b) the therapist to predict the client's behaviour in therapy,
Table 28

The Role of the Case Formulation in Cognitive-behavioural Treatment (Summarized From Persons, 1989).

1. **Tying Together the Patient’s Problems** (e.g., the client’s core beliefs should explain and unify the main presenting problems in a consistent manner).

2. **Choosing a Treatment Modality** (e.g., accurate identification of core beliefs should precede and direct selection of a modality such as relaxation training versus marital therapy for treatment of panic disorder).

3. **Choosing an Intervention** (e.g., knowing core beliefs helps the therapist to select an intervention such as directing the client to collect disconfirmatory evidence, challenging etc.).

4. **Choosing an Intervention Point** (e.g., therapists should select the central problems and core beliefs underlying the presenting problems versus minor problems or peripheral beliefs).

5. **Predicting Behaviour** (e.g., core beliefs enable a therapist to predict how a client may approach homework assignments in therapy).

6. **Understanding and Managing Noncompliance** (e.g., lateness, cancellation of sessions, or dropping out of therapy prematurely may be consistent with the client’s core beliefs).

7. **Understanding and working on difficulties in the Client-therapist relationship** (e.g., is the client’s attitude and behaviour toward the therapist explicable and consistent with his or her core beliefs?).

8. **Understanding and Deciding How to Handle Extra-Therapy Issues** (e.g., knowing the client’s core beliefs may assist the therapist to handle issues such as non-payment, lateness etc.)

9. **Redirecting an Unsuccessful Treatment** (e.g., accurate identification of core beliefs may move an unsuccessful therapy forward if an inaccurate formulation was being used previously).
using core case conceptualizations to guide therapeutic and (c) the therapist to overcome obstacles to treatment including noncompliance, and difficulties in the client-therapist relationship. Lastly, the significance of interventions with regard to treatment outcome (i.e., durability of gains) will be discussed.

6.2.1 Choosing a Point of Intervention (i.e., Therapeutic Targets)

The CAP was developed to operationalize guidelines for selecting a cognitive target in treatment as outlined by Safran et al., (1986). These authors emphasized the importance of targeting core beliefs rather than peripheral beliefs during intervention. I will illustrate the utility of CAP core case formulations for selecting a therapeutic target by referring to the formulation developed for participant #16 (see table 28). One of the core beliefs identified for this participant was as follows: "I am incompetent as a nurse and know less than my colleagues. I am an imposter and have been fooling them all along." Contemplating a new nursing position had precipitated much of this individual's recent emotional distress due to her conviction that she was incompetent and had simply escaped detection by her superiors until now. The new nursing position entailed rotating into several different units with minimal familiarity or preparation before assuming her duties and she feared that the position posed multiple opportunities
Table 29

Choosing a Point of Intervention-Cor and
Peripheral Case Conceptualizations for Participant #16

Core Case Conceptualization

This woman is a caring woman who is sensitive and
easily hurt. Currently, she is berating herself for
having "let herself go". Describing herself as fit and
stylish in the past she has gained weight and this has
lowered her self-confidence. She has concluded that she
lacks willpower and is weak. She has struggled for years
to develop confidence in herself as a nurse and yet her
inability to accurately assess her abilities leads her to
perceive herself to be an imposter. A lack of confidence
leads her to constantly seek reassurance from co-workers
on the job. She freely admits that she is her "own worst
enemy" referring to a tendency to constantly undermine
herself. Her insecurity is prominent now as she
contemplates a position as a relief nurse at a hospital.
This position will entail constantly assuming new duties
in different environments and will surely exacerbate her
opinion that she lacks competence, knows less than her
colleagues, and has been "fooling them all along".

Peripheral Case Conceptualization

This woman sees herself as a polite, well-mannered
individual with a good sense of humour. She notes that
she only displays her humour when she is with her family.
She has become increasingly dependent on her husband over
the years in part due to a fear of socializing because of
her appearance. She describes herself as a homebody who
relies heavily on the companionship of her husband.
Apparently, this does not create friction; however, her
husband teases her at times regarding her lack of
independence. She appears to take pride in her role as a
mother noting that her children appear to be well-
adjusted. She describes herself as being stubborn on
occasion but notes that this was more frequent during her
teens.
for her incompetence to be exposed. The therapist may have chosen a peripheral point of intervention such as the client’s lack of socializing due to self-consciousness regarding her appearance and subsequent dependence on the companionship of her husband; however, this was a minor problem that in no way accounted for the client’s anxiety and depression. Focusing on her self-consciousness regarding her appearance would not have alleviated her symptomatic distress and may have led to treatment failure whereas intervening around her beliefs regarding incompetency would have the potential for significant and long-lasting treatment gains.

A few consistent principles might be identified regarding guidelines for the cognitive-behavioral therapist selecting interventions for targeting core beliefs. The first principle might be characterized as decentering. Decentering refers to a procedure in which the individual is assisted to identify and appreciate the impact of his or her own thought processes (Guidano & Liotti, 1983). The individual is assisted to appreciate: (a) the way in which he or she has constructed certain tacit beliefs, (b) the way in which developing these beliefs was a reasonable and necessary adaptation to adverse circumstances, (c) the way in which beliefs that were once adaptive are no longer adaptive. Guidano & Liotti (1983) suggest that making tacit rules explicit helps the client to distance from certain ingrained
beliefs and judgments and to consider them as hypotheses or theories subject to disproof, confirmation, and logical challenge.

**Challenging** might be the second general principle regarding intervention of core beliefs. The individual is engaged as a personal scientist in an attempt to confirm or disconfirm the core beliefs that have been identified. The individual may be instructed to conduct an experiment outside of session in real life settings (Guidano & Liotti, 1983; Kelly, 1955). Alternately, he or she might be engaged in an experiment within the client-therapist relationship (Safran & Segal, 1990). Should the therapist respond in a manner which disproves the individual’s expectations this represents disconfirmatory evidence regarding core beliefs. Finally, the therapist might attempt to challenge the individual’s core beliefs on logical grounds (Guidano & Liotti, 1983).

The third general principle might be called **replacement**. The therapist’s role is to help the individual to form alternative, more adaptive, constructs (Kelly, 1955). Goncalves & Craine (1990) describe a technique denoted the multiple-embedded metaphor technique in which the therapist introduces therapist-generated metaphors as a method for assisting the individual to form new constructs. Alternately, the therapist can act in a manner within the client-therapist relationship to validate the individual’s new ways of construing (Kelly,
1955). Lastly, the individual might be encouraged to carry out experiments in real life settings in order to promote the establishment of new and more adaptive constructs (Guidano & Liotti, 1983; Kelly, 1955).

A therapist using decentering during psychotherapy with participant #16 would assist her to identify the manner in which she acquired the belief that she was an imposter. By articulating the developmental origins of the belief, the therapist would help her to appreciate that this was a construction rather than an indisputable truth. In fact, during the CAP, this individual identified an early experience that had undermined her self-confidence and contributed to the formation of this belief. A high school science teacher had told her that she would never be able to succeed in her chosen career as a nurse. She remembers going on to earn honours in this teacher’s class to prove him wrong. She has held a lingering fear, however, that this teacher was right and she has simply "slipped through the system" and fooled everyone around her.

Once a belief is recognized as a construction by the individual it is possible to help the individual to collect evidence to disconfirm the veracity of the belief. A therapist using the technique of challenging could hold the fact that Participant #16 had just written upgrading exams and had achieved a mark of 96% as disconfirmatory evidence of her incompetency. Participant #16 could be
encouraged to examine this evidence and acknowledge that this accomplishment sheds doubt on and is inconsistent with her belief that she is an imposter. Lastly, the therapist would assist participant #16 to develop new core beliefs to replace the old beliefs: For this individual, assisting her to develop a perception that she is a competent nurse would represent replacement.

6.2.2 Predicting Behaviour in Therapy

The concept of being able to predict an individual’s mood, thoughts, and behaviour once the individual’s core beliefs have been identified is one of the distinguishing features of core beliefs referred to as predictive utility (e.g., Meichenbaum & Gilmore, 1984). CAP core conceptualizations can aid a therapist to anticipate the behaviour of an individual within and outside of treatment. For example, participant #07 had a core belief that she was stupid (see Table 30). This belief strongly influenced her behaviour. Two examples are provided to illustrate the role this core belief played in her behaviour (i.e., cross-situational consistency). One example pertains to treatment and one pertains to her employment. In her role as an administrator at a local community agency, this individual felt a pressure to be knowledgeable and competent. She developed extreme social anxiety in social situations pertaining to her job. At these gatherings she avoided speaking to others beyond exchanging greetings for fear of revealing her stupidity
Table 30

**Predicting Behaviour in Treatment: Core Case Conceptualization for Participant #07**

This woman displays an extreme fear of behaving in such a way that others would see her as "stupid". She is afraid of being conspicuous and drawing attention to herself (e.g., "sticking out"). She tends to see herself as an outsider - someone who fails to fit in. She tends to feel inadequate and incompetent. This dissatisfaction with herself is somewhat vague and all-encompassing. For instance, she dislikes her appearance without being able to point to any particular aspect of her appearance that troubles her. She sees herself as a poor mother, and in particular sees herself as failing with her eldest daughter. She is only just beginning to recognize how negativistic she is. Her tendency to reject positive feedback from others and discount their friendship suggests both a lack of trust toward others and a conviction that she is not worthy of being liked. Finally, she devalues her own positive qualities as they "don't count".
and incompetence in her administrative capacity. Although her employer typically praised her, she often discounted this feedback completely. In a course of group treatment, this individual held back from joining discussions for fear of saying something that the other group members would view as stupid. It was only when members gave her feedback to assure her that her input was valued that she was able to participate more actively. This reticence could have been incorrectly interpreted as treatment resistance by the therapist without knowledge of and an understanding of the client’s core beliefs.

6.2.3 Understanding and Addressing Noncompliance in the Therapy Relationship

Knowledge of the client’s core beliefs can help to predict or explain a client’s lack of compliance during treatment or resistance to therapy (Rothstein & Robinson, 1990). An example of a core belief that might lead an individual to drop out of psychotherapy prematurely or resist treatment is that pertaining to self-sufficiency or self-reliance. An individual who believes strongly in self-reliance may perceive therapy as a threat to autonomy as it implies seeking help from or depending on someone else (i.e., the therapist) to overcome one’s problems. Participant #10 had a core belief of self-sufficiency (see Table 31). This case formulation noted that this participant had a desire to be self-sufficient: what she
Table 31

Predicting Noncompliance in Therapy: Core Case Conceptualization for Participant #10

This individual strives to be responsible and mature. The birth of her son has heightened her sense of responsibility. She describes a sense of duty to provide for herself and her son. In addition, she reports a desire to be self-sufficient: what she achieves or acquires she will do so herself. Perhaps she has learned in her family that good things do not come her way easily. She takes pride in being a very caring and giving individual who does not judge others. One example of this is being understanding toward and anticipating that she will eventually forgive the two men who raped her. She has also been understanding of a friend who stole from her. She tends to put other’s needs ahead of her own. Since the sexual assault she has become reclusive and fearful of leaving the house unaccompanied. She has perceived herself as weak since the assault. She is angry at herself for what she sees as avoiding her problems. It appears that the course of her life has been dramatically altered and she has become adult very suddenly and somewhat isolated from her friends who have gone on without her to graduate etc.
achieves or acquires she will do so herself. This individual had indeed dropped out of psychotherapy when she attended the research sessions. She stated that she believed that she should be able to overcome her problems on her own. Requiring the assistance of a professional to overcome her problems, including agoraphobia, represented weakness to her and she wanted to "stand on her own two feet" and recover on her own. For this individual, the therapist might try and reframe attending treatment as a courageous step toward getting well. Alternately, the therapist might try and ask the client to consider the numerous examples in life of relying on someone else's expertise such as taking one's car to a mechanic and ask her to assess whether this represented weakness or a lack of self-sufficiency on the part of the customer (i.e., challenging).

6.2.4 Correspondence to Outcome and Sensitivity to Therapeutic Change: Future Research

The CAP formulation method was developed because assessment of core beliefs has been proposed as having several implications for treatment outcome, including the durability of therapeutic change. It has been proposed by various theorists that targeting core beliefs in therapy would promote more durable therapeutic change than targeting peripheral beliefs (e.g., Guidano & Liotti, 1983; Safran et al., 1986). Outcome research which entailed the comparison of the relative efficacy of cases
or sessions in which the therapist targeted core beliefs to those cases or sessions in which the therapist targeted peripheral beliefs might be conducted in order to empirically test this hypothesis of the core versus peripheral framework (Safran et al., 1986; Louisy, 1989). In this research, client and therapist ratings of CAP case formulations for problem relevance and expectations regarding treatment efficacy represented outcome at a feedback session. Stronger evidence for the validity of the core case formulation in guiding treatment outcome needs to be established. Greenberg (1986) distinguishes between three levels of psychotherapy outcome based on temporal referents: (a) immediate (e.g., within-session), (b) intermediate (e.g., post-session outcome), and (c) final (e.g., post-treatment, follow-up). At each of these levels of outcome, clients treated by therapists utilizing a core case formulation should demonstrate better outcome results than clients treated by therapists utilizing a peripheral case formulation.

A recent study will be presented to illustrate a methodology that is compatible with the CAP for assessing treatment change (i.e., the modification of a client's cognitions during cognitive-behavioural treatment). Chadwick (1994) reports the findings from a single-case study of cognitive change in cognitive-behavioural psychotherapy. Using a multiple baseline methodology a client was assessed at the following times: (a) pre-
treatment during an assessment stage comprising of three sessions, (b) throughout treatment at the end of every session (post-session) and once throughout the week (between session), and (c) post-treatment. The clinician and the client identified four beliefs ("I am stupid and inept", "I am a failure", "In order to be a worthwhile person I must be totally successful at all times", "I have wasted my life") based on in-session discussion, content in diaries, and a standard attitudinal measure "the Dysfunctional Attitude Scale". Two dimensions were measured over the course of the study: a) the client’s preoccupation with the beliefs, and b) the client’s level of conviction regarding the beliefs. The client’s level of conviction decreased after an intervention in-session as measured post-session. The author notes that at times the level of conviction would drop post-session but increase to baseline levels again over the course of the week. Eventually all the conviction scores for all 4 beliefs were 0 (none) or one (mild) on a five point scale at one, three and six month follow-up. Results of changes in preoccupation scores over the course of therapy revealed a more erratic pattern than the conviction scores; however, in general there appeared to be an overall decrease in the client’s level of preoccupation with these beliefs.

The level of the client’s depression decreased in severity over the course of treatment which is consistent
with a major premise of cognitive-behavioural therapy: a change in the client's underlying cognitive beliefs precedes or leads to symptom relief. Unfortunately, the author did not measure the severity of depressed mood at each session. Mood was measured with the Beck Depression Inventory (BDI) at three-week intervals during the therapy, and Chadwick is unable to more directly correlate the change in conviction and preoccupation scores for the four beliefs with the impact on mood.

In my opinion, Chadwick's methodology regarding the change in the client's level of conviction for and preoccupation with the four identified beliefs during psychotherapy has utility for psychotherapy process research with the CAP. Using the CAP, core beliefs for a particular client could be identified and subsequently monitored by ongoing ratings over the course of treatment. Of the set of markers utilized in the rating system of the CAP only a subset would be predicted to vary over the course of therapy: affect, metaphor, self-worth contingency, cross-situational consistency, and redundancy (see Table 31). These markers could be rated at immediate, intermediate, and post-treatment levels of treatment outcome. The other markers are static (i.e.,
Table 32
CAP Markers Sensitive to Therapeutic Change and Additional Indicators

CAP markers

Affect: The level of distress associated with a core self-representation should decline over the course of therapy.

Metaphor: Negative metaphors for core self-representations should be replaced with positive metaphors (e.g., abuse survivor replaces abuse victim) or core metaphors could become associated with new, less derogatory meanings and less distress.

Self-worth contingency: The contingency between the individual’s self-worth and the core self-representation should diminish (e.g., weight no longer forms such a strong basis of self-evaluation for an individual with an eating disorder).

Cross-situational consistency: The core belief should be salient in and should guide behaviour in fewer situations.

Redundancy: The pervasiveness of the core belief should diminish (e.g., a core self-representation is mentioned infrequently by the individual).

Additional Indicators:

Conviction (Chadwick, 1994): The individual should be less certain of the veracity of the core self-representation (e.g., begin to question previously held convictions of incompetence and stupidity)

Preoccupation (Chadwick, 1994): The individual should think of the core self-representation less frequently.
temporal stability) and would have less relevance for monitoring change in treatment. One could add other ratings, such as conviction and preoccupation, that have a theoretical basis in order to monitor change processes across psychotherapy, if desired. During a study of treatment outcome, the criterion validity of various markers could be also be further explored. For instance, ratings for cross-situational consistency could compared to the frequency with which a core belief was recorded in various distressing situations by research participants who are encouraged to keep self-monitoring records of negative self-evaluative thoughts between sessions. Affect ratings could also be assessed based on diary records that reveal relationships between the occurrence of core cognitions and distress (e.g., anger, sadness, guilt, shame) during situations that occur in the life of the individual between therapy sessions.

In summary, the CAP has potential utility during the initial assessment of the client’s beliefs prior to therapeutic intervention and as a method of evaluating progress during treatment. The various components of the CAP could be used in a flexible manner depending on the different needs for client assessment at different stages during a treatment contact.
6.3 Conclusion

In conclusion, this research represents the development of a new, idiographic case formulation method for the assessment of core beliefs. The CAP showed adequate reliability and validity. The range of treatment applications raised by utilizing a core case formulation method such as the CAP to guide cognitive-behavioural interventions poses many possibilities for future research.
REFERENCES


Integrative and Eclectic Psychotherapy, 10(1), 56-67.
New York: Springer Publishing Company.


Appendix A

The Core Beliefs Assessment Procedure (CAP)
GENERAL GUIDELINES FOR INTERVIEW ADMINISTRATION

Despite a growing awareness of the importance of assessing core cognitive beliefs within the cognitive therapy literature, there has been little progress in developing assessment procedures with clinical relevance for the identification of these beliefs (Safran & Segal, 1990). A semi-structured clinical interview was developed to assess core beliefs about the self. This interview represents an idiographic assessment methodology which is in marked contrast to current nomothetic approaches to the assessment of self-knowledge. It consists of a set of criteria which are considered to represent distinguishing features of core and peripheral beliefs. These criteria were developed from work by Safran, Vallis, Segal and Shaw (1986) concerning the assessment of core cognitive processes. The interview is modelled after an interview that was developed to assess patient suitability for short-term cognitive therapy by Safran, Segal, Shaw, Vallis & Wallmer (1990). Many of probes are adapted from questions specified in work by Michael White (1988). These questions encourage respondents to derive descriptions of themselves and to specify the influence of particular views of "self" on their affect, cognitions and behaviour.

The Core Beliefs Assessment Procedure (CAP) consists of a semi-structured interview, a set of probes, and a set
of rating scales. Guidelines for administration are presented next.

Interview Administration (45 minutes - 1 hour)

During the interview, the interviewer asks a standard set of questions in order to elicit the client's various self-representations. The interview is potentially quite cumbersome due to the potential richness of client narrative elicited. The interviewer must remain task-oriented and re-direct the client to the area of the self without becoming "bogged down" in the material elicited. Many clients (inpatients, in particular) tell their story on repeated occasions to treatment staff, and may not discern the unique task demands of the interview, unless they are sufficiently guided. Thus, quite a bit of directiveness is required on the part of the interviewer.

During questioning, the interviewer must remain sensitive to certain process markers of salience. If the client demonstrates affect, use of metaphor, or self-evaluative statements the interviewer should probe immediately. The interview manual specifies a list of prompts that can be used to explore these dimensions.

The interviewer is encouraged to be flexible and to use the interview questions as guidelines to be aware of what content areas to cover. The interviewer is encouraged not to follow the structure rigidly. As well, the interviewer is encouraged to retain the client's own
language as much as possible in both questioning and recording self-knowledge. Questions should be open-ended and should not include self-descriptors that the client is then encouraged to endorse or refute.

Selection of Self-representations for Ratings Procedure

At the end of the interview, the interviewer should collate a subset of self-representations in preparation for completing further ratings on content markers. The subset should comprise four to six core attributes and four to six peripheral attributes. The interviewer is encouraged to use the time in which a subset is arrived at as an opportunity for the interviewee to take a break outside the interview room. This break should last for approximately 10 - 20 minutes. The interviewer will use his or her own judgment in selecting the subset of self-representations to probe amongst the pool of self-representations. The following suggestions should be incorporated into the selection process. It is unfeasible to probe all of the attributes/views of self that were elicited. During the interview, the interviewer will have gathered quite a bit of information, and needs to select what appear to be the self-representations that will/ or have been rated highly on the item #4 self-worth contingency. This item is being given a priori significance because it is critical to the definition of a "core" self-representation. The interview segment titled
"Liked/Disliked Self" will "pull" for self-representations that are used as a basis for self-evaluation, and this segment should be looked over, in particular. As well, those self-representations that were associated with "process" cues (affectivity, metaphor, redundancy) are strongly likely to be core self-representations.

To select a subset of "peripheral" self-representations the interviewer should choose those self-representations that are not/or seem unlikely to be associated with self-worth contingencies. The segment titled "Other’s View of Self" will be particularly useful in identifying "self-representations" that the client does not consider important.

Guidelines for Probing

This set of guidelines will outline the markers of core self-knowledge. These markers encompass both verbal and nonverbal aspects of communication:

1. Affectivity
2. Metaphor (Commonness)
3. Metaphor (Vividness)
4. Contingency for Self-worth
5. Superordinacy
6. Temporal stability
7. Developmental primacy (Age at onset)
8. Developmental primacy (Mirrored Self)
9. Cross-situational consistency
10. Redundancy

Affect and metaphor are process markers. The interviewer should immediately probe in these areas if the clients demonstrates a behaviour defined by one of these items. The cues that suggested the presence of affect or metaphor are to be recorded on the rating forms. Items 4-9 are content markers. The interviewer may probe along any of these dimensions at any time during the interview, as they arise.

The interviewer should also be alert to superordinacy, a content marker, during the interview. Opportunities for probing using techniques of downward and upward vertical exploration are to be used when the interviewer perceives there is a possibility that superordinate constructs may exist for particular self-representations. Superordinacy is not rated during the ratings procedure. Probing for superordinate constructs may: (a) elicit new material, or (b) contribute to the interviewers’ judgments regarding the likelihood that a self-representation is core rather than peripheral.

Ratings Procedure

An exhaustive rating procedure for content markers was included in the study for the purpose of evaluating the validity of the markers. During ratings of content markers, the interviewer will use a detailed inquiry to establish the developmental primacy, temporal stability,
cross-situational consistency, problem relevance and self- 
worth contingency of each self-representation. Should 
this information be redundant with material obtained 
during the interview, the interviewer is permitted to re- 
state this material during the ratings inquiry (e.g., you 
mentioned that your classmates at school teased you for 
being thin, how significant were these individuals to you 
at this time; you mentioned first seeing yourself as 
scapegoat when you were 10 years old, do you still see 
yourself that way today?).

The interviewer might open the rating procedure by 
stating that the client will be questioned in more detail 
about some of the ways he or she described himself or 
herself in the preceding interview. The interviewer 
indicates that the questioning will be systematic and that 
some questions might be redundant with questioning during 
the interview. While carrying out probing for each of 8-
12 self-representations the interviewer is encouraged to 
probe each one systematically, in order, to acquire the 
necessary information to make all the ratings for a 
particular self-representation (necessary for assessing 
the validity of the markers) and then to proceed to the 
next self-representation.

The order in which self-representations are to be 
probed is decided by the interviewer with the stipulation 
that no more than 2 self-representations from either the
"core" or "peripheral" category are to be probed in sequence (e.g., probing CCCPPPCCCPPP is not advised; while CPCCPPCPCCCP is permitted).

If a new and apparently salient self-representation is elicited during the ratings stage, the interviewer should carry out exhaustive probing concerning that self-representation (e.g., the client states that my family makes me feel like a "failure" during a probing inquiry concerning the attribute "selfish"). The interviewer might ask the client if this new attribute is synonymous with any of those attributes already identified in the subset in order to avoid redundancy, and proceed with probing, if the attribute is non-redundant.

All items are rated on a 6 point Likert scale (0 - 5). These rating scales are anchored in such a fashion such that 0 indicates PERIPHERAL and 5 indicates CORE in all cases. The code 9 indicates that the interviewer could not elicit/or failed to elicit the information necessary to make a judgment (e.g., client states that he or she can't remember the age at which her or he first acquired a particular self-representation).

The rating form is designed with a column for notes to be made. The note column promotes several functions. First, by recording the basis of the rating there will be less reliance on memory while the interviewer carries out ratings. Second, specifying the basis for making the
rating will enhance coder specificity, and high coder-specificity promotes inter-rater reliability.

The interviewer should be sensitive to what information he or she needs to elicit in order to be able to make ratings. The rating scales often require a quantification. For instance, cross-situational consistency specifies one, very few, some, many, and most, if not all situations. It is useful to offer clients these anchors and ask them to select which one best applies to each particular self-representation.

Each self-representation has the potential to be stated on multiple occasions across the interview. The rating given to a self-representation on the process dimensions (affect, metaphor) is the highest warranted by the interviewers' observations over those occasions. Thus, should a self-representation be associated with strong affect on one occasion and mild affect on another occasion then the occasion on which the affect was strongest forms the basis of the rating. The rating of redundancy should be made simply by counting the number of times an attribute appears across the 7 steps of the interview.
CORE BELIEFS INTERVIEW (CBI)
STEP ONE: GENERAL VIEW OF SELF

This step offers an opportunity to assess the accessibility of the respondent’s self-knowledge.

I would like to begin by asking you to give me a picture of yourself. Please describe yourself to me in your own words using single words as much as possible.

<table>
<thead>
<tr>
<th>Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
</tr>
<tr>
<td>5.</td>
</tr>
<tr>
<td>6.</td>
</tr>
<tr>
<td>7.</td>
</tr>
<tr>
<td>8.</td>
</tr>
<tr>
<td>9.</td>
</tr>
<tr>
<td>10.</td>
</tr>
<tr>
<td>11.</td>
</tr>
<tr>
<td>12.</td>
</tr>
<tr>
<td>13.</td>
</tr>
<tr>
<td>14.</td>
</tr>
<tr>
<td>15.</td>
</tr>
<tr>
<td>16.</td>
</tr>
<tr>
<td>17.</td>
</tr>
<tr>
<td>18.</td>
</tr>
<tr>
<td>19.</td>
</tr>
<tr>
<td>20.</td>
</tr>
</tbody>
</table>
STEP TWO: OTHER’S VIEW OF SELF

This step offers the opportunity to elicit content that the respondent might consider to describe "self" but would not spontaneously provide. It is self-knowledge that is acknowledged as being unimportant for the respondent's self-evaluation, and might be peripheral self-knowledge.

Prompt

You have just finished describing yourself to me. Can you think of how some other persons in your life might describe you (e.g., spouse, family, children, friends, boss, co-workers)? Of this list can you identify those characteristics that others might use to describe you, but, that you don’t typically consider that important to your own view of yourself. These are characteristics that certainly could describe you but you don’t pay much attention to them. For instance, Fred’s boss often tells him that he is a polite young man but Fred does not consider this attribute to be that important. Being polite does not play a big role in how he views himself.

Descriptors

<table>
<thead>
<tr>
<th>Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
</tr>
<tr>
<td>5.</td>
</tr>
<tr>
<td>6.</td>
</tr>
<tr>
<td>7.</td>
</tr>
<tr>
<td>8.</td>
</tr>
<tr>
<td>9.</td>
</tr>
<tr>
<td>10.</td>
</tr>
<tr>
<td>11.</td>
</tr>
<tr>
<td>12.</td>
</tr>
<tr>
<td>13.</td>
</tr>
<tr>
<td>14.</td>
</tr>
<tr>
<td>15.</td>
</tr>
</tbody>
</table>
STEP THREE
SUCCESS/FAILURE

Could you identify a recent success in your life?
Could you identify a recent experience in which you felt good about yourself?

With the benefit of hindsight, how do you see your success on this occasion as fitting with your hopes and expectations for yourself?

What does this success tell you about yourself that it is important for you to know? What personal characteristics did you demonstrate on this occasion?

Could you identify a recent failure in your life?
Could you identify a recent experience in which you felt bad about yourself?
With the benefit of hindsight, how do you see your failure on this occasion as being contradictory to your hopes and expectations for yourself?

What does this failure tell you about yourself that it is important for you to know? What personal characteristics did you demonstrate on this occasion?

Can you tell me about an experience that you had in a relationship that led you to learn something about yourself?

What did you discover about yourself at that time?

LIKED/DISLIKED SELF

What are some of the qualities about yourself that you appreciate the most or are especially proud of?
What qualities about yourself, in particular, contribute to your self-respect?

What are some of the qualities that you have that others might appreciate the most? If you saw yourself through their eyes what might you appreciate about yourself?

What are some of the qualities about yourself that you dislike the most or are especially troubling to you?

Which of these qualities, in particular, interfere with your ability to respect yourself?

What are some of the qualities that you have that others might find problematic? If you saw yourself through their eyes what might you find to criticize about yourself?
DEVELOPMENTAL PRIMACY

How would you describe yourself as a child? (5 - 12 yrs)

________________________________________________________________________

________________________________________________________________________

Now you have described yourself as __________ when you were a child. If I were to ask each member of your family (parent, sister, brother) to describe you to me when you were a child what attributes would their description include?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If I were to ask other persons (classmates, friends, teachers) to describe you to me when you were a child what attributes would their description include?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Which of those attributes are consistent with your own view of yourself?
Which of those attributes are inconsistent with your own view of yourself?

________

________

________

________

Which attributes did you possess as a child that you still possess today?

________

________

________

How would you describe yourself as a teenager.

________

________

________

Now you described yourself as ________ as a teenager. If I were to ask each member of your family (parent, sister, brother) to describe you to me when you were a teenager what attributes would their description include?

________

________

________

If I were to ask other persons (classmates, friends, teachers) to describe you to me when you were a teenager what attributes would their description include?
Which of those attributes are consistent with your own view of yourself?

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Which of those attributes are inconsistent with your own view of yourself?

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Which attributes did you possess as a teenager that you still possess today?

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

In summary, in your view what personality characteristics do you have now that seem to have remained relatively unchanged over your life?

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________
SYMPTOMS

What symptoms have you been experiencing that led you to seek help?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Has having these symptoms affected your view of yourself?

YES __________  NO __________

How has having these symptoms affected your view of yourself?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

In what way are these symptoms consistent with some of the views of yourself that you have expressed today? In other words, some individuals find that their symptoms make sense to them given their own knowledge of themselves. For instance, an executive with a stressful, success-oriented, workaholic lifestyle might not be surprised to have a heart-attack at age 40 yrs. Are there any symptoms that you have that seem somewhat understandable to you? If so, which qualities are they consistent with?
In what ways are these symptoms inconsistent with some of the views of yourself that you have expressed today?


UNIQUENESS/IMPORTANCE

In your view what aspect(s) of yourself truly sets you apart from others and makes you unique or special?


As we end this interview perhaps you might think about your answers today and select the most important aspect of yourself that came up in the conversation?
PROBING QUESTIONS AND RATING SCALES
1. **AFFECTIVITY**

The interviewer is to monitor the amount of affect associated with each self-knowledge statement. Should there be any statements that are associated with visible affect or distress the interviewer should probe to elicit the nature of the affect and/or the content of the self-knowledge. In addition self-report statements conveying that strong affect is associated with a particular self-representation, although this affect is not observable to the interviewer, are a basis for probing. Examples of relevant probes would be:

**AFFECT**

Could you tell me what you are feeling at this moment?
What was going on for you right now?
How does knowing this about yourself affect how you feel about yourself?

**CONTENT**

What qualities about yourself are you appreciating at this moment?
Does this aspect of yourself distress you?
What in particular about this view of yourself do you find most troubling?

The interviewer is required to note on the rating form:

a) the **behavioral cue** that suggested the presence of affect (e.g., crying, angry tone in voice etc.).

b) the **linguistic/paralinguistic cue** that conveys affect such as use of metaphor (e.g., "it felt like a spike driven through my heart")

c) the **nature** of the affect (e.g., sadness, guilt)

d) the **content** of the self-knowledge (e.g., I am too timid).

In addition the intensity of the affect should be rated on the scale provided.

This item reflects the concept that affect can be considered a process marker in that core cognitions are more accessible in affectively charged states.
AFFECTIVITY

This rating scale gauges the intensity of the affect. The affect may be observed or self-reported.

Based on the respondent’s responses, any self-descriptive statements that seemed to be associated with visible affect or distress are to be probed according to the instructions in the manual. After probing it is important to rate the amount of emotion associated with each particular self-representation and the type of emotion. The extent to which emotion is evident to the interviewer will vary.

Verbal statements concerning the intensity of affect associated with a certain self-representation are also to be rated (e.g., seeing self as a failure leads the respondent to report feeling as if life is not worth living). The extremity of the described affect will determine the rating. The type of affect the respondent experiences is also important to elicit.

This item requires the interviewer to identify the cue that led them to identify the presence of affect. Observable affect might include overt cues such as crying, and more subtle cues such as change in speech rate or voice tone. The self-report statement of affect experienced outside the interview upon which the rating is based should be specified as a cue.

9 Do not rate. Insufficient information.

0 This self-attribute was not associated with any observable affect.

1 The affect was barely noticeable (e.g., respondent raises his or her voice slightly to emphasize a statement, respondent laughs while describing himself or herself as stubborn).

2 The affect was of low intensity (e.g., respondent’s speech becomes slowed, respondent describes feeling slightly annoyed at himself or herself but minimizes extent of irritation).

3 The affect was of moderate intensity (e.g., respondent’s speech shifts and becomes much louder and more emphatic, respondent describes feeling disappointed with self)
4 The affect was of strong intensity (e.g., respondent makes a physical gesture such as hiding face with hands, respondent describes feeling frustrated and humiliated).

5 The affect was of extreme intensity (e.g., crying, respondent reports feeling "enough anger to blow up a gym").
2. METAPHOR

The importance of metaphor has recently been recognized by cognitive theorists (e.g., Muran & DiGuisepppe, 1990). As a vehicle for communication, metaphor is a salient and compact way to organize and convey information about oneself. This item is designed to assess self-representation through the use of metaphor. For instance statements such as "I am a giving tree" and "I am a listening post for my friends" communicate views of the self in a very potent, concise fashion. Probes can be both affect-driven and content-driven. The content-driven probes simply help the interviewer to explore the meaning of the metaphor with the respondent, such that the idiosyncratic meaning becomes explicit.

AFFECT
"How do you feel hearing yourself describe yourself as a ________________________?"
"You sounded emotional as you said that ________ how were you feeling?"

CONTENT
"Help me to understand - what does this description of yourself mean about you as a person?"
"What characteristic behaviours of yours come to mind when you describe yourself as ________________?"
METAPHOR

This item is intended to gauge the vividness of a metaphor. A metaphor is defined as "a statement that draws a similarity between two apparently dissimilar objects". Based on the respondent's statement the interviewer is to probe in order to elicit a) affectivity, and b) meaning or elaboration.

COMMONNESS

9  Do not rate. Insufficient information.

0  The self-representation was not associated with a metaphor.

1  The metaphor given was a barely noticeable analogy (e.g., I'm jumpy a lot of the time like you might feel after drinking too much coffee).

2  The metaphor given was a mild analogy or is somewhat common (e.g., I think of myself as absent-minded - the proverbial absent-minded professor).

3  The metaphor given is a moderate analogy. It is not particularly unusual (e.g., I felt like I was being overcome by a wave of anxiety).

4  The metaphor given is a strong analogy. It is somewhat unusual (e.g., I felt like a top spinning around and around).

5  The metaphor given was an extreme analogy that was very unusual (e.g., I am a giving tree).

VIVIDNESS

9  Do not rate insufficient information

0  The metaphor fails to evoke an image.

1  The metaphor barely evokes an image.

2  The metaphor evokes a mild image.

3  The metaphor evokes a moderate image.

4  The metaphor evokes a strong image.

5  The metaphor evokes a vivid, powerful image.
4. **REDUNDANCY**

This item gauges the frequency with which a particular self-representation is elicited during the interview. Frequency/or redundancy across different segments of the interview will be counted in order to rate this item. There are 7 segments and they are as follows:

A. General View of Self  
B. Other’s View of Self  
C. Success/Failure  
D. Liked/Disliked Self  
E. Developmental Primacy  
F. Symptoms  
G. Uniqueness/Importance

9  Do not rate insufficient information.

0  The respondent mentions this self-representation outside of the structured segment of the interview, either pre- or post-interview.

1  The respondent mentions this self-representation in 1 segment of the interview.

2  The respondent mentions this self-representation in 2 segments of the interview.

3  The respondent mentions this self-representation in 3 segments of the interview.

4  The respondent mentions this self-representation in 4 segments of the interview.

5. The respondent mentions this self-representation in 5 or more segments of the interview.
5. CONTINGENCY FOR SELF-WORTH

This item is intended to provide an estimate of the contingency between a particular self-representation and the self-worth of the individual. Guidano & Liotti (1983) suggest that self-esteem is determined by the degree of congruence between one's "self-image" and one's current evaluation of ongoing behaviours and symptoms. Instances when the respondent spontaneously describes an attribute that has a self-worth contingency should be recorded. Examples of relevant probes to elicit this information would be the following:

"How does being ______________ affect how you see yourself?"

"How does this view of yourself affect your capacity to respect yourself?"

"Is being ______________ one of the aspects of yourself that determines how you feel about/like yourself at any given moment?"

YES: "If I asked you to rate this quality about yourself on a scale of 1 to 10 in which 1 equals "makes me feel poorly about myself" and 10 equals "makes me feel good about myself" where would you place it?"

NO: "It sounds as if being ______________ is not that important an aspect of yourself; it is neither here nor there, in terms of how you feel about yourself. Am I right?"

"How important is being ______________ to your self-esteem, self-confidence or self-worth?"

"If you saw yourself through X's eyes, what would you begin to appreciate about being ______________?"

"You sound as if you dislike being ______________. If a miracle were to occur overnight, and you could change yourself, would you change this quality of being ______________?"

YES: "Would changing ______________ make you a better person in your own eyes?"

NO: "Does this mean that even though you dislike this aspect of yourself that you are willing to live with it?"

"Is being ______________ part of the picture you might create of the person that you have always wanted to be?"

"Is being ______________ part of the picture you might create of the person that your parents have always wanted you to be?"

"How does being ______________ relate to the goals that you have set for yourself in your life?"

"How important is being ______________ compared to being ______________ with regard for the goals that you have set for yourself in your life?"

"Is being ______________ one of the ways in which you feel inadequate?"
CONTINGENCY FOR SELF-WORTH

This dimension is meant to assess a) the extent to which any particular self-representation has a self-worth contingency, and b) the frequency with which the respondent engages in self-evaluation in this particular self-knowledge domain. For example, individuals with eating disorders have rigid self-worth contingencies for weight such that their self-worth might be entirely based on their present level of thinness and they engage in constant self-evaluation in this domain. The interviewer needs to determine the extent to which each self-representation is part of an "ideal" or "desired" self-image and has consequences for the self-esteem of the individual, by using the probes in the manual.

9  Do not rate. Insufficient information.

0  The respondent indicates that this particular attribute has no relationship to his/her feelings of self-worth and that it is never used as a basis for self-evaluation.

1  The respondent indicates that this particular attribute has barely any relationship to his/her feelings of self-worth and that it is seldom used as a basis for self-evaluation.

2  The respondent indicates that this self-attribute is occasionally used as a basis for self-evaluation and has a mild relationship to his/her self-worth.

3  The respondent indicates that this self-attribute has a moderate relationship to his/her self-worth and is regularly used as a basis for self-evaluation.

4  The respondent indicates that his/her self-worth is strongly contingent upon this self-attribute and he/she often uses it as a basis for self-evaluation.

5  The respondent indicates that his/her self-worth is entirely contingent upon this self-attribute and that it is constantly used as a basis for self-evaluation.
6. SUPERORDINACY

This dimension represents the assessment of hierarchical relationships between beliefs about the self. For instance, an individual might picture themselves as timid and this might be one attribute that is encompassed by the superordinate construct of weakness or vulnerability. For this rating, it is important for the interviewer to ask questions about the meaning of each self-representation in a style of questioning called vertical exploration (Safran, Vallis, Segal, & Shaw, 1986). The exploration of relationships between beliefs about the self is required. The interviewer might ask:

**VERTICAL EXPLORATION (up)**
- "What does this mean about you as an individual?"
- "What does this tell you about yourself?"
- "How does being __________ affect your view of yourself?"
- "What difference does knowing this about yourself make to your understanding of yourself?"

**VERTICAL EXPLORATION (down)**
- "Is being __________ one example of being __________ such as you described to me earlier?"
- "You have spoken of needing to be ________________ how does being ________________ fit with that?"
7. TEMPORAL STABILITY

For this indicator it is important for the interviewer to ask questions concerning the length of time the individual has held this belief about himself/herself. Part of this inquiry would be to determine if the belief is relatively recent or is longstanding. A second focus is whether this belief is present only when symptoms are active versus whether it is present even when symptoms are absent.

Relevant probes would be the following:

TEMPORAL ORIGINS
"How long have you seen yourself in this light/pictured yourself this way?"
"When did this view of yourself first take hold/become apparent?"
"Have you felt this way about yourself pretty consistently over the years or sometimes have you seen yourself as being quite different or even the exact opposite?"
TEMPORAL STABILITY

This item gauges the extent to which a self-attribute/view of self is constant over time. The scale reflects two dimensions: a) recency of the development of the belief, and b) consistency with which the individual perceives himself or herself to demonstrate the behaviour or hold the belief. The interviewer must try to elicit the respondent's judgment concerning the temporal stability of the self-knowledge domain.

9 Do not rate. Insufficient information.

0 The respondent suggests that he/she held this view of self previously for a brief time period and that it is no longer relevant to him/her in any way.

1 The respondent suggests that he/she developed this particular self-attribute/view of self only recently and that he/she has only barely begun to recognize it in himself/herself.

2 The respondent suggests that he/she developed this particular self-attribute/view of self only recently and that on some days it is very evident and on others it is not evident (e.g., because he/she falls back into old ways of behaving, shows the opposite behaviour).

3 The respondent suggests that he/she developed this particular self-attribute/view of self within the last few years and that it is quite consistent over time.

4 The respondent suggests that he/she has maintained this particular attribute/view of self for several years and that it is very consistent over time.

5 The respondent suggests that as far back as he/she can remember he/she has had this self-attribute/view of self and that it is extremely consistent over time.
8. DEVELOPMENTAL PRIMACY

This dimension represents the developmental determinants of self representations. Some theorists have suggested a developmental process by which the views of significant others are incorporated into the view of the self (e.g., Guidano & Liotti, 1983; Harter, 1990; Markus, 1977). The self that reflects the opinions of others has been denoted the "looking glass self".

The interviewer's task here is to determine which aspects of self-knowledge are based on the attitudes and evaluations of significant others (e.g., parents, classmates, peers in organizations, friends). The age or developmental stage during which this attitude was internalized is also important to assess. Relevant probes might be the following:

AGE AT ONSET

"Where does this view of yourself arise from?"
"Does this view of yourself date right back to when you were either a child or a teenager?"
"Do you remember how old you might have been when you first began to see yourself this way?"

MIRRORED SELF

"Were you often told that you were ___________ when you were young?"
"If you were to point to one individual or individuals as being responsible for this view of yourself whom would you point to?"
"Sometimes we come to believe that we are a certain way because people who are important to us tell us over and over that we are that way. Did people repeatedly tell you that you were ___________?
YES: "Who would they have been?" or "Which individuals repeatedly told you that you were ___________?"
"If I were to ask your parents/siblings to describe you to me as they saw you as a child/teenager would their description include this quality of being ___________?"
"If I were to ask your friends/teachers/classmates to describe you to me as they saw you as a child/teenager would their description include this quality of being ___________?"
"Was the feedback from others primarily negative or positive (e.g., Did your parents express approval or disapproval of this attribute?)?"
DEVELOPMENTAL PRIMACY

This item has two rating scales:
1. Temporal Onset.

The first is a simple scale that reflects the age at which an individual first developed a particular belief about the self.

TEMPORAL ONSET

9 Do not rate. Respondent cannot identify age.
0 within last 6 months
1 22+ years
2 18 - 21 years
3 13 - 18 years
4 5 - 12 years
5 0 - 5 years

MIRRORED SELF

The second is a scale that reflects the extent to which the belief was shaped by social feedback from individuals such as parents, classmates, peers, teachers, dating partners etc.

9 Do not rate. Insufficient information.
0 The respondent is unable to name any individuals in his/her life who would have provided feedback concerning this attribute/belief.
1 The respondent is able to name one individual in his/her life who gave him/her feedback concerning this attribute/belief and indicates that this individual was not significant to him/her or states that they believe that this view of self was shaped by others’ view of him/her but cannot specify a particular individual.
2 The respondent is able to name one or more individuals in his/her life who gave him/her feedback concerning this attribute/belief and indicates that these individuals were mildly significant to him/her.
The respondent is able to name one or more individuals in his/her life who gave him/her feedback concerning this attribute/belief and indicates that these individuals were moderately significant to him/her.

The respondent is able to name one or more individuals in his/her life who gave him/her feedback concerning this attribute/belief and indicates that these individuals were very significant to him/her.

The respondent is able to name one or more individuals in his/her life who gave him/her feedback concerning this attribute/belief and indicates that these individuals were extremely significant to him/her.
9. CROSS-SITUATIONAL CONSISTENCY

For this rating it is important for the interviewer to ask questions concerning the range of situations in which the individual perceives himself/herself to a) demonstrate a particular attribute or to b) hold a particular view of himself/herself. This dimension measures the predictive validity of each self-representation (Safran, Vallis, Segal, & Shaw, 1986). Relevant probes are the following:

BEHAVIOUR

"Would this quality of __________ be one that you bring to many different situations in your life?"
"If I were to watch how you behave across a lot of different situations would I see you behave like __________ in the majority of them?"
"If I were to see you through the eyes of many different people in your life now (family members, co-workers, friends) would the majority of them see you this way?"
"Do you show this side of yourself to only a select number of people or to many different people in your life?"

VIEW

"Do you believe yourself to be __________ in many different areas of your life or just one or two areas?"
"To what extent does this view of yourself affect how you behave with others?"
"Does this view of yourself affect how you interact with many different persons in your life?"
"To what extent does this view of yourself accurately describe/portray you across a range of situations in your life?"
"Does this particular view of yourself affect how you act in many different situations in your life?"
"To what extent does this view of yourself guide your actions on a day to day basis?"
"Does this particular view of yourself hold you back from doing things/seizing opportunities in your life?"
"Does this particular view of yourself help you to do things/give you some advantage for seizing opportunities in your life?"
CROSS-SITUATIONAL CONSISTENCY

This item is meant to gauge the extent to which an attribute/view of self predicts the respondent's behaviour across situations in his/her life. At one end of the scale, the attribute/view of self is situation-specific and at the other end of the scale the attribute/view of self is pervasive and influences his/her behaviour in almost every domain.

9 Do not rate. Insufficient information

0 The respondent states that this attribute/view of self doesn't seem to be apparent in any particular situations and that in fact it is rarely apparent.

1 The respondent states that this attribute/view of self is only apparent in one area/situation in his/her life (e.g., situation-specific).

2 The respondent states that this attribute/view of self is apparent in more than one area/situation in his/her life. This attribute/view of self reflects/influences his/her behaviour in very few activities.

3 The respondent states that this attribute/view of self is apparent in more than one area/situation in his/her life. This attribute/view of self reflects/influences his/her behaviour in some activities.

4 The respondent states that this attribute/view of self is apparent in several areas/situations in his/her life. This attribute/view of self reflects/influences his/her behaviour in many activities.

5 The respondent states that this attribute/view of self is apparent in almost every area/situation in his/her life (e.g., pervasive). This attribute/view of self reflects/influences his/her behaviour in most, if not all, activities.
CBI ATTRIBUTES TO BE PROBED
DURING POST-INTERVIEW

Please rank order the core candidates in terms of your estimate of how relevant each one is to the client’s presenting problems. Please also indicate in the brackets if you perceive the core belief to be benign (e.g., longstanding but not associated with maladaptive behaviour or distress) or problematic (e.g., clearly associated with maladaptive behaviour or distress)

"CORE" CANDIDATES
(+ = benign)
(- = problematic)

1. ___________________________________________ ( )
2. ___________________________________________ ( )
3. ___________________________________________ ( )

4. ___________________________________________ ( )
5. ___________________________________________ ( )
6. ___________________________________________ ( )

_________________________________________
_________________________________________

"PERIPHERAL" CANDIDATES

1. ___________________________________________ ( )
2. ___________________________________________ ( )
3. ___________________________________________ ( )
4. ___________________________________________ ( )
5. ___________________________________________ ( )
6. ___________________________________________ ( )

_________________________________________
_________________________________________
### CBI Rating Summary

<table>
<thead>
<tr>
<th>Attribute</th>
<th>9</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affectivity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metaphor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commonness</td>
<td>9</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Vividness</td>
<td>9</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Self-Worth Contingency</td>
<td>9</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Temporal Stability</td>
<td>9</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Developmental Primacy:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Onset</td>
<td>9</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Mirrored Self</td>
<td>9</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Cross-Situational Consistency</td>
<td>9</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Problem Relevance</td>
<td>9</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Redundancy</td>
<td>9</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Note: For the dimensions of Affectivity please specify the behavioral cue (e.g., crying) that was observed in interview. For Affectivity the type of affect should be recorded. For Metaphor, please record the exact statement made by the respondent. All other ratings: jot down the interview material that informed your rating, in the righthand column (e.g., for age at onset dimension record "12 years" if this is when the respondent specifies establishing this view of self, record "aunt" if respondent specifies this individual for the mirrored self dimension).

Affectivity Cue: ____________________________

Type: ____________________________________

Metaphor Phrase: __________________________
RATINGS PROTOCOL

STEP 1


STEP 2


STEP 3


STEP 4


STEP 5


STEP 6


STEP 7


APPENDIX B

Probing Questions and Rating Scales for Security Operations:

A Marker Deleted after Pilot Work
SECURITY OPERATIONS

This item represents an attempt to assess the extent that a respondent's statement of self-knowledge is associated with security operations. Security operations might be defined as "defensive information processing strategies or interpersonal maneuvers to reduce the individual's anxiety level". A distinguishing feature of core beliefs is that change of a core belief will be associated with anxiety to a greater extent than change of a peripheral belief, thus, it can be hypothesized that security operations might be a process marker of core beliefs.

A certain amount of inference is required on the part of the interviewer to assess this item. For instance, it may not be apparent to the interviewer, for lack of an extensive knowledge of the individual being interviewed, which interpersonal behaviours represent security operations and which do not. This item requires a sensitivity to monitor in-session process. Moments when the patient feels that their self-esteem is being threatened might trigger the use of security operations. Examples of interpersonal behaviours that might constitute security operations include: skirting of particular questions, looking away suddenly, qualifying a previous statement, a sudden shift in the nature of the discussion (from emotional to rational, from deep to superficial), rapidity of speech.

Should there be any statements that are associated with anxiety or defensiveness the interviewer should probe to elicit the nature of the affect and/or the content of the self-knowledge.

AFFECT
What was going on for you right now?
Could you tell me what you are feeling at this moment?
Do you find this aspect of yourself difficult to share with me?
I noticed that you __________ just now. Does this aspect of yourself lead you to experience anxiety?

CONTENT
What in particular about this view of yourself do you find the most difficult to accept?
What qualities about yourself are you appreciating at this moment?

The interviewer should record on the rating form
a) the behavioural cue that suggested the presence of defensiveness (e.g., sudden change of topic, increased rapidity of speech).
b) the content of the self-knowledge (e.g., I see myself as weak).
SECURITY OPERATIONS

This item is intended to gauge the extent to which security operations are associated with a particular self-representation. It is important to identify a behavioural cue that suggested anxiety or defensiveness such as skirting of particular questions, looking away suddenly, qualifying a particular statement, or sudden change in type of discussion (e.g., from emotional to rational, from deep to superficial).

9  Do not rate. Insufficient information.
0  This self-knowledge attribute was not associated with any observable anxiety/defensiveness.
1  This self-knowledge attribute was associated with barely noticeable anxiety/defensiveness. For example, the individual’s voice quality changed and his or her speech became more rapid while speaking about this characteristic, while, remaining open and direct.
2  This self-knowledge attribute was associated with a mild amount of anxiety/defensiveness. For example, the individual looked away briefly and hesitated before answering a question that required self-exploration.
3  This self-knowledge attribute was associated with moderate anxiety/defensiveness. For example, the individual engages in self-exploration of this attribute somewhat cautiously and appears to be censoring his or her answers.
4  This self-knowledge attribute was associated with strong anxiety/defensiveness. For example, the individual shifted the topic away from exploring this attribute but with guidance from the interviewer was willing to be re-directed.
5  This self-knowledge attribute was associated with extreme anxiety/defensiveness. Security operations were very noticeable and quite disruptive. For example, the individual exhibited a marked avoidance of exploring this attribute.
APPENDIX C

Rating Scale for Superordinacy:

A Rating Scale Deleted After Pilot Work
SUPERORDINACY

This item gauges the extent to which a belief for self is connected to other beliefs in a hierarchical network. Superordinate beliefs subsume subordinate beliefs, thus subordinate beliefs represent examples of or are category members of superordinate beliefs.

9 Do not rate insufficient information.

0 The individual indicates that this attribute/view of self does not relate to any other attribute/view of self.

1 The individual indicates that this attribute/view of self relates to one or more other self constructs and that it subsumed by them (e.g., "sociable" is one example of being a "likeable" person).

2 The individual indicates that this attribute/view of self relates to one or more other attributes/views of self. This attribute/view of self is a construct that may subsume one other construct, however, it is also subsumed by another construct (e.g., the person describes being "thoughtful" as one example of being a "quiet person". Being a "quiet" person is an example of being a "loner").

3 The individual indicates that this attribute/view of self relates to some other attributes/views of self. This view, however, is only one of a couple of superordinate self constructs (e.g., the person states that many self-descriptors fall under the category of "attractiveness" but indicates that equally many fall under the category of "hard-working").

4 The individual indicates that this attribute/view of self relates to several or many other attributes/views of self. This view of self encompasses many others (e.g., the person fits many self-descriptors into the view of self as "competent")

5 The individual indicates that this attribute/view of self relates to all other attribute/view of self. This view of self is superordinate to all others (e.g., the person fits all other self-descriptors into the category of "being a nice person").
Appendix D

Probing Questions and Rating Scale for Problem Relevance:
A Marker added after the completion of Pilot Work
PROBLEM RELEVANCE

This item gauges the extent to which a particular self-representation is related to the client's presenting problems. Presenting problems encompass symptoms, interpersonal difficulties, and current concerns. This item requires a higher degree of inference than the other items. While the interviewer probes for the client’s perceptions of the relationship between symptoms and views of self during the CBI, the client may manifest problems that he or she does not explicitly link to a self-representation, in the interview. Further, the interviewer may judge the client to have a problem of which he or she appears unaware or has failed to communicate in the interview (e.g., lack of assertiveness). The interviewer may make a judgment regarding the likelihood that such a problem might become a target in therapy, and thus warrant being considered for this item. Examples of relevant probes would be:

How do you see this view of yourself as relating to your problems?

In what way has this view of yourself constrained your capacity to succeed in accomplishing your hopes and goals for your life?

In what way has your problem shaped your picture of yourself?

In what way is this view of yourself incompatible with your goals for change?
This rating scale gauges the relationship of the individual’s self-representation and the client’s problems. This item allows for more inference than other items. The rater must first articulate the client’s likely problems (e.g., depression, interpersonal conflict) and then make a judgment regarding the strength of association between each particular self-representation and the problem(s).

9 Do not rate insufficient information

0 This particular self-representation seems entirely unrelated to the client’s problems.

1 This particular self-representation seems barely related to the client’s problems.

2 This particular self-representation seems mildly related to the client’s problems.

3 This particular self-representation seems moderately related to the client’s problems.

4 This particular self-representation seems strongly related to the client’s problems.

5 This particular self-representation seems central to the clients problems.
APPENDIX E

Description of Study

Recruitment
MEMO FOR PARTICIPANTS

RE: "An Investigation into the Assessment of Self-Knowledge"

Investigators: H. Louisy, M.A., Myles Genest, Ph.D., & Brian Dufton, Ph.D.

In an attempt to understand more about how people’s beliefs about themselves influence their symptoms and their response to treatment, we have developed a new interview procedure. This interview is intended to identify important problems that are unique and relevant to the person. The purpose of this study is to establish the reliability and validity of this assessment procedure. The feasibility, reliability, and usefulness of the assessment procedure must be determined prior to its widespread use.

We are asking for volunteers to participate in our study. In order to participate, you must be willing to attend three evaluation sessions and to have two of the sessions either videotaped or audiotaped. Two of these sessions (1-2 hours in length) will be interviews in which the investigator(s) will ask standard questions concerning the way you think and feel about yourself. At a third session, you will be provided with feedback from the interviews and asked to complete a rating form regarding the helpfulness of the feedback. Completion of this session will require approximately 60 minutes. Your results will be handled in a confidential manner and reported anonymously, that is, not using your name. Your decision to participate or not to participate will in no way affect your treatment at Valley Health Services. There are virtually no risks associated with this study. If you choose to participate, the sessions will be scheduled so that they do not interfere with your treatment.

If you are willing to participate, please indicate that you are willing to do so to the staff member who passed on this form and give them permission to provide your name and phone number to research personnel so that you can be contacted for an initial session. We appreciate the time you have taken to consider our request.

H. Louisy, M.A.  
Psychologist (Candidate Register)  
Fundy Mental Health Centre  

Brian Dufton, Ph.D  
Psychologist  
Co-Ordinator, Day Centre
APPENDIX F

Consent Form #1
INFORMED CONSENT FORM

SUBJECT’S NAME: ____________________________

PROJECT TITLE: Core Assessment Procedure (CAP): The Development of a Semi-structured Clinical Interview to Assess Core Self-Knowledge

INVESTIGATORS: Helen Louisy, M.A., Myles Genest, Ph.D., Brian Dufton, Ph.D.

INTRODUCTION:

You are invited to take part in a research study at the Day Centre/Fundy Mental Health Centre (A Division of Valley Health Services). It is important that you read and understand several general principles that apply to all who take part in our studies:

1) Taking part in the study is entirely voluntary. If you are receiving treatment, whether you participate or not in the study the quality of care provided to you will be the same.

2) Personal benefit may not result from taking part in the study, but knowledge may be gained that may benefit others.

3) You may withdraw from the study at any time without penalty or loss of any benefits to which you are otherwise entitled.

The nature, risks, inconveniences, discomforts, and other pertinent information about the study are discussed below. You are urged to discuss any questions you may have about this study with the investigators or their assistants.

1) PURPOSE OF STUDY:

Therapists must often make decisions concerning which amongst a client’s problems are the most important to address in psychological treatment. There is a need for the development of assessment methods that can both identify problems that are unique to the person and relevant to him or her and weigh these problems according to importance. The purpose of this study is to develop a semi-structured clinical interview that can identify and evaluate beliefs about the self that relate to clinical problems.
2) CONDITIONS OF INVOLVEMENT

In order to qualify for this study you must be willing to attend three interviews, and to have two of these sessions either audiotaped or videotaped.

3) PROCEDURES:

In this study you will be asked to attend two evaluation sessions which will be either audiotaped or videotaped. Both of these sessions (1 - 2 hours in length) will be interviews in which the investigator(s) will ask standard questions. These interviews will be about the way you think and feel about yourself. At a third session you will be provided with feedback from the interviews and asked to complete a rating form regarding the helpfulness of the feedback. Completion of this session will require approximately 60 minutes.

4) RISKS AND DISCOMFORTS:

We do not expect there to be any risks associated with this study. If you are in treatment, your treatment will continue as usual.

You may not derive any direct benefit by participating in this study. However, the knowledge uncovered by the study may help others.

6) OTHER PERTINENT INFORMATION

CONFIDENTIALITY: When the results of a study such as this are reported in medical and psychological journals or at meetings, the identification of those taking part is withheld. Videotapes and audiotapes will be kept in a secure area and will be erased after the research is completed. Files will be kept in a locked cabinet. Confidential research materials will be seen only by research personnel, unless further consent is obtained.

PROBLEMS AND QUESTIONS: Should any problems or questions arise in regards to the study and your rights as a participant in clinical research, you can contact Helen Louisy at the Fundy Mental Health Centre at 542-2251 or at the Inpatient Psychiatry Unit at the Valley Regional Hospital at 678-7381 Ext. 2857. Dr.Brian Dufton can be reached at the Day Centre 678-7381 Ext. 2000.

STOPPING THE STUDY: You can decide to end your participation in the study at any time, without influencing any treatment you are receiving at the Mental Health Division of Valley Health Services.
CONSENT DOCUMENT: we suggest that you retain a copy of this consent document for your records.

COMPLETE THE ITEM BELOW

I have read and understand the explanation of this study and have been given the opportunity to discuss it and ask questions. I hereby freely and voluntarily consent to take part in this research study.

_________________________________  _________________________
Signature of Patient              Date

_________________________________  _________________________
Signature of Investigator         Date

_________________________________  _________________________
Signature of witness              Date
APPENDIX G

Participant Description Form
PARTICIPANT DESCRIPTION

Subject No:               Chart No:
Name:                    Age:
Sex:                     Level of education:
Marital Status:          
Recruitment Source:      Inpatient Psychiatry
                        (check one)     Day Centre
                        __________     Fundy Clinic

Current Mental Health Contact:

Date of admission/intake:

Date of discharge/termination (anticipated):

Previous Mental Health contact(s): ________ Yes ________ No

If yes, nature of previous contact:

Current Psychotherapy Contact:

Date first seen:         Referring Therapist:

Stage of therapy:

    Session #:

    Stage of therapy: early middle late
    (circle one)

Chart diagnosis: Axis I _____________________________

______________________________

Axis II _____________________________

______________________________

Presenting Problem: (e.g., depression, marital problems, job loss, adult survivor of sexual abuse)

1.
2.
3.
Appendix H

Ratings Forms and Instructions for Judges Rating the Similarity of Matched and Mismatched Case Formulations
Dear judge:

You have been provided with twelve pairs of case conceptualizations. Each pair of case conceptualizations varies in similarity. You will be asked to rate the degree of similarity between the case conceptualizations in each pair.

Please carry out this task in a quiet, distraction-free setting. Try to complete the ratings all at one sitting without any significant breaks or interruptions.

First, read each pair of case conceptualizations.

Second, complete the attached rating form.

Third, proceed to the next pair of case conceptualizations and repeat the procedure.

Please take your time and consider the conceptualizations as thoughtfully as possible.

Once you have completed the ratings please return the package to me in the stamped self-addressed envelope.

Thank-you in advance for your assistance.

Yours sincerely,

Helen Louisey, M.A.
Psychologist (Candidate Register)
How many years have you been a practising clinician?

What is your highest degree?

Have you had training in cognitive-behaviour therapy?
YES  NO

Do you incorporate cognitive-behavioral approaches in your work today?
YES  NO

Would you describe your primary therapeutic orientation as cognitive-behavioral?
YES  NO

If not, how would you describe your primary therapeutic orientation?

How many hours of direct client contact do you have per week?
(please estimate)
CONCEPTUALIZATION PAIR

(Please ensure that the number above matches the number of the pair that you are rating)

1. How similar are these two case conceptualizations?

   1 2 3 4 5 6 7
not at all  moderately  extremely
similar      similar     similar

2. If two different therapists each used a different one of the case conceptualizations to guide their choice of targets in therapy, how similar would the focus of treatment be?

   1 2 3 4 5 6 7
not at all  moderately  extremely
similar     similar     similar

3. Estimate the extent of overlap in content between the two case conceptualizations (Please circle one number).

   0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

4. How likely is it that the two different case conceptualizations apply to the same client?

   1 2 3 4 5 6 7
not at all  moderately  extremely
likely      likely      likely
Appendix I

Description of Stimulus Materials

Presented to Three Pairs of Judges Asked to Rate the Similarity of Matched and Mismatched Case Formulations
Order of Presentation of Stimulus Material (i.e., Pairs of Mismatched and Matched Case Conceptualizations) To Judges

<table>
<thead>
<tr>
<th>JUDGE PAIR#1</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) VHSAS17HLCORE VHSAS18HLCORE</td>
</tr>
<tr>
<td>(2) VHSAS10BDCORE VHSAS10HLCORE</td>
</tr>
<tr>
<td>(3) VHSAS13BDCORE VHSAS13HLCORE</td>
</tr>
<tr>
<td>(4) VHSAS12BDCORE VHSAS12HLCORE</td>
</tr>
<tr>
<td>(5) VHSAS02BDCORE VHSAS02BDCORE</td>
</tr>
<tr>
<td>(6) VHSAS14BDCORE VHSAS14HLCORE</td>
</tr>
<tr>
<td>(7) VHSAS19HLCORE VHSAS07HLCORE</td>
</tr>
<tr>
<td>(8) VHSAS11BDCORE VHSAS15HLCORE</td>
</tr>
<tr>
<td>(9) VHSAS20HLCORE VHSAS08BDCORE</td>
</tr>
<tr>
<td>(10) VHSAS03BDCORE VHSAS01HLCORE</td>
</tr>
<tr>
<td>(11) VHSAS05HLCORE VHSAS16HLCORE</td>
</tr>
<tr>
<td>(12) VHSAS09HLCORE VHSAS09BDCORE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>JUDGE PAIR#2</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) VHSAS09BDCORE VHSAS05HLCORE</td>
</tr>
<tr>
<td>(2) VHSAS11BDCORE VHSAS11HLCORE</td>
</tr>
<tr>
<td>(3) VHSAS15HLCORE VHSAS16HLCORE</td>
</tr>
<tr>
<td>(4) VHSAS12BDCORE VHSAS20HLCORE</td>
</tr>
<tr>
<td>(5) VHSAS07HLCORE VHSAS19HLCORE</td>
</tr>
<tr>
<td>(6) VHSAS03HLCORE VHSAS03BDCORE</td>
</tr>
<tr>
<td>(7) VHSAS17HLCORE VHSAS18HLCORE</td>
</tr>
<tr>
<td>(8) VHSAS10BDCORE VHSAS10HLCORE</td>
</tr>
<tr>
<td>(9) VHSAS01HLCORE VHSAS01BDCORE</td>
</tr>
<tr>
<td>(10) VHSAS08HLCORE VHSAS08BDCORE</td>
</tr>
<tr>
<td>(11) VHSAS13BDCORE VHSAS14HLCORE</td>
</tr>
<tr>
<td>(12) VHSAS02BDCORE VHSAS02HLCORE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>JUDGE PAIR#3</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) VHSAS19HLCORE VHSAS09BDCORE</td>
</tr>
<tr>
<td>(2) VHSAS03HLCORE VHSAS03BDCORE</td>
</tr>
<tr>
<td>(3) VHSAS01HLCORE VHSAS01BDCORE</td>
</tr>
<tr>
<td>(4) VHSAS10BDCORE VHSAS10HLCORE</td>
</tr>
<tr>
<td>(5) VHSAS08BDCORE VHSAS20HLCORE</td>
</tr>
<tr>
<td>(6) VHSAS13BDCORE VHSAS13HLCORE</td>
</tr>
<tr>
<td>(7) VHSAS11BDCORE VHSAS11HLCORE</td>
</tr>
<tr>
<td>(8) VHSAS12BDCORE VHSAS12HLCORE</td>
</tr>
<tr>
<td>(9) VHSAS16HLCORE VHSAS05HLCORE</td>
</tr>
<tr>
<td>(10) VHSAS02BDCORE VHSAS17HLCORE</td>
</tr>
<tr>
<td>(11) VHSAS07HLCORE VHSAS18HLCORE</td>
</tr>
<tr>
<td>(12) VHSAS15HLCORE VHSAS14BDCORE</td>
</tr>
</tbody>
</table>

Note: HL = Helen Louisy  BD = Brian Dufton  S = subject  VHSA = Valley Health Services Association
APPENDIX J

Session Evaluation Form
SESSION EVALUATION FORM

PART A

Please rate how helpful or hindering to you this session was overall. (Check one answer only)

THIS SESSION WAS:

_____ 1. Extremely hindering
_____ 2. Greatly hindering
_____ 3. Moderately hindering
_____ 4. Slightly hindering
_____ 5. Neither helpful nor hindering; neutral
_____ 6. Slightly helpful
_____ 7. Moderately helpful
_____ 8. Greatly helpful
_____ 9. Extremely helpful
PART B

Directions: Please take a minute to think about how this session has affected you. Keeping your experience of the session in mind, mark each statement according to how strongly you feel it is true. Rate on the basis of how strongly you agree with each statement. Make sure you understand the statements before rating them. **Please mark every one.** Use the rating scale below to rate each item (circle the appropriate number).

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>not at all true</td>
<td>moderately true</td>
<td>extremely true</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. In general, I believe that the interviewer and I had similar ideas about the nature of my problems.
   
   0 1 2 3 4 5 6 7 8 9 10

2. As a result of this session, I felt that the interviewer understood me.
   
   0 1 2 3 4 5 6 7 8 9 10

3. As a result of this session, I feel that someone else (the interviewer) really understands what I am like as a person.
   
   0 1 2 3 4 5 6 7 8 9 10

4. I do not think that the feedback that I received from the interviewer was helpful in any way.
   
   0 1 2 3 4 5 6 7 8 9 10

5. I felt that the interviewer and I were working together in a joint effort.
   
   0 1 2 3 4 5 6 7 8 9 10
6. I believe that the interviewer was helpful.

0 1 2 3 4 5 6 7 8 9 10

7. As a result of this session, I have obtained some new understanding or have understood something new about me.

0 1 2 3 4 5 6 7 8 9 10

8. As a result of this session, I feel that the interviewer misunderstood me.

0 1 2 3 4 5 6 7 8 9 10

9. As a result of this session, I believe I have a better understanding of how I came to have certain views about myself.

0 1 2 3 4 5 6 7 8 9 10

10. As a result of this session, I believe that I have a better understanding of how some of the views that I have about myself contribute to my problems.

0 1 2 3 4 5 6 7 8 9 10

11. As a result of this session, I can see that if I work on the areas the interviewer identified I will eventually work out the problems I came to treatment for.

0 1 2 3 4 5 6 7 8 9 10
12. I believe that it would be helpful for me to work on some of the problems that the interviewer identified today.

13. As a result of this session, I now have a clearer sense of what I need to change in my life or what I need to work on in therapy, what my goals are.

14. As a result of this session, some feelings or thoughts of mine which had been unclear have become clearer.

15. If I were to seek psychotherapy, I would hope to address the same concerns that were identified in this feedback session.

16. Overall, I felt that what we identified in the session is not related to my current problems.
The views about myself that the interviewer just identified are the key to understanding my current difficulties.

18. As a result of this session, I feel that proceeding (in therapy) to address the problems that the interviewer identified is pointless.

19. As a result of this session, I now feel more confused about my problems.

20. Although some of the feedback the interviewer gave to me today was helpful I believe that he/she overlooked important aspects of my current difficulties.
PART C

Please rate how helpful or hindering you would expect psychotherapy to be if you focused on the beliefs identified by the interviewer as relevant to your problems.

THERAPY WOULD BE

_____ 1. Extremely hindering
_____ 2. Greatly hindering
_____ 3. Moderately hindering
_____ 4. Slightly hindering
_____ 5. Neither helpful nor hindering; neutral
_____ 6. Slightly helpful
_____ 7. Moderately helpful
_____ 8. Greatly helpful
_____ 9. Extremely helpful
Appendix K

Item Groupings for the Three Subscales of the Session

Evaluation Form: Problem Relevance, Alliance, and Insight
Item Groupings for the Three Subscales of the Session Evaluation Form: Problem Relevance, Alliance, and Insight

**Problem Relevance subscale** (Nine Items)

1. In general, I believe that the interviewer and I had similar ideas about the nature of my problems.

11. As a result of this session, I can see that if I work on the areas the interviewer identified I will eventually work out the problems I came to treatment for.

12. I believe that it would be helpful for me to work on some of the problems that the interviewer identified today.

13. As a result of this session, I now have a clearer sense of what I need to change in my life or what I need to work on in therapy, what my goals are.

15. If I were to seek psychotherapy, I would hope to address the same concerns that were identified in this feedback session.

16.* Overall, I felt that what was identified in the session is not related to my current problems.

17. The views about myself that the interviewer just identified are the key to understanding my current difficulties.

18.* As a result of this session, I feel that proceeding in therapy to address the problems that the interviewer identified is pointless.

20.* Although some of the feedback the interviewer gave to me today was helpful I believe that he or she overlooked important aspects of my current difficulties.
Alliance Subscale (6 items)

2. As a result of this session, I felt that the interviewer understood me.

3. As a result of this session, I feel that someone else (the interviewer) really understands what I am like as a person.

4.* I do not think that the feedback that I received from the interviewer was helpful in any way.

5. I felt that the interviewer and I were working together in a joint effort.

6. I believe that the interviewer was helpful.

8.* As a result of this session, I feel that the interviewer misunderstood me.

Insight Subscale (Five items)

7. As a result of this session, I have obtained some new understanding or have understood something new about me.

9. As a result of this session, I believe I have a better understanding of how I came to have certain views about myself.

10. As a result of this session, I believe that I have a better understanding of how some of the views that I have about myself contribute to my problems.

14. As a result of this session, some feelings or thoughts of mine which had been unclear have become clearer.

19.* As a result of this session, I now feel more confused about my problems.

* items were reversed for scoring
Appendix L

Therapist Rating Form
1. Does this conceptualization increase your level of understanding regarding your client’s problems?

0 1 2 3 4 5 6 7 8 9 10

not at all  moderately  extremely
true  true  true

2. If the client were to work on the areas identified in this feedback do you believe that the course of treatment would be enhanced?

0 1 2 3 4 5 6 7 8 9 10

not at all  moderately  extremely
true  true  true

3. In your opinion, are the areas identified in the conceptualization central to the client’s problems? Do they represent the key to understanding his or her current difficulties?

0 1 2 3 4 5 6 7 8 9 10

not at all  moderately  extremely
true  true  true

4. In your opinion, would the therapist have a good chance of being successful in helping the client to overcome his or her difficulties if he or she addressed the areas identified in the conceptualization as targets in therapy?

0 1 2 3 4 5 6 7 8 9 10

not at all  moderately  extremely
true  true  true
Appendix M

Consent Form #2:

Release of Information
INFORMED CONSENT FORM

SUBJECT'S NAME: ________________________________

PROJECT TITLE: Core Assessment Procedure (CAP): The Development of a Semi-structured Clinical Interview to Assess Core Self-Knowledge

INVESTIGATORS: Helen Louisy, M.A., Myles Genest, Ph.D., Brian Dufton, Ph.D.

INTRODUCTION:

I have now completed taking part in a research study at the Day Centre/Fundy Mental Health Centre (A Division of Valley Health Services).

I ________________________________
(patient)

hereby freely and voluntarily consent to allow research personnel to release the results of my participation in this study to

______________________________ of
(treatment staff member (s))

______________________________
(setting)

Signature of patient ___________________________ Date

Signature of Investigator ___________________________ Date

Signature of witness ___________________________ Date