

# Appendix I

## Referral Criteria Handout

The list below gives some pointers to look for during a general assessment to see if referral for a CBT assessment might be relevant. The person doesn't have to fulfil *all* the criteria but it does help if they fulfil most of them. On the next page are some sample questions to ask clients before making a referral for CBT assessment.

### *Accessibility of automatic thoughts*

- The person needs to be able (even if it takes some prompting) to access negative automatic thoughts, e.g. 'I messed that up', 'People will think I'm odd'.
- It is okay to suggest examples of thoughts that other people sometimes have in these situations, especially if the person is finding it hard to access their own thoughts.

### *Awareness and differentiation of emotions*

- The client needs to be able to gain access to emotions and differentiate between emotions, such as guilt, anxiety, sadness, anger, etc. The therapist needs to be aware of differences in language: 'depressed' may just mean low in mood to some people. Also be aware of cultural differences.
- This is not quite as important as the ability to access negative thoughts and some people may not be able to do this at first. For these people, there may need to be some preliminary work on accessing emotions before they start CBT.

### *The client's ability to make use of therapeutic input (very important!)*

- An important aspect of therapy is how prepared clients are to make changes in their lives so that they can work on the problems they have. A negative indication might be the question: 'Have you got a tablet that will make it all go away?'
- How motivated is the client? Are they able to collaborate? Or have they been told, by social services or their partner, to come? If the client needs to be persuaded to start CBT, it's most likely an indication that it is not for them at this time. They can always be referred again in the future.
- Does the client have the ability to remain focused on the problem in hand? This may be something that the client has to work towards.

### *Barriers to therapy*

- If someone is 'floridly psychotic'. However, a level of psychotic symptoms can be fine, and CBT for psychosis could be considered.
- If someone is in a current manic phase.

- If clients are cognitively impaired, this may make therapy more difficult but not impossible.
- If there are practical issues, or other referrals are being made, the person will need a care co-ordinator as well.
- If the setting is the NHS, the client will also need to be accepted into the relevant team before therapy assessment can commence.

## Questions to consider asking to see if therapy would be helpful

It is most useful to ask the client to describe a situation in which they feel anxious/low/scared, etc. The following questions can then be put.

### *Accessibility of automatic thoughts*

When that situation occurred:

- What were you thinking?
- What went through your mind?
- Sometimes people worry that, for example, if they have a panic attack they might faint, or sometimes people might worry that, for example, if they go out, others will stare at them.

### *Awareness and differentiation of emotions*

When the situation occurred:

- How did you feel?
- What was happening in your body at the time?
- Ask about different situations and how the person felt at that time.

### *The client's ability to make use of therapeutic input*

- What changes would you like to make? (Specific goals are best.)
- What are the advantages and disadvantages of making changes:
  - to the client?
  - to the client's family?
  - to any other significant others?
- What might get in the way of making change, attending sessions on a regular basis, etc.?
- Be aware of how focused the client is able to remain on the issue being discussed.