

The Cognitive Behavioral Assessment's Metric Features For Evaluating Results And Estimating The Impact Of Psychological Treatment

Waleed Saeed Aldosari

(Psychologist I)

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Abstract

To assess psychological treatment interventions, particularly for counseling and psychotherapy, cognitive behavioral assessment for outcome evaluation was created. It consists of five scales and 80 items: psychological distress, depression, anxiety, well-being, and perception of positive change. Presenting the metric qualities and demonstrating the validity and reliability of the questionnaire's five constructs in both clinical and nonclinical subjects were the study's objectives. Compared to the nonclinical group, the clinical group scored lower on the well-being and perception of positive change scales and higher on the anxiety, depression, and psychological distress scales. The psychological distress and perception of positive change scales demonstrated a moderate effect, while the anxiety, well-being, and depression scales showed large responsiveness.

In conclusion: The questionnaire demonstrated excellent psychometric properties, indicating that it is a useful tool for evaluating both before and after treatment.

Keywords: Psychological Treatment, Well-Being, Patient Perception, Anxiety, Depression.

Introduction

The term cognitive behavioral assessment is abbreviated as CBA. More precisely, it is a comprehensive approach to clinical assessment rather than being restricted to a set of tests. A group of psychologists with backgrounds in general hospitals, psychiatric services, private practice, and university departments came up with the original idea for the CBA project. The CBA 2.0 primary scales, the first assessment tool created by this project, The CBA 2.0 was frequently given several times at different intervals to assess a patient's development following psychotherapy sessions or as a follow-up measure. Given the specificity of the goal (i.e., to evaluate progress), its administration in certain contexts seemed inappropriate (Sanavio, 1986). In order to streamline the results of a cure/treatment action in a more targeted way, the CBA team began a new project called CBA-OE (outcome evaluation). The CBA-OE, in contrast to the CBA 2.0, looks at positive constructs like psychological well-being, adjustment, coping skills, self-esteem, and self-efficacy in addition to symptoms and psychological discomfort (Bertolotti, 1990; Guillemain, 1993).

The purpose of this study is to demonstrate the validity and reliability of the questionnaire's five scales in both clinical and nonclinical subjects, as well as to briefly outline the questionnaire's psychometric qualities. Additionally evaluated were convergent validity, responsiveness, and criterion-related validity.

The CBA-OE is characterized by psychometric properties appreciable for clinical use:

It can distinguish between nonclinical and "suffering-distressed" subjects and has a strong factor structure, good reliability, and satisfactory criterion-related and convergent validity (American, 2013). There is substantial statistical evidence supporting the discriminant validity. As anticipated, the clinical group received significantly higher scores than the nonclinical group on the dimensions of psychological distress, anxiety, and depression, while the nonclinical group received lower scores on well-being and perception of positive change (Bertolotti, 2013). In both the clinical and

nonclinical groups, there were significant correlations between the dimensions, especially between psychological distress, anxiety, and depression. Given that anxiety and depression are highly comorbid disorders with both shared and unique characteristics, it is not surprising that they frequently co-occur and that traditional self-report measures cannot distinguish between them (Sanavio, 1969).

In terms of test-retest reliability, the scores of those in a "waiting-list" condition were comparable to those of those in the treated group at the initial evaluation, suggesting that the two groups' symptom severity was equal. Responsiveness reached moderate to large effects. In a related study, Young discovered that waiting list patients' scores on two follow-up CORE-OM administrations varied more (the Cohen's *d* ranged from 0.29 to 0.58), suggesting that the CORE-OM scores were lower at the beginning of treatment than they were when the assessment was conducted. The anticipation of upcoming psychotherapy may cause subjects to react favorably during the waiting list period. On the contrary, given the current findings, the study implies that the CBA-OE is a sensitive tool because pre-post score differences were only seen as a result of psychotherapy treatment, not in waiting list participants (Carinci, 1997).

The CBA-OE:

There are at least two unique and strong strengths that define the CBA-OE. On the one hand, it offers quick indicators of traditional psychological suffering measures (the psychological distress, anxiety, and depression scales), enabling evaluation of treatment results. However, it allows for the measurement of subjective elements like well-being and the sense of positive change, which do not represent "healthiness" but rather powerful positive awareness and a desire to speak and listen (Zotti, 2010). The dimensions of well-being and perception of positive change also include aspects of the patient's strength and resilience, which may be utilized as a starting point for treatment depending on the client's needs.

There are currently insufficient outcome measures to be used in routine evaluation of mental health services in Italy. Although they evaluate outcomes in relation to specific disorders rather than generic psychopathology, other instruments that are intended for assessing outcomes in general psychopathology are available in foreign clinical contexts (Gruppo, 1986).

Recommendations:

The primary research constraint was the inability to distinguish between the clinical characteristics and diagnoses of the clinical sample that was used. Future studies should confirm the CBA-OE's psychometric qualities using a variety of consistent clinical samples.

Conclusion:

In conclusion, The CBA-OE's primary advantages are its straightforward design, speedy administration, and appropriate scoring system (Supplementary material), which accurately gauges psychotherapy results in both individual patients and larger patient samples. A self-administered questionnaire should be helpful in identifying a good practice based on self-evaluation since outcome measures are a necessary way to measure evidence of quality in psychological care in both private practice and public organizations.

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