How to Rate the *Ways of Responding Community Version* (WOR-COMM)

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Adapted from Jacques Barber's manual (personal communication)

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Rachel, Amanda, Jeannine, and Patria:

Thank you for your continued efforts with the Center for Psychotherapy Research! We are very pleased to have you guys as our raters.

This packet will serve as your manual for rating the Ways of Responding Questionnaire Community Version (WOR-COMM).

As always, if you have any questions, please feel free to call! (Jackie's cell: 412-508-0722)

Sincerely,

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Introduction

The Ways of Responding Questionnaire was developed to measure compensatory skills. Generally speaking, compensatory skills refer to coping techniques for dealing with stressful events.

Our project utilizes the Ways of Responding Questionnaire Community Version. The WOR-COMM presents 6 imaginary scenarios and asks the reader to project how he would act under specific circumstances. We are trying to learn more about the way patients handle stressful situations.

General Overview

The patient will answer the 3 following questions for each of the 6 scenarios:

a) How does this make you feel?

b) What are your further thoughts?

c) What would you do next?

Your task is to place their responses to these questions into compensatory skill categories.

Scenario 1:

Imagine that you've been applying for jobs, and you just received a phone call saying the latest position you applied for has been filled by someone else. This is the third time this has happened to you. The first thought that pops into your head is, "Will I ever get a job? There just doesn't seem to be any point in applying."

Scenario 2:

Imagine that someone important in your life has been trying to come and visit you. You asked them to wait a month to visit because you felt you were going to be too busy to have company. Then you find out that they are deeply hurt that they must wait another month. The first thought that pops into your head is, "I have really hurt our relationship. I should have been less selfish."

Scenario 3:

Imagine that you are at a party where you know only one other person. You try to start a conversation with someone but he gives you one word answers. Then he turns and walks toward another group of people. The first thought that pops into your head is, "I must be pretty boring. I knew I'd feel awful at this party."

Scenario 4:

Imagine that you've come to really like a co-worker and you start a friendly conversation with him or her. You suggest that it might be fun to go out together sometime, but she/he tells you that she/he is too busy these days. The first thought that pops into your head is, "I know what's wrong - it's me. People just don't like to hang out with me."

Scenario 5:

Imagine that you arrive home and find out that your boyfriend/girlfriend has left and taken all of his/her belongings. There's a note on the kitchen table which says, "We might as well face it, things won't ever work out between us. Please don't try to talk me out of leaving. I'm not going to change my mind." The first thought that pops into your head is, "Relationships never turn out well for me. I'm never going to be happy."

Scenario 6:

Imagine that you're sick and you need to go to the doctor. You call everyone you know, but no one will give you a ride. The first thing that pops into your head is, "I'm on my own. No one is ever going to be there for me."

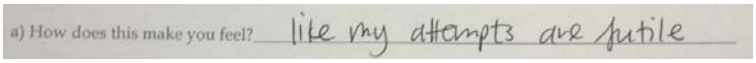
Scoring the WOR-COM

If you are RATER #1 (Blind)

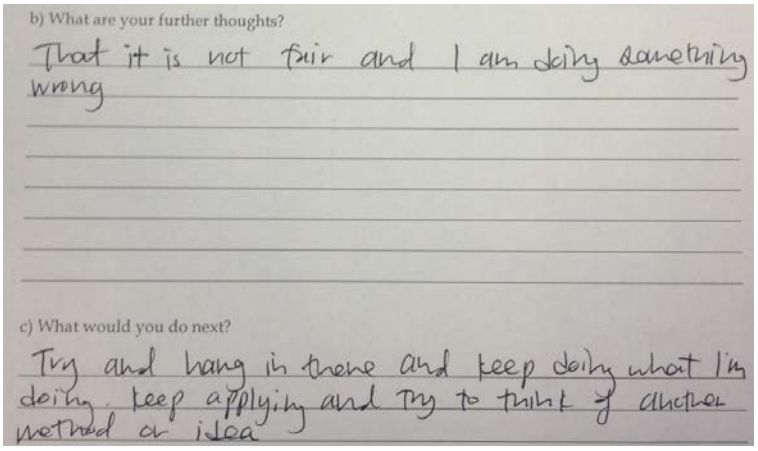
1. Read the scenario.

2. Read the patient's answer to part (a).

This will help you better understand the patient's responses to later questions.


a) How does this make you feel? like my attempts are futile

On the original Ways of Responding Questionnaire completed by the patient, read through the open-ended response in parts (b) and (c).


b) What are your further thoughts?

That it is not fair and I am doing something wrong

c) What would you do next?

Try and hang in there and keep doing what I'm doing. Keep applying and try to think of another method or idea

3. As Rater #1, your first job is to demarcate individual **thought units**.

A thought unit is defined as a single, cohesive idea—that is, an idea contained within its own boundaries. Two distinct thought units are often separated by words like "and" or "or" (conjunctions). They are also sometimes separated by commas or other punctuation marks. However, conjunctions and punctuation marks do not automatically signal the presence of multiple thought units. If two phrases are similar enough in content, this could just signal a single thought unit. Conjunctions and punctuation marks only signal the presence of multiple thought units when they separate two *different* ideas.

"Try to take a cab /, bus /, or walk"

This is coded as 3 distinct thought units.

"I am not really too busy; there is always time"

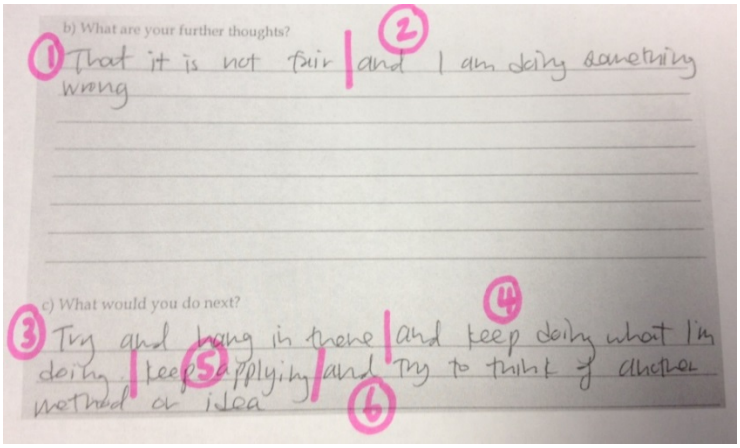
This is coded as a single thought unit. Although there is a semi-colon, "there is always time" justifies "I am not really too busy." What comes before and what comes after the punctuation mark are similar in content. They serve the same idea.

As a rule, if-then statements are coded as a single thought unit. What comes after the "if" can be considered hypothetical. The patient is imagining a specific set of circumstances.

"If I try to make plans a couple of more times and he refuses, then I will wait for him to make an attempt to reach out."

In the example above, the patient does not actually "make plans a couple of more times." These are imagined circumstances.

Demarcating a thought unit involves drawing a slash. This separates the thought units. Next, number each thought unit, as seen below:



4. Once you have properly demarcated the proper number of thought units using the method above, your next task is to assign a **Category of Responding** to each thought unit.

This entails deciding which category best represents the cognitive skill the thought unit embodies. First, determine whether the thought unit encompasses a positive cognitive skill (categories 1-17) or a negative cognitive skill (20-25). (Neutral thought units are coded as 0, 18, or 19.) In other words, does the thought unit promote positive mood and behavior OR does it represent depressotypic thinking?

Each thought unit should receive a score that ranges from 0 to 25. Assign only one Category of Responding to each thought unit.

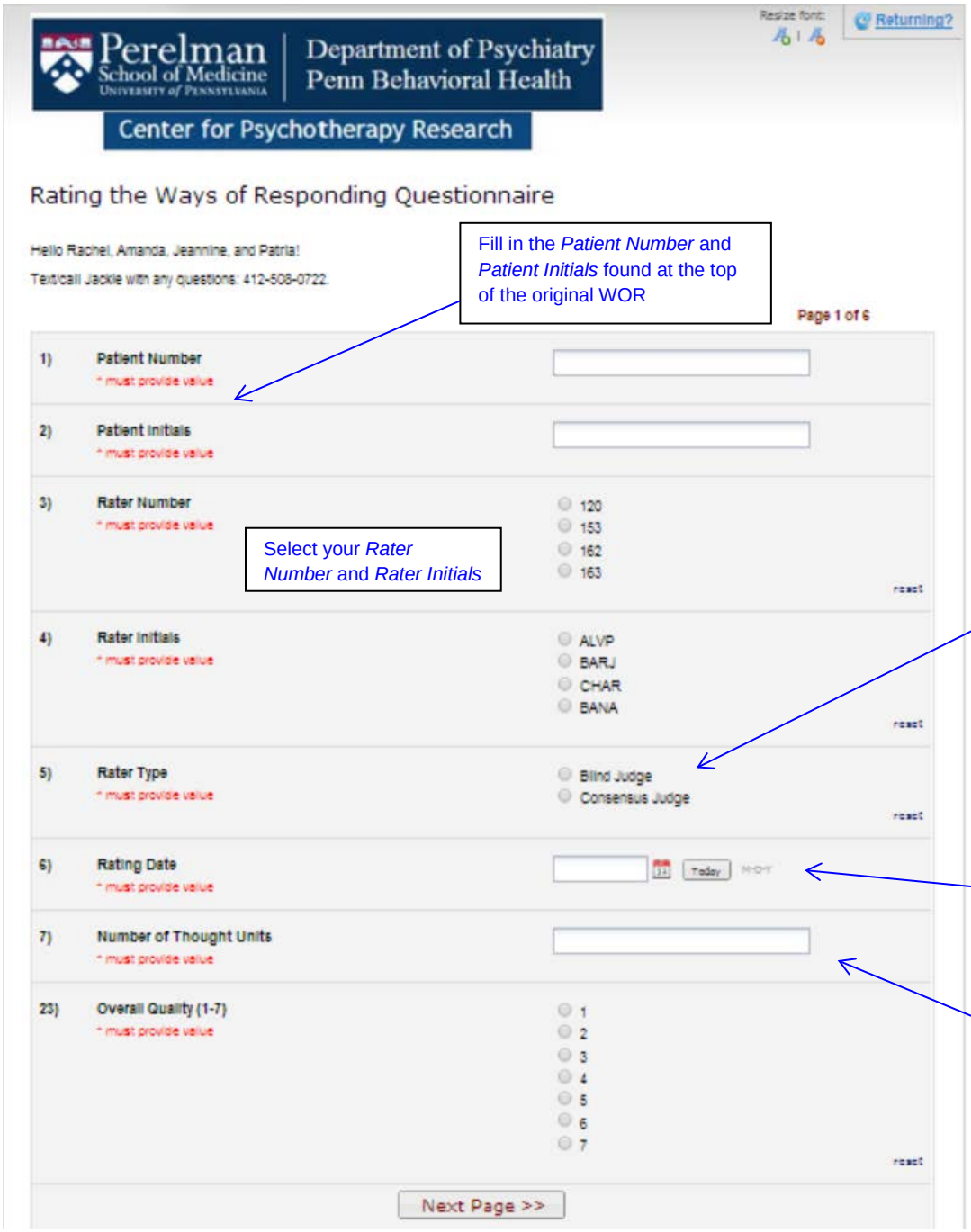
	0. nothing
+	1. looking for or coming up with one or more concrete, detailed (specific) solutions or plans
	2. seeking or bringing in more information or evidence for one or more plans: bolstering one's beliefs about a plan
	3. planning action to make amends
	4. planning to improve
	5. recruiting help or accepting help
	6. self-instructions
	7. waiting for the situation to heal or taking a break
	8. looking for information, for an explanation or for an alternative explanation (pertaining to an automatic thought the subject was asked to imagine)
	9. bringing evidence for a benign proposition or counter-evidence to an upsetting belief
	10. seeking or bringing in evidence for alternative explanations
	11. generating one or more explanations (for a bad event)
	12. reassessment of implications: diminishing the importance of a negative situation
	13. looking for or finding a positive feature
	14. social comparison

	15. planning to test a belief or idea
	16. expressing a hopeful attitude towards the situation
	17. changing one's desire concerning part of one's character or the world or one's own goals
NEUTRAL	18. seeking social or emotional support
	19. planning a distracting or pleasure-giving activity or unrelated work
—	20. coming up with a general and vague solution or plan
	21. planning to express or conceal emotions (such as anger) to affect others
	22. focusing blame on the self
	23. acting out
	24. leaving or ignoring the situation
	25. thinking negatively and experiencing negative affect

*For a more detailed explanation of each of the Categories of Responding, refer to "List of Categories of Responding".

5. To enter ratings, you will be using a web-based application called REDCap, which can be accessed on a desktop computer or on your iPhone.

To access the online score sheet, proceed to the following URL:
https://redcap.med.upenn.edu/surveys/?s=cg8X6Fy6q2



- You must provide answers to all questions before submitting the form.
- Proceed to the next Scenario by clicking "Next Page."
- You CANNOT edit your responses once you hit "Submit."
- If you are interrupted before finishing your ratings, click "Save & Return Later."

6. Your last job is to rate the **Overall Quality** of the entire set of thought units. Keeping in mind the mood of the patient and circumstances of the scenario, rate whether the patient's overall response would improve his mood/circumstances or not.

If the patient's overall response would likely improve his mood/circumstances, rate it **higher than a "4,"** where "7" represents the best possible response. If the response would likely worsen the patient's mood/circumstances, rate it **lower than a "4,"** where "1" is the worst possible response.

Rate a "4" if the response would likely have no net positive or negative effect on the patient's mood/circumstances. Also rate a "4" when the patient has not written any response or has written "nothing." Whenever possible, however, make a determination as to whether the response would improve or worsen the patient's mood/circumstances. OQ 4 is used when the majority of category ratings for a given scenario are neutral (0, 18, 19)

OQ is rated on a scale from 1 to 7:

1 *Very Negative*	Patient responds very negatively, expresses strong negative thoughts/feelings, self-blame, and/or other negative responses. No positive response or minor positive response completely overwhelmed by negative responses.
2 *Somewhat Negative*	Patient responds somewhat negatively in terms of thoughts and feelings but may express something slightly positive or offer some vague solution or plan that seems unlikely to help the situation at all: "Keep trying to get a job."
3 *Slightly Negative*	Patient expresses mildly negative thoughts/feelings and no positive resolution of them. Patient may respond positively at first perhaps by offering a plan or alternative explanation but then ends on a negative note.
4 *Neutral*	The patient says he will leave/take a break without a real plan of how to work the situation out. Patient may propose a vague plan that does not seem like it will help or harm the situation: "Go on with my life." Also rate "4" when patient rejects the situation altogether: "I wouldn't have done that anyway."
5 *Slightly Positive*	Patient may offer a specific or vague plan with the addition of helpful self-talk or a hopeful attitude. Patient may look for alternative solutions or seek help. Patient may express negative thoughts/feelings in the first part of the response but then ends on a positive note.
6 *Somewhat Positive*	Patient expresses a clear plan to resolve the situation or improve in the future. Patient may offer an alternate explanation of the situation, which shifts the blame to someone or something other than themselves. Patient may diminish the negative in the situation.
7 *Very Positive*	Patient refutes the negative thoughts with evidence to support stated alternative explanations or upsetting beliefs. Patient also offers a clear plan to respond to the situation that seems positive. No negative response or minor negative response completely overwhelmed by positive responses.

If all TUs are positive, this qualifies as OQ 7

7. You will repeat steps 1-5 for each of the six scenarios for every given WOR.

NOTE: if the patient writes the same thought unit twice, we will count this as two thought units, where the second thought unit is given a category rating of 0.

If you are RATER #2 (Blind)

1. As Rater #2, you will complete steps 1, 2, 4, 5, and 6. You will SKIP step 3, meaning that you are not responsible for demarcating thought units. The WOR you receive will already have been demarcated by Rater #1.

If you are RATER #3 (Consensus)

1. As Rater #3, you will complete steps 1, 2, 5, and 6. You will SKIP step 3, meaning that you are not responsible for demarcating thought units. You will perform a MODIFIED step 4:
    a. For each thought unit, consider the Categories of Responding assigned by Rater #1 and Rater #2
        i. If they are the same, enter this rating into REDCap.
        ii. If they are different, choose which of the two is more appropriate.
        iii. In the rare case that you do not agree with either raters, choose your own Category of Responding and enter into REDCap.

List of Categories of Responding

0	**Nothing**	This score is used almost exclusively for responses to part (c) ("What would you do next?"). The patient either says "nothing" in response to this question, or the patient reiterates something from part (b) ("What are your further thoughts?") without adding anything further. This score is also used when the patient rejects the thoughts or situation provided: "I wouldn't have thought that"
1+	**Looking for or coming up with a concrete, detailed solution/plan** *In general, if it is possible to rate the thought unit in any category 2-7, this category should not be used.	1) Patient generates a specific plan or solution to the problem at hand. This is a straightforward solution directly derived from the situation and no alternatives are considered. It might include postponing the solution to a problem for a stated period of time. a) "I could try to convince the teacher to give me a make-up exam or to write an additional paper for the course. Another possibility might be to drop the course." 2) Patient decides not to act and actively stops himself from acting in order to reach some other meaningful goals. a) "It seems best not to do anything about this unfortunate incident" b) "I'm going to take some time to think about what I'm going to do." 3) Patient is assertive (e.g. he speaks up when confronted by his boss). He makes clear his desires to another person in a way that increases his probability of achieving his goals. 4) Patient decides to avoid being in the same situation again or meeting the unpleasant person again. It differs from merely waiting so that the passage of time will make things more acceptable (*category 7*) and from not doing anything about the problem (*category 24*) a) "Maybe I shouldn't invite my friends on such risky expeditions." 5) A list of plans with no specific commitment to one plan over another is also included in this category
2+	**Seeking more information/evidence for one's plans** **Bolstering one's beliefs about a plan**	1) This category includes both looking for information when the patient does not have a prior hypothesis concerning what he is looking for and looking for evidence which could potentially confirm or refute the patient's plan of action. This category also refers to the presentation of such evidence. This category is used even if the patient refers to several plans. a) "Besides, what have I got to lose by doing that?" b) "Given all that has happened between us, I think this is the best thing to do." c) "What else could I do but this?"
3+	**Planning action to make amends**	This implies that the patient has taken responsibility for a bad event, and he is trying to remedy it: "I must visit them. I must have hurt them." It includes apologizing as well as a willingness to take punishment for one's mistakes. Rate this category only when the patient has made an explicit statement of apology or responsibility.

4+	**Planning to improve**	1) Patient plans to improve his behavior or skills in the future so that he might avoid a recurrence of the same kind of problem: "I'll study more for the next exam." 2) Statements belonging to this category describe the patient's explicit efforts to improve. a) "I am going to work harder." b) "I am going to find out what I'm doing wrong so that I can change it."
5+	**Recruiting or accepting help**	Patient is planning to seek advice or help from a friend, a professional, etc. This is an attempt at problem solving; it is not merely seeking comfort (*category 18*).
6+	**Self-instructions**	1) These are preparatory instructions that the patient is telling himself as if he were issuing a command to someone else. These include self-instructions to relax and to encourage oneself to act. 2) Often confused with *category 4* and *22*. a) Self-instructions in a negative tone that include the intention to improve will be rated as *4*. If there is a negative tone but no idea of improvement, then rate *22*. Otherwise, use this category: "Don't just sit around being sad, do something."
7+	**Waiting for the situation to heal** **Taking a break**	1) The patient lets time heal the wounds. Statements in this category will reflect the conclusion that not much can be done and the anticipation that the passage of time itself will help: "I'll give it some time so everyone can cool off a bit." There is no intention to solve the problem actively. It may also be a plan to stop struggling with a problem for a limited period of time: "I'll deal with this later when I'm calmer." This might include a temporary distraction when it is clear the patient will return to the problem thereafter. 2) Differs from *category 19* and *24* in that it implies the patient will go back to the problem after he has rested or diverted himself from it for a while: "I'll come back to the essay after I take a nap." 3) When the patient writes "take a break" and then "come back to the essay" later in the response, code as 7 then 0
8+	**Looking for information or for an alternative explanation** **(pertaining to an automatic thought the patient was asked to imagine)**	1) The patient is unclear about the situation and feels that more information is required before he makes a decision, or he is trying to find or generate an explanation for what is happening (or for what he did). a) "How could this have happened?" b) "What could have happened to make him so angry?" 2) Bringing an explanation or an alternative explanation should be rated as *category 11* instead. 3) This also includes the search for an alternative explanation to what has happened: "There must be explanations other than bad luck for what is happening to me."

9+	**Providing evidence for a benign proposition** **Providing counter-evidence to an upsetting belief**	1) Presentation of evidence (objective facts or data that are generally observable) that might bear on the patient's hypothesis or explanation. 2) The patient brings counter-evidence to his own negative generalization about himself or to the one described in the automatic thought: "That isn't true. There are times when I am sensitive to the feelings of others."
10+	**Seeking evidence for alternative explanations**	This is an explicit search for (or statement of) evidence that might bear on the patient's interpretation of the situation provided or his elaboration of the thought he was asked to imagine.
11+	**Generating an explanation (for a bad event)**	1) An explanation in terms of some other person's responsibility. This category includes any shift of blame away from the patient. i) "This clerk is so slow" ii) "Maybe she just didn't see me." 2) An explanation in terms of blaming the world or the situation: "The traffic light wasn't working properly."
12+	**Reassessment of implications** **Diminishing the importance of a negative situation**	1) The patient tries to minimize the importance of a negative event: "It isn't the end of the world just because she left me." When the patient focuses on the future, there is a good chance that the rating is *category 16*. a) "Ending our relationship doesn't mean I'll be alone forever, but that some time might pass until I'll find somebody else." b) "It wasn't really that important anyway." 2) It may also include the recognition that the situation could be worse. The patient may find some comfort that it is not as bad as it could be: "I'm lucky it wasn't worse."
13+	**Looking for or finding a positive feature**	The overall idea is reassessment of implications (such as in 12) but with the addition that the patient adds some positive features within the overall negative situation. "One nice thing about being left alone is that I'll be able to see if I can make it alone."
14+	**Social comparison**	1) The patient compares his performance or situation with those of other people. a) "I am going to see how others did on the exam before." b) "Things like this happen all the time and others don't lose their cool. Why should I?"
15+	**Planning to test a belief/idea**	The patient is proposing a test for his hypothesis. In general, this will occur when the patient entertains more than one explanation for a certain event. "Next time I see him I'm going to talk to him and find out for myself if he's really as rude as I think he is." The test is proposed in order to change a thought, not a state of affairs.

16+	**Expressing a hopeful attitude towards the situation**	1) Wishful thinking: maintaining optimism about one's actions in spite of an initially pessimistic evaluation. The patient sees the situation more or less as it is but nevertheless feels that something positive can be done about it. (This category is not the same as denial, but might involve some degree of denial on the part of the patient.) a) "Maybe we still can work things out." b) "Things will get better." c) "I'm sure I can find a good job, it just takes time." 2) Hopeful thinking: The patient expresses the hope that things will not get worse: "I hope my friend's health doesn't take a turn for the worse."
17+	**Changing one's desire concerning part of one's character/goals** **Changing one's desires concerning the world**	1) The patient accepts some aspects of himself as part of his character or general behavior: "I'm OK the way I am." This category is used only when there is a clear sense that the patient exhibits some resignation and acceptance about the issue discussed and the patient does not merely blame himself. This includes responses in which the patient recognizes and accepts his limitations: "Although it would be nice to succeed in everything I do, I know that it's not possible." In other words, the patient no longer seeks to be different than he is, at least in the pertinent domain. a) "I should stop trying to be something I am not." b) "Sometimes I'll make good choices, sometimes I won't." 2) The patient could also accept some aspects of the world or of the social reality as part of the world in general. In other words, he no longer wishes to change it, at least in the mentioned aspect: "There will be days like that."
18	**Seeking social or emotional support**	This category is used only when the patient does not state that he is going to a friend in order to get help to solve a problem. It is thus distinguished from seeking advice (*category 5*): "I'll ask my friends to come over tonight so I won't be alone."
19	**Planning a distracting or pleasure-giving activity or unrelated work**	This refers to planning to see a movie, for example, instead of persisting in resolving the problematic situation. We also include activities such as prayer and meditation. Use this category (as opposed to *category 7*) when it is not clear the patient will return to solve the problem. Use *category 24* when the patient clearly indicates his intentions to distract himself: "I think I'll just go to a movie, to take my mind off my problems."
20–	**Coming up with a general and vague solution or plan**	The patient generates a vague plan or a solution to the problem at hand. This is a general, unspecified solution directly derived from the situation; no alternatives are considered: "I need to do something different about this problem."
21–	**Planning to express or conceal emotions (such as anger)**	The patient plans to express his anger or he predicts his emotional state in the future: "I won't say anything now, but next time I see him I'll let him have it; tell him he is a jerk." This last statement should not be rated as a specific plan to be assertive (*category 1*) since it is hostile. There is some implication of an intention to punish another person. Merely experiencing emotions, especially negative or depression-related ones, should be rated as *category 25*. This category also includes plans to conceal emotions from others.

22–	**Focusing blame on the self**	The patient assigns himself moral responsibility for a bad event: "I didn't pay attention."
23–	**Acting out**	This category refers to behaviors different than in *category 19* according to the following criterion: the patient engages in self-destructive behaviors that will likely result in regret in the future.
24–	**Leaving or ignoring the situation**	1) The patient leaves the situation as a way to "solve" the problems encountered. He does not intend to return and do something about it later. The important point is that the patient does not do anything about the problem except pass the time. The rater thinks that the event will occur again in the future because of the lack of a solution a) "I'll do nothing. b) "I'm never going to speak with her again."
25–	**Thinking negatively** **Experiencing negative affect**	1) This category includes the various expressions of negative thinking characteristic of depressives. a) "This is not going to work. I know he won't listen to me." b) "I'll be very sad."

1, 7, 24

1 – Looking for or coming up with a concrete, detailed solution/plan **In *category 1*, patient decides to avoid being in the same situation again or meeting the unpleasant person again. It differs from merely waiting so that the passage of time will make things more acceptable (*category 7*) and from not doing anything about the problem (*category 24*)

7 – Waiting for the situation to heal / Taking a break

24 – Leaving or ignoring the situation

5, 18

5 – Recruiting or accepting help **This is an attempt at problem solving; it is not merely seeking comfort (*category 18*).

18 – Seeking social or emotional support **This category is used only when the patient does not state that he is going to a friend in order to get help to solve a problem. It is thus distinguished from seeking advice (*category 5*):

4, 6, 22

4 – Planning to improve

6 – Self-instructions **Often confused with *category 4* and *22*. Self-instructions in a negative tone that include the intention to improve will be rated as *4*. If there is a negative tone but no idea of improvement, then rate *22*. Otherwise, use this category: "Don't just sit around being sad, do something."

22 – Focusing blame on the self

7, 19, 24

7 – Waiting for the situation to heal **Differs from *category 19* and *24* in that it implies the patient will go back to the problem after he has rested or diverted himself from it for a while: "I'll come back to the essay after I take a nap."

19 – Planning a distracting or pleasure-giving activity or unrelated work **Use this category (as opposed to *category 7*) when it is not clear the patient will return to solve the problem. Use *category 24* when the patient clearly indicates his intentions to distract himself: "I think I'll just go to a movie, to take my mind off my problems."

24 – Leaving or ignoring the situation

8, 11

8 – Looking for information or for an alternative explanation **Bringing an explanation or an alternative explanation should be rated as *category 11* instead.

11 – Generating an explanation (for a bad event)

12, 16

12 – Reassessment of implications; diminishing the importance of a negative situation **When the patient focuses on the future, there is a good chance that the rating is *category 16*.

16 – Expressing a hopeful attitude towards the situation

1, 21, 25

1 – Looking for or coming up with a concrete, detailed solution/plan

21 – Planning to express or conceal emotions (anger) **The patient plans to express his anger or he predicts his emotional state in the future: "I won't say anything now, but next time I see him I'll let him have it; tell him he is a jerk." This last statement should not be rated as a specific plan to be assertive (*category 1*) since it is hostile. There is some implication of an intention to punish another person. Merely experiencing emotions, especially negative or depression-related ones, should be rated as *category 25*. This category also includes plans to conceal emotions from others.

25 – Thinking negatively; experiencing negative affect

19, 23

19 – Planning a distracting or pleasure-giving activity or unrelated work

23 – Acting out **This category refers to behaviors different than in *category 19* according to the following criterion: the patient engages in self-destructive behaviors that will likely result in regret in the future.