The California Older Person’s Pleasant Events Schedule

Scoring Recommendations: Options for How Clinicians Can Use the COPPES in their CBT Practice

The California Older Persons Pleasant Events Schedule (COPPES) is the first self-report measure of its kind developed from a sample of approximately 600 older adults in northern California. It was designed to be flexibly used by the clinician to assist in the process of identifying pleasant events or activities that the client will increase as part of his/her CBT treatment. The COPPES can be used in several ways by the practitioner: first, results can be simply “eyeballed” and discussed with the client; or second, a specially designed (free) software program can be accessed that will allow the data to be entered and scored easily and quickly, and permit you to see how the client compares with the normative sample on the two dimension of frequency and pleasure. Both of these will now be explained in more detail.

**COPPES Instructions To Be Reviewed With The Client:**
Before being given the COPPES to fill out, the client needs to be instructed in how to complete it properly. He/she is asked to rate the FREQUENCY of occurrence (in the past month) of the 66 items in the scale, and then the PLEASURE or ENJOYABILITY of each item. Pleasure is to be scored WHETHER OR NOT the event actually took place. The client is asked to rate the pleasure or enjoyment they think they would have
experienced, had the event occurred (even if it did not). It is important that the client understands this point so that responses can be correctly interpreted. If the client cannot complete the form without assistance (due to problems such as visual and/or coordination deficits) you can complete it in-session or ask the client to do it with a trusted family member. However, for many, the latter is not a feasible option; then it should be done in-session. **REMEMBER:** the purpose of using the COPPES is to assist the client to generate his/her personal list of Pleasant Activities to track and to increase, in order to gain more control over mood and to enhance positive affect. While one could simply ASK the client for a list of potentially pleasant events to be increased, and not use either of the methods described here, we have not found that to be very effective with depressed individuals who often cannot generate even 2 or 3 such events. The use of a scale like the COPPES facilitates this process by asking them about a broad array of activities – some of which they may have done in the past but have abandoned when they became depressed; others that they just might want to try now, for whatever reason.

**Understanding the DOMAINS/SUBSCALES of this measure:**
Next, as you yourself review the measure, you will intuitively note that there are a number of sub-scales (ways of grouping the items) that tap different domains of enjoyability. It is not imperative to use these subscales in discussions with the client, but they are useful to consider if there is time to do these groupings. There are 5 subscales: Socializing, Relaxing, Contemplating, Being Effective, and Doing Things, and the 66 items can be clustered into one of these scales. The code for placing items into the subscales is as follows:
I. Socializing: 8 Items
   (Item Number / Item)
   15 Kissing touching showing affection
   19 Seeing good things happen to family or friends
   28 Complementing or praising someone
   35 Being with someone I love
   39 Making a new friend
   44 Expressing my love to someone
   52 Meeting someone new of the same sex
   65 Smiling at people

II. Relaxing: 12 items
    (Item Number / Item)
    6 Seeing beautiful scenery
    9 Listening to sounds of nature
    18 Listening to music
    25 Looking at the stars or moon
    29 Watching a sunset
    34 Reading literature
    38 Listening to the birds sing
    49 Getting out of the city (to the mountains, seashore, desert)
    53 Exploring new areas
    58 Visiting a museum
    61 Listening to classical music
    66 Being near sand, grass, a stream

III. Contemplating: 9 items
     (Item Number / Item)
     4 Thinking about pleasant memories
     11 Thinking about myself
     17 Meditating
     30 Thinking about people I like
     37 Having peace and quiet
     43 Feeling a divine presence
     50 Having spare time
     56 Going to church
     63 Taking inventory of my life

IV. Being Effective: 9 Items
    (Item Number / Item)
    16 Being praised by people I admire
    21 Doing a project my own way
    26 Being told I am needed
    31 Completing a difficult task
    36 Having an original idea
    40 Being asked for help or advice
45 Giving advice to others based on past experience
51 Being needed
59 Having a daily plan

V. Doing: 8 Items
   (Item Number / Item)
   13 Doing volunteer work
   20 Collecting recipes
   27 Working on a community project
   33 Baking because I feel creative
   41 Bargain hunting
   47 Arranging flowers
   55 Creative crafts
   62 Shopping for a new outfit

**Scoring Option Number One: The “Eyeballing” Approach:**
Once you have received the client’s responses, IF you do not elect to use the software program, then we recommend that you begin by eyeballing the responses: you should be looking for the DISCREPANCY between the frequency and pleasure ratings for each item and make note of the item number so that you can refer to it again. Several kinds of discrepancies are worth noting: a) if frequency is 0 and pleasure (presumed pleasure) is rated 2, then that suggests that if the client were able to do this activity, he/she would get pleasure from it; hence it is one to consider highly for inclusion in the individualized list (of activities to be increased).  
   b) If the frequency is 1 and pleasure is 2, this would indicate a low frequency item that also is a good candidate for being increased. On the other hand, if the frequency is 2 and pleasure is 0, that would suggest an item to be decreased – although that is not the focus here (since you are trying to help the client generate a personalized list of everyday pleasant activities to INCREASE) the information may be useful at another point in the therapy.
Now, assuming you have marked (typically) 25 or 30 of the items with these kinds of discrepancies, you could review them and see how they cluster into the 5 categories described above. For example, if 6 of the 8 socializing items are endorsed, that would be a strong indicator of the relevance of this domain for that individual. Since all people are different in what they consider pleasurable, it is worth the time and effort to study the COPPES and highlight those items of most relevance to this particular client. It is not necessary to group them into the categories we suggest; these can be helpful but we have used the scale on an item-by-item basis as well and it has worked just fine.

Next, you would share specific COPPES information with the client directly and discuss what items will be included on their list. This is an important step, since some items may simply be (or seem) impossible to increase for that individual at this time. For example, “meditating” may be an activity that the person says they would find very pleasurable but when you discuss it with them, you find they do not have a meditation practice established; this therefore may not be feasible at present — until they have received some instruction in the practice and feel confident that it is something they CAN and WANT TO do each day. That might become something that the person decides is a “project” they want to do outside of therapy, that you could encourage them to undertake, but it would not be included on the daily tracking form. Items need to be discussed for practicality and likelihood of being able to be increased on an almost-daily basis in order to warrant inclusion.
The goal is to develop a daily tracking form of 10 potentially pleasant everyday activities that the client is likely to be able to increase. Therefore, the final step in this approach is to discuss **OBSTACLES** to doing these activities, and to engage in a problem-solving process to try and remove or reduce the obstacles. For example, if the client would enjoy "having a daily plan" but doesn't do that now, some possible obstacles would be: lack of time, belief that he/she is so poorly organized that they can't even develop a daily plan; having done it in the past but it didn't work, etc. This is grist for the therapeutic mill since, clearly, the activity will not be increased until the obstacles (in this case, thoughts about inadequacy and predicting future failures from past failures) are addressed. Doing this kind of problem solving as the list is being generated makes it much more realistic and allows for smooth integration of cognitive and behavioral elements of therapy.

Finally, then, there is an individual realistic list of activities for daily monitoring. **NOTE:** if it is not possible to generate 10 items (as we recommend in the manuals) or if the client is severely depressed, starting out with 5 or 6 is suggested (rather than abandoning this approach altogether). **NOTE ALSO:** the list can always be added to, or changed, as new information becomes available. In fact, it should be updated regularly, and "tracking" should continue throughout therapy, for this intervention to have maximum impact.

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******Please be sure the client understands this adage******

**FOUR PLEASANT EVENTS A DAY KEEPS THE BLUES AWAY**
They must be CONSCIOUSLY CHOSEN and DELIBERATELY DONE
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Pleasant events that just “happen” are only temporarily effective in improving mood; those that are consciously chosen, and deliberately done (i.e., planned into one’s schedule) are much more effective for long-term improvement in affective states.

**Scoring Option Number Two: The Computer Software Approach:**
If you prefer to use the electronic scoring and graphing program, please consult the information in the next section for how to proceed.

**Feedback:**
WE ARE INTERESTED IN YOUR COMMENTS AND FEEDBACK REGARDING THIS MEASURE AND ITS USE. PLEASE CONTACT US AS FOLLOWS:

For comments regarding the CONTENT and/or “eyeball” approach to scoring and utilization, please email Dr. Dolores Galiagher Thompson at dolorest@stanford.edu and/or Dr. Larry W. Thompson at larrywt@stanford.edu

For comments regarding the COMPUTER approach, and/or its accompanying manual, email Dr. Kenneth Rider at k rider@pacbell.net