## FORM 3: IPT RECORDING RATING SCALE

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| --- | --- | --- | --- | --- | --- |
| Student Initials | | Person Initials | | Rater Initials | |
| Focal Area | **Case #** | | **Session #** | | **1st submission** |
| **Resubmission** |

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| --- | --- | --- |
| The rating scale is subdivided into four parts. Only those parts relevant to the current phase of treatment should be rated for individual recordings. | | |
| Scoring guide | | **Pass Fail** |
| Items are rated on a 0-6 scale, ranging from 0 = not attempted to 6 = excellent. Items can be rated between anchor points. Decimal point scoring i.e. 3.5, should not be used. | | |
| 0 | **Item was not attempted** | |
| 2 | **Item was attempted but the intervention was incomplete and/or superficial** | |
| 4 | **Item was completed in a manner consistent with IPT**  **competencies and to a good standard** | |
| 6 | **Item was completed in a manner consistent with IPT**  **competencies and to an excellent standard** | |
| Items rated as attempted i.e. rated 1-6, must achieve an average score of 3 in each section completed. The average is the total score for the rated items divided by the number of items rated above zero. | | |
| No more than two attempted interventions must be scored 1 or 2 per recording. | | |
| “Symptom review” and “linking depression to focus” must not be rated at 2 or below more than once per case. The case automatically fails if either of these items fail on two submissions | | |

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| The final accreditation training portfolio must demonstrate evidence of competent practice of all initial phase and ending phase competencies over the collective submissions for four cases. Submissions for middle sessions must demonstrate competence in reviewing symptoms and linking to focus and *at least* one item in examining the focus relationship/role and one in engaging the network per case, as described in the competency rating summary sheet. Colour coding is used throughout this form as a guide. Green items cover essential (symptom review and linking to interpersonal context or focus) and recommended items, which should be addressed in every session, and blue items should be used as appropriate to the stage of post formulation work. |

## PART ONE: IPT General Strategies

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| Part one of the scale addresses the following IPT Basic Competencies: |
| Ability to maintain a systematic focus on an IPT interpersonal problem area(s) linked with the onset of symptoms |
| Ability to identify and explore difficulties in communication |
| Ability to facilitate the expression and acceptance of a range of emotions |
| Ability to encourage interpersonal change in-between sessions |
| Ability to adapt the core IPT strategies to the person’s needs and the time available |
| Ability to balance being focused and maintaining alliance |
| Ability to establish appropriate balance between the therapist activity and non-directive exploration |
| Ability to make selective use of specific techniques to support the strategies and goals of the focal area |

### 1. Facilitate expression and acceptance of a range of emotions

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not facilitate expression or acceptance of emotions  The therapist infrequently tracked the person’s emotional state during the session and rarely encouraged expression of affect  The therapist identified and responded to verbal and non-verbal emotional cues in the session and used these to help the person explore, understand and express his/her emotions, recognize and accept his/her feelings, differentiate feelings from actions and identify the relationship between what s/he feels and how s/he behaves in a relationship  The therapist consistently and sensitively tracked and explored the person’s emotional state as a core strategy. The therapist supported the person in staying with current acknowledged and unacknowledged emotions in order to more fully recognize, accept and name his/her emotional state, to use affect as a basis for understanding interpersonal experience. The therapist used the depression circle to illustrate the connection between relationships and feelings to help the person to decide when the expression of strong emotions is appropriate outside of the sessions and when it might undermine relationships. Where required the therapist used simple scales to monitor mood. |
| Comments | |

### 2. Attend to the therapeutic relationship

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not acknowledge the person’s experience or attend to the therapeutic relationship  The therapist was inconsistent in demonstrating empathic awareness of the person’s experience and responsiveness to the therapeutic relationship  The therapist demonstrated empathic understanding of the person’s experience and fostered active collaboration with the person by sensitively responded to verbal and non-verbal cues  The therapist maintained a curious and collaborative manner and communicated a non-judgemental understanding of the person’s experience. The therapist identified opportunities for both empathizing with and clarify the person’s predicament(s) and for noting his/her strengths through affirming and encouraging statements |
| Comments | |

### 3. Focus the session on an appropriate topic

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not focus the session on an appropriate topic  The therapist maintained generic attention to interpersonal themes and depression  The therapist consistently maintained attention on the relationship between symptoms and interpersonal context and adapted the specific interventions appropriately according to the phase of therapy  The therapist skilfully combined attention to the key symptomatic and interpersonal goals of therapy in the current interpersonal context, with clear attention to the specific objectives and tasks of the phases of treatment and individual focal areas, integrating pan focus work when appropriate and maintaining awareness of previous and future phases |
| Comments | |

### 4. Monitor, support and acknowledge progress in addressing interpersonal problems

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not acknowledge or support the person’s progress in addressing interpersonal problems  The therapist infrequently acknowledged or supported the person’s progress in addressing interpersonal problems  Therapist helped the person to maintain focus on the goals of and rationale for interpersonal change. The therapist collaboratively tracked and reinforced the person’s attempts to achieve interpersonal change and explored difficulties in making progress, providing social skills training where appropriate  The therapist actively and consistently supported the person to focus on making realistic and specific interpersonal change by helping him/her to understand the symptomatic and interpersonal implications, identify and engage resources to assist with this change and constructively address obstacles. The therapist provided targeted social skill straining, including work on perspective taking, where appropriate. The therapist skilfully balanced the drive towards change with an awareness of and sensitivity to the person’s readiness for change |
| Comments | |

### 5. Maintain the IPT therapeutic stance

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not maintain a supportive or empathic stance  The therapist offered occasional support but did not maintain a consistent, active and collaborative presence in the session  The therapist maintained an active, supportive and empathic stance and collaborated with the person to identify specific interpersonal problems, discuss material relevant to the agreed focus, and work towards interpersonal change  The therapist maintained an active, supportive, empathic and validating stance, praising the person’s achievements, communicating directly, inviting feedback and responding non-defensively to the person’s negative experience of the therapist. The therapist helped the person to identify specific interpersonal and communication problems, focus on relevant material and work towards interpersonal change. The therapist maintained a balance between taking an informed expert stance and instilling confidence in the person in his/her ability to resolve his/her interpersonal problem(s) |
| Comments | |

### 6. Directive techniques (Psychoeducation and advice)

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not use directive techniques  The therapist provided only limited, basic information without adequate explanation.  The therapist provided information and advice sparingly but appropriately to engage the person and foster the person’s confidence in the therapist’s ability to help  The therapist constructively informed and guided the person’s behaviour and thinking by using techniques such as psycho-education and providing relevant factual information and recommendations. This information was used to foster a sense of confidence in the therapist’s knowledge, expertise and ability to help but did not override the person’s independent choices |
| Comments | |

### 7. Role Playing

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not use role play  The therapist used superficial or incomplete role play to generate alternatives to problematic exchanges  The therapist used role play appropriately to explore and practice alternative communication relevant to the focus area  The therapist skilfully selected appropriate opportunities, guided the person through detailed preparation and scripting and used role-play to explore and practice alternative communication strategies and promote the person’s experience of competence in communicating and interacting more effectively |
| Comments | |

### 8. Decision analysis

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not use decision analysis  The therapist demonstrated superficial or overly directive problem solving techniques  The therapist worked with the person to identify decisions relevant to the focus area and discussed the range of alternative options and potential consequences to aid decision-making  The therapist skilfully supported the person to clarify significant decisions related to the focus area, review the full range of options available, give consideration to anticipated positive and negative consequences for the focal area and depression and develop a balanced plan of action. The person was supported to integrate this strategy as an independent competence |
| Comments | |

### 9. Clarification

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not use clarification  The therapist infrequently used clarification to help his/her own or the person's understanding  The therapist regularly and appropriately used clarification, such as asking the person to repeat what s/he said or emphasizing the interpersonal context to help the person to become more aware of what s/he thought and felt.  The therapist skilfully and flexibly used clarification to deepen his/her own and the person's understanding, to attend more clearly and specifically to the person's communication, feelings and thoughts and to explore contradictions and connections in what the person said |
| Comments | |

### 10. Exploratory techniques

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not use exploratory techniques  The therapist infrequently encouraged the person to expand on what they said and used proportionately more closed than open questions  The therapist supported and encouraged the person to expand on relevant and productive topics by demonstrating curiosity and interest and inviting more information through open questioning  The therapist actively fostered the person's sense of competence and autonomy by routinely demonstrating an open and curious interest, explicitly acknowledging constructive contributions by the person and encouraging the person to expand on productive topics without interrupting or imposing unnecessary structure |
| Comments | |

### 11. Communication analysis

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not use communication analysis  The therapist made generic or superficial enquiries about communication but did not explore examples in detail  The therapist engaged the person in reporting and reflecting on a recent, difficult exchange/conflict with another person through detailed reconstruction of the incident, associated feelings and link to depression  The therapist helped the person to explore specific examples of problematic communication in detail, including the verbal and non verbal content, associated affect, the objective of, effectiveness of and satisfaction with the communication, the associated expectations and evaluation of reciprocity, empathic appreciation of the other's experience and considering and practicing alternative ways of communicating in detail |
| Comments | |

### 12. Explicit reference to the therapeutic relationship (Used infrequently)

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not explicitly refer to the therapeutic relationship  The therapist made reference to the therapeutic relationship but did not link to similar experiences in relationships outside of therapy  The therapist constructively identified recurring patterns and communication difficulties when these arise in the therapeutic relationship and linked to those that occur with others and maintain the depression to help the person to develop a better understanding and consider alternatives  The therapist used the therapeutic relationship as a vehicle to identify and provide constructive feedback on recurring interpersonal patterns and communication difficulties as they occurred, linking these to patterns with significant others and clarifying potential to trigger depression, and supported the person to try out and explore alternative ways of communicating by first attempting these in therapy |
| Comments | |

### 13. Assess and respond to risk

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not assess or respond to risk  The therapist conducted an incomplete or superficial risk assessment and responded slowly or inappropriately to indicators of risk  The therapist identified current and chronic stressors that may place the person at risk of harm to self or others and responded promptly to minimise potential harm  The therapist identified current and chronic stressors that may place the person at risk of harm to self or others, including mental health problems in family members, and responded promptly and with reference to the interpersonal formulation to minimise potential harm, including initiating appropriate referrals to other services to support the person’s family/carer(s) and/or the person.  The therapist identified when IPT is not indicated due to the risk factors. |
| Comments | |

### Average score for rated items (i.e. > 0):

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| --- |
| Number of items rated 1 or 2: |
| Pass/Fail |

## PART THREE: Ending Phase - Grief

### 1.Review depressive symptoms over the past week (Compulsory)

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not review depressive symptoms  The therapist made a cursory review e.g. mood only, without exploring changes or triggers across the week  The therapist succinctly reviewed a sufficient range of symptoms to confirm current diagnostic status i.e. minimum of 5 current symptoms, and discussed the course of symptoms over the last week  The therapist engaged the person in a succinct, detailed and collaborative review of the range of depressive symptoms over the past week, tracking better and worse periods and identifying associated interpersonal triggers. The therapist engaged the person in using standardized symptoms measures as an initial summary communication to be expanded upon and reinforced the person’s role as expert in his/her own depression |
| Comments | |

### 2. Relate depressive symptoms to death and/or absence of significant other (Compulsory)

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not relate the depressive symptoms to the focus area  The therapist discussed depression and/or the focus area but did not relate the two  The therapist collaborated with the person to explore the reciprocal relationship between depressive symptoms and events or relationships associated with the focus area throughout the session  The therapist actively engaged the person in tracking and evaluating the relationship between his/her depressive symptoms and the interpersonal focus throughout the session. Links were identified across the episode of depression and with particular reference to the reciprocal relationship in the last week. This was used to reinforce the person’s successes and explore relevant difficulties |
| Comments | |

### 3.Reconstruct the positive and negative aspects of the person’s relationship with the deceased

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not attempt help the person to reconstruct the relationship with the deceased  The therapist discussed the person’s relationship with the deceased in a vague and general manner that provided little or no insight into the nature of the relationship  The therapist constructively supported the person to explore positive and negative aspects of his/her relationship with the deceased and helped the person to acknowledge unwanted or painful feelings and memories  The therapist sensitively supported the person to explore both acknowledged and unspoken aspects of his/her relationship with the deceased and in so doing helped the person to engage in a balanced affective exploration of the whole relationship and to tolerate and express ambivalent or negative feelings towards the deceased |
| Comments | |

### 4. Describe events just prior to, during and after the death and response

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not invite the person to describe the events around the death  The therapist invited a brief overview of events around the death without exploring associated feelings, impact, beliefs or social context  The therapist supported and guided the person through a detailed reconstruction of the events and feelings prior to, during and after the death  The therapist skilfully supported the person to recall and describe in detail the sequence of events leading to, around and following the death, with particular attention to associated feelings, and communication. Particular attention was sensitively given to the points that continue to generate distress and provoke depressive symptoms |
| Comments | |

### 5.Evaluate availability and use of social support at the time of death and for current mourning

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not evaluate social support at the time of the death or currently  The therapist made a superficial enquiry about the past and present social network but did not attempt to actively evaluate the role of the network in supporting the person  The therapist explored what social support was available and used at the time of the death and since and used this to develop the person's understanding of why mourning has not progressed  The therapist encouraged the person to evaluate the range and type of support that was available at the time of the death and since in detail, the use made and adequacy of this support, the perceived obstacles to using this support, and the contribution this made to the complicated grief reaction and depression |
| Comments | |

### 6. Explore feelings about current impact of loss

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not explore feelings about the loss  The therapist made infrequent enquiries about the person’s current feelings about the loss  The therapist routinely encouraged the person to become aware of and talk about the ongoing emotional impact of the loss  The therapist skilfully supported the person to explore his/her current known and unacknowledged feelings in detail and to clarify the ways in which these feelings relate to the loss, maintain his/her depression and creates an obstacle to moving on |
| Comments | |

### 7.Consider ways of becoming involved with others

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not examine ways for the person to become more involved with others  The therapist offered limited and non-specific suggestions that the person should be more involved with others but did not support the person in doing so  The therapist actively encouraged and helped the person to (re)establish and pursue interests and relationships in their current life  The therapist skilfully supported the person to examine the opportunities that are available or can be created to establish and maintain relationships with others that can adequately meet their current emotional, social and practical needs |
| Comments | |

### Average score for rated items (i.e. > 0):

|  |
| --- |
| Number of items rated 1 or 2: |
| Pass/Fail |

## PART FOUR: Ending Phase

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| The fourth part of the scale addresses the following IPT Basic Competencies: |
| Ability to engage the person in preparing for ending |

### 1. Explicit discussion of the end of treatment

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| --- | --- |
| 0  2  4  6 | The therapist made little or no reference to the end of treatment  The therapist briefly referred to the end of treatment but did not engage the person in a discussion about ending therapy  The therapist helped the person prepare for ending therapy by specifying the time remaining and inviting discussion  The therapist helped the person to prepare by clearly maintaining attention on the end of therapy and actively engaging the person in expressing his/her response to and plans in relation to this |
| Comments | |

### 2. Elicit/discuss person’s and the therapist’s reactions to ending

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not explore or discuss the person’s or therapist’s reaction to ending therapy  The therapist only briefly asked about the person’s feelings about coming to the end of therapy and quickly moved to another topic    The therapist encouraged and helped the person to express his/her feelings about ending therapy  The therapist encouraged the person to express his/her positive and negative feelings about the end of therapy, responded non-defensively to expressions of disappointment and modelled communication by constructively commenting on his/her own response to therapy coming to an end |
| Comments | |

### 3. Acknowledgement of the end of treatment as a time of potential grieving and distinguish from symptomatic relapse

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not refer to feelings of grief/loss at the end of therapy or distinguished these from depressive symptoms  The therapist made only brief reference to feelings of grief at the end of therapy and/or limited distinctions from depressive symptoms  The therapist acknowledged the end of treatment is a potential time of grieving and explicitly discussed how this differs from depressive symptoms  The therapist actively encouraged and supported the person in identifying and expressing feelings of sadness and loss about the end of therapy. This was used to distinguish between the transitory and specific nature of an emotional response and the persistent and global nature of a symptomatic relapse. The therapist supported the person in discussing his/her related concerns about the risk of depression returning |
| Comments | |

### 4. Help person move towards recognition of his/her independent competence

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not acknowledge the person’s independent competence  The therapist provided only limited praise for what the person has accomplished  The therapist clearly communicated praise for what the person has accomplished during therapy, making specific reference to specific areas of competence that the person has developed  The therapist actively encouraged the person to review and acknowledge the ways in which s/he has achieved change, specified areas of improved competence and actively reinforced and praised this achievement |
| Comments | |

### 5. Review with the person the course of his/her treatment and progress in therapy

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not review the course of treatment or progress with the person  The therapist briefly addressed progress achieved during therapy  The therapist facilitated a realistic review of the person's symptomatic and interpersonal progress during therapy, underscoring both areas of interpersonal competence and of future vulnerability  The therapist actively engaged the person in realistically evaluating his/her symptomatic and interpersonal progress achieved over the course of therapy, with specific reference to progress towards individual goals set at the start of therapy |
| Comments | |

### 6. Person invited to evaluate the treatment and to assess future needs, including maintenance strategies in the interpersonal context

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not invite the person to evaluate treatment or assess his/her future needs  The therapist conducted a superficial review of treatment and the person's future needs  The therapist encouraged and helped the person to evaluate treatment and to engage significant others in preparing for ending and in planning for the future  The therapist actively encouraged the person to evaluate his/her experience of and satisfaction with therapy, identify any areas of omission or disappointment, assess his/her future needs and strategies for maintaining gains, including interpersonal support, maintenance IPT and medication and/or referral to other professional networks |
| Comments | |

### 7. Assess with the person his/her early warning signals and discuss procedures for re-entry into treatment if necessary

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not discuss or assess the person's early warning signs of depression recurring  The therapist made limited reference to early warning signs and/or interpersonal triggers but did not develop a response plan with the person  The therapist clearly helped the person consolidate his/her understanding of interpersonal problems as a vulnerability factor for a depressive relapse and to understand how symptomatic changes may serve as ‘markers’ of current interpersonal problems. Procedures for re-entry to treatment were discussed  The therapist discussed the early symptomatic and interpersonal changes characteristic of the onset of a depressive episode for the person in detail and worked collaboratively with the person to develop a clear relapse plan which draws on the support of other people and includes clear indicators for re-entry to treatment when appropriate |
| Comments | |

### Average score for rated items (i.e. > 0):

|  |
| --- |
| Number of items rated 1 or 2: |
| Pass/Fail |