## **FORM 3: IPT RECORDING RATING SCALE**

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

|  |  |  |
| --- | --- | --- |
| 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 | | |

|  |
| --- |
| 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**

|  |
| --- |
| 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):

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

## **PART TWO: IPT Initial Sessions**

|  |
| --- |
| The second part of the scale addresses the following IPT Basic Competencies: |
| Knowledge of basic principles, rationale and strategies of IPT |
| Ability to maintain a focus on the interpersonal context of the symptoms |
| Ability to implement IPT in a manner consonant with its supportive and active therapeutic stance |
| Ability to engage the person in IPT |
| Ability to reframe the person’s presenting problems as an illness |
| Ability to identify an interpersonal problem area that will provide the focus for the middle phase of therapy |

### 1.Detailed enquiry about depressive symptoms (Symptom Review)

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist made no reference to depression  The therapist made an incomplete review of depressive symptoms, failing to cover the full range of symptoms or course of the episode  The therapist reviewed the full range of depressive symptoms over the last week and/or over the course of the current episode and involved the person in evaluating this/her symptom experience  The therapist reviewed the full range of depressive symptoms with discussion of frequency, intensity, duration and change. Actively involved the person in tracking his/her symptoms and linking to interpersonal functioning in the past week and/or over the course of the episode. The therapist included review of standardized measures  NB This item can be used torate the initial symptom review for the most recent episode or the past week depending on the session being rated |
| **Comments** | |

### 2. Translate the depressive symptoms into the interpersonal context (Social model of depression and current links)

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not translate or link symptoms to the interpersonal context  The therapist discussed symptoms and/or interpersonal relationships and made infrequent links between them  The therapist explained and explored the reciprocal relationship between symptoms and interpersonal relationships and life events  The therapist skilfully linked the person’s symptomatic and interpersonal experience and illustrated the dynamic nature of the interaction. Examples were routinely used to demonstrate the potential for relationships to both trigger and relieve symptom distress and as a basis for explaining the interpersonal focus and rationale for treatment |
| **Comments** | |

### 3. Review of current depressive episode and development of symptoms in the interpersonal context (Timeline: current episode)

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not review the current depressive episode or interpersonal context  The therapist reviewed the depressive episode and/or interpersonal context but made few or no links between them and did not actively involve the person in considering possible links  The therapist reviewed the course of the most recent depressive episode and linked interpersonal triggers and consequences to evolving symptoms. The therapist involved the person in thinking about their symptoms in an interpersonal context to introduce the interpersonal emphasis of therapy  The therapist conducted a detailed review of the evolving course of the depressive episode, with particular emphasis on onset, duration and severity of depressive symptoms and with active and recurrent collaborative exploration of the interpersonal precipitants and consequences of symptomatic change to develop a shared understanding of the interpersonal context of the current episode. |
| **Comments** | |

### 4. Review of previous depressive episodes including treatment and interpersonal context (Timeline: past episodes)

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not review past history of depression  The therapist reviewed past experience of depression, with limited or no reference to treatment or interpersonal context  The therapist reviewed past episodes of depression (diagnosed, undiagnosed and sub threshold) including treatment received and significant interpersonal factors  The therapist reviewed the full depression history with details of all treatments received and response; conducted a detailed examination of the interpersonal context for each episode; examined the way in which interpersonal patterns of difficulty around focal themes have repeated and are evident in the current episode |
| Comments | |

### 5. Give the syndrome a name (Diagnosis)

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not diagnose depression    The therapist made reference to depression without explaining the range, duration or impact of symptoms required for diagnosis  The therapist made a clear and collaborative diagnosis, naming depression as an illness and explaining the cluster of symptoms and interpersonal difficulties involved  The therapist made a clear and collaborative diagnosis, naming depression as an illness, explaining the cluster of symptoms and interpersonal difficulties and the common interactions between them. The therapist actively related the diagnosis to the person’s personal experience |
| Comments | |

### 6. Provide psycho-education on depression (What is known about depression)

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not provide psycho-education  The therapist briefly explained that depression is an illness and provided limited additional information without inviting discussion or comment from the person  The therapist explained the nature and course of depression, vulnerability and protective factors and related the information to the person’s experience  The therapist provided detailed information about the nature and course of depression, protective and vulnerability and emphasized the role of interpersonal factors. Input was tailored to the person’s experience and invited and addressed specific questions about the person’s experience of depression |
| Comments | |

### 7. Explain that depression is treatable (Range of EBT for depression)

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not explain that depression is treatable  The therapist informed the person that depression is treatable without providing any additional information  The therapist explained that depression is treatable and provided information about the different forms of treatment that can be used, including reference to research evidence, instilling hope that therapy can help  The therapist explained that depression is treatable and provided information about individual and combined approaches to treatment, research evidence and provided an explanation of the evidence base for the IPT approach. The therapist conveyed that addressing the social and interpersonal context of symptoms is anticipated to contribute to the resolution of the depressive symptoms and instilled hope that therapy will help and reduced self-blaming attributions |
| Comments | |

### 8. The therapist conveys understanding and expertise

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not convey an understanding of the person and did not convey an understanding of depression or IPT  The therapist demonstrated limited understanding of the person and provided a brief explanation of depression and IPT  The therapist communicated directly, acknowledged the person’s experience, and communicated clear and accessible information about the presenting problem and proposed therapy  The therapist demonstrated a curious and non-judgmental response to the person’s narrative, communicated empathic understanding, and linked the rationale for diagnosis and treatment with the person’s individual experience and symptom profile |
| Comments | |

### 9. Explanation of the sick role

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist made no attempt to explain sick role  The therapist acknowledged that the person is unwell but made limited attempt to engage the person in considering the implications of the diagnosis or mobilizing resources or behaviour change to manage symptoms  The therapist shared an explicit and collaborative diagnosis with the person and uses it to reduce self-blame, increase hope of recovery and initiate behavioural change and interpersonal engagement that will promote recovery  The therapist engaged the person in an explicit and collaborative diagnosis that directly targeted self-blame and sought to instil hope. The person was actively encouraged to maintain anti depressant activity, temporarily suspend specific overly demanding activities and obligations and to prioritize recovery by enlisting appropriate assistance |
| Comments | |

### 10. Discuss use of medication as combined treatment

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist made no reference to medication  The therapist made a limited review of current medication e.g. insufficient information about dosage, adherence, response, attitude  The therapist fully reviewed current use of and response to medication and attitudes to and problems with taking A/D medication  The therapist provided a clear explanation of the role of medication in the treatment of depression, including details of the research evidence, fully assessed the person’s current use of and response to medication, sensitively explored any reservations the person has and agreed a review point if medication is currently declined but would be a treatment option based on the person’s symptom profile |
| Comments | |

### 11. Explanation of IPT and phases of treatment

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not explain IPT  The therapist explained that IPT is a treatment for depression or that is has an interpersonal focus but did not explain the link or the phases or goals of treatment  The therapist explained that IPT is a focused psychotherapy aimed at reducing symptoms and improving social adjustment and interpersonal functioning. The therapist explained the three phases of treatment and the primary goals  The therapist explained the rationale for IPT as a time limited, here and now and interpersonally focused treatment which is rooted in a medical model of depression as a treatable illness; the reciprocal interaction between symptoms and life events; the goals of symptoms reduction and improved social functioning; the three phases of treatment with distinct strategies and objectives and selection and resolution of a interpersonally defined focus as the primary means of reducing symptom distress |
| Comments | |

### 12. Complete an Interpersonal Inventory

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not conduct an interpersonal inventory  The therapist made superficial enquiries about relationships but did not link to the depression or selecting an interpersonal focus  The therapist conducted a review of the person’s interpersonal context and network to identify the availability, acceptability and quality of current social supports, significant relationships and life circumstances and their connection to the current episode of depression  The therapist collaboratively and systematically examined the person’s interpersonal experience in detail, giving explicit priority to current relationships as a basis for formulating the current availability, use and acceptability of interpersonal resources and significance and impact of current difficulties. The inventory was explicitly linked to the objective of understanding the current episode of depression and identifying the interpersonal focus for therapy |
| Comments | |

### 13. Potential focus areas are identified with the person (Point of reference in every assessment session)

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not discuss possible focus areas with the person  The therapist referred to the focus areas but did not try to engage the person in identifying the most useful focus for treatment  The therapist highlighted links between identified areas of interpersonal difficulty and current symptoms and invited the person to consider and discuss the potential to work on each area as the main focus of therapy  The therapist routinely offered tentative formulations by flexibly using the timeline, inventory and symptom profile to explore the possibilities for focusing the work. The therapist did not confirm focus before the assessment had been completed and actively engaged and collaborated with the person in evaluating the potential in each area and the nature of the work this would involve |
| Comments | |

### 14. Presentation of interpersonal formulation of current depression

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not present an interpersonal formulation  The therapist identified the focus area but did not offer a personalized formulation related to the person’s narrative  The therapist helped the person to feel understood by presenting a summary of the salient events linked to the onset and maintenance of the depression and their impact and invited the person to respond to the proposed formulation and focus  The therapist skilfully provided a formulation that integrated the person’s temporal and thematic narrative, emphasizing the way in which specific interpersonal difficulties trigger and maintain the depression and how working within the identified focus area would seek to alleviate symptomatic distress. The person was actively encouraged to respond to the formulation and openly discuss misunderstanding or disagreements in order to agree how to proceed |
| Comments | |

### 15. Negotiation of specific and achievable goals for treatment, which reflect the focus area

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not identify any goals for therapy  The therapist identified broad and generic goals for therapy and did not involve the person  The therapist worked with the person to identify and agree realistic the therapeutic goals related to the focus area.  The therapist worked with the person to use the formulation to understand the nature of the current difficulty and to specify the changes which could be realistically and fruitfully targeted to bring about positive symptomatic and interpersonal change in the context of the focus, taking into account the severity and chronicity of the difficulties, the resources available to the person and the time limited nature of therapy. |
| Comments | |

### 16. Explicit contract negotiation

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not negotiate a contract  The therapist agreed to continue therapy through the remaining phases without negotiating a specific agreement with the person  The therapist outlined the duration and frequency of future contact, the character of the work and expectations of the person and therapist in the context of the negotiated focus. The person was invited to discuss the details and any areas of disagreement  The therapist clearly and collaboratively discussed the clinical and practical expectations and responsibilities, planned for potential difficulties such as missed appointments and actively involved the person in preparing to move into a new phase of treatment. The therapist outlined and repeated the practical arrangements agreed at the start of treatment with details tailored to the person at the time of formulation |
| Comments | |

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

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

## **PART THREE: Middle 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 THREE: Middle Phase - Role Transitions**

### 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 difficulty in coping with the transition from one social role to another (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. Review the positive and negative aspects of the old role and possible new one, and realistic evaluation

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not review the old or new roles  The therapist made a brief summary review of the old and/or new roles but did not engage the person is reflection or evaluation  The therapist helped the person to explore the feelings and meanings associated with the role to be relinquished, in order to facilitate a realistic appraisal of what has been lost, and about the role s/he has to adjust to and the opportunities it may provide  The therapist collaborated with the person to create a balanced reflection on the old role, empathically examined and addressed the aspects of the transition which have been most problematic for the person and supported and engaged the person in identifying the skills, motivation and supports necessary to adjust to the new role and take up the opportunities it affords |
| Comments | |

### 4. Explore nature of and feelings about what was lost

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not explore feelings about what has been lost  The therapist made a superficial acknowledgement of the past role but did not engage with the associated feelings of loss  The therapist supported the person in examining what has been lost in detail and in acknowledging and expressing the range of emotions associated with the change  The therapist demonstrated non judgmental curiosity in examining the different dimensions of what has been lost and the mix of positive and negative feelings associated with relinquishing what must be given up while clarifying those aspects of the old role which may be carried forward. The therapist helped the person to mourn the loss of the old role and to relinquish it |
| Comments | |

### 5. Explore feelings about the change itself

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not examine feelings about the change  The therapist made limited and superficial enquiry about how the change happened  The therapist supported the person to evaluate his/her feelings about how the change came about and the factors that contributed to it, and how this links to the person’s current depressive symptoms  The therapist empathically supported the person to examine the context and process of the transition in detail, the contribution made by the person and others to the change occurring, the range of feelings experienced at the time and now and links to current depression symptoms |
| Comments | |

### 6. Explore opportunities in the new role

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not examine the opportunities in the new role  The therapist made limited reference to opportunities in the new role but did not engage the person in exploring or pursuing them  The therapist encouraged the person in identifying and pursuing anticipated and unexpected opportunities in the new role  The therapist engaged the person in a systematic review of the new role to identify and/or create new opportunities that are anticipated to have a positive impact on depressive symptoms and adjustment to the new role |
| Comments | |

### 7. Encourage development and effective use of social support system and skills called for in the new role

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not encourage use of social support in relation to the new role  The therapist offered general encouragement to use support, without identifying from whom or how this might be related to the person in the new role specifically  The therapist helped the person to identify and develop the skills and support systems necessary for him/her to effectively manage the demands and take up the opportunities in the new role  The therapist actively explored how existing skills and supports could be employed effectively in the new role and worked creatively with the person to encourage taking risks and using novel strategies to equip the person practically and interpersonally to fully engage with the new role and counteract the pessimism and poor motivation characteristic of depression |
| Comments | |

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

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

## **PART THREE: Middle Phase - Role Disputes**

### 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 symptoms onset to overt or covert dispute with significant other with whom the person is currently involved (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. Determine the stage of the dispute

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not stage the dispute  The therapist named the stage of the dispute without engaging or discussing this with the person  The therapist summarized exchanges between the parties in the dispute to characterize the predominant character of the dispute and invited the person to comment on the accuracy of the description  The therapist actively involved the person in examining the form and frequency of communication in the dispute to collaboratively determine and agree the predominant character. The stage of the dispute was used as a basis from which to explain and plan how to address the dispute e.g. increase communication, contain unhelpful communication. The therapist did not propose dissolution as an initial response and made it clear that the decision to maintain or end the relationship remained with the person |
| Comments | |

### 4. Identify issues in the dispute

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not identify issues in the dispute  The therapist noted areas of disagreement but did not engage the person in identifying the key recurring themes fuelling the dispute  The therapist involved the person in reviewing a range of exchanges to identify the key recurring issues that are unresolved in the dispute and that contribute to it continuing  The therapist sensitively and skilfully supported the person in identifying and acknowledging the central spoken and unspoken issues for both parties that fuel the dispute and the depressive symptoms and are repeatedly evident in problematic exchanges |
| Comments | |

### 5. Explanation of how non-reciprocal role expectations relate to the dispute

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not explain non reciprocal role expectations  The therapist referred to non-reciprocal expectations but did not explain the concept or link to the person’s depression  The therapist explained how spoken and unspoken differences in what each party wants from the relationship could fuel disagreements, if the differences are not identified and an agreement is not negotiated  The therapist identified non-reciprocal expectations as a normal part of healthy relationships and skilfully used the person’s own material to illustrate how unspoken or unresolved differences in the give and take of the relationship can trigger conflict and worked with the person to understand how differences in expectations have played this role in the person’s experience and fuelled his/her depression |
| Comments | |

### 6. Exploration and discussion of differences in expectations and values

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not explore differences in expectations  The therapist identified differences in expectations in a general way but did not engage the person in more than superficial acknowledgment  The therapist actively worked with the person to clarify important areas of difference in what s/he and the other person in the dispute expects and values and discussed how these differences contribute to the dispute  The therapist skilfully supported the person to identify the spoken and unspoken differences in expectations and values between him/her and the other person in the dispute. The person was supported in acknowledging when expectations and values are unknown and to consider the possibility for change on both sides, including relinquishing expectations or negotiating a compromise |
| Comments | |

### 7. Exploration of parallels and differences between currently disputed and other past or present relationships

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not explore parallel difficulties across relationships  The therapist made limited reference to similarities and differences across relationships but did not invite further discussion  The therapist explicitly identified problematic patterns in the disputed relationship and worked with the person to identify when the same patterns were repeated or avoided in other contemporary or historical relationships  The therapist skilfully reviews a broad range of relationships with the person to more fully understand how and when problematic patterns are repeated and how and when they are successfully avoided. This was used to clarify and promote the use of more adaptive interpersonal strategies that avoid or prevent conflict and so do not trigger depressive symptoms |
| Comments | |

### 8. Exploration and discussion of options available to the person to further resolution of the dispute and/or bring about desired change

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not discuss options for change  The therapist made generic suggestions for change without clear reference to the person’s situation or relied on overly directive problem solving  The therapist helped the person to use their shared understanding of the nature and process of the dispute to collaboratively identify and evaluate relevant and realistic options to bring about change and/or resolution  The therapist collaboratively and creatively worked with the person to help him/her to identify and evaluate the range of options available, or which could be developed, to bring about change in the dispute. These options involved direct action by the person, including engaging others in the network who could act as a resource to furthering resolution of the dispute |
| Comments | |

### 9. Discussion of communication patterns

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not discuss communication patterns  The therapist discussed communication in a superficial manner  The therapist worked with the person to review multiple examples of communication to understand the repeating patterns and ways in which verbal and non verbal patterns contributed to the dispute being maintained  The therapist supported the person to develop a sense of curiosity about the nature and quality of his/her communication and to examine in detail the subtle and overt factors that determine and change the course of communication and to evaluate how these communication patterns relate to the current dispute and symptom pattern |
| Comments | |

### 10. Exploration and discussion of how the dispute is perpetuated

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not explore maintaining factors in the dispute  The therapist made generic suggestions about how the dispute is perpetuated without directly linking to the person’s experience  The therapist worked collaboratively with the person to identify and understand the range of factors that sustain the dispute including communication style, circumstances, the role of others and depression  The therapist worked collaboratively with the person to develop a full understanding of the process around the dispute, the contribution the person and others make, the conflicting expectations that create an obstacle to resolution and the way in which depression interferes with communication and reasoning to maintain the conflict |
| Comments | |

### 11. Explore use of wider network to understand or ameliorate the dispute

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not make reference to the wider network in order to understand or ameliorate the dispute  The therapist made only passing reference to others and did not examine how they might contribute to resolution of the dispute  The therapist supported the person to identify the interpersonal resources s/he has available and to engage those resources appropriately to bring about change in the dispute  The therapist systematically considered the range of support that is available or could be developed with the person. The therapist creatively mapped those resources onto their shared understanding of the dispute and clarified how the network might contribute to change. The therapist actively supported the person to mobilize those interpersonal resources |
| Comments | |

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

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

## **PART THREE: Middle Phase - Interpersonal Sensitivity/Deficits**

### 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 the problems of social dissatisfaction or isolation (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. Review past significant relationships

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not review past relationships  The therapist looked at past relationships in a superficial and general way  The therapist engaged the person in a detailed review of past relationships to clarify the person’s interpersonal style  The therapist actively engaged the person in a systematic review of the nature, course, strengths and difficulties in past relationships and worked with the person to draw parallels with current relationships |
| Comments | |

### 4. Explore repetitive dysfunctional patterns and expectations in past or present relationships

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not examine patterns or expectations in past relationships  The therapist offered superficial comment on past relationships without detailed assessment  The therapist collaboratively worked with the person to identify and clarify repeating patterns in past and present relationships  The therapist worked collaboratively with the person to examine past and present relationships in detail and to clarify the processes and expectations that trigger and sustain problematic patterns. The therapist and person used this as the basis for specifying the specific sensitivity/deficit that will be the focus of therapy |
| Comments | |

### 5. Discuss person’s + and - feelings re the therapist and explore parallels in other relationships

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not invite or discuss the person’s feelings about the therapist  The therapist was inattentive or defensive in discussing the person’s feelings about the therapist and made few or no links to relationships outside of therapy room  The therapist was supportive in inviting and discussing the person’s feelings about the therapist and used this as a basis from which to examine parallels with other relationships  The therapist encouraged and supported the person in expressing his/her feelings about the therapist, including experimenting in new ways of communicating. The therapist worked collaboratively with the person to understand how the feelings in the therapeutic relationship could be used to more fully and constructively understand parallel feelings and reactions in relationships outside of therapy |
| Comments | |

### 6. The therapist conveys his/her own feelings and uses the therapeutic relationship to facilitate person’s awareness of his/her impact on and role in interactions and as model for satisfying relationships outside therapy

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not discuss his/her feelings about the therapeutic relationship  The therapist made vague, ill-timed or critical comments about his/her experience of the therapeutic relationship and did not engage the person in considering his or her role in the interaction  The therapist made use of his/her own feelings and responses to the therapeutic relationship to draw the person's attention to and facilitate understanding of the problematic interpersonal pattern/sensitivity that is the focus of therapy and as a basis for illustrating similar patterns in other relationships  The therapist sensitively and selectively used his/her experience of the therapeutic relationship to provide constructive feedback to the person and to support the person in considering parallels with relationships outside of therapy and how similar constructive and clear communication might improve satisfaction with relationships outside of therapy |
| Comments | |

### 7. Encourage formation of new relationships and development of existing relationships

|  |  |
| --- | --- |
| 0  2  4  6 | The therapist did not encourage the person to develop new relationships  The therapist encouraged the person to pursue new relationships but did not offer specific support or guidance  The therapist encouraged the person to develop and expand his/her existing networks and worked with the person to develop realistic plans to do so  The therapist actively and repeatedly encouraged the person to identify and pursue opportunities to develop existing relationships and to engage in new relationships in a manner that would reduce the isolation and dissatisfaction resulting from the focal sensitivity. The therapist offered specific and constructive support and direction to assist the person in experimenting with new ways of communicating and behaving which would facilitate this change |
| Comments | |

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

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

## **PART FOUR: Ending Phase**

|  |
| --- |
| 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

|  |  |
| --- | --- |
| 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 |