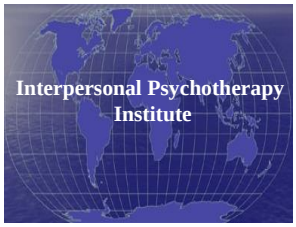
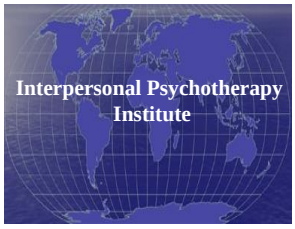


IPT ADHERENCE AND QUALITY SCALE

INTERPERSONAL PSYCHOTHERAPY INSTITUTE

IPT ADHERENCE AND QUALITY SCALE

INTERPERSONAL PSYCHOTHERAPY INSTITUTE



THERAPIST NAME: **SESSION #:** **DATE:**
SUPERVISOR NAME:

ALL SESSIONS

GENERAL RATINGS (RATE FOR ALL SESSIONS)

	QUALITY				
	Low				High
Therapist's skill in developing a therapeutic alliance with the patient	1	2	3	4	5
Therapist's skill in structuring and organizing the session	1	2	3	4	5
Therapist's skill in connecting this session to previous sessions	1	2	3	4	5
Therapist's interpersonal skill (e.g., graciousness, compassion, empathy, genuineness, warmth)	1	2	3	4	5
Therapist's skill in attending to the patient's affect	1	2	3	4	5
Therapist's use of non-specific therapy skills (e.g., clarification, reflection, validation)	1	2	3	4	5
Therapist's confidence and self-assurance	1	2	3	4	5
Therapist's skill in providing reassurance	1	2	3	4	5
Therapist's ability to instill hope	1	2	3	4	5

IPT SPECIFIC RATINGS (RATE FOR ALL SESSIONS)

		QUALITY				
	Not Done	Low				High
Therapist maintained a consistent IPT theoretical orientation		1	2	3	4	5
Therapist maintained an IPT therapeutic stance (e.g. open, curious, personally accessible)		1	2	3	4	5
Therapist collaborated with the patient		1	2	3	4	5
Therapist solicited and was responsive to the patient's feedback		1	2	3	4	5
Therapist adapted to the patient's attachment style		1	2	3	4	5
Therapist modeled good communication skills		1	2	3	4	5
Therapist was transparent about goals and conduct of IPT		1	2	3	4	5
The IPT Formulation was used to guide the session		1	2	3	4	5
Therapist explained the Formulation and Summary and their relevance to current problems		1	2	3	4	5
Psychiatric symptoms/distress were addressed in interpersonal context		1	2	3	4	5
Specific Interpersonal Problem Areas were addressed		1	2	3	4	5
Specific interpersonal relationships were addressed		1	2	3	4	5
Therapist linked any past interpersonal experiences discussed to current interpersonal context		1	2	3	4	5
Ways to develop better social support were addressed		1	2	3	4	5
Opportunities for change were noted		1	2	3	4	5
Strategies for change were developed collaboratively		1	2	3	4	5

OVERALL RATINGS (RATE FOR ALL SESSIONS)

	QUALITY				
	Low				High
General Therapy Skills	1	2	3	4	5
IPT Specific Skills	1	2	3	4	5
Overall Rating for this session	1	2	3	4	5

INITIAL SESSIONS

GENERAL IPT TACTICS- INITIAL SESSIONS (RATE ONLY FOR INITIAL SESSIONS)

	Not Done	QUALITY Low				High
General psychiatric evaluation was conducted		1	2	3	4	5
Therapeutic alliance was fostered and enhanced		1	2	3	4	5
Interpersonal Inventory was collaboratively developed and used to generate hypothesis about problem areas and social support		1	2	3	4	5
Interpersonal Formulation and Interpersonal Summary were collaboratively developed as a way of understanding the patient's distress		1	2	3	4	5
Specific Interpersonal Problem Areas were identified as targets for the middle phase		1	2	3	4	5
Specific treatment goals were collaboratively identified		1	2	3	4	5
General psychoeducation about psychiatric illness/distress was presented		1	2	3	4	5
Psychoeducation about IPT and interpersonal framework was presented		1	2	3	4	5
The patient's role as an active participant in the recovery process was discussed		1	2	3	4	5
Treatment Agreement for structure of therapy was developed collaboratively (e.g., session frequency, number of sessions etc.)		1	2	3	4	5

MIDDLE SESSIONS

GENERAL IPT TACTICS- MIDDLE SESSIONS (RATE ONLY FOR MIDDLE SESSIONS)

	Not Done	QUALITY Low				High
An Agenda for the session was collaboratively developed		1	2	3	4	5
Interpersonal Summary and Goals were reviewed and used to direct treatment		1	2	3	4	5
Interpersonal Problem Area(s) were clearly identified for the session		1	2	3	4	5
Interpersonal tasks from earlier sessions were reviewed		1	2	3	4	5
Symptoms/distress were reviewed and discussed in an interpersonal context		1	2	3	4	5
Therapist linked any past interpersonal experiences discussed to current interpersonal context		1	2	3	4	5
Ways to develop better social support were addressed		1	2	3	4	5
Opportunities for change were noted		1	2	3	4	5
Strategies for change were developed collaboratively		1	2	3	4	5

MIDDLE SESSIONS

IPT TACTICS- ROLE TRANSITIONS (RATE ONLY FOR MIDDLE SESSIONS- ROLE TRANSITIONS)

	Not Done	QUALITY Low				High
A clear focus on Role Transitions was maintained and followed		1	2	3	4	5
Understanding/conceptualization of Role Transition was based on the **Interpersonal Summary/Formulation**		1	2	3	4	5
IPT Timeline was developed and/or discussed		1	2	3	4	5
Details of the Role Transition were discussed		1	2	3	4	5
Emotions associated with the transition were identified and explored		1	2	3	4	5
Needs met in previous role were identified and discussed						
Ways the patient can develop and/or resume relationships and social support were explored		1	2	3	4	5
Patient was encouraged to share experience of transition with others		1	2	3	4	5
Interpersonal communication was discussed		1	2	3	4	5
Interpersonal changes the patient intends to make were discussed		1	2	3	4	5

MIDDLE SESSIONS

IPT TACTICS- INTERPERSONAL DISPUTES (RATE ONLY FOR MIDDLE SESSIONS- ROLE TRANSITIONS)

	Not Done	QUALITY Low				High
A clear focus on Interpersonal Disputes was maintained and followed		1	2	3	4	5
Understanding/conceptualization of Interpersonal Dispute was based on the **Interpersonal Summary/Formulation**		1	2	3	4	5
IPT Dispute Graph was developed and/or discussed		1	2	3	4	5
Details of the Interpersonal Dispute were discussed		1	2	3	4	5
Emotions associated with the dispute were identified and explored		1	2	3	4	5
Ways the patient can develop and/or resume relationships and social support were explored		1	2	3	4	5
Interpersonal communication was discussed		1	2	3	4	5
Patterns in relationships were explored		1	2	3	4	5
Patient's expectations of others were explored		1	2	3	4	5
Satisfying and unsatisfying aspects of the relationship were explored		1	2	3	4	5
Interpersonal changes the patient intends to make were discussed		1	2	3	4	5

IPT TACTICS- GRIEF AND LOSS (RATE ONLY FOR MIDDLE SESSIONS- GRIEF AND LOSS)

	Not Done	QUALITY Low				High
A clear focus on Grief and Loss was maintained and followed		1	2	3	4	5
Understanding/conceptualization of Grief and Loss is based on the **Interpersonal Summary/Formulation**		1	2	3	4	5
The therapist was emotionally present for the patient		1	2	3	4	5
Details of the loss were discussed		1	2	3	4	5
Emotions associated with the loss were identified and explored		1	2	3	4	5
Needs met in lost relationship are identified and discussed						
Ways the patient can develop and/or resume relationships and social support were explored		1	2	3	4	5
Patient was encouraged to share experience of loss with others		1	2	3	4	5
Interpersonal communication was discussed		1	2	3	4	5
Interpersonal changes the patient intends to make were discussed		1	2	3	4	5

CONCLUDING SESSIONS

GENERAL IPT TACTICS- CONCLUDING SESSIONS (RATE ONLY FOR CONCLUDING SESSIONS)

	Not Done	QUALITY Low				High
An Agenda for the session was collaboratively developed		1	2	3	4	5
Interpersonal Summary/Formulation and Goals were reviewed and used to direct treatment		1	2	3	4	5
Continuity with previous sessions was established		1	2	3	4	5
Conclusion of treatment was explicitly discussed		1	2	3	4	5
Treatment and progress in therapy was reviewed		1	2	3	4	5
Warning signs of recurrence were identified and discussed		1	2	3	4	5
An Agreement for Maintenance Treatment was collaboratively developed		1	2	3	4	5

IPT TECHNIQUES

IPT TECHNIQUES- ALL SESSIONS (RATE FOR ALL SESSIONS)

	USED		SHOULD HAVE BEEN USED		QUALITY				
	YES	NO	YES	NO	Low				High
IPT SPECIFIC TECHNIQUES									
Patient's communications were discussed					1	2	3	4	5
Communication Analysis was conducted					1	2	3	4	5
An Interpersonal Incident was developed to understand communication					1	2	3	4	5
Content and Process Affect were discussed					1	2	3	4	5
Implicit and non-verbal communication was discussed					1	2	3	4	5
Role Playing was conducted					1	2	3	4	5
Clarification—"*what was that like for you?*" questions—were used					1	2	3	4	5
The patient was helped to articulate his/her experience					1	2	3	4	5
GENERAL TECHNIQUES									
Directive Techniques (e.g., Limit Setting, Education, Direct Advice, Assignment of Homework) were used					1	2	3	4	5
Therapist gave explicit advice and guidance					1	2	3	4	5
Therapist gave relevant self-disclosure					1	2	3	4	5
Therapist used humor					1	2	3	4	5
NON-IPT TECHNIQUES									
Other theoretical models/techniques <u>were integrated</u> <u>STRATEGICALLY</u> within the IPT framework					1	2	3	4	5
Specific models/techniques used were:					1	2	3	4	5
NON-IPT TECHNIQUES									
Other theoretical models/techniques <u>were used</u> <u>INAPPROPRIATELY</u> within the IPT framework					1	2	3	4	5
Specific models/techniques used were:					1	2	3	4	5

SUMMARY AND COMMENTS:

IPT ADHERENCE AND QUALITY SCALE

INSTRUCTIONS

The IPT Adherence and Quality Scale is designed for use by both supervisors and clinicians. It can be used both for clinical supervision and as a measure of IPT adherence and quality in research settings.

IPT is most effective when it is delivered in a manner which is BOTH adherent and of high quality. Though there is overlap between these constructs, they are different. For example, an intervention or technique which is adherent can be delivered in a way which is poor in quality. This measure is designed to capture both adherence and quality.

The measure is also designed to record whether particular techniques should (or should not) have been used in a particular session. For instance, Communication Analysis, an important IPT specific technique, may not have been used in the session, but should have been used in order to maximize the quality and effectiveness of the session. As another example, a specific directive techniques such as the assignment of homework may actually have been used in the session, but should not have been since the patient was not yet able to complete them or to accept the directive to do homework. The scale allows raters to note not only if techniques were used, but if they should have been.

The measure strongly emphasizes specific IPT tools such as the Interpersonal Inventory, the Interpersonal Formulation and Summary, the Interpersonal Timeline, and the Conflict Graph. Use of these tools are specifically noted in the instrument.

Non-IPT techniques can also be noted on the instrument. Rather than proscribing specific techniques, these should be rated based on how well the therapist integrated them within an IPT framework. For instance, use of motivational interviewing techniques in the service of developing better social support (an explicit goal of IPT) can be extremely useful in an IPT session. Similarly, the use of behavioral activation techniques in the service of engaging in social activities (an explicit goal of IPT) can be extremely useful in an IPT session. In contrast, a psychodynamic technique, such as explicit discussion of transference, may, if not well-integrated into the IPT framework, actually be detrimental to outcome as it distracts from the IPT focus on relationships outside of therapy. Raters can note both the non-IPT techniques used as well as how well they were integrated into the IPT framework.

Specific Instructions:

1) ALL SESSIONS- rate for every session
    a. General Ratings
       Rate each item for every session using the 1-5 quality scale.
    b. IPT Specific Ratings
       Each of these items describes a therapeutic tactic or technique that SHOULD occur in every IPT session. First, note those that were not done in the session. Then rate each remaining item for every session using the 1-5 quality scale.
    c. Overall Ratings
       Rate each item for every session

2) INITIAL SESSIONS- rate only for sessions in the Initial Phase of IPT
    a. General IPT Tactics- Initial Session
       Each of these items describes a therapeutic tactic or technique that SHOULD occur in every IPT session. First, note those that were not done in the session. Then rate each remaining item for every session using the 1-5 quality scale.

3) MIDDLE SESSIONS- rate only for sessions in the Middle Phase of IPT
    a. General IPT Tactics- Middle Sessions
    Each of these items describes a therapeutic tactic or technique that SHOULD occur in every IPT session of the Middle Phase. First, note those that were not done in the session. Then rate each remaining item for every session using the 1-5 quality scale.

    b. IPT Tactics- Role Transitions
    Each of these items describes a therapeutic tactic or technique that is relevant to the specific Problem Area being discussed in the therapy. One or more Problem Areas may be addressed in a single session, in which case each Problem Area section should be rated. Some of the items noted may not be necessary for a particular session—for instance, the patient may not yet be at a point, early in the Middle Phase, when he or she is ready to begin making interpersonal changes. These may be marked as N/A (not applicable) for that specific session. Some of the tactics, such as maintaining a clear focus on the role transition being discussed, should occur in every session and therefore should be rated for each session.

    c. IPT Tactics- Interpersonal Disputes
    Each of these items describes a therapeutic tactic or technique that is relevant to the specific Problem Area being discussed in the therapy. One or more Problem Areas may be addressed in a single session, in which case each Problem Area section should be rated. Some of the items noted may not be necessary for a particular session—for instance, the patient may not yet be at a point, early in the Middle Phase, when he or she is ready to begin making interpersonal changes. These may be marked as N/A (not applicable) for that specific session. Some of the tactics, such as maintaining a clear focus on the interpersonal dispute being discussed, should occur in every session and therefore should be rated for each session.

    d. IPT Tactics- Grief and Loss
    Each of these items describes a therapeutic tactic or technique that is relevant to the specific Problem Area being discussed in the therapy. One or more Problem Areas may be addressed in a single session, in which case each Problem Area section should be rated. Some of the items noted may not be necessary for a particular session—for instance, the patient may not yet be at a point, early in the Middle Phase, when he or she is ready to begin making interpersonal changes. These may be marked as N/A (not applicable) for that specific session. Some of the tactics, such as maintaining a clear focus on the loss being discussed, should occur in every session and therefore should be rated for each session.

4) CONCLUDING SESSIONS- rate only for sessions in the Conclusion Phase of IPT
    a. General IPT Tactics- Concluding Sessions
    Each of these items describes a therapeutic tactic or technique that SHOULD occur in every IPT session of the concluding phase. First, note those that were not done in the session. Then rate each remaining item for every session using the 1-5 quality scale.

