Therapist Fidelity and Competence Ratings

(based on measures in Jacobson, Christensen, Prince, Cordova, & Eldridge, *JCCP*, 2000)

Therapist_____ Client #_____ Rating Date _____

Directions: For each item, assess the therapist on a scale of 0 to 6, and record the rating next to the item number. Descriptions are provided for even-number scale points. *If you believe the therapist falls between two of the descriptors, select the intervening odd number (1,3,5).*

If the descriptions for a given item occasionally do not seem to apply to the session you are rating, feel free to disregard them and use the more general scale below:

0	1	2	3	4	5	6
Poor		Mediocre		Good		Excellent

Part I. General Therapeutic Skills

_____ 1. AGENDA

0 Therapist did not set or follow an agenda.

2 Therapist set or followed an agenda that was vague or incomplete or unresponsive to what was happening in the session.

4 Therapist worked competently with clients to set a mutually satisfactory agenda that included the specific incidents and issues they targeted but modified the agenda appropriately as events transpired in the session (e.g., shifted focus to what was happening between the clients in the session).

6 Therapist worked very skillfully with clients to set a mutually satisfactory agenda that included the specific incidents and issues they targeted but modified the agenda appropriately as events transpired in the session (e.g., shifted focus to what was happening between the clients in the session).

_____ 2. STRUCTURING

0 The clients controlled the pacing of the session.

2 The therapist had some control, but the clients frequently wrestled it away from her/him or he/she maintained the control by being dominating, dismissive, or invalidating.

4 The therapist controlled the pacing of the session, made sure that clients did not get her/him off track with distractions, fruitless arguing, etc. yet was not dismissive, invalidating, or dominating in the manner the control was maintained.

6 The therapist controlled the pacing of the session with great skill, making sure that clients did not get her/him off track with distractions, fruitless arguing, etc. yet was supportive, validating, and collaborative in the manner the control was maintained.

_____ 3. NEUTRALITY

0 Therapist blatantly sided with one partner, by being supportive and validating of one while being critical and hostile of the other.

2 For portions of the session, therapeutic neutrality was violated, and the therapist at times seemed to be hostile to one partner **and/or** exclusively validating and supportive of the other.

4 The therapist was neutral by avoiding a critical, blaming tone toward either partner and by being supportive and validating of both.
6 The therapist was neutral by avoiding a critical, blaming tone toward either spouse and by being supportive and validating of both in an active, skillful, and effective way.

_____ 4. UNDERSTANDING
0 Therapist repeatedly failed to understand what client(s) said and thus consistently missed the point. Poor empathetic skills.
2 Therapist was at times able to reflect or rephrase what the client explicitly said but repeatedly failed to respond to more subtle communication. Limited ability to listen and empathize.
4 Therapist generally seemed to grasp the client's "point of view" as reflected in both what the client explicitly said and what the client communicated in more subtle ways. Good ability to listen and empathize.
6 Therapist consistently grasped the client's "point of view" as reflected in both what the client explicitly said and what the client communicated in more subtle ways Excellent ability to listen and empathize.

____ 5. INTERPERSONAL EFFECTIVENESS
0 Therapist had poor interpersonal skills. Seemed hostile, demanding, or in some other way destructive to the client.
2 Therapist did not seem destructive, but had significant interpersonal problems. At times, therapist appeared unnecessarily impatient, aloof, insincere, or had difficulty conveying confidence.
4 Therapist displayed a satisfactory degree of warmth, concern, confidence, genuineness, and professionalism, appropriate for this particular couple.
6 Therapist displayed optimal levels of warmth, concern, confidence, genuineness, and professionalism, appropriate for this particular couple in this session.

____ 6. QUALITY OF THERAPEUTIC ALLIANCE
0 Therapist did not attempt to work with couple on problems which seemed relevant, and couple seemed to be fighting with therapist when therapist tried to make things happen in the session.
2 At times, the therapist and clients worked well together, but there were frequent ruptures in their working relationship that were not addressed or addressed poorly, and the work was either less efficient as a result or there were many periods where nothing seemed to be happening.
4 The therapist and partners worked well together, even though there were occasional digressions where the work seemed tangential or disruptions that the therapist did not address.
6 The therapist and client worked optimally during sessions, and the work was focused. When digressions or disruptions occurred, the therapist addressed them effectively.

Part II. IBCT Assessment, Conceptualization, and Feedback

_____ 7. IBCT ASSESSMENT

0 Therapist neglected to assess some essential components (distress level, presenting problems, interactional patterns around those problems, current circumstances contributing to those problems, violence and commitment) or major components (relationship history and individual history that might contribute to the problems, strengths in the relationship).
2 Therapist assessed essential components (distress level, presenting problems, interactional patterns around those problems, current circumstances contributing to those problems, violence and commitment) but assessed them inadequately or did not assess all major components (relationship history and individual history that might contribute to the problems, strengths in the relationship).
4 Therapist assessed essential components (distress level, presenting problems, interactional patterns around those problems, current circumstances contributing to those problems, violence and commitment) and major components (relationship history and individual history that might contribute to the problems, strengths in the relationship) competently.
6 Therapist assessed essential components (distress level, presenting problems, interactional patterns around those problems, current circumstances contributing to those problems, violence and commitment) and major components (relationship history and individual history that might contribute to the problems, strengths in the relationship) in a thorough and skillful way.

_____ 8. <u>IBCT CONCEPTUALIZATION OF COUPLE'S PROBLEMS</u>

0 Therapist was completely unable to conceptualize the couples' problems using the DEEP understanding model.
2 Therapist was able to conceptualize the couples' problems using the DEEP understanding model but did so inadequately or missed one or more components.
4 Therapist was able to conceptualize the couples' problems using the DEEP understanding model competently.
6 Therapist was able to conceptualize the couples' problems using the DEEP understanding model in an excellent way with rich supporting detail.

_____ 9. <u>IBCT FEEDBACK TO COUPLE</u>

0 Therapist feedback was missing in substance (left out distress level, commitment, DEEP understanding of problems, strengths, or description of therapy) or in style (e.g., therapist lectured couple rather than inviting a discussion of the feedback, therapist did not adapt if couple provided additional information, therapist did not respond if couple had difficulty following or was not buying the conceptualization).
2 Therapist feedback was missing in either substance (left out distress level, commitment, DEEP understanding of problems, strengths, or description of therapy) or in style (e.g., therapist lectured couple rather than inviting a discussion of the feedback, therapist did not adapt if couple provided additional information, therapist did not respond if couple had difficulty following or was not buying the conceptualization) but not both.
4 Therapist feedback was competent in both substance (included distress level, commitment, DEEP understanding of problems, strengths, and description of therapy) and in style (e.g., therapist invited a discussion of the feedback, therapist adapted if couple provided additional information, therapist responded appropriately if couple had difficulty following or was not buying the conceptualization).
6 Therapist feedback was excellent in both substance (included distress level, commitment, DEEP understanding of problems, strengths, and description of therapy) and in style (e.g., therapist invited a discussion of the feedback, therapist adapted if couple provided

additional information, therapist responded appropriately if couple had difficulty following or was not buying the conceptualization).

Part III. IBCT Intervention Strategy and Technique

_____ 10. BEHAVING CONSISTENTLY WITH CONCEPTUALIZATION OF CASE

0 Therapist behaved in a way that was inconsistent with the conceptualization of the case, as reflected in the assessment sessions and the feedback session and further information from the couple.

2 Therapist showed some awareness of the treatment plan, but frequently seemed to do things that might have been appropriate for some couples, but were clearly not appropriate for this couple.

4 Therapist generally behaved in a way which was consistent with case conceptualization, treatment plan, and further developments from the couple, but occasionally did things which seemed inconsistent with that plan or that did not accommodate new information from the couple.

6 Therapist consistently behaved in accordance with the case conceptualization, treatment plan, and further developments from the couple with no or few examples of interventions which didn't make sense in light of that information.

_____ 11. STRATEGY

0 Therapist's overall strategy for the session seemed inappropriate, given the stage of therapy and the immediate context of the previous session.

2 Therapist's overall strategy was plausible, but equally compelling or better strategies were imaginable, given the stage of therapy and the immediate context of the previous session.

4 Therapist's overall strategy made good sense, in light of the stage of therapy and the immediate context of the previous session.

6 Therapist chose the optimal strategy, given the stage of therapy and the immediate context of the previous session.

_____ 12. INTERVENTION STRATEGIES AROUND EMOTION ("EMPATHIC JOINING")

0 Therapist did not focus on or did a poor job of eliciting emotional reactions from both partners that were different from what they usually display (e.g., the revelation of soft emotions) and did not respond appropriately to those emotions or facilitate the partner's response.

2 Therapist focused on but did a mediocre job of eliciting emotional reactions from both partners that were different from what they usually display (e.g., the revelation of soft emotions) and did a mediocre job of responding to those emotions or facilitating the partner's response.

4 Therapist did a competent job of eliciting emotional reactions from both partners that were different from what they usually display (e.g., the revelation of soft emotions) and did a competent job of responding to those emotions or facilitating the partner's response.

6 Therapist did an excellent job of eliciting emotional reactions from both partners that were different from what they usually display (e.g., the revelation of soft emotions) and did an excellent job of responding to those emotions or facilitating the partner's response.

_____ 13. INTERVENTION STRATEGIES AROUND COGNITION ("UNIFIED DETACHMENT")

0 Therapist did not focus on or did an inadequate job of promoting a more objective, mindful, and joint take on the couples' problems (such as the overall DEEP understanding or incidents and issues between them).

2 Therapist focused on but did a poor job of promoting a more objective, mindful, and joint take on the couples' problems (such as the overall DEEP understanding or incidents and issues between them).

4 Therapist did a competent job of promoting a more objective, mindful, and joint take on the couple's problems (such as the overall DEEP understanding or incidents and issues between them).

6 Therapist did an excellent job of promoting a more objective, mindful, and joint take on the couple's problems (such as the overall DEEP understanding or incidents and issues between them).

_____ 14. INTERVENTION STRATEGIES AROUND BEHAVIOR CHANGE

0 Therapist did not focus on or did an inadequate job of promoting change in the way partners treated each other in the session and outside of the session (e.g., interrupting and restructuring interactions in session, enacting or role playing different ways of dealing with each other, replaying difficult interactions from the week, promoting positive interactions, doing communication and problem solving training).

2 Therapist focused on but did a poor job of promoting change in the way partners treated each other in the session and outside of the session (e.g., interrupting and restructuring interactions in session, enacting or role playing different ways of dealing with each other, replaying difficult interactions from the week, promoting positive interactions, doing communication and problem solving training).

4 Therapist did a competent job of promoting change in the way partners treated each other in the session and outside of the session (e.g., interrupting and restructuring interactions in session, enacting or role playing different ways of dealing with each other, replaying difficult interactions from the week, promoting positive interactions, doing communication and problem solving training).

6 Therapist did an excellent job of promoting change in the way partners treated each other in the session and outside of the session (e.g., interrupting and restructuring interactions in session, enacting or role playing different ways of dealing with each other, replaying difficult interactions from the week, promoting positive interactions, doing communication and problem solving training).

_____ 15. HOMEWORK

0 Therapist either forgot to debrief last week's homework or failed to give an assignment at all, despite the appropriateness of homework for this couple at this time.

2 Therapist did either perfunctory debriefing of last week's assignment or presented next week's assignment in a vague way or in a way which made compliance questionable.

4 Therapist did a good job debriefing homework and presented the next assignment in a way likely to promote compliance.

6 Therapist did an excellent job debriefing homework from last week, and in presenting next week's assignment.

__ 16. RE-EVALUATION AND TERMINATION

0 Therapist did not sense obvious clues about how couple was responding to therapy or did not provide the appropriate re-evaluation of therapy, appropriate recommitment to therapy, appropriate tapering off of therapy, or appropriate termination of therapy.

2 Therapist did sense clues about how couple was responding to therapy but did a poor job of re-evaluation of therapy, appropriate recommitment to therapy, tapering off of therapy, or termination of therapy.

4 Therapist sensed the clues about how couple was responding to therapy and provided a competent re-evaluation of therapy, appropriate recommitment to therapy, competent tapering off of therapy, or competent termination of therapy.

6 Therapist did sense clues about how couple was responding to therapy and provided an excellent re-evaluation or therapy, appropriate recommitment to therapy, excellent tapering off of therapy, or excellent termination of therapy.

Part IV. Additional Considerations

17 (a). Did any special problems arise during the sessions (e.g. suicide threats, threats of violence, infidelity)? YES NO

(b). If yes:

0 Therapist could not deal adequately with special problems that arose.
2 Therapist dealt with special problems poorly.
4 Therapist dealt with special problems competently.
6 Therapist dealt with special problems in an excellent way.

18. Were there any significant unusual factors in this session that you feel justified the therapist's departure from the standard approach measured by this scale?
YES (Please explain) NO

Part V. Overall ratings and comments

19. How would you rate the therapist overall as an Integrative Behavioral Couple Therapist?

0	1	2	3	4	5	6
Poor	Barely Adequate	Mediocre	Satisfactory	Good	Very Good	Excellent

20. How difficult did you feel this couple was to work with?

0	1	2	3	4	5	6
Not Difficult			Moderately Difficult			Extremely Difficult

Comments and suggestions for therapist's improvement (on back):