

## APPENDIX

### THE INTEGRATIVE PSYCHOTHERAPY SCALE FOR ASSESSMENT OF THERAPIST'S ACTIVITY (Žvelc, 2010)

Date: \_\_\_\_\_

Initials of the psychotherapist: \_\_\_\_\_

Initials of the assessor: \_\_\_\_\_

Assessment is based on:

- a) tape of a therapy session
- b) transcript of a therapy
- c) observation of a live therapy during psychotherapeutic training.

Instructions for the assessor: the IPSATA includes the list of competencies of an integrative psychotherapist. Based on your observation, please mark the number in front of the description of a certain competency:

- 1 – Poor or no sign of competency
- 2 – some signs of competency
- 3 – satisfactory (good) competency
- 4 – excellent competency.

#### PART 1: ESTABLISHING AND MAINTAINING THE THERAPEUTIC ALLIANCE

##### A. THE EMPATHIC BOND

- 1 – Little or no empathic connection. The therapist did not understand the client on explicit and implicit (non-verbal) levels.
- 2 – The therapist was able to reflect back on what was explicitly said, but failed to resonate with the client on affective level.
- 3 – Empathic connection was evident. The therapist was able to understand the client's internal reality on both verbal and non-verbal levels. The therapist demonstrated a good capacity for listening and empathy.
- 4 – Excellent empathic skills. The therapist was able to effectively communicate to the client what he had empathically grasped, both on verbal and non-verbal level (e.g. tone of voice, gesticulation). He was able to decenter from his own experience so as to understand the client's phenomenological world.

## B. CONTRACTING

- 1 – There was an obvious disagreement between the client and the therapist in terms of goals and treatment direction. The therapist failed to address this and did not make an appropriate contract.
- 2 – There was no explicit sign of disagreement between the client and the therapist in terms of goals, treatment direction and the methods used. However, the therapist was too directive and 'pushy', leading the client towards his own (i.e. the therapist's) agenda.
- 3 – There was a clear agreement between the client and the therapist regarding the goals of the session, treatment direction and the interventions used. The therapist used process contracts to negotiate the treatment direction and the interventions used on an ongoing basis.
- 4 – The therapist expertly used process contracts. He neither led, nor followed the client. There was a marked balance between leading and following the client, combined with an ongoing process of negotiation between the client and the therapist on both implicit and explicit levels.

## C. DEALING WITH RUPTURES IN THE ALLIANCE

- 1 – The therapist showed no awareness of a rupture in the therapeutic alliance. Enactment took place and the therapist did not reflect upon it.
- 2 – The therapist was aware of a rupture in the alliance, but his attempts to disembed were not effective (for example: he did not take responsibility for his part, did not change his style of interaction).
- 3 – The therapist was aware of a rupture and effectively initiated disembedding (either implicitly by changing his style of interaction or explicitly).
- 4 – The therapist demonstrated an excellent capacity to deal with ruptures. The process of dealing with the ruptures promoted insight and provided new relational experiences. Examples of behavior: the therapist acknowledged his part in the interaction, he apologised, metacommunicated about interaction that was taking place, etc. This code is used also if no rupture occurred.

## **PART 2: METHODS OF INTEGRATIVE PSYCHOTHERAPY**

### **A. INQUIRY**

- 1 – The therapist did not use inquiry. He was more focused on facts and gathering data than on the client's process of getting to answer. The therapist had a predetermined goal and directed the client in this direction (closed questions, investigatory style).
- 2 – The therapist used inquiry and was focused on the client's process. However, inquiry was evident only on one level (e.g. cognitive) and did not promote awareness or contact with self and others.
- 3 – The therapist effectively used inquiry on both non-verbal and verbal levels. He showed no expectation that the client ought to come to some predetermined goal or insight. Inquiry was connected to effective attunement and involvement. However, the client did not seem to discover anything new about himself.
- 4 - Contactful quality of inquiry. Inquiry promoted awareness and internal and external contact. During the session, the client discovered something new about himself.

### **B. ATTUNEMENT**

- 1 – No sign of attunement between client and therapist. The therapist did not resonate with the client on cognitive, affective, developmental, rhythmical or relational level.
- 2 – There were few moments of effective attunement between the client and the therapist. The therapist was able to resonate with the client on one level (e.g. cognitive), but not on other levels. The other possibility is that the therapist had difficulties in differentiating between himself and others (i.e. he colluded with the client).
- 3 – The therapist and the client were attuned for the most part of the session. The therapist demonstrated a good capacity to resonate with the client on all levels. However, attunement of the therapist was more connected with the conscious materials than with the unaware split off parts of the client.
- 4 – Excellent attunement. The therapist demonstrated a capacity to attune at cognitive, affective and rhythmical levels, as well as in terms of relational needs. With attunement, the split off parts of the client were accessed and brought into awareness and experience.

### C. INVOLVEMENT

- 1 – No sign (or few signs) of involvement from the therapist. The therapist was not emotionally present and not available for contact.
- 2 – The therapist was involved through the session and used acknowledgment, validation and normalisation. However, the involvement was not congruent with the client (involvement was not connected with attunement). Limited capacity for presence.
- 3 – The therapist showed good capacity for involvement and used acknowledgment, validation and normalisation of the client's experience. Involvement promoted new relational experiences which invited the client out of his old repetitive patterns (script).
- 4 – The therapist showed an excellent capacity for involvement. He effectively acknowledged, validated and normalised the client's experience. He was fully present and invited the client to a state of presence. During the session, it was observed that the client deepened the contact with himself and the therapist. The client made steps out of the script.

### D. THERAPEUTIC INTERVENTIONS

- 1 – Therapeutic interventions were ineffective or even reinforced the client's repetitive patterns of behaviour, feelings and cognition (script). Interventions were not attuned to the client.
- 2 – The therapist used interventions, but it could not be observed during the session whether the intervention had a positive impact on the client. The therapist did not monitor the impact of the intervention on the client.
- 3 – Therapeutic interventions promoted movement out of script and were based on contact with the client. During the session, the therapist used few different interventions.
- 4 – The therapist skillfully used interventions, which promoted integration of affect, cognition, behavior and physiology. The therapist used a variety of interventions, focusing on different levels of experience (cognitive, affective, behavioral, physiological). The therapist checked the impact of interventions on the client on an ongoing basis.

### **PART 3: ADDITIONAL SCALES FOR UNDERSTANDING THE THERAPIST'S WORK**

(This scales are not to be used for assessment purposes. They are aimed at understanding of the therapist's work from a relational perspective)

#### **RELATIONAL EPISTEMOLOGICAL STANCE (PHILOSOPHY)**

- A – The therapist worked primarily from a one-person psychology stance. He did not acknowledge his impact on the client's behavior and experience. The therapist was uninvolved and behaved as if he'd possess the truth.
- B – The therapists showed awareness of the process of co-creation between the client and the therapist. However, this was at the background during the sessions. The therapist was primarily concerned with the client's experience.
- C – The therapist was aware of the mutuality in the relationship and of his contribution to the relationship. He acknowledged that the client and the therapist form a system of reciprocal influence and that neither possesses the 'objective' truth. The therapist used his countertransference experience either directly or indirectly and through careful self-disclosure.

#### **UNDERSTANDING AND THE USE OF TRANSFERENCE**

- A – The therapists was not aware of transference.
- B - The therapist directly worked with or within transference. From the session, it was not clear whether this had a positive impact on the client.
- C – The therapist expertly worked with or within transference. New insight(s) or new relational experience was evident through this process.

## UNDERSTANDING AND THE USE OF COUNTERTRANSFERENCE

- A – The therapist was not aware of his countertransference experience. He acted it upon the client without reflection.
- B – The therapist showed some awareness of his countertransference response. However, he did not use it to understand the client or the dynamics between them.
- C – The therapist made effective use of his countertransferential response (i.e. in order to understand the client, self-disclosure)

### **PART 4: OVERALL RATING**

- A. How would you rate the psychotherapist overall in this session, as an integrative psychotherapist?
  - 1 – Poor or no sign of competency
  - 2 – some signs of competency
  - 3 – satisfactory (good) competency
  - 4 – excellent competency.

B. FINAL SCORE (sum of all the numbers / 8): \_\_\_\_\_ / 8 = \_\_\_\_\_