

**Boston Institute for Psychotherapy
Change Assessment Tool**

BIP-CAT©

Manual

**Boston Institute for Psychotherapy,
Department of Research,
Version 10/10/96**

**Boston Institute for Psychotherapy, Inc.
Change Assessment Tool©**

(BIP-CAT) INTRODUCTION

The Boston Institute for Psychotherapy Change Assessment Tool (BIP-CAT) is an instrument designed to track patient change, as perceived by the psychotherapist, over the course of psychotherapy. The BIP-CAT assesses change in four domains relevant to a psychodynamic conceptualization of therapy: Problems and Symptoms; External Life; Internal Life, and the Therapeutic Relationship.

Origins of the Concept

The BIP-CAT is the culmination of a number of years investigating psychodynamic psychotherapy by the Research Department of Boston Institute for Psychotherapy. At the BIP, we have been conducting an outcomes study of the patients seen in our Treatment Center for the last five years. Simultaneous with the outcomes study, we have explored various ways of assessing patterns of change in therapeutic processes and outcomes, but have not found any of the traditional instruments to be suitable for our needs.

The idea of the BIP-CAT was stimulated by the concept of Care Maps©, which have been developed by the Center for Case Management. Care Maps© are a technology for deriving and specifying best practice guidelines for medical practice with homogeneous groups of patients. In collaboration with the Center for Case Management, we explored the creation of Care Maps© for psychodynamic psychotherapy, but rapidly encountered the problem of identifying homogeneous subsets of patients. It was our experience that traditional diagnostic categories, such as the DSM-IV, did not make the distinctions necessary for planning psychodynamic treatments. We therefore decided to explore patterns of change in patients in order to see if we could identify groups of patients who examined similar change patterns over the course of treatment.

We were fascinated by the possibility that there are subtypes of patients who manifest different patterns of change over time. Some patients may improve steadily, while others may improve in fits and starts, perhaps regressing along the way. Our outcome measures, which are administered every six months, should provide some data on these issues. However, many ups and downs can occur over six months, and it

seems impractical to ask patients to complete our packets more often. As we pondered these issues, we gradually came to the idea of having clinicians assess patient change on a number of dimensions relevant to psychodynamic theory and therapy on a regular basis. These ideas came to fruition with the development of the BIP-CAT.

Description

The BIP-CAT consists of four subsections corresponding to four dimensions of the patient's treatment experience:

- 1) Problems/Symptoms; 2) External Life; 3) Internal Life; and
- 4) Therapeutic Relationship.

1) The *Problems/Symptoms* section captures information about the problems and symptoms that are identified by either the patient or therapist. Given our orientation toward using the BIP-CAT to record the therapist's perceptions of changes in the patient, the therapist is allowed to *identify* a problem or symptom that has not been explicitly identified by the patient.

The subsections of the other three sections, with sample items to be rated are:

2) External Life:

Romantic Relationships (sample item: 'Quality of sex life'); Friendships (sample item: 'Ability to see others' point of view'); Family of Origin Relationships; Self Care (sample item: 'Pleasurable activities (Fun)'); Work (sample item: 'Presence of stable career goals')

3) Internal Life:

Self (sample item: 'Sense of well-being'); Object Relations (sample item: 'Significant distortion of others'); Defenses; Thought (sample item: 'Awareness of wishes/longings'); Affect

4) Therapeutic Relationship:

Content of sessions (sample item: 'Patient notes patterns in feelings, thoughts, and actions'); Frame (sample item: 'Therapist finds it difficult to negotiate frame'); Transference (sample item: 'Patient idealizes therapist');

Countertransference (sample item: ‘Therapist experiences boredom’);

Intervention Types

Each item on the BIP-CAT is rated at intake and every six months thereafter on its severity as a problem for the patient, using a seven-point scale (from 0--not a problem to 6--severe problem). In addition -- and this is the heart of the instrument -- it is rated every month in terms of whether the patient changed (either improved or got worse) on the item (using a scale from -3--much worse, through 0--no change, to +3--much better). If completed systematically, the BIP-CAT would provide an ‘x-ray’ of the therapy, allowing us to view its vicissitudes over time.

The BIP-CAT has several unique qualities. Among these are:

- That it is designed to assess constructs that are important to psychodynamic clinicians without being wedded to any particular theoretical model and with as little jargon as possible. Therefore, it should be useable by most psychodynamic clinicians; it should also be useable by a range of clinicians from other perspectives.
- That its categories are tied to extant research wherever possible.
- That it measures both *problem severity* and *change*. We therefore allow for the possibility that a patient may exhibit continuous change on a dimension over several months without that change corresponding to full point on the severity ratings. We can thus get a finer-grained picture of change patterns than are available from other instruments.
- In selecting items on the three subsections: External Life, Internal Life, and Therapeutic Relationships we attempted to take into account all of the areas that a psychodynamic therapist considers in working with a patient. These items draw upon both our clinical expertise and existing psychotherapy research. We use general psychodynamic concepts that are as broad and comprehensive as possible. The BIP-CAT is particularly significant in taking into consideration, not only observable

behavior, but additionally the internal workings of a person.

The BIP-CAT has several potential uses. As a research tool, it will allow us to examine patterns of change over time, and to find clusters of patients who change in similar ways. The BIP-CAT can also be an aid to our clinical teaching by providing a structure for trainees to examine systematically the different dimensions of their cases. Its comprehensive nature reduces the chance that important areas will be overlooked. Such systematic examination of cases can be a useful complement to the associative ways of thinking that are so popular among psychodynamic clinicians. The BIP-CAT could also become the basis of a computerized documentation system to be used simultaneously for research, training, quality assurance, and as a supervisory aid.

Rating Procedures

There are two types of categories of *change* to complete on the BIP-CAT:

1. Problems/Symptoms
2. Subsections:
 - External Life
 - Internal Life.

There is also a category which measures what happens in the therapy itself:

3. Therapeutic Relationship.

The *Problems/Symptoms* rating scale gives an opportunity for the clinician to describe in his/her own words the treatment issues unique to the patient. The BIP-CAT allows problems to be identified at the beginning of therapy (or when the BIP-CAT is first completed) and as new problems are identified by patient or therapist. The listed problems/symptoms are from the perspective of the therapist and may not correspond exactly with the concerns of the patient. It allows for the analysis of change occurring with the more observable or recognizable issues for the patient as the therapy proceeds at various stages over time.

The *Subsections* cover the basic concepts that are important in psychodynamic therapy. *External Life* considers observable changes in the day to day life of the patient. *Internal Life* takes into account the

feelings, perceptions, and thoughts of the patient.

Ratings codes are indicated on the bottom of each page of the BIP-CAT. The higher the rating the more problematic is the item.

Severity Ratings: To be coded every six months.
Ratings go from 0 to 6,
from "not a problem" to "severe problem."

Severity ratings take into consideration what is happening with the problem/symptom, internal life, and external life *in the here and now*, at the time of the rating.

Change Ratings: To be coded every month.
Ratings go from -3 to +3 points,
from "much worse" to "much better."

Change ratings take into consideration what is happening with the problem/symptom, internal life, and external life *over time*. It allows the therapist to make a comparison of the item from one month to the next. The therapist takes into consideration only the change that occurred over the last month being rated.

The Therapeutic Relationship lets us know about the nuts and bolts of what is happening in the therapy sessions over time. In rating these items the therapist takes into consideration the frequency of various interactions and experiences on the part of both patient and therapist in the therapy over the last month being rated, without making any comparisons over time.

Frequency Ratings:
To be coded every month.
Ratings from 0 to 6 points,
from "never" to "nearly all the time."

There are three types of ratings in the BIP-CAT: six-month problem severity ratings; monthly change ratings in the Problem/Symptoms, External Life, and Internal Life sections; and frequency ratings for the Therapeutic Relationship section. The six-month problem severity ratings are carried out using a _____ scale, from 0--no problem to 6--severe problem. These ratings reflect the therapist's understanding of how severe of a problem each issue (items 1 through 55, is for the patients at the time of the rating (operationally defined as *over the past month*).

The *initial* problem severity ratings should be completed within one month of the first session with a patient. This time frame allows the therapist time to get to know the patient and the various aspects of his/her life. In case the rater does not have sufficient knowledge of an aspect of a patient's life, a DK (Don't Know) rating should be used. When the therapist becomes familiar with this aspect of the patient, an *initial rating* should then be made, along with the date of the rating (DOR: 7/9/96). Thus, missing parts of the BIP-CAT may be filled in before the next six-month ratings are done.

Change ratings are to be made monthly. This rating indicates the amount of change of the aspect of the patient's life being rated, over the past month, using the -3---much worse to+3---much better, scale. These ratings are conceptually independent of the *problem severity ratings*. Thus, a patient could manifest a _____ change for a number of months on an item, without change for a number of months on an item, without requiring a one-_____ change on the problem severity ratings.

The Therapeutic Relationship section uses a *frequency rating* scale, representing the frequency with which an item occurred during the past month.

Problems/Symptoms

Items 1-8: Patient Problems and/or Symptoms: *Descriptions*

Definition: These items concern problems and symptoms *presented by patient or identified by therapist* at the beginning of treatment and during the course of therapy.

Comments: Date Identified refers to date problem/symptom is identified by or to the therapist. *Date of Onset* of problem/symptom is often different than *Date Identified*. Many of the patient's symptoms may have begun earlier during his/her life and are presented to the therapist at the inception of treatment. Other symptoms/problems become apparent to patient, therapist, or both during the course of treatment. Although *Date Identified* by or to the therapist may be a known, there may be times when *Date of Onset* is unclear, either because the patient does not know when problem/symptom began or because (s)he does not wish to share this information with the therapist. In this case "DK" can be entered for "Date of Onset."

Severity: 0 Not a problem

Very occasionally there will be a symptom, such as a psychosomatically induced eye twitch, which does not apparently cause any difficulty for the patient.

3 Moderate problem

Problem/symptom (e.g. depression, anxiety) is a moderate problem for the patient. It interferes with his/her enjoyment of life but does not interfere with functioning.

6 Severe problem

Problem/symptom (e.g. depression, anxiety) is major problem for the patient. It interferes with daily functioning and makes life very difficult for the pt.

External Life

Item 9: Romantic Relationship:
Type of Relationship Being Rated

Definition: This item specifies the type of romantic relationship which will be rated in items 10-15. The relationship rated is the *single most intimate romantic relationship* of the patient. The following is the coding system:

M=Marriage

The relationship rated is a marriage.

S=Stable partnership

The relationship rated is a stable partnership. This could be a marriage equivalent relationship.

B-Beginning relationship

A relationship in a beginning/developing stage.

D=Dating

A casual relationship which would not be considered a beginning relationship at this stage.

E=Extramarital

The relationship being rated is outside of a marriage or marriage equivalent. This relationship would be rated only if it were in fact *more intimate* than the patient's marriage, as determined by the therapist.

N=No relationship

The patient has no romantic relationship to rate. Put "N" in this spot and skip to item 16.

Comments: Any relationship may or may not include sexual activity, but by the therapist's definition, it is a romantic relationship as opposed to a friendship.

Item 10: Romantic Relationship: *Sex Life*

Definition: This item concerns the extent to which the client has difficulty engaging in or enjoying sex with the intimate partner. All aspects of sexual dysfunction are included in this item, including lack of sexual interest or desire, difficulty in reaching orgasm with the partner, anxiety or fear about sexual contact, etc.

Comment: Rate the quality of sex life with the single most intimate partner. Difficulties with sex life should be rated even if, in the opinion of the therapist, the primary cause of the problem is in the partner's personality or the relational context.

Severity: 0 Not a problem

3 Moderate problem

Has difficulty engaging in or enjoying sex with the partner, and the difficulty interferes with client's satisfaction with the intimate relationship.

6 Severe problem

Has great difficulty with sex life, leading to serious dissatisfaction with intimate relationship.

External Life

Item 11: Romantic Relationship: *Self disclosure*

Definition: This item concerns the extent to which the patient has difficulty disclosing aspects of him/herself to his/her partner.

Comment: Difficulties with self disclosure include both the patient's inability to disclose thoughts, feelings, etc. and the patient's tendency to self-disclose prematurely, or in such a way as to lead to relational problems.

Severity: 0 Not a problem

3 Moderate problem

Has substantial difficulty disclosing self to romantic partner(s), and experiences some difficulty in deepening the relationship because of this.

6 Severe problem

Has great difficulty with self-disclosure, leading to much difficulty maintaining and/or enjoying intimate romantic relationships.

External Life

Item 12: Romantic Relationship: *Destructive Conflict*

Definition: This item is concerned with conflict that interferes with intimacy and satisfaction in the patient's romantic relationships and is destructive of the relationship.

Comments: Conflict can include overt fighting or more covert "cold war". We assume that most relationships have a degree of conflict; the issue is the capacity of the partners to contain and resolve the conflict.

Severity: 0 Not a problem

Individual's romantic relationship is virtually conflict free OR the patient and partner are virtually always able to resolve conflicts soon after they arise.

3 Moderate problem

The patient's romantic relationship is often tinged with conflict, but there are also significant conflict-free times

OR: there is a frequent low-level unresolved conflict in the relationship.

6 Severe problem

The patient's romantic relationship is characterized by almost continuous conflict which is rarely addressed constructively or resolved.

External Life

Item 13: Romantic Relationship: *Assertiveness*

Definition: This item concerns the extent to which the patient has difficulty with *flexible assertiveness* in the context of his/her romantic relationship. Flexible assertiveness refers to the ability to be assertive about one's own preferences, wishes, or opinions while being willing to entertain the preferences and opinions of the partner.

Comment: Difficulties with assertiveness should be rated when the patient is aware of his/her own preferences and opinions but cannot state them, when the patient appears to hide his/her preferences or opinions from him/herself.

Severity: 0 Not a problem

Patient virtually always is able to be flexibly assertive.

3 Moderate problem

Has difficulty at times being assertive, causing some difficulties in the relationship.

6 Severe problem

Has consistent difficulty with assertiveness, leading to serious dissatisfaction with intimate relationship.

External Life

Item 14: Romantic Relationship:
Appropriate Expression of Feelings

Definition: This item concerns the extent to which the patient has difficulty expressing feelings appropriately to the romantic partner.

Comment: “Appropriate” expression includes accurate labeling and/or description of feelings (both positive and negative), and the ability to calibrate the expression of feeling to the intensity or importance of the feeling as well as the partner’s likely responses.

Severity: 0 Not a problem.

Patient is able to express positive and negative feelings accurately, and with appropriate level of intensity.

3 Moderate problem.

Patient has difficulty expressing positive or negative feelings accurately and appropriately. The difficulty interferes to some degree with the relationship with the partner.

6 Severe problem.

Patient has consistent difficulty expressing feelings, leading to serious problems in the relationship(s).

External Life

Item 15: Romantic Relationship:
Ability to See Other's Point of View (Empathy)

Definition: This item concerns the extent to which the patient can step out of his/her own experience and understand events, feelings, behaviors from others' point of view.

Comments: Empathy involves both cognitive process and feeling. A patient can cognitively recognize that another has a legitimate point of view and feelings that are distinct from his/her own without experiencing those feelings. Empathy involves the ability to "put oneself in another's shoes," and accept another's feelings even though the patient does not feel the same way.

Severity: 0 Not a problem

Patient easily recognizes that a partner can love the patient and yet feel and think about something very differently. Example: Patient accepts that her husband does not like to go to the movies, although she wants to go. She reflects on how to deal with this disappointment.

3 Moderate problem

Patient has some ability to imagine that a partner could have different feelings and thoughts, but does not trust the other's motivations. Example: Although the patient can say that he knows his girlfriend wants to live in he country, he continues to propose they live in the city because he thinks it is what she really wants, because that is what he wants.

6 Severe problem

The patient has no ability to imagine that another's emotions and thoughts could be different from his/her own and responds accordingly. Example: Patient has no awareness of the effect of his mood swings on his partner.

External Life

Item 16: Friendships: *Number*

Definition: This item concerns the extent to which the patient has difficulty making friendships.

Comment: Difficulties with number of friendships should be rated if the patient reports having very few friendships, or only casual or superficial friendships that are brief in duration.

Severity: 0 Not a problem.

Patient maintains a number of friendships, including some that remain stable over time and enhance the patient's life satisfaction.

3 Moderate problem.

Has substantial difficulty making and maintaining friendships. The difficulty interferes with patient's life satisfaction.

6 Severe problem.

Patient is isolated from others when away from work, and has great difficulty starting or maintaining friendships.

External Life

Item 17: Friendships: *Self Disclosure*

Definition: This item concerns the extent to which the patient appropriately reveals thoughts and feelings to friends.

Comments: While most problems in this area concern lack of self-disclosure, some patients may exhibit too much self-disclosure.

Severity: 0 Not a problem

The patient has no problem in this area.

3 Moderate problem

The patient has some friends with whom (s)he shares some personal material, but never turns to anyone when upset.

6 Severe problem

The patient never reveals any of his/her thoughts or feelings to others; is chronically extremely guarded. OR the patient reveals extremely personal material, e.g., about his/her sexual life to people (s)he hardly knows.

External Life

Item 18: Friendships: *Destructive Conflict*

Definition: This item concerns conflict that interferes with intimacy and satisfaction in the patient's friendships and is destructive of the friendship.

Comments: Conflict can include overt fighting or more covert "cold war". We assume that most relationships have a degree of conflict; the issue is the capacity of the friends to contain and resolve the conflict.

Severity: 0 Not a problem

Individual's friendships are virtually conflict free OR the patient and his/her friends are virtually always able to resolve conflicts soon after they arise.

3 Moderate problem

The patient's friendships are often tinged with conflict, but there are also significant conflict-free times OR there is a frequent low-level unresolved conflict in the friendships.

6 Severe problem

The patient's friendships are characterized by almost continuous conflict which is rarely addressed constructively or resolved.

External Life

Item 19: Friendships: *Assertiveness*

Definition: This item concerns the extent to which the patient has difficulty with *flexible assertiveness* in the context of his/her friendships. Flexible assertiveness refers to the ability to be assertive about one's own preferences, wishes, or opinions while being willing to entertain the preferences and opinions of the friend.

Comment: Difficulties with assertiveness should be rated both if the patient is unable to be assertive, or if the patient is unable to permit friends to express wishes, preferences, and opinions that differ from those of the patient.

Difficulties with assertiveness should be rated when the patient is aware of his/her own preferences and opinions but cannot state them, when the patient appears to hide his/her preferences or opinions from him- or herself, and when the patient seems unable to tolerate the assertiveness of others.

Severity: 0 Not a problem. Patient is able to be assertive and to listen to the needs, preferences and opinions of friend(s).

3 Moderate problem. Has substantial difficulty at times being assertive, or allowing friends to express differences with the patient.

6 Severe problem. Has consistent difficulty with assertiveness, leading to serious dissatisfaction with friendships.

External Life

Item 20: Friendships: *Expression of Feelings*

Definition: This item concerns the extent to which the patient has difficulty expressing feelings appropriately to friends.

Comment: "Appropriate" expression includes accurate labeling and/or description of feelings (both positive and negative), and the ability to calibrate the expression of feeling to the intensity or importance of the feeling as well as the friend's likely responses.

Severity: 0 Not a problem

Patient is able to express positive and negative feelings accurately, and with appropriate level of intensity.

3 Moderate problem

Has substantial difficulty expressing positive or negative feelings accurately and appropriately. The difficulty appears to interfere to some degree with the relationship with the friend.

6 Severe problem

Has consistent difficulty expressing feelings, leading to serious problems in relationships with friends.

External Life

Item 21: Friendships:
Ability to See Other's Point of View (Empathy)

Definition: This item concerns the extent to which the patient can step out of his/her own experience and understand events, feelings, behaviors from others' point of view.

Comments: Empathy involves both cognitive process and feeling. A patient can cognitively recognize that another has a legitimate point of view and feelings that are distinct from his/her own without experiencing those feelings. Empathy involves the ability to "put oneself in another's shoes," and accept another's feelings even though the patient does not feel the same way.

Severity: 0 Not a problem

Patient easily recognizes that a friend can like the patient and yet feel and think about something very differently. Example: Patient accepts that her friend does not like to go to the movies, although she wants to go. She reflects on how to deal with this disappointment.

3 Moderate problem

Patient has some ability to imagine that a friend could have different feelings and thoughts, but does not trust the other's motivations.

6 Severe problem

The patient has no ability to imagine that another's emotions and thoughts could be different from his/her own and responds accordingly. Example: Patient has no awareness of the effect of his mood

swings on his friends.

External Life

Item 22: Family of Origin Relationships: *Quality*

Definition: This item concerns the extent to which family of origin relationships are a problem for the patient.

Comments: For this rating relationships with all family of origin members are rated together. Therapist should consider in a general way the quality of relationships the patient has with his/her family of origin (not to include spouse and children.) During the course of therapy some relationships may improve while others apparently decline. This is expected as patient makes changes in his/her internal and external life. While worsening of family or origin relationships should not necessarily imply poorer quality of mental health. It may in fact point to the opposite. The rating, however, should only consider the general quality of relationships, for good or bad.

Severity: 0 Not a problem

Quality of family of origin relationships are not a problem for the patient.

3 Moderate problem

Patient is occasionally quite bothered and preoccupied by relationships with mother, father, siblings and other close relatives, leaving him/her feeling powerless.

6 Severe problem

Patient is very often upset about relationships with family of origin members, talking extensively about them in the session and/or obsessing about problems related to these relationships. These

problems render the patient helpless to concentrate on other things and move on with his/her life. S(he) feels helpless, enraged and out of control much of the time.

External Life

Item 23: Self Care: *Taking Care of Self*

Definition: This item concerns the extent to which the patient engages in activities which maintain, support or improve his/her health and well being.

Comments: This item includes care which supports the patient's health as well as safety. It does not include the extent of grooming activities which are solely related to appearance. It also does not include areas in which the patient may have no control, such as obesity. The behavior of the individual is what is the focus of this item.

Severity: 0 Not a problem

The patient takes good care of him/herself. He/she engages in regular activities which maintain a good level of self care and does not engage in unsafe activities unless absolutely necessary, such as speeding when taking a loved one to the hospital emergency room.

3 Moderate problem

The patient engages in some self care activities, such as having regular physical and dental exams, but has difficulty in other areas, such as leading a frenetic life style which allows little time for relaxation or sleep.

6 Severe problem

The patient lacks even basic regimen of self care in his/her life and has a blatant disregard for safety concerns.

External Life

Item 24: Self Care: *Pleasurable Activities (Fun)*

Definition: This item concerns the extent to which the patient has difficulty engaging in enjoyable, entertaining and satisfying activities, outside of work or school, is a problem to the patient.

Comments: This item includes activities done alone or with others, activities which subjectively give the patient pleasure. He/she may engage in seemingly enjoyable activities but has difficulty experiencing joy or pleasure from them. This does not include activities which endanger the patient or others.

Severity: 0 Not a problem

The patient regularly engages in either solo or social activities which give him/her pleasure.

3 Moderate problem

The patient occasionally engages in activities which give him/her joy, but struggles with not knowing what to do with herself/himself a moderate amount of time, such as on alternate weekends feeling a bit lost and unhappy.

6 Severe problem

The patient constantly struggles with knowing what to do with him/herself for fun. (S)he may feel left out of the activity of the world and unhappy most of his/her free time away from work or school.

External Life

Item 25: Self Care: *Comfort with Financial Status*

Definition: This item concerns the extent to which the patient's level of income is felt to be a problem to him/her.

Comments: Feeling that level of income is a problem for the patient is a subjective experience. Although the patient may have a secure job which pays his/her bills and leaves enough money for enjoyable activities, he/she may nevertheless constantly worry about financial security.

Severity: 0 No problem

The patient feels comfortable with his/her level of income and/or general financial status.

3 Moderate problem

The patient is occasionally frustrated by not being able to live the kind of life style that he/she would wish for, due to lack of finances. (S)he may live in a community that (s)he wishes to move from or feels (s)he cannot support his/her children in the way (s)he might like to.

6 Severe problem

Lack of money is a constant source of frustration and difficulty. The patient struggles to pay his/her bills and put food on the table.

External Life

Item 26: Work: *Relationships with Supervisors*

Definition: This item concerns the degree to which the patient has problems in relating to his/her work supervisors which interfere either with work functioning or the satisfaction with work.

Comments: Problematic relationships with supervisors should be rated, even if, in the opinion of the therapist, the primary cause of the problems is either the supervisor's personality or the context of work.

Severity: 0 Not a problem

Gets along with supervisors and accepts or resolves the conflicts that do arise.

3 Moderate problem

Has recurrent moderately intensive conflicts with supervisor(s) which interfere with work functioning or satisfaction.

6 Severe problem

Experience of work is permeated with recurrent conflicts with supervisors that significantly impair work functioning and satisfaction with work.

External Life

Item 27: Work: *Relationships with Colleagues*

Definition: This item concerns the difficulty in relationships with colleagues at work. This may take various forms, for example:

- Repeated unproductive arguments with colleagues;
- Repeated instances in which colleagues' motives or actions are misunderstood by the patient;
- Repeated inability to cooperate with colleagues on tasks
- Tendency to be scapegoated by colleagues

Severity: 0 Not a problem

3 Moderate problem

Patient has occasional relational difficulties with colleagues, which interfere with the patient's work functioning or enjoyment of work .

6 Severe problem

Patient's relationships with colleagues are frequently difficult, and the difficulties interfere seriously with the patient's work functioning and enjoyment of work.

External Life

aspects of his/her life.

Item 28: Work: *Satisfaction with Work*

Definition: This item concerns patient dissatisfaction with important aspects of his/her work or employment. This may take various forms, for example:

- Patient consistently dislikes the content of his/her work (what he or she must do from day to day).
- Patient is consistently unhappy about salient aspects his/her place of work, such as hours, pay, the way he or she is treated by others;
- Patient feels consistently under-challenged or under-utilized--or consistently unable to master the requirements of the job or profession.

Comments:

Severity: 0 Not a problem

3 Moderate problem

Patient frequently experiences dissatisfaction with his/her work or job, and the dissatisfaction interferes to some degree with other aspects of his/her life

6 Severe problem

Patient often experiences dissatisfaction with his/her work or job, and seems unable or unwilling to make changes. The dissatisfaction interferes seriously with the patient's ability to enjoy other

External Life

and other aspects of life.

Item 29: Work: *Presence of Stable Career Goals*

Definition: This item concerns the patient's lack of internally-created work or career goals that endure for a period of time. This may take various forms, for example:

- Patient changes his/her mind about work or career goals with unusual frequency.
- Patient seems unable to determine what (s)he wants to do, or what (s)he enjoys doing.
- Patient accepts other people's aspirations for him/her without question, and does not appear to take into account his/her own desires or interests.
- Patient sets career goals that seem highly unrealistic and generate disappointment

Comments: It is hard to get away from judgments of what level of goals the patient "should" be setting, based on demographic factors and assumptions about the patient's abilities.

Severity: 0 Not a problem

3 Moderate problem

Patient expresses concern about career goals at times, and the concern is acute or frequent enough that it interferes with functioning and/or enjoyment in work and other aspects of life.

6 Severe problem

Patient's lack of clear or stable career goals generates frequent or chronic distress, and interferes in a major way with enjoyment of work

External Life

Item 30: Work: *Functioning at Ability Level*

Definition: This item concerns the patient's functioning below his/her level of ability in the work arena. This may take various forms, for example:

- Patient consistently accepts positions that offer little or no challenge, and that generate boredom, or fuel low self-esteem
- Patient sets unrealistic performance standards for his/her work when the work actually requires far less (e.g. an obsessive internal demand to get a routine job done by a certain hour of the day or to do it without any errors).

Comments:

1. What if the patient chooses and likes a low-level, routine job that is substantially below his/her ability level?
2. It may be difficult to have adequate data to rate this item without making judgments or assumptions about the patient's abilities.

Severity:

0 Not a problem

3 Moderate problem

Patient is frequently distressed about doing work that is below his/her level of ability, or about performing below unrealistic standards.

6 Severe problem

Patient is distressed about doing work that is substantially below his/her ability level, and feels paralyzed or unable to change the situation.

Internal Life

Item 31: Self: *Sense of Well-Being*

Definition: This item concerns the sense of being in good physical and mental health, with optimism about the future, as contrasted with being concerned about health and personal problems, worried about the future, and skeptical of the friendliness and sympathy of others (Gough, 1987). A sense of optimism and life satisfaction prevails.

Comments: Distinguish between sense of well-being and self esteem. Sense of well-being involves bodily integrity, as well as an emotional component. There is a sense of wholeness of one's mind and body even though one may be facing adverse situations.

Severity: 0 Not a problem

Most complete sense of well-being.

3 Moderate problem

Moderate sense of well-being.

6 Severe problem

Entirely lacking a sense of well-being

Internal Life

Item 32: Self: *Awareness of One's Identity*

Definition: This item concerns the patient's continuous and stable sense of who and what (s)he is.

Comments: Identity disturbance is often manifest in such unresolved questions as: "am I gay or straight?"; "what groups do I really belong to?"; "what career path would be best for me?" This item is loosely based on Erickson's concept of identity, as well as on the DSM-IV identity disturbance symptoms for borderline personality disorder.

Severity: 0 Not a problem

Patient almost always lives in full awareness of his/her identity.

3 Moderate problem

Patient often wonders about such issues as whether to change career, sexual identity, etc.

6 Severe problem

Patient has little continuous sense of who or what he is.

Internal Life

Item33: Self: *Self Esteem*

Definition: This item concerns the sense of value placed upon oneself. It involves attitudes expressed through one's feelings, actions, and thoughts about one's worth. There is a feeling that one matters and has control over one's life. Rogers (19__) states that the individual makes a comparison between the ideal self and what one is.

Comments: Differentiating between high self esteem and defensively overvaluing oneself.

Severity: 0 Moderate problem

One places a high value on oneself.

3 Moderate problem

There is a moderate sense that one has some worth

6 Severe problem

No sense that one is a worthy human being exists.

Internal Life

Item 34: Self: *Curiosity about Self (non-judgmental)*

Definition: This concerns

Comments:

Severity: 0 Not a problem

3 Moderate problem

6 Severe problem

Internal Life

Item 35: Self: *Belief in One's Ability to Change*

Definition: This item concerns

Comments:

Severity: 0 Not a problem

3 Moderate problem

6 Severe problem

Internal Life

therapy.

Item 36: Object Relations: *Felt Connectedness with Others*

Definition: This item concerns the extent to which the patient:

- is able to trust and feel a sense of connection with the therapist, and others outside therapy; to feel pleasure, satisfaction, and acceptance by others, as opposed to feeling a sense of futility, emptiness, impoverishment, withdrawal, powerlessness, and rejection when anticipating others' reactions to oneself;
- is able to reveal self-feelings and thoughts about past and present life in the session;
- is able to make and maintain attachment to the therapist, and others outside therapy (the expectation is that the person is object seeking).

Comments: A person can feel a lack of felt connectedness while in the actual presence of many individuals. On the other hand, a person can be physically alone and feel very connected to others. The most complete sense of connectedness implies an individuated self.

If the therapist is seeing the patient sporadically or only one time weekly, the patient may have difficulty making the therapeutic alliance. The patient may be able to make connections outside of the sessions but be unable to connect to the therapist due to transference and countertransference issues.

Severity: 0 Not a problem

The patient is able to feel a sense of connection and trust with the therapist, and others outside of

3 Moderate problem

The patient has some difficulty trusting and feeling connected with others.

6 Severe problem

The patient is unable to feel connected with the therapist, and others outside therapy. The patient is unable to trust and make attachments(e.g. schizoid).

Internal Life

Item 37: Object Relations: *Recognizing Object Complexity*

Definition: This item concerns the complexity or differentiation of the patient's internal representations of others. Greater complexity means the awareness and integration of more distinct facets of an individual's personality.

Comments: This item integrates thinking from object relations theory and work in social psychology and research construct psychology on cognitive complexity and differentiation (Bieri, Crochet, Landfield). We have combined both differentiation and integration into a single problem.

Severity: 0 Not a problem

Patient is almost always able to view others in a complex, differentiated manner, while integrating the distinct aspects of the other into a cohesive whole.

3 Moderate problem

Patient often has difficulty viewing others in a complex way, either viewing only a few characteristics of the person, or not integrating the person's characteristics into a cohesive whole.

6 Severe problem

Patient virtually never forms a complex internal image of another. All representations of others either consist of only a few distinct characteristics or are totally unintegrated into a cohesive whole.

Internal Life

Item 38: Object Relations:
Perception of Other's Motives/Feelings/Actions

Definition: This item concerns the degree to which the patient misperceives or misunderstands the actions and internal life of others.

Comments: Misperceptions can take several forms, including paranoid attributions of motives, narcissistic assumptions that the other is just like the self, or a cognitively simple inability to understand others. Misperceptions do not have to be of psychotic proportions to receive high ratings on this item. In making a rating, one must combine the patient's lowest level of functioning with his/her's usual level. For example, a person who misperceives only her boss would not get as high a rating as someone who misperceives al

Severity:

0	Little or no difficulty in perceiving others' motives, feelings, and actions.
3	Moderate distortions in one relationship OR mild distortions in most important relationships.
6	Serious distortions of the motives, feelings and actions of most others.

Internal Life

Item 39: Object Relations: *Range of Affective Expectations and/or Reactions to Others*

Definition: This item is concerns the extent to which the patient has a variety of emotions available to him/her that (s)he can feel internally and can imagine that others can feel toward her/him.

Comments: Whether or not the emotional reactions are appropriate to a situation is not what the clinician rates in this item.

Severity: 0 Not a problem

The range of emotional reactions are easily varied and felt.

3 Moderate problem

There is some difficulty in the patient having a wide range of emotion available to him/her.

6 Severe problem

The range of feeling is very restricted whether it is at extremely charged emotions or whether it is a very narrow ability to feel at all.

Internal Life

Item 40: Thought: *Awareness of Wishes/Longings*

Definition: This item concerns the patient's lack of awareness of, or ability to articulate authentic needs. Patient denies certain wishes and longings but acts them out.

Comments: Awareness of vs. pursuit of wishes/longings
Awareness vs. ability to articulate wishes/longings
Awareness of vs. ability to satisfy - Is it a problem if patient is aware of wishes but unable to satisfy them?
Presence of contradictory wishes and longings

Severity: 0 Not a problem

Patient is aware of basic needs and able to satisfy them or find other outlets for their satisfaction (e.g., sublimation).

3 Moderate problem

Patient is aware of some wishes but has difficulty articulating or accepting them.

6 Severe problem

Patient is not aware of basic wishes and needs; substitutes "inauthentic" wishes for authentic ones; acts out wishes without understanding the significance of behavior; feels conflicted about the most basic wishes and needs.

Internal Life

Item 41: Thought: *Intrusiveness of Wishes/Longings*

Definition: This item concerns

Comments:

Severity: 0 Not a problem

3 Moderate problem

6 Severe problem

Internal Life

Item 42: Thought: *Obsessive/Intrusive Thoughts*

Definition: This item concerns the presence of unwanted or disturbing thoughts and/or inability to stop thinking about a particular topic. The content could be past traumata, unfulfilled wishes, aspects of self or others, hostile or angry thoughts toward others.

Comments:

Severity: 0 Not a problem

Patient does not experience intrusive or obsessive thoughts. Example: Patient might occasionally worry about some unpleasant or threatening situation (e.g., exam) but this does not interfere with functioning (e.g., preparing for exam) and immediately stops once the situation is resolved.

3 Moderate problem

Patient occasionally experiences intrusive/obsessive thoughts but these are not excessively disturbing and can be stopped through various coping strategies (e.g., cognitive interventions). Patient may experience obsessive episodes in response to particular situations (e.g., relationships, job performance) but these are short-lived and do not interfere with functioning. Example: Patient might experience a period obsessive thinking about a relationship that has just ended but is able to perform well in other areas of life.

6 Severe problem

Patient feels unable to control his/her thoughts and functioning is compromised by frequency of

particular thoughts or by thought content.
Example: Patient is unable to stop thinking about a past trauma and is unable to function in other areas of his/her life.

Internal Life

cannot possibly be overcome.

Item 43: Thought: *Magnification/Minimization*

Definition: This item concerns distortions in evaluating the significance or magnitude of events.

Comments: This item is based on a similarly named response set of Beck (1979, p.14). People differ in their cognitive styles. This item only should be scored if the distortion causes a problem for the patient.

Severity: 0 Not a problem

No tendency to magnify or minimized the significance or magnitude of events. Example: A person who almost always puts things in perspective, neither denying their significance nor blowing it up out of proportion.

3 Moderate problem

Often, but not always, either blows events up out of proportion or else minimizes them to the extent that they are not attended to properly. Example: A person who, when faced with negative feedback, tends to feel that most people feel the same way and that this impression would be hard to overcome.

6 Severe problem

Virtually always either blows events up out of proportion or else minimizes them to the extent that they are not attended to properly. The extent of the distortion and/or problems resulting from the lack of attention are severe. Example: A person who regularly becomes hopeless when faced with minor frustrations because (s)he interpret those frustrations as overwhelming obstacles which

Internal Life

Item 44: Thought: *Polarized or Dichotomous Thinking*

Definition: This item concerns the extent to which the patient tends to view all experiences as belonging to one of two opposite categories (e.g. events, people, characteristics).

Comments: This item is loosely based on Beck's "absolutistic, dichotomous thinking." However, he has removed the assumption that the patient views him/herself in terms of the negative pole of the category pair, as the latter is encompassed by our Negative Bias item.

Severity: 0 Not a problem

Does not exhibit a tendency to polarize thinking into dichotomous categories. Example: A person who views all events as being complex, and always strives to see both sides of an issue.

3 Moderate problem

Frequently uses dichotomous thinking. This use sometimes interferes with his/her ability to function optimally. Example: A person who, when (s)he has difficulty in a relationship, tends to view the other in polarized terms, but who is able to be more complex in viewing others in less conflictual relationships.

6 Severe problem

Almost always uses dichotomous thinking, viewing virtually all experiences in polarized terms. Example: A person for whom everything is either good or bad, with no in-between.

Internal Life

Item 45: Thought: *Negative Bias*

Definition: This item concerns the degree to which the patient views him/herself, all events and experiences through a negative lens and has negative expectancies about future events.

Comments: This item incorporates all three components of Beck's 'Cognitive Triad': negative cognition about experiences, the self, the future. A person scoring low on this item need not necessarily be cheerful or optimistic. (S)he simply is not unrealistically negative. The presumption of this item is that a negative bias is basically unjustified and interferes with functioning. The rater, therefore, must consider the circumstances of a person's life in making a rating.

Severity: 0 Not a problem

No tendency to view the experiences, the self, and the future through a negative lens. Example: A person who always views events in a positive light, who views the "glass as half full."

3 Moderate problem

Frequently is unrealistically negative in viewing experiences, the self, and/or the future. Example: A person who generally expects to be rejected when (s)he applies for a job for which (s)he generally is qualified.

6 Severe problem

Virtually always views experiences, the self, and the future in a negative light. Example: A person who is consistently negative about all events and

experiences and acts as if nothing good could ever befall him/her.

Internal Life

Item 46: Thought: *Faulty Generalization*/Arbitrary Inference

Definition: This item concerns problems with forming inferences from data, such that the inferences are not justified by the data.

Comments: For the sake of brevity, this item combines Beck's (1979, p.14) overgeneralization and arbitrary inference information processing difficulties. The former refers to drawing a general conclusion from isolated pieces of evidence, while the latter refers to inferences in the absence of supporting evidence. It seemed to us that these two difficulties are difficult to distinguish in practice, and usually co-occur.

Severity: 0 Not a problem

Exhibits no problems with faulty generalization. Example: A person who, even under great stress is able to put things in perspective and form reasonable generalizations from experience.

3 Moderate problem

Often, but not always, forms generalizations that are not justified by the evidence. Example: A person who, when stressed, will often on little evidence, form generalizations such as "X doesn't like me," based on X, a busy acquaintance being brusque during a single phone call.

6 Severe problem

Virtually always forms unjustified generalizations from little or no evidence. Example: A person who is continually forming sweeping generalizations, such as, "people don't like me," based only on a

store clerk frowning when the person asks for change for \$20.

Internal Life

Item 47: Affect: *Range/Diversity of Emotions*

Definition: This item concerns the extent to which patient a) is able to experience affect, b) able to experience a variety of affects, both positive and negative

Comments:

- Should "appropriateness" of affective responses (type and magnitude) be included in this item?
- Clinician may only see a limited range of emotions during therapy (i.e., sadness, anger, anxiety, etc. "negative" emotions), and patient may not discuss positive affects occurring outside of therapy, both of which may provide a distorted view of patient's affective behavior outside of therapy

Severity: 0 Not a problem

Patient is able to experience a range of affective responses at appropriate levels of intensity, depending on the situation

3 Moderate problem

Patient can only experience full range of affects in a limited set of contexts (e.g., when feeling "safe" in therapy but not in intimate relationships or friendships)

6 Severe problem

Patient experiences too much or too little affect (e.g., unable to respond affectively to others, or overreacts); has inappropriate affective responses ; is only able to feel a limited number of affects (e.g., can only feel anger, anxiety, or is never able to feel anger) Patient may use defenses such as

dissociation, flooding, numbing out or somatization.

Internal Life

Item 48: Affect: *Anxiety*

Definition: This item concerns feelings of anxiety, defined as a "state of undirected arousal" which has many manifestations, including worrying, intrusive thoughts, ruminations, restlessness, inability to concentrate, sweating, flushing, heart palpitations, shallow breathing, and exaggerated startle response.

Comments: Must distinguish between (appropriate) fear and anxiety. Anxiety is distinguished from fear in that it 1) does not have an associated recognizable external source of threat, and 2) is not associated with successful escape or avoidance behavior.

Severity: 0 Not a problem

Although patient may occasionally experience feelings of anxiety, these do not interfere with normal functioning.

3 Moderate problem

Patient/patient feels intolerably anxious but only in limited contexts (e.g., when discussing a particular issue, when facing particularly stressful situations). OR, patient feels moderately anxious across a wide range of situations. Patient is able to reduce anxiety through specialized coping strategies (e.g., relaxation exercises).

6 Severe problem

Patient experiences generalized anxiety, panic attacks, or phobias which interfere with normal functioning or cause intolerable distress. Patient is unable to reduce distress through normal coping

strategies and resorts to dangerous or self-destructive behaviors (e.g., drugs, alcohol).

Internal Life

Item 49: Affect: *Depression*

Definition: This item concerns psychological and physiological manifestations of depression; the extent to which depressive feelings interfere with functioning.

Comments: Depression should be distinguished from sadness. Depression is seen as a long-lasting dysphoric state characterized by specific manifestations including hopelessness, helplessness, sleep and appetite disruptions, and fatigue.

Severity: 0 Not a problem

Patient is not experiencing feelings of depression. Patient may experience infrequent feelings of dysthymia in response to specific situations which do not interfere with functioning. Patient has adequate coping strategies for handling dysthymic episodes.

3 Moderate problem

Patient occasionally experiences intolerable feelings of depression but the episodes are short-lived and linked to specific events. Patient frequently experiences dysthymia which causes subjective discomfort but does not seriously interfere with functioning. Patient is able to cope with these feelings through specialized coping strategies (e.g., exercise, self-soothing strategies) but a significant effort is required to maintain positive feeling state.

6 Severe problem

Patient experiences frequent and/or severe

depressive episodes which interfere with normal functioning or cause intolerable distress. Patient is unable to reduce distress through normal coping strategies and resorts to dangerous or self-destructive behaviors (e.g., drugs, alcohol).

Internal Life

Item 50: Affect: *Hopelessness/Demoralization*

Definition: This item concerns the patient's feelings of inability to control life, satisfy wishes, and accomplish goals.

Comments: It is important to distinguish between realistic and unrealistic goals/wishes.

Severity: 0 Not a problem

Patient is not experiencing feelings of hopelessness and demoralization in the course of day to day life.

3 Moderate problem

Patient occasionally experiences feelings of hopelessness about life in general or frequently experiences such feelings about a particular aspect of life (e.g. career). These episodes are short-lived and cause subjective distress but do not interfere with normal functioning for extended periods. Patient is able to cope with these feelings without resorting to self-destructive behaviors.

6 Severe problem

Patient experiences frequent and/or severe episodes of hopelessness and demoralization which interfere with normal functioning or cause intolerable distress. Patient is unable to envision a change in circumstances and feels victimized. Patient may resort to dangerous behaviors (e.g., drugs, alcohol).

Internal Life

Item 51: Affect: *Hostility/Anger*

Definition: This item concerns the patient's feelings of hostility and anger; degree of awareness; degree and mode of expression; degree to which these feelings are appropriate and adaptive vs. disruptive and maladaptive.

Comments: It is important to distinguish between adaptive and maladaptive anger. Anger can be adaptive and function as a personal motivating force and an interpersonal regulator, or it can be destructive and maladaptive. Distinguish between pathology vs. lack of awareness and/or skills in expressing/dealing with anger.

Severity: 0 Not a problem

Patient does not experience excessive anger or hostility nor does (s)he block natural angry reactions in response to frustration of goals. Patient is able to experience appropriate anger in response to situations which violate his/her "boundaries". Patient is able to express anger in an appropriate, constructive manner.

3 Moderate problem

Patient occasionally experiences intense feelings of anger or hostility in response to particular situations or experiences low-grade sense of anger or irritability across a wide variety of objects and situations. These feelings interfere somewhat with patient's functioning, especially. interpersonal. Patient does not engage in open hostility.

6 Severe problem

Patient experiences frequent and/or severe feelings of anger and hostility which (s)he is unable to control. Patient engages in violent, threatening, or self-destructive behavior.

Internal Life

Item 52: Affect: *Shame and Guilt*

Definition: This item concerns the feelings of shame and guilt are self-conscious emotions resulting from a cognitive evaluation of one's behavior with respect to ones' goals, rules, and standards. Both shame and guilt may thus be appropriate, if a person violates some fundamental goal or rule, or inappropriate, if the goals and rules are such as to cause the person to feel shame and guilt in response to normal behaviors. Shame tends to be global, affecting the overall sense of self, whereas guilt tends to be focused on a particular action or attribute of self. Guilt, unlike shame, often has a specific corrective action associated with it, which the person may or may not take.

Comments: Distinguish between adaptive and maladaptive feelings of guilt. Guilt can be adaptive and function as a personal motivating force and an interpersonal regulator, or it can be destructive and maladaptive.

Severity: 0 Not a problem

Patient's rules and goals are consistent with his/her abilities and cultural context. Patient does not experience excessive feelings of shame or guilt. Patient does experience appropriate guilt feelings in response to own behaviors which violate his/her values.

3 Moderate problem

Patient has some rules and goals which are unrealistic and can lead to periodic intense feelings of shame or guilt. This may lead to intense feelings in response to particular situations

or with respect to a particular aspect of self, or it may cause low-grade feelings of shame and guilt across a wide variety of situations. These feelings interfere somewhat with patient's functioning.

6 Severe problem

Patients rules and goals are unrealistic with respect to his/her abilities and cultural context. Patient experiences frequent and/or severe feelings of shame and guilt which (s)he is unable to control. These feelings have a serious impact on patient's behavior and sense of self.

Internal Life

Item 53: Affect: *Inability to Experience Positive Affect*

Definition: This item concerns the inability to experience positive affect. There is strong empirical evidence for the existence of two independent systems for mediating positive and negative affect. Particular individuals may be physiologically predisposed towards a stronger experience of one or the other type of affect. Some personality psychologists have suggested links between the predisposition towards one or the other affect and personality traits (e.g., positive affectivity tends to lead to extroversion whereas negative affectivity, that is, predilection towards anxiety and depression, leads to neuroticism. The existence of these two separate systems has particularly strong implications for clinical work, where a particular psychotherapy approach may focus on decreasing negative affective experiences or increasing positive ones.

Comments: This item tries to capture the extent to which the patient is able to experience both positive and negative affect, the balance between the two, and the extent to which the patient is aware of and able to seek out experiences that induce positive affect.

Severity: 0 Not a problem

Patient is able to experience both positive and negative affect, as appropriate to the situation. Patient can consciously seek out or create experiences that induce positive affect as a coping strategy.

3 Moderate problem

Patient is aware that there are situations or

behaviors which can induce positive affect but has some difficulties experiencing positive affect and can experience periods or situations where (s)he is unable to seek out experiences inducing positive affect.

6 Severe problem

Patient's predominant affectivity is negative. Patient rarely experiences positive affect and is unable to seek situations or alter own behavior in order to experience positive affect. Patient may not be aware of situations or behaviors that can induce positive affect.

Internal Life

Item 54: Defenses: *Lack of Mature Ego Defenses*

Definition: This item concerns the patient's use of mature defenses, defined, for our purposes, as being synonymous with the DSM-IV Defense Functioning Scale High Adaptive Level defenses: Anticipation, Affiliation, Altruism Humor, Self-Assertion, Self-observation, Sublimation, and Suppression -- that can contain and transform internal and external conflict into productive areas of expression.

Comments: It can be hard to distinguish mature defenses from their less mature cousins: Suppression from Repression, Sublimation from Fantasy. In the mature version the conflict is allowed to continue to exist during the coping process. This Item is worded in the negative so that higher scores imply the existence of a problem in this area.

Severity: 0 Not a problem

Individual is able to consistently use mature defenses when faced with conflict.

3 Moderate problem

Individual has the capacity to use some mature defenses, but may also use neurotic or immature defenses when stressed.

6 Severe problem

Individual virtually never uses mature defenses.

Internal Life

Item 55: Defenses: *Use of Immature Ego Defenses*

Definition: This item concerns the patient's use of immature ego defenses: IV Defense Functioning Scale Minor image-distorting (e.g., Devaluation), Disavowal (e.g., Denial), Major image-distorting (e.g., projective identification), Action (e.g., Help-rejecting Complaining) or Defensive Dysregulation (i.e. Psychotic Defenses, e.g., Delusional Projection) levels. This scale assesses the extent and severity of an individual's use of these maladaptive defenses.

Comments: Defenses from the DSM-IV Mental Inhibitions (or Vaillant's Neurotic) level are *not* included because research has consistently shown them to be unrelated to psychopathology. Ratings should take into account both the frequency and the severity of the defenses used.

Severity: 0 Not a problem

Individual virtually never uses immature defenses.

3 Moderate problem

Individual sometimes uses from the Minor Image-distorting (devaluation, idealization, or omnipotence), Disavowal (denial, projection, or rationalization), or Major image-distorting (autistic fantasy, projective identification, splitting of self-image or image of others) levels, but rarely or never uses defenses from the Action (acting-out, apathetic withdrawal, help-rejecting complaining, passive-aggression) or Defensive Dysregulation (i.e. Psychotic Defenses: delusional projection, psychotic denial, psychotic distortion) levels.

6 Severe problem

Individual predominantly uses defenses from the Action (acting-out, apathetic withdrawal, help-rejecting complaining, passive-aggression) or Defensive Dysregulation (i.e. Psychotic Defenses: delusional projection, psychotic denial, psychotic distortion) levels.

Therapeutic Relationship

Item 56: Alliance Between Therapist and Patient:
Agreement about the objectives of therapy

Definition: This item concerns the degree to which the patient and therapist are in agreement regarding what the goals, objectives and outcomes of a given therapy should be.

Comments: This item is loosely based on Bordin's goal component of the working alliance. Disagreements can both be about what would, in principle, be good for the patient, and what the patient or therapist desires to work on at a given time.

Frequency: 0 Never

Patient and therapist have profoundly different conceptualizations of what the outcomes of the treatment should be.
Example: Patient is concerned only with feeling less anxious while therapist does not see patient anxiety as a problem and is primarily interested in improving the patient's internal object relations.

3 A moderate amount

There is some agreement as to the goals or objectives of therapy, but disagreement also exists.
Example: Patient and therapist agree that treatment should aim at a reduction of patient anxiety, but therapist feels that improving the quality of the patient's relationships should be a primary goal, while patient is unsure if (s)he desires this goal.

6 Nearly all of the time

Patient and therapist strongly agree regarding the goals or objectives of the therapy.
Example: Both therapist and patient agree that therapy should strive to reduce patient anxiety and improve the quality of patient's relationships.

Therapeutic Relationship

Item 57: Alliance Between Therapist and Patient:
Agreement about how therapist and patient should work together

Definition: This item concerns the degree to which patient and therapist agree about what should go on between them.

Comments: This item concerns both agreement about what should occur during sessions and outside of sessions (e.g., frequency and appropriateness of phone calls). Furthermore, the item concerns both agreement about procedures (e.g. Being on time or using a couch) and processes (e.g., the degree to which the therapist will give advice, the importance of free association, or of the .patient being forthcoming about his/her feelings about the therapist). This item is based on Bordin's Tasks component of the working alliance.

Frequency: 0 Never

Patient and therapist have profoundly different conceptualizations of what the processes and procedures of the treatment should be.
Example: Patient thinks that the therapist should be primarily an advice-giver and mentor while therapist thinks that therapeutic neutrality and never giving advice is central to treatment.

3 A moderate amount

There is some agreement as to the processes or procedures of therapy, but disagreement also exists. Patient and therapist agree that the patient should do most of the talking in therapy sessions, and should talk about his/her personal Comments and feelings, but disagree about the extent to

which it is important to talk about their relationship.

6 Almost all of the time

Patient and therapist strongly agree regarding the goals and objectives of the therapy.

Example: Both patient and therapist agree that talking about the therapeutic relationship is a very important part of therapy.

Therapeutic Relationship

Item 58: Alliance Between Therapist and Patient:
A bond exists between therapist and patient

Definition: This item concerns the extent and quality of the positive bond that exists between the patient and therapist.

Comments: Bond includes such elements as the mutual trust, acceptance, and confidence characteristic of the relationship between patient and therapist. This item is based on Bordin's Bond component of the working alliance.

Frequency: 0 Never

There is virtually no bond between patient and therapist, as evidenced by either mutual lack of interest in each other, mutual dislike, or chronic distrust.

3 A moderate amount

The patient therapist relationship is characterized by a moderate bond between them, or the bond, while generally present, fluctuates somewhat in quality.

6 Nearly all of the time

A strong, consistent positive bond exists between therapist and patient that is maintained despite any conflicts that may arise in the relationship.

Therapeutic Relationship

Item 59: Content of Sessions: *Patient communicates feeling*

Definition: This item concerns the extent to which the patient discusses his/her feelings in the sessions.

Comments: Both feelings in the session and out of the session are included in this item.

Frequency: 0 Never

The patient never, or very rarely, brings up material.

3 A moderate amount

Patient feelings regularly discussed in the sessions but constitute only a fraction of total content.

6 Nearly all of the time

Virtually all of the patient talk in the session concerns his/her feelings. Little else is talked about by patient.

Therapeutic Relationship

Item 60: Content of Sessions:
Patient discusses historical material

Definition: This item concerns the extent to which the patient talks about events from his/her past.

Comments: For the purposes of this item “past” is defined as any time more than one year ago.

Frequency: 0 Never

The patient never, or very rarely, brings up material.

3 A moderate amount

Patient regularly discusses historical material in the sessions but constitute only a fraction of total content.

6 Nearly all of the time

Virtually all of the patient talk in the session concerns historical material. Little else is talked about by patient.

Therapeutic Relationship

Item 61: Content of Sessions:
Patient discusses current life events

Definition: This item concerns the extent to which the patient discusses the events in his/her current life in the sessions.

Comments: For the purposes of this item, current events are defined as any events that occurred within one year of when they are discussed.

Frequency: 0 Never

The patient never, or very rarely, brings up current events.

3 A moderate amount

Current events are regularly discussed in the sessions but constitute only a fraction of total content.

6 Nearly all of the time

Virtually all of the patient talk in the session concerns events of his/her current life. Little else is talked about by patient.

Therapeutic Relationship

Item 62: Content of Sessions: *Patient asks for advice*

Definition: This item concerns the degree to which the patient asks for advice, directly or indirectly.

Comments: For the purposes of this item, advice refers to a request that the therapist recommend some action, where action is broadly defined.

Frequency: 0 Never

The patient never, or very rarely, asks for advice.

3 A moderate amount

Patient asks for advice in the sessions on occasion.

6 Nearly all of the time

The patient always or almost always asks for advice from the therapist.

Therapeutic Relationship

Item 63: Content of Sessions:
Patient notes patterns in feelings, thoughts and behaviors

Definition: This item concerns the extent to which the patient comments on, or discusses repetitive patterns in his/her feelings, thoughts and behaviors.

Frequency: 0 Never

The patient never, or very rarely, notes patterns in his feelings, thoughts or behaviors.

3 A moderate amount

Patterns are occasionally discussed in the sessions.

6 Nearly all of the time

The patient almost always recognizes and discusses patterns in his/her thoughts, feelings and behaviors. Patterns are discussed almost every session.

Therapeutic Relationship

- Item 64:** Content of Sessions:
Therapeutic relationship is a focus of session
- Definition:** This item concerns the extent to which the patient and/or therapist talk about their relationship.
- Comments:** For the purposes of this item therapeutic relationship should be construed broadly to include the patient's thoughts or feelings about the therapist or about their relationship, the therapist's thoughts or feelings about the patient or their relationship, discussion of frame issues (schedule, fees, vacation, lateness). Only explicit references are included. Discussion of such issues as clinic policies, which might be construed as indirect references to the therapeutic relationship, but which are not explicit references are not included.
- Frequency:** 0 Never
- The patient or therapist almost never bring up the topic of their relationship in the session.
- 3 A moderate amount
- Patient and therapist's relationship is regularly discussed in the sessions but constitute only a fraction of total content.
- 6 Nearly all of the time
- The patient and therapist talk about their relationship almost all the time.

Therapeutic Relationship

- Item 65:** Frame: *There is discussion about fees*
- Definition:** This item concerns the frequency with which the patient or therapist initiate a discussion about fees.
- Comments:** Discussion may directly revolve around what patient will pay the therapist and a negotiation of that. As well patient may discuss conflicts around how he/she will get the money to pay the therapist, anger at having to pay at all or there may be a breakdown in the therapy due to a charge in fee such as patient missing sessions and subsequent discussion of this break in the frame.
- Frequency:** 0 Never
- There is no discussion of fees after initial fee is set.
- 3 A moderate amount
- Off and on during the therapy the subject of fees enters the treatment.
- 6 Almost all of the time
- The content of sessions hardly drifts from Comments related to the fee, either directly or indirectly. For example, anger at the therapist during the session is later found to be related to having to pay for therapy.

Therapeutic Relationship

Item 66: Frame: *There is discussion about schedule*

Definition: This item concerns the frequency with which the patient or therapist initiate a discussion about schedule of therapy.

Comments: Patient or therapist may choose to change the initially set schedule of therapy; increasing or decreasing the frequency of scheduled appointments, adding extra appointments, or changing the time of scheduled appointment. The therapist should consider in assessing frequency of discussion about schedule of therapy, who initiates the change. If the therapist initiates change it should only be considered if the initiated change relates solely to the evaluated patient.

Frequency: 0 Never

There is almost no discussion of appointment schedule after initial date and frequency of appointments is established.

3 A moderate amount

There is occasional discussion about changes in the schedule.

6 Nearly all the time

There is constant discussion of the schedule of therapy. Whether or not changes are actually made in the meeting time, place or frequency, the patient is constantly initiating discussion about this topic.

Therapeutic Relationship

Item 67: Frame: *Therapist finds it difficult to negotiate frame*

Definition: This item concerns the frequency with which the therapist finds it difficult to negotiate the frame of therapist: that is, the time, place, beginning or ending of the therapy session, how much of the therapist's personal life and opinions will be brought into the session and the amount and collection of payment for therapy.

Comments: When considering frequency of difficulty in negotiating frame issues, therapist should only consider his/her experience which is particular to this patient. Difficulties which the therapist has with all patients, and are related to the personality and/or skill level of the therapist should not be considered when evaluating the patient.

Frequency: 0 Never

The therapist rarely if ever has difficulty negotiating the frame with this patient.

3 A moderate amount

The therapist has occasional difficulties in collecting fees with this patient. A few times the patient misses appointments or is very late.

6 Nearly all the time

The therapist is in a constant struggle with this patient over coming in for scheduled sessions, paying fees, or maintaining personal boundaries.

Therapeutic Relationship

Item 68: Transference:
Patient expresses feelings about the therapist

Definition: This item concerns the frequency with which the patient expresses feelings toward the therapist, or describes feelings toward others that the therapist brings up as reflecting feelings toward the therapist. Such feelings are assumed to originate in aspects of the patient's relationships with other people in his/her early life. For example:

- The patient expresses concern or worry about whether the therapist likes, approves of, or is entertained by the patient.

Comment: It is generally assumed in dynamic psychotherapy that feelings expressed toward the therapist are transference in origin, even when they appear stimulated by current events in the therapy. While this assumption may not always be correct, practitioners of psychodynamic psychotherapy take the position that the expression of feelings toward the therapist usually warrants further therapeutic investigation.

Frequency: 0 Never

3 A moderate amount

There is discussion of feelings about the therapist every two or three sessions

6 Nearly all of the time

Occurs very frequently, or nearly every session

Therapeutic Relationship

Item 69: Transference:
Patient raises material from a previous session

Definition: This item concerns the frequency with which the patient brings up events, feelings, or statements that occurred during a previous session. Such recollections are often indirect indicators that the patient has had transference feelings toward the therapist.

Frequency: 0 Never

3 A moderate amount

The patient brings up material from a previous session every three or four sessions

6 Nearly all the time

Occurs very frequently, or nearly every session

Therapeutic Relationship

Item 70: Transference: *Patient is apparently avoiding difficult material*

Definition: This item concerns the frequency with which the patient appears to be avoiding uncomfortable feelings about the therapist, such as anger or affection. For example, the patient may come late or “forget” to come to a scheduled session, may delay payment for therapy, or may forget events in a previous session that stimulated feelings. Such avoidance is often interpreted as indirect indication that the patient has transference feelings toward the therapist that are difficult to tolerate.

Frequency: 0 Never
3 A moderate amount
The patient appears to avoid difficult material every three or four sessions
6 Nearly all of the time
Occurs very frequently, or nearly every session

Therapeutic Relationship

Item 71: Transference: *Patient idealizes therapist*

Definition: This item concerns the frequency with which the patient makes idealizing/admiring statements about the therapist, unquestioningly accepts the therapist’s interpretations or ideas, or appears over-eager to comply with the therapist.

Frequency: 0 Never
3 A moderate amount
The patient makes an idealizing/admiring statement or seems eager to agree with or comply with the therapist every three or four sessions
6 Nearly all of the time
Occurs very frequently, or nearly every session

Therapeutic Relationship

Item 72: Transference: *Patient is aware of transference feelings*

Definition: This item concerns the frequency with which the patient is aware of and talks about feelings toward the therapist.

Frequency: 0 Never
3 A moderate amount

The patient reports awareness of transference feelings about the therapist every three or four sessions

6 Nearly all of the time

Occurs very frequently, or nearly every session

Therapeutic Relationship

Items 73-79: Countertransference

Definition: This item concerns the feelings and thoughts about the patient that are experienced as excessive or intrusive by the therapist.

Comments: While most countertransference occurs during therapy sessions, reactions that extend beyond the session should also be considered, and are likely to be more severe. We deliberately do not attempt to distinguish "appropriate" from "inappropriate" countertransference. We recognize that countertransference, whether or not disruptive, can often be a useful information source for the therapist.

Frequency: 0 Never

No thoughts or feelings of this type are experienced.

3 A moderate amount

Thoughts or feelings of this type are frequently experienced, but the therapist is able to function appropriately, though with some difficulty.

6 Nearly all of the time

Thoughts or feelings of this type pervade the therapist's experience in the sessions and extend into the therapist's life outside of the sessions. This reaction interferes with the therapist's appropriate functioning during sessions.

Therapeutic Relationship

Items: 80-86: Intervention Types

Definition: This item and its subitems are concerned with the frequency with which different types of interventions take place during the treatment sessions. Therapist interventions include: making interpretations, helping the patient label feelings, taking the initiative, giving advice, remaining silent and focusing on resistances. Only one patient intervention is included: patient taking the initiative.

Comments: Intervention types can depend very much on the training and orientation of the therapist. Ratings are subjective. For example, a moderate amount of interpreting for one therapist might be a great deal for another. The therapist should rate the item based upon what is frequent versus infrequent behavior compared to her/him typical therapeutic stance.

Frequency: 0 Never

This type of intervention almost never occurs.

3 A moderate amount

This type of intervention occurs no more or less than what is typical of this therapist.

6 Nearly all of the time

The intervention occurs almost every session.

Other Significant Indicators

Items 87-89: Other Indicators of Change:
Not otherwise specified

Definition: These items give an opportunity for the therapist to specify other important indicators of change in the patient's external and internal life, and in the therapeutic relationship, which are not already included in the BIP-CAT.

Comments: It is impossible to include all areas in which the patient may change during the course of therapy, in the BIP-CAT, and still have an instrument which is practical. Therefore, it is important for the therapist to note in this section, those areas of the patient's life and in the therapeutic relationship which are not accounted for elsewhere. If a particular area is noted by enough therapists in this section it will likely be added in the development of the instrument.

References

Fairbairn, W. R. D. "A Revised Psychopathology of the Psychoses and Psychoneuroses" in Buckley, P. (1986). *Essential Papers on Object Relations*. New York: New York University Press, pp. 71-101.

Gough, H.G. (1987). *Manual for the California Psychological Inventory*. Palo Alto, CA: Consulting Psychologist Press.

Sandler, J., & Sandler, A. "On the Development of Object Relationships and Affects in Buckley, P. (1986). *Essential Papers on Object Relations*. New York: New York University Press, pp. 71-101.