Supplementary Online Content

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eAppendix. IPT Fidelity Rating Scale and Scoring

This supplementary material has been provided by the authors to give readers additional information about their work.

eAppendix. IPT Fidelity Rating Scale and Scoring

Scoring:
Adherence: 0 = absent; 1 = present
Competence: 0 = unsatisfactory/incompetent; 1 = good enough/satisfactory; 2 = high level of quality (NOTE: if item received a score of 0 for adherence, it automatically received a score of 0 for competence)
To generate adherence and competence scores for audio-recording: average adherence and competence items, respectively, available for that recording
To generate adherence and competence scores for therapist: average scores for available recordings for that study phase (i.e., baseline or post-training)

Specific IPT Competencies for the Initial Phase	**Adherence**	**Competence**
Introduces IPT Framework. Therapist stresses time-limited nature of the treatment. Therapist provides clear and succinct description of basic IPT concepts including the reciprocal relationship between events and mood, IPT's focus on addressing interpersonally relevant problems, and the established efficacy of IPT in the treatment of depression/eating disorder.		
Assigns the "Sick Role". Therapist explains that since depression/eating disorder impairs ability to function, the patient should identify one or two current responsibilities that might be curtailed or for which help from others could be obtained, adding that these responsibilities are expected to be resumed as depression/eating disorder remits. Therapist provides an appropriate metaphor that is a rationale for why the patient could assume the sick role (e.g., "if you broke your arm, you wouldn't be expected to do yard work"). Therapist emphasizes that this is a serious but treatable problem.		
Conducts Interpersonal Inventory. Therapist conducts the interpersonal inventory during which key current and past relationships are reviewed. Positive and negative aspects of relationships, differences in expectations/values, and desired changes in relationships are discussed. Therapist conducts the interpersonal inventory in no more than the equivalent of one session (i.e., may be discussed in more than one session, such as in sessions 2 and 3, but cumulatively should not exceed a therapeutic hour).		
Links Life Event with Patient's Eating Disorder/Depression. Therapist explicitly discusses with the patient the likely relationship between recent interpersonally relevant life events and the patient's current depression/eating disorder.		
Provides the Interpersonal Formulation. Therapist summarizes to the patient the likely link between interpersonally relevant life event(s) and current depression/eating disorder, restates chief elements of psychoeducation about depression/eating disorder, proposes plan for how identified problem(s) will be the focus of IPT, and conveys optimism about likely outcome of treatment. Therapist requests patient feedback about formulation, encourages questions, and ascertains patient's assent to treatment plan.		
Selects and Assigns an IPT Problem Area. Therapist reviews with patient interpersonally relevant issues that appear tied to the current episode of depression/eating disorder (i.e., apparent precipitants or interpersonal consequences of depression/eating disorder). Therapist works collaboratively with the patient to identify one or two interpersonally relevant problem areas that will be focus of IPT (i.e., Grief, Interpersonal Disputes, Role Transitions, Interpersonal Deficits).		

Raters used these items to assess adherence and competence in audio-recordings from session 1 when therapists were in the initial phase.

General[a] IPT Competencies and Specific[b] IPT Competencies applying to Intermediate and Termination Phases	**Adherence**	**Competence**
Conducts Symptom and Mood Check.[a] Therapist inquires about symptoms and mood in the past week and relates the symptoms back to current interpersonal issues and specified treatment goals and links the symptoms to the interpersonal profile.		
Maintains Session Focus.[a] Therapist makes any needed efforts to maintain session focus on issues that should be addressed. Therapist redirects the patient as needed to relevant IPT material and efficiently paces therapeutic session.		
Encourages Expression of Affect.[b] Therapist encourages the patient to express feelings (e.g., sadness, grief, anger, guilt, fear) that are tied to the problem areas. Therapist appropriately balances therapeutic management or containment of the patient's affect as needed.		
Reviews Interpersonal Successes and Efforts to Change.[b] Therapist provides realistic feedback to the patient about those areas in which progress has been made and points out specific efforts to change that the patient has made. "Interpersonal successes and efforts to change" refer to any interpersonal success or effort and not only the specific treatment targets/problem areas identified in Phase 1.		
Looks at Present and Past Relationships to See Interpersonal Patterns (Negative or Positive).[b] Therapist engages the patient in discussion of current and past relationships to better clarify in which relationships the patient has successfully engaged and those relationships where problems exist or existed. Therapist works with the patient to identify recurring patterns of relationship problems (e.g., disappointments, conflicts, avoidance) as well as relationship successes (e.g., mutual satisfaction, successful resolution of difficulties).		
Encourages Patient to Increase Socialization.[b] Therapist asks the patient to identify potentially satisfying avenues to increase socialization (e.g., increasing frequency of current activities and interactions with others, engaging in new activities and new relationships).		
Helps Patient Build Interpersonal Skills to Improve Relationships.[b] Therapist works with the patient to identify areas needed for interpersonal skill development (e.g., initiating and sustaining a conversation, managing feelings of social discomfort, handling differences with other people). Therapist then works with the patient to experiment with use of those skills to initiate new relationships or improve existing relationships.		
Addresses Time Outside of Sessions.[b] Therapist encourages work between sessions to practice interpersonal skills. Therapist encourages and discusses ways of maintaining and improving upon gains made during treatment outside of sessions.		

Raters used these items to assess adherence and competence from audio-recordings of sessions 3 through 8 when therapists were in the intermediate and termination phases of IPT. General competency items were not used to calculate adherence and competence during the first session, since it would not be feasible for therapists to complete all items.

Rate these items only if it is clear that the therapist considers the session to be part of termination.

Specific IPT Competencies for the Termination Phase*	**Adherence**	**Competence**
Reviews Eating/Depression Symptoms from First Week. Talks about symptom change since Beginning of Treatment. Therapist reviews with the patient symptoms of depression/eating disorder from first week of therapy and changes in symptoms over the course of therapy.		
Reviews Interpersonal Problem(s) That Brought Patient into Treatment and Patient's Evaluation of Progress Toward Resolving Them. Therapist reviews with the patient interpersonal problem(s) that existed upon entry into IPT and explores patient's sense of resolution of these problems during treatment. Therapist encourages the patient to realistically assess to what degree initial goals related to these interpersonal problem(s) have or have not been met.		

* Items were rated when indicated but not included in the data for this study because of relatively smaller number of tapes collected and rated for the termination phase.

Non-Specific Competencies*	**Adherence**	**Competence**
Maintains Rapport. Therapist makes ongoing efforts to convey attention and sensitivity to the patient's concerns and well-being.		
Minimizes a Lecturing Style in Favor of a More Collaborative Style. Therapist engages the patient in a collaborative discussion of relevant topics in which there is interpersonal back-and-forth.		

* Items were rated to assess non-specific factors but were not included in the IPT adherence and competence scores.

Differentiating IPT from Other Treatments

Overall, the therapy session could have been better characterized as:

a. CBT
b. Psychodynamic therapy
c. DBT
d. Addiction model treatment
e. MI
f. None of the above

This rating scale was adapted from the IPT Rating Scale; Stewart, M. O., Raffa, S. D., Steele, J. L., Miller, S. A., Clougherty, K. F., Hinrichsen, G. A., & Karlin, B. E. (2014). National dissemination of interpersonal psychotherapy for depression in veterans: Therapist and patient-level outcomes. *Journal of Consulting and Clinical Psychology*, *82*, 1201.