

MAPS MDMA-ASSISTED PSYCHOTHERAPY THERAPIST ADHERENCE AND COMPETENCE PROTOCOL

Therapist: _____

Visit numbers rated: _____

Rater: _____

Rating Date: _____

Instructions:

Adherence and competence should be rated for the therapist team, not for each therapist individually. If there are deficiencies, the Explanation section should provide feedback about individual therapists if applicable. Adherence ratings will be used to determine whether or not the delivered treatment adhered to the Treatment Manual. Competence ratings will be used for feedback and training purposes.

Adherence: For each item, assess **if the therapists demonstrated the behavior** described in the item. If so, write “yes” or “Y” on the line next to the item. For example, if the therapist fulfilled the requirement of item 1a:

yes 1a. Therapist created and communicated a setting of safety and support.

If the therapist did not demonstrate the behavior described in an item write “no” or “N” on the line next to the item and write an explanation in the Explanation of “no” Ratings area at the end of the Adherence Section (Section A, B, or C). For example, if the therapist did not fulfill the requirement of item 1a:

no 1a. Therapist created and communicated a setting of safety and support.

And on the appropriate page of section A:

Explanation of “no” adherence ratings:

Item # 1a

Explanation: The male therapist appeared anxious and interrupted the subject to answer a phone call during discussion of the trauma

If the item is not applicable write “N/A” on the line next to the item.

For example, in the integration sessions if the participant spontaneously spoke in detail about her/his experiences during the experimental session:

NA 2c. *If the participant chose not to talk in detail about the experimental session, the therapist validated that choice, but also asked for enough information to allow assessment of the participant’s emotional state.

Competence: Overall competence demonstrated in each section of the treatment (Section A introductory sessions, Section B experimental sessions and Section C integration sessions) will be rated for each of 6 domains. The ratings should be based on all the sessions in a given section rated as a group. The 6 domains are:

- 1) Global (overall performance in the group of sessions in that Section)
- 2) Verbal communication
- 3) Establishing rapport and therapeutic alliance
- 4) Communicating safety and support both verbally and nonverbally
- 5) Eliciting pertinent information from the participant
- 6) Addressing the participant’s questions and concerns

Rating Scale for Assessing Competence:

1	2	3	4
Unsatisfactory	Satisfactory	Very Good	Excellent

For each domain assess **how well the therapists carried out the particular domain of behavior**. Use the rating scale below to assign a number on the line below.

For example, if you think the therapists did a satisfactory job in global performance of their roles during the introductory sessions mark the Competence area of Section A as follows:

Global:

1	2	3	4
Unsatisfactory	Satisfactory	Very Good	Excellent

If an Unsatisfactory rating 1 is given in any domain write an explanation in the Explanation of Unsatisfactory Ratings area on the last page of the section (Section A, B, or C). For example, if the therapist did not do a satisfactory job of addressing the participant’s questions and concerns, item CA-6, mark the Competence area of Section A as follows:

CA-6. Addressing the participant’s questions and concerns:

1	2	3	4
Unsatisfactory	Satisfactory	Very Good	Excellent

And on the last page of Section A:

Explanation of “Unsatisfactory” competence ratings in Section A – Introductory Sessions (list item number and explanation for each. Add an additional page if needed):

CA-6: When the participant said they were concerned about losing control, the therapists attempted to reassure her without eliciting more information about her specific concerns in order to explore and process them.

Section A – Introductory Sessions

Adherence: Unique and essential elements specific to introductory sessions:

These elements do not have to be accomplished in any specific order nor will all of them likely be accomplished in one session. They must all be accomplished during the group of introductory sessions before the first of the MDMA-assisted or placebo-assisted psychotherapy sessions (referred to as “experimental sessions”).

- _____ 1a. Therapists created and communicated a setting of safety and support.

- _____ 2a. Therapists elicited significant historical information.

- _____ 3a. Therapists inquired about participant’s knowledge regarding PTSD and/or provided education about it as needed.

- _____ 4a. Therapists described likely effects of MDMA, the structure and timing of experimental sessions, and the procedures during experimental sessions, such as vital signs measurement and SUDS ratings.

- _____ 5a. Therapists nurtured an attitude of trust in the healing properties of the therapeutic process and introduced the concept of the participant’s inner healing intelligence.

- _____ 6a. Therapists explained that this model of therapy uses a largely nondirective approach.

- _____ 7a. Therapists explained that in experimental sessions they will encourage participant to set aside expectations and remain open to whatever emerges (beginner’s mind).

- _____ 8a. Therapists explained that during experimental sessions the participant will be encouraged to have periods of inner focus balanced with periods of verbal communication, which either the therapists or the participant may initiate.

- _____ 9a. Therapists and participant agreed that at some time during the upcoming experimental sessions the therapist may bring up the trauma, if the participant has not spontaneously done so.

- _____ 10a. Therapists explained that in this model of therapy during experimental sessions they will provide support and encouragement for staying present with difficult experience.

- _____ 11a. Therapists validated the value and importance of positive, affirming experiences as part of the process of healing and growth.

- _____ 12a. Therapists explained that if thoughts or feelings of wanting to leave should arise during experimental sessions it is important to express them and work with them as part of the inner process, rather than to act on them. Therapists explained that at the beginning of each experimental session they will ask for an agreement that the participant will not leave the clinic until the next morning.

_____ 13a. Therapist explained that they may inquire about patient’s bodily sensations and encourage release of pains, tightness or energy in the body through movement in whatever way may feel appropriate to the participant.

_____ 14a. Therapists discussed the optional use of physical touch during experimental and follow-up sessions. Therapists made it clear that physical space and participant boundaries will be respected and that the participant will be asked at the beginning of the session what they are comfortable with. Therapists clearly stated that all touch is nonsexual and if the participant becomes uncomfortable with any touch she/he can say “Stop.”

_____ 15a. Therapists explained that they will use music to support the experience without being intrusive, and will allow periods of silence if requested by the participant.

_____ 16a. Therapists discussed the rationale for using eyeshades and headphones at times during the experimental session to increase inner focus. The therapists made it clear that eyeshades and headphones are optional.

_____ 17a. Therapists inquired about whether the participant had learned a stress inoculation technique that worked well for them, and if not taught participant a stress inoculation technique such as diaphragmatic breathing.

_____ 18a. Therapists explained that they will ensure participant’s physical safety by asking them to sit on edge of futon before rising, will protect participant from falling when walking, and will ensure adequate fluid intake by asking them to drink periodically.

_____ 19a. Therapists and participant discussed nature of participant’s support system

_____ 20a. Therapists discussed the possible involvement of the participant’s significant other and invited the significant other to come to an introductory session if appropriate.

_____ 21a. Therapist elicited and explored participant’s expectations and fears or concerns.

_____ 22a. Therapists elicited and answered participant’s questions.

Explanation of “no” adherence ratings in Section A – Introductory Sessions (list item number and explanation for each. Add an additional page if needed):

Competence in Section A – Introductory Sessions:

CA-1. Overall:

1	2	3	4
Unsatisfactory	Satisfactory	Very Good	Excellent

CA-2. Verbal Communication:

1	2	3	4
Unsatisfactory	Satisfactory	Very Good	Excellent

CA-3. Establishing rapport:

1	2	3	4
Unsatisfactory	Satisfactory	Very Good	Excellent

CA-4. Communicating safety and support verbally and nonverbally:

1	2	3	4
Unsatisfactory	Satisfactory	Very Good	Excellent

CA-5. Eliciting pertinent information from the participant:

1	2	3	4
Unsatisfactory	Satisfactory	Very Good	Excellent

CA-6. Addressing the participant’s questions and concerns:

1	2	3	4
Unsatisfactory	Satisfactory	Very Good	Excellent

Explanation of “Unsatisfactory” competence ratings in Section A – Introductory Sessions (list item number and explanation for each. Add an additional page if needed):

Section B

Adherence. Unique and essential elements specific to MDMA or placebo assisted sessions:

These elements should be accomplished during each experimental session.

_____ 1b. Therapist created and communicated a setting of safety and support.

_____ 2b. Therapist asked about compliance with study rules (e.g. no food after midnight, etc.)

_____ 3b. Use of physical touch and/or physical space respected participant boundaries.

_____ 4b. Therapist used communication that the participant could easily follow.

_____ 5b. Therapist encouraged and/or allowed participant to have periods of inner focus balanced with periods of communication.

_____ 6b. Therapist provided support and encouragement for staying present with difficult experiences if they occurred.

_____ 7b. Therapist conveyed non-judgmental attitude toward the participant's experience and did not pathologize transpersonal experiences or multiplicity if they occurred.

_____ 8b. Therapist validated positive, affirming experiences as part of the process of healing and growth if they occurred.

_____ 9b. Therapist used a largely nondirective approach, with occasional guidance or redirection offered as a choice.

_____ 10b. Therapist accepted and followed direction from the participant when and if it was given.

_____ 11b. If the participant repeatedly avoided trauma related material, the therapist gently encouraged collaborative exploration.

_____ 12b. Therapist inquired about participant's bodily sensations and if necessary encouraged release of any pains, tightness or energy in the body through movement, in whatever way felt appropriate to the participant.

_____ 13b. Therapist ensured participant's physical safety by reminding participant to sit on edge of furniture before rising if necessary, and by protecting participant from falling when walking.

_____ 14b. Therapist used music to support the experience without being intrusive, and allowed periods of silence if requested by the participant.

Explanation of "no" adherence ratings in Section B – Experimental Sessions (list item number and explanation for each. Add an additional page if needed):

Competence in Section B – Experimental Sessions:

CB-1. Overall:

1	2	3	4
Unsatisfactory	Satisfactory	Very Good	Excellent

CB-2. Verbal Communication:

1	2	3	4
Unsatisfactory	Satisfactory	Very Good	Excellent

CB-3. Establishing rapport:

1	2	3	4
Unsatisfactory	Satisfactory	Very Good	Excellent

CB-4. Communicating safety and support verbally and nonverbally:

1	2	3	4
Unsatisfactory	Satisfactory	Very Good	Excellent

CB-5. Eliciting pertinent information from the participant:

1	2	3	4
Unsatisfactory	Satisfactory	Very Good	Excellent

CB-6. Addressing the participant’s questions and concerns:

1	2	3	4
Unsatisfactory	Satisfactory	Very Good	Excellent

Explanation of “Unsatisfactory” competence ratings in Section B – Experimental Sessions (list item number and explanation for each. Add an additional page if needed):

Section C – Integration Sessions

Adherence: Unique and essential elements specific to integration sessions:

These elements should be accomplished during integration sessions overall, though they are not all expected to be accomplished at each integration session. Elements marked with asterix are geared particularly, but not exclusively, toward the integration sessions occurring immediately following experimental sessions.

_____ 1c. *Therapist invited the participant to talk more about some of the details of their experience during the experimental session, but made it clear that it was not required. (If the participant does this spontaneously, then active listening constitutes appropriate encouragement)

_____ 2c. *If the participant chose not to talk in detail about the experimental session, the therapist validated that choice.

_____ 3c. Therapist inquired about the participant's emotional, intellectual and physical response to the sessions, unless inquiring was not necessary because the participant reported spontaneously.

_____ 4c. Therapist facilitated processing of any emotional distress or cognitive dilemmas that arose for the participant, and put them in perspective as part of an ongoing process of healing and growth.

_____ 5c. If the participant expressed any regrets or self judgment about what occurred during the experimental session the therapist normalized these and helped the participant process them.

_____ 6c. Therapist validated any affirming experiences and insights that occurred during the experimental session and if necessary helped the participant learn to re-connect with and continue to gain from these experiences.

_____ 7c. Therapist inquired about any difficulties with integration.

_____ 8c. Therapist discussed ways to integrate new perceptions and insights into every-day life.

_____ 9c. *Therapist reminded participants that their experience would continue to unfold in the ensuing hours, days and even weeks and that related thoughts and emotions often occur in waves.

_____ 10c. Therapist reinforced activities such as journaling or other creative expression, meditation, yoga, use of breath, body awareness or other activities that to support ongoing healing, self-awareness and integration.

_____ 11c. *Therapist re-emphasized their commitment to support the participant during the integration period, and made agreements about times for scheduled follow-up phone calls. Therapist reviewed the procedures by which they can be contacted 24 hours/day for any difficulties or concerns.

_____ 12c. *On the day after experimental sessions therapist encouraged the participant not to engage in strenuous, stressful or over-stimulating activity for the remainder of the day, and to rest and relax as much as possible.

Explanation of “no” adherence ratings in Section C – Integration Sessions (list item number and explanation for each. Add an additional page if needed):

Competence in Section C – Integration Sessions:

CC-1. Overall:

1	2	3	4
Unsatisfactory	Satisfactory	Very Good	Excellent

CC-2. Verbal Communication:

1	2	3	4
Unsatisfactory	Satisfactory	Very Good	Excellent

CC-3. Establishing rapport:

1	2	3	4
Unsatisfactory	Satisfactory	Very Good	Excellent

CC-4. Communicating safety and support verbally and nonverbally:

1	2	3	4
Unsatisfactory	Satisfactory	Very Good	Excellent

CC-5. Eliciting pertinent information from the participant:

1	2	3	4
Unsatisfactory	Satisfactory	Very Good	Excellent

CC-6. Addressing the participant’s questions and concerns:

1	2	3	4
Unsatisfactory	Satisfactory	Very Good	Excellent

Explanation of “Unsatisfactory” competence ratings in Section C – Integration Sessions (list item number and explanation for each. Add an additional page if needed):

D. Additional Considerations:

1d. Did any significant problems arise during the sessions ?

YES NO

2d. If yes, please explain (indicate visit number for each problem discussed):

3d. Please rate the adequacy with which the therapist dealt with any problems

1	2	3	4
Unsatisfactory	Satisfactory	Very Good	Excellent

4d. Please rate the therapist's overall skills as demonstrated on the recording or recordings.

1	2	3	4
Unsatisfactory	Satisfactory	Very Good	Excellent

5d. Please write any additional comments you may have regarding the ratings above (add additional pages if needed):
