**MANTRA Therapy Session Rating Scheme**

*Karina Allen, Janet Treasure, Ulrike Schmidt (2022)*

***General guidance:***

*A therapist demonstrating competency in MANTRA would be expected to score ≥2 on 4 of 7 items and have a mean score ≥2 overall. An expert MANTRA therapist may score 3 on most items. A novice therapist learning MANTRA may score 1s. Half scores can be given.*

*For each item, a not applicable option is given but it is expected that relatively few sessions would see items rated as N/A.*

**(1) Adherence to MANTRA content:**

**(a) Use and shared understanding of the cognitive interpersonal MANTRA model:** The therapy session refers to the cognitive interpersonal maintenance model, through

- the development of a shared cognitive interpersonal MANTRA formulation OR

- reference to the cognitive interpersonal MANTRA formulation OR

- reference to one or more core maintenance factors that fit with the cognitive interpersonal MANTRA model (e.g., pro-anorexia beliefs, anorexia as identity, rigid thinking styles, difficulties with emotions/relationships, responses from close others that serve to maintain AN).

N/A - No mention of the cognitive-interpersonal model / exploration of formulation, but this seemed appropriate in light of the phase of therapy and session focus.

0 - No mention of the cognitive-interpersonal model / exploration of formulation.

1 - Some mention of the cognitive-interpersonal model / exploration of formulation, but this was limited and could have been expanded upon to aid the session. For example, the model was mentioned in passing but the patient’s own maintaining loops were not explored or referred to.

2 – Useful exploration of the cognitive-interpersonal model / exploration of formulation. E.g., reflection of how experiences over the week fit into the vicious flower of AN, discussion of cognitive-interpersonal maintenance factors, joint review of a shared formulation.

3 – Full, sensitive, skilful exploration of the cognitive-interpersonal model or exploration of formulation. This may include the examples listed in (2) but with an expert level of attention to how the cognitive-interpersonal maintenance model fits with the patient’s experiences, either in relation to a recent/specific example or more generally.

**(b) Focused attention to one or more components of the MANTRA cognitive interpersonal maintenance model:** The therapy session pays attention to the motivational/getting going, dietetics, close others, goal setting, thinking styles, emotion/social mind or identity content of the MANTRA manual – tailored to where the patient is at and stage of therapy.

N/A - No attention to these areas, but this seemed appropriate to the session.

0 - No attention to these core components of the MANTRA manual.

1 - Some attention to one or more of these areas, but this was limited and could have been expanded upon to aid the session; OR attention to content areas that do not seem appropriate to the stage of therapy.

2 – Useful exploration of one or more of these areas, using MANTRA manual materials. This may include using MANTRA worksheets, in-session exploration of exercises from the MANTRA manual, or collaborative discussion of topics from one of the listed areas, appropriate to the patient’s presenting difficulties and stage of therapy.

3 – Effective, sensitive, skilful attention to one or more of these areas using MANTRA manual materials. This may include the examples listed in (2) with more personalised and/or motivational attention to the content.

**(c) Attention on between-session or post-session change:** The therapy session reviews or sets MANTRA homework, OR makes use of maintenance / relapse prevention material if a late stage treatment session.

N/A - No attention to these areas, but this seemed appropriate in light of the phase of therapy (e.g., if a very early session focused on motivation/formulation).

0 - No attention to homework, at-home goals or maintenance/relapse prevention.

1 - Some attention to homework, at-home goals or maintenance/relapse prevention, but in a very limited way that did not seem sufficient to the patient and session.

2 - Appropriate setting or review of MANTRA homework, either through reference to MANTRA worksheets/exercises, writing exercises, behavioural experiments or other MANTRA-appropriate goals; OR good use of maintenance/relapse prevention material from the MANTRA endings chapter.

3 - Effective, sensitive, skilful attention to homework both via reviewing work from the last session and agreeing new homework material appropriate to the session focus; OR highly skilled use of maintenance/relapse prevention material from the MANTRA endings chapter.

**(2) Interpersonal, motivational MANTRA stance:**

**(a) Collaborative stance** (e.g. ‘together we have discovered…..’. )

0 - Language placing therapist as expert without consideration of patient perspective.

1 - No collaborative statements, despite these seeming appropriate at times.

2 - Collaborative statements that give a clear sense of joint patient-therapist discovery and understanding, e.g., *“We have been able to determine that...”,* “*We thought that it may be important to...”.*

3 - Collaborative stance permeates the session, as evidenced by multiple collaborative reflections and summaries.

**(b) Reflective, respectful of patient’s views, and/or adopting one-down position where appropriate** (e.g. ‘this is my understanding…’, ‘have I got this right?...’ Includes using tentative language, putting forward hypotheses, e.g. ‘I wonder…’,’ I sense…’…’Perhaps’ …..)

0 - Language placing therapist as expert without consideration of patient perspective.

1 - No use of tentative language, despite this seeming appropriate at times.

2 - Appropriate use of reflective, respectful, tentative language, e.g., *“It sounds like you are really aware of the anorexic and non-anorexic parts of you fighting it out this week. Have I got that right?”; “I sense that you really want to push forward with your eating goals, but are worried about how this may impact on your mood. Did you want to explore this today?”; “Would you be interested in hearing more about the impacts of starvation?”.*

3 - Reflective, respectful, tentative language employed skilfully across the session in a way that clearly demonstrates good motivational interviewing skills.

**(c) Affirming stance:** Use of affirmation, i.e. positively and warmly connoting the patient’s efforts (e.g. ‘I have been very impressed by…..)

0 - Presence of any negative statements/connotations .

1 - No affirmative statements.

2 - At least one positive affirmative statement that seems appropriate to the session and patient, e.g., *“I am really impressed with your efforts this week to talk about your emotions with others, despite it being difficult. I hope you can be proud of yourself too”; “You’ve worked so hard this week on your eating goals. I know it hasn’t been easy and I’m so impressed at you persevering”.*

3 - Affirmative stance permeates the session.

**(d) Empathic and/or compassionate stance** (e.g. reflecting on what certain events or difficulties must have felt like for the patient, reflecting emotion and acknowledging the patient’s struggle/difficulties in the context of the therapist’s own emotions)

0 - Evidence of therapist being critical or judgemental.

1 - No empathic or compassionate statements.

2 - At least one positive empathic / compassionate statement that seems appropriate to the session and patient, e.g., *“I feel very privileged that you shared some more of your background with me today. I am struck at how much you have had to navigate, and how you tend to keep this all bottled up. You have had to deal with a lot.”; “You have had such a tough week this week! The stressful situation at work sounds so hard, especially while you are trying to tackle anorexia. It is understandable you have been feeling more anxious. I’m glad you could let me know about what’s going on”.*

3 - Empathic compassionate stance permeates letter.

*Note. There may be overlap between item 2c and 2d and therapist statements that demonstrate affirmation and empathy/compassion can be counted towards both ratings if this is applicable.*

Threshold for passing is a mean (average) score of ≥2 across all items.

Scoring sheet

**Therapist:**

**Patient initials:**

**Session number:**

1a)

1b)

1c)

2a)

2b)

2c)

2d)

**Comments, including any comments on patient complexity:**