INTERMEDIATE SELF-DESCRIPTION BY DIMENSION

Please include this form with midterm

Name: ___________________________ Date ___________________________

Supervisor: ___________________________

This document is designed to help students reflect on their work and identify their own areas of strength and improvement. The feedback and rating from the direct supervisor and the Theraplay supervisor are intended to provide a concrete response to the student’s work so that the student understands their level of skill.

For each category, complete your comments and analysis of your work. Then rate your work using the scale below. You and your supervisor should review your total body of work, not just the session submitted. The TTI supervisor will then review the session submitted and add his/her rating. Use the space provided to offer any comments.

These ratings are to reflect the student’s total body of work.

**An average score of 3.5 is required to achieve Intermediate Theraplay Practitioner.**

THE RATING SCALE:

5: Exceptional
- Demonstrates ability to implement aspect of treatment effectively (90-100%) with limited guidance required. Integrates feedback from supervisor into practice all of the time.

4: Good skills
- Demonstrates ability to implement aspect of treatment effectively (70-90% of the time). Integrates feedback from supervisor into practice most of the time.

3: Average
- Demonstrates ability to implement aspect of treatment 50-70% of the time. Integrates feedback from supervisor into practice some of the time.

2: Needs improvement and additional supervisory support
- Demonstrates ability to implement aspect of treatment effectively 30-50% of the time. Integrates feedback from supervisor into practice minimally.

1: Significant deficit area—requires supervision beyond the standard practicum
- Practice not in line with Theraplay practice and supervisee has not demonstrated efforts to integrate recommendations of supervisor.
### MIM ASSESSMENT

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**Areas to consider:**

**Administer MIM appropriately:** Select appropriate space; Provide clear instruction to family, selecting appropriate activities; Ask follow up questions of the family re: their experience with the MIM.

**MIM Analysis:** Demonstrates an ability to complete written analysis of MIM clearly and effectively.

Demonstrate on MIM analysis form at least 4 specific observations (reference verbal/non-verbal cues) that support conclusions and plans; Responses on the MIM Analysis Form demonstrate agreement between findings and supervisor 40-60% of the time; MIM findings clearly highlight recommendations for treatment and guide treatment planning process. Treatment Plans correspond to MIM Analysis that includes specific goals for treatment within appropriate dimensions; Session plans reflect understanding of identified goals and are guided by the treatment plan; Demonstrates an understanding of who and what needs to change and is able to guide this process through session planning.

**MIM feedback appropriate and sensitive:** Is able to highlight family’s/dyad’s strengths and illustrate them through video clips; Is able to identify areas of concern and empathically explore with caregivers during feedback sessions.

**Supporting Comments:**

Supervision has been particularly helpful for the growth of my MIM skills during this intermediate section of my training. In particular, we spent one session looking together at a MIM which significantly strengthened my confidence in ‘reading’ the emotional content of the MIM. My mechanical skills feel stronger as well, though there may always be things to learn. For example, I learned the hard way during this last year to remind the families to tell me when they are done when a family flew through the activities and then spent 45 minutes playing. Improving my remote technology is a goal here too, as it will eliminate some MIM issues.
Recommendations for increasing competence:

Supervisor: Student is improving in her skills of assessing dyads using the MIM. The observations she has noted have consistently been on target and we have often been in consensus while reviewing an MIM. The even more complex aspect of mastering using the MIM is giving parent feedback about the MIM. This student is getting more confidence in doing this and learning how to give feedback in a way that is most useful and does not overwhelm the parent. We have also discussed the importance of knowing the parent’s own history to be able to incorporate that into the MIM feedback as appropriate. As stated above by this student, the mechanics are always something to work out but that comes with more experience with the assessment. Student has certainly progressed toward what would be expected in the intermediate level of learning regarding the MIM. Things to continue to work on are discerning what to bring up in the MIM feedback and what to hold back on until later in treatment. Also gaining more confidence and trusting herself about what she is seeing will be areas to grow in.

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<td>STRUCTURE</td>
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**Description:** Arrange space and positioning for maximum comfort and impact on child; Help child focus on and attend to therapist, or parent; Activity choice appropriate for age/gender/developmental level; Lead child through a variety of organized, interactive playful sequences (example, balance between nurture/structure, quiet/boisterous, faster/calmer); Help child accept structure; Help child remain regulated; Able to help child regain regulation; Is able to work around resistance; Uses appropriate modification for trauma history.

**Supporting Comments:**

I feel like my ability to provide structure in Theraplay sessions with children has continued to improve. I feel much more alert to the issue of structure, particularly in the early sessions, because without structure, the other aspects of the work are almost impossible to access. I have gotten better at rolling with children’s resistance to the structure, using a variety of ways to ‘regain’ the structure such as surprise, joining their resistance, singing and humor. I gave myself a 4 because I know this is a harder area internally for me and I feel like I am still developing a relaxed mental model around structure.

**Recommendations for increasing competence:**

Supervisor: During this supervision period this student has had much growth in the area of providing structure in her Theraplay sessions. This is nearly always a difficult dimension for newer Theraplay therapists because it requires confidence which is hard to have when you are learning a new model. In addition it often requires a significant change in the therapist’s “mindset” as most therapists have been taught to follow the child’s lead rather than take the lead. We have also had discussions about the use of touch as a way to structure sessions by using techniques such as sitting closer or holding a child’s hand.
### ENGAGEMENT

**Description:** Demonstrates openness to connect with the child and create “moments of meeting”; Focuses on child exclusively and child experience being seen, heard and felt; Draw child’s attention to adult’s face/body and facial expressions/gestures; Share and increase positive affect through the interaction; Imitate child to turn what they do into a communication; Develop a repertoire of play interactions; Acknowledges child’s reactions, likes and dislikes, distress and pleasure; Makes appropriate modifications for trauma history; Responds to child in order for child to feel he/she can make an impact.

**Supporting Comments:**

My ability to use engagement has improved through this intermediate period as well. I feel more confident about how to do many of the activities and this makes it easier to explain the activities in session and to guide parents. I think as I’ve come to understand resistance as being more about how I am misreading or misunderstanding the child, I am more relaxed in session and can keep the focus on the point of the engagement activities.

**Recommendations For Increasing Competence:**

**Supervisor:** In the Engagement dimensions we have discussed commenting on what the child is experiencing and feeling without abandoning your plan for the session. At the same time, this student is now able to “roll with” whatever a child gives her and remain engaged with the child. This is the true art of Theraplay and one not easily mastered. With practice she will get even better at handling all forms of resistance by using various dimensions to stay engaged and connected with the child.

### NURTURE

**Description:** Provides nurturing touch and child is able to experience, accepts and enjoy the being cared for; Notices & acknowledges hurts during session & takes care of them; Mode and intensity of nurture is tailored to the specific needs of the child; Soothes the child when upset; Is comfortable with providing touch in its various forms; Makes appropriate modifications for trauma.

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Revised 12-2015
**Supporting Comments:**

I feel like my ability to support nurturing activities has improved significantly since the practicum level. I particularly see this change in feeding which felt very artificial and forced to me in the beginning. Now I feel more confident about the purpose of feeding as a place to build trust between the child and the caregiver and as a result, it feels more authentic.

**Recommendations for increasing competence:**

**Supervisor:** I have observed a marked increase in comfort and confidence in the nurture dimension of Theraplay in this student’s sessions. Here again, with the high amounts of touch and activities such as feeding a child, there is a learning curve to become more comfortable with these things as a Theraplay therapist develops. Often these are things a therapist was taught NOT to do so they may seem foreign or forced at first. This student has also become more directive both in the Theraplay session and during parent sessions about the importance of nurture. She has worked with some parents who may struggle with this dimension and has been able to effectively address it. She is on the right track with this dimension and her comfort with all aspects of it will continue to improve with practice and feedback.

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<td>CHALLENGE</td>
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**Description:** Assist child to tolerate [accept] a variety of new activities; Is able to identify child’s non-verbal signals; Assists child to develop ability to transition between activities calmly and with positive affect; Assists child to develop ability to prolong interaction; Encourages child to complete activities that are mildly difficult and involve developmentally appropriate or slightly higher skills; Assists child to feel competent and take fun-based risks; Makes appropriate modifications for trauma.

**Supporting Comments:**

I still feel somewhat less confident in the challenge dimension which is why it receives my lowest score. Possibly my abilities are less developed because I tend to use this dimension a bit less. One aspect of this dimension that I find difficult is keeping the child within the window of tolerance with play in this dimension because the activities can be so exciting.

**Recommendations for increasing competence:**

**Supervisor:** This student has worked with some quite dysregulated children who have made it hard to gauge challenge activities in a way that does not spin out of control! For future work on the challenge dimension that addition of additional structure within the challenge activities will be important. As this student feels more confident in her Theraplay skills she will be able take more risk with challenge activities because she will be better able to match them to the child and will also know that she has the ability to bring the child back down if he/she does become hyper-aroused.
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<td>WORKING WITH PARENTS</td>
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**Description:** Demonstrate the ability to be attuned to the parents’ need in a Theraplay session at a beginning level; Provide proper seating; addresses parent to make her feel involved; Steps in to aid parent if an activity is not going well at a beginning level; As parent demonstrates competence, increases their participation in sessions.

**Interpreting:** Explains clearly to parents critical aspects of Theraplay sessions & Theraplay principals; Demonstrates willingness to explain the reasons underneath the activities to the parents in a supportive manner.

**Guiding in session:** Able to provide structure for parents to successfully participate in activities with their child; Able to redirect caregiver as needed to maintain positive interactions with the dyad Include parent as much as possible and increases their participation over the course of treatment.

**Assigning homework:** Provides appropriate assignments to parent to incorporate into daily/weekly routines with child; Follows up with parent re: assignments.

**Dealing with resistance:** Manage countertransference appropriately; Able to provide support and empathy to parent when resistance is present; Maintains the safety of the child in the presence of resistance.

**Generalizing:** assists parent to take Theraplay skills outside of the session; Demonstrates willingness to explain the reasons underneath the activities to the parents in a supportive manner; Follows the protocol of having consistent contact with the parent as necessary and applicable.

**Appropriate modifications for trauma history:** Understands the effect of the child’s trauma and related need for making appropriate accommodations; Understands the effect of the child’s trauma on the parent; Understands the effect of the parents’ history of trauma on their ability to parent effectively.

**Supporting Comments:**

I feel like I have improved quite a bit in working with parents, largely because of my supervisor’s support around using aspects of the AAI. Her encouragement has expanded my comfort with talking with parents about their childhood and having those discussions has increased my empathy for the parents. With stronger empathy, I can attune better to the parents in session, explain and guide activities in session without feeling ‘teachy’ and modify sessions for the parents’ trauma history. I have used homework some but only after I have felt like the parents’ in-session abilities have grown strong. The video has been hugely helpful in assisting parents with taking their Theraplay skills into their ‘real’ world with their children because often, after I point out something in the video and ask about if they ever experience that quality, they can readily come up with experiences in real life with their child.
**Recommendations for increasing competence:**

**Supervisor:** It has been exciting to witness this student's growth in the area. She has really taken some ideas and suggestions for working with parents and run with them making them her own. At the start of our work together, this student seemed much more hesitant about approaching parents with problem areas. However, as she states above, having a better understanding of the parents she works with has freed her to know how and when to have discussions with parents about areas for growth. It has also allowed her to see more clearly ways that a parent may need extra support even if they are not able to articulate this themselves. I only see her continuing to get better and better at this crucially important aspect of Theraplay.

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**Description:** Sessions demonstrate clinicians ability to integrate assessment materials: Session plans are related to assessment and identified treatment goals; Progression of sessions reflect progress toward goal achievement

**Seeks and utilizes supervision effectively and appropriately:** Is eager to learn; Completes required forms and makes specific references to events as they occurred in session; Open to suggestions/ recommendations of supervisor; Demonstrates an ability to reflect on strengths and challenges within a session and learn from them.

**Demonstrates growth across sessions:** Is able to apply self-reflections to subsequent sessions; Integrates feedback of supervisor in subsequent sessions and as relevant to other families; Makes specific references on the session supervision form pertaining to events that happened in their session.

**Supporting Comments:**

I have felt very supported in my supervision with my supervisor. Her support has allowed me to increase my own self-reflection which has directly improved my ability to connect to parents and children. Her support has been particularly useful in exploring transference and countertransference issues. I have also felt an increase in my own confidence both in parent sessions and in Theraplay sessions.
**Recommendations for increasing competence:**

**Supervisor:** Student follows through enthusiastically and completely with feedback and suggestions. She goes the step further of really incorporating the concepts into her overall way of working and into her own style. There are very few if any times I have needed to repeat something we covered in a previous supervision session. She’s on it!

Although this student is at the intermediate mark of the practicum I felt compelled to give her a 5 in this area. Self-reflection is a major strength for this student and what, in the end, will set her apart from others. She is very aware of what she is feeling and experiencing and takes risks in supervision about sharing these things. This is to the great benefit of her clients. Countertransference can be a huge barrier for people who are less reflective about the experience of learning and delivering the Theraplay model.

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**Description:** Demonstrates understanding of attachment and regulatory theory that underlies Theraplay treatment; Demonstrates understanding child’s underlying physiologic or psychological motives rather than surface behaviors.

**Research:** Up to date on relevant research in developmental sciences and Theraplay applications; Seeks information related to increasing their understanding of current brain, trauma and attachment research to support their work/practice.

**Observe contraindications as appropriate:** Demonstrates flexibility in approach to activities in response to sensory issues, trauma, and resistance.

**Supporting Comments:**

I think of myself as a student of attachment research and expect to feel that way for quite a while. I see emotional regulation and attachment as interconnected processes that are huge drivers of behavior for children and adults. My goal is to have those theoretical approaches permeate my Theraplay practice. I am more and more interested and excited about Theraplay the longer that I use it because I see children improving and parents learning new steps in the parenting dance. The new learning feels largely experiential which raises questions for me about whether experiential learning is quicker and more efficient. Also, it’s interesting that parents learn new skills relatively easily through Theraplay when typically, adults are slow at learning a new psychological skill. It causes me to wonder about whether there is some sort of reciprocity in brain plasticity in the parent-child relationship. Since we know from the attachment research that intimate relationships in adulthood can shift an adult’s attachment classification, it makes me wonder if the parent-child relationship could shift it if the parent is given support to learn how to respond sensitively to their child.
**Recommendations for increasing competence:**

**Supervisor:** Student has a good understanding of “of attachment and regulatory theory that underlies Theraplay treatment and Demonstrates understanding child’s underlying physiologic or psychological motives rather than surface behaviors.” and yet is not overconfident and remains open to more learning and new ideas. These are the hallmarks of a great therapist. She is also learning to apply these concepts to parents as well.

**Additional Comments:**

- This application has been reviewed and approved for Intermediate Theraplay Practitioner. Please forward the appropriate certificate.
- This application has been reviewed. At this time, it is recommended that applicant seek additional support from their supervisor.

X  

Certified Theraplay Supervisor