

**INTERMEDIATE SELF-DESCRIPTION BY DIMENSION**

*Please include this form with midterm*

# Name: Date: Supervisor: Theraplay Institute Reviewer: Date:

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

## PLEASE READ INSTRUCTIONS BELOW BEFORE COMPLETING

**SUPERVISORS:** If you have deemed your student ready to submit their Midterm, please provide your evaluation using the provided KEY as outlined below; include comments to explain your evaluation.

***NOTE:You should review the total body of work, not just the session submitted***. This form will need to be completed independently. Please forward your individual evaluation form with comments to The Theraplay® Institute.

**STUDENTS:** For each category, please provide rating and a brief explanation of your own evaluation using the space provided. Please use the provided KEY as outlined below. ***NOTE:You should review your total body of work, not just the session submitted***. This form will need to be completed independently. Please forward your individual evaluation form with comments to The Theraplay® Institute. Once both you and your supervisor have completed your part it will be passed on to a Theraplay reviewer to complete evaluation.

**KEY for rating:**

**“L” = Low skill development; minimal development of this skill has taken place within supervision. Needs further supervision in order to progress to a skill level commensurate with intermediate level of certification “LM”= Is aware that this skill is an area of growth. Has begun actively working on the skill, but needs more support before moving on to the Final level of practicum.**

**“M” = Medium skill development. The practitioner has some level of skill in this area and implements it at least 60% of the time with their clients. Consider if the final level of practicum will be sufficient for this practitioner to build their skills adequately for full certification.**

**“MH”= Shows significant ability to understand and accurately apply the specific skill, but needs continued focus on its integration and application in order for it to be used more consistently.**

**“H” = High skill development, the practitioner consistently and reliably applies this skill in a variety of ways with a variety of different types of clients. *This rating may apply to some of the skills/dimensions, but would not likely apply across the board at a Midterm level!***

STRUCTURE

**Picture in mind: ‘Dance Instructor’**

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| **STRUCTURE; SETTING** | **SELF-RATING** | **SUPERVISOR RATING** | **TTI REVIEWER** |
| **1.** The seating is both comfortable and supportive/grounding? |  |  |  |
| **2.** Distracting elements have been removed or concealed? |  |  |  |
| **3.** Materials at hand for the student practitioner, but not displayed distractingly? |  |  |  |
| **4.** Accommodations considered where possible for any sensory or trauma issues? |  |  |  |
| **5.** Camera position allows for interactions and facial expressions to be seen? |  |  |  |

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| **STRUCTURE; SESSION GOALS** | **SELF-RATING** | **SUPERVISOR RATING** | **TTI REVIEWER** |
| **1.** Are specific enough to be both doable and measurable? |  |  |  |
| **2.** Are planned sequentially to serve as ‘stepping stones’ toward reaching the overall goals? |  |  |  |

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| **STRUCTURE; SESSION ACTIVITIES PLAN** | **SELF-RATING** | **SUPERVISOR RATING** | **TTI REVIEWER** |
| **1.** Does the session adhere to TTI “Sequence of a session”?Are all elements present? [If any modifications made, student should explain on the Session Supervision form] (check all that apply)Special entrance Check in/care for hurts:Series of Goal Directed Activities Up/Down regulation Feeding/nurturePrep for leaving Special exit |  |  |  |
| **2.** Does the Entrance set a Structured/Engaging tone for the whole session? |  |  |  |
| **3**. There is a rhythm to the plan (paced up-&-down regulation), beginning byresponding contingently to the child’s physical & emotional state? |  |  |  |
| **4.**There is a ‘flow’ to the session (moving through an activity and transitioning smoothly into the next activity) rather than being choppy/disjointed? |  |  |  |
| **5.** Chosen activities include the basic interactional patterns that foster attachment? |  |  |  |
| **a.** Serve and return interactions? |  |  |  |
| **b.** Synchronous movement interactions? |  |  |  |
| **c.** Use of structuring touch to guide, regulate, redirect? |  |  |  |

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| **d.** Intentional moments of eye contact to foster comfort with eye contact? |  |  |  |
| **e.** Proximity: student practitioner positioning parent close to child & self close to child/parent? |  |  |  |
| **f.** Able to make needed adaptations, then to transition back into original or modified plan? |  |  |  |
| **6.** Skill has developed in keeping words at a minimum to maintain a primary Intersubjective experience that fosters attachment? |  |  |  |

**[STRUCTURE]** re: Student’s overall structure skills per the above items

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| ***Please provide a brief explanation of your ratings:*** |
| ***Supervisor’s Supporting Comments:*** |
| ***TTI Reviewer Feedback:*** |

ENGAGEMENT

**Picture in mind: ‘Warm, welcoming, understanding Host’**

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| **Engagement** | **SELF-RATING** | **SUPERVISOR RATING** | **TTI REVIEWER** |
| **1.** Student sits close enough to parent & child to allow use of touch and promote eye contact with child and parent (per consideration of cultural/trauma history needs) ? |  |  |  |
| **2.** Good use of own Social Engagement System (SES) via facial expression, body orientation, vocal tone/volume/pace, & manner? |  |  |  |
| **3.** Student maintains a relational connection\* with child (*or* parent with child) from Entrance to Exit? [\*via the various aspects of SES]? |  |  |  |
| **4.** Displays growing attunement to child’s verbal & nonverbal cues, & works to repair any misattunements? |  |  |  |
| **5**. Uses touch in activities to introduce touch as logical/natural/helpful/safe? |  |  |  |
| **6.** Shows ‘in-the-moment’ awareness of the child’s inner experience & makes helpful adjustments per the child's history & sensory issues? |  |  |  |
| **7.** Shows development of techniques to regulate self & other at times while maintaining the engagement/connection? |  |  |  |

**[ENGAGEMENT]** re: Student’s overall engagement skills per the above items

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| ***Please provide a brief explanation of your rating:*** |
| ***Supervisor’s Supporting Comments:*** |
| ***TTI Reviewer Feedback:*** |
| ***Recommendations for increasing competence:*** |

NURTURE

**Picture in mind: ‘A caring, thoughtful friend’**

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| **NURTURE** | **SELF-RATING** | **SUPERVISOR RATING** | **TTI REVIEWER** |
| **1.** Has developed ‘good enough’ comfort with nurturing touch to be able to deliver it in a variety of logical and natural ways? |  |  |  |

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| **2.** Plans & responds in a variety of ways that show care/ compassion and to promote soothing of distress/over-escalation? |  |  |  |
| **3.** Takes responsibility for any mishap and its repair? |  |  |  |
| **4.** Fosters nurturing, in some form, from parent/caregiver to child from the beginning of treatment? |  |  |  |
| **5.** Has planned helpful transitions into moments of nurture and allows adequate time for nurturing moments to occur? |  |  |  |
| **6.** Avoids interactions that may distract from those nurturing moments (e.g., talking, silliness, use of a book/activity that disconnects child from caregiver during feeding time)? |  |  |  |
| **7.** Gently redirects as needed to promote a quiet, cuddle time for caregiver and child? |  |  |  |

**[NURTURE]** re: Student’s overall nurture skills per the above items

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| ***Please provide a brief explanation of your ratings:*** |
| ***Supervisor’s Supporting Comments:*** |

***Recommendations for increasing competence:***

***TTI Reviewer Feedback:***

CHALLENGE

**Picture in mind: ‘Wise, encouraging, mentoring coach’**

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| **CHALLENGE** | **SELF-RATING** | **SUPERVISOR RATING** | **TTI REVIEWER** |
| **1.** Student is able to adapt challenges to fit the child’s capacities in both level ofcompetence and level of confidence? |  |  |  |
| **2.** For children who are over-challenged or fear failure/shame, student shows some awareness of using such techniques as ‘the illusion of challenge’; reframing the child’s caution/‘resistance’ as a thoughtful attribute; adapting the challenge ; doing it with the parent first so the child can observe before doing? |  |  |  |
| **3.** Student is able to use partnering of the child and parent in a manner that allows them to experience working together/being a team? |  |  |  |
| **4.** Student has developed ways to elicit affirmation from the parent(s) and to demonstrate the confidence that gives to the child? |  |  |  |
| **5.** Able to vary an activity in order to extend child's window of tolerance while remaining in the zone of proximal development? |  |  |  |

**[CHALLENGE]** re: Student’s overall challenge skills per the above items

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| ***Please provide a brief explanation of your rating:*** |
| ***Supervisor’s Supporting Comments:*** |
| ***TTI Reviewer Feedback:*** |
| ***Recommendations for increasing competence:*** |

WORKING WITH PARENTS

**Picture in mind: ‘Parallel process’**

**Note** that working with a caregiver is a parallel process to how your supervisor works/worked with you as well as how you wish to see the caregiver work with the child. We are all helping each other to look with a new perspective and to reach out in new ways that will help us to better regulate, relate, and feel better in the process.

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| **WORKING W/ PARENTS** | **SELF-RATING** | **SUPERVISOR RATING** | **TTI REVIEWER** |
| **1.** Affirms/respects parent’s presence, even in early stage observation by helping parent |  |  |  |

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| provide a ‘grounding’ touchstone presence ; by finding small ways for the caregiver to “assist”; &/or by including the parent as a play partner in some of the planned activities (which can be practiced in the Parent Demo Session)? |  |  |  |
| **2.** Projects relaxed proximity and manner plus warm SES with both parent and child within treatment sessions? |  |  |  |
| **3.** Has developed one or more ways to guide caregivers away from too much talk and from asking questions of the therapist during the dyadic treatment sessions? |  |  |  |
| **4.** Guides/equips the caregiver step by step as parent moves into participation stage, including helping parent learn the child’s cues and their meaning? |  |  |  |
| **5.** Is able to confidently intervene to avoid or to repair a mishap and to follow up with an affirmation to or about the parent as soon as the parent shows any improvement in that interaction with the child? |  |  |  |
| **6.** Shows ability to support the parent toward competence and confidence in new patterns of interaction? |  |  |  |
| **7.** Shows an understanding of parent work as a ‘parallel process’ to working with the child? |  |  |  |

**[WORKING WITH PARENTS]** re: Student’s overall skills in working with parents

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| ***Please provide a brief explanation of your ratings:*** |
| ***Supervisor’s Supporting Comments:*** |

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| ***TTI Reviewer Feedback:*** |
| ***Recommendations for increasing competence:*** |

SELF-REFLECTION SKILL

**Picture in mind: ‘Curious student, open to learning and self discovery’**

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| **SELF-REFLECTION SKILL** | **SELF-RATING** | **SUPERVISOR RATING** | **TTI REVIEWER** |
| **1.** Session plans relate to identified treatment goals from Intake information, MIM, and other assessments? |  |  |  |
| **2.** Progression of sessions reflect progress toward goal achievement? |  |  |  |
| **3.** Completes required forms & makes specific references to events as they occurred in session, with consideration of potential causes and potential responses? |  |  |  |
| **4.** Displays eagerness and a desire to learn? |  |  |  |
| **5.** Is open to suggestions and recommendations of the supervisor? |  |  |  |

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| **6.** Demonstrates an ability to reflect on personal strengths & challenges within a session & to learn from them? |  |  |  |
| **7.** Is able to apply self-reflections to subsequent sessions? |  |  |  |
| **8.** Integrates supervisory feedback in subsequent sessions & as relevant to other families? |  |  |  |
| 1. Makes specific references on the session supervision form pertaining to events that happened in their session and *infers:*
	1. What perhaps led to those events (i.e., result of a particular sequence? Something in the child’s experience/perception in the moment? A miscue/lack of clarity from the adult? Etc)
	2. A potential adjustment or repair for that event in the future?
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**[SELF-REFLECTION SKILLS]** re: Student’s overall skills in self-reflection

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| ***Please provide a brief explanation of your rating:*** |
| ***Supervisor’s Supporting Comments:*** |

***Recommendations for increasing competence:***

***TTI Reviewer Feedback:***

KNOWLEDGE BASE

**FOR STUDENT AND SUPERVISOR ONLY**

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| **KNOWLEDGE BASE** | **SELF-RATING** | **SUPERVISOR RATING** |
| **1.** Demonstrates a working understanding of attachment & regulatory theory that underlies Theraplay treatment? |  |  |
| **2.** Demonstrates an understanding of the child’s *underlying physiologic or psychological motives* rather than mere surface behaviors? |  |  |
| **3.** Demonstrates an understanding of typical and atypical child development? |  |  |
| **4.** Is up to date on relevant research in developmental sciences pertaining to the domains of perceptual, cognitive, social, emotional, language, and motor development? |  |  |
| **5.** Demonstrates an understanding of sensory processing issues (SPI) and how they impact a child’s development and behavior? |  |  |

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| **6.** Seeks information related to increasing their understanding of current brain, trauma, and attachment research to support their work/practice? |  |  |
| **7.** Is able to integrate new information into their Theraplay work, or seeks help to do so? |  |  |
| **8.** Is able to generalize new information in order to apply it across their Theraplay clientele? |  |  |
| **9.** Demonstrates flexibility in approach to activities in response to sensory issues, trauma, & resistance? |  |  |
| **10.** Has an understanding of the *effects of the family system* (including awareness of indicators of IPV/DV) and of *cultural influences* on development & behavior? |  |  |

**[ KNOWLEDGE BASE ]** re: Student’s skills in knowledge base

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| ***Please provide a brief explanation of your ratings:*** |
| ***Supervisor’s Supporting Comments:*** |
| ***Recommendations for increasing competence:*** |

MIM ASSESSMENT

**FOR STUDENT AND SUPERVISOR ONLY**

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| **MIM ADMINISTRATION** | **SELF-RATING** | **SUPERVISOR RATING** |
| **1.** Appropriate space selected & camera can view parent & child’s faces? |  |  |
| **2.** Appropriate tasks selected (for individual MIM; for 2 individual MIMs; for Family MIM) & organized for each MIM specifically? |  |  |
| **3.** Provided clear instruction to the family, with a bin of envelopes placed near the adult? |  |  |

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| **MIM ANALYSIS** | **SELF-RATING** | **SUPERVISOR RATING** |
| **1.** Are MIM goals specific enough to be both doable and measurable? |  |  |
| **2.** Lists at least 4 specific observations (reference verbal/non-verbal cues) that support conclusions and plans? |  |  |
| **3.** Findings correlate 60% or more with supervisor’s findings? |  |  |
| **4.** MIM findings clearly highlight recommendations for treatment and guide-treatment planning process? |  |  |
| **5.** Treatment Plans correspond to MIM Analysis that includes specific goals for treatment within appropriate dimensions? |  |  |

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| **6.** Session plans reflect understanding of identified goals and are guided by the treatment plan? |  |  |
| **7.** Demonstrates an understanding of who and what needs to change? |  |  |

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| **MIM FEEDBACK** | **SELF-RATING** | **SUPERVISOR RATING** |
| **1.** Feedback is appropriate & sensitive? |  |  |
| **2.** Student is able to highlight family’s/dyad’s strengths and illustrate them through video clips? |  |  |
| **3.** Is able to identify areas of concern and empathically explore with caregivers during feedback sessions? |  |  |

**[ MIM ASSESSMENT ]** For student and supervisor only

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| ***Please provide a brief explanation of your rating:*** |
| ***Supervisor’s Supporting Comments:*** |

**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 the applicant seek additional support from their supervisor.

X

*Signature of TTI Reviewer*

 

