THE Theraplay® INSTITUTE
Building Better Relationships

Parent Session Supervision Form

Name:_____ Date_____
Supervisor:_____
Client (initials):_____ Client Session #_____ Supervision Session #_____

At the beginning of each case, please send the following materials in addition to the materials required for on-going sessions:

_____Background/ intake information on child and family, last names removed for confidentiality

_____Video of MIM session, along with the MIM analysis form

_____Consent form signed by the parent(s) giving permission to videotape and share the video and information about the family with the supervisor (DO NOT send to TTI)

A. Specific goals for this session (e.g., building empathy and understanding for the child's experience, psycho-education re: parenting goals and skills, building collaboration with parents, building understanding of Theraplay, building competence and confidence in parents' use of Theraplay, helping parents manage behaviors outside sessions, helping parents take Theraplay into daily life and routines, etc):

B. Specific plan for this sessions (e.g., explain activities or dimensions, demonstrate activities, show session clips that emphasize aspects of their performance you want to support and enhance, etc.) Include your purpose for the elements of this plan:

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C. Your assessment of the parent's reaction to the session:

D. Your response to parents' reactions:

E. Self-Reflection about the session (what were your professional strengths and weaknesses, what areas of knowledge do you want to expand, did you notice any issues of transference or countertransference, etc.?):

F. Plan for the next session (how are you planning to take this experience and increased understanding of the parents' capacities and translate that into planning for your next family session? For your next parent session?):

G. Suggested homework or next steps for parents:

H. Questions for the supervisor: