THE Theraplay INSTITUTE
Building Better Relationships

Session Supervision Form

Please include this form with each session

Name:_____SAMPLE_____
Date_____
Supervisor:_____
Client Session #__14__ Supervision Session #__5___

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

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

___X__Video of MIM session, along with the MIM analysis form

___X__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)

Please include the following: Child's age ____5___ Child's school grade (if applicable)__K___

(Please circle One) **Biological Child**/Foster Child/Adopted Child

If not biological child, please include any information about removed and placement history:

Current family constellation: _____***Client is middle child in family of 5. Older brother is 6 years older. Younger sister in 1.5 years younger and was born with profound hearing loss. Mother is a teacher, also going to grad school at night. Father is in marketing. Grandparents live nearby and provide babysitting and overnight care regularly.*** **Parents are finding it increasingly hard to know how to respond to child's anger which has been evident since the birth of their third child. Client has recently been diagnosed with ADHD and parent are not interested in medication as an intervention. Both parents come from homes where they were yelled at and shamed for misbehavior as children. Parent's struggle with finding a balance between wanting compliance and understanding that their child struggles with meeting their high expectations (oldest child is well regulated and in a gifted program at school)**

A. Specific goals for this session:
Dimensions of focus as identified for mother from the MIM are Structure (for mother to be organization, predictable and consistent in her interactions) and Engagement (for mother to use her social engagement system to continually draw child back into the interaction and to recognize the importance of serve and return style of communication in helping her child maintain focus

and attention to task). The same dimensions are areas of focus for the child. The sessions will support the child's acceptance of Structure as a means of creating felt safety, allowing him to remain regulated and connected rather than in a fight state.Additionally, the sessions will be designed to be high engagement and draw on the child's play energy while keeping him in the present. Through repeated experiences of joyful connection, these sessions should increase attachment between the mother child dyad.

***Long term goal**: Increase attunement between mother and child and support the mother's responsiveness to what the child is communicating. Create a sense of felt safety with child by demonstrating that adults understand him and are capable of meeting his needs.*

***Short term goal:** For mother to adjust at least one activity based on child' reactions to her lead. For the mother to use very short and decorative statements to direct the child, resisting her natural tendency to overly rely on verbal direction and correction. For child to accept mother leading 3 of 9 activities without resistance (typically anger or refusal to participate because it's boring").*

B.

List of activities planned:	As actually happened in the session*:
Jump In on Spots/Structure	Rode in on mom's feet, he did not want people in the waiting are to see him doing any activities. This shame response resulted in the therapist needing to step in and help mom with an alternative entrance activity. Mom's initial reaction was to try and override the child's experience and talk him into thinking the activity as planned would be fun, shutting him down further. (video1:44)
Check in with lotion/E/N (mom leads)	Check in with lotion was lead by therapist because child grabbed lotion from mother and started to squirt it on her. Mother's suprised expression and attempt to grab the lotion back increased the child's dysregulation and a power battle started. Therapist's comment to mom to "start with that lotion on his biggest muscles" re-engaged the child and you can see him point out to the adults that his biggest muscles are his biceps. (video 4.30)
Slippery slip/Engagement (Mom leads)	Slippery slip - therapist did first arm, demonstrating howmuch pressure to use and how to exaggerate falling backwards in a way that captured the child's attention. At that point, the therapist felt that the activity could be successfully led bu the mother and passed the leadership of that activity over to

	her. The mother confidently took over and lotioned the child's second arm. She then decided to continue with his fingers based on his nonverbal communication of enjoyment (smile, strong eye contact and touching the lotion with him finger to his arm). Child stayed with the activity, so mother continued with each leg, taking time to notice his muscles in each leg. (video 8:22)
Streamer measure Engagement/Nurture/Structure	As planned. Therapist measured one side of the child's body, making sure that that touch used was predictable, measured and firm. She drew the child and parent's attention to the length of each piece, increasing the engagement by encouraging them to find something on mom that was the same length as the streamer from the child. After the measurement of each body part, therapist handed the streamer roll and the leadership over to the mother and the mother measured the corresponding body part on the other side of the child. This back and forth way of working together allowed the child to experience each measurement interaction with the therapist first so that he knew exactly what to expect when mom had a turn (video 9:11)
Streamer karate chop/Structure and Challenge (mom provides cues)	As planned (video 14:00)
Mummy Wrap/Engagement and Structure	As planned. Used the leftover strips to do a few more chops at child's request (video 17:30)
Bubble pop/Engagement and Challenge (Mom leads)	As planned (video 20:40)
Walk this way/Structure and Engagement	As planned. Child asked to name a few animals and mother agreed to let child name the last two rounds of the game (video 23:30)
Peanut Butter and Jelly/Structure and Engagement	As planned (video 25:00)
Snack/blanket swing Nurture	As planned. Child continues to struggle with allowing mother to feed but mother used playful engagement to encourage

	child to eat 4 mini cookies from her before he stopped (video 29:11-37:55)

***Please describe briefly why you made the decision to change from the planned activity/activities. What were your thoughts, goals, etc.**
There was more need to change the plan as the child came into the space upset that the spots on the floor were visible to others. His dysregulation started earlier in the session than usual and carried through the Lotion activity which seemed to throw mom off. Once he was able to be re-regulated, his engagement grew and mom's confidence increased. By the mummy wrap, mother was able to allow the child to deviate from the plan without fearing that she would lose control.

C. Your assessment of your work in the following areas
(Give specific examples by activity):

1) Your efforts to keep child optimally regulated:
I think I did pretty well, being flexible and having an alternative way to enter the session right away. I may have overly focussed on the child's regulation because looking back I see that mom arrived in the room looking fearful (and my eyes were on the child only). There were no times where he got up and ran or refused to at least try an activity which used to happen every session. He left after the blanket swing in a very regulated and peaceful state.

2) Your pacing of activities:
For this child, my pacing was faster than for other children. His defiance and ADHD diagnosis requires that I be ready to move on quickly but at times that can put him outside of his window of tolerance. The pacing of the streamer measure and the Walk this Way activities felt particularly good, you can see him slow down and his non verbals show his enjoyment.

3) Variety and sequence of activities (example, balance between nurture/ structure, quiet/ boisterous, faster/calmer): the Entrance and Lotioning of special spots is calmer and slower in an effort to reign in his energy and really connect with him. However, this is a child that needs to MOVE and I designed the session to meet his need for movement and challenge with Karate Chop, and Bubble Pop. It is apparent that he is working hard to stand still for the Mummy wrap, but he did it! I think if we hadn't added a few extra Karate Chops after than he would have chosen to run around the room or jump on the couch - behavior we almost always see. The Blanket Swing worked beautifully this session - you cant see inside but he had his eyes closed and was sucking his thumb during the whole song.

4) Your overall use of Engagement (use of surprise, "moments of meeting", etc):

5) Your attention to child's nonverbal signals:

6) Your modifications for trauma history:

7) Would you work differently with this child in the future; if so how?

D. Comments on the child's behavior:

E. Parent involvement:

1) Your efforts to provide structure for the parent (i.e., Did the parent have a comfortable place to sit? Did parent know what was expected/how to do the activities? Did you provide enough direct coaching/guidance to parent?):

2) Your facilitation of parent-child engagement:

3) Parent's reaction to child:

F. Transference/Countertransference issues:

G. Plan for the next session:

H. Questions for the supervisor: