

Handouts for Supervision Training

A Table of Contents:

1) Table of Supervision Training (16 weeks version).....	3-4
2) Procedure of Supervision Training	5-10
3) 8 STS Evidence-Based Principles.....	11
4) Therapy Worksheets.....	12-21
5) Therapist Process Rating Form (TPRS) for Therapist.....	23-23
6) Therapist Process Rating Form (TPRS) for Supervisor.....	24-25
7) Therapist Check Sheet	26

Week	Therapy	Supervision
1	<ul style="list-style-type: none"> • Consent • #1 STS & OQ 45.2 • Risk (if applicable) • Complete Part 1 (e.g., items 1-3) of Therapist Treatment Worksheet (Post-Therapy) 	<ul style="list-style-type: none"> • Complete Part 1 & 2 of Therapist Treatment Worksheet • Risk (if applicable) • Discuss Principles 1 & 8 and start discussing functional impairment and relationship development in the context of treatment goal planning
2	<ul style="list-style-type: none"> • Conduct therapy using principles 1-4 & 8 	<ul style="list-style-type: none"> • Complete Part 3 of Therapist Treatment Worksheet • Discuss Principles 2-4 and continue to discuss relationship development
3	<ul style="list-style-type: none"> • Conduct therapy using principles 1-4 & 8 	<ul style="list-style-type: none"> • Discuss Principles 2-4 and continue to discuss relationship development
4	<ul style="list-style-type: none"> • Conduct therapy using principles 1-4 & 8 	<ul style="list-style-type: none"> • Watch DVD • TPRS (Independent rating) • Emphasize Principles 1-4
5	<ul style="list-style-type: none"> • Conduct therapy adding principle 1-4 & 8 	<ul style="list-style-type: none"> • Watch DVD • TPRS (Consensual rating) • Discuss Principles 1-4 • Introduce Principle 5.
6	<ul style="list-style-type: none"> • #2 STS/OQ45 Follow Up Version • Risk (if applicable) • Conduct therapy adding principle 5 	<ul style="list-style-type: none"> • Complete Part 4 of Therapist Treatment Worksheet • Risk (if applicable) • Discuss Principles 5-7 • Review Completed Worksheet
7	<ul style="list-style-type: none"> • Conduct therapy adding principle 5-7 	<ul style="list-style-type: none"> • Discuss Part 4 of Therapist Treatment Worksheet • Discuss Principles 5-7
8	<ul style="list-style-type: none"> • Conduct therapy adding principle 5-7 	<ul style="list-style-type: none"> • Complete Part 5 of Therapist Treatment Worksheet • Discuss Principles 5-8 • Review Completed Worksheet

9	<ul style="list-style-type: none"> • Conduct therapy adding principle 1-8 	<ul style="list-style-type: none"> • Watch DVD • TPRS (Independent rating) • Emphasize Principles 1-8
10	<ul style="list-style-type: none"> • Conduct therapy using principles 1-8 	<ul style="list-style-type: none"> • Watch DVD • TPRS (Consensual rating) • Discuss Principles 1-8
11	<ul style="list-style-type: none"> • Conduct therapy adding principle 1-8 	<ul style="list-style-type: none"> • Discuss Principles 1-8 • Review Completed Worksheet
12	<ul style="list-style-type: none"> • #3 STS/OQ45 Follow Up Version • Risk (if applicable) • Conduct therapy adding principle 1-8 	<ul style="list-style-type: none"> • Complete Part 6 of Therapist Treatment Worksheet • Risk (if applicable) • Discuss Principles 1-8 • Review Completed Worksheet
13	<ul style="list-style-type: none"> • Conduct therapy using principles 1- 8 	<ul style="list-style-type: none"> • Discuss Principles 1-8 • Review Completed Worksheet
14	<ul style="list-style-type: none"> • Conduct therapy adding principle 1-8 	<ul style="list-style-type: none"> • Discuss Principles 1-8 • Review Completed Worksheet
15	<ul style="list-style-type: none"> • Conduct therapy adding principle 1-8 	<ul style="list-style-type: none"> • Discuss Principles 1-8 • Review Completed Worksheet
16	<ul style="list-style-type: none"> • #4 STS/OQ45 Follow Up Version • Risk (if applicable) 	<ul style="list-style-type: none"> • Complete Part 7 of Therapist Treatment Worksheet • Complete Evaluation Form

1. Procedure

a. Pre-Therapy

i. Trainee

1. After receiving the client's participation, the trainee will call in and set up therapy session #1 for 90 minutes.

b. Therapy Session #1 (Set up 90 Minutes)

i. Trainee

1. Check out iPad
 - a. Sign out
 - b. Verify battery/wifi
2. Collect OQ45 assessment
3. Start DVD
4. Conduct the Therapy Session #1 (45 minutes First)
5. **Administer STS/Innerlife** **Check the wifi signal.**
6. Review client risk endorsement
 - a. After the client is done with the STS on the iPad the trainee will have to log out of the client portal and into their own innerlife account to see if any risk items have been endorsed
 - b. Evaluate "Risk Graph" on iPad
 - c. If risk items are not endorsed, skip steps 7
7. Discuss risk items with client (if applicable)
 - a. If necessary, conduct Risk Consult with On-Site supervisor
 - i. Trainee will take all assessment materials (including iPad) to the risk consult.
 - ii. **iPad should not be left in therapy room with client even if the client did not complete the STS/Innerlife assessment**
8. Print a copy of Risk Graph (if applicable) and attach the copy to Risk Consult write-up prior to submitting to the Supervisor's box.

c. Post-Therapy Session #1

i. Trainee

1. Completes Part 1 of the Therapy Worksheet and assesses risk level.

d. Individual Supervision #1

i. Supervisor/Trainee

1. The supervisor and trainee review the graphs and the risk assessment in the chart and complete Part 1 & 2 of the Therapist Treatment Worksheet and discuss Principles #1 and #8.
2. Supervisor and trainee collaboratively begin process of risk factor/functional impairment/relationship factors into treatment goal planning.

- e. Individual Supervision #2
 - i. Supervisor/Trainee
 1. The supervisor and trainee review the Therapist Treatment Worksheet and view a portion of the DVD session.
 2. Supervisor and trainee collaboratively rate the trainee's compliance with Principle 1. The treatment plan should be modified accordingly.
 3. Supervisor and trainee review Part 3 (i.e., Principles 2-4) of the Therapist Treatment Worksheet and rate the trainee's compliance.
- f. Individual Supervision #3
 - i. Supervisor/Trainee
 1. Supervisor and trainee collaboratively rate the trainee's compliance with Principle 2-4. The treatment plan should be modified accordingly.
 2. Supervisor and trainee continue to discuss relationship development.
- g. Individual Supervision #4
 - i. Supervisor/Trainee
 1. The supervisor and trainee will continue to review Principles 1-4 and focus on relationship development.
 - ii. Supervisor/Trainee
 1. The supervisor and trainee watch 10 minutes of the previous therapy session DVD recording.
 2. The supervisor and trainee rate the trainee's behavior by completing separate TPRS assessments.
 - a. The assessments should be completed separately and should be based only on the observed behaviors from the 10-minute DVD.
 - b. These assessments will be reviewed during this or the next supervision session.
- h. Individual Supervision #5
 - i. Supervisor/Trainee
 1. The supervisor and trainee will compare their ratings on the TPRS from the previous session and will then come to a **consensual agreement about each item**.
 2. They will fill out one consensual TPRS (therapist process) form and will discuss this TPRS as part of supervision, addressing the question of whether the treatment stance taken by the trainee is conducive to the client's change.
 3. The training will focus on Principles 1-4 while introducing Principle 5.
- i. Therapy Session #6
 - i. Trainee
 1. Check out iPad

- a. Sign out
 - b. Verify battery/wifi
 2. Collect OQ45 assessment
 3. Start DVD
 4. Administer STS/Innerlife Follow Up Version **Check the wifi signal.**
 5. Review client risk endorsement
 - a. After the client is done with the STS on the iPad the student will have to log out of the client portal and into their own login to see if any risk items have been endorsed
 - b. Evaluate "Risk Graph" on iPad
 - c. Evaluate risk items on OQ45
 - d. If risk items are not endorsed, skip to step #6
 6. Discuss risk items with client (if applicable)
 - a. If necessary, conduct Risk Consult with the supervisor
 - i. Trainee will take all assessment materials (including iPad) to the risk consult.
 - ii. Trainee should present Innerlife Risk Graphs to supervisor (if applicable)
 7. Conduct Therapy adding Principle #5
 8. Complete therapy session with client
 9. Collect/label DVD
 10. Print a copy of Risk Graph (if applicable) and attach the copy to Risk Consult write- up prior to submitting to supervisor's box.
- j. Individual Supervision #6
 - i. Supervisor/Trainee
 1. The supervisor and trainee review Part 4 (e.g., principles 5-7) of the Therapist Treatment Worksheet and collaboratively rate the trainee's compliance with Principles 2-7.
 - a. Concerns or questions which cannot be resolved in supervision should be directed (in narrative format) to Dr. Beutler via email lbeutler@paloptou.edu
- k. Individual Supervision #7
 - i. Supervisor/Trainee
 1. The supervisor and trainee review the Therapist Treatment Worksheet and view a portion of the DVD session if needed.
 2. Supervisor and trainee review Part 4 (i.e., Principles 5-7) of the Therapist Treatment Worksheet and rate the trainee's compliance.
- l. Individual Supervision #8
 - i. Supervisor/Trainee

1. The supervisor and trainee review the Therapist Treatment Worksheet and view a portion of the DVD session if needed.
 2. Supervisor and trainee review Part 5 (i.e., Principles 5-8) of the Therapist Treatment Worksheet and rate the trainee's compliance.
- m. Individual Supervision #9
- i. Supervisor/Trainee
 1. The supervisor and trainee watch 10 minutes of the previous therapy session DVD recording.
 2. The supervisor and trainee rate the trainee's behavior by completing separate TPRS assessments.
 - a. The assessments should be completed separately and should be based only on the observed behaviors from the 10 minute DVD.
 - b. These assessments will be reviewed during this or the next supervision session.
 - ii. Emphasize Principles 1-8.
- n. Individual Supervision #10
- ii. Supervisor/Trainee
 1. Supervisor and student rate trainee's ongoing treatment plan for compliance with Principle 8 and integration with other principles in planning continuation of treatment (this process may be delayed to the next session if necessary).
 2. The supervisor and trainee will compare their ratings on the TPRS from the previous session and will then come to a **consensual agreement about each item.**
 3. They will fill out one consensual TPRS (therapist process) form and will discuss this TPRS as part of supervision, addressing the question of whether the treatment stance taken by the trainee is conducive to the client's change.
- o. Individual Supervision #11
- i. Supervisor/Trainee
 1. The supervisor and trainee review the Therapist Treatment Worksheet and view a portion of the DVD session if needed.
 2. Supervisor and trainee review the completed Therapist Treatment Worksheet and discuss trainee's compliance.
 3. Continue to discuss Principle 1-8.
- p. Therapy Session #12
- i. Trainee
 1. Check out IPad
 - a. Sign out

5. Review client risk endorsement
 - a. After the client is done with the STS on the iPad the student will have to log out of the client portal and into their own login to see if any risk items have been endorsed
 - b. Evaluate "Risk Graph" on iPad
 - c. Evaluate risk items on OQ45
 - d. If risk items are not endorsed, skip to step #6
6. Review treatment plan for future treatment as previously discussed with supervisor, and make contract for continuing or discontinuing as indicated.
7. Complete therapy session with client
8. Collect/label DVD
9. Print a copy of Risk Graph (if applicable) and attach the copy to Risk Consult write-up prior to submitting to supervisor's box.
- t. Post-Individual Supervision #16
 - i. Supervisor/Trainee
 1. The supervisor and trainee review Part 7 of the Therapist Treatment Worksheet and collaboratively rate the final treatment plan for trainee's compliance with Principles 1-8.
 2. The supervisor and trainee review all eight principles and develop a long-term plan.

STS 8 Evidence-Based Principles

Impairment Level Principle.

1. For all patients with moderate to severe impairment, the therapist should identify social service or medical care needs and arrange for attention to these needs. Those with low social support systems, in particular, need assistance from the therapist to develop social support and support services. This may mean the use of adjunctive group or multi-person interventions.

Relationship Principles. Three principles draw the supervisors' and students' attention to the importance of the therapeutic relationship in effecting change.

2. Therapy is likely to be beneficial if a strong working alliance is established and maintained during the course of treatment.
3. The qualities of a good working alliance are likely to be facilitated if the therapist relates to clients in an empathic way, adopts an attitude of caring, warmth, and acceptance, and an attitude of congruence or authenticity.
4. Therapists are likely to resolve alliance ruptures when addressing such ruptures in an empathic and flexible way.

Resistance Principles. One principle describes the central role of varying one's approach when client resistance is encountered.

5. In dealing with the resistant client, the therapist's use of directive therapeutic interventions should be planned to inversely correspond with the patient's manifest level of resistant traits and states. Non-confrontational strategies are most helpful in working with such clients.

Coping Style Principles. Ways that clients cope with change affect the goals that optimally guide psychotherapy. Two principles define this relationship.

6. Clients whose personalities are characterized by relatively high "externalizing" styles (e.g., impulsivity, social gregariousness, emotional lability, and external blame for problems), benefit more from direct behavioral change and symptom reduction efforts, including building new skills and managing impulses, than they do from procedures that are designed to facilitate insight and self-awareness.
7. Clients whose personalities are characterized by relatively high "internalizing" styles (e.g., low levels of impulsivity, indecisiveness, self-inspection, and overcontrol) tend to benefit more from procedures that foster self-inspection, self-understanding, insight, interpersonal attachments, and self-esteem than they do from procedures that aim at directly altering symptoms and building new social skills.

Readiness Principle. Client readiness and receptivity are important qualities, but patients differ widely in these qualities. Stages of readiness that predict treatment effects have been identified.

8. Clients who are in more advanced stages of readiness for change (e.g., preparation, action, maintenance) are more likely to improve in psychotherapy than those at lower stages of readiness (pre-contemplation, contemplation).

Therapist Treatment Worksheet

Part 1

Instructions: Part 1 should be completed by trainee **before individual supervision**. The trainee should refer to the STS graphs (primary, secondary, and planning dimensions) to complete the following. These graphs are located in the Innerlife/Clinician Portal.

1. List Primary Symptoms and Risk Scales which are 60 or more.

2. List Secondary Symptoms which are 65 or more.

<u>3. List STS Planning Dimensions</u>	<u>Score</u>	<u>Description (Circle one)</u>
Severity	_____	High (>60) Low (<60)
Chronicity	_____	High (>60) Low (<60)
Social Isolation	_____	High (>60) Low (<60)
Resistance	_____	High (>65) Mod (60-64) Low (<60)
Externalizing Coping Styles	_____	
Internalizing Coping Styles	_____	
Coping Style	_____	Ext (>1) Int (<1)
Readiness for Change (See the report)		Precontemplation Contemplation Preparation/Action

Therapist Treatment Worksheet

Part 2

Instructions: Part 2 should be completed during individual supervision **following therapy session #1**. The trainee and supervisor should collaboratively rate the trainee's compliance to principle 1 by reference to the descriptors provided below.

Functional Impairment

- **Principle 1** -For all patients with moderate to severe impairment, the therapist should identify social service or medical care needs and arrange for attention to these needs. Those with low social support systems, in particular, need assistance from the therapist to develop social support and support services. This may mean the use of adjunctive group or multi-person interventions.

Compliance with this principle requires that if your patient has moderate to severe functional impairment, you set up additional arrangements such as risk consult, psychiatric referral, medical referral, mental status examination, sleeping referral or culturally adaptive social services. This principle includes if patients have low social support systems, you may provide the use of adjunct group, couples, or family therapy.

A. How well did you set multi-person interventions (in addition to your individual session) that address the patients' functional impairments and lack of social support systems?

1	2	3	4	5	6	7
Very Little		A Bit		Quite A Bit		A Lot

B. How effectively did you insert procedures to evaluate and instigate corrective changes (if needed) to address self-damaging and dangerous symptoms such as suicidality, substance abuse, and aggression?

1	2	3	4	5	6	7
Did Not Address		Quite Poorly		Quite Well		Very Well

Therapist Treatment Worksheet

Part 3

Relationship

- **Principle 2** - Therapy is likely to be beneficial if a strong working alliance is established and maintained during the course of treatment.
- **Principle 3** - The qualities of a good working alliance are likely to be facilitated if the therapist relates to clients in an empathic way, adopts an attitude of caring, warmth, and acceptance, and an attitude of congruence or authenticity.

Compliance with these principles requires that you respond in a warm, accepting, and caring manner. You exhibit no defensiveness, be able to listen, and provide an atmosphere that is accepting and encouraging of expression.

A. How well did you convey these attitudes during this session?

1	2	3	4	5	6	7
Very		Quite		Quite		Very
Poorly		Poorly		Well		Well

B. How effectively did you spend time specifically discussing the client's feelings about what is happening in therapy or his/her feelings about the therapist, or his/her expectations of what therapy should be like? What is happening in therapy?

1	2	3	4	5	6	7
Very		Quite		Quite		Very
Poorly		Poorly		Well		Well

- **Principle 4** - Therapists are likely to resolve alliance ruptures when addressing such ruptures in an empathic and flexible way.

After developing therapeutic alliance, a primary emphasis on relationship development should be initiated whenever the patient either resists a therapeutic intervention or following any therapist initiated intervention that might cause a tear or might interrupt the flow of the relationship. At these times, you do three things: (1) acknowledge the legitimacy of the patient's feelings; (2) reflect feelings of discomfort, anger, or discontent; and (3) discuss the current patient-therapy relationship. Based on these considerations:

C. How well did you address disruptions to the therapeutic relationship?

1	2	3	4	5	6	7
Very		Quite		Quite		Very
Poorly		Poorly		Well		Well

D. How effectively did you explore the patient's feelings about the therapist or discuss differences in the way the therapist and client viewed the relationship?

1	2	3	4	5	6	7
Very Poorly		Quite Poorly		Quite Well		Very Well

Therapist Treatment Worksheet

PART 4

Resistance

- **Principle 5-** In dealing with the resistant patient, the therapist's use of directive therapeutic interventions should be planned to inversely correspond with the patient's manifest level of resistant traits and states. Non-confrontational strategies are most helpful in working with such patients.

A. How well did you avoid encountering patient resistance?

1	2	3	4	5	6	7
Very		Quite		Quite		Very
Poorly		Poorly		Well		Well

Compliance also requires that you remain calm, supportive, and objective, even if the patient becomes angry and defiant. Ideally, the patient will evidence no more than very mild levels of resistance and non-compliance with treatment demands, but if resistance does emerge, you should not respond with anger, should not imply blame to the patient, and should avoid putting the patient on the defensive in any way. You should be able to tolerate anger and being seen as wrong or ineffectual.

B. How well did you manage to stay calm and open in the face of any patient resistance?

1	2	3	4	5	6	7
Very		Quite		Quite		Very
Poorly		Poorly		Well		Well

C. How successful were you in overcoming patient resistance if and when it occurred in order to restore or maintain productive intervention?

1	2	3	4	5	6	7
Very		Quite		Quite		Very
Poorly		Poorly		Well		Successfully

Compliance with this principle is defined by whether the therapist uses the procedures that best fit the level of defiance and resistance manifested by the patient. If the patient is oppositional and has very high levels of trait resistance, you should demonstrate some effort to use paradoxical strategies such as prescribing the symptom, cautioning against change, or reframing the resistance as its opposite--cooperation. If the patient is not directly oppositional, though resistant, you should respond with acceptance and with interventions that encourage the patient to feel more in control of what happens. You should avoid direct guidance and making assignments. These things should be negotiated with the objective of getting the patient to set their own assignments and to find their own solutions. The patient's autonomy and power of self-direction should be reinforced and you should avoid direct demands or generally, even direct suggestions. In contrast, for the low resistant patient, you can provide guidance, set the agenda, and make homework assignments. Based on the foregoing, respond to one of the following items:

- D. (If the patient is moderate or high resistant) How well was you able to accept the patient’s need to lead, approaching and backing away, assuming a passive role, providing non-directive facilitation, or using paradoxical interventions to avoid resistance?
- E. (If the patient is low resistant) How well was you able to assume leadership and an instructional role, guiding and directing the session, employing active techniques, and keeping the focus of the session on relevant topics?

1	2	3	4	5	6	7
Very		Quite		Quite		Very
Poorly		Poorly		Well		Well

Coping Style

- **Principle 6** - Patients whose personalities are characterized by “externalizing” styles (e.g., impulsivity, social gregariousness, emotional liability, and external blame for Problems), benefit more from direct behavioral change and symptom reduction efforts, including building new skills and managing impulses, than they do from procedures that are designed to facilitate insight and self-awareness. Therapists should focus on direct change, enhancing external cues to gain emotional control, and developing problem solving and self-control skills. Therapeutic Change is likely if therapists help such clients accept, tolerate, and at times fully experience their emotions.
- **Principle 7** - Patients whose personalities are characterized by “Internalizing” styles (e.g., low levels of impulsivity, indecisiveness, self-inspection, and over control) tend to benefit more from procedures that foster self-inspection, self-understanding, insight, interpersonal attachments, and self-esteem than they do from procedures that aim at directly altering symptoms and building new social skills. The therapist treating such patients should especially focus on cognitive change, emotional expression, and physiological response as a way of modifying behavioral and emotional change.

Internalizing patients should be confronted with internal experiences and feelings that are being avoided; externalizing patients should be confronted with external events and avoided behavior. Your main efforts are to encourage the internalizing patient to FEEL and BE AWARE of their own anxiety, and to encourage the externalizing patient to DO things differently. The internalizing patient is also encouraged to discover the origin and conditions surrounding the feelings and symptoms. Insight and awareness should be emphasized for this patient. In contrast, treatment of the externalizing patient emphasizes specific symptoms and things to do and change. The preponderance of your work should be appropriate to these differential goals—Feeling versus Doing.

Good compliance when working with the internalizing patient, includes some focus on the historical significance of the problem and on the thematic re-enactment of critical relationship patterns. For the externalizing patient, good compliance means focusing on the here and now, on current problems and symptoms, and on targeted skills that need to be developed. Based on these considerations, respond to one of the following items, depending on the patient’s coping style.

- A. (If the patient is an **externalizer**) How well did you keep the focus on current behavior, building current skills, and “doing” things differently as opposed to trying to develop insight into the historical roots of one’s behavior, discussing the past, and identifying recurrent themes and feelings?
- B. (If the patient is an **internalizer**) How well did you keep the focus on the historical roots of the problem, on

recurrent themes in the person's life, or on creating insight and awareness of the meaning of current experiences and "feelings", as opposed to finding resolutions to current problems, altering current symptoms, or discovering the historical roots to the patient's skills, and deficits?

1	2	3	4	5	6	7
Very		Quite		Quite		Very
Poorly		Poorly		Well		Well

Therapist Treatment Worksheet

PART 5

Readiness for Change

- **Principle 8-** Patients who are in more advanced stages of readiness for change (e.g., preparation, action, maintenance) are more likely to improve in psychotherapy than those at lower stages of readiness (pre-contemplation, contemplation).

A. At lower stage of readiness, the patient usually has no intention of changing their behavior, and typically denies having a problem or patients want to stop feeling so stuck and start understanding his/her problems but he/she do not know how to change. How much did you understand his/her readiness, reflect his/her situations and feelings rather than use problem-solving approaches to change his/her behaviors so quickly?

1	2	3	4	5	6	7
Did Not		Quite		Quite		Very
Address		Poorly		Well		Well

B. At middle stage of readiness, the patient is committed to action, and may appear ready, he/she has not necessarily resolved his/her ambivalence. How well did you develop a firm, detailed scheme for action to carry his/her client thought?

1	2	3	4	5	6	7
Did Not		Quite		Quite		Very
Address		Poorly		Well		Well

Therapist Treatment Worksheet

Part 6

Instructions: Part 6 should be completed by trainee **before supervision session 12**. The trainee should refer to the STS Treatment Follow up (primary, & secondary symptoms) to complete the following. These graphs are located in the Innerlife/Clinician Portal.

1. List Primary & Secondary Symptoms and Risk Scales which are 60 or more (Treatment Follow up).

<u>2. List STS Planning Dimensions (From Graphs)</u>	<u>Score</u>	<u>Description (Circle one)</u>
Severity _____	High (>60)	Low (<60)
Chronicity _____	High (>60)	Low (<60)
Social Isolation _____	High (>60)	Low (<60)
Resistance _____	High (>65)	Mod (60-64) Low (<60)
Externalizing Coping Styles _____		
Internalizing Coping Styles _____		
Coping Style _____	Ext (>1)	Int (<1)
Readiness for Change (See the report)	Precontemplation	Contemplation Preparation/Action

3. Rate Your Principles' Compliance

Rating Scale: 1=Poor 2=Fair 3=Good 4=Very Good 5=Excellent

<u>Principle 1- Functional Impairment.....</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Principle 2- (Relationship) Working Alliance</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Principle 3- (Relationship) Person Centered</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Principle 4- (Relationship) Repairing a Rupture</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Principle 5- Levels of Resistance</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Principle 6- Levels of Externalizing Coping Style</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Principle 7- Levels of Internalizing Coping Style</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Principle 8- Readiness for Change</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>

Therapist Treatment Worksheet

Part 7

Instructions: Part 7 should be completed by trainee **before supervision session 16**. The trainee should refer to the STS Treatment Follow up (primary, & secondary symptoms) to complete the following. These graphs are located in the Innerlife/Clinician Portal.

- List Primary & Secondary Symptoms and Risk Scales which are 60 or more (Treatment Follow up).

<u>2. List STS Planning Dimensions (From Graphs)</u>	<u>Score</u>	<u>Description (Circle one)</u>
Severity _____	High (>60)	Low (<60)
Chronicity _____	High (>60)	Low (<60)
Social Isolation _____	High (>60)	Low (<60)
Resistance _____	High (>65)	Mod (60-64) Low (<60)
Externalizing Coping Styles _____		
Internalizing Coping Styles _____		
Coping Style _____	Ext (>1)	Int (<1)
Readiness for Change (See the report)	Precontemplation	Contemplation Preparation/Action

3. Rate Your Principles' Compliance

Rating Scale: 1=Poor 2=Fair 3=Good 4=Very Good 5=Excellent

<u>Principle 1- Functional Impairment.....</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Principle 2- (Relationship) Working Alliance</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Principle 3- (Relationship) Person Centered</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Principle 4- (Relationship) Repairing a Rupture</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Principle 5- Levels of Resistance</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Principle 6- Levels of Externalizing Coping Style</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Principle 7- Levels of Internalizing Coping Style</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Principle 8- Readiness for Change</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>

STS Therapy Activity Scale (Revised-TPRS) (March, 2011) for **Therapist**

Please watch your DVD (more than 10 minutes) with your supervisor, rate this form independently first and develop a consensual one with your supervisor at 3rd or 4th supervision session.

At the 3rd Session, we focus on relationship principles (No.1-9) but please rate at end of this form.

1. What percentage of time did you provide information to or teach your client something?	<input type="checkbox"/> Up to 20% of the time	<input type="checkbox"/> Up to 40% of the time	<input type="checkbox"/> Up to 50% of the time	<input type="checkbox"/> Up to 60% of the time	<input type="checkbox"/> Up to 100% of the time
2. What percentage of time did you spend following your client's topics that were introduced by your client?	<input type="checkbox"/> Up to 20% of the time	<input type="checkbox"/> Up to 40% of the time	<input type="checkbox"/> Up to 50% of the time	<input type="checkbox"/> Up to 60% of the time	<input type="checkbox"/> Up to 100% of the time
3. How much did you introduce the topic or initiate a change of topics?	<input type="checkbox"/> Up to 20% of the time	<input type="checkbox"/> Up to 40% of the time	<input type="checkbox"/> Up to 50% of the time	<input type="checkbox"/> Up to 60% of the time	<input type="checkbox"/> Up to 100% of the time
4. How much did your client introduce the topics or initiate a change of topics?	<input type="checkbox"/> Up to 20% of the time	<input type="checkbox"/> Up to 40% of the time	<input type="checkbox"/> Up to 50% of the time	<input type="checkbox"/> Up to 60% of the time	<input type="checkbox"/> Up to 100% of the time
5. You make meaningful interventions during the session.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Marginally Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
6. You appropriately time techniques and interventions during the session.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Marginally Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
7. You smoothly and effectively employ techniques and interventions.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Marginally Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
8. You present yourself in a professional and competent manner.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Marginally Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
9. You present yourself as being knowledgeable.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Marginally Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree

At the 6th Session, we **gradually** incorporate these interventions with relationship principles.

10. *To what extent did you attempt to raise your client's level of emotional arousal, or deepen your client's level of feeling, or produce an awareness of hidden feeling states?	<input type="checkbox"/> Not at all (0 attempt)	<input type="checkbox"/> A little (1-2 attempts)	<input type="checkbox"/> Some (Several attempts)	<input type="checkbox"/> Quite a bit (Several for several minutes)	<input type="checkbox"/> A lot (Multiple for majority time)
11. Evaluate the extent to which your client's emotional state escalated during the session.	<input type="checkbox"/> Not at all (0 attempt)	<input type="checkbox"/> A little (1-2 attempts)	<input type="checkbox"/> Some (Several attempts)	<input type="checkbox"/> Quite a bit (Several for several minutes)	<input type="checkbox"/> A lot (Multiple for majority time)
12. *To what extent was your client encouraged by you to bring up, move closer to, or discuss painful and emotionally charged material?	<input type="checkbox"/> Not at all (0 attempt)	<input type="checkbox"/> A little (1-2 attempts)	<input type="checkbox"/> Some (Several attempts)	<input type="checkbox"/> Quite a bit (Several for several minutes)	<input type="checkbox"/> A lot (Multiple for majority time)

13. You focus on your client's current, identifiable, problematic behavior.	<input type="checkbox"/> Not at all (0 attempt)	<input type="checkbox"/> A little (1-2 attempts)	<input type="checkbox"/> Some (Several attempts)	<input type="checkbox"/> Quite a bit (Several for several minutes)	<input type="checkbox"/> A lot (Multiple for majority time)
14. You seek to identify the situational consequences, rewards or payoffs for problematic and/or non-problematic behaviors?	<input type="checkbox"/> Not at all (0 attempt)	<input type="checkbox"/> A little (1-2 attempts)	<input type="checkbox"/> Some (Several attempts)	<input type="checkbox"/> Quite a bit (Several for several minutes)	<input type="checkbox"/> A lot (Multiple for majority time)
15. You seek to identify relationship between your client's patterns of thoughts and actions as applied to current symptoms.	<input type="checkbox"/> Not at all (0 attempt)	<input type="checkbox"/> A little (1-2 attempts)	<input type="checkbox"/> Some (Several attempts)	<input type="checkbox"/> Quite a bit (Several for several minutes)	<input type="checkbox"/> A lot (Multiple for majority time)
16. You employ techniques to directly change some symptoms, such as using relaxation to reduce anxiety, direct behavioral suggestions and homework, behavioral contracting to reduce conflict, systematic desensitization to reduce phobic avoidance, assertion training to increase communication, role playing to increase pro-social behavior, self-control methods to reduce or increase targeted behaviors, and the like.	<input type="checkbox"/> Not at all (0 attempt)	<input type="checkbox"/> A little (1-2 attempts)	<input type="checkbox"/> Some (Several attempts)	<input type="checkbox"/> Quite a bit (Several for several minutes)	<input type="checkbox"/> A lot (Multiple for majority time)
17. You evaluate your client's progress in terms of current behavioral change.	<input type="checkbox"/> Not at all (0 attempt)	<input type="checkbox"/> A little (1-2 attempts)	<input type="checkbox"/> Some (Several attempts)	<input type="checkbox"/> Quite a bit (Several for several minutes)	<input type="checkbox"/> A lot (Multiple for majority time)
18. You seek to identify a history of recurring conflicts in interpersonal relationships as a way of helping your client understand your client's current problems.	<input type="checkbox"/> Not at all (0 attempt)	<input type="checkbox"/> A little (1-2 attempts)	<input type="checkbox"/> Some (Several attempts)	<input type="checkbox"/> Quite a bit (Several for several minutes)	<input type="checkbox"/> A lot (Multiple for majority time)
19. You employ techniques to increase your client's historical understanding of themselves.	<input type="checkbox"/> Not at all (0 attempt)	<input type="checkbox"/> A little (1-2 attempts)	<input type="checkbox"/> Some (Several attempts)	<input type="checkbox"/> Quite a bit (Several for several minutes)	<input type="checkbox"/> A lot (Multiple for majority time)
20. You seek to enhance your client's understanding or awareness of emotional experience, including historical development.	<input type="checkbox"/> Not at all (0 attempt)	<input type="checkbox"/> A little (1-2 attempts)	<input type="checkbox"/> Some (Several attempts)	<input type="checkbox"/> Quite a bit (Several for several minutes)	<input type="checkbox"/> A lot (Multiple for majority time)
21. You pursue discussion of early memories and/or events in your client's life as a way of inducing improvement in current life and symptoms.	<input type="checkbox"/> Not at all (0 attempt)	<input type="checkbox"/> A little (1-2 attempts)	<input type="checkbox"/> Some (Several attempts)	<input type="checkbox"/> Quite a bit (Several for several minutes)	<input type="checkbox"/> A lot (Multiple for majority time)
22. You try to uncover early experiences and unconscious wishes as a way of producing insight.	<input type="checkbox"/> Not at all (0 attempt)	<input type="checkbox"/> A little (1-2 attempts)	<input type="checkbox"/> Some (Several attempts)	<input type="checkbox"/> Quite a bit (Several for several minutes)	<input type="checkbox"/> A lot (Multiple for majority time)

STS Therapy Activity Scale (Revised-TPRS) (March, 2011) for **Supervisor**

Please watch your DVD (more than 10 minutes) with your supervisor, rate this form independently first and develop a consensual one with your supervisor at 3rd or 4th supervision session.

At the 3rd Session, we focus on relationship principles (No.1-9) but please rate at end of this form.

1. What percentage of time did therapist provide information to or teach client something?	<input type="checkbox"/> Up to 20% of the time	<input type="checkbox"/> Up to 40% of the time	<input type="checkbox"/> Up to 50% of the time	<input type="checkbox"/> Up to 60% of the time	<input type="checkbox"/> Up to 100% of the time
2. What percentage of time did therapist spend following client's topics that were introduced by client?	<input type="checkbox"/> Up to 20% of the time	<input type="checkbox"/> Up to 40% of the time	<input type="checkbox"/> Up to 50% of the time	<input type="checkbox"/> Up to 60% of the time	<input type="checkbox"/> Up to 100% of the time
3. How much did therapist introduce the topic or initiate a change of topics?	<input type="checkbox"/> Up to 20% of the time	<input type="checkbox"/> Up to 40% of the time	<input type="checkbox"/> Up to 50% of the time	<input type="checkbox"/> Up to 60% of the time	<input type="checkbox"/> Up to 100% of the time
4. How much did client introduce the topics or initiate a change of topics?	<input type="checkbox"/> Up to 20% of the time	<input type="checkbox"/> Up to 40% of the time	<input type="checkbox"/> Up to 50% of the time	<input type="checkbox"/> Up to 60% of the time	<input type="checkbox"/> Up to 100% of the time
5. Therapist makes meaningful interventions during the session.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Marginally Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
6. Therapist appropriately times techniques and interventions during the session.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Marginally Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
7. Therapist smoothly and effectively employs techniques and interventions.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Marginally Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
8. Therapist presents him/herself in a professional and competent manner.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Marginally Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
9. Therapist presents him/herself as being knowledgeable.	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Marginally Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree

At the 6th Session, we gradually incorporate these interventions with relationship principles.

10. *To what extent did therapist attempt to raise client's level of emotional arousal, or deepen client's level of feeling, or produce an awareness of hidden feeling states?	<input type="checkbox"/> Not at all (0 attempt)	<input type="checkbox"/> A little (1-2 attempts)	<input type="checkbox"/> Some (Several attempts)	<input type="checkbox"/> Quite a bit (Several for several minutes)	<input type="checkbox"/> A lot (Multiple for majority time)
11. Evaluate the extent to which client's emotional state escalated during the session.	<input type="checkbox"/> Not at all (0 attempt)	<input type="checkbox"/> A little (1-2 attempts)	<input type="checkbox"/> Some (Several attempts)	<input type="checkbox"/> Quite a bit (Several for several minutes)	<input type="checkbox"/> A lot (Multiple for majority time)
12. *To what extent were client encouraged by therapist to bring up, move closer to, or discuss painful and emotionally charged material?	<input type="checkbox"/> Not at all (0 attempt)	<input type="checkbox"/> A little (1-2 attempts)	<input type="checkbox"/> Some (Several attempts)	<input type="checkbox"/> Quite a bit (Several for several minutes)	<input type="checkbox"/> A lot (Multiple for majority time)
13. Therapist focuses on client's current, identifiable, problematic behavior.	<input type="checkbox"/> Not at all	<input type="checkbox"/> A little	<input type="checkbox"/> Some	<input type="checkbox"/> Quite a bit	<input type="checkbox"/> A lot

	(0 attempt)	(1-2 attempts)	(Several attempts)	(Several for several minutes)	(Multiple for majority time)
14. Therapist seeks to identify the situational consequences, rewards or payoffs for problematic and/or non-problematic behaviors?	<input type="checkbox"/> Not at all (0 attempt)	<input type="checkbox"/> A little (1-2 attempts)	<input type="checkbox"/> Some (Several attempts)	<input type="checkbox"/> Quite a bit (Several for several minutes)	<input type="checkbox"/> A lot (Multiple for majority time)
15. Therapist seeks to identify relationship between client's patterns of thoughts and actions as applied to current symptoms.	<input type="checkbox"/> Not at all (0 attempt)	<input type="checkbox"/> A little (1-2 attempts)	<input type="checkbox"/> Some (Several attempts)	<input type="checkbox"/> Quite a bit (Several for several minutes)	<input type="checkbox"/> A lot (Multiple for majority time)
16. Therapist employs techniques to directly change some symptoms, such as using relaxation to reduce anxiety, direct behavioral suggestions and homework, behavioral contracting to reduce conflict, systematic desensitization to reduce phobic avoidance, assertion training to increase communication, role playing to increase pro-social behavior, self-control methods to reduce or increase targeted behaviors, and the like.	<input type="checkbox"/> Not at all (0 attempt)	<input type="checkbox"/> A little (1-2 attempts)	<input type="checkbox"/> Some (Several attempts)	<input type="checkbox"/> Quite a bit (Several for several minutes)	<input type="checkbox"/> A lot (Multiple for majority time)
17. Therapist evaluates client's progress in terms of current behavioral change.	<input type="checkbox"/> Not at all (0 attempt)	<input type="checkbox"/> A little (1-2 attempts)	<input type="checkbox"/> Some (Several attempts)	<input type="checkbox"/> Quite a bit (Several for several minutes)	<input type="checkbox"/> A lot (Multiple for majority time)
18. Therapist seeks to identify a history of recurring conflicts in interpersonal relationships as a way of helping client understand client's current problems.	<input type="checkbox"/> Not at all (0 attempt)	<input type="checkbox"/> A little (1-2 attempts)	<input type="checkbox"/> Some (Several attempts)	<input type="checkbox"/> Quite a bit (Several for several minutes)	<input type="checkbox"/> A lot (Multiple for majority time)
19. Therapist employs techniques to increase client's historical understanding of themselves.	<input type="checkbox"/> Not at all (0 attempt)	<input type="checkbox"/> A little (1-2 attempts)	<input type="checkbox"/> Some (Several attempts)	<input type="checkbox"/> Quite a bit (Several for several minutes)	<input type="checkbox"/> A lot (Multiple for majority time)
20. Therapist seeks to enhance client's understanding or awareness of emotional experience, including historical development.	<input type="checkbox"/> Not at all (0 attempt)	<input type="checkbox"/> A little (1-2 attempts)	<input type="checkbox"/> Some (Several attempts)	<input type="checkbox"/> Quite a bit (Several for several minutes)	<input type="checkbox"/> A lot (Multiple for majority time)
21. Therapist pursues discussion of early memories and/or events in client's life as a way of inducing improvement in current life and symptoms.	<input type="checkbox"/> Not at all (0 attempt)	<input type="checkbox"/> A little (1-2 attempts)	<input type="checkbox"/> Some (Several attempts)	<input type="checkbox"/> Quite a bit (Several for several minutes)	<input type="checkbox"/> A lot (Multiple for majority time)
22. Therapist tries to uncover early experiences and unconscious wishes as a way of producing insight.	<input type="checkbox"/> Not at all (0 attempt)	<input type="checkbox"/> A little (1-2 attempts)	<input type="checkbox"/> Some (Several attempts)	<input type="checkbox"/> Quite a bit (Several for several minutes)	<input type="checkbox"/> A lot (Multiple for majority time)

Session (1-16)	How well do you think that your supervisor completed these steps? Please rate (1poor, 2 fair, 3 good, 4 very good, 5 excellent) in each individual supervision.	Rate (1-5)	Date
1	Complete Part 1& 2 of Therapist Treatment Worksheet before supervision & Discuss Principle 1 & 8/Treatment Goal with your supervisor		
2	Complete Part 3 of Therapist Treatment Worksheet before supervision & Discuss Principle 2-4 with your supervisor		
3	Review Part 3 of Therapist Treatment Worksheet before supervision & Discuss Principle 2-4 with your supervisor		
4	Watch DVD, Rate TPRS independently, and emphasize Principle 1-4 (TPRS Consensual Rating can be done Supervision 4 or 5)		
5	Complete TPRS (Consensual Rating) and Discuss Principle 5 into Principles 1-4 with your supervisor		
6	Complete Part 4 of Therapist Treatment Worksheet before supervision & Discuss Principle 5-7 with your supervisor		
7	Review Completed Part 1-4 of Therapist Treatment Worksheet before supervision & Discuss Principle 5-7 with your supervisor		
8	Complete Part 5 of Therapist Treatment Worksheet before supervision & Discuss Principle 5-8 with your supervisor		
9	Watch DVD, Rate TPRS independently, and emphasize Principle 1-8 (TPRS Consensual Rating can be done Supervision 9 or 10)		
10	Complete TPRS (Consensual Rating) and Discuss Principle 5-8 into Principles 1-4 with your supervisor		
11	Review Completed Part 1-5 of Therapist Treatment Worksheet before supervision & Discuss Principle 1-8 with your supervisor		
12	Complete Part 6 of Therapist Treatment Worksheet before supervision & Discuss Principle 1-8 with your supervisor		
13	Review Completed Part 1-6 of Therapist Treatment Worksheet before supervision & Discuss Principle 1-8 with your supervisor		
14	Review Completed Part 1-6 of Therapist Treatment Worksheet before supervision & Discuss Principle 1-8 with your supervisor		
15	Review Completed Part 1-6 of Therapist Treatment Worksheet before supervision & Discuss Principle 1-8 with your supervisor		
16	Complete Part 7 of Therapist Treatment Worksheet before supervision and discuss this supervision experience using study evaluation with your supervisor		

Please check Assessment Activities

1st Therapy Session

Assessment	Check	Date
1) STS/Innerlife Initial		
2) OQ 45.2		

6th Therapy Session

Assessment	Check	Date
3) STS/Innerlife Follow up		
4) OQ 45.2		

12th Therapy Session

Assessment	Check	Date
1) STS/Innerlife Follow up		
2) OQ 45.2		

16th Therapy Session

Assessment	Check	Date
1) STS/Innerlife Follow up		
2) OQ 45.2		