# Appendix 12

## IPT/IPT-A Supervision Competencies Rating Form

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| **Supervisee ID:** | **Individual/Group Supervision:** |
| **Focal Areas:** | **Session #:** |
| **1st/2nd Submission:** | **Rater ID:** |

**Date:**

**Items are rated on a 0-6 scale, ranging from 0 = not attempted, to 6 = excellent. Items can be rated on odd numbers if the therapist’s performance falls between the two descriptor points.**

**Scale: 0 Item was not attempted**

**2 Item was attempted but the intervention was incomplete and/or**

**superficial**

**4 Item was completed in a manner consistent with IPT supervision**

**competencies and to a good standard**

**6 Item was completed in a manner consistent with IPT supervision**

**competencies and to an excellent standard**

**Scoring guide for pass/fail:**

**Each item is rated at least three times: once per submitted recording of supervision, plus additional observations based on supervision discussions. An average score is calculated for ratings across the three submissions and supervision period.**

**All items must achieve an overall average score of 3 or above to be eligible for accreditation.**

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| **1. Supervisor expertise in Interpersonal Psychotherapy** | |
| 0  2  4  6 | The supervisor did not demonstrate knowledge of IPT principles or facilitate  The supervisor demonstrated limited knowledge and understanding of IPT principles and/or communicated the principles of IPT in a mechanistic or ineffective manner and/or did not address limitations of knowledge or integration of the therapeutic process with specific IPT competencies  The supervisor demonstrated good knowledge and understanding of IPT principles and communicated this understanding effectively. The supervisor balanced attention to generic supervision skills and specific IPT competencies. The supervisor worked within his/her competence, demonstrated awareness of limits of his/her knowledge and identified opportunities to expand knowledge and understanding to support the therapeutic application of IPT strategies.  The supervisor demonstrated excellent and comprehensive knowledge and understanding of IPT principles, actively and routinely demonstrated evidence of expanding his/her knowledge, communicated the principles of IPT effectively and fluidly and consistently attended to the integration of IPT competencies and generic therapeutic skills in supervision. |
| **Comments** | |

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| **2. Supervisory stance** | |
| 0  2  4  6 | The supervisor did not demonstrate a supervisory stance  The supervisor’s stance demonstrated **insufficient** reflection on the emotional and interpersonal process within supervision and/or acknowledgement of the supervisee’s stage of training and past experience and/or flexibility in applying IPT principles and/or support and respect for the trainee’s learning needs and/or collaboration.  The supervisor’s stance was reflective, respectful and curious; adapted in relation to the supervisee’s stage of training and experience; supported continuing learning in the supervisee by constructively addressing clinical successes and setbacks with reference to theory and technical principles.  The supervisor was highly skillful in promoting effective learning and skills development in supervisees by demonstrating a curious and supportive stance that was flexible and responsive to the supervisees prior knowledge and experience and current response to training and demonstrated creativity and knowledge in communicating the therapeutic interaction between theory, evidence and practice. |
| **Comments** | |

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| **3. Adapting supervision to the supervisee’s IPT training needs** | |
| 0  2  4  6 | The supervisor was not attentive to the supervisee’s training needs  The supervisor was inflexible and conducted supervision in a formulaic manner with limited reference to the supervisee’s training needs  The supervisor demonstrated awareness of the supervisee’s knowledge and training needs; negotiated and monitored progress towards clear learning objectives that reflect the supervisee’s specific learning needs, constructively discussed misconceptions about IPT; monitored the supervisee’s ability to use the IPT perspective to conceptualize the client’s presentation and the therapy process and supported the supervisee to be an active participant in their own learning.  The supervisor clearly demonstrated an active awareness of the strengths and weakness in the supervisee’s knowledge and practice of IPT; made explicit use of self assessment and formal assessment materials to identify and discuss misconceptions about the model; monitored and actively supported the supervisee’s ability to use the IPT perspective to formulate the client’s presentation and the evolving IPT process; collaboratively negotiated and actively used a clear and specific agreement on learning objectives; consistently and constructively monitored skills development and routinely encouraged a self reflective and active role in learning in the supervisee. |
| **Comments** | |

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| **4. Specific content areas for supervision of Interpersonal Psychotherapy** | |
| 0  2  4  6 | The supervisor did not address IPT skills development in supervision  The supervisor gave inconsistent and/or insufficient attention to IPT skills development.  The supervisor supported the supervisee in becoming an active participant in their own learning about assessment, formulation, IPT therapeutic stance, boundaries appropriate to time limited therapy, exploring the interpersonal context of depression and linking IPT concepts and principles to the therapeutic strategies and techniques employed clinically. The supervisor used a range of techniques to reinforce skills development and integration of general and IPT strategies.  The supervisor was creative and highly engaging in promoting active learning in supervisees, maintained clear and specific attention to the full range of IPT training objectives; skilfully and routinely supported the integration of existing competencies with IPT competencies and was creative, responsive and flexible in employing a range of review and teaching and supervisory techniques. including direct observation between and within session, detailed clinical discussion, modeling and active use of the supervisee’s self-assessment. |
| **Comments** | |

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| **5. Specific supervisory techniques** | |
| 0  2  4  6 | The supervisor did not use observational or participatory techniques to foster skills development in the supervisee  The supervisor employed a limited range of supervisory techniques in an inflexible manner with limited reference to training objectives.  The supervisor employed observational and participatory techniques, such as review of recordings, modeling and discussion of supervisee’s self assessment, to develop the supervisee’s skill in the application of IPT techniques; maintained focus on and reviewed progress towards agreed learning objectives; identified and discussed non reciprocal expectations, risk or ethical issues that interfere with therapy and invited feedback from supervisees about the supervision process.  The supervisor was creative and focused in the use of multiple observational and participatory methods to actively support a collaborative and responsive learning environment in which to develop skills in the application of IPT techniques. The supervisor actively encouraged the supervisee’s feedback about clinical challenges, his/her own learning, reactions to IPT principles and techniques and experience of supervision to reinforce and consolidate learning and effectively and constructively manage difficulties and obstacles. |
| **Comments** | |

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| **6. Monitoring the supervisee’s work** | |
| 0  2  4  6 | The supervisor did not monitor the supervisee’s work  The supervisor made a superficial review of the supervisee’s work.  The supervisor employed a range of clinical, observational and formal assessment techniques to monitor the supervisee’s competence in delivering IPT, including, where appropriate, assessing eligibility for accreditation.  The supervisor routinely used formal assessment measures, the supervisee’s self assessments and symptom and interpersonal outcome measures to monitor the supervisee’s work and progress toward agreed learning objectives. The supervisor adapted and modified the supervisory process in response to this information, where necessary, to promote the most effective learning and clinical outcomes for the supervisee. |
| **Comments** | |

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**Average score for rated items (i.e. > 0):**

**Number of items rated 1 or 2:**