# Appendix 1

**Rationale for IPT supervision protocol**

The protocol is designed to reflect the basic principles of IPT practice, and in this also reflects the basic principles of IAPT:

Evidence based practice

Collaborative practice

Case management and supervision

Repeated monitoring of outcome measures

The protocol is explicitly collaborative and the trainee is given a very active role, to try to correct the passive role IPT trainees have had in the past.  Effectively they are charged with producing a portfolio of evidence, which demonstrates their competent practice, and each of the measures are designed to prompt and remind them about what is required and how to achieve this.

1. Prior to attending the course trainees are asked to complete the self-assessment on IPT competencies, rating each competency red, amber or green or reading about IPT.  This serves as basis for discussion about what is familiar and what is different in IPT practice, compared with their default mode of practice, during the training days.  When they have completed the training days they are asked to complete this self-assessment again and highlight any changes (typically in knowledge competencies).  Progress in developing the competencies is recorded on the Record of Progress form, which focuses only on IPT competencies (to limit the length), and this is sent to and discussed with their supervisor prior to supervision starting. Effectively this is meant to focus initial discussions on what skills/knowledge they bring and what will be targeted in supervision. In addition, trainees are asked to prepare a sample formulation based on case they know well, following IPTUK agreed guidelines. This is completed prior to new casework beginning to assess capacity to conceptualize casework within an IPT framework.
2. All casework is started over a staggered start.  Case one must have reached formulation before case two starts and so on with subsequent cases.  Ideally this gives trainees thinking time for each new case, but also means that the feedback they received on the previous case is recent enough to be of benefit to the new case.
3. Each week trainees are asked to add to a Reflective Therapy Report for each case. This begins in session zero and asks why IPT/IPT-A is anticipated to be beneficial and about use of competencies across the intervention.  The form is submitted weekly, 24hours before supervision, as a work in progress.  This allows the trainee and supervisor to focus on what has been covered in the preceding session, identify gaps and clinical dilemmas and to plan the subsequent session.  This preparation includes submitting a written formulation, which must be reviewed by the supervisor before being delivered to the client. Trainees are encouraged to use the format for their routine clinical notes to prevent duplication. The form is designed to remind trainees of basic requirements in all IPT sessions - discussion symptoms, link symptoms to recent interpersonal events, discussion relationships, encourage better support, use the formulation and attend to the therapeutic relationship.
4. Three recordings are submitted per case for assessment, with scope to resubmit one recording from the same phase if an initial submission fails.  Recordings are rated using the IPT Recording Rating Scale and trainees must submit a self-assessment using this form with each recording.  Only the sections of the form relevant to the submission are rated i.e. general strategies and the phase of work.  Details are explained on the cover page (not that anyone ever reads it!).  Recordings must be submitted in line with the submission timetable and supervisors must return feedback within two weeks of receiving the recording to all allow feedback to be used in ongoing casework.  Often sessions are submitted and rated between two consecutive IPT sessions. Supervisors add their ratings and comments to the same form the trainee used, to provide a written dialogue on the work. Only the supervisor's rating is used for accreditation.
5. Trainees use the rating summary form to monitor their portfolio. This is simply a list of all of the competencies, but also outlines what they must have demonstrated: all of the initial phase competencies, at least one each of the clusters in general competencies, at least one each of the clusters in the middle phase competencies (symptom review and linking symptoms to focus are compulsory for all sessions and a case will automatically fail if these items fail more than once, items directly related to the focus area are highlighted in blue and items related to engaging the network are highlighted in green), and all of the ending phase competencies.
6. Trainees are asked to complete the self-assessment on IPT competencies half way through their casework (and submit for discussion) and on completing all IPT training casework.
7. A reflective case report is submitted for each case.  This must be submitted no later than one month after the final session.
8. Trainees submit their first session with each client for informal review.  This gives the supervisor an initial impression of the trainee’s evolving clinical style in IPT and introduces the client they are working with. It is an opportunity for early feedback on what is IPT consistent and where practice needs to change, without the pressure of accreditation.  Trainees are actively encouraged to submit clips of casework through the supervision process. These are review to assist learning in process and are not part of the formal assessment.  This limits the risk of a trainee submitting a recording after the phase of work has been completed only to find that they are not demonstrating the required competencies and will not have an alternative recording to satisfy accreditation requirements.
9. All cases are supervised by the same supervisor, but only recordings for two cases are assessed by this supervisor (cases one and two).  The recordings for the final two cases are assessed by an external supervisor. Trainees are asked to send their (work in progress) case summary and formulation with their submissions to give the external supervisor some context for the recordings they review.  Feedback is shared with the trainee and the core supervisor.  Any failed sessions are discussed directly with the core supervisor before giving feedback to the trainee. Primary supervisors review submissions for cases 3 and 4 but don't rate them. This keeps the supervisor informed about the trainee's later work and informally monitors inter rater reliability.