

## Procedure 9.7

### **Procedures and Forms for Evaluating Tapes during Training**

Draft – not yet approved

#### **1. Overview**

At their Face-to-Face meeting in April 2006, the Imago faculty agreed that it would improve the quality of training to use a standard process for evaluating the clinical tapes presented by trainees during training.

Once a standard evaluation process is agreed and adopted by the faculty, this could provide the basis for further steps, such as having the tapes reviewed by someone who is not the original trainer.

However the first step is for the faculty members to establish a standard process, based on a set of agreed evaluation criteria

The forms attached to this procedure were developed by the Admissions and Review committee – and then further refined during the faculty meeting in April.

Faculty members are now requested to use these forms in their work, and to share them with their trainees, so that the trainees will know what is being looked for when they submit a tape.

At a future faculty meeting we will gather feedback from faculty members who have used these forms, and use them to finalize the forms and develop procedures for their formal adoption and use in certification.

#### **2. Forms provided:**

Two forms are provided in this procedure

- Evaluation of the Intentional Dialogue
- Evaluation of the Behavioural Change Request

These forms were prepared by Bruce Crapuchettes with input from other faculty members,

**Scoring System For Imago Therapy Certification  
The Imago Dialogue**

(Revised May 8, 2006)

**Supervisor's Name:** \_\_\_\_\_ **Date of evaluation:** \_\_\_\_\_  
(Please print)

**"Pass" or "Need another tape":** \_\_\_\_\_ **Code Number of the clinician whose work is being evaluated:** \_\_\_\_\_

**Instructions:** Below are general and specific clinical skills to look for during an Imago Dialogue. Score each item from 0 to the amount allotted and put your score in the "Points Scored" column. Use the "Comments" column for notes and feel free to write additional comments in the space provided at the bottom. Make sure to sign your name at the bottom of this form.

**69 and below requires another tape  
70 and above passes**

**Couple Session #** \_\_\_\_\_

<u><b>Section A: The evaluator's general experience of the tape – 5 points</b></u>	<b>Value</b>	<b>Points Scored</b>	<b>Comments</b>
1. My general impression of this work.	0 to 5		

<u><b>Section B: Therapist Qualities - 10 Possible Points</b></u>			
1. The clinician is warm, present, at ease and looks professional	0 to 3		
2. The clinician is neutral for the good of the relationship and does not take sides	0 to 2		
3. The clinician is in control as a coach, but is not controlling	0 to 3		
4. The clinician lets the couple process their work before intervening	0 to 2		

<u><b>Section C: Establishing and maintaining the structure of the dialogue- 45 Possible Points</b></u>			
1. Couples face each other and are coached to dialogue with each other.	0 to 3		
2. An Appointment is made.	0 to 2		
3. The clinician has the couple deal with specifics (topic is not vague)	0 to 2		
4. The receiver mirrors accurately, while containing their reactivity.	0 to 5		
5. The receiver asks, "Did I get it?" , "Is there more about that?" and is invitational.	0 to 3		
6. At the end of the send, the receiver does a good summary of the send.	0 to 5		
7. The receiver responds to the topic chosen by the sender.	0 to 5		
8. There is a back and forth flow between the couple, where both have a chance to send and receive.	0 to 3		
9. 90% of the session is between the couple.	0 to 4		
10. Any talking by the clinician to the couple or an individual is to be in the service of enhancing connection between the couple.	0 to 3		
11. Validation (using validation well in the structure of the dialogue)	0 to 5		
12. Empathy (using empathy well in the structure of the dialogue ie: guessing feelings)	0 to 5		

<u><b>Section C: Therapist facilitation of deepening - 40 Possible Points</b></u>			
1. In order to achieve good results in deepening, the clinician uses the skills of attuned listening and good tracking.	0 to 7		
2. The clinician deepens the work through the use of lead lines, doubling, instructions (such as "Tell him more about that."), and appropriate silences to help clients get in touch with their emotions (eg: pain, sadness, joy), vulnerability and needs.	0 to 7		
3. The clinician facilitates the sender to transform all blaming, shaming and criticism into self disclosure and vulnerability.	0 to 7		
4. The clinician is coaching the couple in a way that will create an empathic connection.	0 to 7		
5. The clinician coaches the receiver to respond in a way that deepens connection and enhances differentiation.	0 to 5		
6. The clinician's attention to and coaching of the receiver to decrease reactivity, increase the presence, the attunement and curiosity of the receiver about/toward the sender.	0 to 7		

**Section D: What I liked**

**Section E: Technical suggestions**

**Section F: Growth gift**

**Additional Comments**

**Signature of the Supervisor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Scoring System For Imago Therapy Certification The Behavior Change Request Dialogue

Supervisor's Name: \_\_\_\_\_ Date of evaluation: \_\_\_\_\_  
(Please print)

"Pass" or "Need another tape": \_\_\_\_\_ Code Number of the clinician whose work is being evaluated: \_\_\_\_\_

**Instructions:** Below are general and specific clinical skills to look for during a Behavior Change Request Dialogue. Score each item from 0 to the amount allotted and put your score in the "Points Scored" column. Use the "Comments" column for notes and feel free to write additional comments in the space provided at the bottom. Make sure to sign your name at the bottom of this form.

69 and below requires another tape  
70 and above passes

Couple Session # \_\_\_\_\_

**Section A: The evaluator's general experience of the tape – 5 Points**

	Value	Points Scored	Comments
1. My general impression of this work.	0 to 5		

**Section B: Therapist Qualities - 10 Possible Points**

1. The clinician is warm, present, at ease and looks professional	0 to 3		
2. The clinician is neutral for the good of the relationship and does not take sides	0 to 2		
3. The clinician is in control as a coach, but is not controlling	0 to 3		
4. The clinician lets the couple process their work before intervening	0 to 2		

**Section C: Structure of the BCR-D – 50 Possible Points**

1. Couples face each other and an appointment is made.	0 to 2		
2. The clinician has the couple deal with one specific frustration	0 to 2		
2. Active, step-by-step preparation of the receiver (Example: Close eyes; take a deep breath; imagine a safe place, etc. Instruction is given to mirror in summary form to allow the sender to remain in an affective state.)	0 to 5		
3. The frustration send	0 to 9		
a. Sender states the frustration in one sentence.			
b. Coaching helps the sender use the energy of <b>frustration</b> to get in touch with the fear and the <b>pain</b> behind the frustration. Coaching moves the sender from the frustration into self-revelation, vulnerability and the ability to name the pain (I feel unimportant; abandoned; blamed). <b>Deepening is essential.</b>			
c. Mirroring is used in an attuned fashion to facilitate deepening. Coach helps the receiver to do summary mirroring in this process. The goal is to keep the sender in an affective state. Frequent mirroring breaks the affect.			
d. Expression of the frustration needs to be complete enough so that the pain is named and experienced and the sender becomes open to deepening.			
4. Transition Sentence: The coach has the receiver say a transition sentence that picks up one or two "pain words" from the frustration send. Examples: a. "When you feel <b>unimportant</b> and <b>abandoned</b> by me, what does that remind you of in childhood?" b. "When you feel <b>blamed</b> and <b>criticized</b> by me, what does that remind you of in childhood?"	0 to 3		
5. A childhood wound send	0 to 9		
a. Coaching moves the sender from the <b>wound</b> to the <b>affect</b> underneath the wound. <b>Deepening is essential.</b>			
b. Mirroring is used in an attuned fashion to facilitate deepening. The coach helps the receiver to do summary mirroring in this process. The goal is to keep the sender in an affective state. Too frequent mirroring breaks the affect.			
c. Once in childhood, the coach does not allow the sender to send frustrations again. The coach makes sure the sender stays in childhood so that the receiver does not lose their growing empathy.			
6. Mirror, Validation, and Empathy This is not necessary at this point, but it might help the sender move into clearer cognition and out of affect, so they can be in a full adult mode to ask for the BCR's.	0 to 3 (okay to give 3 if no M V E)		

**7. A short statement of need (the global desire)****0 to 4**

This is a broad, general need tied to the unmet need of childhood that is positively stated in one sentence.

For example, "I need to feel connected to you."

"I need to feel cherished by you."

Make sure this is not allowed to move back into a statement of frustration.

**8. Three positive SMART requests (Behavior Change Requests)****0 to 9**

**SMART** (an acronym)

Specific (a behavior)

Measurable (frequency)

Achievable (a small step)

Relevant (relevant to the need)

Time limited (two weeks)

**Good example:** "I would like you to look me up in the house when you get home and give me a kiss and tell me you love me three times a week for the next two weeks."

**Poor example (too vague):** I would like you to be warmer and more loving."

**Poor example (negative and vague):** "Stop criticizing me."

a. Each request is mirrored.

b. Each request is written down and at least one is granted.

c. The others are excellent topics for Imago Dialogues later.

**9. The clinician coaches the sender in the thank you's.****0 to 2****10. The clinician coaches the receiver to state the stretch that will be needed.****0 to 2****Section D: Deepening - 35 Possible Points**

- |   |                |
|---|----------------|
| 1. In order to achieve good results in deepening, the clinician needs to develop and use the skills of attuned listening and good tracking.   | <b>0 to 5</b>  |
| 2. The clinician deepens the work through the use of lead lines, doubling, instructions (such as "Tell him more about that."), and appropriate silences to help clients get in touch with their emotions (e.g. pain, sadness), vulnerability and needs. | <b>0 to 5</b>  |
| 3. The clinician facilitates the sender to transform all blaming, shaming and criticism into self disclosure and vulnerability.   | <b>0 to 5</b>  |
| 4. The clinician non-intrusively coaches the couple in a way that helps create and support an empathic connection and the couple is attuned to each other.  | <b>0 to 10</b> |
| 5. 90% of the session is between the couple.  | <b>0 to 5</b>  |
| 6. Any talking by the clinician to the couple or an individual is to be in the service of enhancing connection between the couple.  | <b>0 to 5</b>  |

**Section E: What I liked:****Section F: Technical Suggestions****Section G: Growth Gift****Additional Comments**

Signature of the Supervisor:

Date: