

### 1. SAPE (Assessment of Psychotherapy Expertise) Version 1.2

Instructions: Supervisor to consider each aspect in turn. Circle the one option that corresponds most closely to your experience of the trainee's performance. Total the scores for each column and enter the total score opposite. Standards refer to level of performance expected by ST3.

	<b>Unacceptable (score: 1)</b>	<b>Much work to be done (score: 2)</b>	<b>Borderline (score: 3)</b>	<b>Satisfactory (score: 4)</b>	<b>Accomplished (score: 5 or 6)</b>
<b>1. Attitude towards patient</b>	Derogatory, intrusive or disrespectful	Often makes unjustified assumptions	Some difficulties in appreciating patient's position.	Respectful and non-judgmental	Informed by realistic but positive view of patient's potential
<b>2 Understand rationale of treatment</b>	Cannot explain rationale of treatment	Confused about key differences between therapeutic approaches	Still unsure of how therapy would help patient	Correctly explains basic principles of approach	Recognises how recommended actions lead to therapeutic change
<b>3. Provide working formulation of patient's difficulties</b>	Minimal understanding of what formulation is or no attempt to produce one	Formulation is attempted but significantly incomplete or inaccurate	Formulation lacks at least one important component.	Adequate account of predisposition to, precipitation and maintenance of problems	Formulation is cogent, personalised and theoretically sound
<b>4. Develop empathic and responsive relationship with patient</b>	Little or no sense of patient's feelings or perspective	Working relationship is limited by lack of rapport, interest or understanding	Relationship is often sound but also lapses through therapist's uneven attunement.	Earns patient's trust and confidence from ability to listen and appreciate their feelings	Developed capacity to feel and imagine events from patient's perspective.
<b>5. Establishing frame for treatment</b>	Behaves as if in another setting entirely, eg. talking with a mate; leading an interrogation.	Repeatedly fails to protect setting, keep to time or confuses patient by behaviour towards them	Occasionally fails to maintain setting appropriately.	Manages setting, time, and personal boundaries consistently	Optimises working collaboration by adjusting approach to patient
<b>6. Use of therapeutic techniques</b>	Actions in sessions bear no relation to patient's needs	Attempts at intervention are often clumsy or inappropriate	Interventions vary considerably in execution and success	Well chosen interventions are usually carried out thoughtfully and competently	Interventions are sensitively timed and phrased and linked to positive change
<b>7. Monitor impact of therapy</b>	Repeatedly unable to recognise positive or negative effects when these occur	Limited insight into how patient is being affected by the therapeutic sessions and attendant risks	Evident blind spots in assessments of impact on patient	Describes impact of therapy on patient comprehensively and accurately	Aware of interrelationship between different aspects of change during treatment
<b>8. Ending treatment</b>	Abandons patient without warning, or is unable to let patient go.	Little attention is paid to impact of ending, whether planned or patient leaves early.	Ending is considered, but perfunctorily or at unsuitable moments in the treatment	Patient is prepared for ending of treatment and its consequences are anticipated	Patient helped to continue to develop after cessation of treatment
<b>9. Use of supervision</b>	Misses several sessions without explanation or is very cynical.	Guarded and uninvolved or too dominant in discussion. Fails to grasp what is being conveyed.	Shows capacity to use supervision but this remains inconsistent.	Attends regularly, participates honestly and openly in discussion, uses advice received.	Allies sensitivity with creativity in reflections about the therapy
<b>10. Documentation.</b>	Records (notes and/or letters) are seriously incomplete, inaccurate or misleading	Records omit key events in treatment; summary excessively generalised or uninformative	Records are often competent but incomplete	Record of treatment sessions is focused and clear; final summary /letter apt and comprehensive	Records resembles those of a more experienced therapist